Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

DEPARTMENT OF HEALTH

NORTHERN IRELAND EVIDENCE

THE REVIEW BODY ON DOCTORS' AND DENTISTS' REMUNERATION 2026/27 PAY ROUND

October 2025

Contents

Section One - 53rd Report – Observations and Recommendations

1.1 Overview of recommendations

The 53rd report of the Review Body on Doctors' and Dentists' Remuneration (DDRB) has provided 7 recommendations with several being applicable to NI.
Recommendations that are applicable to NI are as follows:

- **4% increase to salary scales, pay ranges and the pay element of contracts from 1 April 2025**

  The Health Minster has issued a Ministerial Direction to implement the DDRB pay recommendations for 2025/26. This has been referred to the Executive for consideration and decision.

- **A consolidated uplift of £750 to the pay points for resident doctors and dentists (in addition to the 4% salary increase):**
  The Health Minster has issued a Ministerial Direction to implement the DDRB pay recommendations for 2025/26. This has been referred to the Executive for consideration and decision

- **Pay framework for Locally Employed Doctors**:
  Governments should consider developing a separate pay framework for locally employed doctors to address their specific needs and circumstances.

  The Department is currently undertaking a scoping exercise to better understand the specific needs and circumstances of locally employed doctors. This will inform a full and considered response to this recommendation.

- **The governments that work with GP and dentists' representatives to develop an index of general practice costs and an index of dental costs.:**
  The recommendation to develop indices for general practice and dental costs involves all four UK nations, including NI.

The Department recognises the need to review how General Medical Services are delivered and the underpinning contractual arrangements, to ensure that services are sustainable in the medium and long term. Work is being taken forward with GP representatives to review the delivery of general practice and contractual arrangements and funding model.

A General Dental Service Cost of Service Review is being undertaken, with expenses being included within the scope. This recommendation will be considered following the results of this review and in line with the reform of General Dental Services.

- **Review of Salaried Dentists' Pay and Progression:**
  The recommendation for each government to review pay and progression for salaried dentists in Community and Public Dental Services applies to NI.

  The Department is currently considering this recommendation and is engaging with other UK nations as appropriate**.** The Department is also engaging with the BDANI on the Community Dental Workforce.

- **Clinical Impact Awards**
  DDRB made the observation that while the Department of Health is considering the finding of a consultation exercise in Northern Ireland, it may wish to look to the operation of the national clinical impact awards scheme in England and Wales.

  As part of the development of a proposed new incentive scheme, the Department has drawn on learning from the Clinical Impact Awards scheme operating in England and Wales to inform its approach.

1.2 Financial Position – Funds Available for 2025/26 Pay Award

The Minister for Finance announced the 2025-26 Final Budget for Northern Ireland on 3rd April 2025 with Health receiving an allocation of some **£8.4 billion**. Essentially the resource allocation provided for Health has only given us an additional **£200**

million of funding when compared to 2024-25. This represented a small increase in funding compared to our expenditure in 2024/25 however made no allowance for significant increases in cost which we will face in 2025/26 as a result of pay and price inflation and rising demand.

Ringfencing some **£165 million** from within this budget for waiting lists, rather than providing it as an additional allocation, will intensify already severe pressures on Health and Social Care (HSC) Trusts, to make further savings and efficiencies and live within their means. This will inevitably have consequences for services. The Final Budget also provided funding for employers National Insurance Contributions (NIC) increases which is significantly less than required and will add to our funding deficit. The additional pressures that the final budget adds in terms of the ringfencing of the department's general allocation to waiting lists and the difference in the allocation for the rise in national insurance contributions compared to our funding requirements, has left a funding gap of some **£600 million**.

Our Minister has committed to implementing the 2025/26 pay awards in line with the pay review bodies recommendations, however the departments officials have advised him that the application of these awards was not affordable under the current agreed budget and would require a ministerial Direction as it will put us on a trajectory to exceed our budget allocation. In line with Managing Public Money Northern Ireland (MPMNI) the Department has referred the Ministerial Direction to the Department of Finance for the Finance Minister's approval. While we are still awaiting a decision the Ministerial Direction is in effect seeking approval to overspend our budget allocation.

1.3 Departmental Approach to Pay Award 2026/27

A budget for Northern Ireland Departments has not yet been set for 2026/27. The current budgetary uncertainty has obvious consequences for pay planning and policy. It is anticipated that the future funding position will not significantly improve, with next year's financial position equally as challenging and there is the potential that budgets may be reduced due to overspending in 2025/26. There will be no capacity to afford a pay uplift in 2026/27 in this context without implementing corresponding cuts to expenditure on services or additional funding being made available in-year, the latter then perpetuates the funding issue into the future.

The Department will need to continue to focus on efficiency and savings measures, but we are likely to be faced with some difficult decisions to determine what can be funded from the allocation available. The high proportion of Health expenditure accounted for by pay (over 50%) means that trends in pay costs continue to have significant implications for spending on service delivery.

Additional detail on the affordability of a 2026/27 pay award and its implications for service delivery will be provided as supplementary evidence.

Section Two – General Economic Context for Northern Ireland

2.1 Economic Overview

As a small open economy, Northern Ireland (NI) is particularly vulnerable to national and international conditions outside of its control.

Consumer Price Index (CPI) inflation stood at 4.1% in the 12 months to April 2025, up from 3.4% in the 12 months to March[1]. Inflation has stayed close to the 2% target since the middle of last 2024, from a peak of over 11% in 2022. The Bank of England expects an increase in inflation this year. It is likely to rise temporarily to 3.7%, partly because of higher energy prices. Inflation is expected to fall back to the 2% target after that[2]. At the same time average wage growth in NI increased by 6.8% over the year to May 2025[3]. The ASDA income tracker for example shows discretionary income was up by 18.7% on the year in Q1 2025. This was the strongest growth across all regions.

Average household spending power for Northern Ireland amounted to £139 per week in Q1 2025. This remains the lowest level amongst the UK's regions and nations. Northern Ireland has historically had one of the highest incidences of low-paid jobs in the UK. This is reflected in its gross income, which averaged £886 per week in Q1 2025, the third lowest of all regions and nations, ahead of only the North East and Wales. This lower earning capacity partly explains the lower spending power[4]

2.2 Labour Market[5]

Online job listings, as reported by the Department for the Economy, increased by 12% compared with the previous month. There were 8,700 new job postings in May 2025, an annual decrease of 28%[6] . In addition, according to the latest Ulster Bank Purchasing Managers Index (PMI)[7] , employment growth remains resilient as

[1] ONS - Consumer price inflation, UK: April 2025
[2] Bank of England – Monetary Policy Report – May 2025
[3] NISRA NI Labour Market Report – June 2025 – HMRC PAYE statistics
[4] ASDA Income Tracker – April 2025 Report
[5] NISRA NI Labour Market Report – June 2025
[6] Department for the Economy- Online Job Posting Trends - May 2025
[7] Ulster Bank PMI Report – February 2025 (January data)

Northern Ireland enters 2025.

Manufacturing and services continued to drive economic growth and job creation in Northern Ireland, employment growth, although modest, has continued into January, meaning staffing levels have increased for the 25th consecutive month.

The latest survey reported a further downturn in business growth as the country's construction and retail sectors aligned with the downturn affecting other regions of the UK.

The number of people on the claimant count in May 2025 was 38,200 people or 3.9% of the workforce – a decrease of 1.5% over the month. This is 40.4% less than the recent peak in May 2020 and 28% more than the pre-pandemic count in March 2020. May 2025 was the first month where the claimant count rate was below 4.0% since June 2024.

Looking at the employment rate, over the last 15 years, the rate in NI has been consistently below the UK rate. For the period February-April 2025 was estimated at 71.7%. This was a decrease of 0.5pps over the quarter (not statistically significant) and a decrease of 1.0 pps over the year (not statistically significant). The most recent UK employment rate for February-April 2025 was estimated at 75.1%.

Additionally, the rolling 12-month total of confirmed redundancies of 2,170 remains similar to the trend seen before the pandemic. During May 2025, the Department for the Economy were notified of 560 proposed redundancies, almost four times the monthly average for 2024 (150). Over the last twelve months, to the end of May 2025, there were 2,170 proposed redundancies, approximately ninety percent of the figure for the previous year (2,470).

Finally, a significant issue in NI is that over the last 15 years, economic inactivity in NI has been consistently higher than the UK average, with more variability in economic inactivity in NI than the UK. The NI economic inactivity rate (aged 16 to 64) of 26.9% was 5.6pps above the most recent UK rate of 21.3%. This is the second highest of the twelve UK regions.

2.3 Public Expenditure

On 11 June 2025, the Chancellor announced Phase 2 of the Spending Review providing the Executive with a multi-year funding envelope for the period 2026-27 to 2028-29 for Resource plus an additional year to 2029-30 for Capital as set out in the table below.

Table 1 - Resource plus an additional year to 2029-30 for Capital

£ Million

Control Total	2025-26 Budget*	2026-27	2027-28	2028-29	2029-30
Resource DEL	16,148.5	16,348.0	16,834.7	17,334.3	-
Capital DEL	2,154.2	2,339.1	2,307.9	2,302.1	2,296.0
Financial Transactions Capital)	57.4	91.7	92.6	118.6	140.7

* 2025-26 position is included for comparison

Source: Spending review 2025

Over the three-year Resource period from 2026-27 to 2028-29, the Executive will receive £16.3 billion, £16.8 billion and £17.3 billion respectively.

This includes an additional £3.1 billion in Barnett for day-to-day spending over the 3-year period. Furthermore, agreement on a new Relative Funding Methodology with Treasury has resulted in the Executive receiving £603 million more across the Spending Review period than would have been received under the previous arrangement.

Whilst overall the Spending Review outcome provides the Executive with additional funding when compared to 2025-26, the position remains challenging as this must be viewed in the context of rising demand and the increasing cost of delivering public services.

In particular, the 2026-27 outcome provides only a small increase to the 2025-26 position due to the end of the financial stabilisation package that was agreed on the restoration of the Executive.

The reality is, the Executive will remain financially constrained, particularly in 2026–27, as the biggest uplifts in day-to-day spending power occur in subsequent years.

2.4 The Public Sector Workforce

The public sector in NI employs 228,240 people[8] or 27.1 % of all employee jobs in NI, a significantly higher share compared to 18.1%[9] for the UK as a whole – however, such comparisons should be treated with caution given the different structure and coverage of the public sector workforces.

Northern Ireland has consistently had a higher proportion of public sector jobs per population than the whole of the UK. In March 2025, NI public sector jobs as a proportion of the population were 11.9%, which compares to 9.0% for the whole of the UK.

2.5 Public Sector Pay

Public sector pay in Northern Ireland accounts for a significant share of the Resource Departmental Expenditure Limit (DEL) budget. Provisional outturn figures for the 2024-25 financial year indicate that pay costs accounted for approximately 59.4% of departmental non-ring-fenced Resource DEL.

2.6 Northern Ireland Executive Pay Policy

The Executive's Final Budget 2025-26 was approved by the Assembly on 19 May 2025. This set the context for pay, and DoF subsequently issued FD (DoF) 04/25[10] on 27 May 2025. The guidance noted that as with recent years, the overarching approach has three principles: (i) pay must be affordable within each department's budget settlement; (ii) awards should be targeted to address low pay, and where possible, the payment of the real Living Wage; and (iii) fairness in setting awards for Senior Executives.

[8] NISRA Northern Ireland Quarterly Employment Survey – March 2025
[9] ONS Public sector employment, UK, June 2025 (March 2025 Data)
[10] https://www.finance-ni.gov.uk/sites/default/files/2025-05/fddof0425.pdf

It is too early to say what the approach to pay setting for 2026-27 will be. This will be influenced by the UK Government approach to pay and dependent on the broader budget position next year.

2.7 Total health expenditure

The salaried medical & dental 2024/25 pay bill (including agency costs) was approximately £920 million. This will have included industrial action resolutions as well as normal pay award uplifts.

Section Three – Policy Context

3.1 The Longer-term Direction of Travel and Aspiration for Health Services In Northern Ireland

3.1.1 Cancer Strategy

The Northern Ireland (NI) Cancer Strategy launched in March 2022. It sets out 60 actions to transform cancer services over the next decade. This is a very large programme of change for cancer services which cannot be rushed.

A total recurrent investment of £10.6m has been made over years 1-3 in to support the Cancer Strategy implementation. This funding allocation was substantially lower than the amount outlined in the indicative strategy funding plan published in March 2022.

Whilst there has been significant progress to-date, it will not be possible to fully implement the cancer strategy without significant additional investment over the coming years.

As with most healthcare services in Northern Ireland, a key constraint to the delivery of the change outlined in the cancer strategy is the ability to recruit and retain staff with key skills and experience that are required. A key component of the cancer strategy is to ensure that there is an appropriately resourced and skilled workforce to deliver cancer services.

Work is currently being undertaken across a range of actions, including a review of radiotherapy services, and a review of breast services, the outworkings of which will allow us to fully understand the number of staff required, and the appropriate skills mix necessary required.

3.1.2 Elective Care Framework

Waiting times for elective care services in Northern Ireland are among the worst in the UK. They are unacceptable and have significantly increased in recent years. This is

due to the challenging financial situation, the residual impact of covid and an increasing health service capacity and demand gap.

The Department of Health's Elective Care Framework, updated in May 2024, sets out the strategic direction for the development and implementation of the changes necessary for effective and sustainable elective care services in Northern Ireland over the next 5-year period. It sets out a thematic plan designed to reduce waiting lists and increase capacity across the elective care system.

The reform of elective care services is multi-factorial and can only be achieved if it is underpinned by a sustainable workforce. A key component of the Framework is to ensure that there is an appropriately resourced and skilled workforce to deliver elective care services here. Without this, it will not be possible to deliver the Framework. This is not just about workforce numbers, it is about different ways of working to get the best service for patients from all available resources and having the right staff with the right skills mix, to do that.

Within the Framework, the objective, 'Transformation of the elective care workforce to meet future requirements and to create effective teams with the right skills mix' sets out the strategic direction aimed at maximising the workforce we have in the best way possible, focusing on increasing the time surgeons spend in theatre, the development of other support roles aimed at ensuring surgeons are able to maximise their capacity, transformation in the outpatient setting with a focus on enhanced triage and patient initiated follow up (PIFU) and expansion of training places and placement for vulnerable specialities. It is recognised that this will take time, however, enhancing and expanding the capacity of the workforce is essential to achieve the ambitions as set out in the Elective Care Framework.

Work has continued across the system to stabilise, expand and develop the elective care workforce, to support more effective use of staff across different specialities. This work will continue to ensure appropriate plans are developed for a robust workforce to underpin the necessary transformational and development work to secure a fit for purpose health service.

On 30 May 2025, the Minister of Health published an Elective Care Framework Implementation Plan which details how the £215m ringfenced allocation in the 2025/26 Northern Ireland Health budget for waiting list activities will be invested across three areas; to expand core capacity to reduce the red flag/time critical capacity gap, increase core routine capacity and non-recurrent funding to start tackling the backlog of patients waiting.

The Implementation Plan sets out a breakdown of how the funding allocated for waiting list activities in this year's budget will be invested with a targeted focus to ensure core capacity is expanded on a sustainable basis across Health and Social Care alongside investment in workforce opportunities.

The Minister of Health on 2nd September 2025 publicly welcomed the very real progress in efforts to reduce the longest waiting times. The Minister highlighted the reductions in longest waits: Outpatient waits of over four years are down by 14%, and surgical waits of more than four years are down by 21%. In named specialties like gallbladders and tonsils, waits have fallen by almost a quarter.

The people who work in Health and Social Care are the system's greatest strength. This should now be seen as the turning point in addressing the demand capacity gap and building up a health service that is sustainable for patients.

3.1.3 How backlogs caused by pandemic-related disruption to care will be tackled, as well as progress towards reducing them

In relation to the longer-term approach to address backlogs, the Elective Care Framework (ECF) (originally published in June 2021 and updated in May 2024) remains the roadmap for change. It sets out a five-year plan to systematically tackle the backlog of patients waiting, and to invest in and transform services to meet the population's demands in future.

Positive achievements have been made through the development of elective care centres, rapid diagnosis centres and mega clinics. In addition, service reviews have been completed across a number of specialities, subsequently leading to improvements. The Department of Health continues to work with Trusts to increase

productivity and efficiency through the use of a wide range of best practice service improvements.

The Elective Care Framework Implementation Plan, published on 30 May 2025, includes a package of measures to reduce the backlogs including; clearing current four-year waits across a number of specialities, funding specialist procedures for targeted reductions in waiting times including gynae mesh, paediatric scopes, squints, peg tubes, cleft lip, and scoliosis, expansion of elective care services in Primary Care, investment in Mega Clinics and a new Waiting List Reduction Reimbursement Scheme.

Reducing waiting lists will not be a quick fix and it will not be resolved in a year or two. Investment at this level or higher will need to be sustained for up to five years to bring hospital waiting times down to acceptable levels.

The Elective Care Framework (updated 2024) and the 2025 Elective Care Implementation and Funding Plan, published in response to the setting of Programme for Government (PfG) target states that to reduce the current backlog will require a range of other targeted interventions. These initiatives include:

Waiting List Initiatives – In-house and Independent Sector (IS) capacity will be used to address some of the longest waiting for assessments and treatments across a number of general specialties and/or procedures. Funding will also be targeted at some of those specialist procedures where there are long waits impacting women or children.

Waiting List Reduction Reimbursement Scheme (£10m) – The establishment of the Waiting List Reduction Reimbursement Scheme will help facilitate the transfer and treatment of long waiting patients, without impacting on core or local IS capacity. The Scheme would initially offer patients the choice of treatment in the Republic of Ireland, expanding to other European Union providers later in the year. To ensure the maximum impact on waiting times, this Scheme will be limited to those patients who have been waiting at least 24 months for their procedure. Based on the previous schemes, the average cost of £7k per patient has been estimated, this would result in

approximately 140 surgeries being funded for every £1m allocated to the scheme. On 8th September the Minister of Health launched phased two of the Waiting List Reimbursement Scheme, delivery on the commitment made when the scheme was first introduced in June.

Mega Clinics – these clinics will be undertaken in all Trusts and will cover a range of specialties including; ophthalmology, orthopaedics, general surgery and ENT. Mega clinics may also be utilised to undertake large scale administrative and clinical validation as this will represent value for money.

Validation – Given the current long waits for routine assessment, it is not uncommon for a patient's clinical condition to change. Undertaking regular validation of the waiting list is important to ensure accuracy of waits and reduce the risk of patient cancellations or Did Not Attends (DNAs). Using both secondary and primary care, there is an opportunity to undertake a targeted validation exercise across a number of specialties and waiting time cohorts. Ensuring accurate and up to date waiting lists will enable more efficient scheduling of activity and should reduce DNAs and Cancellations, thereby improving the overall service productivity. Historically between 5-10% of contacts via validation results in a removal from a waiting list.

3.1.4 The role of the use of multidisciplinary teams in addressing long-term demand growth

The Primary Care Multi-disciplinary Teams (MDTs) Programme has introduced new physiotherapy, social work, and mental health roles into general practice, working alongside the existing practice team and enhanced levels of nursing.

MDT practitioners are working with patients of all ages to ensure they have access to timely assessment and appropriate support to address their individual needs. There is a strong focus on prevention and early intervention to help patients self-manage a variety of issues.

The MDT Programme has already delivered a range of positive outcomes across a variety of areas. By focusing on wellbeing rather than just sickness and proactively managing patient need in their local GP practice setting though a multi-disciplinary

early intervention approach they are improving patient outcomes, reducing the need for referrals and appointments elsewhere, and ultimately easing pressure on GP and hospital services.

3.1.5 Primary care

The MDT model remains the key to stabilising and strengthening vital Primary Care services to ensure they can continue to provide high quality care to the people, now and into the future.

As of March 2025, through the rollout of the MDT Programme over 756,000 citizens now have access to physiotherapy, social work or mental health services and benefit from enhanced levels of nursing across 117 GP practices. There are currently in 375.91 whole time equivalent frontline staff working in 7 GP Federation areas in the Primary Care MDT programme. There are currently in 362.59 whole time equivalent frontline staff working across 115 GP practices in 7 GP Federation areas in the Primary Care MDT programme.

Patients can see a member of the MDT without first having to be assessed by a GP, with ongoing challenges with GP retention and recruitment across Northern Ireland MDT practitioners are therefore key in helping to meet rising demand in the primary care setting.

During 2024/25, over 342,000 additional consultations were delivered in General Practice settings by MDT teams. It is estimated that once fully rolled out, the programme could provide around a million consultations each year in General Practice.

Feedback from senior GPs in existing MDT areas indicates that these practice-based MDT roles have been critical in stabilising GP services in these areas and averting further practice closures to date. Of the GP contracts that have been returned over the past two years, none have been from practices with the full MDT in place.

A successful bid for £61m was made to the Transformation Fund, to support the further rollout of the MDT Programme across the five-year span of the Transformation Fund.

Planning for the further rollout of the MDT programme is well developed, focusing on ensuring that the benefits of implementation of the model are as equally distributed as possible while being mindful of current challenging workforce and financial constraints. Work is ongoing with local areas to finalise plans and further discussions are planned around the levels of investment available for GP leadership in the programme moving forward.

The introduction of new roles such as Advanced Nurse Practitioners, additional General Practice Nurses and General Practice Pharmacists is also making a difference to the capacity of primary care services and how those services are delivered and is contributing to improved patient outcomes.

3.1.6 Utilising the skills and capacity of the 3rd sector

The MDT Programme has worked closely with the Community & Voluntary (C&V)/3rd sectors in each rollout area. During 24/25, in addition in excess of an additional 342k consultations delivered in general practice settings by the MDT team, through innovative use of the MDT Social Work Seed Funding, more than 17,000 patients also benefited from 76,162 total contacts through over 400 targeted community initiatives delivered alongside C&V colleagues.

For appropriate patients, these innovative approaches utilising the skills and capacity of the C&V sector can present an effective and appropriate alternative to a hospital referral or a prescription.

In 24/25, iro 6.4% of patients seen by MDTS had an onward referral to the 3rd sector. It is expected that further investment to complete the MDT model will increase opportunities to reform referral pathways and increase innovative partnerships with the 3rd sector across all of NI.

3.1.7 HSC Trust services

Full implementation of the MDT model has the potential to deliver an additional 1m patient consultations each year in Primary Care, significantly improving access for patients to a wider range of services in their communities.

Evidence suggests that MDT has a significant transformative effect on the delivery of health and social care services:

- 12% reduction from MDT practices into core Trust servies vs non-MDT practices.
- 15% reduction in Orthopaedic referrals from MDT practices vs 4% reduction in non-MDT practices
- 32% reduction in referrals to adult mental health services from MDT practices vs non- MDT practices.

It is estimated that the full roll out of MDT could result in c10k fewer Orthopaedic referrals/ yr. Similarly, for Integrated Clinical Assessment and Treatment Services (ICATS) / Musculoskeletal (MSK) / Physio is it estimated that MDT could result in 2.8k fewer referrals per year. This in turn has the potential for further transformation of the service offering from HSC Trusts, with associated reallocation of resources.

3.2 Workforce Strategy

Information on Strategic Workforce Reviews from the introduction of the Regional HSC Workforce Planning Framework in March 2015 is contained in Annex A That lists strategic workforce planning reviews accepted by the Department of Health and those where work is ongoing or planned for the future.

The Department of Health published the comprehensive Health and Social Care Workforce Strategy 2026: Delivering for Our People in May 2018, with an aim 'by 2026, to meet the workforce needs and the needs of the workforce.'

The Strategy, which covers the period 2018 to 2026 was developed by the Department's Workforce Policy Directorate through detailed engagement with health and social care colleagues across the HSC and independent, voluntary and community sector healthcare providers and trade unions.

The Strategy's Second Action Plan was published on 15 June 2022 and identifies an ambitious range of strategic actions for progression over three years (2022/23 to 2024/25). Lead organisations have been assigned to each action to facilitate

implementation with delivery of identified actions currently ongoing. Engagement on the development of a Third Action Plan to run from April 2025 commenced in October 2024.

Since publication of the Strategy, in 2018, there has been a 17.7% (+10,062) increase in whole time equivalent (WTE) staff directly employed by the HSC in Northern Ireland, with 66,865 WTE staff in post at the end of March 2025 compared to 56,802 at March 2018. This includes a 24.3% (+1,019 WTE) increase in medical and dental staff.

Table 2 - HSC Workforce (Whole Time Equivalent) by staff group, 31 March 2018 to 31 March 2025

Staff Group	March 2018	March 2025	Difference	% Difference
Administration & Clerical	11,067	13,235	2,168	19.6%
Estates Services	686	827	141	20.5%
Support Services	4,802	5,051	249	5.2%
Registered Nursing & Midwifery	15,112	18,050	2,938	19.4%
Nursing & Midwifery Support	4,374	4,219	-155	-3.5%
Social Services (excl. Domiciliary Care)	7,326	8,848	1,523	20.8%
Professional & Technical	8,137	10,163	2,026	24.9%
Medical & Dental	4,199	5,218	1,019	24.3%
Ambulance	1,100	1,254	154	14.0%
Total	56,803	66,865	10,062	17.7%

Source: Information & Analysis Directorate, Department of Health

Effective workforce planning is complex and challenging but is essential in order to contribute to ensuring services across Northern Ireland are both sustainable and

delivered to the appropriate standard. The range of challenges faced by the health and social care system has reinforced the need to ensure that the workforce is balanced correctly in terms of numbers and skills. At its simplest, effective workforce planning ensures a workforce of the right size, with the right skills, organised in the right way, delivering services to provide the best possible care for service users within available resources.

The Department has accepted the Skills for Health Six Step Methodology as the tool for all workforce planning. All workforce reviews consider the purpose, scope and ownership of the plan at the outset. Each identifies the goals/benefits of change. It collates the current baseline data, highlights drivers for change e.g. MDT, work life balance/family friendly policies etc. It agrees working models going forward and scenario sets against the working models for future planning. Analysis is carried out of the activities undertaken, types of roles and numbers required, productivity and new ways of working. This helps identify skill sets and levels of interventions for service users and facilitates new ways of working.

In order to project the future workforce requirements, analysis of the demographics alongside the supply chain is examined in great detail. This informs the need for commissioned numbers of undergraduates for the medical and dental school and specialty post graduate training. Managing the changes required is complex and challenging and often has significant financial implications. This is a key challenge: it is much easier to assess workforce need than to implement the measures (including recruitment and training) necessary to ensure workforce supply. For example, if a workforce review report recommends an increase in the number of Whole Time Equivalent medical or dental staff, the impact of increasing numbers of doctors and dentists training and working less than full time hours must be recognised in a proportionate expansion in actual training or staff numbers, to deliver the required increase in WTE staff. An implementation plan is developed to oversee and monitor the implementation of each workforce review's recommendations. The recruitment processes endeavour to reflect the growing diversity of Northern Ireland society, including increasing participation of women and people from minority ethnic backgrounds in the workforce.

A rolling programme of medical specialty workforce reviews is ongoing. Governance arrangements are in place to ensure that all workforce reviews are considered by the Department and seek the approval of Minister (or where necessary, Permanent Secretary) thus ensuring a robust process is in place.

The Department has moved away from sole reliance on uni-professional workforce reviews. Increasingly, a Programme of Care approach will be taken to workforce planning (for example, in areas such as Diabetes and Stroke) which endeavours to map the patient journey through the service. This will significantly progress multi-disciplinary working and will be used to build the optimum workforce for future services across health and social care as envisaged by the Workforce Strategy – see the attached programme of ongoing and planned strategic workforce reviews, with medical specialties highlighted.

The Workforce Strategy Second Action Plan also contains a range of actions aimed at addressing attraction, recruitment and retention across all professions, including medical and dentistry, which have been allocated to the respective Chief Professional Officers to progress alongside HSC employers. A forum has been established for Chief Professional Officers to support collaborative working and sharing of best practice and experience across professions in these areas, with a view to developing profession specific initiatives to attract and retain staff.

3.2.1 Workforce Strategy: implementation

Significant progress has been made in recent years to stabilise and grow the HSC workforce supported by the strategic approach to workforce development outlined in the Health and Social Care Workforce Strategy. This has included a rolling programme of strategic workforce planning, increased commissioning of pre- and post-registration training, better attraction and recruitment of staff, reducing agency dependency and developing initiatives to improve staff retention.

Progress to date on implementation of the Second Action Plan in areas of particular relevance to the medical and dental profession include an increase in both pre- and post-registration medical training places; the introduction of (i) an agreed regional process to facilitate the creation of an approved employer to enable retention of

recently qualified international GP graduates and (ii) a streamlined process for recently trained GPs from ROI to obtain entry onto the NI Primary Medical Performers List; a review of the Supplement for Undergraduate Medical and Dental Education to align with the greater focus on Primary Care within the curriculums of the two local medical schools; ongoing programme of workforce reviews for the purposes of strategic workforce planning as referred to above; creation of a Regional Agency Reduction Group to progress proposals to reduce agency dependency across the HSC including medical locums; publication of 'Strengthening our Core: A Regional Framework for HSC Staff Health and Wellbeing in the Workplace'; commencement of work to develop sustainable and robust Occupational Health Services across the HSC; implementation of a new HSC Learning Management System; completion of the move of doctors and dentists from all hospital-based training programmes from HSC Trust employment to the Single Lead Employer within the NI Medical and Dental Training Agency; and creation of a Strategic Group to Enhance the Quality of Medical Education in Northern Ireland.

Since publication of the Strategy in 2018 there has been a 17.7% (+10,063) increase in whole time equivalent (WTE) staff directly employed by the HSC in Northern Ireland, with 66,865 WTE staff in post at the end of March 2025 compared to 56,802 at March 2018.

This builds upon progress achieved during the first three years of the Workforce Strategy (2018 to 2020) including the introduction of the Physician Assistant role in Northern Ireland and the creation of the Graduate Entry Medical School at University of Ulster. This strategic approach to workforce development has contributed to a 24.3% (+1,019 whole-time equivalent) increase in medical and dental staff at 31 March 2025 compared to 31 March 2018, with 22.3% (+378) more consultants, 33.1% (+157) more SAS doctors and 22.2% (+418) more resident doctors directly employed by the HSC now.

The Department of Health has undertaken a series of engagements during 2024/2025 with health and social care stakeholders to identify priorities for progression through the Third Action Plan of the Health and Social Care Workforce Strategy which will be published shortly. This Third Action Plan will cover the three-year period from April

2025. It is important we continue to build on the significant progress achieved in recent years, however, significant additional and recurrent funding will be required if we are to fully realise the ambitions we have for the health and social care workforce.

In January 2019 the Department published the Medical Student Places Review, which sought to inform how the supply of Northern Ireland medical students should grow to meet the anticipated need for the medical component of healthcare over the next 10 years. The commencement of the new Graduate Entry Medical School at Ulster University in 2019 met 70% of the recommended growth in medical student places. Further consideration is being given as to how the remaining 30% of assessed need may best be met in a value for money and affordable way. This will include measures beyond simply growing overall NI medical student places; for example, increasing retention in the local medical education and training system or encouraging a greater proportion of NI domiciled medical graduates to progress to the next stages of their medical careers here.

The Medical Student Places Review advocated a mid-term review after 5 years (effectively 2023/24). This need has probably been attenuated by the legacy of the Covid 19 pandemic. The Department had hoped to be able to commence an update of the Medical Student Places Review before the end of the last calendar year (December 2024),to not only consider the overall number of training places, but also address issues such as how access to medical education in Northern Ireland can be widened and how best to develop and retain the future medical workforce. The Department is currently considering how best this exercise may best be taken forward. The Department has not yet been able to undertake this proposed review, but intends to take this forward in 2025.

3.2.2 Long-term workforce demand in Northern Ireland

The Department of Health NI continues to undertake a rolling programme of workforce reviews thorough its strategic workforce planning function. The Department has undertaken a series of engagements during 2024/205 with health and social care stakeholders to identify priorities for progression through the Third Action Plan of the Health and Social Care Workforce Strategy which will run from April 2025. A specific action to further enhance and augment the Department's existing strategic workforce

planning programme will be included within the Third Action Plan. As part of this exercise, a refresh of the 'Regional HSC Workforce Planning Framework[11]' will be undertaken to provide further clarify on organisational roles and responsibilities for workforce planning across the HSC. The feasibility of developing a statistical workforce model to estimate future workforce requirements at uni-professional level will also be explored during 2025/26.

The "Northern Ireland Medical School Places Review", published in January 2019, contained the following recommendation:

"DoH should expand the number of funded medical school places in Northern Ireland from the current 236 per year by at least an additional 100 places per year, as soon as possible, preferably from September 2019".

The commencement of the first annual intake of 70 places on the new UU medical degree programme in August 2021 was a decision of the Executive following a commitment under the New Decade, New Approach (NDNA) agreement. It was influenced by, but not determined by, the Department's response to the Medical Student Places Review. A lack of available funding has meant that this recommendation has not been progressed further so that the annual number of medical student places currently falls 30 short of the minimum recommended in the Review. The Department hopes to be able to commence an update of the Medical Student Places Review before the end of this calendar year. Not only will this consider the overall number of training places, but it will also address issues such as how access to medical education in Northern Ireland can be widened and how best to develop and retain the future medical workforce. The Department has not yet been able to undertake this proposed review but intends to take this forward in 2025.
As noted in section 3.3 below, the ***Workforce Review for Dental Services in Northern Ireland – 2018*** Report did not recommend any expansion of the dental school/places.

[11] www.health-ni.gov.uk/publications/regional-hsc-workforce-planning-framework

3.3 Workforce Planning

The Department has a comprehensive assessment of education and training commissioning requirements to be translated into a prioritised and costed commissioning plan should additional funding be identified. The ***Workforce Review for Dental Services in Northern Ireland – 2018*** Report did not recommend any expansion of the dental school/places. As above, education and training requirements will be translated into fully costed plans should funding be identified. Timescales are not known at this stage.

The Department will continue to progress its programme of medical specialty strategic workforce reviews. Actions plans will be developed to monitor implementation of recommendations. The Department has embarked on working more closely with service commissioners and training providers to identify pressure areas or forthcoming gaps in services and associated workforces in order to target specific training and recruitment to immediately meet identified need. The Department is continuing to develop more collaborative approaches to the identification of sources for long term investment in education and training – for example repurposing expenditure on medical locums.

Section Four – General Medical Practitioners

4.1 Introduction

General Practice is the first point of contact for the majority of patients and has an important role in promoting health and well-being as well as providing treatment, care and support to patients. The Department of Health fully recognises the valuable role and contribution of both GPs and their Practice staff in providing these crucial primary care services.

GP-led services in Northern Ireland continue to face a number of challenges. These include the increasing demand for GP services and a growing and ageing population. In terms of population demographics, the 2021 Census[12] shows that the usually resident population of Northern Ireland on census day, 21 March 2021, was 1,903,175, an increase of 5.1% since the 2011 census. In terms of age, 326,500 people (17% of population) were aged 65 and over. Compared to the previous census in 2011, the population aged 65 and over increased by 24%.

The Northern Ireland Statistics and Research Agency published the 2023 mid-year population and migration estimates for Northern Ireland on 19 September 2024[13]. The estimates note that between 1998 and 2023 the proportion of the population aged 65 and over increased by 36.4 per cent. In the year to mid-2023, the number of people aged 65 or more increased by 2.1 per cent from 335,400 to 342,500 people. In mid-2023, just over one in six (17.8 per cent) people in Northern Ireland were aged 65 and over. The population aged 85 and over increased by 25.8 per cent in the decade since mid-2013, a rate over five times higher than the population as a whole. The 85 and over population increased by 1.9 per cent (from 41,100 to 41,900) between mid-2022 and mid-2023, representing 2.2 per cent of the population.

The prevalence of long-term conditions is increasing and as the population ages, people are living with an increasing number of co-morbidities. First results from the

[12] https://www.nisra.gov.uk/statistics/census-2021/census-2021-results
[13] www.nisra.gov.uk/publications/2023-mid-year-population-estimates-northern-ireland-and-estimates-population-aged-85

Northern Ireland Health Survey 2023/24[14] , note that the proportion of respondents reporting a physical or mental health condition or illness expected to last 12 months or more rose to 46% in 2023/24 (up from 40% in 2022/23) and the highest reported in the last ten years. A third (34%) of respondents have a long-standing illness that reduces their ability to carry out day-to-day activities (up from 31% on 2022/23). Prevalence generally increased with age with a fifth (20%) of those aged 16-24 reporting a limiting long-term condition compared with 56% of those aged 75 and over.

4.2 DDRB Recommendations - GMP Pay Uplift 2024/25

In 2024/25, in response to the recommendations in the 52nd report of the Review Body on Doctors' and Dentists' Remuneration (DDRB) published in July 2024, an uplift of 6% (net of expenses) was applied to GP earnings in line with the DDRB recommendation. In addition, a 6% uplift was applied for staff expenses and a 2.5% uplift for other non-staff expenses. The total value of these uplifts was £16.6million. GMPs are self-employed contractors. In order to implement the DDRB recommendation of a net increase in pay for independent practitioners, account is taken of the fact that they are provided with a gross income from which they must also pay expenses, including staffing costs.

The Department draws on previous work by the DDRB to break the existing spend baseline into proportions reflecting the average split between GP pay, staffing costs and other expenses and then applies the agreed uplifts against each of these elements. There is a robust process in place to ensure that the approved uplift is applied to the GMS global sum payments.

GP practices are required to provide assurance that the funding for staff expenses is used for this purpose and that staff receive the full benefit of this uplift. The Department does not collect information on the salary of GMPs. This may vary across practices and areas. Pay uplifts for salaried GPs are an arrangement between the Contractor and the Salaried GP.

[14] https://www.health-ni.gov.uk/publications/health-survey-northern-ireland-first-results-202324

The 53rd report of the Review Body on Doctors' and Dentists' Remuneration (published in May 2025) recommended a 4% uplift (net of expenses) for independent General Medical practitioners (GMPs) for 2025/26.

The Minister of Health has stated his intention to see the pay recommendations from the Doctors' and Dentists' Review Body report for 2025/26 implemented in full. This will see a further £11.5m invested in General Medical Services.

4.3 General Practice - Demographics

The Business Services Organisation (BSO) Family Practitioner Services Information Unit produces annual and quarterly statistics for Family Practitioner Services, including General Medical Services. *The General Medical Services for Northern Ireland: Annual Statistics 2024/25* publication provides a statistical overview of primary care activity in Northern Ireland. The report provides summary information in relation to General Practitioners, GP practices and registered patients including registration activity in Northern Ireland. The most recent publication, for 2024/25, was published on 5 June 2025[15].

4.3.1 GP Practices

The 2024/25 GMS annual statistics report shows that Northern Ireland had 305 active GP practices at 31 March 2025[16]. This is a reduction of 7 practices since 2024 and a reduction of 45 (12.9%) since 2014. The number of GP practices per 100,000 population was 14.8, a decrease of 2.6% from the previous year (15.2 per 100,000 at March 2024). The number of GP practices per 100,000 population has decreased across all GP Federations since 2017 with a reduction of 14.5% at Northern Ireland level during this period[17].

At Northern Ireland level, 97.6 of the population live within five miles of a GP Practice whilst at least 88% of the population live within a three-mile radius of a GP Practice.

---

[15] https://bso.hscni.net/directorates/operations/family-practitioner-services/directorates-operations-family-practitioner-services-information-unit/1776-2/

[16] Figures presented are as at 31st March and include only those practices which will be open on 1st April.

[17] https://datavis.nisra.gov.uk/bso/general-medical-statistics-2024-2025.html

4.3.2 GP Workforce

The Business Services Organisation's GP statistics report shows there were 1,468 GPs[18] (excluding Locums) at 31 March 2025. Of these, 60% were female and 40% were male. This is a 1.0% increase in the number of GPs since 2024 and a 24.4% increase since 2014. It should be noted that these are headcount figures - not all GPs work full-time hours so changes in headcount may not reflect the change in full time equivalent GPs.

While quality-assured working patterns are currently unavailable for active GPs, unpublished management information, sourced from the Northern Ireland Medical and Dental Training Agency (NIMDTA), providing an analysis of GP appraisals up to the 2023/24 year (latest available) would tend to suggest that the consistent year on year increase in headcount was not replicated in terms of full-time equivalent (FTE) GPs. Instead, it reflects a fairly stable FTE position in respect of GP Partners and salaried GPs until 2018/19, followed by a reduction of more than 5% between 2018/19 and 2021/22 before rising quite significantly (17%) between 2021/22 and 2023/24. While reported headcount figures increased by 24.4% since 2014, NIMDTA Partner and Salaried data shows a smaller increase of 10.8% since 2014/15.

It is important to bear in mind that this self-reported information is largely unvalidated - alternative methodologies may have been used to produce the analysis at different points in the series, a small proportion of GPs may not have undergone appraisal and the use of locums to provide GP sessions may not be fully captured. Caution should be exercised when making comparisons, particularly across time, based purely on headcount figures alone.

In terms of contract type, the BSO statistics show that of 1,468 active GPs at March 2025 (excluding locums), the number of Principal GPs was 1,104 (75.2%). In 2018, there were 1,190 Principal GPs out of a total of 1,323 active GPs (89.9%). The number

[18] GP figures include Principal, Salaried and Retainer GPs but exclude Locums

of salaried GPs has increased from 117 in 2018 (8.84%), to 348 at March 2025 (23.7%) of the 1,468 total.[19] [20]

The statistical data published by BSO shows 575 Locums at March 2025 (an increase from 540 in 2024). Locum figures are GPs registered on the NI Performers List as Locum only i.e. they do not hold another GP contract type. The Locum count presented does not equate to the number actively working but rather the count of individuals registered to provide Locum cover at the point of data capture.

Table 3 - The table below shows the number of First time GP Principal/Partner contracts per calendar year over the period 2018 to May 2025

Year	First time GP Principal/Partner contract
2018	80
2019	62
2020	73
2021	58
2022	51
2023	63
2024	58
2025 (to May)	20

Source: Common Practitioner Model (CPM) which is updated by the BSO Professional Support Team

Counts present the first time an individual GP has taken on a Principal/Partner contract. If a subsequent Principal/Partner contract is taken on by an individual GP, it is not included in the counts presented. GPs may have previously held another contract type e.g. Salaried position.

In terms of the gender and age profile of GPs, the BSO statistics show that 60% of GPs (881) are female and 40% (587) are male. Since 2014 there has generally been

[19] https://bso.hscni.net/directorates/operations/family-practitioner-services/directorates-operations-family-practitioner-services-information-unit/1776-2/

[20] Between 2018 and 2025 a GP may have had a number of different contracts. BSO statistics report static point in time counts based on Principal/Partners, Salaried GPs and Retainers. Assistants, ST2s and ST3 Registrars are excluded from figures presented

a gradual downward trend in the number of male GPs, with a steeper increase in the number of female GPs (in 2014, 46% of GPs were female and 54% male). The number of male GPs is 8.7% lower than in 2014, while the number of female GPs has increased to almost two thirds more (64.1%) during the same period.

In terms of age profile, the average age of Northern Ireland GPs is 45 years with 19.4% of GPs aged 55 and over. The percentage of GPs in the 25-44 age band has increased from 49.1% in 2018 to 49.7% in 2025. Over half of GPs in the 60+ age-group are male, while there are significantly more female GPs in the younger age groups. The 25-39 age band is made up of 32.7% male and 67.3% female GPs. As age increases, so broadly does the percentage of male GPs until the oldest age bracket (60+) where the figures are more than reversed at 70.7% male and 29.3% female. Almost two fifths of female GPs (34.7%) are in the 25-39 age band compared to just over a quarter of male GPs (25.5%). Conversely only 3.9% of female GPs are aged 60 and over compared to 14.4% of male GPs.

The Department has also recognised the need to understand the wider workforce in General Practice. Following engagement with the Northern Ireland General Practitioners Committee, it was agreed that two workforce surveys would be undertaken as part of the 2024/25 the Northern Ireland Contract Assurance Framework. The staff surveys aim to collect workforce information on GPs who work regularly in the Practice as well as workforce information on the GP Practice staff, including other clinical staff, Practice Managers and other administrative staff. Information about Multi-Disciplinary Team staff working in practices will also be collected. Both staff surveys were issued to all GP practices for completion and submission to the Department by 30 April 2025. The information collated will assist to inform skill mix at each Practice.

Table 4 - In terms of GP Leavers the table below shows GP leavers by gender and age at the end of the last contract.

GP Leavers by Gender and Age at end of last contract						
2014/2015	25-39	40-49	50-59	60+	Unknown	Total
F	18	5	6	9		38
M	14	6	9	24		53
Total	**32**	**11**	**15**	**33**	**0**	**91**
2015/2016	25-39	40-49	50-59	60+		Total
F	24	7	12	12	1	56
M	13	3	3	18		37
Total	**37**	**10**	**15**	**30**	**1**	**93**
2016/2017	25-39	40-49	50-59	60+		Total
F	27	14	11	2	0	54
M	8	3	10	12	1	34
Total	**35**	**17**	**21**	**14**	**1**	**88**
2017/2018	25-39	40-49	50-59	60+		Total
F	40	14	6	3	1	64
M	11	7	9	18		45
Total	**51**	**21**	**15**	**21**	**1**	**109**
2018/2019	25-39	40-49	50-59	60+		Total
F	31	5	13	6		55
M	12	3	10	25		50
Total	**43**	**8**	**23**	**31**	**0**	**105**
2019/2020	25-39	40-49	50-59	60+		Total
F	27	13	6	8	1	55
M	11	4	9	17		41
Total	**38**	**17**	**15**	**25**	**1**	**96**
2020/2021	25-39	40-49	50-59	60+		Total

F	23	6	3	10	1	43
M	10	4	11	15	1	41
Total	**33**	**10**	**14**	**25**	**2**	**84**
2021/2022	25-39	40-49	50-59	60+		Total
F	36	25	11	13	4	89
M	16	11	15	22	2	66
Total	**52**	**36**	**26**	**35**	**6**	**155**
2022/2023	25-39	40-49	50-59	60+		Total
F	36	21	22	24	4	107
M	17	12	8	61	3	101
Total	**53**	**33**	**30**	**85**	**7**	**208**
2023/2024	25-39	40-49	50-59	60+		Total
F	44	23	18	31	3	119
M	17	11	15	46	3	92
Total	**61**	**34**	**33**	**77**	**6**	**211**
2024/2025	25-39	40-49	50-59	60+		Total
F	36	27	21	21	3	108
M	18	10	7	30	3	68
Total	**54**	**37**	**28**	**51**	**6**	**176**

Source: Business Services Organisation.

Information on the reason for leaving (including retirement) is not recorded.

Some GPs have multiple contracts recorded with clear breaks in between. While the most recent contract end date is counted as a left date for the purposes of the table above, it is possible they may return to practice in the future. Data presented is counts of GPs who held a contract type Partner, Salaried, Retainer or Locum between April 2014 and March 2025. The Covid-19 pandemic saw GPs returning as Locums and this will potentially have contributed to the increase in number of leavers since. GPs who returned during Covid may otherwise have had an earlier left date and have otherwise been counted in one of the earlier years presented.

The Department does not hold information on GP vacancies. As independent contractors GPs are responsible for identifying and recruiting the GPs and other staff required within their own business to deliver services.

The Department does not hold information on the number of GP practitioners who deliver private primary medical services in addition to services under the General Medical Services (GMS) contract.

4.3.3 Registered Patients

The BSO annual statistics[21] show there were 2,066,970 individuals on the index of patients registered with a GP practice at 31 March 2025, compared to 2,054,918 at March 2024 – an increase of 0.6%. The number of registered patients has increased by 7.4% since 2014.

During the 2024/25 financial year, GP practices in Northern Ireland registered 94,487 patients. This comprised 46,259 new patients (first time registrations in NI) and 48,228 patients transferring from another Northern Ireland GP practice. This represents a 1.7% increase in total registration activity on the previous year.

Of the new (first time) patients registered in Northern Ireland during 2024/25, almost one quarter (24%) were non-UK nationals, 2 percentage points lower than in 2023/24. The average number of registered patients per practice has increased by 2.9% over the past year from 6,586 at 31 March 2024 to 6,777 in 2025. Since 2014, the average number of registered patients per practice has increased by 23.2%.

In 2025, Northern Ireland had 14.8 GP practices per 100,000 registered patients - a 2.6 percent decrease compared to the previous year (15.2 practices per 100,000) and a 14.5% decrease since 2017.

The BSO report also contains some General Medical Services comparisons with other UK nations. Data for GPs reflect what is reported at Northern Ireland level

[21] https://bso.hscni.net/directorates/operations/family-practitioner-services/directorates-operations-family-practitioner-services-information-unit/1776-2/

i.e. headcount and includes Unrestricted Principals or Equivalents (UPEs), Salaried GPs and Retainers. In terms of GP practices per 100,000 registered patients, Scotland also had 14.8 practices per 100,000 patients, followed by Wales with 11.2 and England with 9.8. As noted in the report, GP practices vary in size and number of live GP contracts associated with them. Comparisons using this measure should therefore be treated with a degree of caution

In terms of GPs per head of population, the BSO report indicates that in Northern Ireland there were 71.0 GPs per 100,000 registered patients at March 2025 (or 1 GP for every 1,408 registered patients). This is a 0.3% increase from last year and a 6.9% increase from 2017.

At UK level, Scotland had the highest headcount number of GPs per 100,000 registered patients at 75.0, Wales had 64.5 GPs per 100,000 registered patients and England had the lowest ratio at 59.0[22].

The report notes however that this takes no account of any inter-country differences in working patterns and differences in how services are delivered between countries that can impact on the figures. Accordingly, care needs to be taken when interpreting any inter-country differences in HSC activity levels.

4.3.4 Responding to the Challenges Facing General Practice

GP Practices in Northern Ireland are grouped geographically into one of 17 GP Federations. Each Federation is a Community Interest Company (CIC) Limited by Guarantee which means that they exist for the benefit of the communities and any financial surplus generated must be reinvested in line with their members' agreement. Four Federation Support Units (FSUs), co-terminus with Local Medical Committee areas, have been established to support the work of GP Federations. The FSUs work collaboratively to provide a regionally co-ordinated approach but are also sensitive to local issues.

[22] https://datavis.nisra.gov.uk/bso/general-medical-statistics-2024-2025.html

The Department recognises the pressures and demand that General Practice continues to experience. The issues impacting GP Practices are multi-faceted and will take time to address. Stabilisation and the sustainability of General Practice remains a concern and the Department continues to engage and work closely with key stakeholders, including GP representatives, to support continuity of GMS provision in the face of increasing demand and the ongoing challenging climate. This is imperative for ensuring that the wide range of issues and challenges being experienced are fully understood and necessary actions can be identified.

There have been 16 contract hand-backs since 2023/24 and 1 contract removal. However, the actual number of Practices handing back their contracts has been going down over the past two or three years. Despite the pressures on General Practice and the number of practices that have handed back their contracts, with the support of GP Federations and Trusts in taking on contracts, the Department has been able to ensure that in recent years, only one of these contract hand-backs has resulted in practice closure. Difficulties attracting and retaining GPs to work in General Practice is often the main reason given when a GP contract hand back occurs. Other reasons include workload pressures, maintaining work life balance, decrease in younger GPs willing to take up partnerships, increase in portfolio careers and partnership issues.

A range of measures have been put in place to address the pressures facing General Practice, including focusing on increasing the capacity of Primary Care to meet the demand from patients; reinforcing the GP workforce and increasing the range of healthcare professionals working in Primary Care and the implementation of new and innovative ways of working.

To support practice stability, the Northern Ireland Contract Assurance Framework, introduced in 2024/25, included a requirement for all GP Practices to work towards having a Partnership Agreement in place by the end of the 2024/25 contract year – this is important in increasing practice resilience in instances where a GP partner leaves the partnership, for whatever reason.

As part of the Department's Winter Preparedness Plan for 2024/25, £3.4m was made available to help GP services meet additional winter demand. A further £4.6m was

also provided to assist with the delivery of proactive support and care to those in nursing and residential care homes. In addition, non-recurrent funding of £3m was provided in-year in 2024/25, including £1m from outside the GMS funding envelope, as a one-off uplift to GMS in recognition of the challenges being experienced in the service.

With regards to other support for GPs, Departmental officials have worked with relevant NICS Departments and public bodies to explore ways to reduce the administrative burden on GP practices of completing non-statutory administrative tasks and the unnecessary directing of patients to GPs, to help to reduce the impact of these on General Practice.

A set of clinically led principles has also been developed to improve management of the interface between primary and secondary care, improve relationships and communication between colleagues, remove unnecessary administrative burdens and bring about a more efficient system to improve patient flow, care and experience.

To support practices in difficulty and at risk, the General Practice Improvement and Crisis Response Team (GPICRT), facilitated and managed by the Eastern Federation Support Unit, is able to provide advice and support to practices which are at risk. This includes the provision of locum cover to help secure continued service provision and supporting Practices to develop and implement effective Practice Recovery Plans to ensure that they can deliver their contractual obligations to their registered patients. This advice also covers practice management issues, such as support for Practice Managers, as well as GP clinical cover both on-site and remotely. Since its establishment in 2018, GPICRT has received 139 referrals and has provided support to a total of 102 GP practices.

Whilst this has been important in providing stability, it is recognised that more sustainable options are required in the longer term. The Department has been working with GP Federations to explore how they can play a role in the longer-term sustainability of GMS, including moving away from the locum-reliant model that has

been in place in some Trust-run practices, and implementing a more sustainable salaried GP model.

Other measures in place to support General Practice include the GPNI website which provides a key regional communications platform designed to improve dissemination of, and access to, information for Primary Care practitioners, (inclusive of the entire Primary Care Multi-disciplinary Team). Since its inception, the website has evolved to deliver high quality education to all those within GP primary care.

In terms of the wider primary care workforce, in 2024/25, the Department continued to boost its capacity by allocating £25.5m for the Primary Care Multi-Disciplinary Team (MDT) Programme, £20.5m for the General Practice Pharmacy Programme, and £3m for Advanced Nurse Practitioners working in primary care.
The Northern Ireland Audit Office published a report on 'Access to General Practice' in March 2024 - NI Audit Office Report - Access to General Practice in Northern Ireland.pdf[23].

The report concluded that many factors are impacting on the successful development of General Medical Services, that the issues are complex and will need a sustained long-term response to ensure that General Practice is sustainable and an attractive place to work.

The Report made eight recommendations, summarised below:

1. The Department of Health needs to improve the collection of activity data in General Practice;
2. The Department of Health needs to review workforce data needs and develop a plan for its improvement;
3. There is a need for a workforce plan for General Practice;
4. Review and where necessary refresh the Retention schemes;

[23] https://www.niauditoffice.gov.uk/files/niauditoffice/documents/2024-03/NI%20Audit%20Office%20Report%20-%20Access%20to%20General%20Practice%20in%20Northern%20Ireland.pdf

5. The Department of Health needs to explore alternative options for the implementation of the MDT model and develop credible plans for future roll out;
6. Work is needed to stabilise GMS services. This should include monitoring of the financial impact of failing practices;
7. Where HSC Trust involvement in the delivery of primary care services has identified weaknesses and potential lessons, this should be disseminated;
8. The Department needs to consider shorter term actions to improve patient access to services. This should include implementing best practice processes in GP practices.

The Department has responded to the report and its recommendations and is working to progress on these as appropriate.

The Department recognises the importance of access to GP services for patients. GP services have been experiencing sustained, high levels of demand since before the Covid-19 pandemic. Practices have therefore continued to adapt how services are delivered in response to increasing pressures.

Figures indicate that GMS practice teams (including GPs, practice employed nurses, Treatment room Nurses, Advanced Nurse Practitioners, Multi-disciplinary team staff, paramedics and General Practice pharmacists) are averaging 200,000 patient consultations per week, with just over 50% of these face to face.

The Department has established a GP Access Working Group to explore issues relating to demand and access to services and to oversee work to improve the experience for patients. This work is being led from within the primary care system with input from GP Fellows and the General Practice Improvement and Crisis Response Team, taking a QI approach to ensure it is based on what works best in the Northern Ireland context. This includes work to develop guidance for practices in management of patient demand and optimising workflow within practices to maximise efficiency and consideration of how technology can be best used to improve experience for both patients and practices. The Group includes representatives from General Practice and service users among its membership.

As part of the 2025/26 GMS contract, the Department has introduced a range of measures which, while relatively small in scale, will make a tangible improvement to the patient experience of accessing GP services. These measures do not seek to increase the number of consultations delivered nor to make GPs work to unsafe levels. Rather, they are aimed to create small but significant improvement to the patient experience of access, to remove some of the friction points for patients that can make the experience worse for patients and practices alike. In many cases, these are things that practices here are already doing and the aim has been to seek to spread that good practice across the region.

These include that practices make some of their appointment slots pre-bookable, so that patients do not always have to call back another time when daily capacity is reached; making sure that practices make the most of existing digital functionality to make ordering repeat prescriptions easier; requiring practices to ensure staff deal with patients appropriately when they 'walk in' to make an appointment; and a new requirement for GPs to establish patient participation groups, to give patients a voice in how they are served by the practice.

Looking beyond the 2025/26 contracting year, the Department is open to engagement on what scope there is to further increase the level of funding in core GMS to support the sustainability of General Practice into the future. This would be part of a wider approach to supporting a greater provision of service in primary care.

Looking to the future, delivering reform in primary and community care and the need to 'shift services left' so that care can be provided closer to people's homes and away from hospital, is a key priority for the Minister of Health. '*Health and Social Care NI – A Three Year Plan to Stabilise, Reform and Deliver' published in December 2024,* sets out the Minister's ambition to secure better outcomes by changing the way health and social care works to best meet the needs of the population. doh-hsc-3-year-plan.pdf[24]

[24] https://www.health-ni.gov.uk/sites/default/files/2024-12/doh-hsc-3-year-plan.pdf

General Practice will play a central role in this 'shift left' of services from secondary care and stands to be a beneficiary of the accompanying shift of resources. The Department has recently commenced work to develop a new model for Primary Care, to take a preventative approach to healthcare and help manage demand more effectively. This work towards a new model is where the opportunity for significant additional investment in Primary Care could be made.

Work on this is at an early stage and will include engagement with key stakeholders, including the Northern Ireland General Practitioners Committee and the Royal College of General Practitioners. It is not possible at present to identify the amount of potential funding that will be made available for Primary Care nor a timescale for this. This will be explored over the coming months as work on the new model progresses. The key is to get the model of care correct; funding streams and contractual arrangements would then follow to be aligned with that model. The ability to reallocate funding across Health and Social Care to facilitate greater investment in Primary Care will also depend on the nature and contents of future year budgets.

It is hoped that General Practice will play an active role in helping design this system for the future.

4.3.5 GP Workforce and Training

To help Primary Care to deliver and grow, it is critical that they train, develop, and retain the GP workforce. The Department has increased the annual number of GP training places from 65 in 2015/16 to the current all-time high level of 121 (an increase on 86%). Furthermore, the GP Training Group, which includes the NIMDTA and GP representatives including the Royal College of General Practitioners Northern Ireland (RCGPNI), will also progress work to project the number of GP training places required over the next 5 years.

Table 5 - Number of GP training places and GPs in training 2014/15 to 2024/25

Year	Training Places	Training Places filled	Total number of GPs in Training
2015/16	65	64	177
2016/17	85	85	218
2017/18	97	93	222
2018/19	111	88	233
2019/20	111	109	243
2020/21	111	111	349
2021/22	111	110	405
2022/23	121	120	379
2023/24	121	119	451
2024/25	121	121	475

Source - Developments in GP Services - DOH/HSCNI Strategic Planning and Performance Group (SPPG)

There has been an expansion in GP Training numbers in recent years with available places being filled through national recruitment for training to commence in either August of the academic year or the following February.

The recruitment process for 2025/26 intake is underway with 115 doctors offered training places in August 2025 and further recruitment planned for February 2026 to complete the full intake of 121. All the training places in the NI GP scheme can be filled through the national recruitment process. Of the 475 trainees currently in the GP training programme, 184 undertook their primary medical qualification outside the UK. The Department has also worked with key stakeholders to increase the exposure of undergraduates to General Practice; encourage more GP trainees; and ensure that there are sufficient GP training practices to meet demand and support GPs in training.

It is recognised that quality and positive experience of clinical placements in GP settings at undergraduate level can be formative in medical students subsequently choosing careers in general practice after graduation. The Department has accordingly supported re-orientation of the Supplement for Medical and Dental Education, through which it provides funding to facilitate clinical placements, away from hospital into GP settings.

In terms of encouraging doctors to enter GP training, the commencement of the Graduate Entry Programme at the Ulster University's Medical School is a potentially significant development in the provision of future GP supply in Northern Ireland. The curriculum of this Graduate Entry Programme places a very significant emphasis on Primary Care placements, with a high concentration of clinical placements in rural settings in the north and west of Northern Ireland. It is hoped that this will help to increase the supply of local students who may be attracted to pursue a career in General Practice in these areas.

In addition, Queen's University Belfast has made significant progress in re-profiling its medical curriculum to a target of 25% of learning taking place in General Practice settings by 2025-26 which, by giving students very positive practical learning experience, will encourage a greater proportion to pursue General Practice for their careers.

The Department has worked very closely with the universities and GP stakeholders, and has provided funding, to support the expansion of GP undergraduate training in general practices across Northern Ireland. In recent years the NIMDTA has been proactive in social media to encourage doctors to enter GP training. Initiatives include *Research for Clinicians Day 2024* and a *New2NI Welcome Evening 2024* where primary care formed part of the events 'programmes, as well as a GP Day of Celebration 2024.

In addition to such initiatives there is an expansion in GPF2 posts within the foundation program to facilitate those foundation level doctors who wish to gain experience in General Practice at an early stage in their training.

The vast majority of the GP trainees successfully complete the GP training programme. Some leave the programme for personal reasons e.g. transferring to a different training deanery in the UK to be nearer to family or for professional reasons e.g. moving to another specialty; while a few are unable to meet the requirements for GP training despite extensive additional support and are therefore released from the programme.

Table 6 - Number of trainees who completed GP training in Northern Ireland and obtained CCT over the past 5 years.

CCT Year	Number gained a CCT
Aug 18-Aug 19	65
Aug 19-Aug 20	68
Aug 20-Aug 21	74
Aug 21-Aug 22	77
Aug 22-Aug 23	78
Aug 23-Aug 24	82

Source NIMDTA - all GPST3 trainees who completed their training between August-August each year.

Increasing numbers of GP trainees are international graduates and require visa sponsorship to remain in Northern Ireland, this creates challenges due to the short three-year training period. While trainees must secure a Visa Sponsor to remain in Northern Ireland, NIMDTA has taken action by providing online resources to guide GPs and potential sponsors through the process.

Retention in the GMS workforce of GPs post-CCT has been examined with data showing that while the rate for doctors with a UK medical degree is over 90%, the rate for IMGs is around 70%. While some IMG doctors relocate to other parts of the UK and continue to work as GPs there, others leave the UK completely. Data on what countries they relocate to is limited, however it is known that a proportion move to work in the Republic of Ireland and Canada.

Barriers to retention are not fully understood however would include challenges with gaining visa sponsorship post-CCT

Other initiatives to support General Practice and the GP workforce include the Attract, Recruit, Retain scheme which supports the recruitment of GPs in hard to recruit areas. The Scheme aims to support practices in attracting and recruiting new GPs, as well as retaining those who join their team. GP practices can apply for a number of packages under the Scheme including a Golden Hello, relocation costs, recruitment

costs, management costs, reimbursement Costs for applying to the NI Performers List and funding for international GPs.

Since its establishment in January 2023, 87 GP practices have applied and received approval in principle for funding under the scheme. 54 practices have applied and received final approval for payment in respect of a recruited GP.

The GP Retainer Scheme offers a flexible and supportive framework for experienced GPs who wish to continue practising without committing to full-time hours. This approach has been instrumental in retaining skilled professionals who might otherwise have left the profession due to work life balance considerations.

The GP Mentor Scheme enables GPs who have been working in General Practice in Northern Ireland for some time, as well as those entering the workforce, to avail of support and mentorship from experienced, trained peers in a safe and positive environment.

GP Fellowship Schemes are supporting recently qualified GPs to transition from the training environment to independent practice, with opportunities for personal and professional development.

The Northern Ireland Induction and Refresher scheme has been updated and is now known as the International Induction Programme (IIP) and the Return to Practice Programme (RtP). The IIP provides a structured and supportive route for internationally trained GPs to enter General Practice in Northern Ireland. The updated programme aligns to the GMC's new pathways and includes a streamlined process for GPs who qualified in the Republic of Ireland.

The RtP Programme supports UK trained GPs who have been out of practice for over two years in refreshing their skills and knowledge, ensuring they can return to independent practice with confidence. The updated programme includes changes to streamline the application process and to reflect current best practice across the UK.

4.4 Primary Care Multi-disciplinary Teams (MDTs)

The increase in demand for Primary Care services cannot be met solely by increasing the number of GPs. In terms of the wider primary care workforce, the Department has continued to boost its capacity by investing £25million per year in the Primary Care MDT Programme; £19million annually in the General Practice Pharmacy Programme, and £3.1million to recruit Advanced Nurse Practitioners.

The Department's '*Health and Wellbeing 2026 – Delivering Together'* - a 10-year approach to transforming health and social care was published in 2016 in response to the '*Systems, not structures: changing health and social care'* report produced by an Expert Panel led by Professor Rafael Bengoa, which was tasked with considering the best configuration of Health and Social Care Services in Northern Ireland.

Delivering Together identified primary care as one of the four key building blocks for healthcare in Northern Ireland. It set out a vision for an enhanced primary care service, key to which is the introduction of Primary Care Multi-disciplinary Teams, expanding the range of professions available in GP practices and facilitating access to a wider range of services closer to home.

The Primary Care Multi-disciplinary Teams (MDTs) Programme has introduced new physiotherapy, social work, and mental health roles into General Practice, working alongside the existing practice team and enhanced levels of nursing.

MDT practitioners are working with patients of all ages to ensure they have access to timely assessment and appropriate support to address their individual needs. There is a strong focus on prevention and early intervention to help patients self-manage a variety of issues.

The MDT Programme has already delivered a range of positive outcomes across a variety of areas. By focusing on wellbeing rather than just sickness and proactively managing patient need in their local GP practice setting though a multi-disciplinary early intervention approach, patient outcomes are being improved, reducing the need for referrals and appointments elsewhere, and ultimately easing pressure on GP and hospital services.

The MDT model remains the key to stabilising and strengthening vital Primary Care services to ensure they can continue to provide high quality care to people, now and into the future.

As of March 2025, through the rollout of the MDT Programme over 756,000 citizens now have access to physiotherapy, social work or mental health services and benefit from enhanced levels of nursing across 117 GP practices. There are currently in 375.91 whole time equivalent frontline staff working in 7 GP Federation areas in the Primary Care MDT programme.

Patients can see a member of the MDT without first having to be assessed by a GP. With ongoing challenges in relation to GP retention and recruitment across Northern Ireland, MDT practitioners are key in helping to meet rising demand in the Primary Care setting.

During 2024/25, over 335,000 additional consultations were delivered in General Practice settings by MDT teams. It is estimated that, once fully rolled out, the programme could provide around a million consultations each year in General Practice. Feedback from senior GPs in existing MDT areas indicates that these practice-based MDT roles have been critical in stabilising GP services in these areas and averting further practice closures to date. Of the GP contracts that have been returned over the past two years, none have been from practices with the full MDT in place.

A successful bid for £61m was made to the Transformation Fund, to support the further rollout of the MDT Programme across the five-year span of the Transformation Fund. Planning for the further rollout of the MDT programme is well developed, focusing on ensuring that the benefits of implementation of the model are as equally distributed as possible while being mindful of current challenging workforce and financial constraints. Work is ongoing with local areas to finalise plans and further discussions are planned around the levels of investment available for GP leadership in the programme moving forward.

The introduction of new roles such as Advanced Nurse Practitioners, additional General Practice Nurses and General Practice Pharmacists is also making a difference to the capacity of primary care services and how those services are delivered and is contributing to improved patient outcomes.

4.4.1 Investment in General Practice in Northern Ireland

The Department of Health published its most recent 'Investment in General Practice, Northern Ireland 2019-20 to 2023-24 on 4 October 2024. The report provides information on investment in General Practice and the reimbursement for drugs dispensed in General Practices in Northern Ireland. Investment in general practice | Department of Health[25]

The report draws on information from the financial reporting system of the Strategic Planning and Performance Group within the Department of Health and other published data on reimbursement and remuneration for dispensing activity. The data also contain some financial flows which do not reach GP practices but contribute towards overall General Medical Services investment. These include payments for Information Management and Technology and out-of-hours services.

Previously, country level information from all 4 UK countries was available via the annual Investment in General Practice report produced by NHS Digital[26], which provided UK-level figures and was intended to facilitate comparison of spending across the countries. However, changes to General Practice contractual arrangements in each country over recent years mean the payment categories and spending practices are no longer comparable. As a result, it was agreed that from 2020, each country will produce and publish its own report. It should be noted therefore that figures between individual country reports will not be comparable due to the differing contractual arrangements which have led to the UK-level report being discontinued.

[25] https://www.health-ni.gov.uk/articles/investment-general-practice

[26] NHS Digital legally merged with NHS England on 1st February 2023. All references to NHS Digital now, or in the future, relate to NHS England. NHS England has assumed responsibility for all activities previously undertaken by NHS Digital.

The report shows that in 2023/24, the total investment in General Practice, including the reimbursement of drugs dispensed in General Practice, was £388.248m. Compared to 2022/23, this represents an increase in the total investment in GP practices of 3.6% in Northern Ireland. In real terms this equates to a decrease of 2.48%.

This figure does not include other relevant investment such as funding for MDTs and investment in the Primary Care Elective Programme. In 2022/23, the total value of this additional investment in Primary Care which is not captured was £19.5m.

Over the last 10 years, investment in General Practice has grown by 55.3% in cash terms and 18.4% in real terms.

Total investment in GP services this year (2025/26) will be more that £414m. This includes pay uplifts from last year, and the recently announced investment in MDTs. The Department has also announced investment of £2.9million in GP Elective Care, which will benefit GPs directly while meeting the needs of patients.

The Minister has also stated his intention to see the pay recommendations from the 2025/26 Doctors' and Dentists' Review Body report for 2025/26 implemented in full. This will see a further £11.5m invested in General Medical Services.

4.4.2 Trends in the Earnings and Expenses of GMPs

The *GP Earnings and Expenses Estimates 2022/23* was published on 29 August 2024. It provides a range of information on both a UK and country specific basis.

Information below is based on data from the NHS Digital GP Earnings and Expenses Estimates 2022/23. As there are no Primary Medical Services (PMS) contractors in NI, the data relates to GMS GPs only.

Northern Ireland Contractor and Salaried GPs were analysed separately for the first time in 2015/16. In previous years, salaried GPs could not be identified separately and Northern Ireland Contractor GP figures may therefore have contained a small

number of salaried GPs. In light of this, NHS Digital have advised that direct comparison with previous years before this change is not applicable.

The table below highlights the changes in gross earnings, expenses and income before tax for the average GMS Contractor in NI during the period 2013/14 to 2022/23. The average gross earnings for Contractor GPs in Northern Ireland in 2022/23 was £259,000 compared to £258,300 in 2021/22, an increase of 0.3 per cent. Average income before tax was £108,300 This is a decrease of 5.9 per cent compared to the 2021/22 figure of £115,000.

The average total expenses for Contractor GPs in Northern Ireland in 2022/23 was £150,700 compared to £143,200 in 2021/22, an increase of 5.2 per cent. The Expenses to Earnings Ratio for Contractor GPs in Northern Ireland in 2022/23 was 58.2%, an increase of 2.7 percentage points since 2021/22 (55.5%).

Table 7 – Showing: Average Gross Earnings, Expenses, Income before Tax and Expenses to Earnings Ratios for GMS Contractor GPs in NI – 2013/14 to 2022/23 (cash terms) – All practice types

	Gross Earnings	Expenses	Income Before Tax	Expenses as a % of Gross Earnings
2013/14	£199,800	£103,300	£96,500	51.7%
2014/15	£195,400[27]	£102,300	£93,100[1]	52.4%
2015/16	£195,600	£103,500	£92,000	52.9%
2016/17	£195,200	£104,700	£90,500	53.6%
2017/18	£205,700	£112,400	£93,400	54.6%
2018/19	£208,400	£116,200	£92,300	55.7%
2019/20	£228,000	£128,400	£99,600	56.3%
2020/21	£246,800	£134,800	£112,000	54.6%
2021/22	£258,300	£143,200	£115,000	55.5%
2022/23	£259,000	£150,700	£108,300	58.2%

[27] 2014/15 Income before tax and gross earnings figures were re-calculated since the publication of the 2014/15 GP Earnings and Expenses Report in September 2016 using updated adjustments for superannuation contributions

Source GP Earnings and Expenses Estimates https://digital.nhs.uk/data-and-information/publications/statistical/gp-earnings-and-expenses-estimates

In Northern Ireland, the average income before tax for Salaried GPs in 2022/23 was £63,100 compared to £58,600 in 2021/22 – an increase of 7.7%. Salaried GPs could not be identified in the NI data prior to 2015/16.

4.5 GP Indemnity

GPs in Northern Ireland are ordinarily indemnified by one of three Medical Defence Organisations operating in Northern Ireland. For some time, clinical negligence indemnity has been a matter of concern for GPs in Northern Ireland. The Department has been committed to identifying solutions to address this.

As part of the 2024/25 General Medical Services contract, £5million funding which had been repurposed from the incorporation of the Quality and Outcomes Framework and specified Enhanced Services into core funding, was allocated to GP practices on a per capita basis towards indemnity costs as an interim measure pending identification of the long-term model for indemnity.

Looking to the longer term, a number of possible indemnity options were identified, ranging from the current model to state intervention that included a number of state backed model options.

The Department undertook an options appraisal through the business case process to identify a proposed way forward for GP indemnity in Northern Ireland. In December 2024, the Department wrote to the NI General Practitioners Committee to set out a proposed model to address this key issue for the long term and which would be considered as part of the 2025/26 GMS Contract negotiations.

This included £5million to support GP indemnity to be shared across all GP practices on a capitation basis, invested into core funding and which will be subject to future DDRB uplifts from 2026/27 onwards. The model would be reviewed after three years to ensure that the value of the contribution keeps track of any indemnity inflationary

pressures and attempting to ensure it is not eroded over time and to consider how well the capitation-based payment mechanism is working.
The value of the indemnity funding is based upon evidence provided by Medical Defence Organisations in relation to their respective Northern Ireland business, and analysis by the Government Actuary's Department.

As noted above, this model and funding for indemnity is being implemented as part of the 2025/26 GMS Contract.

4.6 GMP Pension Arrangements

The HSC Pension Scheme forms an important part of the overall GMP reward package. From April 2022 all members of the HSC Pension Scheme (including GMPs) are now members of the 2015 Scheme. GPs earn pension on an annual basis at 1/54th of their pensionable earnings, with the annual pension earned each year revalued by CPI plus 1.5%.

The Department introduced legislation in April 2024 providing the legal framework for the introduction of a package of new retirement flexibilities including pensionable re-employment, partial retirement and removal of the 16-hour rule, for the 1995 Section of the HSC Pension Scheme. Flexible Retirement Guidance for members of the HSC Pension Scheme was launched on 1 December 2024 with information sessions being delivered to explain the new features in detail. It is hoped these flexibilities will offer members a greater degree of flexibility around how they take their pension benefits as well as providing an important boost to HSC capacity.

4.7 GMS Contract 2024/25

The GMS contract for 2025/26 will see an additional £9.5m invested into core GP services to address key priorities and pressures in the service. Given the extreme budgetary challenges facing the Department, the £9.5m funding was the best and final offer that could be made for 2025/26.

This includes £5m additional funding to address the long-standing issue of GP indemnity, as well as £3.5m additional support in recognition of the impact of the increase in employers' National Insurance contributions and to mitigate against this,

which the Department recognised would otherwise be a significant financial burden on GP practices. It also includes additional core funding worth £1m to support practices to introduce measures to improve access for patients, which is a key priority.

Regrettably, it was not possible for the Department to reach agreement with the Northern Ireland General Practitioners Committee in relation the GMS contract for 2025/26. The Department has moved to implement the Contract without NIGPC agreement to ensure that GP Practices can access the funding package without further delay and, importantly, maintain service delivery in line with the contract.

The Chair of the NIGPC has written to advise the Department that to advise that it is now in dispute with the Department of Health.

A key element of the 2024/25 GMS contract was the development of a Northern Ireland Contract Assurance Framework (NICAF), which was agreed as a new approach to governance and assurance in delivery of General Medical Services. A key aim of this Framework is to ensure accountability and governance in the delivery of General Medical Services aimed at promoting stability and accountability. It also aims to streamline and enable a more consistent approach for practices.

The NICAF consists of 6 domains, with a range of indicators in each domain. Practices are required to provide evidence/assurance with the Framework on an annual basis which is aimed at promoting stability and accountability in delivery of GMS. The 6 domains are:

- Contractual and Statutory
- Sustainability
- Practice Systems
- Clinical Governance
- Clinical Care
- Access

The Assurance Framework has continued as part of the 2025/26 Contract. The access measures introduced as part of the 2025/26 GMS Contract will be incorporated into the access domain of the Northern Ireland Contract Assurance Framework.

Section Five – General Dental Practitioners

5.1 Introduction

The current General Dental Services (GDS) arrangements in Northern Ireland were introduced in 1990 and pay General Dental Practitioners (GDPs) using a blended system of remuneration. Items of Service (IoS) payments account for approximately 60% of GDP income; 20% comes from capitation payments and the remaining 20% comes from allowances, reimbursements, initiatives, and other payments. The Statement of Dental Remuneration (SDR) is issued on an annual basis by the Department of Health (DoH) setting out the Dentist Fee levels for more than four hundred Items of Service payments and the conditions that claims must fulfill in order to be valid.

5.2 GDS Pay Uplift for 2025/26

Northern Ireland continues to face significant challenges in relation to public sector finances. In February 2025 funding was secured to implement in full the recommendations of the 52nd DDRB report of a 6% pay increase for dentists. This was combined with a 2.8% increase for expenses, matching the Consumer Prices Index including owner occupiers' housing costs (CPIH) rate for June 2024. The total uplift was backdated to 1 April 2024.

On 22 May 2025, the Minister of Health accepted the recommendations of the 53rd DDRB report for a 4% increase in pay for dentists, with an inflationary component matching May 2025 YoY inflation (CPIH). Funding for this must be secured before implementation can take place.

Table 8 below outlines the respective pay awards in the GDS sector in Northern Ireland over the last 5 years

Table 8 – GDS Pay Uplifts

	2020/21	2021/22	2022/23	2023/24	2024/2025
DDRB Recommendation	2.8%	3%	4.5%	6%	6%
GDS Uplift	2.8%	3%	4.5%	6%	6%

Source: Review Body on Doctors' and Dentists' Remuneration on doctors' and dentists' pay in England, Wales, Scotland and Northern Ireland – reports relating to GDP Pay:2020/21 – 2024/25

5.2.1 Inflation

The fees and allowances paid to GDPs cover both pay, operating costs and other expenses. In order to implement any agreed pay award a calculation is done to determine the net uplift applied to the fees to reflect the appropriate increase to the income and staff costs proportions of the fees.

Inflation is also taken into account as part of this process to increase the expenses element of the fees. The CPIH rate at the time of the DDRB publication is taken into account in this calculation and has been applied in each of the last 3 years.

5.2.2 Additional Investment 2024/25

£9.2m was invested in General Dental Services in 2024/25. This investment included;

- £1m for Enhanced Child Examinations (ECE) scheme for newly registered patients.
- £4.3m for priority treatments for all patients via a 30% enhancement to Item of Service fees for fillings, extractions and root canal treatment for 2024/25;
- £3.9m for the treatment of high priority unregistered patients through a Dental Access Scheme (DAS);

The ECE scheme provides children aged 0-10 who have not been registered with a dentist with an examination, individualised oral health advice and age-specific fluoride application to teeth to assist with preventing dental decay. From its reintroduction in June 2024 to May 2025, over 41,000 newly registered children have been seen under the scheme.

The Dental Access Scheme commenced on 1st August 2024 last year and has since allowed over 21,000 high-need patients to receive treatment. The scheme is funded until the end of 2026/27.

5.2.3 Additional Investment 2025/26

A further £7m investment has been announced for 2025/26 to continue supporting the industry until reform can be progressed. The investment will fund continuation of the Enhanced Child Examination Scheme and 30% enhancement on fees paid to dentists for Health Service fillings, extractions, and root canals, alongside a new £1.6m allocation to reward practitioners who continue to provide Health Service care.

Funding is also being provided to expand the Happy Smiles Programme to include Primary 1, 2, and 3 children. Happy Smiles was originally launched in 2016 with the aim of improving the oral health of nursery school children in the 20% most deprived areas in Northern Ireland.

A further 2.5m funding is being provided to GDPs to help mitigate the effects of the National Insurance contributions increase.

5.3 General Dental Practitioners

As of 19 June 2025 (the most recent annual statistics release), there were 1,206 GDPs providing Health Service treatment in 359 practices in Northern Ireland compared with 1,195 GDPs working in 364 practices in 2024. Since 2014, the number of practices has decreased by 21, while the number of dentists has increased by 14% during this time. As of June 2025, there were 63 dentists per 100,000 resident population in Northern Ireland compared with 43 in England, which is the same ratio as the previous year.

Dentistry was previously a male dominated profession but that has changed rapidly in recent years. In particular, the majority of newly qualified dentists are female, with 72% of dentists aged under 35 being female while the reverse is true in the older age groups with 59% of dentists aged 50 and above being male. Naturally with this pattern, there has been a shift in the overall makeup of the workforce and since 2014, the number of female dentists has exceeded males with three fifths (60%) of the workforce now being female in 2025.

5.3.1 Dental Access & Registration

The percentage of the population registered with a dentist remained stable at around 64% between 2014 and 2021, increasing to 70% by 2023, however 2024 saw a decrease to 68%. This has decreased further in 2025 to 57% of the population – a 20% decrease on the previous year.

Children are more likely to be registered with a health service dentist than adults (69% compared to 50% in 2023/24) though this rate is also decreasing. 94% of the population in Northern Ireland live within five miles of a dental practice.

Once registered with a dentist, a patient will remain on their dental list for two years unless they visit another dentist. If they do not attend during that 25-month period, they will become deregistered. Table 9 below shows the number of patients registered and overall percentage of registration rate to 2025.

Table 9 – GDS supply & registrations

	2019	2020	2021	2022	2023	2024	2025
Number of dentists	1,139	1,147	1,142	1,146	1,163	1210	1206
Number of practices	376	372	368	365	363	360	359
Patient Registrations	1.213m	1.219m	1.246m	1.289m	1.341m	1.294m	1.040m
Registration Rate	64.0%	64.1%	65%	67%	70%	68%	54%

Source General Dental Services for Northern Ireland: Annual Statistics 2024/25

This data evidences what the General Dental Services have been hearing from both the public and the profession. Dentists are reducing their Health Service (HS) commitment and switching to private care and independent insurance plans. As a result, patient's registrations are lapsing and many of those patients have not been able to either re-register with the same dentist or register with another dentist.

The likely scenario is that some dentists have stopped contacting patients for routine checkups every 6-24 months and unless the patient contacted the practice requesting to be seen those patient registrations have lapsed after the standard registration period of 24 months.

5.3.2. Dental Activity

Although registration rates have decreased, the number of dental treatment claims submitted and paid by BSO in 2024/25 increased by 1% from last year. Patients seen increased by 1% compared to 2023/24, with children increasing by 6% and adults decreasing by 1%. Based on Item of Service fees being paid, overall activity remains at around 70-75% of pre-pandemic levels. The impact for registered patients is longer waiting times and for unregistered patients it is a lack of access to Health Service dental care.

5.3.3 General Dental Services funding - 2024/25

The net cost of primary care dental services in Northern Ireland was £110.5 million with an additional £22.7 million in patient contribution for treatments in 2024/25. The net cost was up 13% compared to 2024/25 (£97.9 million), while the patient contribution increased by 6% (£21.4 million).

The Rebuilding Support Scheme (RSS), which was initially introduced to support the sustainability of practices through the COVID pandemic, did not continue into 2024/25. Some financial support payments continued into the 2024/25 financial year though, including for Personal Protective Equipment and for the trainee block top-up payment scheme, which have added a small amount to the overall cost (see Table 10).

Table 10 – General Dental Services – Costs

Financial Year	Net Cost of Dental Service	Patient Payments	Support Payments	Total Costs of Dental Services
2019-20	£104,900,000	£26,000,000	n/a	**£130,900,000**
2020-21	£72,700,000	£7,100,000	£51,900,000	**£131,700,000**
2021-22	£87,000,000	£13,100,000	£43,700,000	**£143,800,000**
2022-23	£100,000,000	£20,400,000	£13,000,000	**£133,400,000**
2023-24	£97,900,000	£21,400,000	£2,300,000	**£121,600,000**
2024-25	£110,500,000	£22,700,000	£600,000	**£133,700,000**

Source: General Dental Services for Northern Ireland: Annual Statistics 2024/25

Further details on the other main items are set out below.

5.3.4 Practice Allowance Payments

The Practice Allowance was introduced in 2005 to provide support for the provision of Health Service dentistry in Northern Ireland by giving financial assistance to Health Service committed dental practices to address practice requirements in relation to the provision of high-quality premises, health and safety, staffing support, and information collection and provision, and to improve equality of access to Health Service dental care and treatment.

It is payable to a designated dentist at 2 different rates. A payment equal to 11% of the practice's gross Health Service earnings is made twice a year and is currently made where each dentist in a practice has:

a) at least 500 patients registered for care and treatment under capitation and continuing care arrangements. 100 of these patients must be fee paying adults (though patients who are partially exempt from paying fees are included here); and
b) average gross earnings of at least £50k per dentist.

For specialised dental practices such as orthodontic or oral surgery practices, different criteria are applied in order for these practices to be paid the allowance at the 11% rate.

If a practice does not meet these criteria, they may still receive a lower award of 4% of the practice's gross earnings. In addition, where dentists are unable to meet the criteria, for example because they work low hours, these can be waived if the dentist verifies that at least 85% of their work was conducted in the Health Service.

5.3.5 Capitation and continuing care payments

Capitation and continuing care payments are made to dentists for each patient they have registered. Under the current GDS arrangements these are calculated on the basis of five broad age bands, a weighting for those electoral wards with higher levels of decayed, missing or filled teeth and an enhanced fee for those meeting special needs criteria.

5.3.6 Reimbursement of Non-Domestic Rates

Dentists are able to seek reimbursement of non-domestic rates (Council Tax) payable on their dental practices. These non-domestic rates are reimbursed in full for practitioners who are at least 85% committed to the Health Service. Other practitioners receive an amount that is abated in line with their commitment to the Health Service, as certified by their accountant.

5.3.7 Other Payments

Dentists can also receive payment towards the cost of removal of clinical waste from their practices. These payments are made on submission of invoices to the Department and are abated on the basis of the number of patients registered with the practice. Allowances are also available for practitioners participating in the Dental Foundation Training scheme and for undertaking clinical audit and continual professional development activities.

5.4 GDP Earnings & Expenses

The most recent Dental Earnings and Expenses Estimates (2022/23) report[28], published by NHS Digital, shows that the average taxable NHS and private dentistry income for Principal dentists in Northern Ireland was £124,600 in 2022/23 (a 9.8% decrease on the previous year but a 25.6% increase in the three years since the pandemic commenced), whilst that for Associate dentists was £67,300 (a 10.9% increase on the previous year and a 17.6% increase in the three years since the pandemic commenced). The earnings of dentists in Northern Ireland are broadly on a par with those in Scotland, England & Wales. Table 11 below shows the average Taxable income for a Principal and an Associate in Northern Ireland.

Table 11 - GDP Taxable Income

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Principal	£116,000	£104,400	£99,200	£122,000	£138,000	£124,600
Associate	£52,300	£58,700	£57,200	£59,500	£60,700	£67,300

Source Dental Earnings and Expenses Estimates

[28] https://digital.nhs.uk/data-and-information/publications/statistical/dental-earnings-and-expenses-estimates

Taxable income is calculated as Gross Earnings minus Expenses. Table below shows that the total expenses of Principal dentists has increased by 7.6% since 2017/18 and by 1.5% over the previous year. Expenses have increased for Associates since 2016/17 by 14.5% and by 4.6% over the previous year.

Table 12 – GDP Expenses

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Principal	£231,100	£229,700	£213,700	£197,900	£245,000	£248,700
Associate	£33,600	£39,400	£39,000	£31,300	£36,800	£38,500

Source Dental Earnings and Expenses Estimates

5.5 Future Developments

5.5.1 Contract reform

The Department has previously advised the Review Body that there has been a desire to refocus the GDS contract in Northern Ireland to one more focused on prevention than treatment. Indeed, this was the direction of travel for the Department prior to the pandemic. In the wake of this disruption, the current focus of the Department has been to improve access to Dental Services, particularly for unregistered patients, and supporting the sustainability of practices.

A number of high-level options for the long-term future of dental services in Northern Ireland have been considered. To inform the most appropriate approach a General Dental Service cost of service review is being commissioned to be completed in 2024/25.

5.5.1.1 Dental Amalgam

In July 2023, the European Commission published a proposal to amend Regulation (EU) 2017/852 of the European Parliament and of the Council on Mercury (the EU Mercury Regulation). The main impact of the amendment would be to prohibit the use of, and sale of, dental amalgam from January 2025, save on grounds of medical need. The previous regulatory changes restricting the use of amalgam in children under 15 years and pregnant and breastfeeding women outlined above had cost implications of

approximately £340k per year, in 2018 prices. The new requirements would have placed further and more significant pressure on health service budgets (a much larger patient group is affected), as alternative materials would have to be used and paid for in all adult dental care.

The estimated cost per annum of the new laws was £3.6m per year (4% of the overall GDS budget), based on 2022/23 activity levels, which are around 25% less than pre-covid years. There would also have been additional costs for dental services delivered within HSC Trusts through the Community Dental Service in particular.

5.5.1.2 Derogation

Following discussions and negotiations between NI, Cabinet Office and the EU, the EU published a notice setting out an arrangement that would allow Northern Ireland dentists to use dental amalgam until 31 December 2034, or until the date agreed by the global Minamata Convention, to which the UK is a signatory, whichever is earlier. There are a number of conditions attached, mainly around reporting and showing continued progress, to reduce the use of amalgam.

The key and most meaningful benefit from the Derogation is that the deferral to phase out by 2035, rather than 2025, is much more in line with the current trajectory within the UK in terms of the longer term reduced usage of dental amalgam.

National Plan to Phase Down the Use of Dental Amalgam (published in 2019) has been amended to reflect the move to a phase out approach.

Section Six - Hospital Medical and Dental Staff

6.1 Introduction

Health and Social Care (HSC) services across Northern Ireland and indeed the wider UK continue to grapple with persistent and complex challenges in recruiting and retaining clinical staff, particularly within the Medical and Dental workforce. Despite sustained and proactive recruitment efforts, vacancy rates remain high, creating significant operational pressures across the system.

To mitigate these workforce gaps, HSC Trusts have increasingly relied on locum doctors at both training and specialty grade levels, as well as agency staff. While these temporary solutions provide short-term relief, they come with notable drawbacks. Trusts consistently report that locum arrangements lack the continuity, stability, and integration offered by substantive staff. Moreover, locum and agency services are significantly more costly, placing additional strain on already stretched budgets.

The recruitment of locum doctors presents its own set of challenges, particularly due to Northern Ireland's geographical separation from the rest of the UK. This limits the pool of available candidates and means that many locums are sourced from doctors working outside their standard contracts. As a result, timely and efficient recruitment processes are critical to securing suitable applicants and maintaining service delivery. Trusts have highlighted acute shortages across all specialty groupings, which in turn intensifies workloads and stress levels within wards and departments. These pressures not only impact staff wellbeing but also risk compromising the quality and consistency of patient care.

In response, HSC organisations have taken steps to enhance their recruitment strategies. Selection and recruitment materials have been updated to reflect the HSC's core Values and Behaviours, reinforcing a culture of compassion, professionalism, and excellence. Additionally, work is underway to develop a cohesive HSC employer brand—one that positions the organisation as an attractive and rewarding place to work.

To broaden their reach and appeal, employing organisations have adopted a multi-

faceted approach to candidate attraction. This includes targeted advertising on social media platforms, participation in career fairs, the production of promotional videos, and engagement with international recruitment initiatives. These efforts aim to not only fill immediate vacancies but also build a sustainable pipeline of talent for the future.

Workforce

The Medical & Dental workforce stood at 5,715 (5,217.9 WTE), with consultants accounting for 40% (2,214 staff or 2,070.7 WTE) of WTE in this Staff Group.

Table 13 – Medical & Dental Workforce as at 31 March 2025

Medical & Dental	As of 31 March 2025	
	Total Headcount	Total WTE
Northern Trust	449	408.3
Southern Trust	572	532.0
Belfast Trust	1224	1115.6
Western Trust	533	505.4
South Eastern Trust	572	503.6
Regional Services[29]	2372	2153.0
Total	5715	5217.9

Source Human Resource, Payroll, Travel & Subsistence system

6.1.1 Recruitment and retention challenges associated with rural location and land borders

The Western Trust in particular experiences significant challenges which are compounded by the geographical location and rurality of the Trust. It serves a mainly rural and dispersed population, with acute hospitals in Fermanagh, and Londonderry, both far removed from Belfast where many clinicians prefer to practice and where many students prefer to train and is therefore considered remote from Belfast for students who study in Belfast. This results in positions becoming less attractive where exposure to larger acute service hospitals with multiple specialities on site, is often a professional preference for doctors and trainees and presents a significant challenge

[29] Regional services include NI Ambulance Service, NI Blood Transfusion Service, NI Medical & Dental Training Agency, Public Health Agency, Regulation & Quality Improvement Authority and Strategic Planning and Performance Group (now part of DoH).

in terms of service provision and not all specialties will be represented at each hospital site.

The Western Trust shares a land border with 4 counties in Ireland, Donegal, Cavan and Monaghan and Leitrim, which adds to its recruitment challenges in filling their vacancies as it competes with Health Service Executive (HSE) for medical and dental staff. Often the terms and conditions for health service staff are significantly more attractive in ROI. This also increases the risk of staff leaving to work in ROI and of students choosing to take up posts in ROI following completion of their training.

6.1.2 The impact of Slaintecare on the HSC and the recruitment and retention of medical and dental staff

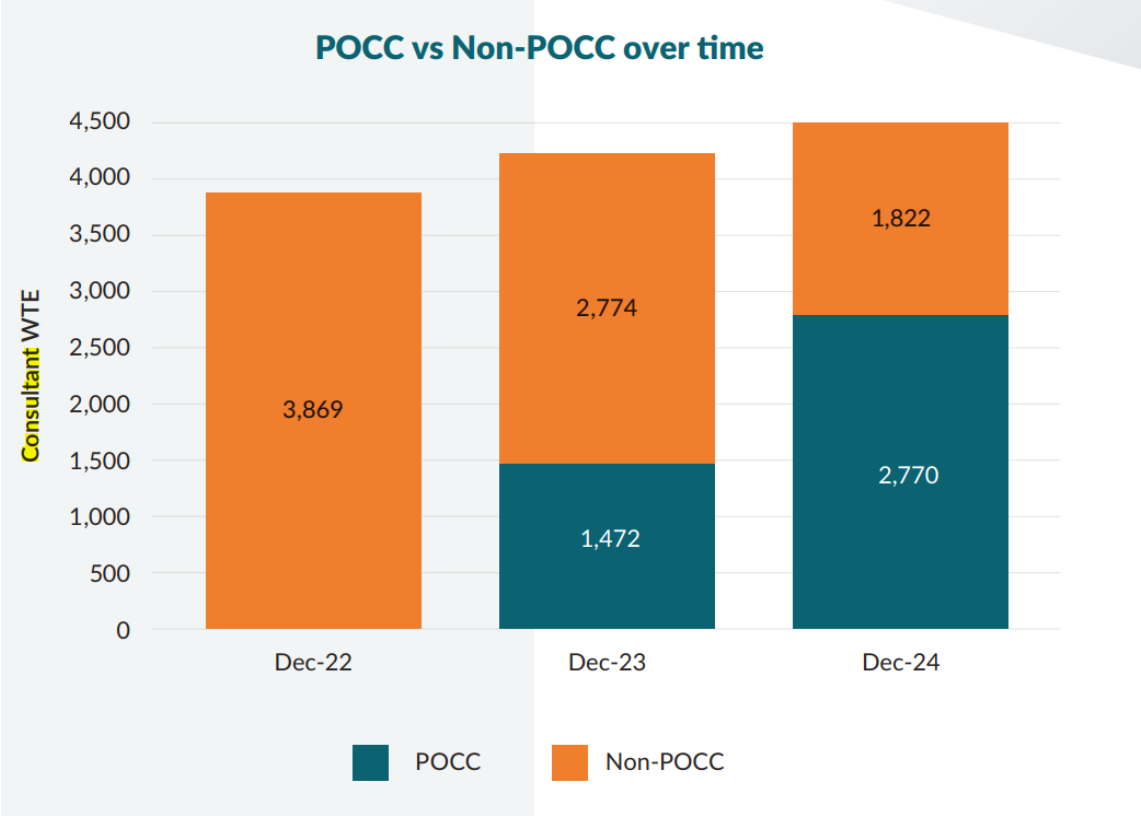
Sláintecare reform has been implemented and aims to transform how healthcare is delivered in the Republic of Ireland, building towards equal access to services for every citizen based on patient need and not their ability to pay. As part of this reform new 'Public only' Consultant contracts (POCC) were developed, for clinical staff to enable the move towards universal, single-tier healthcare, with public hospitals exclusively used for the treatment of public patients. These contracts have attractive associated pay and conditions.

Workforce Policy Directorate, in the DoH, commissioned a report by the Government Actuary's Department (GAD) to examine the differences between the Sláintecare POCC in the Republic of Ireland and the consultant contracts used within Northern Ireland's HSC system. The report was received in May 2025. The Sláintecare contract, introduced in March 2023, represents a significant reform aimed at eliminating private practice from public hospitals, aligning with the Sláintecare vision of universal, equitable healthcare based on patient need rather than ability to pay. In contrast, HSC consultant contracts in Northern Ireland continue to allow a mix of public and private practice, reflecting a different policy approach to healthcare delivery. The GAD report highlighted key structural and operational differences, including remuneration models, clinical governance, and workforce planning implications. It also explored the potential impact of adopting Sláintecare-style reforms in Northern Ireland, particularly in terms of consultant recruitment, retention, and service accessibility. The findings are

expected to inform future policy decisions on consultant contract reform within the HSC system.

As of 11 December 2024, there were 2,770 consultants out of 4592 who had signed the POCC; this is made up of 728 new entrants and 2,042 change of contracts. 1822 of consultants have not moved to the POCC which is nearly half, we are unsure on the reason why so many have not converted over.

Chart 1 – POCC vs Non-POCC over time



Source Sláintecare Implementation Progress Report 2024

The consultant contract is based on 37 hours per week from 8am to 10pm Monday to Friday and 8am to 6pm Saturday, offering basic pay of €231,215to €277,763 on a six-point scale, with additional remuneration for on-call duties and overtime. Additionally, the contract has been designed to offer more flexibility for Consultants who want to work-share, work less than full-time, work compressed hours or opt for different work patterns. The HSCNI Consultant contract for 2024/25 begins at £106,424 to £139,920 and, following pay negotiations in 2024 the top of the scale can be reached by year 15

rather than 20. For Consultants, the comparable rate of pay in Ireland is significantly higher than in Northern Ireland.

Table 14 – Key differences in pay and working hours of consultant staff between HSC and HSE.

	HSC Pay range from 1st April 2024	HSE pay range from 1st June 2024
Basic pay scale	£106,424 - £139,920.	€226,681 - €272,290 (£197,836– £237,641[30])
Points in scale	Five -point scale	Six-point scale
Working hours	Full time is 40 hour per week = 10 PAs 7am to 7pm Monday to Friday	37-hour week 8am to 10pm Monday to Friday 8am to 6pm Saturday

Source HSC - hsc-tc8-01-2025-r4 HSE October 2024 pay scales

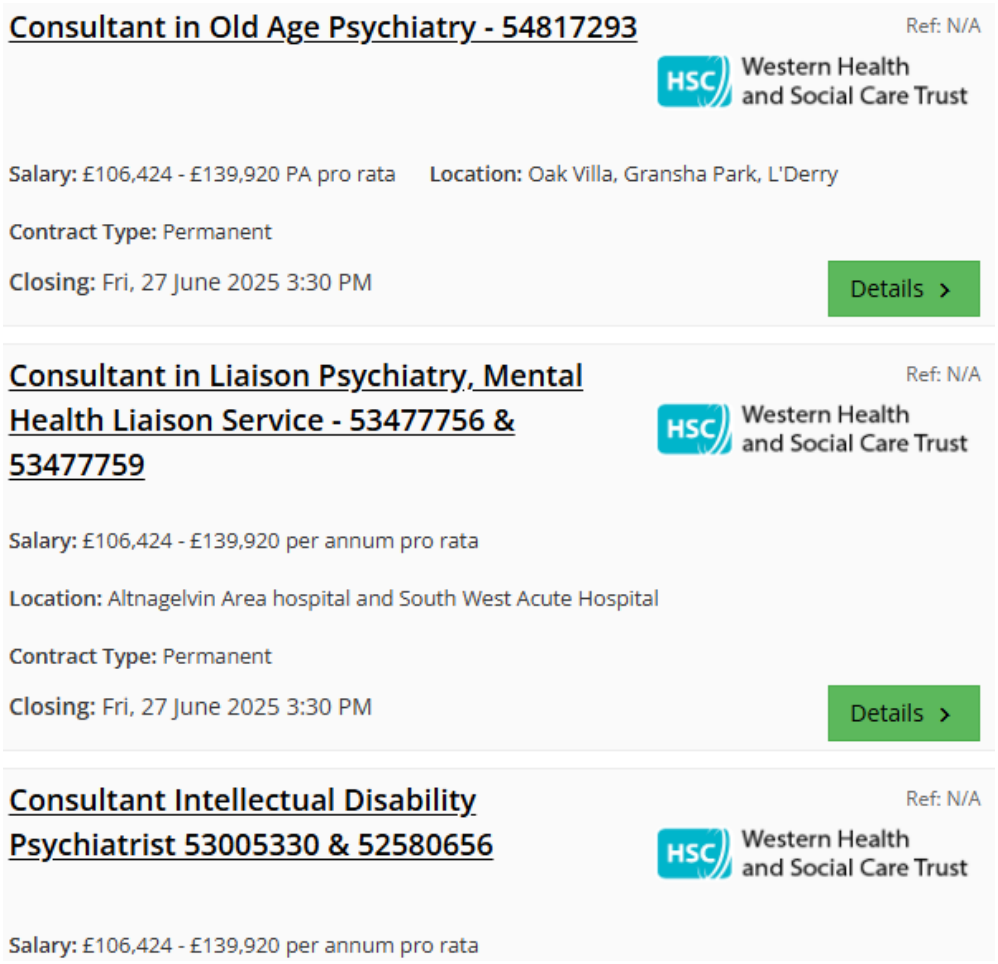
As previously advised, the Western Trust shares a border with counties Donegal, Cavan, Monaghan and Leitrim, which adds to recruitment challenges in filling vacancies and competing for staff. There is no empirical data on the impact of Sláintecare on the Trust ability to attract recruit and retain medical and dental staff. However, anecdotally continue to be attracted to the higher rates of pay in ROI.

Chart 2 Example of job advertisement for consultants across HSE

[30] 1.00 pound sterling = 1.15 Euro as at 3rd October 2025

Current job adverts for a Consultants across the HSE include roles in counties bordering the Western Trust and in specialities that they are finding difficult to recruit to. By way of comparison, consultant roles advertised by the Western Trust reflect much lower pay scales and Trust Consultants are contracted for a 40 hour week

Chart 3 – Examples of WHST consultant advertisements



Belfast and Northern Trust do not hold data on Consultants who've left posts to take up posts through Slaintecare however there is anecdotal evidence to suggest this new model, offering much higher medical and dental salaries than currently offered within the HSC, is leading to a number of doctors across HSCNI resigning and taking up posts in Ireland.

In the Single Lead Employer (SLE) Exit Survey, 13% of those trainees who completed the exit survey indicated that they planned to leave NI (24/183). This is broken down further as follows iro ROI as a destination: Foundation – 15% of those who indicated

they planned to leave NI (3.6 Resident Doctors & Dentists in Training (RDDiT)); Specialty – 8% of those who indicated they planned to leave NI (2 RDDiT). Again, it is not possible to confirm if these respondents moved / took up employment in ROI as data is not available.

There is currently no obligation for staff leaving the HSC to notify employers of their intended future employment. Consequently, it is not possible to quantify the numbers of staff resigning from HSC posts to take up employment in the ROI.

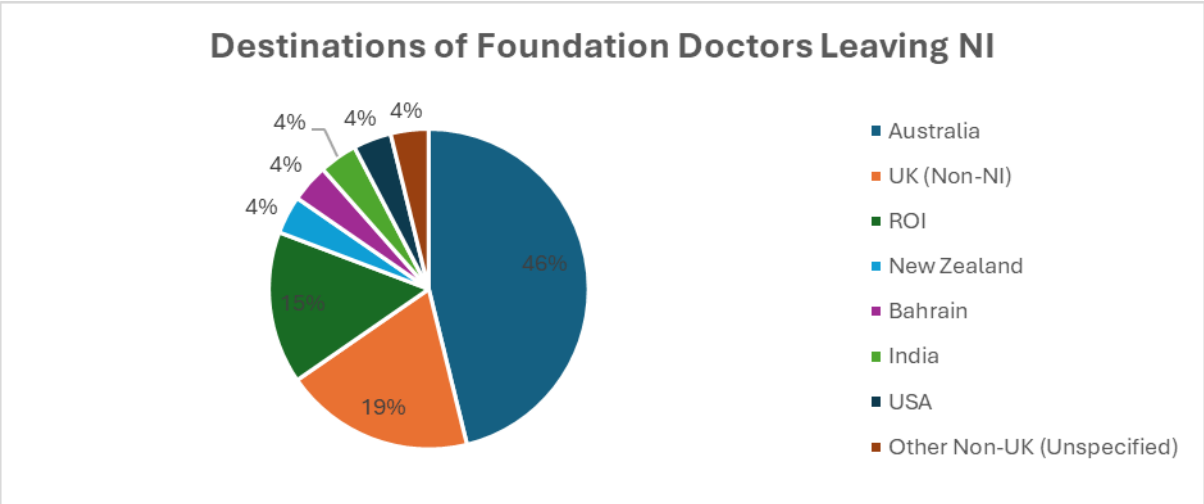
6.1.2.1 Dental

In the past year, 2 out of 10 specialty trainees have accepted posts in the Republic of Ireland. In both cases, the decision was not primarily driven by the terms and conditions offered under Sláintecare. One trainee moved due to the lack of available posts in Northern Ireland, while the other who was originally from ROI had always intended to return to a post in the Republic after coming to Northern Ireland only to complete a specific training component.

6.2 The flow of medical and dental staff to and from other countries

6.2.1 Medical

Chart 4 - Destination of Foundation Doctors leaving for other countries is highlighted as follows:



Source – 2024 SLE Exit Survey

6.2.2 Dental

Table 15 - Dental foundation training intake 2024/2025

Dental Foundation training 24/25 – degree attained	
Queens University Belfast	26
Glasgow	2
Bristol	1
Manchester	1
Non-UK Dental	0
Total	30

Source DOH Workforce Development Unit

The current position in the National recruitment process is that NI has competed well and has been ranked 1st by 37 UK graduates and is currently allocated 29 UK graduates and one graduate for ROI.

6.3 Industrial Action

6.3.1 2024 Industrial Action

During 2024 all 2023/24 pay disputes were successfully concluded, representing a positive step forward. This outcome reflects the commitment and willingness of all parties to work collaboratively to find fair and sustainable solutions within the challenging financial landscape. It demonstrated strong governance and a shared commitment to constructive industrial relations, supporting workforce stability and continuity of service delivery.

The consultants received an average uplift of 5.26%. This pay uplift was in addition to the 24/25 DDRB pay award and had an effective date of 1 March 2024. This was paid to consultants in January 2025. It was also agreed to bring forward some non-pay elements as part of the settlement. These were aimed at improving working conditions, flexibility, and professional recognition, alongside pay reforms. These included the right to shared parental leave, aligning with other HSC staff groups, the implementation of pension contribution recycling and new regulations.

Specialty doctors and specialists on the 2021 contract received an average 7.1% uplift and those on closed contracts (pre 2021) received a consolidated payment of £1400. This pay uplift was in addition to the 24/25 DDRB pay award and had an effective date of 1 April 2024. This was paid on March 2025. It was also agreed to bring forward some non-pay elements as part of the settlement. This included the implementation of the SAS advocate role in all HSC trusts, extension of the transfer window to 31 March 2027, guidance to support the establishment of Specialist posts, and confirmation that SAS Doctors and Dentists are eligible for a minimum of one SPA per week

Resident Doctors and Dentist in training received a flat uplift of 4.05% on the existing pay points. This uplift was in addition to the 24/25 DDRB pay award and had an effective date of 1st April 2023. This was paid to resident on June 2025. It was also agreed to bring forward some non-pay elements as part of the settlement. This includes beginning discussions for contract reform and measures to improve the experience of medical education which came out of the SGEQME (Strategic Group to Enhance the Quality of Medical Education in Northern Ireland) Report.

6.3.2 2025 Industrial Action

The BMA NI consultants committee notified the Department on 29th July they were in formal dispute with the Department. This follows dissatisfaction with the 2025 recommendation from the DDRB, which proposed a 4% pay uplift as the BMA NI argue this recommendation fails to address years of pay erosion. As a result, the BMA has reinstated its rate card for non-contractual work and is preparing for an indicative ballot to gauge consultants' support for further action, including potential industrial action.

The Chair of the BDA Northern Ireland Hospital Dental Services Forum formally wrote to the Department on 27 August 2025, referencing the decision by the BMA Northern Ireland Consultants Committee to enter into formal dispute. In recognition of the BMA NI's lead negotiating role on behalf of Medical and Dental Hospital Consultants, the BDA hospital consultant dentists also consider themselves to be in formal dispute.
The Chair of the SAS Committee wrote to the Health Minister on 11 September 2025, to express serious concerns regarding the DDRB recommendations, stating that they fall significantly short of expectations and do not reflect the Government's commitment

to achieving full pay restoration. It was highlighted in the letter that SAS doctors and consultants in England have re-entered into dispute with the Government as a result of the pay award. While emphasising a desire to avoid similar action in Northern Ireland, the SAS committee urged the Health Minister to demonstrate a clear commitment to pay restoration by implementing the DDRB uplift and entering into negotiations aimed at achieving full pay restoration.

Pay restoration to 2008/09 levels, in real terms, is not current government policy. Any decisions on public sector pay must be considered in the broader context of affordability and fairness across all public sector professions.

6.4 Recruitment and retention challenges associated with land borders and Border and Contractual Differences

6.4.1 Medical

Preferential salary rates across other UK regions and RoI. There has been a trend of RoI graduates applying to NI Foundation School and withdrawing if a place is subsequently secured in the RoI intern programme – a total of 30 RoI graduates applied to the NIFS for August 2024, 27 of whom subsequently withdrew. Some of the UU graduates have also opted to take up a place in the RoI scheme and this will continue to be monitored.

RDDiT leaving the employment of NIMDTA SLE are asked to complete and exit survey. However, it should be noted that the majority of leavers are leaving NIMDTA employment upon expiry of their fixed term contract (i.e., due to the completion of their training programme).

In 2024 only 44% of the 416 leavers completed the exit survey (i.e., 183 respondents) 66% of respondents suggested they would remain in NI. However, without tracking this post-employment it is not possible to confirm if they remained in NI.
Anecdotal information only available regarding any widening contractual differences, that is some trainees claim that they plan to leave NI due to more favourable rates of pay elsewhere. Interestingly, this has not been evidenced / reported via exit survey

responses (again, caveat regarding response rates – only 44% of leavers completed exit surveys issued during 2024).

Please note the 2025 SLE Exit Survey remains open and has not been reported on, therefore data is not available.

6.4.2 Dental

Increasingly, the Republic of Ireland is becoming a more attractive option for dental professionals, offering competitive remuneration, different contractual arrangements, and perceived improvements in work-life balance.

These factors contribute to cross-border workforce movement, making it more difficult to retain talent within Northern Ireland and to attract new recruits, particularly in border regions. The divergence in terms and conditions of service further complicates long-term workforce planning and stability.

6.5 Vacancies and Shortages

6.5.1 Overview

Workforce shortages across Health & Social Care (HSC) in Northern Ireland remain a critical challenge, with persistently high vacancy rates driving a heavy reliance on locum agencies. Recruitment is particularly difficult due to Northern Ireland's geographic separation from the rest of the UK, limiting the pool of available locum doctors. Most locums are either existing HSC staff working additional hours or individuals choosing locum work exclusively. Proactive and timely recruitment is essential to attract candidates to the region, alongside ongoing efforts to recruit international doctors.

Staff shortages are having a profound impact on service delivery and staff wellbeing. Increased workloads, especially in emergency and acute settings, are contributing to:

- Rising stress levels and burnout.
- Increased sickness absence and attrition.
- Lower morale and a ripple effect across teams.

- Higher risk of errors and compromised patient safety.

Mental health services are particularly affected, with multiple Trusts facing consultant vacancies. This threatens the sustainability of services and leads to longer waiting times, delayed interventions, and increased pressure on emergency departments. Staff report feeling demotivated and exhausted, with concerns about the impact on patient care and their own mental health.

Burnout is exacerbated by demanding rotas, ageing workforce, and limited flexibility in small teams. Rota removals increase on-call pressures, especially for senior doctors. There is a widespread perception that on-call work is poorly compensated under current terms and conditions, offering little incentive to remain on the rota.

To support longer careers and reduce early retirement, new pension flexibility measures have been introduced, including:

- Pension Recycling Scheme
- Partial Retirement
- Step Down and Wind Down options

These aim to retain experienced doctors and improve workforce sustainability. SAS doctors represent a valuable resource in addressing consultant gaps. With imaginative team job planning, SAS doctors, particularly those with advanced skills, could fill vacant consultant posts and help reduce waiting lists. However, roles must be attractive, with career development opportunities and varied clinical activity.

The Department is developing guidance to support Trusts in recruiting specialists. Consultant vacancies are influenced by sub-optimal workforce planning, competition from other UK regions offering higher pay, and cross-border employment in Ireland’s HSE and private sector.

6.5.1.1 Impact on service users

Service users will be subject to longer waiting times, withdrawal, reduction or relocation of services, reducing the accessibility of healthcare in each Trust and requiring services users to travel for their care pathway.

6.5.1.2 Impact on the HSC

There are significant financial costs associated with temporary resourcing to fill gaps with high-cost locums and agency workers. Lack of resources limits the HSC capacity to address healthcare backlogs and waiting lists, and to move forward with future based work plans. The service user and staff experience is critical to the reputation of the HSC both as a service provider of healthcare and the Trust as an employer of choice.

6.5.1.3 Impact on doctors and dentists

The impact of shortages, vacancies and turnover on staff is often more personal, with increasing workloads to provide services and protect patients, including higher on call commitments. Other features include increased levels of work-related stress and 'burn out', often leading to sick absence and creating a vicious circle of impacts. Low morale is also seen as an impact. Doctors and dentists become frustrated and have less job satisfaction when working with limited resources. There is increased potential for fatigue and subsequently errors and ultimately a higher rate of attrition as doctors and dentists move out of the Trust to other roles.

Table 16 – Belfast Trust leavers medical and dental as at 31 March 2025

1 April 2024 - 31 March 2025									
Personnel Area	Permanent Staff			Temporary Staff			Overall Totals		
	No. of Leavers	***Average No. of Staff***	***Percentage of Leavers***	**No. of Leavers**	***Average No. of Staff***	***Percentage of Leavers***	**No. of Leavers**	***Average No. of Staff***	***Percentage of Leavers***
Medical & Dental	49	1051	4.66%	58	149	38.93%	107	1200	8.92%

Source Belfast Health and Social Care Trust

6.5.2 Belfast Trust

The Trust is experiencing significant shortages across all specialty groupings at all levels (consultant, SAS and LED and those in training) which generates additional pressures and workloads on wards, outpatient departments and services within the Trust.

Table 17 below shows the vacancies within specialties and the difference when comparing June 2024 and June 2025.

Table 17 – Belfast Trust Vacancy information

Vacancy Information			
VACS type	**June Vacancies 24**	**June Vacancies 25**	**Variance**
Specialist - Trainee ST1+	74.50 Funded Staffing levels (No vacancies against WTE)	124.26 Funded Staffing levels (No vacancies against WTE)	49.75
F2	142.73 WTE vacancies	126.23 WTE vacancies	16.50
F1	17.50 WTE vacancies	1.60 WTE vacancies	15.90
Specialist – Non – Trainee	79.91 WTE vacancies	67.82 WTE vacancies	12.90
GP	19.53 WTE vacancies	17.01 WTE vacancies	2.52
Dental	2.09 WTE vacancies	1.33 WTE vacancies	0.76
Consultant	71.29 WTE vacancies	73.89 WTE vacancies	2.60
Total	258.55	163.63	94.93

The Trust considers that services provided by locums do not provide the same level of stability and consistency in Trust services and are more expensive.

There are some services where recruitment has been difficult with gaps over a number of years. In some specialties posts outside Belfast Trust which do not have an on-call commitment are more attractive to those seeking employment and in some specialties a move to regional contribution to on-call rotas may help address the issue.

Medical agency spend in 24/25 was c.£36.3m an increase of 6.5% from 23/24. The net overspend, including backfill costs, was £34.4m in 2024/25.

6.5.3 Northern Trust

The Trust faces staff shortages across all specialty groups as demonstrated in Table 18 below, with a permanent vacancy rate of 19.6 %. Whilst services are bolstered by locum appointments and agency workers, this does not provide the same level of stability and consistency for services. Moreover, the use of agency, particularly off-contract, is inevitably more expensive than substantively employed staff.

Table 18 – Trust's permanent funded establishment comparison September 24, December 24 and March 2025

Profession	% perm vacancies 31/03/2024	% perm vacancies 30/09/2024	% perm vacancies 30/12/2024	% perm vacancies 31/03/2025	Difference since 31/03/2024
Medical & Dental	19.6	11.4	17.5	18.3	⬇ 1.3

There are a total of 15 consultant posts currently advertised across various specialties within the Northern Trust. These include one post each in Neurology, Senior Neurology, Diabetes and Endocrinology, GUM/HIV Medicine, and several areas of Psychiatry—including Mental Health Liaison Services, Adult Psychiatry, Older Adult Psychiatry, and Addictions Service Additionally, there are seven Radiologist posts across the Northern Trust area. All posts are based at Antrim Hospital or within the wider Northern Trust region. Please note, this does not account for vacancies which are not being recruited to.

There is a range of hard to fill posts or staff shortages in a number of hospital settings across the Trust, in particular Radiology, Neurology, Psychiatry, Emergency Medicine. These are due to insufficient training grades in specialty coming through the education system. Moreover, there is an increasing requirement for flexible working arrangements as employees strive for a sustainable work-life balance. Workforce pressures are further compounded by a high number of family leave applications each year, in part due to the composition of the Trust's workforce which is 86 % female (50 % female when considering permanent and temporary medical and dental staff).

Obstetric cover is prioritised over elective surgery workload and so lists are cancelled as required to allow staff leave. However, the Anaesthetic department are unable to staff all of these areas with current funding/workforce which causes gaps in service;
There is no provision for elective caesarean lists (currently provided by emergency team).

- There is no funding for the antenatal anaesthetic high-risk clinic
- There is no funding for postnatal anaesthetic review clinic
- There are no PAs dedicated to anaesthetic teaching
- The only MDT training was PROMPT and it was only completed by junior team members
- The anaesthetic department do run obstetric anaesthesia emergency sim sessions once per year alongside other sim training.
- Anaesthetic input into governance activity is limited and only on request

6.5.4 South Eastern Trust

As of March 2025, the South Eastern Trust were recruiting to a number of vacancies, many of which are typically covered by agency locums. These include five consultant posts across specialties such as Community Paediatrics, Psychiatry (including Mental Capacity Act, Old Age, and Adult Psychiatry), Acute Paediatrics with a safeguarding focus, Oral and Maxillofacial Surgery, and Palliative Medicine. In addition, there are two Specialty and Associate Specialist (SAS) doctor posts in Psychiatry, three community dental officer roles, and two Clinical Fellow/LAS positions in Psychiatry and Community Dentistry.

At consultant level, historically, there has been a shortage of consultant level psychiatrists and this has led to considerable difficulties to fill positions and has led to higher levels of locum consultant spend in this area.

6.5.5 Southern Trust

The Southern Trust, like all HSC/NHS employers, are currently experiencing exceptional workforce challenges. The Trust, like many others, remains under considerable strain as a result of long waiting lists and demand growth. Responses to recurrent funding requirements driven from regional workforce planning have not always been responsive or adequate to facilitate growth of medical workforce in line with these demands.

Psychiatry remains a particularly difficult specialty to recruit into, with a current deficit of 16.1 WTE consultant posts, of which only 7 are filled by high-cost locum cover. Emergency Medicine presents further critical challenges, especially at registrar level, where the service in Daisy Hill Hospital operates 24/7 without recognised training registrars and is entirely reliant on expensive locum appointments to maintain safe clinical provision. Similar challenges are also evident within the Haematology department, where only two of five consultant posts are currently filled substantively. An urgent review of the service has been undertaken to explore stabilisation options, with short-term continuity of care now heavily reliant on high-cost agency consultants. Hard to fill posts in the Southern Trust for consultants include Urology, Psychiatry, Diabetes/Endo, Obstetrics/Gynaecology, Gastroenterology, Neurology, Dermatology, Emergency Medicine, Acute Medicine, General Medicine, Haematology and Microbiology. For SAS posts they include Emergency Medicine, Microbiology, Anaesthetics, CAMHS/ID and Breast Surgery.

Table 19 – Vacancies being actively recruited as 31 March 2025

	Number of Vacancies being Actively Recruited					Trend	Variance (Mar 24 - Mar 25)
Personnel Area	**31-Mar-24**	**30-Jun-24**	**30-Sep-24**	**31-Dec-24**	**31-Mar-25**		
Medical & Dental	62	69	63	92	92		**30**

Source Southern Health and Social Care Trust

Table 20 – Vacancies as at 31 March 2024 & 2025 by Personnel Area and Staff Group

Personnel Area	Staff Group	31-Mar-24	31-Mar-25	Variance
Medical & Dental	Consultant	37	55	↑ 18
	SAS Doctors	14	24	↑ 10
	Other Doctor	11	12	↑ 1
	Dental Officer	0	1	↑ 1
	Locum Consultant	0	0	↑ 0
	Doctors in Training	0	0	↑ 0

Source Southern Health and Social Care Trust

6.5.6 Western Trust

Staff shortages are compounded by high vacancy levels and the Trust faces significant challenges in recruiting medical and dental staff.

In general, the demand for consultants and speciality doctors continues to outstrip supply, but there are particular difficulties for the Trust in a number of specialties including Psychiatry, Anaesthetics, ENT and Radiology.

Table 21 - Vacancy profile within the Trust as at 31 March 2025

GRADE	NO OF VACANCIES
Consultant	28
Locum Consultant	4
SAS Doctor - Specialist Doctor / Specialty Doctor	19
Other Doctor	19
Dental Officer	3
Total	**73**

Source Western Health and Social Care Trust

Further analysis of the vacancies by speciality as outlined in the tables below is useful, however, it does not adequately reflect the challenges created by even one vacancy in a small speciality.

Table 22 - Consultant Vacancies by Specialty as at 31 March 2025

SPECIALTY	Number
Psychiatry	9
Anaesthetics	5
Radiology	5
Cardiology	2
ENT	3
Cellular Pathology	1
Diabetes & Endocrinology	2
Palliative Medicine	1
Total	**28**

Source Western Health and Social Care Trust

Table 23 SAS Doctor Vacancies by Specialty as at 31 March 2025

SPECIALTY	Number
Psychiatry	4
Acute Medicine	2
Rehabilitation Medicine	1
Palliative Medicine	1
Paediatrics	2
Sexual Reproductive Health	1
Obs & Gynae	1
Respiratory	1
Care of Elderly	1
Oncology	1
Diabetes & endocrinology	1
Emergency Medicine	1
Rehabilitation Medicine	1
Rheumatology	1
Total	**19**

Source Western Health and Social Care Trust

Table 24 Locum Consultant Vacancies by Specialty as at 31 March 2025

SPECIALTY	Number
ENT	1
Emergency Medicine	1
Paediatrics	1
General Surgery	1
Total	**4**

Source Western Health and Social Care Trust

In the Western Trust vacancy challenges have been felt very acutely across a range of services. The services below are indicative of the impacts of shortages vacancies and turnover and these are reflected across other service areas throughout the Trust.

6.5.6.1 Psychiatry

NISRA identified that 35% of the total number of mental health hospital admissions across NI in 2022/23 were in the Western Trust area. However, the Psychiatry workforce within the Trust is significantly lower than what is required to meet service demands. The Trust is unable to attract and recruit enough qualified doctors or indeed locums to backfill the vacant positions and this is delaying patient care. There are substantive vacancies across all specialities and geographical areas throughout the Trust, including: In-patients, Outpatients, Mental Health Liaison, Old Age Psychiatry, and Intellectual Disability. There are also gaps in services supporting eating disorders, the Regional Trauma Network and the Towards Zero Suicide programme. This perpetuates risks relating to patient safety and service continuity. This is against an historical background of poor staffing levels as evidenced through the recent Department of Health commissioned workforce review.

Table 25 below shows recruitment activity for psychiatry posts in Adult Mental Health in the Western Trust since 2021. 'Posts advertised' includes multiple campaigns each year to fill 9 senior posts across services without success. These 9 recruitment campaigns are currently live, and to date the Trust have had no applicants.

Table 25 - Recruitment activity for Psychiatry posts in Adult Mental Health in the Western Trust since 2021

Year	Post advertised	Appointed	Number of applicants
2021	9	0	1
2022	22	4	7
2023	38	1	1
2024	29	1	1
2025 YTD	18	0	0
Total	**116**	**6**	**10**

Source Western Health and Social Care Trust

6.5.6.2 ENT

Due to staff shortages it has not been possible to continue with surgical management of head and neck cancers in Altnagelvin Area Hospital. Western Trust patients requiring head and neck OMFS cancer surgery are being treated in the South-Eastern Trust. Local and regional recruitment is ongoing for a temporary locum replacement. Major ENT head and neck cancer surgeries are referred to Belfast Trust presently, with temporary arrangements in place in relation to Head and Neck Cancer Review clinics since November 2024.

6.5.6.3 Obstetrics and Gynaecology (O&G)

Vacancies, shortages and turn over in this speciality is jeopardising the Multi-Disciplinary service normally provided to service users, and to date has prevented the Trust from addressing a new consultant model for O&G services. Other Trusts across the HSC have been able to develop and implement separate consultant rotas for Obstetrics and Gynaecology, allowing doctors to focus on one of these specialities. Due to the resourcing challenges across the Western Trust in O&G, they have not yet been able to develop and implement a similar model. This will impact on their ability to attract consultants to the composite role. The Trust are currently working through the challenges to this way of working.

6.5.7 Doctors and Dentists in Training (DDiT) – Vacancies and shortages

Change in recruitment processes since 2020 has become more resource dependent for both administrative and educator (admin staff and consultants) producing challenges in its delivery. There have been record numbers of applicants to specialty training programmes for 2025 and the resource to deliver recruitment is not sufficient with the continual increases. Applicant behaviour is changing with applicants making more applications in a bid to secure a training programme. In addition, as applicants can apply from anywhere in the world, it is impossible to predict the number of applicants who will apply. There are ongoing discussions across the 4 nation governments and Statutory Education Bodies in relation to this.

Doctors in Training are employed through SLE who will have accurate data. Over the last number of years there are growing gaps within training rotas as well as decreasing

WTE due to the number of those working LTFT and those with restrictions on their duties. These gaps have traditionally been filled with locum doctors and there has been a move to recruit clinical fellows in LED posts to provide a more stable and cost effective cover.

Over the year there have been a number of workshops between the Trust, NIMDTA and BMA focused on improving the experience of doctors in training. These are fostering collaborative working and beginning work on improving rota construction and notice, facilities and other issues which are important to doctors in training.

Although fill rates have increased NIMDTA need to ensure they are identifying appointments to the HSC ensuring NI, UK and international graduates who are a key part of the workforce. National processes often do not appear to work well for NI applicants and those who are appointed often decide not to take up a post in NI. NIMDTA locally recruits to approx. 40 training programmes and where possible moves to deliver local recruitment where it was anticipated would improve fill rates. This is becoming increasing more challenging with the number of applications received. Conversely, some specialties do not attract local applicants and national recruitment often provides better fill rates

NIMDTA is reviewing the 2025 recruitment processes to consider approaches for 2026. The expansion to the NI Foundation Programme has facilitated the rotation of more trainees through less popular specialties and may increase the interest in pursuing these as a career.

Any vacancies in training grades due to a lack of suitable applicants impacts on the other trainees in that team due to rota gaps, day time service to cover and consequent loss of time for training opportunities.

Table 26 – Vacancies by Trust August 2025

HSC Trust	Overall Posts	Overall Fill	Overall Vacant	Overall % Vacant
Belfast HSC Trust	867	773	94	11
Northern HSC Trust	301	278	23	8
South Eastern HSC Trust	309	286	23	7
Southern HSC Trust	286	268	18	6
Western HSC Trust	278	254	24	9
Total HSC Trusts	**2041**	**1859**	**182**	**9**

Source NIMDTA

Table 27 - Vacancies by Specialty Group August 2024

Specialties	Overall Posts	Overall Fill	Overall Vacant	Overall % Vacant
Foundation Year 1 (additional 5 placeholders not included)	294	294	0	0
Foundation Year 2	294	285	9	3
GP Training (Substantive Posts)	161	147	14	9
Anaesthetics in ICM	154	154	0	0
Emergency Medicine	95	83	12	13
Obstetrics & Gynaecology	74	72	2	3
Paediatrics	117	103	14	12
Radiology	55	49	6	11
Histopathology	20	16	4	20
Public Health	14	14	0	0
Internal Medical Training (IMT1-2) (incl ACCS & BBT)	152	132	20	13
Internal Medical Training (IMT3)	42	37	5	12
Higher Medical Specialties	197	163	34	17
Core Psychiatry Training (CT1 – CT3)	52	38	14	27
Psychiatry Higher Specialties (ST4+)	43	29	14	33
Core Surgical Training (CT1/2)	89	89	0	0
Surgical Specialties (ST3+)	143	124	19	13

Source NIDMTA

August 2025 data is not available at this time.

6.5.8 Medical and Dental Staff Turnover

Staff turnover within the Medical and Dental workforce in Northern Ireland remains a key indicator of workforce stability and service sustainability across the HSC. Understanding the patterns and drivers of turnover is essential for workforce planning, retention strategies, and ensuring continuity of care.

Table 28 Staff medical and dental turnover across the Trusts Directorates at 31 March 2025

Directorate	Average Headcount	Leavers who held a Permanent Contract	Percentage Turnover of all Permanent Staff
Medical Specialties	451	19	4.21%

Source South Eastern Health and Social Care Trust

6.5.8.1 Medical

Additional indicators are available to assess the recruitment and retention of medical and dental staff within the HSC. One such indicator is the number of medical consultant resignations from HSC employment, excluding those attributed to retirement The most recent data available relate to 2024/25 and report a total of 41 medical consultant resignations (for any reason) across the HSC during that period. With a total of 2,150 medical consultants employed (on the basis of headcount) by the HSC at the end of March 2025, this equated to a resignation rate of 1.9%.

Information is also available on the number of whole time equivalent medical and dental staff directly employed by the HSC now compared to 2018 when the Department of Health published the Health and Social Care Workforce Strategy 2026: Delivering for our People. These data report a 24.3% (+1,019) increase in whole time equivalent medical and dental staff in post at the end of March 2025 (5,218) compared to March 2018 (4,199).

These data, presented by medical and dental staff group below, demonstrate the stabilisation and growth of the HSC medical and dental workforce in recent years which has been supported by the multi-faceted strategic approach to workforce development outlined in the Health and Social Care Workforce Strategy 2026.

Table 29 - HSC Medical & Dental Workforce (Whole Time Equivalent) by Grade, 31 March 2018 to 31 March 2025

Staff Group	March 2018	March 2025	Difference	% Difference
Consultant	1,693	2,071	378	22.3%
SAS Doctor (Specialist or Specialty Doctor)	475	632	157	33.1%
Resident Doctor	1,879	2,297	418	22.2%
Other Doctor	77	139	62	79.9%
Dental Officer	75	79	5	6.3%
Total	**4,199**	**5,218**	**1,019**	**24.3%**

Source: Information & Analysis Directorate, DoH

6.5.8.2 Belfast Trust

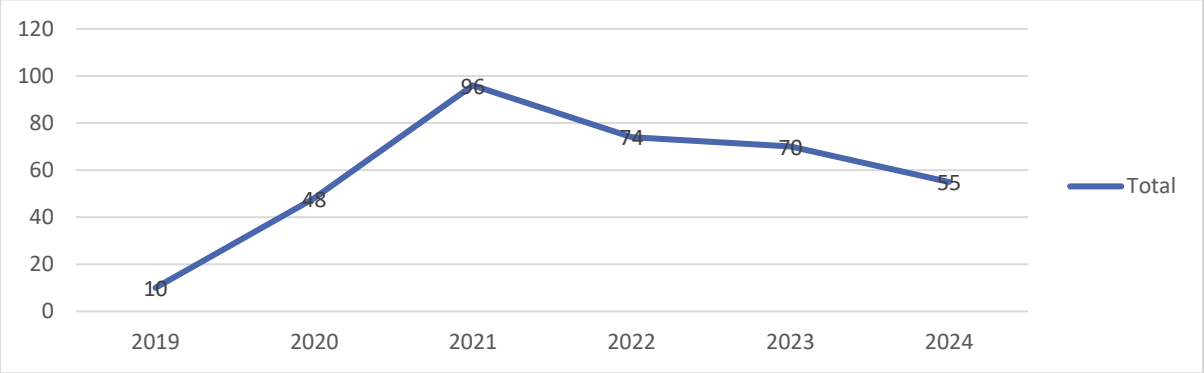
Labour turnover for medical and dental staffing excluding resident doctors. This is increase from last year 4%. (Based on all M&D staff)

Table 30 Turnover for HSC Medical and Dental

Trust Head Count		Total	Average	Leavers	Cumulative Turnover
01.04.2024	**31.03.2025**				
1042	1057	2099	1050	47	4.67%

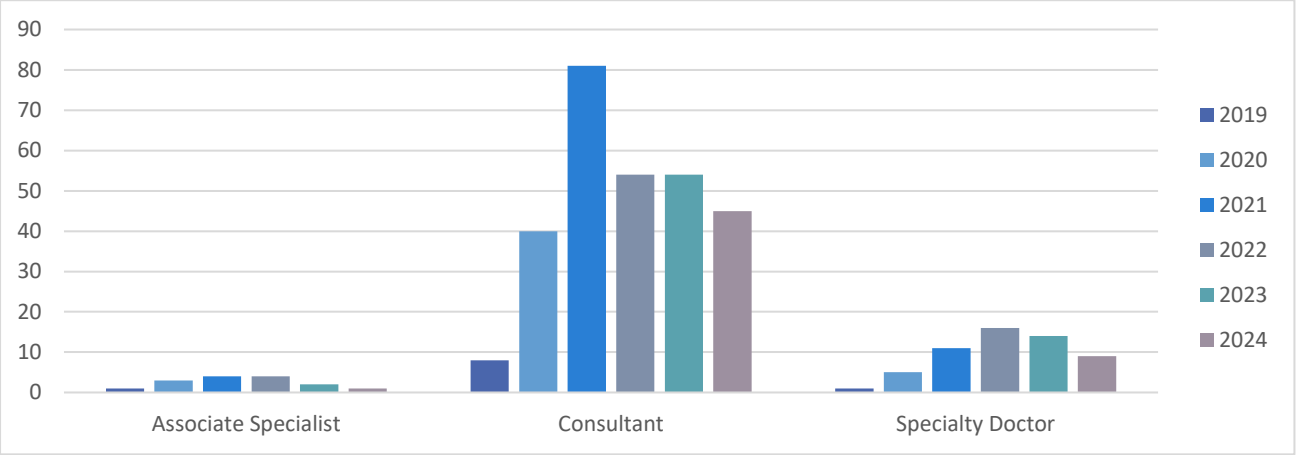
Source Belfast Health and Social Care Trust

Chart 5 - Number of Leavers Up to 30 September 2024 (Consultant and SAS doctors)



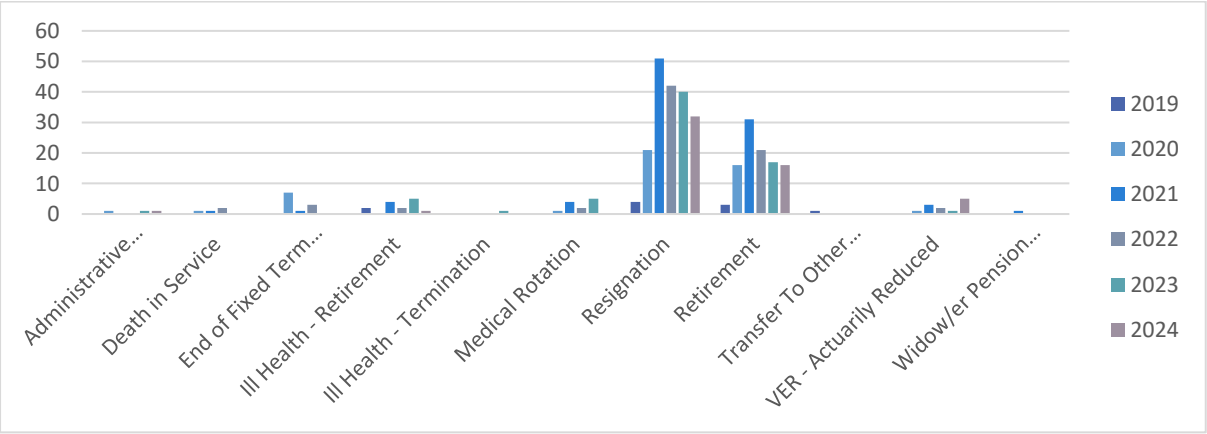
Source Belfast Health and Social Care Trust
September 2025 data is not available at this time

Chart 6 - Leavers Breakdown by Grade Up to 30 September 2024



Source Belfast Health and Social Care Trust
September 2025 data is not available at this time.

Chart 7 - Leaver Breakdown by Reason Up to 30 September 2024



Source Belfast Health and Social Care Trust
September 2025 data is not available at this time

6.5.8.3 Retirement

Table 31 - Average Retirement Age Trends

	2019	2020	2021	2022	2023	2024	Overall
Average Retirement Age	**61**	**62**	**62**	**61**	**60**	**60**	**61**

Source Belfast Health and Social Care Trust

Table 32 - Average Retirement Ages over the last 5 years by Medical Grade

Associate Specialist	61
Specialty Doctor	62
Consultant	61

Source Belfast Health and Social Care Trust

The Department of Health introduced changes to the HSC Pension Scheme in April 2024 including the introduction of Partial Retirement. There has been considerable interest in the Partial Retirement scheme. This has significant implications for rota gaps and challenges in covering services. The implications of this are particularly relevant in services with on-call commitments.).

6.5.8.4 Northern Trust

Table 33 sets out the turnover for permanent staff by Personnel Area.

Table 33 - Leavers by Personnel Area from 01 April 2023 to 31 March 2025 (excluding Resident Doctors and Bank/ Locum Workers). Trust total takes AFC into account

Personnel Area	No. of leavers who held a permanent contract 2023/24	No. of leavers who held a permanent contract 2024/25	% of permanent staff leaving 2023/24	% of permanent staff leaving 2024/25
Medical & Dental	**9**	**22**	**2.15**	**5.34**
Trust total	**215**	**1002**	**1.75**	**8.27**

Source Northern Health and Social Care Trust

In the Medical & Dental personnel area:

- Leavers increased from 9 to 22, a 144% rise.
- The percentage of permanent staff leaving rose from 2.15% to 5.34%, more than doubling.

While the absolute number of leavers in Medical & Dental remains relatively low compared to the Trust total, there has been a shift in the percentages of permanent staff leaving when compared across 23/24 & 24/25. While the percentage of staff leaving the Medical & Dental professions was higher than the Trust total in 23/24, this has shifted with the Trust total percentage being noticeably higher in 24/25 than Medical & Dental. It is also noteworthy that the percentage of staff leaving has increased considerably, both for Medical & Dental and the Trust as a whole. This suggests that roles within Medical & Dental, as well as Trust wide, may be experiencing persistent retention challenges, possibly due to sector-specific pressures such as workload intensity, external recruitment competition, or limited career progression.

Table 34 and table 35 depicts the cumulative between the new starts and leavers for each area by contract type from 01 April 2024 to 31 March 2025.

Table 34 - Personnel Area Cumulative New Starts & Leavers: 01 April 2024 - 30 June 2024

Personnel Area	Perm new start h'count	Perm leaver h'count	Temp new start h'count	Temp leaver h'count	Diff bt new starts & leavers	Diff bt Perm New Starts & Leavers	Diff bt Temp New Start & Leavers
Medical & Dental	**6**	**9**	**0**	**2**	**-5**	**-3**	**-2**
Grand total	**218**	**215**	**59**	**40**	**22**	**3**	**19**

Source Northern Health and Social Care Trust

The Medical & Dental area stood out. Here, leavers outnumbered new starts, with a net loss of 5 staff (3 permanent, 2 temporary). This early trend suggested potential retention or recruitment challenges in this critical area.

Table 35 - Personnel Area Cumulative New Starts & Leavers: 01 April 2024 – 31 March 2025 (Grand total takes AFC into account)

Personnel Area	Perm new start h'count	Perm leaver h'count	Temp new start h'count	Temp leaver h'count	Diff bt new starts & leavers	Diff bt Perm New Starts & Leavers	Diff bt Temp New Start & Leavers
Medical & Dental	27	22	15	10	10	5	5
Grand total	**1134**	**1002**	**380**	**151**	**361**	**132**	**229**

Source Northern Health and Social Care Trust

By the end of the financial year, the Trusts growth had accelerated significantly. The grand total for all areas (including AFC) showed:

- 1,134 permanent new starts and 1,002 permanent leavers (+132 permanent staff)
- 380 temporary new starts and 151 temporary leavers (+229 temporary staff)
- Overall net gain: +361 staff

The Medical & Dental area reversed its earlier trend, ending the year with a net gain of 10 staff (5 permanent, 5 temporary). This suggests that either recruitment efforts improved or retention strategies became more effective as the year progressed.

Turnover can have immediate and lasting consequences: loss of valuable knowledge and experience, increase cost in recruitment, decrease in productivity, and loss of morale for those remaining.

Unfortunately, it is difficult to provide an in-depth analysis on the reasons for staff leaving as the HR, Payroll and Travel & Subsistence System (HRPTS) has a limited list of predefined options and the Trust does not collect leaver survey information. However, the Trust can report on the top three reasons for leaving actions in 2024:

Table 36 - Top three reasons for leaver action in 2024 (1 April 2024-31 March 2025

Rank	Reason	% total leavers
1	**Resignation**	**56.2**
2	**Retirement (including ill health)**	**22.2**
3	**End of fixed term contract**	**6.24**

Source Northern Health and Social Care Trust
Accurate for Fiscal Year

Effective workforce planning requires timely, up-to-date and reliable data; current HSCNI information systems does not facilitate this.

6.5.8.5 South Eastern Trust

Labour turnover for permanent medical and dental staff in the Trust is 7.97% compared to 8.32% for overall Trust (Apr24 – Mar 25).

Table 37 - Leavers analysis for the main Medical and Dental staff groups

		No. of Permanent Leavers	Permanent Staff Turnover	No. of Temporary Leavers	Temporary Staff Turnover	Total Leavers	Total Staff Turnover
Consultants	2023-24	21	6.10%	7	2%	28	8.10%
	2024-25	13	3.95%	9	34%	22	6.19%
SAS Doctors	2023-24	9	6.00%	0	0.00%	9	6.00%
	2024-25	8	5.54%	3	43%	11	7.26%
Community Dentists	2023-24	1	3.30%	2	6.70%	3	10.00%
	2024-25	1	4.26%	3	50%	4	13.56%

Source South Eastern Health and Social Care Trust

Table 38 – Leavers analysis

		No. of Retirements	Avg age of retirement
Consultants	2023-24	9	61
	2024-25	4	63
SAS Doctors	2023-24	4	59
	2024-25	3	60

Source South Eastern Health and Social Care Trust

Medical & dental staff have experienced a decreased turnover this year, similar to the Trust as a whole. Permanent Leavers – 21% of leavers were due to retirement and 71% were due to resignation.

6.5.8.6 Southern Trust

Table 39 - Southern Trust Turnover 2018 – 2025 %Turnover:

Staff Group	Apr17-Mar18	Apr18-Mar19	Apr19-Mar20	Apr20-Mar21	Apr21-Mar22	Apr22-Mar23	Apr23-Mar24	Apr24-Mar25
Consultant	**7.16%**	**6.94%**	**7.16%**	**2.33%**	**5.14%**	**6.97%**	**8.87%**	**4.81%**
SAS	**3.57%**	**7.53%**	**6.13%**	**7.33%**	**9.49%**	**2.11%**	**2.64%**	**8.97%**
Total	**5.96%**	**7.14%**	**6.79%**	**4.07%**	**6.59%**	**5.30%**	**6.64%**	**6.33%**

Source Southern Health and Social Care Trust

Table 40- Reason for Leaving

Staff Group	Reason for leaving	April 2017-2018		April 2018 – March 2019		April 2019 – March 2020		April 2020 – March 202		April 2021 – March 2022		April 2022- March 2023		April 2023 – March 2024		April 2024 – March 2025		Overall Total from April 2017 – March 2025	
		No. of Leavers	% of Total	No. of Leavers	% of Total	No. of Leavers	% of Total	No. of Leavers	% of Total	No. of Leavers	% of Total	No. of Leavers	% of Total	No. of Leavers	% of Total	No. of Leavers	% of Total	No. of Leavers	% of Total
Consultant	Ill Health – Termination					1	6			1	7					1	8	3	2
	Resignation	`11	69	11	69	12	71	4	67	8	57	13	68	19	79	7	54	85	68
	Retirement	5	31	4	25	4	24	1	17	5	36	5	26	5	21	5	38	34	27
	VER – Actuarily Reduced			1	6			1	17			1	5				3	3	2
	Consultant Total	16		16		17		6		14		19		24		13		125	
SAS	Dismissal – Probabtion Period							1	10							2	14	3	5
	Ill Health – Termination					1	13	1	10							2	14	4	6
	Resignation	4	100	6	67	5	63	5	50	12	92	2	67	3	75	9	64	46	71
	Retirement			2	22	2		2	20	1	8	1	33	1	25	1	7	10	15
	VER – Actuarily Reduced			1	11			1	10									2	3
	SAS Total	4		9		8		10		13		3		4		14		65	

Source Southern Health and Social Care Trust https://hcsnisoutherntrust.pagetiger.com/HRHUB/1

The headcount of consultant leavers by specialty provides valuable insight into workforce trends and potential areas of concern across the Trust. By examining annual leaver data, patterns can be identified that inform workforce planning, support targeted retention initiatives, and help ensure that critical specialties maintain the expertise required to deliver high-quality patient care.

Table 41 – Headcount of Consultant Leavers by Specialty during 2021/22, 2022/23, 2023/24 & 2024/25

Specialty	2021/22	2022/23	2023/24	2024/25
Accident & Emergency Serv	1			
Anaesthestics	5	3	4	2
Cancer Servs		1		
Child & Adol Mental Health	1		1	
Day Care Serv		2		
Dermatology				1
Directors Office	2			
Eating Disorder Serv	1		1	
ENT – Otolaryngology			2	
General Medicine	1	3	4	2
General Surgery	1	3	2	1
Geriatric Medicine	1		2	
Learning Disability – Hosp			1	2
Medical Management			2	
Mental Health – Comm		2		4
Mental Health – Hosp	3		3	
Obstetrics & Gynaecology	3	1	3	2
Older People Serv – Hosp		1		
Paediatric Serv – Comm	1			
Paediatric Serv – Hosp	1	1		
Pathology		1		1
Radiology	2	1	4	1
Renal			1	
Theatres		1		
Urology		1	1	1
Overall Total	**23**	**21**	**31**	**17**

Source Southern Health and Social Care Trust

Anaesthetics (14), General Medicine (10), Obstetrics & Gynaecology (9), and Radiology (8) recorded the highest number of consultant leavers as shown in table 41 above. General Medicine and Anaesthetics experienced consistently high leaver numbers across all years, raising potential workforce sustainability concerns.

Mental Health services (Community and Hospital combined: 12 leavers) show sustained attrition across years, which is significant given chronic national recruitment challenges in psychiatry. Child and Adolescent Mental Health, Eating Disorder Services, and Learning Disability also had leavers in multiple years, pointing to growing gaps in smaller or niche specialties. Notably Urology had at least one leaver every year from 2022/23 onward, despite its already small workforce, likely increasing service fragility

Tables 42 – Headcount of Consultant Leavers by Age Band during 2021/22, 2022/23, 2023/24 & 2024/25

Age Band	2021/22	2022/23	2023/24	2024/25
30-44	9	8	12	5
45-54	3	6	9	2
55-59	3	4	1	7
60-65	6	3	5	2
Over 65	2		4	1
Overall Total	**23**	**21**	**31**	**17**

Source Southern Health and Social Care Trust

Leavers peaked in 2023/24 (31) before dropping notably to 17 in 2024/25, the lowest in the four-year period. The total number of consultant leavers across the four years is 92.

Table 43 – Headcount of Consultant Leavers by Reason for Leaving during 2021/22, 2022/23, 2023/24 & 2024/25

Reason for Leaving	2021/22	2022/23	2023/24	2024/25
End of Fixed Term Cont./Event	4	1		1
Ill Health – Retirement	1			1
Resignation	12	14	26	10
Retirement	6	5	5	5
VER – Actuarily Reduced		1		
Overall Total	**23**	**21**	**31**	**17**

Source Southern Health and Social Care Trust

Resignation is the dominant reason, accounting for 62 out of 92 leavers (67%) over the period. This is a key warning sign suggesting dissatisfaction, burnout, or competitive external opportunities. Retirements remained relatively stable at 5–6 per year, consistent with normal demographic trends. Ill health retirements and end of fixed-term contracts were relatively low but suggest some workforce vulnerability. The spike in resignations in 2023/24 (26) correlates with the highest leaver year, and this may point to post-pandemic pressures or system fatigue.

Table 44 – Headcount of SAS Leavers by Specialty during 2021/22, 2022/23, 2023/24 & 2024/25

	2021/22	2022/23	2023/24	2024/25
Specialty	Overall Total	Overall Total	Overall Total	Overall Total
Accident & Emergency Serv	1			
Anaesthetics	2			1
Cancer Servs	1			1
Cardiology	1			
Child & Adol Mental Health	1			1
Dermatology	1	1		1
Diabetic Serv-Acute			1	1
ENT – Otolaryngology			1	
General Medicine	3	1	1	5
General Surgery	1	1		1
Genito-Urinary Medicine			1	
Geriatric Medicine	2			1
Mental Health – Comm				1
Neurology		1		
Obstetrics & Gynaecology	1			1
Older People Serv-Hosp		1		
Orthopaedic Surgery	2	1	1	
Paediatric Serv – Comm	1			1
Paediatric Serv – Hosp	1	1	1	
Pathology	1			1
Renal				1
Urology		1		1
Endocrinology & Diabetes				1
Overall Total	19	8	6	19

Source Southern Health and Social Care Trust

The total number of SAS leavers across the four years is 52, with two peak years in 2021/22 (19 leavers) and 2024/25 (19 leavers), suggesting a recurring cycle of instability. General Medicine stands out with 10 leavers across the four years, including a spike to 5 leavers in 2024/25— suggesting worsening pressure or attrition. The spread of SAS leavers across diverse specialties including both mental health and acute hospital specialties indicates that workforce challenges are widespread and not isolated to a few departments. Given that many SAS doctors play a crucial role in sustaining daytime cover, especially in services without full consultant or training doctor cover, these patterns pose a serious risk to rota resilience and service continuity.

6.5.8.7 Western Trust

Retention of staff remains a focus for the Trust. While turnover in 2024/25 fell below the 2023/2024 rate, each leaver compounds a resourcing issue within services, where every effort is being made to attract and retain staff.

Table 45 Vacancy rate for Medical and Dental – March 2023 – March 2025

	Western Trust March 24		**Western Trust June 24**		**Western Trust Sept 24**		**Western Trust March 25**		
	Vacancy rate*	Posts under active recruitment	Vacancy rate*	Posts under active recruitment	Vacancy rate*	Posts under active recruitment	Vacancy rate*	Posts under active recruitment	
Trust Total	**11.11 %**	**743**	**13.24 %**	**862**	**14.71 %**	**783**	**11.83% ****	**904**	↓
Medical and Dental	29.44 %	66	33.09 %	81	35.83 %	53	28.42 %**	73	↓

Source Western Health and Social Care Trust

The charts below reflect turnover rates by grade.

Chart 8 Consultant turnover 24/25

Source Southern Health and Social Care Trust

Chart 9 SAS turnover 24/25

Source Southern Health and Social Care Trust

Currently the Western Trust do not capture detailed exit information from staff leaving the Trust however, the Trust note that of the 16 doctors who left in the year 2024/25, 5 retired aged 56-67, with the other 11 resigning.

Table 46 – Leaver data 2024/25

Age Group	Resignation	Retirement	Total
25-36	1	0	1
36-45	5	0	5
46-55	5	0	5
56-67	0	5	5
Total	**11**	**5**	**16**

Source Western Health and Social Care Trust

6.6 Recruitment and Attracting Medical and Dental Staff

Northern Ireland's HSC is under significant pressure due to an aging population, rising demand for services, and ongoing workforce shortages. Medical and dental recruitment is a critical challenge, with vacancies across both hospital and community

settings. The region faces intense competition for skilled professionals, not only within the UK but also internationally.

There is a shortage in the number of available trained consultants in Northern Ireland. This has been impacted by lower pay rates / different Terms & Conditions in NI compared to Republic of Ireland and wider UK.

Recruitment is also impacted by the changing demographic and expectations of the emerging medical and dental workforce. Graduates are less attracted by the existing pay, terms and conditions associated with substantive Trust employment. It is recognised that working on agency contracts is more lucrative and provides flexibility, supporting work life balance. Graduates are also attracted to opportunities outside Northern Ireland, for similar reasons: better pay and conditions, better work life balance and improved lifestyle. Anecdotally, many new doctors take up opportunities in Australia.

6.6.1 Early Alerts

Due to workforce shortages and the inability to recruit to some services the Trust has had to raise Early Alerts to the Department of Health during 2024/25 for the following departments, mainly due to workforce shortages in relation to medical staffing for ENT; Psychiatry; neonatal; haematology; and uro-oncology.

6.6.2 Northern Trust

Attracting and recruiting appropriately skilled employees remains a key priority for the Trust. In response to the People and Culture Plan and the Workforce Strategy ’Delivering for our People’, the Trust has commenced work on the Team North Career Compass to improve their attraction, recruitment and retention.

This career compass will support existing employees and potential candidates to:

- Kick-start a Career
- Change Career
- Close your Career

During 2024/25 the Trust promoted all vacancies, in particular some of the hard to fill posts across their social media platforms: 23 job infographics were designed by Corporate Communications in 24/25 including a general 'current vacancies infographic. These were promoted on X and Facebook resulting in 347,909 views and 4261 engagements. The Trust also saw a high number of visits to their external website area 'working for us: vacancies' page: 25,860 views and 16,626 users.

From 1 October 2024 to 31 March 2025, there have been numerous recruitment exercises across the organisation, as per Table 47. Of the 43 posts advertised, 23 (53%) have resulted in a successful appointment. 14% are currently going through the advertising or interview stage. The number of posts advertised remains consistent with previous years and the Trust can note an improvement to fill on previous years:

- 1 April 23 – 31 August 23: 14% (7/50) of posts advertised resulted in an appointment [31]
- 1 April 24 – 30 September 24: 20% (8/40) of posts advertised resulted in an appointment[32]

There is significant competition for well-qualified talent given the number of health care providers operating in the relatively small geographical area of Northern Ireland.

[31] https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-ni-evidence-ddrb-24-25.pdf
[32] https://www.health-ni.gov.uk/sites/default/files/2024-12/doh-ni-evidence-ddrb-2025-26-pay-round.PDF

Table 47 - Breakdown of recruitment activity between 1 April 2024 and 31 March 2025

		Outcome		Ongoing
Directorate/Division	**Vacant Posts**	**Appointed**	**Unsuccessful**	**Currently recruiting**
Community Care	0	--	--	--
Medicine & Emergency Medicine	16*	9	2	5
Mental Health, Learning Disability and Community Well-being Division	7	3	3	1
Paediatrics, Women's Services and Corporate Support Division	1	--	1	0
Surgical and Clinical Services	19	11	8	0
Grand Total	**43**	**23**	**14**	**6**

**In addition to the 16 vacant posts advertised, Medicine and Emergency Medicine have advertised twice (June 24 and Feb 25) for Clinical Fellow Emergency Medicine roles available.*
Source Northern Health and Social Care Trust

Since June 2024, the Trust has seen an increase in the number of applications for Clinical Fellow posts (see table 48) which is impacting on time to hire due to the resource required to manage the volume of applications received. Although the selection criteria are detailed in the job description, the number of applicants not shortlisted remains high.

Table 48 – Breakdown of clinical fellow recruitment 2024/25

Specialty	**No. of applications received**	**No. shortlisted**
Palliative Medicine	256	20 (8%)
Emergency Medicine	179	14 (8%)
Emergency Medicine	165	9 (5%)
Chemical Pathology	33	4 (12%)

Source Northern Health and Social Care Trust

The majority of the recruitment carried out by the Trust is for Specialty Doctor or Consultants roles. These are senior clinical roles which are vital for the delivery of safe

and effective services. The recruitment to these roles involves senior staff from across the organisation which requires a significant investment by the Trust. Indeed, the CIPD found in their Resourcing and Talent Management 2022 Report[33] that the median cost for recruiting senior staff is £3,000. The Trust's success to fill rate was 20 per cent as at 30 September 2024 which does not necessarily provide value for money.

Often, due to the need to re-advertise, recruitment to posts spans many months. This can lead to services having to consider more expensive, temporary alternatives such as agency or having to operate the service below the optimum staffing levels. Undoubtedly, this ongoing inability to recruit a skilled workforce in a timely way may negatively impacts on other staff members, service delivery and service users.

Radiology remains a difficult area to fill – Consultant Radiologists vacancies have been advertised 5 times since 2023. The Trust's most recent high-profile campaign in January 2025 advertising 9 posts had a success rate of 22% (2/9 posts filled). Work continues by the Medical Locum & Recruitment Operational Group to promote the hard to fill posts and offer options to staff such as the Certificate of Eligibility for Specialist Registration CESR pathway.

6.6 3 Southern Trust

The recruitment and selection of medical staff within the Trust continues to face significant and persistent challenges, compounded by the wider pressures across the health and social care system in Northern Ireland. Rising waiting lists and increasing service demand have placed considerable strain on the resilience and morale of the Trust's workforce, particularly as they strive to maintain safe staffing levels across services.

The Southern Trust currently employs 819.28 WTE Medical & Dental Staff as at 30 April 2025. In addition, they expect to host approximately 281 rotational trainees employed by NIMDTA Single Lead Employer working across 45 separate rota patterns.

[33] https://www.cipd.org/globalassets/media/knowledge/knowledge-hub/reports/resourcing-and-talent-planning-report-2022-1_tcm18-111500.pdf

Table 49 - 2025 as at 20 April 2025

	WTE 2025	WTE 2024	WTE 2014
Permanent Consultant	265.67	259.34	200.39
Temporary Consultants	23.73	26.62	9.74
Associate Specialist	16.85	16.43	25.78
Specialist grade	10.85	9.82	
SAS	112.38	106.92	59.78
Temporary SAS	11.65	12.71	
Locally appointed Junior Doctors	74.50	68.60	15.04
Dental	11.19	9.97	10.42
Temporary Dental		3.00	
GP sessions in hospital	10.25	8.20	1.07
Temp GP Sessions	1.21	3.63	
TOTAL EMPLOYED	**538.28**	**525.24**	**322.22**
Rotational Junior Doctors in training hosted by Southern Trust	281	267	223.90
TOTAL	**819.28**	**792.24**	**546.12**

Source Southern Health and Social Care Trust

It is significant to note that over the last 11 years rotational trainee numbers have only increased by 26% (and in fast prior to 2025, this increase was only10%) and the greatest increase during this time period has been at SAS grade and locally employed doctors. In addition to the above staffing numbers, there has been an increase in the number of both long term and ad hoc locum medical staff engaged. The significant number of doctors on local contracts reflects the successful international recruitment campaign to India in 2023.

Table 50– Permanent Medical Recruitment Summary Data

	2019	2020	2021	2022	2023	2024	2025
Total Consultant Posts advertised	43	24^	30^	60	61	64	41*
Total Consultant Posts Appointed	20	17	21	20	31	27	9*
Percentage of Posts Filled %	**46**	**70.8**	**70**	**33.3**	**50**	**42.2**	**22***
	2019	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
Total Specialty Doctor Posts Advertised	33	18	30	28	29	30	17*
Total Specialty Doctor Posts Appointed	14	11	19	11	20	20	11*
Percentage of Posts Filled %	**42**	**61**	**63.3**	**39.3**	**68**	**66.6**	**64.7***

*Figures up to 31.05.2025 (not full year i.e. Jan-Dec) and doesn't include total appointed as some pending interviews in the next few weeks.
^Reduced numbers due to Covid Pandemic
Numbers of posts advertised in 2925 are greater to reflect numbers of vacant posts in Gastro, Haematology, Psychiatry, Urology, Geriatric Medicine, Dermatology and Emergency Medicine that were all readvertised.
Source Southern Health and Social Care Trust

The number of consultant posts advertised increased significantly from 24 in 2020 (Covid-impacted) to 64 in 2024, reflecting rising workforce gaps and service demand. However, fill rates remain consistently low, averaging around 47% across the period. Notable drop in 2022 and 2025: 2022 saw a sharp drop in the fill rate to 33.3%, despite the highest number of posts advertised to that point (60). 2025 to date is showing the lowest fill rate at just 22%, with only 9 out of 41 posts filled by end of May.

Fill rates for specialty doctor posts have been more stable than consultants, ranging between 39% and 68%, with a general improvement seen in 2023 (68%) and 2024 (66.6%). 2022 was the lowest-performing year for specialty doctor recruitment, with only 11 out of 28 posts filled (39.3%). 2025 YTD performance (64.7%) shows a reasonable continuation, though final figures may change once all interviews conclude.

There continues to be a persistent gap between advertised and filled posts which the Trust know reflects an ongoing reliance on locums, with substantive workforce gaps continuing year on year.

6.6.4 Western Trust

Recruitment challenges facing all Trusts in HSCNI are compounded in the Western Trust by the geographical location of the Trust and the perceived 'remoteness' from Belfast. While not all specialities are represented in each of the hospitals and this may deter applicants, the rural profile and lack of infrastructure including transport links are also impacting the ability to attract doctors and dentists.

The Trust has undertaken a range of measures to support recruitment activity including using Healthdaq, a digital recruitment platform to support and streamline recruitment activity. Healthdaq also provides access to an applicant tracking system and utilises high profile social media platforms to promote Trust vacancies. Applicant tracking is a valuable resource particularly in a very difficult labour market. Healthdaq has a global subscriber base and Western Health and Social Care Trust has a dedicated jobs page on the Global Jobsboard. This highlights all Trust vacancies and highlights the employer brand. Healthdaq has proved very successful in extending the Trust's attraction and recruitment reach, and in securing applicants for some of the 'hard to fill' roles. This is in addition to advertising on the HSCNI Jobs website.

While the Trust continues to recruit to all vacancies, there are a number of areas of particular concern where they find it difficult to attract, recruit and retain medical and dental staff. These areas include Psychiatry, Care of the Elderly, Oral and Maxillofacial Surgery, Radiology, ENT, Haematology, Obstetrics and Gynaecology, Microbiology, and Oncology. These specialties have been identified as ongoing areas of concern due to persistent workforce shortages and recruitment difficulties. The Trust's recruitment activity is focussed on these roles. HR engages regularly with services, reviewing resourcing issues and supporting the service in addressing key concerns. This includes targeted recruitment as necessary with highlight campaigns through Healthdaq and consideration of new roles or new ways of working.

6.6.5 South Eastern Trust

The South Eastern Trust currently have no recruitment and retention premium for medical and dental Consultants in acute settings.

This is a particular bone of contention for medical and dental staff working in healthcare in prisons who are dealing with the same emotional and challenging behaviours of prisoners but do not receiving any financial differentiation, comparable to AFC prison healthcare staff who receive a RRP allowance, given the recognised security issues arising from prisons in Northern Ireland.

One of the key vacancy challenges in Trust is recruiting for the dental service in prisons, part of the provision of healthcare in prisons within Northern Ireland, which falls under the remit of the Trust.

There are long term vacancies creating pressure on current staff. The recruitment of dental staff in prisons has been conducted at a local level. In the past number of years, there has been a high turnover of staff for various reasons; illness, suspension and career progression.

Unfortunately, there are few opportunities for career progression in prison or community dentistry, which accounts for higher staff turnover.

6.6.6 Public Health Agency (PHA)

The PHA continues to experience significant issues in the area of Consultant recruitment generally but specifically for the area of health protection. This is being impacted by low numbers of trainees due to complete, as well as attraction of posts in UKHSA and Republic of Ireland where a change in skill mix as well as recruitment drives are being used to address the shortages currently being experienced. There is limited locum dependency as again there are limited qualified consultants available in the field.

6.6.7 Recruitment and Retention Premia (RRP)

Recruitment and Retention Premia (RRP) are financial supplements, that equate to a one-off payment of 10% of the starting salary, offered by HSC organisations to attract and retain consultants in roles where market pressures or workforce shortages make recruitment or retention particularly challenging. Trusts can apply for a RRP if they can demonstrate that they fulfil certain criteria set out by the Department.
These criteria include:

- The Trust must provide evidence that the case for RRP is supported by SPPG and medical directors
- The Trust must demonstrate that they have recruitment difficulties by outlining the background and previous attempts made to fill posts which must include confirmation that the post has been advertised at least twice in the previous 6 month period
- The Trust must demonstrate what non-pay options they have used to attract candidates in previous recruitment campaigns
- The Trust must demonstrate that the candidate is a non-HSC candidate to ensure candidates are not poached from other Trusts.

The Department recognised the significant pressures currently affecting the psychiatry workforce in Northern Ireland, In light of these ongoing challenges, and pending the outcome of the wider review, the Department deemed it appropriate to introduce an interim RRP specifically for the psychiatry specialty.

The temporary RRP measure for Psychiatry, permits an increase of up to 20% to attract suitable specialists for the current identified vacancies with a further option of extending up to a maximum of 30% as available under the consultant contract.

Trusts are only be able to offer this higher 20% premium once they have demonstrated to the Department that recruitment attempts have been unsuccessful based upon a 10% RRP. To progress to the maximum 30% rate, Trusts must demonstrate to the Department that recruitment attempts at 20% RRP have failed on at least two occasions.

Table 51 Applications for RRP from August 2024

Trust	Role	RRP	Approved	What is successful?
WHSCT	Psychiatry Mental Health Liaison Team	10%	August 2024	Unsuccessful
		20%	June 2025	In progress
	Psychiatry Crisis Mental Health	10%	August 2024	Unsuccessful
		20%	June 2025	In progress
	Psychiatry Lakeview	10%	August 2024	Unsuccessful
		20%	June 2025	In progress
	Psychiatry Recovery	10%	August 2024	Unsuccessful
		20%	June 2025	In progress
SHSCT	Community Mental Health Team	10%	October 2024	Unsuccessful to date
	Haematology	10%	August 2025	Unsuccessful to date
WHSCT	Old Age Psychiatry	10%	September 2025	In progress

Only two trusts have applied for RRP. The Southern Trust applied to the Department of Health for approval to use a RRP in Psychiatry and Haematology, which was approved for two posts on the stipulation that, among other criteria, these would only be applicable to non-HSC employees.

The Western Trust's Psychiatry service remains in crisis with vacancies across a wide range of specialities and locations. Despite repeated rounds of recruitment since 2021 they have been unable to appoint to 9 senior posts within Mental Health services. Given the long term and chronic workforce shortages that the Trust has been experiencing in this specialty despite the robust recruitment efforts, the Trust submitted applications to apply Recruitment and Retention (R&R) premia across 4 services.

- Mental Health Liaison Team

- Crisis Mental Health Services
- Learning Disability Services in Lakeview and
- Recovery Services.

While approval was given to afford a RRP of 10% by the DoH in 2024, the Trust was still unable to attract applicants to these service critical posts. Recruitment campaigns subsequent to the application of the 10% RRP were also unsuccessful. The Trust then applied in March 2025 to increase the RRP to 20% and has, in June 2025, been granted approval to apply the higher RRP to aid attraction to these roles.

6.7 International Medical Recruitment

A regional international recruitment framework exists with five agencies included to source doctors immediately internationally. The agencies included on the framework will place a far greater emphasis on pastoral care to acclimatise the new international recruits and their families into living in Northern Ireland, which will ease the transition process and hopefully retain the international doctors in the longer term.

There is no regionally co-ordinated international recruitment programme for medics across Northern Ireland. Individual HSC Trusts undertake their own international medical recruitment designed to meet their individual workforce needs.
HSC Trusts advised they have again noted an increase in the number of International Doctors applying directly to the Trusts. Overall, the HSC Trusts report a total number of 188 overseas doctors who have commenced employment between April 23 to March 24, with a further 132 commencing employment between April 24 to March 25. (Annex C) The medics were recruited through a mixture of direct applications and via bespoke international medical projects. (Western HSC Trust & Southern HSC Trust).

As Table 52 below demonstrates, there have been a number of internationally educated doctors appointed to posts in 2024/25 in the Northern Trust. This includes International candidates that applied directly to the job advertisement. The Trust continue to link in with the agencies on the framework and the regional colleagues to consider international recruits.

Table 52- Number of internationally educated doctors recruited between 01 April 2024 to 31 March 2025

Year appointed	Grade	Specialty	Number of posts
2024/25	Specialty Doctor	Medicine	1
2024/25	LAS S1/2	Emergency Medicine	1
2024/25	Specialty Doctor	Emergency Medicine	1
2024/25	Consultant	Radiology	1

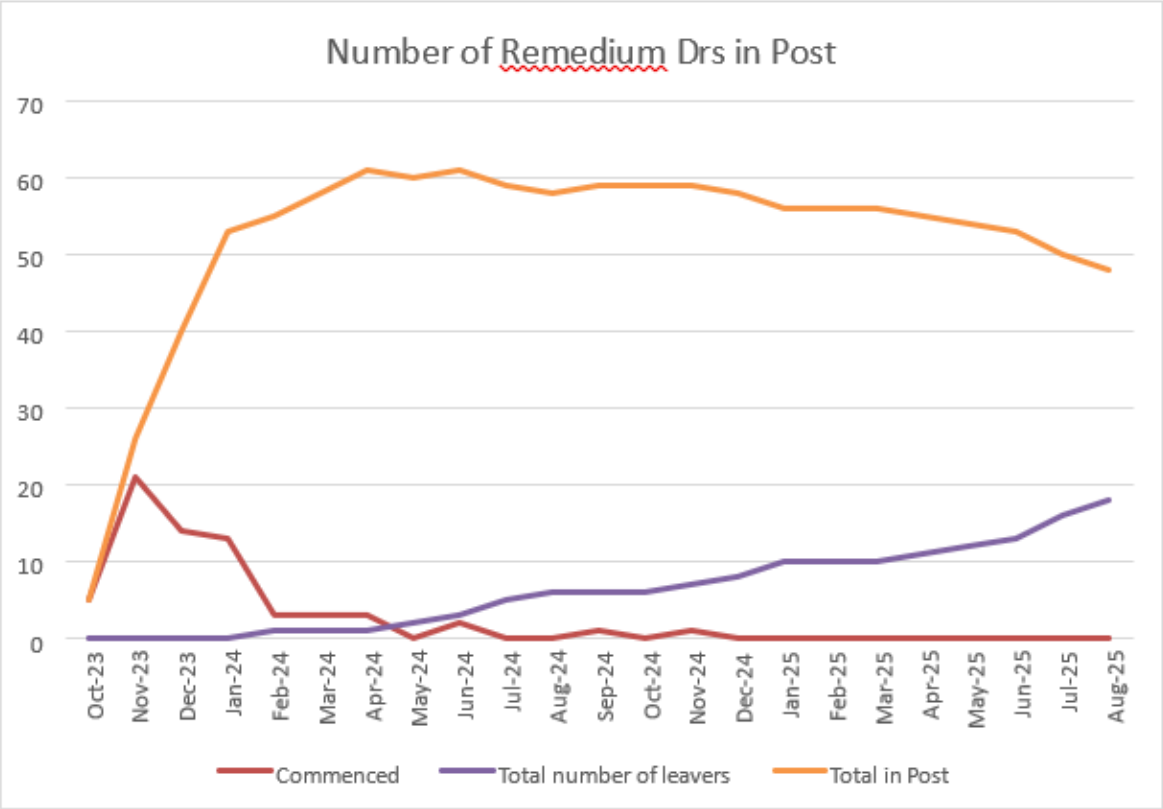
Source Northern Health and Social Care Trust

The South Eastern Trust has noted an increase in international resident doctors entering the system (either via training or non-training posts) having no previous NHS/UK experience. This continues to be a challenge however Trusts have been working in conjunction with NIMDTA on a 'New to NI' programme which aims to provide support and guidance to international doctors entering the training programme to help facilitate successful integration into the medical workforce.

In 2023 the Southern Trust's ran an international medical recruitment trip to Mumbai[34], which had major success in addressing workforce shortages. Partnering directly with "Remedium Partners"[35], the Trust aligned its recruitment strategy precisely with service needs spanning emergency medicine, general medicine, urology, obstetrics & gynaecology, radiology and more. Over four days, 100+ candidates were interviewed and 70 physicians appointed. 54 of these doctors remain in post nearly two years later, delivering vital clinical support across Daisy Hill and Craigavon hospitals. 60% of those who left had not been reaching the required standard and a performance improvement plan was in place. This initiative garnered regional media attention[36] and internal recognition[37], and was recognised at the national HSJ Awards[38] as a model for targeted and sustainable international recruitment.

[34] From NI to Mumbai: International Recruitment at Southern Health and Social Care Trust - Remedium
[35] An interview with Dr Gareth Hampton, Divisional Medical Director at Southern Health and Social Care Trust - Remedium
[36] Southern HSC Trust Recruits 56 Doctors From Mumbai - Down News
[37] International staff "very welcome and deeply valued": Nesbitt | Southern Health & Social Care Trust
[38] HSJ Partnership Awards 2024: Staffing Solution of the Year | HSJ Awards | Health Service Journal

Chart 10 Number of Remedium Drs in Post



Source Southern Health and Social Care Trust

The Southern Academy has played a pivotal role in supporting the internationally qualified doctors, providing enhanced induction to the Trust and the Health and Social Care (HSC) system. This dedicated team of clinicians and HR personnel continues to offer vital support in both professional and personal aspects, helping international doctors integrate seamlessly into life in Northern Ireland.

A Clinical Support Group was established following the India campaign to provide weekly collaborative between the Southern Academy and clinical supervisors to develop and support these new doctors for independent practice. Training needs and relevant support was considered. In response to identified training needs, over 40 clinical simulation training sessions were delivered, led by the Southern Academy clinical team. These have covered critical areas such as essential communication skills, Hypernatremia, managing haemodynamically compromised patients with timely escalation of care, common medical and surgical emergencies, and the Do Not Resuscitate (DNR) protocols. The Pharmacy team facilitated ‘safe prescribing’

workshops, while the Trust's consultant lead provided an insightful session on the Coronial Process. Over 70 of the Trust's locally employed international doctors (including some NIMDTA international doctors) have availed of these sessions which provide them with invaluable opportunities to practice, receive feedback, and refine their approaches to real-life clinical scenarios within the HSC system. A number of doctors within the Trust are currently pursuing CESR/portfolio pathway. A dedicated CESR support WhatsApp group continues to grow with 129 members currently.

The Western Trust's International Medical Recruitment (IMR) team works closely with Xander Hendrix HealthCare to attract and engage international doctors to support the services. From April 2024 until March 2025, the IMR team recruited 53 medical doctors across all grades and a wide variety of specialities and from a range of countries. A recruitment drive to Mumbai realised 23 of these appointments, securing 9 consultants, 12 speciality doctors and 2 clinical fellows.

In exploring new ways of working the Trust recruited 3 international doctors through the Medical Training Initiative Scheme (MTI) to work in the Oncology service. Of these, 2 have started and the third is expected in July 2025.

The MTI scheme is designed to allow a limited number of doctors to enter the UK from overseas to benefit from training and development in the NHS before returning to their home countries. It facilitates the Trust to appoint for a maximum engagement of two years. It is a scheme supported by the Royal Colleges and NIMDTA and ensures that MTI appointees do not impact the opportunities for doctors on the NIMDTA structured Training programme.

The Western HSC Trust's International Recruitment Team worked with Xander Hendrix HealthCare on a bespoke recruitment campaign to Mumbai at the end of September 2024. Following a shortlisting process, the team travelled to Mumbai to deliver three seminars and interview candidates. As a result, a total of 27 doctors to date have been appointed to work as Consultant, SAS and Resident doctors within Altnagelvin and South West Acute hospitals, with 2 further Consultants expected soon. A full evaluation of the campaign is ongoing. The team have returned to

business as usual and have appointed 5 doctors following the bespoke campaign, with a further 9 doctors completing Pre-employment checks.

A significant challenge currently faced in attracting international medical recruits is higher rates of pay on offer across other UK regions. The Western Trust has lost candidates who have accepted higher offers were salary is the deciding factor.

It is also relevant to note that recruiting international doctors requires additional support. The securing of Certificates of Sponsorship, delivery of on boarding and induction programmes as well as the increased supervision of international doctors at the beginning of their employment, requires additional resourcing including from within the already stretched medical workforce. Western Trust also provides support and development for these doctors through a dedicated process lead by a senior clinician. Despite best efforts the Trust have not been able to fill some hard to fill posts and they are currently considering other options including sourcing doctors from new countries. The Trust propose to look to Germany as a potential source for Psychiatry roles.

6.7.1 Future forecast and trends in international recruitment

It is very difficult to forecast future international recruitment, however, the GMC have reported that doctors from overseas will continue to make up the bulk of those joining the medical register. There is no regional programme for recruitment of international medical graduates rather it is managed by individual HSC Trusts.

Individual HSC Trusts have well-established International Medical Recruitment teams and there are currently no concerns that they will be able to continue attracting international doctors to come and work in Northern Ireland.

In addition, there will also be challenges in ensuring there are sufficient numbers of academic and clinical educators and supervisors to deliver the training to any new international recruited doctors, particularly given these will largely need to be found from within the current HSC clinical workforce that is often already under huge strain.

Based on the recruitment numbers achieved over the last couple of years it is clear that there is both interest and demand in working across HSC in Northern Ireland and there is no prospect of that interest or demand waning in the immediate future.

6.8 Agency/ Locum Spend

Trust expenditure on agency/locum staff has been incurred to ensure that safe and effective services are sustained and contributes importantly to maintaining service provision to patients and clients. HSC Trusts employ locum staff for several reasons, for example, cover for sickness and maternity/paternity leave; cover for existing vacancies; and when demand increases over the winter months.

Whilst these agency/locum costs have increased substantially over the last 10 years, from £76m in 2014/15 to £382m in 2024/25, it is concerning the impact this is having on the Health & Social Care budget and the Department recognises that this is not sustainable, particularly at a time of serious financial pressures right across the public sector.

A regional Agency Reduction Implementation Group (ARIG) was established in March 2020 to co-ordinate the improvement of staff utilisation, with the aim of reducing unsustainable agency spend across HSC.

The ARIG is progressing a number of work streams as part of a wider strategic approach to seek to address this issue. Specific actions relating to medical and dental include:

1. Development and implementation of a new Medical and Dental Framework;
2. Development of an Agency Guidance document (medical/dental) and regional monitoring; and
3. Development of Medical Locum Bank (new).

A Regional Agency Reduction Implementation and Planning Group has been established to co-ordinate the improvement of staff utilisation, with the aim of reducing unsustainable agency and locum spend. The main function of the Group is to develop and implement a plan, with local and regional commitment and coordination, to safely

facilitate, and manage the service impact of, reducing unsustainable agency and locum spend.

Significant progress has already been made across HSC as a whole since the implementation of the new agency frameworks with expenditure of 'Off-Framework' agency use falling from £134m in 22/23 to £19m in 24/25 across Nursing & Midwifery and Social Workers. For these two staff groups, the continued progress being made has yielded an overall reduction in agency expenditure in 2024/25 compared to the base year (2022/23), of £34m.

Alongside this work the strategic approach to workforce development, supported by sustained increased investment in pre-registration education and training, has facilitated a 17.7% (+10,063) increase in whole time equivalent (WTE) staff in post across the HSC in Northern Ireland between March 2018 (56,802) and March 2025 (66,865). This includes a 24.2% (+1,018 WTE) increase in medical and dental staff, a 19.4% (+2,938 WTE) increase in registered nursing and midwifery staff and a 24.9% (+2,026 WTE) increase in professional and technical staff in post.

6.8.1 Reducing Locum Spend

Reducing agency/locum spend is important and not just because of the costs involved; HSC staff have been clear that excessive agency/locum use is unfair and impacts on morale and more importantly, having consistent clinical teams also enhances patient safety. This is only the start with further work to be undertaken on the use of agency/locum for Medical & Dental and Non-Medical roles across HSC. This work is already well underway with new Non-Medical framework already in place and the new Medical & Dental framework planned to be in place by the end of 2025

The Department monitors Health and Social Care Trusts' expenditure on agency/locum and bank staff on a quarterly basis for specific staffing categories, across financial years broken down by Health and Social Care Trust. Expenditure on Agency/locum and Bank staff by Health and Social Care Trust, for the last four financial years is set out below.

In 2024/25, expenditure on off-contract medical & dental locum staffing was £48.9m accounting for 34.5% of all agency medical & dental locum expenditure (£141.9m). Agency/locum Cost Key Facts:

- For the 24/25 financial year HSC Trusts' combined expenditure on agency and locum staff was £381.98m, up from £376.9m in 23/24, an increase of 1.3%
- In 24/25 Medical and Dental agency//locum expenditure totalled £141.9m, a rise of 4.3% (£136.1m in 23/24);
- Of the £141.9m, £48.9m or 34.5% was off-contract spend;
- Medical & Dental Agency/locum expenditure accounted for 37.2% of the overall agency spend in 24/25;
- The Medical & Dental 2024/25 pay bill was approximately £885m meaning that the cost of agency/locum for Medical & Dental in 2024/25 was 16.0% (£141.9m) of the HSC Medical & Dental pay bill; and
- Total Bank spend for 24/25 was £150.3m of which Medical & Dental expenditure was £0.05m. However, directly employed medical locum expenditure was an additional £26.8m in 2024/25.

The available data on the use of locum staff by location, staff group across HSC is set out below in table 53 – table 55.

Table 53 - Medical Agency Locum Spend in 2023/24 and 2024/25

Trust	2023/24	2024/25	% Change
BHSCT	£31,843,815	£36,339,657	14.2%
NHSCT	£27,242,629	£26,004,129	-3.4%
SEHSCT	£18,328,453	£17,077,770	-5.8%
SHSCT	£27,025,717	£28,804,293	6.6%
WHSCT	£32,179,227	£33,723,576	4.8%
Total	**£136,619,841**	**£141,949,425**	**4.3%**

Note - these figures vary slightly (1%) from figures submitted to DOH agency monitoring, due to differences in inclusion of accruals. No further update as this was a one off exercise
Source: Business Services Organisation

Table 54 - Medical Agency Locum Spend, WTE and Headcount in 2022/23 and 2023/24

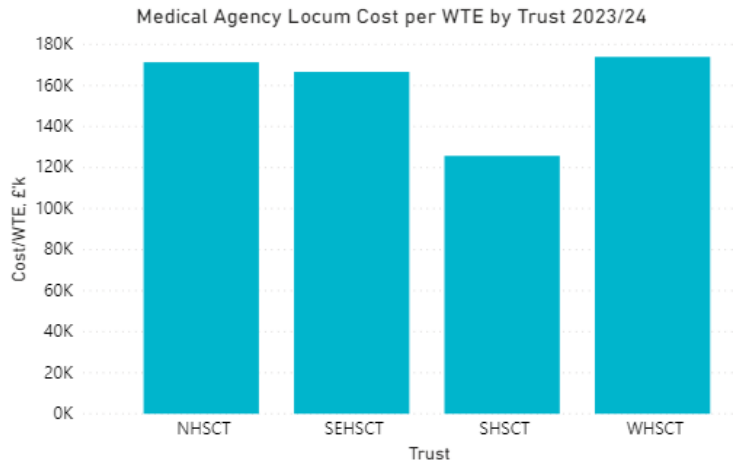
	2022/23				2023/24			
	Number (Headcount)	**WTE**	**Cost/WTE**	**Total Cost**	**Number (Headcount)**	**WTE**	**Cost/WTE**	**Total Cost**
BHSCT	Unavailable			£26,120,109	Unavailable			£31,843,815
NHSCT	406	147	£173,902	£25,563,562	273*	159*	£171,337	£27,242,629
SEHSCT	415	98	£139,506	£13,671,627	299*	110*	£166,622	£18,328,453
SHSCT	Unavailable	178	£125,247	£22,293,917	Unavailable	215	£125,701	£27,025,717
WHSCT	193	163	£161,666	£26,354,639	192	185	£173,942	£32,179,227
Total	**1014**	**586**	**£149,972**	**£114,003,854**	**764**	**669**	**£156,616**	**£136,619,841**

At this stage SHSCT were unable to provide headcount, BHSCT were unable to provide headcount and WTE data, total Cost/WTE excludes BHSCT costs.

*Based on August 23-March 24 data No further update as this was a one off exercise

Source: Business Services Organisation

Chart 11 - Medical Agency Locum Cost per WTE 2023/24



Note: Cost per WTE not available for BHSCT. No further update available as this was a one off exercise
Source: Business Services Organisation

Table 55 - Medical Agency Locum Cost and WTE per Grade

	Consultant		Resident		Middle (Specialty)		Grade unknown		Total	
	WTE	Cost £	WTE	Cost £	WTE	Cost £	WTE	Cost £	WTE	Cost £
BHSCT	*	11,086,864	*	5,473,059	*	15,283,891	n/a	n/a	*	31,843,814
NHSCT	27	6,836,333	37	4,758,466	39	6,064,051	56	9,583,779	159	27,242,629
SEHSCT	44	5,834,039	55	5,819,805	11	1,501,360	n/a	5,173,249	110	18,328,453
SHSCT	73	11,862,082	4	18,547	138	15,145,088	n/a	n/a	215	27,025,717
WHSCT	69	14,925,503	63	11,253,227	53	6,000,496	n/a	n/a	185	32,179,227
Total	213	50,544,821	159	27,323,104	241	43,994,887	56	14,757,028	669	136,619,841

*Data unavailable. NHSCT and SEHSCT WTE analysis is based on August 23-March 24 data, available after the introduction of the Retinue System, which provides more detailed locum information, grade unknown will relate to pre Retinue data. No further update as this was a one off exercise.
Source: Business Services Organisation

A lot of Doctors chose to work through bank / agency for the enhanced rate of pay and ad-hoc nature of work which allows them increased flexibility. It can also further assist those following completion of their foundation training to gain further experience in a multitude of specialities to help confirm the area they may wish to specialise in.

A regional collaborative approach for the review of the Medical & Dental Agency Locum Framework is ongoing. The tender for the Medical and Dental Framework closed on 8 April 2025. The Procurement and Logistics Service (PaLs) handed over the evaluation of the tenders to the Clinical Advisory Group CAG group in early May 25. The CAG completed its scoring and evaluation early August 2025.A consensus scoring review was then conducted of all the scores and this was completed at the end of August 2025. The legal procurement is that

- All agencies who were “unsuccessful” at the scoring/evaluation stage have to be written to and advised – this was done on 8th September – these agencies have approx. 30 days to “challenge” the outcome of that process
- All “successful” agencies are due to received debriefing papers and intention to award notification mid October . intention to award lasts usually for 10 days unless there is a challenge – if so it will go on for a number of weeks/months – this is the unknown element to the process
- If no challenges then in theory the framework could be awarded in November
- With an implementation date in December 2025
- Current framework runs till 31/12/25 at the moment
- Trusts will be given a transition period [still to be decided] once the framework is implemented to assist them with migration to the new framework [nursing got 3 months, non medical got 4 months – no decision yet for medical/dental]

The new Medical and Dental Framework is to be in place by end of 2025/26.
There are a number of regional and Trust workstreams in process in addressing the dependency of agency locums. Part of this work is undertaking Risk Assessment per service with planned outcome to recruit to these posts using various recruitment options. There is also a review of HSC medical locum rates, with proposal being led

regionally to uniform these and have governance processes in place to manage approval and escalation.

Moreover, the huge increasing use of locum agency medical staff continues to present challenges. The attractive nature of locum engagements continues to drive doctors away from rotational training schemes, particularly after FY2. A Regional Medical and Dental Locum Reduction Steering Group has been set up to draft a regional strategy, action plan and priorities to collectively address this imbalance. Development of in-house locum banks and regional control/monitoring on locum rates of pay will be included in this strategy.

6.8.2 Belfast Trust

Options for moving locum staff to Trust employment are being scoped however this will be challenging given the substantial difference between locum and HSC salary ranges. To employ locum staff as permanent SAS Doctors, pay scales of SAS must improve. Job plans for SAS doctors will also need to incorporate varied clinical activity with opportunity for career progression

It is understood there has been some movement within the last year, albeit limited of locums to Trust contracts. Due to limitations in the data, this cannot be quantified.

6.8.3 Northern Trust

The Trust is experiencing significant shortages across all specialty groupings due workforce staffing shortages and to the limited pool of locums within Northern Ireland. This generates additional pressures and workloads on wards and departments within the Trust. The financial analysis of 2024/25 Medical & Dental agency spend is £26 million.

With agency spend currently on the Department of Health's list of priorities for all Trusts, the Trust is working hard to reduce 'off contract' locum appointments. The Trust continues to work collaboratively with the talent acquisition software, Retinue, on the management of Medical & Dental procurement, recently implementing a medical rate card to drive down high locum spend as well the implementation of 60-day extension review as part of this process. The Trust has also created Service Risk Assessments

to monitor permanent vacancies filled by agency locums with exit plans identified to resolve these vacancies.

6.8.4 South Eastern Trust

Notwithstanding these extra locum costs, the South Eastern H&SC Trust still retains the smallest locum spend in Northern Ireland in comparison to the other trusts in the province and keeps a tight focus on ‘on’ and ‘off’ contract locum spend.

The Trust continues to experience significant shortages across all specialty groupings due to the limited pool of locums within Northern Ireland. This generates additional pressures and workloads on wards and departments within the Trust. The Trust have found over the years that services provided by locums do not provide the same level of stability and consistency in services and are more expensive. Within South Eastern H&SC Trust, a Medical & Dental Locum group exists to review locum appointment practices and processes to ensure visibility of Trust-wide locum use.

Within the trust, a Locum Utilisation Group has been recently established to specifically track and minimise the Trust’s locum spend. The trust is working hard to reduce ‘off contract’ locum appointments. This is seen as a very last resort in high pressure areas where all other options for cover have been exhausted.

The Trust uses talent acquisition software, Retinue Bridge, to manage the Medical & Dental Agency Locum Framework. This software is now used to engage with Agencies to fill temporary gaps in the workforce. The software provides vastly improved reporting and analytics on agency usage, allowing for closer monitoring of spend and evidence-based, informed decision making.

6.8.5 Southern Trust

During 2024/25, the Southern Trust set up the RISE (Reform, Improvement, Savings & Efficiency) Programme Board with the purpose of overseeing and ensuring implementation of transformation of services. It is expected that this programme will deliver:

- Service Reform and Improvement

- Savings and control costs: bringing down spend that doesn't add value to the Trust's services and making requisite savings and delivery contingencies as required.

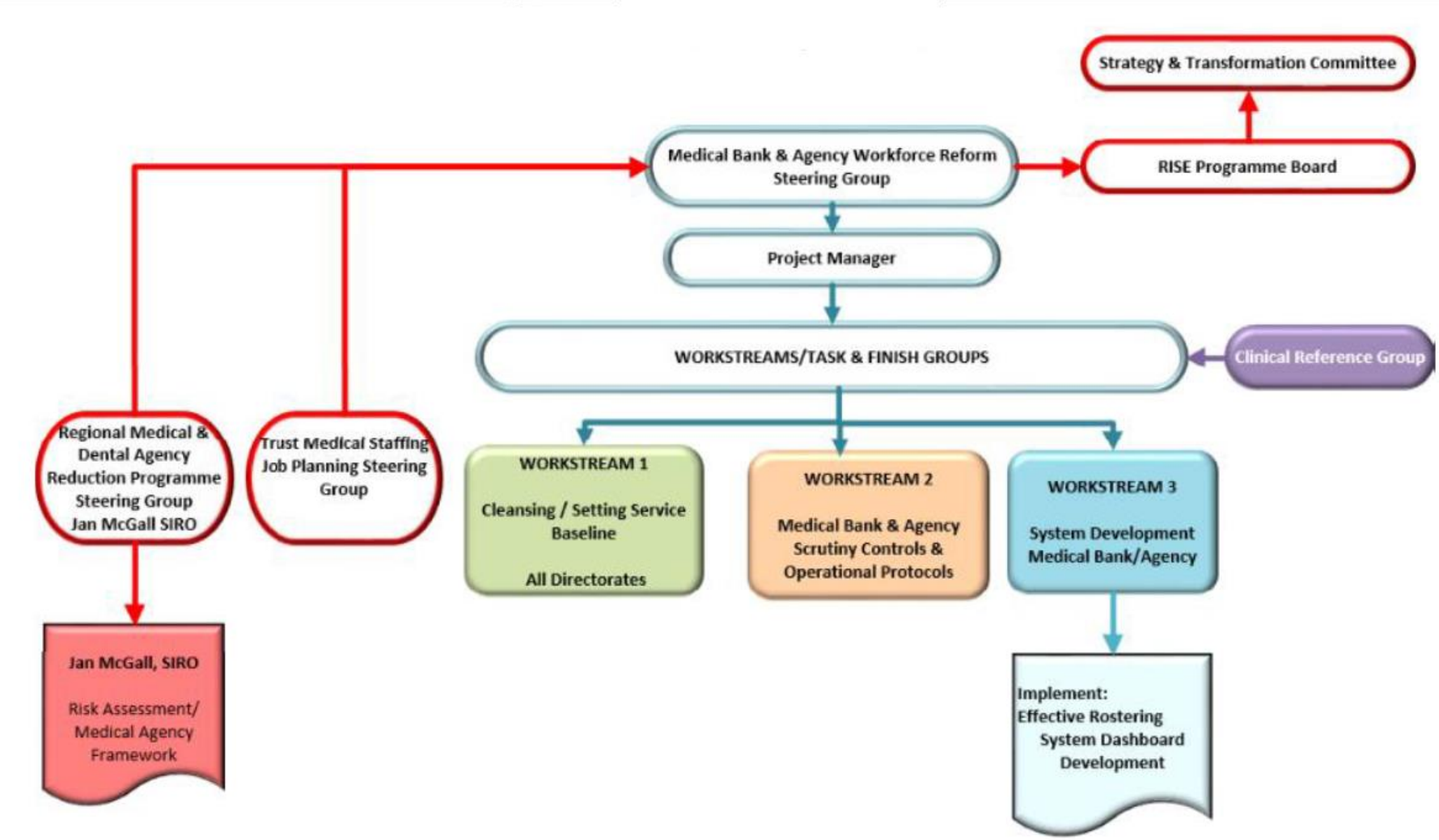
It was recognised that there is a need to review, challenge and reset the practice of engaging temporary / locum medical staff (all grades) in the Southern Trust and establish better controls regarding the use of locum doctors with the aim of saving money in the first instance and spending less going forward.

Therefore, the Medical Bank/Medical Agency Workforce Reform Steering Group has been established with the Medical Director as the senior responsible officer, supported by a dedicated Project Manager. This Steering group reports to and is accountable to the RISE Programme Board. The group established three workstreams:

- Workstream 1 – Cleansing/Setting Service Baseline
- Workstream 2 – Medical Bank & Agency Scrutiny Controls & Operational Protocols
- Workstream 3 – System Development – by implementing an effective rostering system and dashboard development.

All workstreams comprise of Operational Managers for the specialties, medical HR and Finance. These workstreams are supported by a Clinical Reference Group consisting of Divisional Medical Directors from all Divisions medical, surgical, adult community/older peoples services, mental health, integrated maternity and women's health and paediatrics

Chart 12 Medical Workforce Reform Operational and Accountability Framework



Source Southern Health and Social Care Trust

The Medical Bank & Agency Workforce Reform Steering Group provides robust oversight, accountability, and assurance of the undertaking of reform and transformation with respect to the way the Trust engages temporary (bank and agency) medical staff to include a focus on:

- Implementing rigorous SOPs to utilise bank and / or agency doctors
- Establishing a robust and accurate process for engaging medical bank and agency staff
- Implementing a dashboard and electronic Roster system for the management of medical staffing, all grades across all clinical areas and
- Having robust and accurate processes for agency invoicing.

This reform work interfaces with the Regional Medical Bank and Agency Reduction group via the Trust SIRO for this group and responding to, and preparing the Trust for, the new medical bank and agency framework.

This project aims to assist operational managers build a sustainable and substantive workforce that can provide high quality, safe and effective care whilst maintain financial balance. Patient and staff safety is paramount and will be achieved through the development of robust workforce plans that support equity and reduce the inequalities in pay that the prevalence of agency/locum use has created in workforce.

6.8.6 Western Trust

Stabilising the Trust's Medical Workforce and reducing dependency on locums continues to be a strategic focus for the Trust. Proactive engagement with services reviewing usage and spend on agency staff is embedded in the Trust's 'business as usual'. Services are asked to account for the agency spend and to provide exit strategies for agency doctors and dentists where feasible. This has included moving agency workers to Trust contracts.

Table 56 - Agency/locum Spend, 2024/25

		Belfast HSC Trust	Northern HSC Trust	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust	Total
Medical & Dental - excludes Directly employed locums (see below)	Contract Only spend	£27,868,863	£8,453,592	£15,355,754	£19,868,499	£21,499,144	£93,046,122
	Off-Contract	£8,470,794	£17,550,537	£1,722,016	£8,935,794	£12,224,162	£48,903,303
	Total	**£36,339,657**	**£26,004,129**	**£17,077,770**	**£28,804,293**	**£33,723,576**	**£141,949,425**
Directly Employed Locums		£9,484,766	£3,667,452	£7,367,670	£4,407,503	£1,838,195	£26,765,586

Source: Business Services Organisation.

Table 57 - Bank Staff 2024/25

	Belfast HSC Trust	Northern HSC Trust	NIAS	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust	Total
Medical & Dental	**£0**	**£0**	**£0**	**£-4,929**	**£51,583**	**£0**	**£46,654**
HSC Total	**£38,104,179**	**£28,445,299**	**£1,193,061**	**£37,334,611**	**£22,422,377**	**£22,808,091**	**£150,307,618**

Source: Business Services Organisation.

6.8.7 Introduction of new clinical roles

The HSC continues to be innovative in the deployment of new roles and strategies to support and stabilise the medical workforce. These include:

- New roles - Physician Assistant Clinical Fellows, who have been deployed across a range of specialities to bolster the medical workforce and in particular the use of Clinical Fellows to fill NIMDTA trainee gaps.
- Joint appointments with Ulster University.

6.9 Terms and Conditions of Service - Post-Graduate Doctors and Dentists in Training (DDiT)

6.9.1 Training Places

6.9.1.1 Current and forecast position of training places

Data included in last year's DDRB submission indicated a vacancy rate of 9% at August 2024. This increased to 13% at February 2025.

Table 58 - Training programme places

Training Programme	Training Places in NI
Dental Foundation Training	30
Dental Core Training	22
Dental Specialty Training	10 in total however programmes are 3 to 5 years long so some years no posts are available and each year the number varies never exceeding 3 as people exit programmes.

Source DOH Workforce Development Unit

6.9.1.2 Monitoring of training places including uptake and quality of new recruits

The DoH supported an expansion of the Foundation Programme for August 2023 to meet University output locally, increasing places in the Northern Ireland Foundation School (NIFS) from 252 to 294. There has been a further expansion from August 2025 of 70 places as UU Medical school will graduate its first cohort of medical students in

July 2025 and will continue to be an estimated 70 graduates per year. This significant expansion is welcomed to meet the future HSC workforce requirements. NIMDTA has engaged with DoH, Trusts and QUB/UU to identify areas for development to meet training and service needs and establish the distribution of the additional training posts.

Any increase in specialty training posts will be subject to available funding from DoH and in line with Workforce Planning, where applicable. There remains a list of training posts required to meet workforce review requirements, 41 of which had been identified as a priory for August 2024 however there had been no additional funding to facilitate this expansion. Confirmation was received in May 2025 of an expansion of 11 across medical specialty training programmes and recruitment processes are ongoing.

There had been an expansion on the intake into GP training in 2022 from 111 to 121 and this has continued annually. All posts were filled in the 2023/24 year and 2024/25 year across 2 cohorts commencing August and February. It is anticipated that this will be the case for the 2025/26 academic year with 115 anticipated to commence in August 2025.

There were 396 posts advertised to commence in August 2024 and the overall recruitment fill rate was 93%. Recruitment has recently concluded for August 2025 with 96% (401 of 414 posts advertised) currently appointed.
The numbers of F2s entering specialty training immediately following foundation training remains low. Data from SLE indicated that 8.05% of F2s who completed in August 2024 entered GP or Specialty training in NI. August 2025 recruitment data is being finalised and analysed.

NIMDTA rigorously assesses the performance of trainees through the Annual Review of Competency Progression (ARCP) process.

For the 2024-25 academic year, this was a total of 2,510 trainees of which; 1,815 were Specialty trainees, 603 were Foundation trainees and 92 were Dental Trainees.

The ARCP Outcome Summary for 2023/24 academic year indicated that 1805 satisfactory outcomes were recorded (note: some trainees are in dual training programmes) including 495 who completed a core or specialty training programme. There were 78 trainees awarded an Outcome 2 (development is required without additional training time), 86 trainees awarded Outcome 3 (development and additional training time required) and 4 trainees received an Outcome 4 (released from training). Revalidation is the process by which all licensed doctors are required to demonstrate, on a regular basis, that they are fit to practise in their chosen field and able to provide a good level of care. As the Designated Body for postgraduate medical trainees in Northern Ireland, NIMDTA continues to make recommendations to the GMC regarding revalidation of medical trainees and confirm that there were no unaddressed concerns about a trainee's fitness to practise. Recommendations to revalidate are based on evidence reviewed at ARCP panels, usually over a two-year period, and information drawn from the LEP clinical governance systems.

During 2024-25, positive recommendations were made for 551 doctors in training (including both GP and Hospital Specialty Trainees) bringing the total number of positive recommendations for doctors in training in Northern Ireland since revalidation began to 6,149. There were no doctors in training who required notification to the GMC of nonengagement with the revalidation process in 2024-25.

6.9.1.3 Current and forecast position of domestic sources of recruits

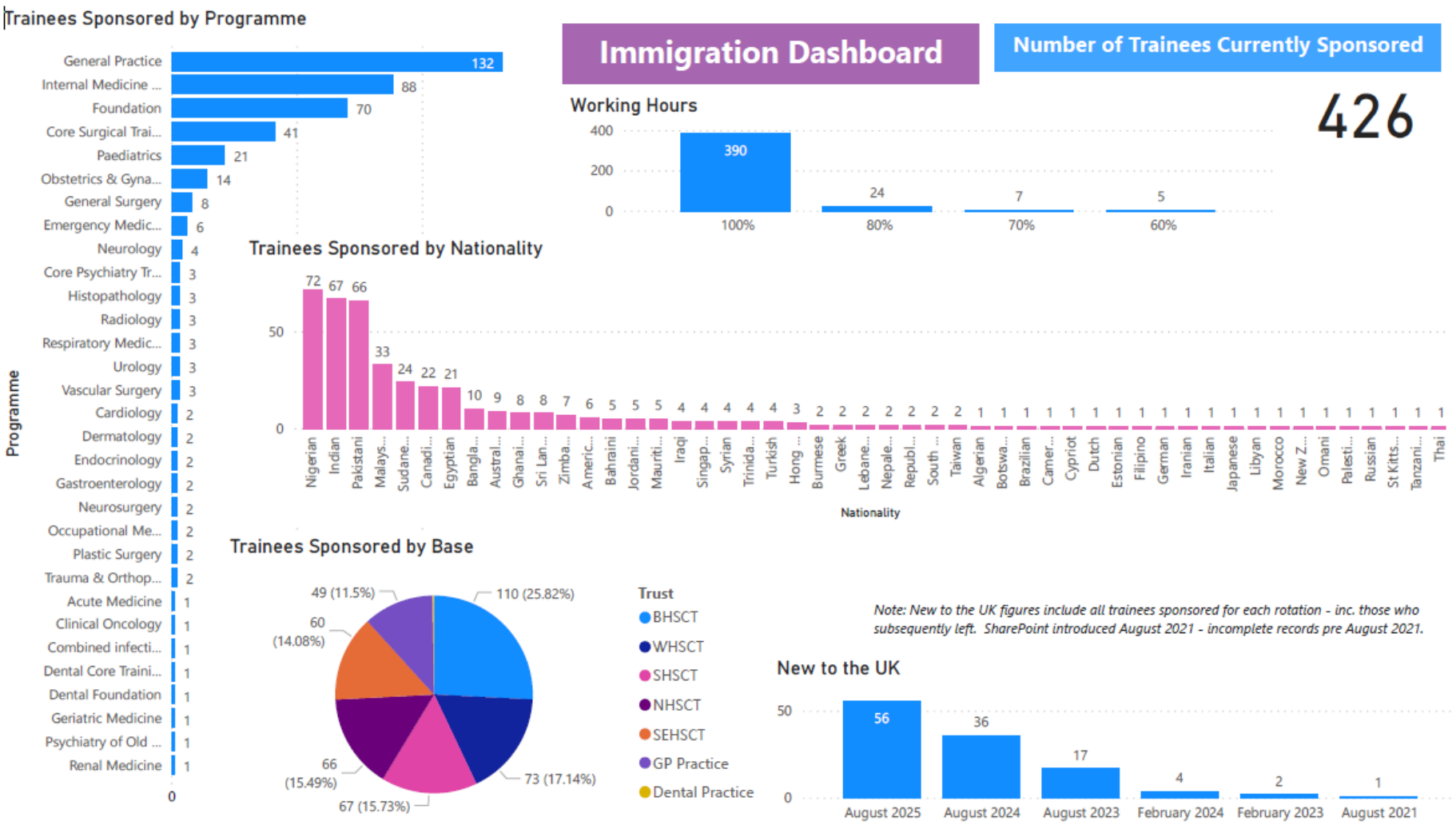
Northern Ireland is reliant on attraction of doctors who have qualified outside Northern Ireland to fill training programmes and provide healthcare service. This applies both to the supply of general practitioners and specialists. Potential recruitment sources include the use of international medical graduates (IMGs) who may or may not have previous experience working within the NHS or HSC.

NIMDTA is reliant on recruitment of non-NI graduates in order to fill its training posts. Aside from the implications of having insufficient trained general practitioners and specialists, incomplete training programmes result in rota gaps and service pressures and make the training experience less attractive and fulfilling for those doctors who have committed to postgraduate training.

There has been an increase over the past few years in the number of trainees requiring a visa to commence in a training programme in Northern Ireland. In August 2021 there were 61 new trainees requiring visa sponsorship to commence training (total 181 trainees requiring visa sponsorship) this increased to 369 in August 2024 which included 188 new trainees.

Currently there are 426 trainees requiring visa sponsorship (position at 18 September 2025 – see below breakdown across specialty programmes.

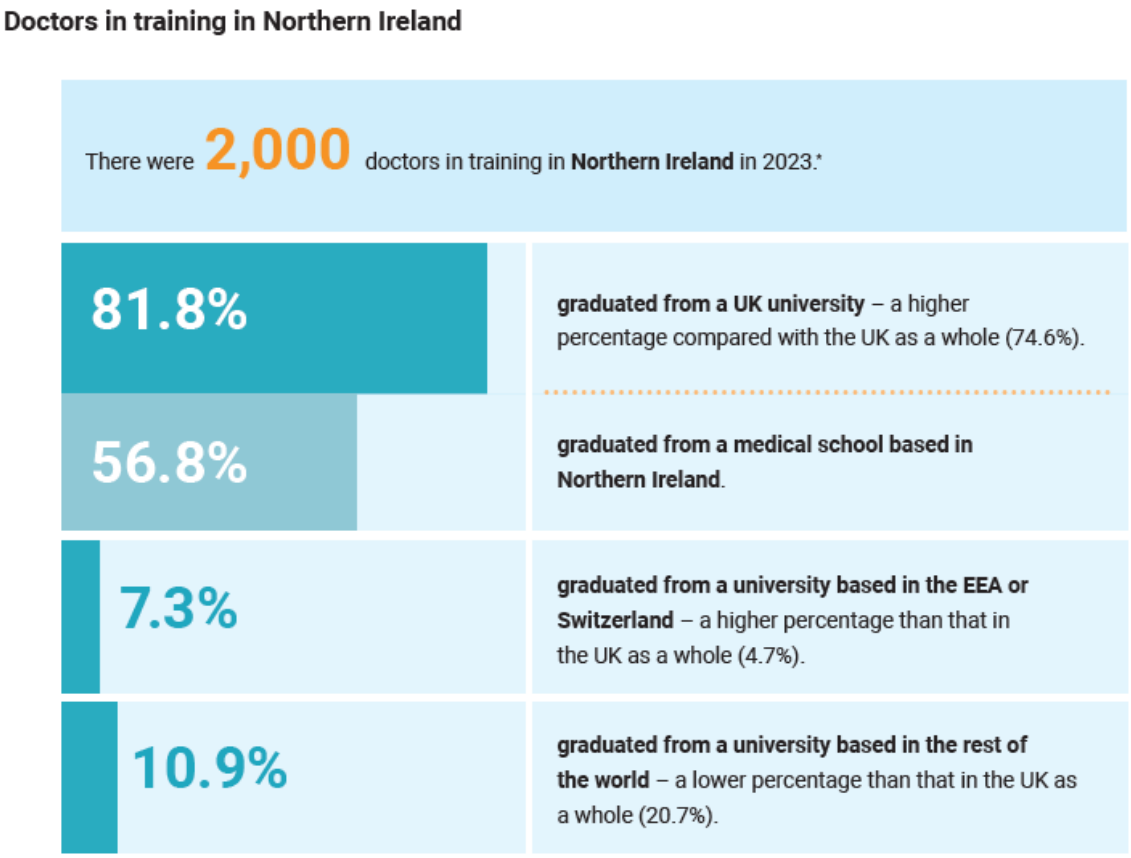
Chart 13 - Breakdown across specialty programmes



Source DOH Workforce Development Unit

Data on the PMQ of doctors in training extracted from the GMC document 'Our work in Northern Ireland 2023' published in September 2024 is at chart 14 below.

Chart 14 – Doctors in training in NI



Source GMC Our Work in Northern Ireland 2023

6.9.1.4 Trends in the numbers progressing through various stages of training, and whether getting to various stages of training is taking longer than previously

Data is not held on medical numbers. Dental rates are detailed in Table 59

Table 59 - DCT Fill Rate for NI following National Recruitment, 2020/21 – 2025/26

Dental Core Training	2025-26	2024-25	2023-24	2022-23	2021-22	2020-21
DCT 1	8	8	8	6	6	10
DCT 2	5	6	6	5	8	8
DCT 3	2	2	2	2	2	3
ACF Post	1	0	0	1	1	0
Total DCTs in post	17	17*	16	14	17	21
Total posts available	23	23	19**	23	23	22
Total vacant posts	6	**6**	**3**	**9**	**6**	**1**
Fill Rate %	74	**74**	**84**	**61**	**74**	**95**

* Fill rate following close of national recruitment
** 19 posts available due to 3 longitudinal posts (2 year posts)
Source DOH Workforce Development Unit

Table 60 – Specialty recruitment

Specialty Recruitment	Recruitment 2025	Recruitment 2024	Recruitment 2023	Recruitment 2022	Recruitment 2021
Specialty 1	Oral Surgery	Oral Surgery	Post CCST Orthodontics	Paediatrics	DPH
Posts available	1	1	1	1	1
Posts Filled	1	1	1	1	1
Specialty 2	Restorative	Restorative	n/a	n/a	Oral Medicine
Posts available	2	1	0	0	1
Posts Filled	2	1*	0	0	1
Specialty 3	Post CCST Orthodontics	Post CCST Orthodontics		n/a	Oral Surgery
Posts available	2	1		0	1
Posts Filled	2	1		0	1

** Candidate withdrew after post acceptance*
Source DOH Workforce Development Unit

6.9.1.5 Resident doctor fill rates by region and specialism

The vacancy rate for August 2025 is 9%

Table 61 Vacancy rate by region August 2025

HSC Trust	Overall Posts	Overall Fill	Overall Vacant	Overall % Vacant
Belfast HSC Trust	867	773	94	11
Northern HSC Trust	301	278	23	8
South Eastern HSC Trust	309	286	23	7
Southern HSC Trust	286	268	18	6
Western HSC Trust	278	254	24	9
Total HSC Trusts	**2041**	**1859**	**182**	**9**

Source DOH Workforce Development Unit

Vacancies by Speciality Group data will not be available till October 2025. This will be supplied after the report is submitted.

6.9.1.6 Post graduate training fill rates

For medical fill rates see above (Resident doctor fill rates by region and specialism). For dental fill rates for the Training year 2025-26

Table 62 - Dental

Dental Foundation Training	2025-26
Foundation Dentist	**28**
Academic Trainee	**2**
Fill Rate %	**100**

Source DOH Workforce Development Unit

6.9.1.7 Trends in average working hours for doctors and dentists in training

For medical currently 82.35% (1656) of trainees work full time with 17.65% (355) working Less Than Full Time (LTFT). This has reduced from the last submission in October 2024 when 24% (411) were working less than full time.

Data presented in the table below is taken from current SLE HRPTS Staff in Post reports (May 2025).

Table 63 – Average Contracted Hours (HPW)

	Average Contracted Hours (HPW)								
	All Date			Female Data			Male Data		
	Average	Median	Mode	Average	Median	Mode	Average	Median	Mode
F1	39.65	40.00	40.00	39.53	40.00	40.00	39.81	40.00	40.00
F2	39.30	40.00	40.00	38.93	40.00	40.00	40.00	40.00	40.00
Core	38.73	40.00	40.00	37.52	40.00	40.00	39.87	40.00	40.00
Specialty	36.71	40.00	40.00	35.57	40.00	40.00	38.44	40.00	40.00

Source DOH Workforce Development Unit

For dental 3.5% (2) dental trainees working Less than full time, across the three training programmes.

6.9.1.8 Initiatives being deployed to attract DDiT to work in particular specialties or geographical areas

Doctors and dentists in training are allocated to training programmes which rotate across all HSC Trusts. Some programmes such as GP training allocate to a geographical area. The allocation process for dental was reviewed in 2024 and it was agreed that places would be allocated by geography into 3 schemes (Annex B). Numbers per scheme are based on the percentage of practices in each geographical area as per the BSO dental practice list.

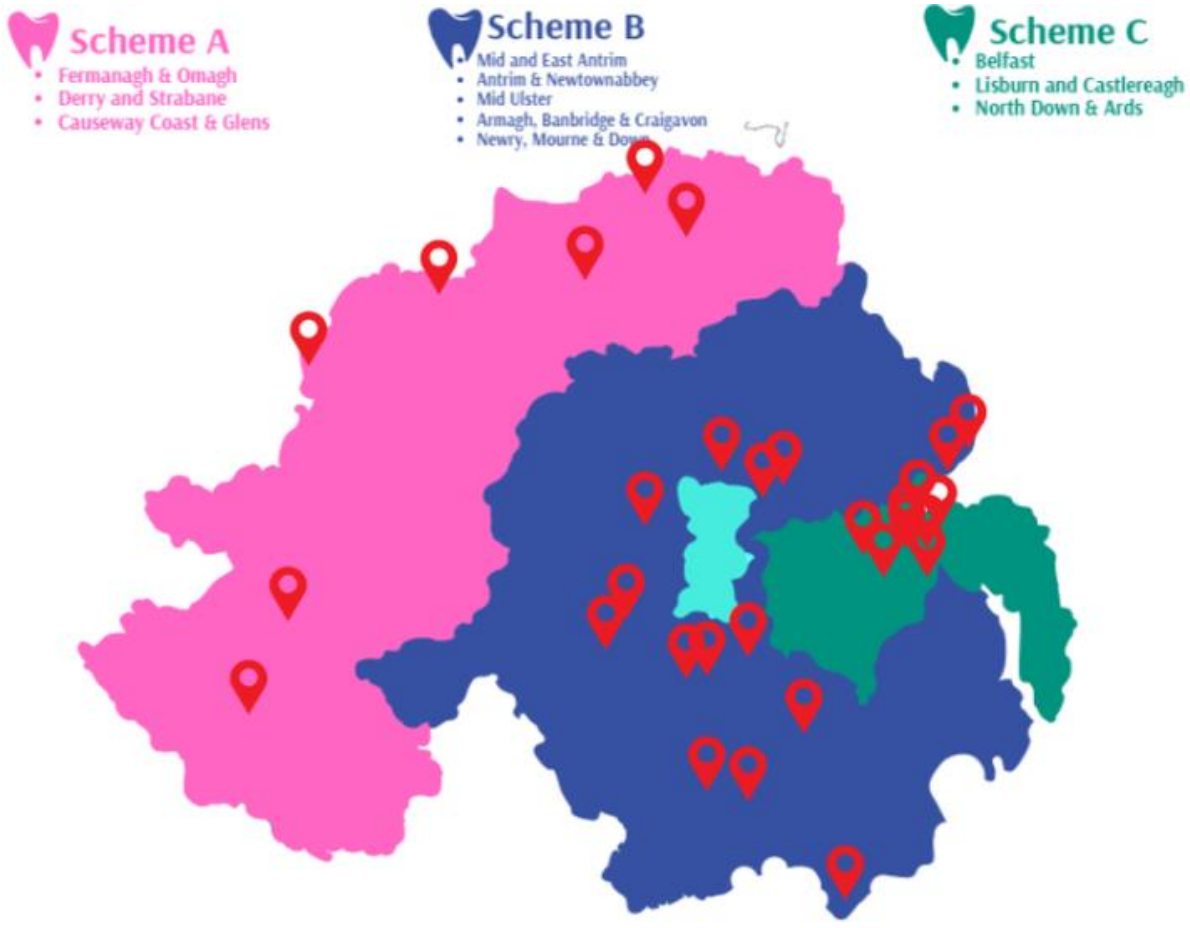
Table 64 – Numbers of places available in each geography scheme

Scheme	Number of places available
Scheme A	6 places
Scheme B	12 places
Scheme C	12 places

Source DOH Workforce Development Unit

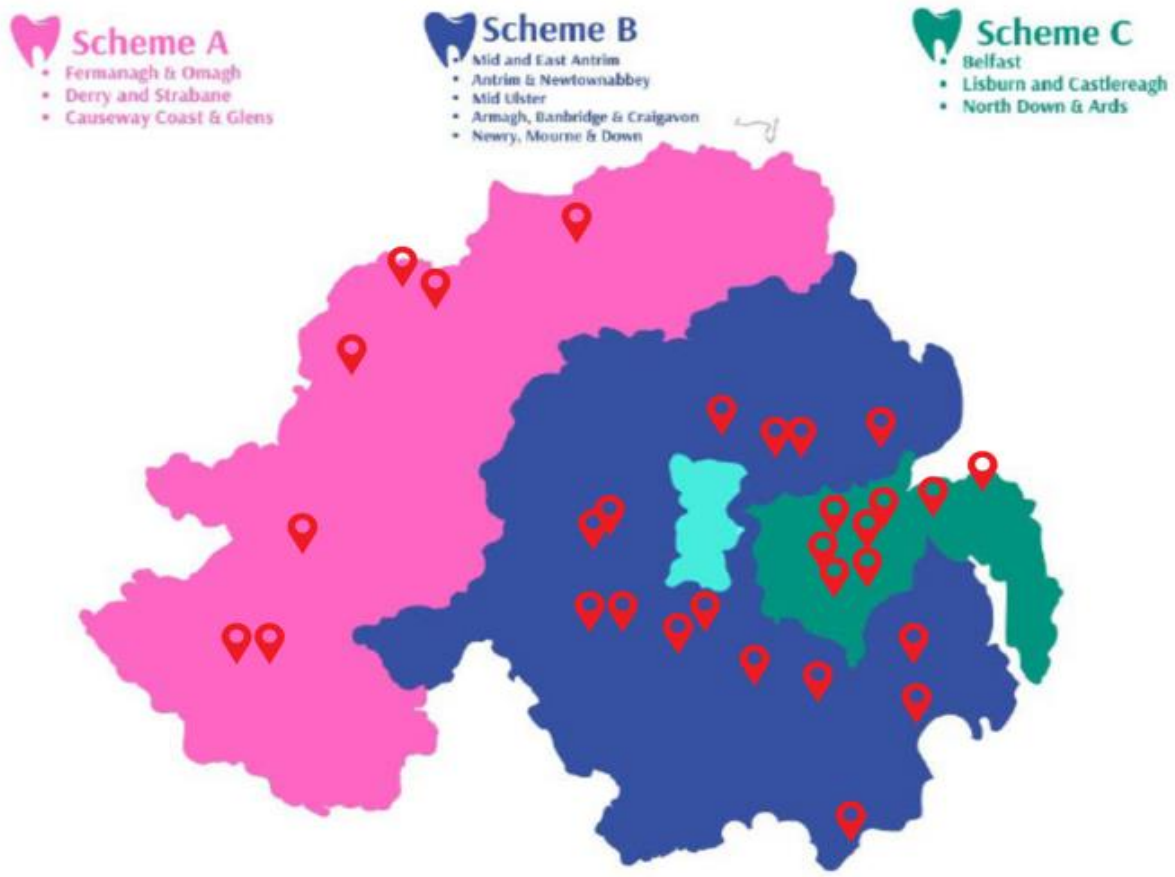
The shift in distribution of practices following implementation is demonstrated below

Chart 15 - Distribution 2024-2025



Source DOH Workforce Development Unit

Chart 16 - Distribution 2025-2026



Source DOH Workforce Development Unit

6.9.1.9 Average UCAS scores for those starting on medical and dental degrees

The table below shows the average tariff score for students in Year 1 Undergraduate Degree in Medicine and Dentistry at Queens University Belfast in 2024 - 25. Data for 2025/26 is not available at present.

Table 65 - Average tariff score for students in Year 1 Undergraduate Degree in Medicine and Dentistry in 2024-25

UG Degree	Average Tariff
Medicine	193.5
Dentistry	183.2

Source: 2024-25 Provisional Data Futures return (3 July 2025)

For noting, in terms of UCAS tariff, the A-level grades to UCAS tariff points value ascribed by the UCAS tariff calculator is as follows: A* = 56; A = 48; B = 40; and so on.

QUB annual intake on both subjects is of a very highly qualified applicants often well exceeding the stipulated academic entry requirements and taking more than the required 3 A-levels that they get points for.

The Department has observed that, with respect to NI candidates, this has resulted in an increasing percentage of females gaining entry to QUB (now an outlier across the UK) and a potential narrowing of the socio-economic family profile given the composition of the selective Grammar Schools from which successful A-level students are drawn.

The conditions for entry to University of Ulster's graduate entry medical programme are that the applicant should have a 2:1 Honours degree in any discipline or Masters qualification at a minimum of 60% overall. Whilst required for entry, degrees do not attract UCAS tariff points.

6.9.2 Single Lead Employer (SLE) NIMDTA

6.9.2.1 The benefits of SLE on the employment relationship with Trainees

SLE has received overwhelmingly positive feedback regarding the employment relationship with trainees provided via Exit Surveys, Email Signature Surveys, Engagement Sessions with trainees in Host Organisations, and via LNC. Some comments taken from exit survey responses are included below:

- *'Good organisation can be easily approached for any concerns and reply in good time'.*
- *'Although as trainee we are rotating in different trust, but putting all the employment query and issues under the control of one organisation facilitates things more smoothly'.*
- *'SLE has provided all necessary guidelines and support throughout my training and I am extremely happy with the training provided'.*

- *'Much smoother transition between jobs from a form filling perspective and less errors and issues with tax codes. Less stressful changeover overall'.*
- *'It's been excellent. A major issue with rotational training was having to fill in pre-employment forms and band details etc. Also very often we were put on the wrong tax code etc'.*
- *'SLE has streamlined this and made moving between jobs very straight forward'.*
- *'SLE/NIMDTA : both of them supported me very well during my training. It was an amazing experience to work in NI. Wishing to get back soon. Thank you so much'.*
- *'SLE has remained responsive and helpful with queries and questions that I've had during training, one aspect that I do believe could be improved on is assistance and advice for individuals who are new to NI and struggling with relocation'.*
- *'Good to have a single point of contact for employment-related questions however sometimes replies are not always in a timely manner. Strike-related pay deduction is still an ongoing issue'*.

Poor response times inevitably create a negative impression, and this is an area of concern as it covers most of the negative feedback / complaints received by SLE. However, for context during the April 2024 – April 2025, SLE generic email inboxes handled 30,0067 email enquiries. This is not an accurate account of emails received though, as it does not take into consideration emails sent to individual SLE team members.

6.9.2.2 The relationship between host organisations and the SLE

The relationship between host organisations and the SLE varies across the HSC.

To promote a collaborative working relationship with Host Organisations SLE holds regular formal meetings (usually quarterly, but also on a needs basis) with Host Organisations. These meetings mostly cover operational issues and attempt to resolve issues that arise involving RDDiT concerns etc. Ad hoc meetings / teams calls are scheduled iro individual matters arising.

To aid communications and promote consistency each Host Organisation has a named point of contact within the SLE team and SLE set up sharepoint site, with dedicated links for each Host Organisation.

SLE hosts a number of regional groups, the objective of which is to streamline / promote consistency & standardisation where possible / develop regional procedures etc.

Communication issues, poor levels of co-operation & other concerns remain. For example: SLE has identified several opportunities to enhance the Staff In Post (SIP) reporting process. Key areas include improving the timeliness of report sign-off in line with audit recommendations and establishing clearer points of contact to streamline query resolution. In some Trusts, there is uncertainty around responsibilities for staff not directly employed by them, which can hinder information sharing. Additionally, earlier notification of leavers would support more effective oversight and continuity

SLE has introduced the following changes in order to address problems with the lack of Host Organisation (HO) sign off of SIP reports and the subsequent challenges encountered when trying to progress these:

- Amended email instructions to HOs to provide greater clarity regarding expectations. This includes confirmation regarding the information that needs to be checked, with particular emphasis on high risk factors, the inclusion of a return by date, and escalation points.
- Issue of a follow up email reminder.
- Upon receipt of queries from each HO, a follow up email is issued confirming that corrections have been made (if applicable) and/or clarification has been provided, and seeking confirmation that having reviewed corrections/clarifications would they now approve the SIP.
- Amended email also confirms that in the event that an HO does not have any queries regarding the content of the SIP and are content with the accuracy of the report, they are still required to confirm their approval of the SIP.
- Amended email communications also highlights that NIMDTA will not be held liable for any overpayments arising from unapproved SIPs.

Escalation points will vary from HO to HO. NIMDTA's Chief Executive has undertaken to raise with HO Chief Executives for absolute clarity regarding the points of contact in each HSC Trust, and once confirmed this will be written into the email / SIP approval procedure.

6.9.3 Contract reform

As part of the pay offer to resolve 2023/24 pay issues which was agreed on 27th January 2025, the Department and BMANI committed to enter into contract reform discussions.

Since June 2025 , the Department of Health, the Host organisation, the SLE and the British Medical Association Northern Ireland (BMANI) Residents Committee have been engaged in discussions to identify key areas of agreement and prioritise themes to guide the upcoming negotiations.

6.9.4 Details of actions to improve trainee experience

6.9.4.1 Medical

Following the 2018 publication of the HSC Workforce Strategy 2026, the DoH established a Strategic Group to Enhance the Quality of Medical Education in Northern Ireland (SGEQMENI) which was reactivated post-pandemic in 2022.

With representation from DoH, NIMDTA, QUB, UU, trainees and HSC Trusts, the Group aims to enhance the quality of undergraduate and postgraduate medical education in Northern Ireland by strategic planning, collective working as a system and innovative approaches in order to make NI an attractive place to learn and practise medicine and to ensure that Northern Ireland has the medical workforce to meet the needs of the population.

Below is an update on SGEQMENI recommendations which were implemented following endorsement by HSC CEOs and PTEB in March 2024. (*note – Recommendation 7 relates to SAS rather than trainees*):

Recommendation 1: Employers mandate SDT of an initial one hour per week (which could be combined into one afternoon per month) as the first step to reach, over time,

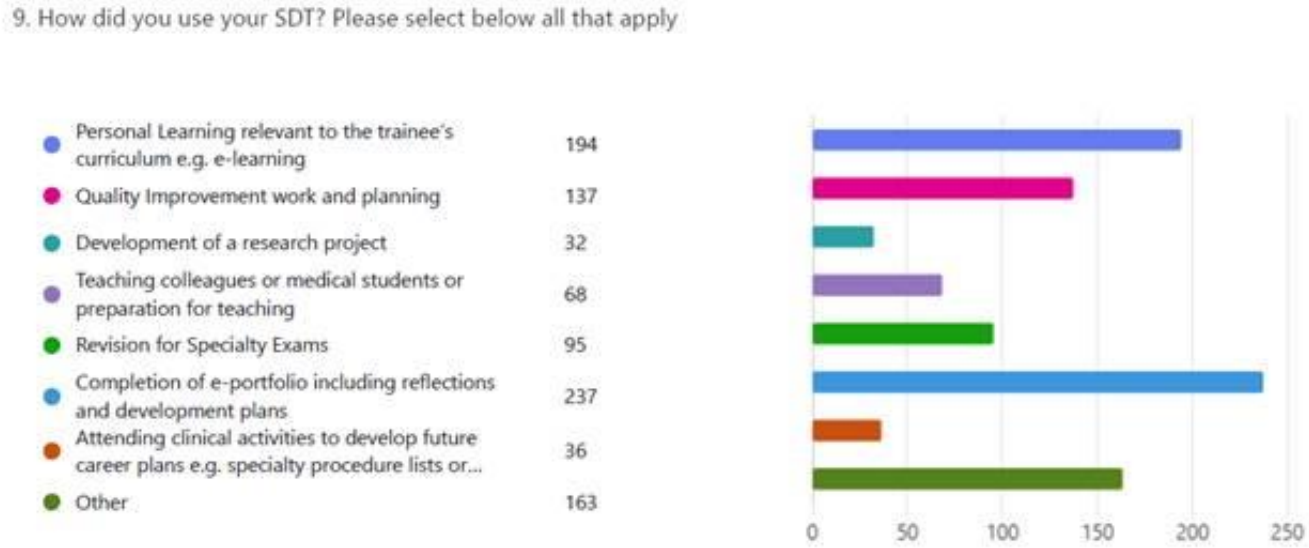
an ultimate objective that would mark out HSC as an exemplar of good practice across the UK; for example, 20% per week.

LEPs agreed that all doctors enrolled in Postgraduate Training programmes in Northern Ireland will have facilitated access to protected time for educational self-development. This initial one hour per week commenced in August 2024 as the first step towards a longer term objective for some higher Specialty Trainees of 1 day per week, similar to what is offered to some non-training Trust-based Clinical Fellow posts. This would identify the HSC as an exemplar of good practice across the UK. Guidelines for Protected Self Development Time (SDT) for Trainees was developed by NIMDTA and shared with HSC Trusts, trainees and trainers in advance of August 2025.

Update: NIMDTA completed trainee survey for initial feedback on implementation during January and February 2025. Progress in practical implementation is also being monitored and reviewed by NIMDTA's Quality Management Processes.
447 responses across all grades and programmes

Almost 50% said they did access 1 hour per week or equivalent (1 afternoon per month): 213 Yes; 205 No; 29 other

Chart 17 - Details on how used:



Source DOH Workforce Development Unit

Good practice if allocated in rota – trainees keen to progress this and to increase to one afternoon per fortnight. Plan to review with examples of good practice – DoH establishing appetite for expansion from August 2025.

Recommendation 2: LEPs commit to "fair and timely rota design" for doctors in training

LEPs will provide the 6-week lead time for notification of rotas set out in the Northern Ireland Code of Practice for Postgraduate Medical Training developed by DoH and BMA and Trust staff (Medical HR/rota co-ordinators and Postgraduate administrators) were reminded of responsibilities under the Code of Practice. DoH established a Regional Resident Doctor Rota Working Group to monitor and review practices around notice periods for rotas, and to share good practice regarding both rota design and notice. The working group met in November 2024 with representation from Trust HRDs, Medical Workforce, NIMDTA SLE and Education teams, in addition to trainee representation. Discussions are taking place regionally to consider if a regional rota app could be establish and implemented across all Trusts.

Update: Feedback from Trainee Forum indicates that there remain issues in releasing rotas on time. This was evident across a range of Trusts and specialties – no trends. DoH plan to reactivate rota monitoring group to develop regional guidance and general principles to establish why there are challenging in meeting this Code of Practice responsibilities.

Recommendation 3: LEPs to commit to work to improve the provision of rest and on-call facilities for doctors in training.

Update: Notable progress is being made in a number of Trusts. Examples include SET rest pods at Ulster Hospital, WHSCT on call facilities and rest facilities within units and BHSCT Mater mess facilities.

Recommendation 4: DoH initiates discussion with NIMDTA and HSC Trusts to a trial of over-recruitment into a medical specialty training programme.

Update: Feedback from Trusts was during the 2024/25 academic year to consider if this has assisted with alleviation of service pressures; improved trainee experience and reduced Medical Locum expenditure across Trusts. This will continue for 2025 intake with 17 additional doctors across 4 Trusts. Feedback in Autumn following commencement of 2nd cohort and consider expanding for other programmes.

Recommendation 5: NIMDTA will actively support Less than Full Time Training (LTFT) as an option across all NIMDTA medical training programmes

Update: NIMDTA and LEPs continue to support and proposals to recruit to WTE is being considered across some programmes such as psychiatry.

Recommendation 6: DoH to facilitate the development a of transparent methodology for the review of the current distribution of medical training posts across Northern Ireland and how these align to service delivery.

It was agreed that DoH, in collaboration with Trust CEOs, would develop a methodology on the distribution of medical training posts and agree a specialty to pilot usage. Psychiatry was identified as an initial pilot to develop the distribution methodology. The DoH arranged two half-day workshops involving senior representatives of all HSC Trusts with the specific objective of developing a distribution methodology to be applied in this programme. Update: DoH will be issuing guidance to Trusts on how this will be taken forward.

Recommendation 7: NIMDTA continues to lead work on supporting the cohort of SAS Doctors.

NIMDTA appointed an Associate Dean for Career Development in December 2023 – significant amount of work taken forward in this area. This includes training events and webinars to support this cohort, an inaugural SAS Recognition Awards event and launch of a SAS Professional Development Funding for SAS doctors and dentists for training that will benefit the applicant by extending their skills or roles enabling them to develop new or improve existing services.

Recommendation 8: LEPs provide the opportunity of two-week job shadowing for doctors in training who have required a Certificate of Sponsorship to join the HSC. This is one of the initiatives within the N2NI workstream.

Update: There has been a lot of progress with this initiative particular over the past 12 months. Following a pilot in August 2024, feedback indicated that shadowing is a desired initiative for those about to commence work in NI, particularly among those who have no prior experience of working in the UK. This was offered to all trainees new to UK practice in February and August 2025. Clinical Supervisor guidance and a Checklist was developed and distributed to all recognised trainers and Trusts to further structure work shadowing.

A Regional Enhanced Induction was piloted in August 2024 and Feb 2025 included more focus on palliative care based on feedback. From August 2025 this will expand to 2 days to include SIM based education.

N2NI trainees are invited to a Welcome Webinar event and directed to N2NI resources and updated guidance on NIMDTA's website. Regional Enhanced Induction
The first culture night took place on 5 June at 2 Royal Avenue with HSC staff, doctors and dentists in training and their family members invited.

6.9.4.2 Dental

A comprehensive range of initiatives has been introduced to support and enrich the experience of dental trainees across all levels of training in Northern Ireland. These include:

- Welcome Evening
- Extended Induction
- Teamwork Day
- Specific Overseas Induction
- Opportunities in Academic and Leadership Out of Programme (OOP)
- Study Leave and Career Development Support

- Trainee Surveys
- Regular Engagement with Directors of Medical Education
- Quality Team Visits and Follow-Up
- Inter-Deanery Transfers
- Professional Support and Wellbeing Services

6.9.4.3 SLE

In addition to the recommendations of the SGEQMENI noted above, please note the following other sources of evidence and actions arising.

Information re trainee employment experience is gathered by SLE from a number of sources:

- Employee Relations activity
- SLE Exit Surveys; SLE Engagements events
- LNC feedback
- signature satisfaction surveys.

SLE have established and led regional working groups to develop standardised procedures across Host Organisations that aim to improve RDDiT working lives. SLE plays a proactive role in supporting staff by escalating concerns to the appropriate management within Host Organisation

SLE have developed an Information Hub and promote this at every opportunity as a helpful resource for information relevant to the employment experience.

6.9.5 Trends in average working hours DDiT

Currently 82.35% (1656) of trainees work full time with 17.65% (355) working LTFT. This has reduced from the last submission in October 2024 when 24% (411) were working less than full time.

The data in table 66-71 shows the SLE's HRPTS Staff In Post report (May 2025) re the percentage of trainees working Full time, and Less Than Full Time. This represents current average working hours, and how this has changed over the last 3 years.

Data covers the different training grades and is broken down by male / female.
The second table evidences average, mean and mode hours worked by LTFT trainees, as per HRPTS data (current SIP – May 2025).

Table 66 - 71- Data from SLE HRPTS re staff in post reports (May 2025)

	September 2022 Census		September 2023 Census			September 2024 Census			May 2025 Census		
	Female		Female		2022/2023	Female		2023/2024	Female		2024/25
	FT%	LTFT%	FT%	LTFT%	Annual % +/-	FT%	LTFT%	Annual % +/-	FT%	LTFT%	Annual % +/-
F1	97.24	2.76	96.59	3.41	123.41	95.98	4.02	118.01	95.93	4.07	101.24
F2	93.63	6.37	96.74	3.26	51.20	94.53	5.47	167.83	92.15	7.85	143.51
Core	86.75	13.25	84.91	15.09	113.89	80.77	19.23	127.40	76.40	23.60	122.72
Specialty	69.60	30.40	64.78	35.22	115.85	60.56	39.44	111.99	59.37	40.63	103.02
Totals	79.04	20.96	76.25	23.75	113.32	72.97	27.03	113.81	71.44	28.56	105.66

Source DoH Workforce Development Unit

	September 2022 Census		September 2023 Census			September 2024 Census			May 2025 Census		
	Male		Male		2022/23	Male		2023/24	Male		2024/25
	FT%	LTFT%	FT%	LTFT%	Annual % +/-	FT%	LTFT%	Annual % +/-	FT%	LTFT%	Annual % +/-
F1	98.92	1.08	100.00	0.00	0.00	98.48	1.52	200.00	97.66	2.34	153.95
F2	100.00	0.00	98.84	1.16	101.16	97.17	2.83	243.40	100.00	0.00	41.09
Core	97.18	2.82	97.40	2.60	92.21	96.52	3.48	134.08	98.45	1.55	44.54

Specialty	91.07	8.93	88.19	11.81	132.28	84.47	15.53	131.52	82.92	17.08	109.98
Totals	94.13	5.87	92.30	7.70	131.23	90.36	9.64	125.22	90.08	9.92	102.90

Source DoH Workforce Development Unit

	September 2022 Census		**September 2023 Census**			**September 2024 Census**			**May 2025 Census**		
	Total		**Total**		**2022/23**	**Total**		**2023/24**	**Total**		**2024/25**
	FT%	**LTFT%**	**FT%**	**LTFT%**	**Annual % +/-**	**FT%**	**LTFT%**	**Annual % +/-**	**FT%**	**LTFT%**	**Annual % +/-**
F1	97.81	2.18	97.79	2.21	100.74	97.06	2.94	133.33	96.67	3.33	113.27
F2	96.30	3.70	97.41	2.59	70.00	95.44	4.56	175.90	94.77	5.23	114.69
Core	91.56	8.44	91.05	8.95	105.97	89.03	10.97	122.58	87.77	12.23	111.49
Specialty	98.39	21.61	74.15	25.85	119.62	70.02	29.98	115.98	68.68	31.36	104.60
Totals	85.21	17.35	82.63	17.37	100.12	80.19	19.81	114.02	79.11	20.89	105.45

Source DoH Workforce Development Unit

	LTFT Data (HPW)		
	Average	**Median**	**Mode**
All	29.45	32.00	32.00
Female	29.07	32.00	32.00
Male	31.01	32.00	32.00

	Female LTFT Data		
	Average	**Median**	**Mode**
F1	28.57	32.00	32.00
F2	26.67	32.00	32.00
Core	29.52	32.00	32.00
Specialty	29.14	32.00	32.00

	Male LTFT Data		
	Average	**Median**	**Mode**
F1	32.00	32.00	32.00
F2	40.00	40.00	40.00
Core	32.00	32.00	N/A
Specialty	30.94	32.00	32.00

Source DoH Workforce Development Unit

6.9.6 Leavers

NIMDTA is currently establishing systems to record attrition rates across programmes. There has been an increase in the number of Interdeanery Transfer (IDT) requests to other regions. This was introduced to support doctors in training who had a significant change in circumstances since accepting a training programme offer which required them to transfer to another region. The process has changed, and trainees can now apply for an IDT once they have accepted a training programme offer prior to commencing training in a region. Since Aug 2022 the criteria has been widened to allow applicants to request a transfer to another region without the need to demonstrate any change to their personal circumstances. IDTs can only be accommodated if there are suitable posts available to facilitate the request and therefore a large number of eligible applicants are unable to be accommodated in their region of preference - see the following tables.

Table 72 - IDT Window 2025 (Feb 25 & Aug 25)

Source Workforce Development Unit

IDT Window 2025 (Feb 25 & Aug 25)					
Overall number of outgoing applications	**Overall number of incoming applications**	**Number of successful outgoing applications**	**Number of successful incoming applications**	**Specialties - Outgoing**	**Specialties - Incoming**
54	23	23	5	1 x Internal Medical Training 2 x Clinical Radiology 1 x Urology 1 x Paediatrics 1 x Cardiothoracic Surgery 1 x Clinical Radiology 6 x GP 1 x General Surgery 1 x Immunology 5 x Internal Medicine Training 3 x O&G	1 x GP 1 x Public Health 1 x O&G 1 x Anaesthetics 1 x T&O 1 x Ophthalmology

Table 73 - IDT Window 2024

Source Workforce Development Unit

IDT Window 2024					
Overall number of outgoing applications	**Overall number of incoming applications**	**Number of successful outgoing applications**	**Number of successful incoming applications**	**Specialties - Outgoing**	**Specialties - Incoming**
35	25	14 - 1 Trainee declined the IDT so overall **13**	14 (1 declined the offer so overall **13**)	2 x Core Surery 1 x GP 5 x IMT 1 x Neurology 1 x Neurosurgery 2 x O&G 1 x Trauma And Orthopaedic Surgery	1 x Acute Internal Medicine 1 x Anaesthetics 2 x Clinical Radiology 1 x Core Anaesthetics Training 1 x Core Psychiatry 1 x Emergency Medicine 1 x Endocrinology 1 x GUM 1 x Internal Medicine Training 2 x Ophthalmology 1 x Trauma And Orthopaedic Surgery

Table 74 - IDT Window 2023

IDT Window 2023					
Overall number of outgoing applications	**Overall number of incoming applications**	**Number of successful outgoing applications**	**Number of successful incoming applications**	**Specialties - Outgoing**	**Specialties - Incoming**
30	17	16 - 3 Trainees declined the IDT offer so overall **13**	11 (1 Trainee declined the IDT offer so overall **10)**	1 x Core Psychiatry Training 1 x Emergency Medicine 6 x IMT 5 x O&G	1 x Child & Adolescent Psychiatry 1 x Emergency Medicine 1 x General Practice 1 x O&G 1 x Ophthalmology 3 x Paediatrics 1 x Public Health Medicine 1 x Respiratory Medicine

Source Workforce Development Unit

As indicated in the section above, 8% of F2s who completed in August 2024 entered GP or Specialty training in NI

SLE Exit Survey responses completed (date) by 44% of 416 leavers (183) indicated that 81% of respondents were leaving SLE employment due to the completion their training programme (therefore the end of their fixed term contract).
76% of respondents confirmed their future country of residence. Of those who provided a response:

- 70% of Foundation respondents indicated that they planned to remain in NI.
- 30% of Specialty respondents indicated that they planned to remain in NI.

This gives a total of 66% of respondents who suggested they would remain in NI. However, it is not possible for SLE to confirm the number / percentage of doctors who actually remained in NI.
Leavers' employment plans indicated via the SLE Exit Survey are detailed as follows:

- 42% of respondents confirmed they would be undertaking locum wor
- 15% of respondents confirmed they had achieved CCT and had been appointed to consultant positions
- 13% of respondents confirmed they planned to work outside of the UK
- 7% of respondents confirmed they would be continuing with training in another UK Deanery
- 5% of respondents confirmed they were taking up non-Training Medical posts, e.g., SAS positions.

6.9.7 Ethnicity & Gender Breakdown

Ethnicity pay information is provided in the following tables which illustrate May 2025 average, median and mode salaries. The reports provide for Full Time & LTFT, and both banded and unbanded salaries, and data is taken from SLE HRPTS SIP report (May 2025).

Table 75 - Ethnicity Breakdown Full Time Unbanded Salary

	May 2025 Fully Time Unbanded Salary Data											
	F1			F2			Core			Specialty		
	Average	Median	Mode	Average	Median	Mode	Average	Median	Mode	Average	Median	Mode
Bangladeshi							£38,780	£38,780	£38,780	£53,243	£53,243	N/A
Black African	£29,566	£29,566	£29,566				£42,622	£41,078	£41,078	£46,193	£41,078	£41,078
Black Carribbean	£29,566	£29,566	£29,566							£38,780	£38,780	£38,780
Black Other												
Chinese	£29,566	£29,566	£29,566				£40,159	£41,078	£41,078	£47,803	£47,394	£53,243
Filipino							£44,283	£44,283	£44,283	£60,261	£60,261	£60,261
Indian	£29,566	£29,566	£29,566				£44,600	£44,283	£41,078	£48,119	£48,563	£38,780
Irish Traveller										£57,921	£57,921	N/A
Mixed Ethnic Group	£29,566	£29,566	£29,566				£44,024	£44,283	£38,780	£49,238	£48,563	£41,078
No record	£29,566	£29,566	£29,566				£43,493	£44,283	£41,078	£50,117	£50,903	£50,117
Other	£29,566	£29,566	£29,566				£43,170	£42,681	£41,078	£48,653	£47,394	£41,078
Pakistani							£44,784	£44,283	£44,283	£50,662	£50,903	£60,261
White	£29,583	£29,566	£29,566	£36,450			£43,843	£44,283	£44,283	£49,576	£48,563	£48,563

Source Workforce Development Unit

Table 76 Ethnicity Breakdown LTFT Unbanded Salary

	May 2025 LTFT Unbanded Salary Data											
	F1			F2			Core			Specialty		
	Average	Median	Mode	Average	Median	Mode	Average	Median	Mode	Average	Median	Mode
Bangladeshi										£26,570	£26,570	£26,570
Black African				£29,097	£29,097	£29,097	£38,074	£38,074	N/A	£42,172	£43,530	£48,209
Black Carribbean												
Black Other										£32,357	£32,357	£32,357
Chinese										£34,608	£34,051	N/A
Filipino												
Indian							£36,979	£36,979	£36,979	£34,430	£32,862	£32,862
Irish Traveller												
Mixed Ethnic Group							£33,995	£33,995	N/A	£38,820	£37,915	N/A
No record	£19,218	£19,218	N/A				£36,034	£37,138	N/A	£38,655	£38,850	£30,542
Other							£34,921	£34,921	N/A	£36,654	£36,203	£38,850
Pakistani	£23,653	£23,653	£23,653	£21,823	£21,823	£21,823	£40,722	£40,722	£40,722	£37,565	£35,792	£44,466
White	£22,512	£23,653	£23,653	£25,048	£27,279	£29,097	£34,341	£35,426	£27,734	£38,572	£38,850	£36,979

Source Workforce Development Unit

Table 77 Ethnicity Breakdown LTFT Banded Salary

	May 2025 LTFT Unbanded Salary Data											
	F1			F2			Core			Specialty		
	Average	Median	Mode	Average	Median	Mode	Average	Median	Mode	Average	Median	Mode
Bangladeshi										£26,570	£26,570	£26,570
Black African				£29,097	£29,097	£29,097	£38,074	£38,074	N/A	£61,236	£62,007	£72,314
Black Carribbean												
Black Other										£48,536	£48,536	£48,536
Chinese										£50,083	£50,243	
Filipino												
Indian							£36,979	£36,979	£36,979	£50,331	£47,650	£47,650
Irish Traveller												
Mixed Ethnic Group							£33,995	£33,995	N/A	£57,065	£56,255	N/A
No record	£19,218	£19,218	N/A				£36,034	£37,138	N/A	£53,176	£51,368	£44,286
Other							£34,921	£34,921	N/A	£52,465	£51,569	£58,275
Pakistani	£23,653	£23,653	£23,653	£21,823	£21,823	£21,823	£40,722	£40,722	£40,722	£54,351	£53,024	N/A
White	£22,512	£23,653	£23,653	£25,048	£27,279	£29,097	£34,341	£35,426	£27,734	£54,802	£53,620	£53,620

Source Workforce Development Unit

Table 78 Ethnicity Breakdown Full Time Banded Salary

	May 2025 Full Time Banded Salary Data											
	F1			F2			Core			Specialty		
	Average	Median	Mode	Average	Median	Mode	Average	Median	Mode	Average	Median	Mode
Bangladeshi							£58,170	£58,170	£58,170	£79,864	£79,865	N/A
Black African	£48,291	£44,349	£44,349	£54,557	£54,557	£54,557	£67,988	£66,245	£66,245	£71,012	£69,336	£58,170
Black Carribbean	£44,349	£44,349	£44,349							£58,170	£58,170	£58,170
Black Other												
Chinese	£46,714	£44,349	£44,349	£57,587	£54,557	£54,557	£64,576	£61,617	£82,156	£70,628	£67,206	£76,345
Filipino							£79,709	£79,709	£79,709	£87,378	£87,378	£38,378
Indian	£47,728	£44,349	£44,349	£55,955	£54,557	£54,557	£68,870	£69,336	£61,617	£73,246	£71,264	£58,170
Irish Traveller										£67,185	£60.261	N/A
Mixed Ethnic Group	£50,262	£48,784	£44,349	£50,010	£54,557	£54,557	£69,914	£69,336	£69,336	£78,133	£74,600	£61,617
No record	£48,636	£44,349	£44,349				£69,770	£66,245	£61,617	£71,899	£70,466	£79,865
Other	£51,987	£53,219	£44,349	£54,314	£54,557	£54,557	£61,617	£66,425	£61,617	£73,949	£68,662	£66,425
Pakistani	£55,683	£59,132	£59,132	£59,103	£54,557	£54,557	£69,964	£69,336	£69,336	£79,412	£76,957	£87,378
White	£48,704	£44,349	£44,349	£52,778	£54,557	£54,557	£66,696	£66,425	£66,425	£73,847	£72,845	£72,845

Source Workforce Development Unit

Gender pay information is provided in the following tables which illustrate May 2025 average, median and mode salaries. The report provides both banded and unbanded salaries, and is taken from SLE HRPTS SIP report (May 2025).

Table 79-80- Gender pay gap

	WTE Unbanded Salary								
	All WTE			Female WTE			Male WTe		
	Average	Median	Mode	Average	Median	Mode	Average	Median	Mode
F1	£39,578	£29,566	£29,566	£29,587	£29,566	£29,566	£29,566	£29,566	£29,566
F2	£36,431	£36,371	£36,371	£36,464	£36,371	£36,371	£36,371	£36,371	£36,371
Core	£43,713	£44,283	£44,283	£43,347	£44,283	£41,078	£43,974	£44,283	£44,283
Specialty	£49,232	£48,563	£48,563	£48,470	£48,563	£48,563	£50,060	£50,903	£53,243
	WTE Banded Salary								
F1	£48,863	£44,349	£44,349	£48,617	£44,349	£44,349	£49,196	£49,196	£49,196
F2	£53,262	£54,557	£54,557	£52,396	£54,557	£54,557	£54,822	£54,557	£54,557
Core	£67,405	£66,425	£66,425	£66,620	£66,425	£69,336	£67,962	£66,425	£66,425
Specialty	£73,682	£72,845	£58,170	£70,549	£69,336	£58,170	£77.091	£76,355	£79,865

Source Workforce Development Unit

	LTFT Unbanded Salary								
	All WTE			Female WTE			Male WTe		
	Average	Median	Mode	Average	Median	Mode	Average	Median	Mode
F1	£21,967	£21,967	£21,967	£21,245	£23,653	£23,653	£23,653	£23,653	£23,653
F2	£24,645	£25,460	£29,097	£24,645	£25,460	£29,097	N/A	N/A	N/A
Core	£34,868	£35,426	£40,722	£34,628	£35,426	£40,722	£38,227	£40,722	N/A
Specialty	£38,506	£38,850	£44,486	£38,245	£36,979	£44,466	£39,445	£38,907	£36,979
	LTFT Banded Salary								
F1	£36,721	£36,721	£36,721	£35,563	£35,479	£35,479	£39,421	£35,479	£35,479
F2	£46,016	£43,646	£58,194	£46,016	£43,646	£59,194	N/A	N/A	N/A
Core	£48,494	£51,771	£45,813	£47,939	£50,532	£45,813	£56,262	£61,083	N/A
Specialty	£54,536	£56,619	£53,619	£53,737	£53,139	£63,620	£57,415	£56,333	£51,368

Source Workforce Development Unit

6.10 Terms and Conditions of Service - SAS Doctors and Dentists

Specialty, Associate Specialist, and Specialist (SAS) Doctors and Dentists form a vital part of the medical workforce in Northern Ireland, representing approximately 15% of the HSC workforce.

The Northern Ireland Medical and Dental Training Agency (NIMDTA) plays a central role in supporting the career development of SAS doctors and dentists across the HSC system in Northern Ireland. NIMDTA is committed to ensuring SAS doctors in Northern Ireland have access to structured, flexible, and rewarding career pathways, helping them contribute fully to patient care, leadership, education, and service development. The SAS grades in Northern Ireland have undergone significant reform with the introduction of new contracts in 2021. Under the old system, the 2008 Specialty Doctor contract and the now-closed Associate Specialist grade offered stability and flexibility but lacked clear career progression, modern pay structures, and formal recognition for leadership roles. In contrast, the 2021 reform introduced a revised Specialty Doctor contract and a new Specialist Grade, designed to enhance career development, improve pay, and provide structured pathways for advancement. The new contracts also promote leadership and educational opportunities. While the new grades offer many benefits, including better recognition and progression, they also come with more stringent entry requirements and may be implemented differently across trusts.

Table 81 headcount per Trust of staff on specialty doctor and specialist Grade as of May 2025

Trust	Specialty Doctor	Specialist Grade	Total
South Eastern	66	9	75
Southern	65	11	66
Northern	79	1	80
Belfast	43	12	55
Western	84	4	88

Source The statistical information above is from the regional Database of SAS NI, compiled by DOH from datashare with Trusts

The number of SAS doctors and dentists is now 655 in N.I. The data on number of SAS show an increase in overall numbers since October 2018 from 530 to 655 as at

June 2025 SAS doctors and dentists (24%).

Table 82 Headcount of SAS by grade

SAS Grade	2025
Associate Specialists	60
Specialists	38
Specialty Doctors	555
Staff Grade	2
Total	**655**

Source The statistical information above is from the regional Database of SAS NI, compiled by NIMDTA from datashare with Trusts. This may vary slightly from trust data due to different timing of compilation of the data.

Table 83 provides a comparative overview of current pay for SAS doctors in Northern Ireland for the 2024/25 financial year, alongside equivalent pay scales in England, Scotland and Wales. It offers insight into how remuneration for these roles aligns across the four nations, helping to inform workforce planning, recruitment, and retention strategies.

Table 83 SAS pay across the four nations 2024/25

Grade Contract	England	Wales	Scotland	Northern Ireland
Associate Specialist (2008)	£71,272 - £116,362	£73,198 - £120,488	£71,193 - £115,815	£71,612 - £116,922
Specialty Doctor (2008)	£51,260 - £94,306	£50,294 - £93,784	£50,780 - £94,689	£51,502 - £94,758
Specialist (2021)	£96,990 - £107,155	£96,900 - £107,155	£96,990 - £107,154	£96,990 - £107,155
Specialty Doctor	£59,175 - £95,400	£59,727 - £95,400	£61,690 - £96,129	£59,175 - £95,400

Source Northern Health and Social Care Trust

Key benefits of the 2021 Specialty Doctor and Specialist contracts, include more structured pay scales, access to professional development opportunities, and

strengthened terms and conditions that reflect the complexity and responsibility of their roles. The contracts also promote stability within the workforce, helping to retain skilled clinicians and improve continuity of care for patients.

SAS would also be an excellent resource for addressing waiting lists as they regularly deliver and have considerable expertise in the waiting list areas. Enabling SAS to carry out well remunerated WLI work is vital to addressing waiting times in NI and would be more cost efficient than independent sector transfer of work. The Department is engaging on work to review rates on offer for WLI.

In the south eastern trust it was noted that although 94% of SAS doctors staff voted for the new SAS 2021 **contract in NI and 68 SAS staff expressed an interest in moving to the new** contract in South Eastern H&SC Trust, only four SDs decided to proceed and move to the new 2021 SD contract during the window of opportunity and one other SD has subsequently moved in 2023. No Associate Specialists opted to move to the 2021 Specialist contract, as was not financially attractive. Following the pay deal reached in 2024, to date a further four doctors have opted to move over to the new contract.

6.10.1 SAS Associate Dean

An Associate Dean for SAS career development was appointed in December 2023. Alongside the Associate Dean, NIMDTA have appointed a Deputy Associate Dean and a Band 4 and Band 5 Executive officers.

Benefits of incorporating SAS career development into NIMDTA with the appointment of the A.D. include:

- Governance structure for SAS Career development programme and funding N.I.
- Establishment of a regional database of SAS Doctors and dentists. This facilitates communication, provides data which is used at regional and national level

- Establishment of SAS webpages on NIMDTA website with signposting to useful information for SAS, advertising of career development opportunities and training courses
- Provision of a rolling career development programme for N.I. SAS Doctors and dentists with workshops and webinars, eLearning, an inaugural SAS recognition Awards Event, Portfolio Pathway virtual event in partnership with the GMC and 8 Royal colleges, a SAS Leads training and team building day.
- Representing SAS at NIMDTA and advocating for educational roles to be open to SAS applicants.
- Engaging with NIMDTA staff around incorporating alternative career pathways to career advice provided to undergraduate and postgraduate medics at all stages
- Overseeing the NI SAS development fund budget including introduction of bespoke applications by SAS to the fund to improve patient care, support career development, and innovative solutions.
- Representation of N.I. SAS regionally and nationally to Trusts, Department of Health, GMC, Colleges, COPSAS, COPMED, NHS England, AoMRC.

6.10.2 SAS Advocate Role

At present none of the trusts have a SAS Advocate in place. Implementation was previously delayed due to funding concerns, the Department of Health has now agreed to recurrently fund one SPA per acute HSC Trusts to support this role. This is an additional strategic role for an existing employee and is not intended to replace existing supports available to SAS doctors and dentists. This role may help address some of the issues identified in the GMC SAS and LED survey (2020) and improve wellbeing, which is strongly associated with working conditions, especially opportunities for autonomy, sense of belonging and maintaining competence.

6.10.3 Specialist Posts

The Specialist post, introduced in 2021 as part of the new senior SAS contract, represents a valuable opportunity for experienced SAS doctors to progress into senior roles. While uptake has been modest so far, with 38 appointments to date, there is significant potential for growth. The Specialist role offers a pathway to maintain senior

clinical expertise within the SAS workforce, ensuring continued support and complementarity to the consultant workforce. Encouraging greater adoption of this grade will be key to strengthening the senior medical workforce across the HSC system.

While the 2021 Specialty Doctor and Specialist contracts offer modernised terms and clearer career progression, some SAS doctors may find the pay scale less favourable compared to the closed Associate Specialist (2008) contract. Additionally, the extension of plain time working may present challenges for those who prioritised work-life balance when choosing the SAS career path. Nonetheless, the new contracts aim to enhance professional development and recognition, which may appeal to those seeking long-term growth and leadership opportunities

Specialists have been appointed in the Specialties shown below. They are senior and experienced doctors who deliver autonomous care within defined competencies and are responsible for patients in their areas of practice. As well as clinical work they also deliver extended roles in Education, Leadership, Quality Improvement, Research. Their roles overlap with consultants. Their salaries are lower than consultants even when delivering identical clinics, theatre sessions, teaching, leadership roles, waiting list initiatives. This is a strong argument for appointing more Specialists.

Table 84 Headcount by Specialist appointments

Specialist Appointment	2025
Emergency Medicine	11
Geriatric Medicine	4
Cardiology	1
Child & Adolescent Mental Health	1
Trauma and Orthopaedics	5
Pathology	1
Urology	2
Sexual & Reproductive Health	4
Nephrology	1
General Surgery	1
Autism services	1
Respiratory Medicine	2
General Medicine	1
Day Care Services	1
Acute Care at Home	1
Hospital Mental Health	1
Total	38

Source Health and Social Care Trusts

The Specialist role is highly sought after by experienced Specialty doctors and aids recruitment, retention, job satisfaction and provides substantive senior medical workforce. Having more substantive staff reduces the burden resulting from locum staff and independent sector initiatives to reduce waiting lists. These short-term solutions are not only costly they increase work for substantive staff who must follow up patients and act on investigations ordered by locums or independent sector initiative.

Specialists posts provide autonomous senior medical staff to complement consultant staff. They contribute significantly to service delivery, increasing productivity of their departments by carrying their own caseload. They provide senior medical staff cover and supervision to doctors in training, Specialty doctors, LEDs and AHP.

Work continues to engage with medical leaders regarding the new grade and to support discussion on how services may benefit from this post. A significant challenge exists in recruiting a Specialist in areas where there are already existing Speciality Doctors in post as the Specialist would need to be funded at risk if the current Speciality Doctor does not apply/is unsuccessful in the recruitment exercise. In the current financial climate, this is not possible.

These roles enhance patient care, as Specialists are able to provide surgery or assess/treat/discharge patients autonomously, as well as provide training for others and other extended roles. In ED, creation of Specialist posts has helped stabilise senior cover for sites across the Trust, which were difficult to fill and were reliant on locums, improving continuity and stability.

SAS respondents to the 2025 Regional SAS Training Survey conducted by NIMDTA, identified the main barriers to Specialist posts were lack of funding and lack of awareness of clinical and non-clinical line managers of the Specialist post.
Actions taken by NIMDTA to increase SAS numbers overall and Specialist numbers in particular

- Promotion of the SAS grade to Undergraduates, Postgraduates including FY1&2, CT, ST, LEDs, Trust leadership and management, Medical Leaders Forum DOH, via events, meetings, emails, attending committees and conferences, networking events and via NIMDTA SAS webpages and social media.
- Improving SAS career development opportunities and providing a SAS Development Programme of relevant training.
- Specialist post focus group hosted by NIMDTA with all Specialists invited to attend alongside their Clinical Directors, Service Managers, HR and Finance teams. The focus group identified best practice in appointment of Specialists and aims to build on this with further resources and learning for those intending to recruit Specialists.

6.10.3.1 Belfast Trust

There have been 10 Specialist posts created and have been appointed to in Emergency Medicine, Sexual and Reproductive Health, Nephrology, Trauma and Orthopaedics and Transplant and Renal Failure.

6.10.3.2 South Eastern Trust

The Trust currently employs nine Specialists within the following departments; Urology, T&O, Respiratory Medicine, Stroke Medicine, Emergency Medicine and Endocrinology, with four females and five males appointed. Recruitment is ongoing for Specialist Posts within Hospital at Home. These roles enhance patient care, as Specialists are able to provide surgery or assess/treat/discharge patients autonomously, as well as provide training for others and other extended roles. In ED, creation of Specialist posts has helped stabilise senior cover for sites across the Trust, which were difficult to fill and were reliant on locums, improving continuity and stability.

6.10.3.3 Western Trust

The Trust has created 5 new specialist post with 1 undergoing PEC's and 2 further positions are in progress. To date the Trust has appointed Specialist doctors in

- Children and young people's Autism Services
- Respiratory Services
- Sexual Health and HIV Medicine
- Diabetes and Endocrinology Services

Currently the Trust is progressing a recruitment campaign for a role in Stroke services and work is ongoing to explore opportunities in General Surgery, Paediatrics, ENT and Palliative Care.

6.10.4 SAS Development

The SAS Career Development Team, headed by the Associate Dean but comprising also the Deputy Associate Dean and two Professional Development Coordinators design and deliver a rolling Professional Development Programme funded by the SAS Career Development Fund. The programme has recently completed its first full year.

The programme is designed to meet the career development needs of SAS doctors and dentists whether they intend to remain as SAS and progress within the Specialty doctor post or to a Specialist post, or whether they intend to pursue the Portfolio Pathway to Specialist registration.

Training is addressed under the workstreams of:

- Generic Capabilities Framework competencies,
- SAS in extended roles,
- Career progression support to Specialist or Portfolio Pathway
- Clinical skills and Quality Improvement
- Representative work raising the profile of the SAS workforce.

Clinical practice remains the main focus for SAS and a SAS development funding panel has been set up to enable funding to go directly to SAS for training which will benefit their clinical practice or role, team and service and their patients whilst also aiding their career progression.

Chart 18 NIMDTA SAS Development Programme 2024/25

Source NIMDTA

The Associate Dean and Deputy Associate Dean represent N.I. SAS at National meetings including COPSAS committee of UK Associate Deans.

When possible, the programme has been extended to include LEDs, Consultants, Managers, HR and other stakeholders key to NIMDTA's objective of developing the SAS workforce.

6.10.5 SAS Leads

Each Trust has a SAS Lead who supports SAS in their professional development needs, offers individual support and mentoring to SAS, including in the areas of progressing through pay thresholds and to Specialist posts or via the Portfolio Pathway to specialist registration and consultant posts.

They:

- Supports SAS in their professional development needs, offers individual support and mentoring to SAS wishing to progress through pay progression thresholds, to progress to Specialist posts or via Portfolio Pathway to specialist registration and consultant posts.
- Provide advice and guidance on Job Planning, Appraisal and revalidation, optimal use of personal development plans.
- Advocate for SAS taking on more senior and diverse extended roles in Belfast Trust.
- Represent SAS at the Senior Medical Leads forum
- Engage with HR on behalf of SAS
- Represent BT SAS at regional meetings
- Promote personal and professional development opportunities to SAS in local and external roles eg QUB/UU, College roles, Appraiser and Encompass roles eg MIO
- Provide information on SAS to CDs, Chairs, Managers
- Raise the profile and promote inclusion of SAS doctors and dentists
- Facilitate effective communication with and between SAS Doctors
- Represent BT SAS at medical engagement forums

6.11 Terms and Conditions of Service - Consultant workforce (includes SAS job planning)

Consultants play a pivotal role within the HSC system in Northern Ireland, providing expert clinical leadership, delivering specialist care, and contributing to service development, education, and research. As senior medical professionals, they are responsible for complex decision-making, mentoring junior staff, and ensuring high standards of patient care across a wide range of specialties. Their leadership is essential in shaping clinical pathways, driving innovation, and supporting multidisciplinary teams in delivering safe and effective healthcare.

6.11.1 Average Consultant working hours

There are increasing requests from consultants seeking to reduce intensive out of hours/on-call patterns, which is challenging and problematic to facilitate given the impact on the service. They continue to encourage team job plans and innovative job planning approaches to help facilitate better work life balance whilst also meeting the needs of the service. This is an area that will continue to grow and welcome greater flexibility in approaches for facilitating better work life balance.

The Department of Health introduced changes to the HSC Pension Scheme in April 2024 including the introduction of Partial Retirement. There has been considerable interest in the Partial Retirement scheme. This has significant implications for rota gaps and challenges in covering services.

Consultants in Northern Ireland working hours are define in terms of Programmed Activities (PAs). Each PA represents a four-hour block of work, typically covering direct clinical care, supporting professional activities, and other agreed duties. A standard full-time contract includes 10 PAs per week.

Table 85 Average number of PA worked by consultants across the HSC 2025

	Average number of PA worked
South Eastern Trust	10.6 PA
Southern Trust	11.4 PA
Northern Trust	10.48 PA

Source South Eastern, Southern and Northern Health and Social Care Trusts

Information was not available from either Belfast or Western.

6.11.2 Job plans and Appraisals

Medical revalidation by the GMC commenced in 2012. Its purpose is to strengthen the regulation of doctors, aiming to improve the quality of patient care, enhance patient safety, and build public trust and confidence in the medical profession. Following this development, medical appraisal—which was initially introduced in 2004—evolved to become a fundamental component of the support and supervision framework for all doctors regulated by the GMC. In conjunction with professional governance processes and organisational management structures, where applicable, the outcomes of appraisal support the Responsible Officer (RO) in making informed revalidation recommendations to the GMC.

Appraisal is conducted annually. The RO, typically the Medical Director, uses evidence of satisfactory appraisals over the previous five years to recommend revalidation for the doctor to the GMC. Once revalidated, the doctor begins a new five-year cycle, which continues to be supported by annual appraisals. The governance of appraisal is a continuous process. Any issues relating to a doctor's practice or behaviour are usually addressed promptly and outside of the appraisal setting. Nevertheless, concerns about a doctor's fitness to practise or failure to engage in the appraisal process are relevant to the revalidation decision. The Trust expects that all doctors, where possible, will complete five appraisals during each revalidation cycle.

Appraisals should take place in a supportive and confidential environment, allowing doctors to reflect on their achievements, challenges, and aspirations. Engaging in a robust and comprehensive appraisal is vital to ensuring a safe and effective revalidation process. Appraisal processes have returned to pre-pandemic operational standards, including qualitative expectations and adherence to timelines.

6.11.2.1 Belfast Trust

Table 86 - The current position in relation to completion of Medical Appraisal at the Belfast Trust.

Appraisal	% Practice Year Ending December										
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
% Appraisal Rates	97.7	98.5	98.8	98.9	94.7	91	96	97.5	97	96	71

Source Belfast Health and Social Care Trust

Appraisal is completed during each calendar year in relation to the Practice in the preceding year.

Job planning remains a focus for the Trust with 76% of permanently employed doctors having a prospective job plans as of the end of September.

6.11.2.2 Northern Trust

Performance in the area of medical job planning and appraisal has significantly improved recently due to effective partnership working between the Medical Directorate, the Operational Directorates and clinical teams within divisions. The current job planning rate for 2025/2026 Job Plans is 91% for Consultants It is anticipated this will increase over the coming weeks as the Medical Directorate continue to work with Directorates and clinical colleagues.

6.11.2.3 South Eastern Trust

As at September 2025 Of 459 doctors, 427 have completed their appraisals, yielding a completion rate of 93.03%. The eight incomplete appraisals were attributed to valid absence reasons, such as sick leave or maternity leave, and not due to lack of compliance. These consistently high completion rates reflect a strong culture of engagement with the appraisal process across the Trust. The Trust continues to support timely appraisal through structured policy, proactive reminders, and targeted follow-up.

The Trust has consistently maintained high revalidation rates (2020-2024), ranging from 85% to 100% annually. This demonstrates that the majority of doctors are revalidating on time, with appraisals and supporting evidence deemed satisfactory by the RO.

Deferral rates have varied between 10% and 14%, which is consistent with national and regional averages. Most deferrals were related to career breaks, maternity leave, long-term illness, or temporary lack of sufficient portfolio evidence. Where deferrals were deemed avoidable, affected doctors were invited to meet with senior medical leadership to agree an action plan.

Notably, there have been no cases of non-engagement reported, all doctors under the Trust's responsibility have remained engaged in the appraisal and revalidation process, which is a key indicator of both compliance and risk mitigation. Managing late or non-engagement continues to be administratively burdensome.

A revised Trust-wide Appraisal Policy has been implemented, incorporating a formal engagement protocol with defined timeframes. Introduction of appraiser rotation and cross-specialty appraisals to support objectivity and mitigate appraisal bias. Regional discussions are ongoing to standardise second sign-off procedures in light of learning from public inquiries, notably the Neurology Review.

There has been a deployment and on-going development of an electronic appraisal system to improve oversight, documentation quality, and compliance monitoring and the introduction of an online feedback mechanism from 2024 to support continuous improvement. An ongoing structured training programme is in place for appraisers and appraisees to support consistency and quality.

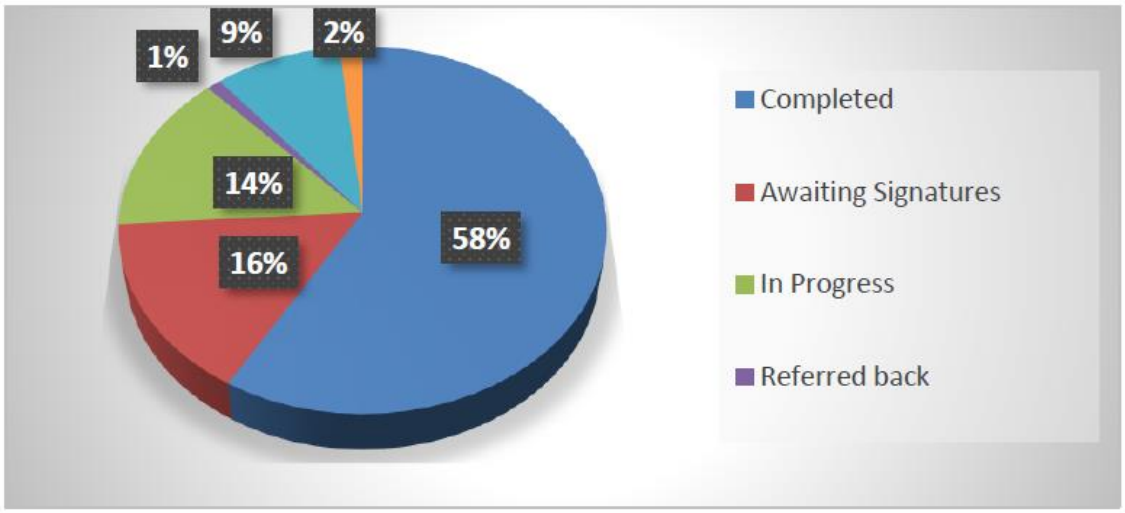
The Trust remains committed to promoting appraisal as a constructive and developmental process, aligned with professional standards.

Maintaining consistency, fairness, and proportionality across appraisers is a priority. Continuous training and support remain essential.

6.11.2.4 Southern Trust

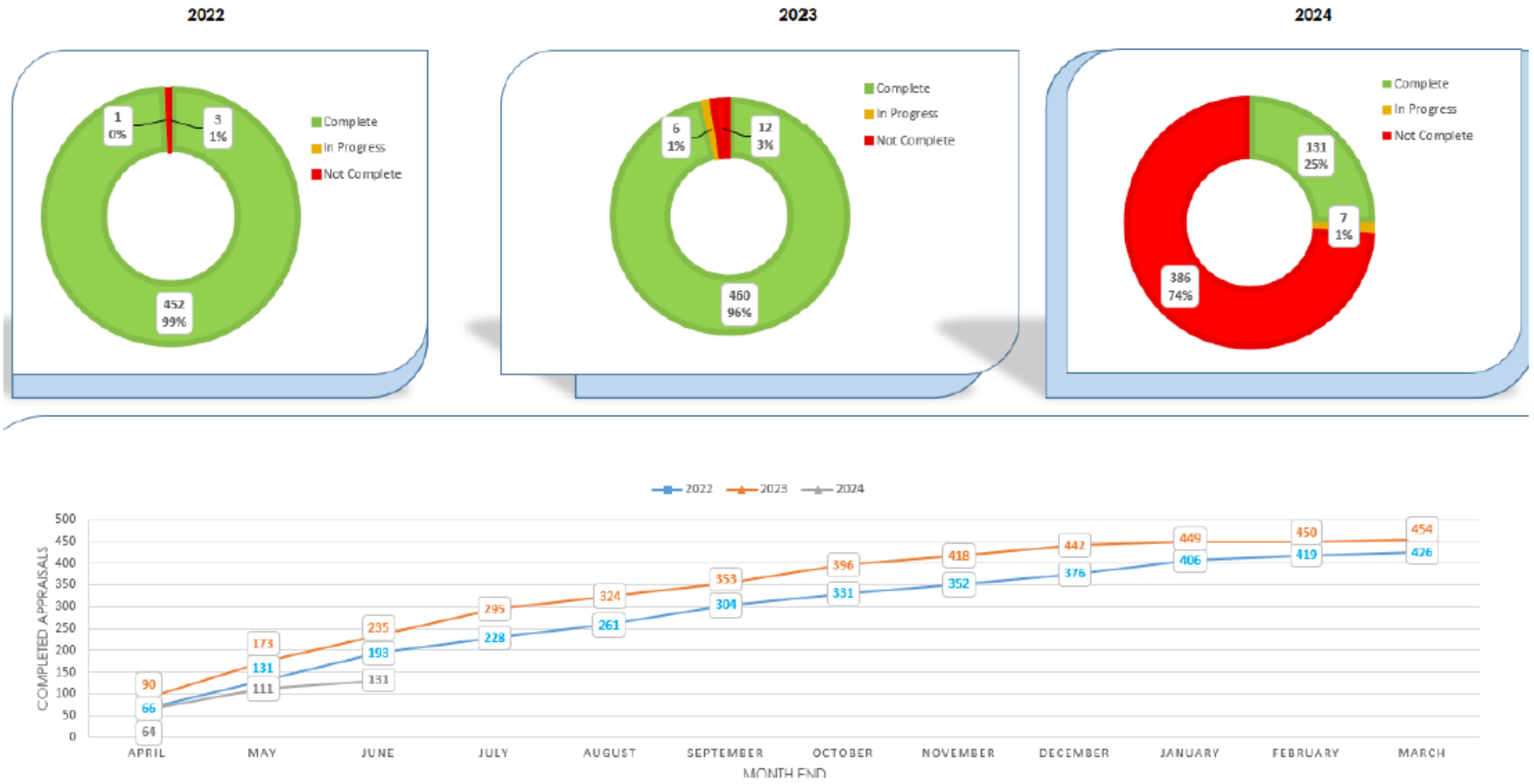
All Consultants and SAS Doctors participate in electronic Job planning. They currently use the L2P e-job planning system – part of Patchwork workforce solutions.

Chart 19 - Job Plan Status for 2025 Job Plans:



Source Southern Health and Social Care Trust

Chart 20 - Appraisal Completion (Consultants & SAS)



Source Southern Health and Social Care Trust

6.11.2.5 Western Trust

The Western Trust appraisals schedule runs on a calendar year. The timeline for doctors to have completed their appraisals is 30th June each year. As at the end of 31st July 2025 -

- 146 were completed
- 58 have been started
- 164 are in progress
- 119 are yet to start

Doctors who fail to complete the appraisal process in line with the schedule will be subject to the Annual Engagement Protocol process which addresses outstanding appraisals

Compliance rates in job planning have improved significantly following an intense campaign across the Trust in 2024/2025. This included raising awareness through directed communications, providing training, the development of a Job Planning Protocol, as well as regular reporting to Directors and CMT. A Job Planning Oversight Group led by the Medical Director, along with a Job Planning Operational Group, are committed to implementing a more robust process to facilitate the completion of prospective job plans and improve compliance. Currently consultant job plans are captured on Allocate an electronic system. The Trust is working towards the implementation of a new electronic job planning system, which will include SAS doctors on the electronic platform for the first time.

Effective job planning Compliance rates have improved on foot of the project. Currently 83% of Consultants have an approved 2024/25 e-job plan while 56% of SAS doctors have signed of job plans.

Table 87 - 24/25 Job Plans signed off

Directorate	Consultants		SAS Doctors	
	Headcount	% signed off	Headcount	% signed off
Adult Mental Health And Disability	14	100%	11	**82%**
Children & Families Directorate	3	66%	6	**100%**
Community & Older People Services	7	86%	10	**100%**
Human Resources	1	100%	2	**100%**
Medical Directorate	3	100%	0	0
Surgery, Paediatrics & Women's Health	124	80%	62	**43%**
Unscheduled Care, Medicine, Cancer & Clinical Services	128	83%	32	**47%**
Total	**280**	**83%**	**123**	**56%**

Source Western Health and Social Care Trust

The Trust has engaged in training for doctors and service managers on Job Planning and reports on compliance regularly through the Corporate Management Team. Each Directorate is held accountable for job planning compliance.

6.11.3 Clinical Excellence Award Scheme

The Clinical Excellence Award scheme in Northern Ireland scheme has been on pause for a number of years, with no new awards being made; existing awards continue to be paid where applicable. The Department engaged with key stakeholders including the British Medical. Association and Health and Social Care Trusts to elicit their views and preferences in order to inform the Department's development of a revised government scheme for rewarding high performance in the medical field.

The draft scheme has now been subject to a 12-week consultation. The proposals are to broaden access to the scheme, make the application process fairer and more inclusive, and to also change the current application process. The Department is now considering the responses to the consultation.

The overall aim is to introduce a new scheme in Northern Ireland which is affordable, modernises the arrangements for making awards which then rewards the highest performing consultants who go over and above the standards expected of them.

The Department entered into engagement with key stakeholders in good faith based on the information then available and the reasonable expectations as to the position in the future. It has sought to develop this scheme regardless of the current financial position and consulted on the merits of the proposals; as noted, the decision whether to implement the proposal (or any other arrangement) will be a matter for a Minister.

While the recipients of the current scheme are consultants and the new scheme has been based on the consultant population, the consultation also sought views on expanding the awards scheme to other senior medical staff within the HSC.

6.12 Terms and Conditions of Service - Community Dental Service (CDS)

The Community Dental Service (CDS) workforce in Northern Ireland is relatively small but plays a vital role in delivering essential dental care. As of 30th June 2025, the CDS is comprised of 85 dentists, with a combined whole-time equivalent (WTE) of 65, ensuring access to oral health services for communities across the region. Anecdotal reporting from the CDS is that applications for posts has increased compared to previous years, reflected in 67% of dentists working in the CDS are now aged under 50 years. The starting salary for a Community Dental Officer is approximately £50,515, rising to £75,767, which is attractive to early career dentists along with the other benefits of being employed – annual leave, sick pay, a training allowance etc. The ability to negotiate part-time working hours is also a significant benefit, as well as no requirement to provide on-call, or weekend cover.

Surveys of CDS dentists carried out by their professional body report high levels of stress associated with increased complexity of patients referred for care, alongside

low levels of morale. These issues have been reported at formal engagement meetings between CDS representatives and the Department of Health.

The Department of Health, along with representatives from the CDS and Trusts, met at a roundtable meeting with the BDA in September 2025 to discuss and identify those priority areas which offer most potential in supporting the CDS workforce. During the meeting officials worked to identify priority areas which offered the most potential in supporting the CDS workforce.

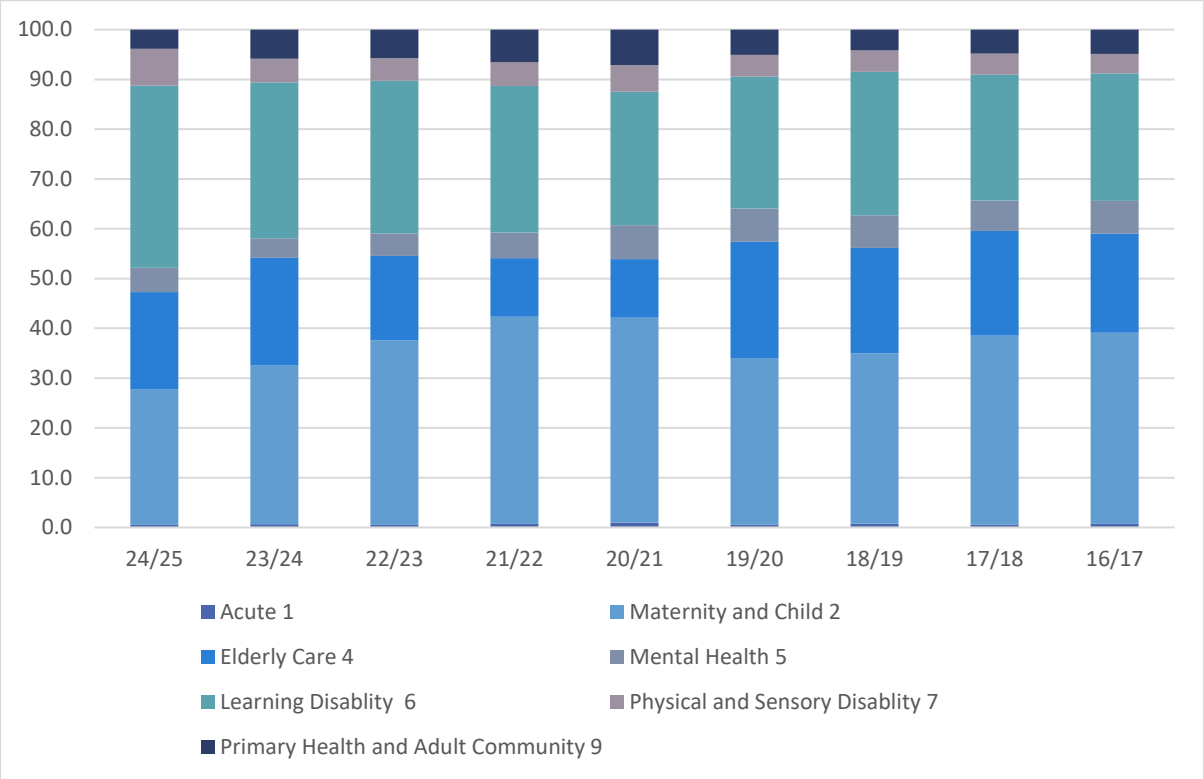
Within the CDS, the majority of staff are female and many work lLss Than Full-time (LTFT). Maternity leave contributes to further workforce pressures with access to locum posts very limited. There is no access to agency staff to fill the gaps, which means clinical teams are frequently running under capacity.

Challenges within General Dental Services (GDS) have resulted in reduced availability of NHS dentistry across the province and led to increasing pressures on the CDS. A substantial increase in referrals from GDS has had a knock-on effect and has put additional strain on staff with no corresponding increase in work force. There is also reduced access to theatre time, this has led to increased waiting lists and challenges in managing the vulnerable priority groups who rely on these services.

The lack of regional Special Care Dental Consultant posts in N. Ireland makes this even more difficult. There are also fewer senior posts available than in the rest of the UK and there are no specialist posts within the CDS in NI. This is not true of other regions. There are very few, if any, opportunities for staff to access recognised training pathways within Special Care dentistry. Clinical specialist dental posts are established across the UK and are available in Northern Ireland. However, none of the Trusts have submitted a business case to support the development of these posts within their services. This greatly impacts attracting people back to Northern Ireland.

The CDS covers a wide range of patients which in turn presents varied and wide ranging care issues which the CDS are faced with. See Chart 21 below which shows the breakdown of patients regularly treated by the CDS from 2016/17 – 2024/25.

Chart 21– Points of contact for the CDS



Source: Chief Dental Officer, Department of Health

Such a wide range of patient care issues are having a negative impact on the morale of dentists working in the CDS. Many feel the over-stretched service is struggling to meet the needs of the increasingly complex patients it serves. Lack of career progression, training opportunities and access to specialist posts is also having a detrimental impact.

The pay scale values for Community Dental Service (CDS) dentists in Northern Ireland are broadly aligned with those in England. However, an issue remains regarding progression to the next pay band. The current contract explicitly states that CDS dentists cannot be regraded into the specialist pay band.

Across all grades, staff are reporting an increase in workload challenges including waiting list pressures and the management of increasingly complex patients with a lack of efficient referral pathways and access to consultant-led services. Rising work stress and worsening work-life balance has resulted in some staff now considering the possibility of an earlier retirement.

Staff feel that they are firefighting with no opportunity to use their skills for prevention and patient focused improvement regimes.

Community Dentists within NI are actively progressing workforce matters. They recognise that the workforce has remained stable since 2015 and that their terms and conditions need refreshed. They are now examining related issues through short life working groups with a roundtable discussion scheduled for September.

Community dental is especially affected by Maternity Leave, where it is challenging to recruit to a temporary post and there is no access to bank staff to fill staff shortages. The impact of the Covid-19 pandemic continues to significantly affect Health Service dentistry. Systems and practices of service delivery have changed in response to the COVID crisis. Two community dentists are now present during dental treatment under general anaesthetic in the majority of Trust settings. In the Northern Trust for example this equates to a reduction of at least 6 sessions per week activity compared to pre Covid. This could be as much as 120 less patients a month being seen and significantly adds to waiting list back logs. For governance, Health & Safety and Health & Well-being reasons productivity has reduced, resulting in widespread access problems across the profession.

6.12.1 Belfast Trust

Currently the Trust has no issues recruiting Community dentists and currently have no vacancies.

6.12.2 Northern Trust

Table 88: Breakdown of staffing and total headcounts comparison 2009 - 2025

CDS Staff NHSCT 2009-2025	2009	2025	Variation
Total Staff Headcount	27	24	-3
Total Staff WTE	20.55	17.24	-3.31
Employment Break	0	0.8	0
Sickness (long term)	0	1.5	0
Total	**20.55**	**14.95**	**-5.6**
Breakdown	**2009**	**2025**	**Variation**
Dental Officers HC	19	17	-2
Dental Officers WTE	13.63	11.6	-2.03
Senior Dental Officers HC	7	6	-1
Senior Dental Officers WTE	5.92	4.6	-1.32
Clinical Director HC	1	1	0
Clinical Director WTE	1	1	0

Source Northern Health and Social Care Trust

There have been 3 new starters within the CDS, while 1 staff member has left the service.

6.12.3 South Eastern Trust

Succession planning is challenging and currently within South Eastern HSCT, approximately 37% of senior staff are aged over 50 years with some due to retire within the next 5 years.

Recruitment within the CDS has become increasingly challenging with the process itself taking a significant period of time. The South Eastern Trust has recently undertaken a recruitment process for both Senior Dental Officer (SDO) and Dental Officer (DO) posts. Suitable applicants are continuing to reduce in numbers especially for the dental officer posts. To cover maternity leave etc the Trust have tried to recruit Locum posts and this has proved to be very challenging and often unsuccessful.. The lengthy recruitment process results in prolonged periods of unfilled posts that have a detrimental impact on patient care, productivity and staff morale.

The CDS in NI is responsible for carrying out Oral Health Assessments for residents in care homes every 12-18 months. In South Eastern HSCT alone, there are at least 110 care homes. This is a very vulnerable group with complex needs, an enormous unmet treatment need with worsening oral hygiene and limited access for treatment in any other part of the profession. This is an enormous challenge with the small team of dentists they have. The time taken to complete oral health assessments is considerable, and this does not take into account the subsequent treatment need or the provision of essential dental health education programmes to improve prevention. A substantial increase in referrals from GDS has had a knock on effect and has put additional strain on staff with no corresponding increase in work force. This has led to increased waiting lists and challenges in managing the vulnerable priority groups who rely on these services.

There are also fewer senior posts available than in the rest of the UK. There are very few, if any, opportunities for staff to access recognised training pathways within Special Care dentistry. The absence of these roles in Northern Ireland erodes the professional status and future prospects of staff contributing to an exodus of experienced clinicians and failure to recruit.

Despite ongoing support for CDS dentists, some dentists feel that clearer career progression paths are needed. The perceived limited development opportunities may affect retention, and some feedback has suggested that Northern Ireland is seen as less appealing to early-career dentists, with some not returning after training elsewhere.

Table 89 - SEHSCT number of dentists, grades, working hours and earnings in CDS

Grade	Count	WTE	Average Earnings for financial year 24/25
Dental Officer	13	7.23	£66,081.62
Senior Dental Officer	7	4.22	£98,179.86
Assistant Clinical Director & Clinical Director	2	1.4	£130,357.00

Source South Eastern Health and Social Care Trust

Table 90 - SEHSCT CDS Leavers & Turnover

		No. of Permanent Leavers	Permanent Staff Turnover	No. of Temporary Leavers	Temporary Staff Turnover	Total Leavers	Total Staff Turnover
Community Dentists	2023-24	1	3.30%	2	6.70%	3	10.00%
	2024-25	1	4.26%	3	50%	4	13.56%

Source South Eastern Health and Social Care Trust

Table 91 - SEHSCT CDS New Starts

	Community Dentists	
	Mar 24	**Mar 25**
Headcount	32	27
WTE	18.5	14.8
Average Hrs per week	21.9	20.6
No of New Starts in last 12 months	9	2

Source South Eastern Health and Social Care Trust

Table 92 - SEHSCT CDS Vacancies

No. of vacancies, by specialty (March 25)	Community Dentists
Community Dental Officer	2
Locum Community Dental	1
Total	**3**

Source South Eastern Health and Social Care Trust

6.12.4 Southern Trust

The Southern Trust employ a small number of dentists in the Southern Trust who are on medical and dental contracts.

Table 93 - Headcount and WTE of Dental Staff by Job as at 31 March 2025

Job Description	Headcount	WTE
Clin Dir of Dental Serv (NC)	1	1.00
Comm Dental Officer (NC)	10	6.39
Comm Snr Dental Officer (NC)	4	4.00

Source Southern Health and Social Care Trust

Table 94 - Headcount of Dental New Starts during 2021/22, 2022/23, 2023/24 & 2024/25

2021/22	2022/23	2023/24	2024/25
Comm Dental Officer (NC)	Comm Dental Officer (NC)	Comm Dental Officer (NC)	Comm Dental Officer (NC)
1	4	0	0

Source Southern Health and Social Care Trust

Table 95 - Headcount of Dental Leavers during, 2023/24 & 2024/25

2023/24			2024/25		
Comm Dental Officer (NC)	Comm Snr Dental Officer (NC)	Overall Total	Comm Dental Officer (NC)	Comm Snr Dental Officer (NC)	Overall Total
0	0	0	1	1	2

Source Southern Health and Social Care Trust

Table 96 - % Turnover of Dental Staff as at March 2018 - March 2025

April 2021 - March 2022	April 2022 - March 2023	April 2023 - March 2024	April 2024 - March 2025
14.29%	7.69%	0.00%	13.79%

Source Southern Health and Social Care Trust

6.12.5 Western Trust

As with the Trust's medical workforce, the biggest challenge in the dental workforce is recruitment. While the Trust appointed two Dental Officer posts in April 2025 start dates were delayed due to contractual commitments elsewhere and one a dentist has since withdrawn.

It is acknowledged that salaries and earning potential is much higher outside of the HSC and indeed outside of Northern Ireland, with increasing numbers of dentists going into private practice. Current pay rates and structures are not attractive in comparison to the pay and terms and conditions available outside the HSC. This general move away from Health Service dentistry by dentists inevitably impacts Community Dental Services, increasing workloads and waiting lists. Waiting lists are the longest they have ever been for treatment. The additional pressures are affecting staff wellbeing and contributing to staff 'burnt out'.

Table 97 - WHSCT number of dentists, grades, working hours and earnings in CDS

Grade	Working Hours	Average Earnings
Clinical Director	37.5	102,426.00
Senior Dental Officer	5.92	14,325.00
Senior Dental Officer	37.5	91,904.00
Senior Dental Officer	26.25	59,913.00
Senior Dental Officer	37.5	78,577.00
Senior Dental Officer	37.5	91,904.00
Senior Dental Officer	15	36,762.00
Dental Officer	32	64,652.00
Dental Officer	30	51,637.00
Dental Officer	30	60,614.00
Dental Officer	15	30,307.00
Dental Officer	40	50,515.00
Dental Officer	33.75	68,190.00

Source Western Health and Social Care Trust

The total headcount for dental grades working within the WHSCT CDS, as displayed in table 97 above, is 13 with a total WTE of 10.01.

Table 98 WHSCT Joiners, leavers and Turnover as of March 2025

Joiners	**April 2024-March 2025**	1
Joiners	**April 2025 – September 2025**	1
Leavers	**April 2024-March 2025**	3
Leavers	**April 2025 – September 2025**	0
Turnover	**As at 31 March 2025**	23%

Source Western Health and Social Care Trust

6.12.6 CDS Staff Morale

The situation for CDS in NI has deteriorated further over the past year. There is deep concern about the rising workloads, shrinking workforce and worsening morale with the continued failure to address systemic workforce issues.

A wide range of patient care issues is also having a negative impact on the morale of dentists working in the CDS. Many feel the over-stretched service is struggling to meet the needs of the increasingly complex patients it serves. Lack of career progression, training opportunities and access to specialist posts is also having a detrimental impact.

Community Dentists feel there is limited opportunity for progression between the grades so many dental officers who remain in the CDS feel they are 'stuck' at the top of the pay scale with little/no opportunity for progression and reward for experience and hard work.

Across all grades, staff are reporting an increase in workload challenges including waiting list pressures and the management of increasingly complex patients with a lack of efficient referral pathways and access to consultant-led services. Rising work stress and worsening work-life balance has resulted in some staff now considering the possibility of an earlier retirement.

6.12.7 Response to DDRB recommendation

This recommendation was also discussed at the roundtable meeting, that included representatives from the Department of Health, Trusts, CDS and BDA. Parallel to the Department considering this recommendation, the CDS would need to provide clear and robust data to determine whether the current reward structure is currently a barrier to recruitment, retention, or service delivery in Northern Ireland. Consequently, a review may be premature and tenuous due to the lack of quality data.

6.13 Locally Employed Doctors (Trust Doctors)

Locally Employed Doctors are doctors working in non-training roles, often on fixed-term or service contracts, outside formal specialty training pathways. Definitions vary slightly across Trusts. One of the DDRB recommendations is that governments need to consider a separate pay framework for locally employed doctors. This group have different needs, as they undertake different roles, and therefore require a different workforce and reward strategy to doctors in training. Discussions have started between the fours nations to develop a regional framework.

The Department is currently preparing a scoping paper to enhance our understanding of LEDs, which will be shared as supplementary evidence once finalised

6.14 Salaried GPs working in a Hospital Environment

Salaried General Practitioners (GPs) working in hospital environments within HSC are employed by HSC Trusts to deliver general medical services to specific patient groups, often in intermediate care or specialist clinics within secondary care. Their role typically includes providing, generalist medical care to inpatients who do not require consultant-led specialist input, supporting discharge planning, and bridging the interface between primary and secondary care.

The Department is currently preparing a scoping paper to enhance our understanding of Salaried GPs working in a Hospital Environment, which will be shared as supplementary evidence once finalised.

6.15 Pensions

6.15.1 Early retirement

The total number of GP's and Dental Practitioners who retired on Voluntary Early Retirement (VER) for period 01/04/2024 to 31/03/2025 is 26 (8 Dentists,18 GP's) with 0 Dentist and 9 GP's indicating a return to work after retirement.The total Number of Hospital Doctors/Consultants retired on VER for period 01/04/2024 to 31/03/2025 is 21 with 1 indicating a return to work after retirement.

Table 99 - Shows a time series of members who took VER for years 2021/22 to 2024/25

Year	GP's and Dental Practitioners	Hospital Doctors and Consultants
01/4/21 – 31/3/22	24	8
01/4/22 - 31/3/23	18	12
01/4/23 – 31/3/24	16	22
01/4/24 – 31/3/25	26	21

Source DOH, Workforce Policy, Pensions Unit

6.15.2 Withdrawals from the NHS Pension Scheme

Table 100 – Pay levels for the opt outs for GPs and Dental Practitioners for year 01/04/2024 to 31/03/2025

Pay Level	Opt Outs
£0 to £50,000	0
£50,000 to £70,000	1
£70,000 to £100,000	4
£100,000 to £150,000	27
£150,000 +	10
Total	42

Source DOH, Workforce Policy, Pensions Unit

The overall number of Out Outs for GP's and Dental Practitioners in the year 2024/25 decreased by 27 on the year 2023/24. For those who opted out the main reasons given were personal/financial reasons.

Table 101- Opt out figures for Medical Staff for year 01/04/2024 to 31/03/2025

Pay Level	Opt Outs
£0 to £50,00	56
£50,000 to £70,000	15
£70,000 to £100,000	10
£100,000 to £150,000	35
£150,000 +	0
Total	**116**

Source DOH, Workforce Policy, Pensions Unit

It should be noted the overall number of Opt Outs for hospital based medical staff in the year 2024/25 decreased by 8 on the previous year.

The figures show the number of opt outs in the mid to high end of the scale have increased whereas they have decreased at the lower end of the scale. HSC Pension

Service have suggested the decrease at the lower end may be due to better awareness of the benefits of being in the scheme for new recruits

6.15.3 Pension tax changes

On the impact of pension tax changes, the pension scheme view is that the long-term return on investment in the HSC Pension Scheme is valuable enough that, even with tax charges, the vast majority of members are benefiting from membership.

The changes to Annual Allowance and the abolishment of Lifetime Allowance, in the Spring 2023 Budget, remain broadly welcomed by HSC Pension Scheme Members and their representatives. It is hoped these changes will mean members may be more inclined to remain within the HSC and HSC Pension Scheme.

The Department introduced legislation in April 2024 providing the legal framework for the introduction of a package of new retirement flexibilities including pensionable re-employment, partial retirement and removal of the 16-hour rule, for the 1995 Section of the HSC Pension Scheme. These flexibilities have been designed to offer staff increased options at the end of their careers, so they can partially retire or return to work seamlessly and continue building pension after retirement if they wish to do so. HSC Pension Service have received 49 applications for Partial Retirement from hospital based Medical and Dental staff. The Department also issued guidance to enable HSC employers to offer employer contribution recycling. 8 applications were received.

6.15.4 Additional PA's

Based on recent feedback from members and HR staff within the trusts, HSC Pension Service believe that the changes in methodology in how AA is calculated plus the increase in the allowance to £60,000 will encourage clinicians to take on additional PA's.

6.15.5 Pension Scheme Understanding

HSC Pension Service continue to carry out seminars and workshops specifically for Pension Taxation to help educate staff affected, which they believe have helped members understanding. While there may be some uncertainty, HSC Pension Service

do not believe that the degree of uncertainty is high, for members, in understanding their pension values or making retirement decisions. They have found the majority of consultants considering retirement are well educated in the fields of pension taxation and understand how this can impact retirement decisions.

6.16 Staff Well-being

Staff wellbeing is a key priority across HSC in Northern Ireland. Trusts are committed to creating a supportive and inclusive working environment where staff feel valued, safe, and empowered. A wide range of initiatives are in place across the HSC to promote physical, emotional, and mental wellbeing from access to psychological support services and wellbeing toolkits, to stress management programmes and financial wellbeing resources. These efforts aim not only to support staff in their roles but also to foster a culture of compassion, resilience, and respect across the health and social care system.

6.16.1 Regional Initiatives

6.16.1.1 Flexible Working

All Trusts recognise that employee's lives are often demanding and complex. Trusts are dedicated to working together to support their employees in balancing work and other responsibilities. Whilst the need for provision of services which meet the needs of patients will always be a top priority, Trusts encourage smart, modern and flexible ways of working and recognises the benefits of providing these opportunities both for individuals and for the organisation.

Trust staff are increasingly seeking flexible ways of working for a broad range of reasons, such as to manage health conditions, accommodate caring responsibilities, childcare, studying, volunteering, or hobbies or social activities. In addition, demographic trends reflect an ageing population and an increase in the number of people living and working with long term health conditions.

Trusts recognise that the provision of flexible working opportunities is one of the key ways to attract and retain a diverse workforce impacting positively on productivity,

stress and absence levels, whilst improving working lives and supporting a culture of wellbeing across their workforce.

Within Belfast Trust the number of Consultant and SAS doctors working less than full time has increased by 18% in the past 5 years. The introduction of Pension Flexibilities may result in an increase in the number of Consultant and SAS doctors working less than 40hpw.

Table 102 - Consultant and SAS doctors working less than full time

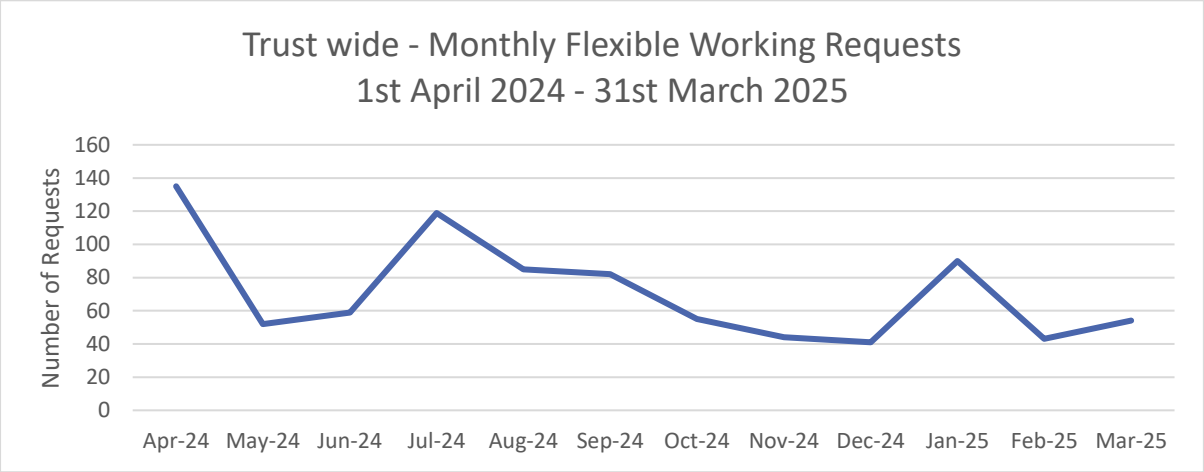
	As at Sept 19			As at Sept 24		
Grade	Total No. of staff	No. of staff working less than 40hrs per wk	%	Total No. of staff	No. of staff working less than 40hrs per wk	%
Consultant	825	17	2%	921	184	20%
Associate Specialist	33	15	45%	23	7	30%
Specialty Doctor	125	57	46%	104	41	39%

Source – Belfast Health and Social Care Trust

The Southern Trust has continued to roll out and promote the option of flexible working across Directorates to support staff balance their work life with their personal life and to encourage retention of staff.

Awareness training remains ongoing for line managers (139 managers attended in 2024/25) and supporting resources on flexible working options are available.
During the time frame April 2024 to March 2025, the Trust received 848 requests for flexible working (previous year 661). The most common reason for requesting flexible working was reduced/personalised hours.

Chart 22 – Trust Wide – Monthly Flexible Working Requests



Source Southern Health and Social Care Trust

6.16.1.2 Flexible Retirement

The definition of retirement is changing and broadening with many employees considering how they can gradually adjust their working patterns to achieve a healthy work-life balance and a smoother transition from their working life into retirement. This shift towards retiring flexibly leaves behind the expectation that retirement means permanently leaving the workplace, or that work should be immediately replaced with full time retirement

Flexible working is just as valuable for employees approaching the end of their careers, and for pensioners returning to employment with the Trust, as it is for those joining the Trust for the first time or returning from parental leave. To support employees to access flexible working later in their careers, regional Flexible Retirement for HSC Pension Scheme Members was launched on 01 December 2024. The guidance, and associated promotional material, has been developed to provide an overview of the options available to employees who are members of the HSC Pension Scheme.

This Guidance supports the changes introduced by the Department of Health earlier this year to the HSC Pension Scheme Regulations. Whilst it is hoped the ability to retire flexibly will result in benefits for both the employee and Trust (see chart 23 for organisational benefits).

Chart 23 - Organisational benefits of flexible retirement

Source Northern HSC Trust

6.16.1.3 Pension Recycling

Some staff may be concerned about potential pension tax charges and feel the need to take steps to manage their pension growth. Actions they might consider include:

- Reducing their working hours
- Declining additional paid responsibilities
- Temporarily or permanently opting out of the HSC Pension Scheme
- Accessing their pension and leaving HSC employment
- Retiring and returning to work, often on reduced hours

While these decisions may help individuals manage their pension tax liabilities, they can also result in reduced clinical capacity and impact service delivery.

To help retain experienced senior clinicians within the HSC, the Department of Health introduced a model Pension Recycling policy for HSCNI employers, which was implemented at the end of 2024.

6.16.2 Belfast Trust

Belfast Trust offers a comprehensive range of wellbeing initiatives designed to support staff health and wellbeing. These include:

- **Having a Wellbeing Conversation** – practical tools and guidance for managers to support their teams
- **Staff Care**
- **Belfast Recovery College**
- **Clinical Psychology Services**
- **Condition Management Programme**
- **Stress Focus Groups**
- **Here 4U**
- **Mind Ur Mind Toolkit**
- **Menopause Toolkit**
- **Employee Wellbeing Toolkit**
- **Domestic Abuse Resources**
- **Financial Wellbeing Resources**

These initiatives are generally well received by staff. In the Staff Experience Survey (March 2024), the statement *"The Trust supports my health and wellbeing"* received a mean rating score for Medical and Dental staff of 42.4. This compares to a figure of 59.5 for all staff groups, reflecting a positive response to the Trust's ongoing commitment to staff wellbeing.

The Belfast Trust's Reward and Recognition Policy sets out its commitment to ensuring staff feel appropriately recognised, valued and appreciated. Elevating the recognition and appreciation of staff stands as a key focus among the Trust's People and Culture priorities. A range of informal and formal practices are encouraged and in place. As part of the Staff Experience Survey, staff are given the opportunity to anonymously nominate a colleague to receive a recognition certificate. Notably, 3,724 staff members received a recognition certificate following the 2024 survey, and a further 2,601 have been nominated in the May 2025 survey, bringing the total distributed to over 12,000 since its inception in 2021. Recipients of the certificates are

also invited to attend a virtual recognition event hosted by the Chief Executive and Chairman.

In addition to this peer recognition initiative the organisation employs a variety of other formal and informal recognition methods to appreciate staff contributions. Formal methods include annual organisation-wide awards (e.g. Chairman's Awards and the Social Care Awards), quality improvement showcases, staff development recognition events, long service awards, and appraisals that incorporate recognition and wellbeing. Informal methods encompass local magazines and eZines highlighting achievements, celebration of international and cultural days, retirement recognition, positive feedback sharing through Care Opinion, leadership walks, intranet showcases of staff achievements, regular team meetings, Christmas events, profession-specific celebrations, and staff health and wellbeing initiatives. Everyday recognition practices include "Thank You" campaigns, thank-you emails, manager and peer feedback, local team get-togethers, and team lunches. These diverse approaches ensure that staff feel valued and appreciated in various meaningful ways.

6.16.3 Northern Trust

6.16.3.1 Staff Health, Wellbeing and Inclusion Strategy

NHSCT Occupational Health and Wellbeing Service (OHWS) is committed to ensuring the highest quality of care through the provision of a confidential, accessible, inclusive service, focusing on prevention, protection and improved staff wellbeing. Enhanced engagement with its service users and stakeholders ensures that staff know how and when to access advice and support to help decrease any perceived stigma in relation to asking for help. This includes the provision of timely, appropriate MDT specialised advice and interventions for staff, including those who are off work, or, are at work and living with a long-term health condition, as well as to those who for any reason feel that their health is being adversely affected by their work.

Chart 24 Occupational Health and Wellbeing Service

Source Northern Heath and Social Care Trust

The Trust's multi-disciplinary team of specialist nurse practitioners, physiotherapists, psychologists, occupational therapists, technicians, medical staff and admin support provide a range of key services across the Trust, including:

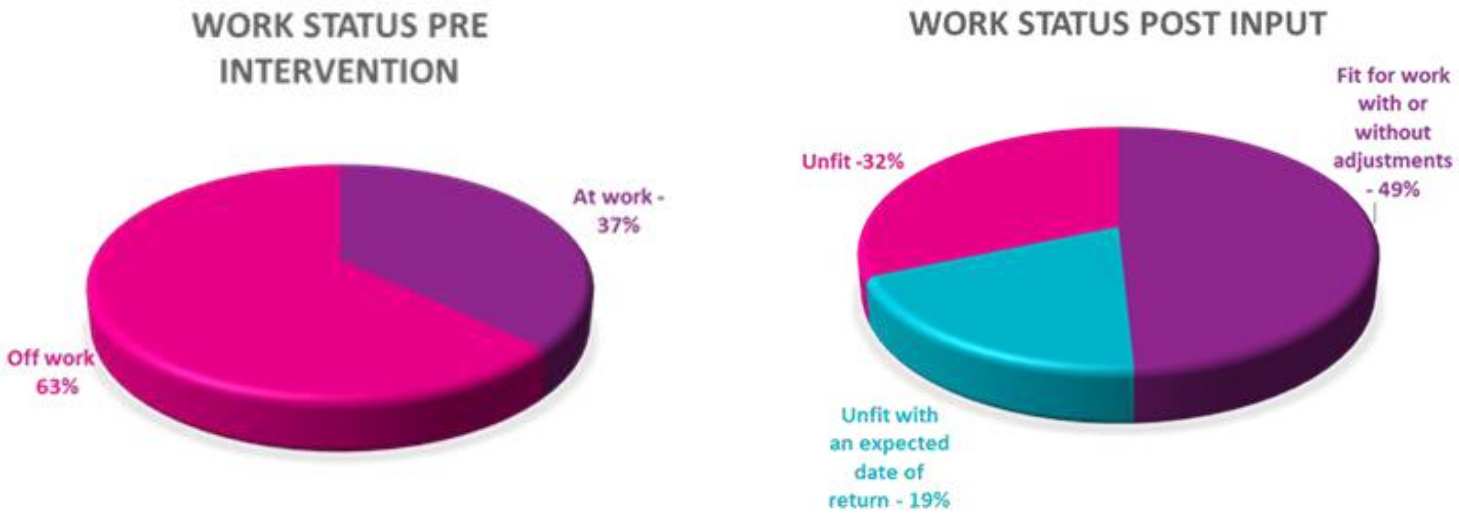
- Confidential advice to staff
- Management referrals and reports
- Pre-employment health assessments
- Self-referral for staff to OH physiotherapy
- Internal referrals to OH Psychology
- Face fit testing and immunisation programmes to protect staff against infectious diseases

- Follow up of sharp injuries
- Group Intervention delivered by OH Specialist multi-disciplinary team including Fatigue Management and Back Care classes
- Targeted support and intervention for staff with health-related issues including stress, menopause, MSK problems and other long term health conditions.

The OHWS has also placed increased emphasis on measuring and reporting outcomes, following interventions with the multi-disciplinary team. One specific area includes reviewing work status pre and post input with OHWS, for those 2,584 staff who have been referred through management referral during 2024/25.

As highlighted below there was a 49.82% decrease in those staff who were off work with no planned return to work post intervention.

Chart 25 – Work Status Pre Intervention/Work Status Post Input



Source Northern Health and Social Care Trust

OHWS Service User Feedback received throughout 2024/25 indicated 75% of those attending for management referrals felt that the appointment helped address the concerns 'a great deal'

Last year the Trust launched its Staff Health, Wellbeing and Inclusion Strategy, which sets out it's ambition for the next three years, it is supported by an annual action plan that sets out precisely what the Trust is doing to bring this ambition to life. The Strategy

is informed by the Regional Staff Health and Wellbeing Framework, which has been developed to provide a standardised view of what good practice looks like when it comes to caring for staff health and wellbeing.

The Trust's Strategy is underpinned by an annual action plan, which outlines the key actions to be taken to bring the aims of the strategy to life for the relevant year. There is no final destination in the journey of caring for people – the job can never really be considered 'done'. Therefore, developing the action plans year on year allows the trust to retain agility in their approach to better respond to the health, wellbeing and inclusion needs of Team North as they arise.

Chart 26 – Team North approach to staff health, wellbeing and inclusion;

Source Northern Health and Social Care Trust

Firstly, the Trust uses a Stepped Approach of Promote, Support and Respond.

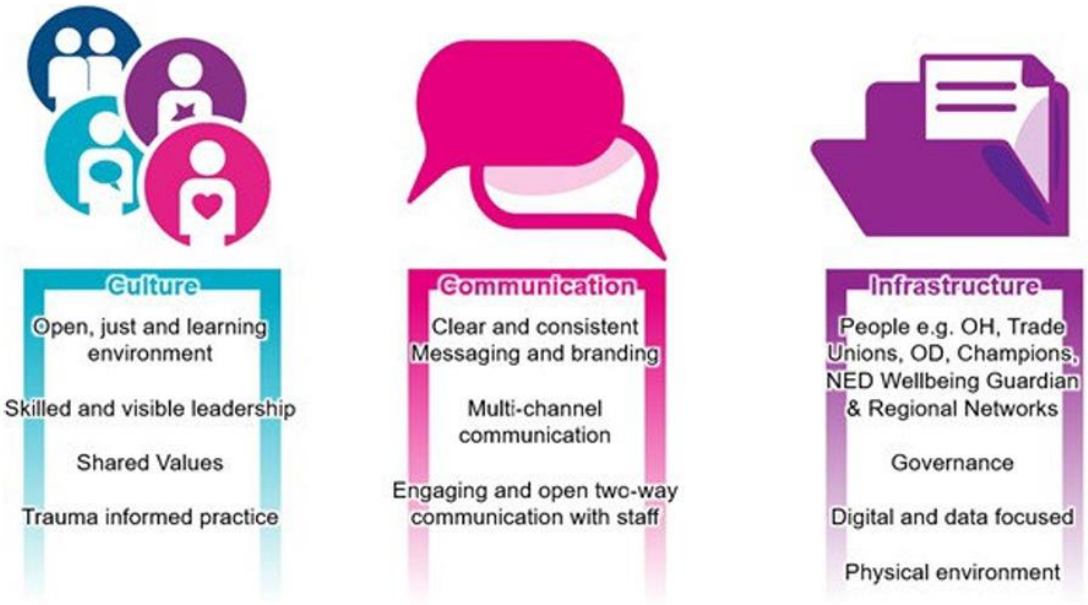
Promoting incorporates all efforts to develop a culture that promotes health, wellbeing and inclusion. This includes things like HR policies, i-matter and all wellbeing initiatives.

Supporting incorporates all efforts aimed at supporting staff, teams and managers to develop skills to enhance wellbeing.

Responding incorporates all efforts to provide timely and appropriate input for teams, services or individuals whose health and wellbeing is impacted within work. This might mean sourcing support from outlets such as HR, Occupational Health or other supports.

Secondly, the Trust has three enablers; their culture, communication and infrastructure are the foundations that allow us to deliver effective health, wellbeing and inclusion support to all of Team North as set out in Chart 27 below.

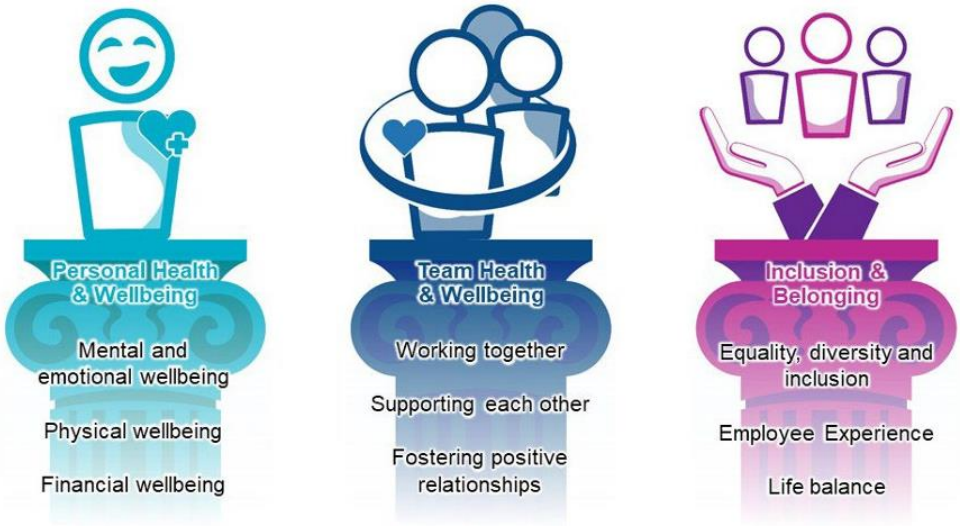
Chart 27 - Three enablers to deliver effective staff health, wellbeing and inclusion support



Source Northern Health and Social Care Trust

The third element is pillars of focus (chart 28). Each year, an action plan will be developed that will identify the individual pieces of work that are being carried out under each 'pillar' or 'enabler' as appropriate.

Chart 28 - Pillars of focus for health, wellbeing and inclusion



Source Northern Health and Social Care Trust

The Trust's 2025/26 action plan includes:

- Promotion of our Open, Just and Learning Culture
- Promotion of trauma informed practice
- To become a 'Menopause Informed' Organisation
- Enhance the support for staff living and working with underlying and long-term health conditions.
- Recognise and respond to workplace stress and emotional wellbeing of staff to support and reduce workplace stress.
- Enhance the focus towards bereavement and loss to have a compassionate approach through education and support.
- Enhance supports to help with taking steps to better financial wellbeing and dealing with money worries.
- Enhance the focus to support teams and individuals post critical incidents to ensure teams feel supported and to protect their wellbeing.
- Enhance Team Wellbeing offering to build and embed the HWBI strategy within teams.
- To have an inclusive workforce where everyone is included and feels a sense of belonging.

- Utilise the HWBI Champions to promote and communicate the HWB action plan, initiatives and events across their areas.
- To develop and embed a streamlined approach that reaches all staff to support the delivery of the HWBI Action Plan.

6.16.3.2 Financial wellbeing.

The Trust offer a range of resources for staff to support their financial wellbeing. This includes, Northern Saver Newsletter on a quarterly basis with tips, recipes and details of upcoming workshops; The Trust's syndicated membership of the Money & Pensions Service and Money Helper ensures their staff have ongoing access to free, up to date, impartial advice and support on all matters related to money and personal finance; and Food vouchers in conjunction with The Trussell Trust.

The Northern HSC Trust Staff Financial Wellbeing Survey 2025 found that almost two thirds reported anxiety due to their finances, with 83% of staff find keeping up with bills and credit commitments stressful. Financial education sessions, in partnership with several organisations, on a range of topics including; energy efficiency and reducing energy bills, understanding your HSC Pension, consumer issues. Staff Financial Wellbeing Handbook with signposting to various avenues of information and support. Initiatives to support staff i.e. free will writing and free breakfast initiative with take-home information on financial wellbeing.

6.16.3.3 Equality, diversity and inclusion

The Trust recognises that when staff are able to be ourselves in work, they are more likely to enjoy going to work, feel included and achieve their full potential. As an inclusive organisation, the Trust is committed to the staff's health, well-being and dignity, regardless of age, sex, gender identity, sexual orientation, community background, religious belief, political opinion, race, disability, dependent status and marital or civil partnership status.

The Equality Commission for Northern Ireland commenced a consultation which ended in February 2025 to discuss the Gender Pay Gap in Northern Ireland. The Trust do not have results of the consultation at this stage. At present, HSCNI do not report on Gender Pay Gaps.

The Trust has in place an Equality, Diversity and Inclusion Steering Group chaired by the Executive Director of Finance and Deputy Chief Executive with representatives of each service area. The Group meet regularly to oversee the implementation of the workplace Equality, diversity and Inclusion (EDI) Framework. A significant programme of work has been completed in 2024/25, including the below highlights/ areas of focus (chart 29):

Chart 29 - Programme of work

6.16.4 South Eastern Trust

The Wellbeing of their people remains one of the priorities within the South Eastern H&SC Trust. The multi-professional Health &Wellbeing (H&WB) Steering Group engages with their people to help identify what is important to them, promoting the importance of self-care and how the Trust can support them as individuals and teams to maintain or improve their health and wellbeing.

Health & Wellbeing presentations are included within its Corporate Welcome and induction programmes to ensure everyone is welcomed into the Trust and they are aware from when they join the South Eastern H&SC Trust what services and support are available. During local campaigns, the Trust's H&WB stalls are within the hospital and community sites to remind people of the importance of self-care, this is further communicated through Keeping Everyone in the Loop virtual sessions led by the Chief Executive.

The Coach Approach partnership model continues to thrive within South Eastern H&SC Trust and their medical staff are part of their coaching pool and are encouraged to avail of this opportunity either with a coach from the medical profession or someone within the coaching pool. Coaching provides a safe supportive space to discuss with a peer/colleague what is important to them. Another support is the Mentoring programme, their medical colleagues have been part of the course both as Mentors and Mentees. The medical mentors have completed the pilot Mentoring Programme and have been supporting colleagues within the Trust both within and outside of their own profession.

'Health and Wellbeing for yourself and your team' is a module within the Practical Manager Programme and incorporated into the Attendance Management Programme. Within both these sessions, the importance of protected time to discuss Wellbeing during 1:1 interactions is highlighted. Medical and dental staff have availed of this training and Important Conversations training, which discusses the importance of good communication to maintain relationships.

Opportunities to avail of team-based support through the Trust's Psychology Wellbeing Services and Organisation Workforce Development team continues with

multi-disciplinary teams taking the opportunity to review how they are working together as a team and how they can make it an even better place to work. Opportunities to avail of corporate gym membership, cycle to work schemes and weekly exercise classes provide a range of options for staff to avail off. As a Trust they recognise the importance of support, a range of forums including Multi-Cultural, Disability and Carers have been created promoting opportunities to meet and discuss what support is available within the Trust.

Prioritising self-care within the workplace remains an issue for some of their people and to encourage this they provide information on self-care tools to help them cope with the ongoing challenges they face. Locally, the Trust has a range of stress management and resilience training modules, which doctors and dentists can avail upon including Healthy Workplaces. These sessions have been recorded making them available to staff who are unable to avail of the sessions virtually.

Medical and dental staff have availed of H&WB funding to hold appreciation events, and team building activities to help build and maintain effective relationships. Like other HSC organisations, the Trust runs a concentrated flu campaign every autumn/winter and this specifically targets key front line clinical staff like doctors and dentists to ensure they have received their flu vaccination.

6.16.5 Western Trust

6.4.5.1 Occupational Health & Wellbeing (OHW) Advice and Support

The OHW service has adopted a proactive and targeted approach to identify and prevent the causes of ill health and support staff to remain well at work. Interventions include individual and team psychological support, crisis intervention, musculoskeletal intervention and support with other long-term conditions, including menopause. Menopause Cafes are facilitated monthly for all staff. Chair-based exercise with the OHW Physiotherapist is offered Trust-wide on a weekly basis.

OHW provides guidance with risk assessment, signposting to relevant services to aid recovery, facilitation of phased returns and identification of reasonable adjustments to support return to work. There has been a strong focus on the benefits of improving relationships, communication and engagement with managers. This has enabled a

more agile and targeted approach in terms of complex cases and identification of fragilities within services that can be supported via the fast track pathway for OHW assessment.

6.16.5.2 Lena by Inspire

Rapid access to therapeutic support is provided by qualified counsellors via video, face-to–face and telephone consultations. Self-help tools and resources are available on a digital support hub.

6.16.5.3 Individual Psychological Therapy

The Occupational Health & Wellbeing (OHW) Psychology Service continues to provide essential psychological support to staff across the Trust through both individual and group-based interventions.

This is available via internal referral through the OHW Service and is delivered by Clinical Psychologists and CBT therapists. The service has experienced a steady increase in referrals, reflecting growing awareness and trust in its effectiveness. The impact of individual therapy is assessed through:

- Service User Feedback: Collected via satisfaction surveys.
- Clinical Outcomes: Measured using pre- and post-intervention psychometric tools.
- Organisational Outcomes: Evaluated through return-to-work rates and sustained attendance.

Staff survey feedback has indicated post intervention reduction in stress and trauma-related symptoms, increased confidence and development of effective coping strategies and enhanced workplace satisfaction.

6.16.5.4 Critical Incident Group Support

This is available via one-off psychological support sessions in response to critical incidents, including; sudden or traumatic loss of a colleague, high-profile investigations affecting multiple staff and repeated exposure to distressing or high-intensity events. These sessions offer a safe, therapeutic space for teams to process their experiences. Where appropriate, follow-up referrals for individual therapy are facilitated to ensure continuity of care.

6.16.5.5 Team Support Sessions

The Trust Organisation and Workforce Development (OWD) team have a model in place that provides Team Development which contributes to the overall health and wellbeing within teams. There are two types of interventions that teams can access in this model. The first is Team Support where teams are experiencing difficulties due to various factors, including things like conflict, poor culture and high absence rates. The second is Team Building where teams request to get together and access a series of team building activities that is contextualised to their needs.

Within these processes it is often identified that the team needs psychological support. In these instances OWD will work in partnership with the Occupational Health & Wellbeing Psychology Service to develop and deliver sessions. Over the past three years OWD has delivered 149 sessions to teams. Post-session evaluations indicated high satisfaction with content relevance and delivery. Participants reported intentions to adopt more compassionate communication, proactively manage wellbeing, and apply practical tools introduced during the sessions.

6.16.5.6 Encompass Transition Support

A bespoke wellbeing programme was developed to support the Trust-wide implementation of the Encompass system. Key components included: upskilling managers and Encompass 'superusers', raising awareness of the emotional impact of organisational change and equipping staff with strategies to maintain wellbeing during transitions.

6.16.5.7 Coaching and Mentoring

The OWD team facilitate a Trust wide Coaching and Mentoring Network that provides staff opportunities to discuss and address challenges in safe and structured spaces. There are over 50 trained coaches across the Trust and a referral system is in place accessible on the HR Knowledge Hub. To date Mentoring has been mainly accessible via Leader and Manager Development programs such as the LMF, where in 2024 leaders at 8a/b and c took part in group mentoring with the Non-Executive Director group. Plans are in place to grow this model in the future to provide more mentoring opportunities for staff in the Trust.

6.16.5.8 Recognition of Expertise

Staff recognition events are also in place that look at recognising wider staff skills and competencies, of which expertise would be one. The annual staff awards have a number of categories for recognising staff and uses a nomination process that is reviewed by a panel for decisions. The Mission Cup follows a similar nomination process but is unique in that it is a team-based award that recognises teams who display the Trust Values, and the next winner is selected by the current holders.

6.16.5.9 Peer Support Networks

The OHW Psychology Service continues to support the Peer Support Network within the Trust's Theatre team at Altnagelvin. Anecdotal feedback has suggested that this initiative has been well received by staff, supported retention and morale and enabled timely access to psychological support. A guidance paper has been developed to support the scaling and adoption of peer support networks across other service areas within the Trust.

6.16.5.10 Wellbeing Programmes, Training and Resources

The Trust 'We are With You' project has delivered a range of health and wellbeing initiatives to support physical, nutritional and mental health. The Corporate Management Team have led on a 3-month tenure as Wellbeing Guardian, promoting health and wellbeing topics to all staff. Over 70 staff have volunteered as Wellbeing Champions, promoting wellbeing initiatives and activities within their teams and places of work.

The staff wellbeing team were also part of a working group to design, develop and launch The Carers Framework Hub.The Carers Framework Hub has been developed to ensure everyone in the organisation is clear about how they can access support for carers through the various support pathways. The framework provides guidance and signposting to the range of support provided to carers and the procedures for accessing that provision. The hub is set out for easy access by either managers of staff or staff with caring responsibilities within the Trust.

A monthly newsletter 'Thrive' is developed and shared widely with staff. The newsletter provides tips and advice on all things wellbeing, and useful op-eds from

clinical staff. It also provide information on relevant campaigns, including information on events and world health days.

The Trust has also commenced a monthly pod cast, Trust-Ed Podcast. The Director of Children and Families interviews Trust staff to provide advice and information on different health topics.

6.16.6 Southern Trust

The Trust's People Framework sets out what their people can expect from their formal leaders and from each other. It was influenced by national, regional and local priorities and by listening to the people. It is informed by what their people have told us - what is important to them, what works well and how they can get better together. Their ambition, put simply, is to 'create a great place to work', a workplace where staff are engaged, feel valued and work well together.

Developed by its staff, the HSC values underpin how the organisation delivers its purpose and vision. The values of compassion, openness and honesty, working together, and excellence, along with the behaviours associated with each, guide all employees and shape the way work is carried out. These values are central to the Trust's people priorities and inform decision-making and actions, helping to foster a positive workplace culture.

The Trust recognises the importance of focusing on its people. Its People Priorities, Wellbeing, Belonging, and Growing are designed to help create a great place to work, where staff feel engaged, valued, and able to collaborate effectively. These priorities support the transformation of the workplace, which in turn enables the transformation of care, ensuring the continued delivery of safe, high-quality, and compassionate care and support to the population.

6.16.6.1 <u>Wellbeing Framework</u>

In September 2022, the Trust developed and launched its Workplace Health & Wellbeing Framework for 2022–2025. This framework centres around three key pillars of integrated wellbeing, providing a structured approach to supporting staff health and wellbeing across the organisation.

1. Healthy Workplaces (Supporting You);
2. Healthy Relationships (Staying Connected); and
3. Healthy Body & Mind (Being You).

The Health & Wellbeing Framework emphasises the need for Trust change to ensure that staff wellbeing is embedded in every aspect of work. The Trust is committed to supporting the wellbeing of its people, fostering a culture of wellbeing, and responding to the evolving nature of work.

The Year 3 (2024–2025) Action Plan included 23 actions, with several outlined in the Occupational Health, Wellbeing, and Psychology section. Two notable new actions were the completion of the Baseline Assessment Tool aligned with NICE Public Health Guideline NG212 on mental wellbeing at work, where 90% of the recommendations were met and the scoping and review of existing actions against the new Regional Health & Wellbeing Framework launched in September 2024.

A number of actions also focused on supporting staff wellbeing in response to the demands of preparing for and implementing major digital transformation programmes, specifically encompass and equip, which represent significant Trust change.

In April 2024, membership of the Health & Wellbeing Work-stream was expanded to ensure broader workforce representation in shaping the wellbeing agenda and future plans. This included new members from Estates, Support Services, and Wellbeing Champions. An action planning workshop held in December 2024 helped inform the development of the Action Plan for 2025–2026**.**

6.16.6.2 Workplace Wellbeing Team & Wellbeing Champions

With support from NHS Charities funding, the Trust launched a new Workplace Wellbeing Team focused on enhancing team wellbeing across the Trust. This team develops Trust-wide wellbeing programmes and resources, assists teams in creating their own wellbeing plans, and facilitates access to a broad range of wellbeing supports available through the Trust, local communities, and partner organisations.
Three dedicated support workers deliver wellbeing programmes directly to teams, concentrating on physical, emotional, and financial wellbeing. A review and refresh of

the Wellbeing Champion role was also undertaken, resulting in the expansion of the network to 68 Champions. For the first time, Wellbeing Champions have been allocated two hours of protected time each month to carry out their role and support colleagues.

Additionally, a new resource titled Supporting You Through Change[39] was developed and launched to assist staff during periods of organisational transition. In light of significant organisational change this resource was developed to support employees. It is a brief online magazine highlighting options for self-care, team support, others who can help, and hints and tips to help support wellbeing.

6.16.6.3 Disability Advocate Role

The Disability Advocate Role was established in October 2024 to better represent and support the needs of staff with disabilities and long-term health conditions and ensure your voice is heard and valued. Dr Clodagh Corrigan, is a Specialty Doctor in Emergency Medicine and is based in the Emergency Department in Daisy Hill Hospital. The Trust is the first Trust in Northern Ireland to develop this role and Dr Corrigan, hopes to bring real life experience to the position. During 2024/25 Dr. Corrigan has developed a podcast, reviewed and input to policy development, carried out a staff survey to get an understanding of the issues which will inform future work and areas for improvement. The Trust also marked International Day of Persons with a Disability in December 2024, established a staff network and supported staff on a one-to-one advocacy role.

6.16.6.4 Critical Incident Peer Support: Guidelines and Pathway developed

This is a preventative trauma informed approach to support employees who have been exposed to distress / trauma. These guidelines and new pathway developed alongside Psychology and the Regional Trauma Network (RTN) are proposed as the Trust's response to a sensitive and critical period of support for staff teams and individuals. The OH Psychology lead has facilitated 6 debriefings during this period to different teams within the Trust and 4 peer support meetings were facilitated alongside members of the Regional Trauma Network (RTN).

[39] https://view.pagetiger.com/Education-Learning-and-Development/20240209-supporting-you-through

6.16.6.5 Free Hospital Parking for all staff

Implementation of free hospital parking for all staff, in line with legislative direction was due to be implemented in May 2024 but was subsequently agreed by the NI Executive to be deferred for two years to allow for the necessary infrastructure to be implemented at hospital sites. In the meantime, and in the spirit of the legislation, a working group has been developing needs-based criteria to facilitate the provision of free parking permits for staff throughout the two-year deferral period.

6.16.6.6 Contract stability for staff

Ensuring stable and consistent staff teams is essential for the safe and effective delivery of services to users. Over the past year, a key focus across the Trust has been the stabilisation of rotas and employment contracts. Within the functional support services teams, significant progress was made through the conversion of over 100 long-term agency workers and temporary employees to permanent Trust positions, enhancing employment stability. This initiative was followed by targeted recruitment campaigns, enabling remaining non-permanent staff to apply for permanent roles. These efforts aim to further strengthen team stability and reduce reliance on agency staffing within this group.

6.16.6.7 Occupational Health and Wellbeing

Over the past year, the Occupational Health & Wellbeing Service has maintained its focus on prevention, protection, and the enhancement of employee wellbeing, alongside fitness for work assessments. The multidisciplinary team comprises Specialist Occupational Health Nurses, Doctors, Technicians, Specialist Occupational Therapists, Clinical Psychologists, and Physiotherapists.

The service continues to deliver tailored interventions for both individuals and groups of Trust staff. These include initiatives such as the Wellness in the Workplace and Living and Working with Conditions groups, as well as Staff Health and Wellbeing Fairs and events.

In support of the Responding to Stress Policy and Toolkit, two live face-to-face awareness sessions were delivered, complemented by a pre-recorded webinar co-facilitated by Occupational Health & Wellbeing Service Team Leads and the

Consultant Clinical Psychologist. A total of 42 employees attended the live sessions, while 114 managers and 149 employees have viewed the awareness materials. These sessions were designed to promote the new policy and toolkit and to support both staff and managers in its application.

6.16.6.8 OHWS Psychology Team

The Occupational Health Psychology service is embedded within the overall Occupational Health and Wellbeing Service and a breakdown of the associated interventions undertaken in 2024/25 are outlined below:

Psychology 1:1 Intervention: This is a highly specialist service, which aims to provide therapeutic support to staff with a range of emotional difficulties that have directly stemmed from workplace factors. This may include post-trauma symptoms following a work-related incident or injury; work-related stress and anxiety and support for employees undergoing workplace investigations. Overall, the Trust received 83 employee referrals to this service during 24-25 and the average waiting time for this period was 11 weeks.

816 appointments were offered to employees during this period. As at March 2025, 26 of these 83 staff members had finished their treatment and were discharged from Occupational Health Psychology service. Of these 26 referrals, 65% were from staff members who were at work at time of referral, 16% were from staff who were off on sickness absence at time of referral and 19% Unknown or Other. 65% of staff members who attended the service whist at work at time of referral remained at work following OH Psychology intervention. 38% of staff who were off work prior to OH Psychology intervention also returned to work following OH Intervention.

Managers Consultation Service: This consultation service offers confidential psychological support to their managers within the Trust. This may be to consider the emotional impact of the role on the manager's own well-being, to consider how best they support an individual employee, or to consider how best they support the emotional well-being of their team (this includes responding post critical incidents).

45 Consultation sessions were offered to managers throughout this period. The outcome of these included OH Psychology team input (Staff Wellbeing Session or

Peer Support Debriefing), further consultation support, and onward referral to services including OH Psychology, NFA and signposting to other services.

Staff Wellbeing Team Interventions: are offered to teams across the Trust. These half day sessions focus on the emotional impact of the work carried out within these teams and how best individuals and the teams can look after their emotional well-being. During this period, 19 staff wellbeing sessions were delivered, and 241 employees attended these sessions.

Schwartz Rounds: Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. 6 Schwartz Rounds were delivered across the Trust during the year. 286 employees across different directorates and bandings attended these Rounds.

6.16.6.9 Pilot group programme for staff experiencing personal stress [Wellness in the Workplace Group]

OHWB Psychology Service have piloted a Wellness in the Workplace CBT informed group. This is a self-help group for staff members who are experiencing personal stress (for staff at work and on sickness absence). Staff members were recruited to the group following assessment/internal triage. It is specialist input from a multidisciplinary team including psychology, nursing and occupational health physiotherapy. The pilot group was run for 7 consecutive weeks on a weekly basis and participants completed a number of measures pre and post completion of the group. These measures focused on wellbeing and resilience, general quality and functioning. A further two groups have been rolled out since the pilot with the fourth group starting in March 25.

6.17 Productivity

6.17.1 Encompass

Encompass is now live in all five Health & Social Care Trusts with the final two trusts, Southern and Western, successfully going live on 8th May 2025. For the first time in history, all HSC Trusts across Northern Ireland are now integrated into one digital

system, signifying a major step forward in streamlining patient care. Encompass is the most comprehensive digital care record in Europe comprising acute care, community care, social care, social work and mental health care.

South Eastern, Belfast and Northern Trust are continuing through optimisation and stabilisation phases and all three have returned to pre-Go Live activity levels. Data being produced in encompass represents their new business as usual Service Delivery Plan baseline. Planning is underway for the optimisation phase of the Programme now that all Trusts are implemented with a number of workshops bringing together senior leaders in the Trusts and the regional team.

Significant developments have also been made within Epic in relation to Generative AI which are ready to use with more AI assisted workflows continuing to be added at pace.

16.17.1.1 My Care

With encompass now fully operational across Northern Ireland, all patients and service users will be able to securely access a subset of their health and social care record, such as clinic letters, medication details, and some test results. They can also view appointments and track the progress of their treatment.

My Care provides secure online access to personal health information and to date has over 205,000 users. A My Care launch took place on 22 September 2025 at Stormont with invitations extended to all MLAs.

16.17.1.2 Benefits so far

The first annual benefits yearbook was issued in February 2025 reviewing the first year of encompass operations between November 2023 to November 2024. It focussed on the qualitative benefits for staff and service users from across Northern Ireland particularly in South Eastern & Belfast Trusts, and highlighted early positive impacts being experienced in Northern Trust.

Measurable benefits being realised across South Eastern and Belfast Trusts include:

- Improved outpatient clinic utilisation;
- Saved clinical time, as charts can be viewed instantly
- more timely interventions;
- Increased safety in the administration of medications; and
- Better utilisation of resources and appointments with a reduction in 'Did Not Attend' rates.

There is an array of qualitative measures alongside these quantitative ones. Staff have highlighted the benefits of a fully integrated platform for delivering joined up health and social care.

6.18 Learning and Development opportunities for Medical and Dental Workforce

A wide range of Learning and Development opportunities are available to all Medical and Dental staff across the HSC. These offerings are designed to support professional growth, enhance leadership capabilities, and promote wellbeing.
Examples include:

- Corporate Induction and Welcome Programmes
- Coaching and Mentoring Support
- Training in Conducting Important Conversations
- Leadership and Management Development – including both local and regional programmes tailored for current and aspiring service leads
- Health and Wellbeing Initiatives

In addition, regional training is provided by NIMDTA and the HSCNI Leadership Centre, covering topics such as:

- Interview Skills
- Confident Communication
- Human Factors in Patient Safety
- Mentoring

6.19 HSC Staff Survey

It was highlighted the ongoing lack of robust evidence regarding the motivation, morale, and wellbeing of hospital doctors and dentists in Northern Ireland. This remains a significant concern, as such insights are vital to understanding and improving workforce effectiveness.

The HSC staff survey is commissioned by HSC organisations as staff employers with the last survey carried out in 2019. HSC Human Resource Directors have recently commenced work to commission a regional HSC staff survey with a proposed date of October 2026 for roll out. Discussions are also ongoing with the provider of the NHS survey to gauge feasibility of the HSC survey being an extension of the NHS staff survey.

6.19.1 Belfast Trust

In 2021 The Belfast Trust, supported by Northumbria Foundation Trust, committed to a new initiative to better understand the workplace experience of staff: a Trust wide Staff Experience Survey that gathers data on how it feels to work in the Trust, running at least annually. Through this process, the Trust seeks to learn from areas of good practice as well as better support areas in need of development. The survey provides reports at Directorate, Divisional, Service and Team level (where 10 or more responses are received). This allows for the development of local action plans and targeted intervention to improve Staff Experience. It is also possible to analyse the demographic data to highlight particular areas of strengths or areas in need of development, within professional groupings, service areas or within individual teams. This work enables development of more targeted support and development efforts.

The Trust's baseline survey that was launched in June 2021 showed that the areas in need of development included: psychological safety, recognition and staff engagement. Since 2021 a further five surveys have been conducted. The survey undertaken in this reporting period was the Trust's first every fully in-house delivered Staff Experience Survey: 5,746 staff members responded, representing 25.8% of the workforce and the Trust's highest response rate to-date. While the survey revealed a slight decrease in the overall staff engagement score, from 3.75 to 3.71 (on a five-point Likert scale), they observed improvements in all other areas of focus, and in particular:

- Reward & Recognition – The Trust are doing a better job at recognising and rewarding staff for their hard work.
- Wellness & Resilience – The Trusts initiatives to enhance staff well-being and aid their resilience are yielding results.
- Choice & Autonomy - Staff are reporting more control and flexibility over their work.

These results highlight the importance of staff feedback and the positive impact it has on the Trusts efforts to enhance the workplace environment. Improving organisational culture is not a 'nice to do' but is vital because they know that any improvement in staff experience results in an improvement in patient experience. Of note, Medical and Dental workforce engagement score was 3.36 (on a five-point Likert scale) in the 2024 survey, the lowest score in any professional grouping. The results of the May 2025 survey are not yet available.

In addition to providing feedback, the survey also provides those staff participating with an opportunity to recognise a colleague who has gone above and beyond, and nominate them to receive a recognition certificate. Notably, 3,724 staff members were nominated to receive a recognition certificate in 2024, and a further 2,601 in May 2025 bringing the total distributed to over 12,000 since its inception in 2021. Recipients of the certificates are also invited to attend a virtual recognition event hosted by the Chief Executive and Chairman.

In addition to the Recognition initiative described the organisation employs a variety of formal and informal recognition methods to appreciate staff contributions. Formal methods include annual organisation-wide awards (e.g. Chairman's Awards and the Social Care Awards), peer recognition programmes, quality improvement showcases, staff development recognition events, long service awards, and appraisals that incorporate recognition and wellbeing. Informal methods encompass local magazines and eZines highlighting achievements, celebration of international and cultural days, retirement recognition, positive feedback sharing through Care Opinion, leadership walks, intranet showcases of staff achievements, regular team meetings, Christmas events, profession-specific celebrations, and staff health and wellbeing initiatives like free fruit and beverages. Everyday recognition practices include "Thank You"

campaigns, thank-you emails, manager and peer feedback, local team get-togethers, and team lunches. These diverse approaches ensure that staff feel valued and appreciated in various meaningful ways.

Section 7 - Workforce Data

7.1 Staffing Numbers

7.1.1 Numbers and Demographics

Table 103 - Equality – Breakdown of Equality Areas across HSC Organisations

Section 75 Group		*SHSCT*	*BHSCT*	*WHSCT*	*SEHSCT*	*NHSCT*	*NIAS*	*BSO/ALB's*	*SLE*	*NIBTS*	*Total*	*% Total for all*
Total Staff		*15930*	*25872*	*14905*	*16125*	*14862*	*1679*	*3979*	*2458*	*212*	*96022*	
Gender	Female	13535	19643	11808	12768	12619	611	2485	1444	136	75049	78.16%
	Male	2395	6229	3097	3357	2243	1068	1494	1014	76	20973	21.84%
Religion	Protestant/Perceived Protestant	5338	7464	3252	6003	7320	667	1019	553	89	31705	33.02%
	Roman Catholic/Perceived Roman C	8762	9853	8364	3757	5860	608	1383	639	78	39304	40.93%
	Neither/Unknown	1830	8555	3289	6365	1682	404	1577	1266	45	25013	26.05%
Political Opinion	Broadly Unionist	1397	1384	954	934	1335	202	120	250	18	6594	6.87%
	Broadly Nationalist	1539	1550	2178	361	690	167	137	389	18	7029	7.32%
	Other	1192	1737	1674	682	994	277	161	411	30	7158	7.45%
	Do Not Wish To Answer/Not Known	11802	21201	10099	14148	11843	1033	3561	1408	146	75241	78.36%
Age	16-24	1217	1383	1046	1254	758	17	110	244	7	6036	6.29%
	25-34	3724	6157	3116	3804	3051	296	637	1632	43	22460	23.39%

	35-44	4365	6597	3755	4096	3753	408	1070	497	50	24591	25.61%
	45-54	3256	5828	3488	3381	3631	561	1124	65	41	21375	22.26%
	55-64	2753	4834	2820	2884	3092	354	893	19	62	17711	18.44%
	65+	615	1073	680	706	577	43	145	1	9	3849	4.01%
Marital Status	Single	5121	5580	5576	3340	4578	565	376	1410	52	26598	27.70%
	Married/Civil Partnership	8840	10446	7874	7236	9055	659	1324	843	108	46385	48.31%
	Divorced/Separated	351		676	556	0	30	84	4	6	1707	1.78%
	Widow/er	58		117	65	0	4	12	2	1	259	0.27%
	Not Known/Other	1560	9846	662	4928	1229	421	2183	199	45	21073	21.95%
Dependant Status	Yes	2381	4150	3080	1883	3191	411	445	382	53	15976	16.64%
	None	4885	5161	4491	1417	2218	516	258	1393	61	20400	21.25%
	Not Known	8664	16561	7334	12825	9453	752	3276	683	98	59646	62.12%
Disability	Yes	395	473	440	229	267	64	79	105	6	2058	2.14%
	No	11557	14146	9491	3499	7950	1264	1298	1666	108	50979	53.09%
	Not Known	3978	11253	4974	12397	6645	351	2602	687	98	42985	44.77%
Ethnicity	Bangladeshi	2		16	1		1		7		27	0.03%
	Black African	58		64	11		0	1	125	1	260	0.27%
	Black Caribbean	2		3	2		0	1	1		9	0.01%
	Black Other	4		1	2		0		1		8	0.01%
	Chinese	15		11	9		1	2	34	1	73	0.08%
	Filipino	85		68	59		3	1	2		218	0.23%

	Indian	180		221	78		1	7	78		565	0.59%
	Irish Traveller	2		4	1		0		3		10	0.01%
	Mixed Ethnic	32		26	17	204	5	2	45		331	0.34%
	Pakistani	23		36	9		1		89	1	159	0.17%
	Other Ethinicity	35	865	82	28	30	2	3	110	1	1156	1.20%
	White	11622	14703	11259	3872	8076	1322	908	1289	127	53178	55.38%
	Not Known	3870	10304	3114	12036	6552	343	3054	674	81	40028	41.69%
Sexual Orientation	Opposite Sex	8952	9552	8814	3439	5560	1113	591	1524	96	39641	41.28%

Source: Business Services Organisation

Table 104 HSC Medical & Dental staff

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Headcount*	4,209	4,276	4,308	4,402	4,519	4,654	4,851	5,179	5,196	5,254	5,442	5,715
WTE	3,913.2	3,938.3	4,002.0	4,098.1	4,199.0	4,307.1	4,502.9	4,815.9	4,820.3	4,832.9	4,985.8	5,217.9

Source: Human Resource, Payroll, Travel & Subsistence system

Table 105 Medical & Dental Staff in Post HSC Trust area, 31 March 2025

Headcount*	Belfast	Northern	South Eastern	Southern	Western	Regional Services	Total
Consultant	930	284	351	306	288	62	2,214
Associate Specialist/Specialty Doctor/Staff Grade	133	133	156	165	121	3	711
Specialty/Specialist Registrar	19	5	26	55	97	1,620	1,820
Foundation Doctor			1	2	11	582	596
Hospital Dental Practitioner / Community Dental Officer	32	24	21	15	12	12	111
Other Medical	110	5	18	51	4	95	278
Total	**1,224**	**449**	**572**	**594**	**533**	**2,372**	**5,715**

* Where individuals hold more than one active post, they are counted once in each category they hold an active post but counted only once in overall totals. Therefore, row and column totals may not sum.

Source: Human Resource, Payroll, Travel & Subsistence system

Table 106 Medical and Dental Staff WTE across HSC

WTE	Belfast	Northern	South Eastern	Southern	Western	Regional Services	Total
Consultant	876.0	269.0	323.8	288.1	273.9	39.8	2,070.7
Associate Specialist/Specialty Doctor/Staff Grade	116.6	115.2	136.1	148.3	113.2	3.0	632.4
Specialty/Specialist Registrar	18.6	5.0	23.5	53.5	95.8	1,508.3	1,704.6
Foundation Doctor	0.0	0.0	0.3	2.0	12.0	575.0	589.3
Hospital Dental Practitioner / Community Dental Officer	29.3	19.1	19.8	21.0	9.6	9.6	108.3
Other Medical	75.2	0.0	0.3	19.0	1.0	17.3	112.7
Total	**1,115.6**	**408.3**	**503.6**	**532.0**	**505.4**	**2,153.0**	**5,217.9**

Source: Human Resource, Payroll, Travel & Subsistence system

Table 107 Medical & Dental Staff by Gender & Full-Time / Part-Time, 31 March 2024

	Female	Male	Full-Time	Part-Time
	Headcount*	Headcount*	WTE	WTE
Consultant	927	1,287	1,735.0	335.7
Associate Specialist/Specialty Doctor/Staff Grade	467	244	482.0	150.4
Specialty/Specialist Registrar	1,031	789	1,374.0	330.6
Foundation Doctor	367	229	573.0	16.3
Hospital Dental Practitioner / Community Dental Officer	87	24	29.0	50.2
Other Medical	151	127	98.0	43.8
Total	**3,017**	**2,698**	**4,291.0**	**926.9**

Source: Human Resource, Payroll, Travel & Subsistence system

Headcount*	Full-Time		Part-Time	
	Female	Male	Female	Male
Consultant	622	1,112	308	175
Associate Specialist/Specialty Doctor/Staff Grade	257	225	211	19
Specialty/Specialist Registrar	675	699	357	91
Foundation Doctor	347	225	20	4
Hospital Dental Practitioner / Community Dental Officer	19	10	68	15
Other Medical	47	51	104	76
Total	**1,965**	**2,321**	**1,058**	**380**

Source: Human Resource, Payroll, Travel & Subsistence system

Table 108 Medical & Dental Staff by Age Group (Headcount), 31 March 2024

Headcount*	< 25	25-29	30-34	35-39
Consultant	0	40		420
Associate Specialist/Specialty Doctor/Staff Grade	0	20	100	144
Specialty/Specialist Registrar	0	350	914	390
Foundation Doctor	162	374	47	9
Hospital Dental Practitioner / Community Dental Officer	0	1	17	16
Other Medical	0	36	38	53
Total	**162**	**779**	**1,154**	**1,031**

Source: Human Resource, Payroll, Travel & Subsistence system

Table 109 - HSC Community Dentists Employed (Whole-Time Equivalent) at 31 March, 2016-2025

Position at 31st March:	Whole-time Equivalent
2025	65.36
2024	66.10
2023	67.09
2022	66.43
2021	67.86
2020	67.90
2019	64.19
2018	65.13
2017	63.11
2016	63.01

Source: Human Resource, Payroll, Travel & Subsistence system

Table 110 HSC Community Dentists Employed (WTE) at 31 March 2025 by pay scale

Grade	Pay scale code	WTE
Community Dentist	M431	38.5
Senior Community Dentist	M432	21.5
Assistant Community Dental Director	M433	0.4
Community Dental Director	M435	5.0
Total		65.4

Source: Human Resource, Payroll, Travel & Subsistence system

Table 111 HSC Community Dentists Employed (Headcount) by age group at 31 March 2025

Age Group	Headcount at 31st March 2025	% Headcount at 31st March 2025
<40	32	38%
40-49	24	29%
50-54	13	15%
55+	15	18%
Total	84	100%

Source: Human Resource, Payroll, Travel & Subsistence system

Table 112 Trend of HSC Medical & Dental staff split by female and male

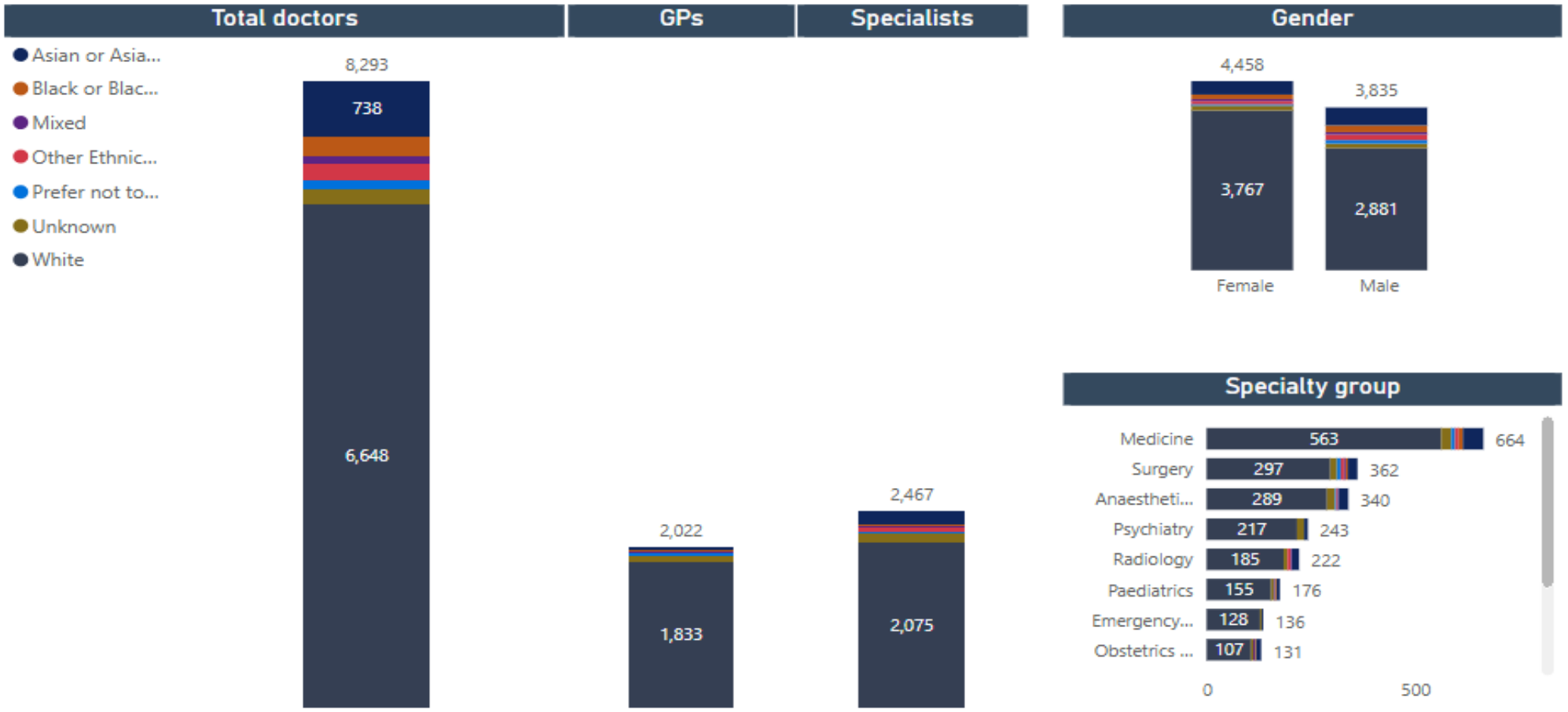
	Total Headcount	Female	Male	% Female	% Male
Mar-14	4,209	2,066	2,143	49.1%	50.9%
Mar-15	4,276	2,130	2,146	49.8%	50.2%
Mar-16	4,308	2,179	2,129	50.6%	49.4%
Mar-17	4,402	2,227	2,175	50.6%	49.4%
Mar-18	4,519	2,280	2,239	50.5%	49.5%
Mar-19	4,654	2,367	2,287	50.9%	49.1%
Mar-20	4,851	2,483	2,368	51.2%	48.8%
Mar-21	5,179	2,646	2,533	51.1%	48.9%
Mar-22	5,196	2,696	2,500	51.9%	48.1%
Mar-23	5,254	2,787	2,467	53.0%	47.0%
Mar-24	5,442	2,902	2,540	53.3%	46.7%
Mar-25	5,715	3,017	2,698	52.8%	47.2%

Source: Human Resource, Payroll, Travel & Subsistence system

7.1.2 GMC Ethnicity

Robust data on the whole HSC Medical & Dental workforce by ethnicity is not available. Alternative: GMC Registrants with a licence to practice with a Northern Ireland location by ethnicity.

Chart 30



Source: GMC Explorer, generated on 09/06/2025

Table 113 GMC Registrants with a licence to practice with a Northern Ireland location by ethnicity

Ethnicity	Northern Ireland GMC Registrants with a licence to practice
White	6,648
Asian or Asian British	738
Unknown	266
Black or Black British	216
Other Ethnic Groups	206
Prefer not to say	118
Mixed	101
Total	8293

Source: GMC Explorer, generated on 09/06/2025

7.1.3 HCS Staff Vacancies

7.1.3.1 HSC Permanent and Temporary Medical & Dental Vacancies in Recruitment published at https://www.health-ni.gov.uk/articles/staff-vacancies

Active Recruitment Vacancy definition: *A vacancy is any position that is currently with the recruitment team and being actively recruited to. This will include those going through pre-employment checks, up to the point of a start date being agreed. Once a start date has been agreed with both parties (i.e. manager and applicant) this will no longer be classed as a vacancy. Vacancies that are on hold by managers are not included.*

The data includes both permanent and temporary positions. Vacancy rates are expressed out of the staff in post position at the mid-point of the year. These figures do not include posts not actively being recruited to at the specific point in time, including those outside the bounds of the definition e.g. those that have not reached recruitment stage yet.

Table 114 HSC Permanent and Temporary Medical & Dental Vacancies in Recruitment

Staff Group	Number of vacancies actively being recruited to at:									
	31-Dec-22	31-Mar-23	30-Jun-23	30-Sep-23	31-Dec-23	31-Mar-24	30-Jun-24	30-Sep-24	31-Dec-24	31-Mar-25
Consultant	154	187	212	206	175	183	191	157	185	143
Specialty Doctor	75	75	69	56	58	55	58	60	76	82
Doctors in training (core trainees, specialty registrars, foundation doctors)*	6	8	25	6	0	8	12	10	4	0
Other Doctor	88	112	118	64	55	77	114	58	68	87
Dental Officer	2	3	1	2	0	0	3	5	5	7
Total	325	385	425	334	288	323	378	290	338	319

*Source: HSC Trusts & ALB's. *relates to Trust recruitment only.*

Table 115 Vacancy Rate

Staff Group	Vacancy Rate at:												
	31-Mar-22	30-Jun-22	30-Sep-22	31-Dec-22	31-Mar-23	30-Jun-23	30-Sep-23	31-Dec-23	31-Mar-24	30-Jun-24	30-Sep-24	31-Dec-24	31-Mar-25
Medical & Dental staff	5.8%	6.7%	5.4%	5.7%	6.8%	7.5%	5.8%	5.0%	5.6%	6.5%	4.8%	5.6%	5.2%

Source: HSC Trusts & ALB's

7.1.3.2 Active Vacancies by specialty

Table 116 Consultant Active Vacancies in HSC Trusts

Specialty	31 Dec 22	31 Mar 23	30 Jun 23	30 Sep 23	31 Dec 23	31 Mar 24	30 June 24	30 Sep 24	31 Dec 24	31 Mar 25
Acute Care at Home	0	0	0	0	0	3	4	0	4	0
Acute/General Medicine	5	4	5	4	3	3	6	3	12	9
Acute Orthophysician	0	0	0	0	0	0	0	0	0	0
Addictions	0	0	0	0	0	0	0	0	0	0
Anaesthesics, ICU, Critical Care Medicine and Retrieval Medicine	11	19	15	11	10	14	13	9	22	8
Cardiology	5	5	5	7	3	1	7	7	5	2
Cardiology with sub specialty in heart failure	0	0	0	0	0	0	0	0	0	0
Care of the Elderly	2	1	7	2	2	2	0	0	1	2
Cellular Pathology	0	0	0	0	0	2	0	0	2	0
Chemical Pathology	0	0	1	0	0	2	0	0	1	0
Child and Adolescent Mental Health	3	2	3	3	3	3	3	1	1	0
Dental	0	1	2	0	1	1	0	1	1	1
Dermatology	4	3	1	0	0	3	2	1	1	1
Ear, Nose and Throat	1	3	5	4	3	3	3	3	3	3
Elderly Care with Stroke Interest	2	3	2	0	0	1	0	0	0	0
Elderly Frailty	0	0	0	0	0	0	0	0	0	0
Emergency Medicine	5	4	3	6	3	3	2	6	2	5
Endocrinology/Diabetes	3	3	4	4	6	8	5	4	7	5
Gastroenterology	4	6	4	5	8	8	10	7	7	4
Gastroenterology & General Medicine	0	0	0	0	0	0	0	0	0	0
General Internal Medicine	0	0	0	0	0	0	1	0	0	0
General Internal / Geriatric Medicine	0	0	2	1	0	2	0	2	0	0
Genetics	0	0	0	2	0	0	0	0	0	0
Genito-Urinary Medicine	0	0	0	0	0	0	0	0	0	0
Genito-Urinary Medicine & HIV Medicine	0	0	0	0	0	0	0	1	0	1
Geriatrics	2	4	3	3	4	2	1	1	1	4
Geriatric / Acute Care at Home	2	2	3	3	4	0	0	0	0	0
Geriatric / Mental Health	0	0	0	0	0	0	0	0	1	0

Geriatric Medicine with special interest in Ambulatory Care	0	1	0	0	0	0	0	0	0	0
Geriatric Medicine with special interest in Stroke	0	0	1	1	1	1	0	0	0	0
Geriatric Neuro Vascular Hub	0	0	0	0	0	0	0	1	0	0
Haematology	2	5	7	4	3	2	3	5	3	2
Hepatology	2	1	1	0	0	0	1	0	0	0
Histopathology / Cytopathology	0	0	0	0	0	0	0	0	0	0
Imaging	0	0	0	0	0	0	0	0	0	0
Immunology	0	0	1	1	1	0	0	0	0	0
Infection	0	0	0	0	2	1	1	1	0	0
Infectious Diseases	0	0	0	0	0	0	2	0	0	0
Learning Disability	0	0	2	0	1	1	0	0	0	0
Cellular Pathology	1	1	0	2	0	0	1	0	0	1
Chemical Pathology	0	0	0	0	0	0	2	1	0	1
Medical Microbiology	0	0	0	0	0	2	2	0	0	0
Mental Health	0	0	1	0	1	1	3	1	1	0
Mental Health Liaison Service	0	0	1	0	0	0	0	0	0	0
Metabolics	0	0	0	1	0	0	0	0	0	0
Microbiology	3	1	2	4	4	0	0	2	0	2
Medical/Clinical Oncology	0	0	0	0	0	1	1	1	1	0
Neonatal	0	0	0	0	0	0	5	0	0	0
Nephrology	0	1	2	0	0	3	3	1	1	0
Neurology	4	4	1	5	3	3	5	5	3	2
Neuroradiology	0	0	0	1	0	0	0	0	0	0
Neurosciences	0	0	0	0	0	0	0	0	0	0
Northern Ireland Specialist Transport & Retrieval (NISTAR)	0	0	0	0	0	1	0	0	0	0
Obstetrics & Gynaecology	6	7	9	8	6	4	6	6	3	4
Occupational Medicine	0	0	0	1	0	0	0	0	0	0
Oncology	0	0	0	8	8	7	0	2	2	1
Ophthalmology	1	1	7	2	4	3	5	4	1	1
Oral and Maxillo-Facial Surgery Head & Neck Oncology	0	0	0	0	0	0	0	0	0	0
Oral and Maxillo-Facial Surgery Orthognathics	0	0	1	2	1	2	0	0	0	0
Oral & Maxillofacial (Orthogriathics)	0	0	1	0	0	0	0	0	0	0
Orthodontics	1	1	0	1	1	1	2	1	0	0

Orthogeriatrics	1	1	1	1	0	0	0	0	0	0
Orthopaedics	0	0	0	1	0	0	0	0	0	0
Otorhinolaryngology/Otolaryngology	1	1	0	0	0	1	1	1	0	0
Paediatrics	11	11	3	3	3	7	2	1	1	6
Palliative Medicine	1	4	1	2	0	0	2	1	1	3
Pathology	1	2	3	3	3	0	2	1	2	0
Psychiatry	22	32	31	32	29	26	29	25	25	30
Radiology	8	10	14	14	14	16	14	7	22	14
Rehabilitation Medicine	1	1	1	0	0	1	0	0	0	0
Renal Medicine	0	0	0	0	0	0	0	0	0	0
Respiratory Medicine	5	6	6	6	6	5	7	5	5	1
Rheumatology	2	0	1	1	1	1	0	1	0	0
Sexual Health & HIV	0	0	0	0	0	0	0	1	0	0
Sexual & Reproductive Health	0	0	0	0	0	0	3	2	2	0
Stroke Medicine	0	0	0	1	1	1	1	0	1	1
Substance Use and Dependance	0	0	0	0	0	0	0	0	2	0
Surgery	15	11	11	10	10	8	7	4	2	4
Trauma & Orthopaedics	4	6	8	4	6	4	2	1	2	3
Urology	3	6	6	5	1	1	2	1	3	5
Vascular	0	0	0	2	0	0	0	0	2	1
Virology	0	0	0	0	0	0	0	0	0	0
Total	**144**	**174**	**188**	**181**	**160**	**165**	**171**	**128**	**156**	**127**

Source: HSC Trusts

** Excludes vacancies in Regional Services*

Table 117 Direct Employment Locum Consultant Active Vacancies in HSC Trusts

Specialty	31 Dec 22	31 Mar 23	30 Jun 23	30 Sep 23	31 Dec 23	31 Mar 24	30 Jun 24	30 Sep 24	31 Dec 24	31 Mar 25
Acute Medicine	0	0	0	1	0	0	0	0	1	0
Ambulatory Care	0	0	0	1	0	0	0	0	0	0
Anaesthetics	2	0	0	1	1	3	6	2	2	0
Intensive Care Medicine and Anaesthesia	0	2	1	0	1	1	0	0	0	0
Cardiology	1	1	0	1	0	0	0	0	0	0
Cardiothoracic	0	1	0	0	0	0	0	0	0	0
Care of the Elderly	0	0	0	2	0	0	0	0	0	0
Cellular Pathology	0	0	0	0	0	0	0	1	0	0
Clinical Oncology	0	0	0	0	0	0	0	0	0	0
Chemical Pathology	0	0	0	0	0	1	0	0	0	0
Child Adolescent Mental Health	0	0	0	0	0	0	0	0	1	0
Dentistry	0	0	0	0	0	0	0	0	0	0
Dermatology	0	0	0	1	0	0	0	0	0	0
Ear, Nose and Throat	0	0	0	0	1	0	0	0	0	1
Elderly Care with Stroke Interest	0	0	0	0	0	0	0	0	0	0
Emergency Medicine	0	0	1	2	0	2	0	0	1	1
Endocrinology/Diabetes	0	0	0	0	0	0	0	0	0	0
Gastroenterology	1	1	1	0	0	0	0	0	0	0
General Medicine	0	0	0	1	0	0	0	0	0	0
Geriatrics	0	0	0	0	0	0	0	0	0	0
Haematology	0	0	0	1	0	0	0	0	0	0
Hepatology	0	0	1	0	0	0	0	0	0	0
Labs	0	0	0	0	0	0	0	0	0	0
Microbiology	0	0	0	0	0	0	0	0	1	0
Neonatal	0	0	4	0	1	0	0	0	0	0
Nephrology	0	0	0	0	0	0	0	0	0	0
Neurology	0	0	0	1	1	1	1	1	1	1
Northern Ireland Specialist Transport & Retrieval (NISTAR)	0	0	0	0	1	1	0	0	0	0
Obstetrics & Gynaecology	1	3	1	1	0	0	0	1	1	0
Oncology	0	0	0	1	1	0	2	2	1	0
Oncology/Haematology	0	0	0	0	0	0	0	1	0	0
Orthodontics	1	0	0	0	0	0	0	0	0	0

Orthopaedics	0	0	0	0	0	0	0	0	0	0
Ophthalmology	0	0	4	0	0	0	0	0	0	0
Paediatrics	2	2	2	3	3	4	3	2	5	2
Palliative Medicine	0	0	2	2	0	0	0	1	0	0
Psychiatry	0	0	0	1	0	0	0	2	1	2
Radiology	0	0	1	0	0	1	0	0	0	0
Respiratory Medicine	0	0	0	0	0	0	0	1	0	0
Rheumatology	0	0	1	1	0	1	0	0	0	0
Sexual & Reproductive Healthcare	0	1	0	0	0	0	0	0	0	0
Surgery	1	0	0	2	5	1	4	1	0	3
Trauma & Orthopaedics	1	1	0	0	0	0	1	2	1	1
Urology	0	1	0	0	0	0	0	1	0	0
Total	**10**	**13**	**19**	**23**	**15**	**16**	**17**	**18**	**16**	**11**

Source: HSC Trusts

** Excludes vacancies in Regional Services*

Table 118 SAS Doctor Active Vacancies in HSC Trusts

Specialty	31 Dec 2022	31 Mar 2023	30 Jun 2023	30 Sep 2023	31 Dec 2023	31 Mar 2024	30 June 2024	30 Sep 2024	31 Dec 2024	31 Mar 2025
Acute Care at Home	1	1	1	2	1	2	1	1	1	0
Acute Medicine	4	4	4	4	5	4	4	4	5	5
Acute & Ambulatory Care	0	0	0	0	0	0	0	0	0	0
Acute & Ambulatory Paediatrics	1	1	1	1	0	1	1	0	0	0
Acute & Critical Care	0	0	0	0	0	0	0	0	0	0
Acute / Geriatric Medicine	0	0	1	0	1	0	0	0	0	0
Addiction	0	0	0	0	0	0	0	0	0	0
Ambulatory Medicine	0	0	1	0	1	0	0	0	0	1
Ambulatory & Geriatric Medicine	0	2	0	0	0	0	0	0	0	0
Anaesthetics	4	5	4	1	2	1	4	3	8	5
Autism	0	0	0	1	1	0	0	0	0	0
Cardiology DAU	0	0	0	0	0	0	0	0	0	0
Cardiology	4	2	1	0	1	1	1	3	1	1
Care of Elderly (Outreach)	0	0	0	0	0	0	0	0	0	0
Care Of Elderly	3	4	1	1	5	5	3	0	0	1
Cellular Pathology	0	0	0	0	0	0	0	0	0	0
Chemical Pathology	0	1	1	1	0	0	0	0	0	0

Child and Adolescent Mental Health	2	2	2	3	2	0	1	2	1	1
Dentistry	0	0	0	0	1	1	0	0	0	0
Dermatology	0	0	1	0	0	0	0	1	2	1
Direct Assessment Unit	0	0	0	1	0	2	2	1	1	0
Ear, Nose and Throat	1	1	1	1	1	0	0	2	1	0
Elderly Frailty	3	0	2	3	3	2	0	2	0	1
Emergency Medicine	2	6	2	5	10	8	10	13	16	16
Endocrinology/Diabetes	0	1	1	1	1	0	0	0	1	2
Gastroenterology	1	1	2	0	0	1	1	1	2	1
General Medicine	0	0	0	0	0	1	0	0	2	2
General Internal Medicine & Acute Critical Care	0	0	0	0	0	0	0	0	0	0
Genito-Urinary Medicine	0	0	1	0	0	0	0	1	0	0
Genito-Urinary Medicine & HIV								0	1	0
Geriatric Medicine	1	1	1	0	0	0	1	0	1	2
Haematology	3	4	2	3	4	2	2	0	2	2
Intellectual Disability	0	0	0	0	0	0	0	0	0	1
Medical Microbiology	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0
Mental Health Liaison Service	0	0	0	0	0	0	0	1	0	0
Metabolic Medicine	0	0	0	0	0	0	1	0	0	0
Microbiology	3	1	0	0	0	0	1	1	1	1
Neonatology	0	0	0	0	0	0	0	0	0	0
Nephrology	1	1	1	0	1	1	0	0	0	0
Neurology	0	0	0	0	1	1	1	0	1	1
Neuro Rehabilitation	0	0	0	0	0	0	1	0	0	0
Obstetrics & Gynaecology	5	5	6	2	0	0	0	1	1	2
Occupational Health	1	0	0	2	2	1	0	1	0	0
Oncology	4	5	2	3	1	0	1	2	2	3
Opthalmology	0	0	0	0	0	0	0	0	2	3
Orthogeriatrics	0	1	1	0	0	0	0	0	0	0
Orthopaedics	0	0	0	0	0	0	0	0	0	0
Paediatrics	7	7	4	7	3	4	3	2	4	4
Palliative Care	0	0	0	0	0	0	2	3	3	1
Plastic Surgery	0	0	0	0	0	0	0	0	0	0
Psychiatry	11	11	11	8	7	10	7	5	5	10
Rehabilitation Medicine	0	0	0	0	0	0	1	1	1	2

Renal Medicine	0	0	0	0	0	0	1	0	0	0
Respiratory Medicine	1	3	3	1	1	0	2	1	1	2
Respiratory & Ambulatory Medicine	0	0	0	0	0	0	0	0	0	0
Rheumatology	0	0	0	1	0	1	2	3	2	3
Sexual Health & HIV Medicine	0	0	1	1	0	0	0	0	0	0
Sexual & Reproductive Healthcare	1	1	2	1	1	3	0	1	3	2
Stroke Medicine	0	0	0	0	0	0	0	0	0	0
Surgery	7	2	4	2	2	2	2	4	4	2
Trauma & Orthopaedics	2	0	0	0	0	0	1	0	0	2
Thoracic	0	0	0	0	0	0	0	0	0	0
Urology	2	2	4	0	0	1	1	0	1	0
Total	**75**	**75**	**69**	**56**	**58**	**55**	**58**	**60**	**76**	**80**

Source: HSC Trusts

** Excludes vacancies in Regional Services*

7.1.4 NIMDTA Trainee Vacancies

Foundation programme and Specialty Training recruitment - Source: NIMDTA

Table 119 Foundation training

The first column relates to recruitment into the 2 year programme (ie over 500 posts in total F1 and F2 in a training year).

	Total F1 posts being recruited to	F1 Posts filled at August	% posts filled (of those which were advertised for this intake)	F2 Posts filled at August	% posts filled (of those which were advertised for this intake)
2013	252	252	100.00%	251	99.60%
2014	252	251	99.60%	252	100.00%
2015	252	250	99.20%	247	100.00%
2016	267	259	97.00%	262	98.12%
2017	252	239	94.84%	256	95.89%
2018	252	250	99.20%	239	94.84%
2019	252	251	99.60%	249	98.80%
2020	252	255*	103.70%	248	98.40%
2021	252	254*	100.80%	258	98.00%
2022	259	273*	98.00%	259	95.00%
2023	294	264	90.00%	241	96.00%
2024	294	294	100.00%	243	96.00%
2025	363	359	99.00%	284	97.00%

** Total including oversubscription. Includes additional posts from UKFPO reserve list Aug 21 & 22.*

Source NIDMTA

Table 120 Specialty training

	Total posts being recruited to (incl CT/ST/LAT)	Posts filled at August	% posts filled (of those which were advertised for this intake)
2013	455	382	83.90%
2014	434	376	86.60%
2015	403	355	88.00%
2016	480	380	79.00%
2017	498	380	76.30%
2018	487	369	76.00%
2019	479	393	82.05%
2020	402	364	91.00%
2021	383	348	91.00%
2022	399	361	90.47%
2023	426	365	87.00%
2024	396	369	93.00%
2025	400	385	96%

Source NIDMTA

Table 121 Specialty Training

	Posts vacant at August (total training posts inc Foundation & Specialty programmes)	% posts vacant (of total posts)
2013	73	4.4%
2014	104	6.2%
2015	133	7.8%
2016	179	10.2%
2017	179	10.0%
2018	163	9.0%
2019	157	8.6%
2020	135	7.0%
2021	158	8.0%
2022	191	11.0%
2023	206	12.0%
2024	162	9.0%
2025	182	9%

Source NIDMTA

Vacancies are defined as NIMDTA Unsuccessful Recruitment or Trainee Resignation and also Trainee Out of Programme (due to maternity leave, sick leave, pursuing out of programme clinical experience, pursuing out of programme training, pursuing out of programme research, career break etc).

7.1.5 HSC Leavers and Joiners - in Medical & Dental jobs

The following data excludes doctors in training and includes leavers from Health & Social Care only. However the data includes new joiners to Health & Social Care only, and does not include movements between or within HSC organisations. Staff leavers and joiners in the HSC were calculated by comparing the snapshots of individuals employed, for example, at March 2024 with individuals employed at March 2025. Those who appeared on the March 2025 dataset, but not March 2024 were classed as joiners. Those who appeared on the March 2024 dataset but not March 2025 were classed as leavers. Unique identifiers were used to track individuals' movements. This method of calculating the number of leavers and joiners has the limitation of excluding some short-term staff who were not captured on one or both datasets.

.

Leaving Rates are calculated by dividing the number of leavers (headcount) during the year (e.g. 1st April 2024 – 31st March 2025) by the total number of staff employed (headcount) at the start of the year (e.g. 31 March 2024). In other words, how many of those employed at the start of the year left during the course of the year.

Joining Rates are calculated by dividing the number of joiners (headcount) during the year (e.g. 1st April 2024 – 31st March 2025) by the total number of staff employed (headcount) at the end of the year (e.g. 31 March 2025). In other words, how many of those employed at the end of the year joined during the course of the year.

Workforce Stability is the number of HSC staff employed at a point in time e.g. 31st March 2025, who were in HSC employment at a previous point in time e.g. one year before at 31st March 2024. This example would give one year workforce stability. Annual Workforce Stability Rate (Example): The number of HSC staff employed at 31st March 2025 who were in HSC employment at 31st March 2024, divided by the total number of HSC staff employed at 31st March 2025.

Table 122 Leavers and Joiners

HSC Medical & Dental	Mar-17	Mar-18	Mar-19	Mar-20	Mar-21	Mar-22	Mar-23	Mar-24	Mar-25
Leaver	136	131	143	157	138	197	211	185	179
Joiner	119	137	154	193	178	169	200	183	240

Source: Human Resource, Payroll, Travel & Subsistence system

HSC Medical & Dental	Mar-17	Mar-18	Mar-19	Mar-20	Mar-21	Mar-22	Mar-23	Mar-24	Mar-25
Leaving Rate	5.5%	5.2%	5.5%	5.9%	4.9%	6.7%	7.0%	6.0%	5.7%
Joining Rate	4.7%	5.2%	5.8%	6.9%	6.0%	5.6%	6.5%	5.8%	7.3%

Source: Human Resource, Payroll, Travel & Subsistence system

HSC Medical & Dental	Mar-17	Mar-18	Mar-19	Mar-20	Mar-21	Mar-22	Mar-23	Mar-24	Mar-25
Staff in Medical & Dental Post 1 Year Before	2,318	2,392	2,439	2,495	2,635	2,710	2,757	2,848	2,946
Annual Medical & Dental Stability Rate (%)	91.2%	91.3%	91.3%	89.1%	89.5%	90.0%	89.6%	90.4%	89.3%

Source: Human Resource, Payroll, Travel & Subsistence system

Table 123 Latest year HSC leavers from which organisation

	Belfast HSC Trust	Northern HSC Trust	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust
HSC Medical & Dental Leavers Headcount	64	24	30	26	25

There were also 11 medical & dental staff who left from another HSC regional organisation

Source: Human Resource, Payroll, Travel & Subsistence system

Table 124 Latest year HSC leavers from which age group

	< 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65+	Total
HSC Medical & Dental Leavers Headcount	0	10	14	29	21	17	17	35	16	20	179

Source: Human Resource, Payroll, Travel & Subsistence system

Staff Group	HSC Leavers
Consultant	95
Associate Specialist/Specialty Doctor/Staff Grade	55
Hospital Dental Practitioner / Community Dental Officer	6
Other Medical	24
Total	179

Source: Human Resource, Payroll, Travel & Subsistence system

HSC Leavers and Joiners - in Consultant jobs

Includes leavers from Health & Social Care only, will not include movements between or within organisations.

Includes new joiners to Health & Social Care only, will not include movements between or within organisations.

Table 125 Consultants

Consultants	Mar-19	Mar-24	Mar-25
Leaver	77	111	95
Joiner	81	87	87
Consultants	**Mar-19**	**Mar-24**	**Mar-25**
Leaving Rate	4.3%	5.3%	4.4%
Joining Rate	4.4%	4.0%	3.9%
Consultants	**Mar-19**	**Mar-24**	**Mar-25**
Staff in Consultant Post 1 Year Before	1,706	1,990	2,052
Annual Consultant Stability Rate (%)	92.5%	92.6%	92.7%

Source: Human Resource, Payroll, Travel & Subsistence system

Table 126 Leavers by age group

Leavers Headcount	< 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65+	Total
Mar-19	0	0	2	6	8	3	8	27	18	5	**77**
Mar-24	0	0	5	12	6	14	18	19	27	10	**111**
Mar-25	0	0	3	12	12	8	11	26	10	13	95

Source: Human Resource, Payroll, Travel & Subsistence system

HSC Leavers and Joiners - in SAS jobs

Includes leavers from Health & Social Care only, will not include movements between or within organisations.

Includes new joiners to Health & Social Care only, will not include movements between or within organisations.

Table 127 - SAS

SAS Grades	Mar-19	Mar-24	Mar-25
Leaver	42	35	55
Joiner	39	65	68
SAS Grades	**Mar-19**	**Mar-24**	**Mar-25**
Leaving Rate	7.5%	5.4%	7.8%
Joining Rate	7.2%	9.3%	9.6%
SAS Grades	**Mar-19**	**Mar-24**	**Mar-25**
Staff in SAS Grade Post 1 Year Before	484	595	623
Annual SAS Grade Stability Rate (%)	88.8%	84.9%	87.6%

Source: Human Resource, Payroll, Travel & Subsistence system

Table 138 Leavers by age group

Leavers Headcount	< 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65+	Total
Mar-19	0	2	2	10	4	1	4	9	7	3	**42**
Mar-24	0	0	6	5	2	3	6	5	4	4	**35**
Mar-25	0	0	5	11	9	8	6	7	4	5	55

ANNEX

Contents

Annex A

Strategic Workforce Reviews from the introduction of the Regional HSC Workforce Planning Framework in March 2015: Position at 3 June 2025	
*** Indicates a Strategic Workforce Review of a medical specialty carried out for the Department of Health by the Public Health Agency**	
Profession/Medical Specialty/Programme of Care	**Date completed**
Pathology Services	February 2025
* Psychiatric Specialties	July 2024
Mental Health Services	July 2023
Dental Services	July 2023
Therapeutic Radiography	May 2022
Orthoptics	May 2022
Occupational Therapy	May 2022
Music, Art and Drama Therapies	May 2022
Dietetics	May 2022
Diagnostic Radiography	May 2022
Social Work	March 2022
Pharmacy	September 2020
Speech and Language Therapy	August 2020
Prosthetics	August 2020
Podiatry	August 2020
Physiotherapy	August 2020
Clinical Psychology	February 2020
* Acute Medical Specialties:Acute Internal Medicine; Endocrinology; Gastroenterology; Geriatric Medicine; Respiratory Medicine; Rheumatology	April 2018
* Dermatology	January 2018
* Urology	May 2017

Strategic Workforce Reviews from the introduction of the Regional HSC Workforce Planning Framework in March 2015: Position at 3 June 2025	
*** Indicates a Strategic Workforce Review of a medical specialty carried out for the Department of Health by the Public Health Agency**	
Profession/Medical Specialty/Programme of Care	**Date completed**
* Neurology	May 2017

Strategic Workforce Reviews from the introduction of the Regional HSC Workforce Planning Framework in March 2015: Position at 3 June 2025	
*** Indicates a Strategic Workforce Review of a medical specialty carried out for the Department of Health by the Public Health Agency**	
Profession/Medical Specialty/Programme of Care	**Date completed**
* Occupational Medicine	May 2017
* Intensive Care Medicine	November 2016
* Anaesthetics	November 2016
* General Medicine Superseded by the Northern Ireland Medical School Places Review	June 2016
* Paediatrics	January 2016
Domiciliary Care	December 2015
Imaging (Radiology)	December 2015
* Emergency Medicine	September 2015
* Trauma and Orthopaedics	September 2015
* General Practice	June 2015
Nursing and Midwifery	May 2015

Strategic Workforce Reviews
*** Indicates a Strategic Workforce Review of a medical specialty carried out for the Department of Health by the Public Health Agency**
Profession/Medical Specialty/Programme of Care
Strategic Workforce Review ongoing
* Acute Internal Medicine
Cancer Services – Programme of Care (Paused)
* Cardiothoracic surgery
Diabetes Services (Specialist) – Programme of Care
* Emergency Medicine
* Endocrinology
* ENT surgery
* Gastroenterology
* General surgery (including transplant, breast and gastrointestinal surgery)
* Haematology
Learning Disability
* Microbiology, Virology and Infectious Disease
* Neonatology
* Neurosurgery
* Obstetrics and Gynaecology
* Ophthalmology
Orthotics
* Paediatric Intensive Care
* Paediatric surgery
Palliative Care (Specialist) – Programme of Care
Paramedics
* Public Health
* Respiratory Medicine
Stroke Services – Programme of Care
* Vascular surgery
Strategic Workforce Review planned to take place
* Cardiology

Strategic Workforce Reviews
*** Indicates a Strategic Workforce Review of a medical specialty carried out for the Department of Health by the Public Health Agency**
Profession/Medical Specialty/Programme of Care
* Genitourinary Medicine
* Geriatric Medicine
* Plastic surgery
* Rheumatology

Source Business Support Organisation

NIMDTA DENTAL

Version 2 - Feb 2024

Northern Ireland mdta Medical & Dental Training Agency

DFT ALLOCATION PROCEDURE 2024-25

Contents

DFT Recruitment Allocation Procedure 2024-25

Recruitment for Foundation Dentists (FDs) is undertaken by the Medical and Dental Recruitment and Selection (MDRS) National Recruitment Office (NRO). NIMDTA are advised of the FDs appointed to Northern Ireland (NI) following the end of the recruitment upgrade deadline. This deadline is 10 June 2024.

FDs allocated to NI will be contacted by NIMDTA via email and requested to preference available placements across Northern Ireland.

In a change to process for 2024, FDs will be required to undertake two ranking processes in the following order:

(1) To rank three schemes A, B or C
(2) To rank Educational Supervisors (ES) within their allocated scheme. Numbers of ESs will vary within schemes.

Two allocation panels will then meet, one to allocate to a scheme and the second to allocate to an ES. The process for ranking and allocation is outlined below:

Foundation Dentist Ranking and Allocation Process

Phase 1 – Scheme Ranking

- NI will submit a number of places to NRO for the 2024-25 training year.
- NRO will advise NIMDTA of FDs allocated to NI following the recruitment outcome.
- NIMDTA will contact FDs allocated to NI and request that they rank their preferences for NI schemes A, B, C. All schemes must be ranked. FDs will have 48 hours to rank schemes from the date and time of the email sent requesting scheme ranking.
- FDs will be allocated to one scheme, A, B or C based on their recruitment outcome.
- In the event insufficient FDs are allocated to NI NIMDTA will request additional names to be provided from List B. The allocation of List B FDs will be separate and is covered later in this document.

Phase 2 – Educational Supervisor Ranking

- FDs will be requested to rank only those ESs within their appointed scheme. All ES's must be ranked. FDs will have 48 hours to rank ESs from the date of the letter sent requesting ES ranking.
- An allocations panel will allocate the highest ranked Foundation Dentist at recruitment with their highest ranked preference. This process will be continued until all positions have been filled.
- In the event that there are more appointed ES's than there are placements required within that scheme, a number of ES's will not have an opportunity to train a Foundation Dentist.

- Allocations will be communicated to FD's and ES's by NIMDTA. Notification will also be sent to ES's who have not been allocated an FD. These communications will be issued at the earliest opportunity.
- NIMDTA will allocate FDs to an Advisor/ TPD and associated training group for the purposes of study day facilitation and support.

List B Allocation

In the event insufficient FDs are allocated to NI through NRO, NIMDTA will request additional names to be provided by NRO from List B. The allocation of List B FDs is as follows:

Phase 1 – Scheme Ranking

- NIMDTA will contact FDs allocated to NI and request that they rank their preferences for NI schemes A, B, C. All schemes must be ranked. FDs will have 48 hours to rank schemes from the date of the letter sent requesting scheme ranking.
- FDs will be allocated to one scheme, A, B or C based on their recruitment outcome.

Phase 2 – Educational Supervisor Ranking

- FDs will be requested to rank only those ESs within their appointed scheme. All ES's must be ranked. FDs will have 48 hours to rank ESs from the date of the letter sent requesting ES ranking.
- An allocations panel will allocate the highest ranked Foundation Dentist at recruitment with their highest ranked preference. This process will be continued until all positions have been filled.
- In the event that there are more appointed ES's than placements required within that scheme, then a number of ES's will not have an opportunity to train a Foundation Dentist.
- Allocations will be communicated to FD's and ES's by NIMDTA. Notification will also be sent to ES's who have not been allocated an FD. These communications will be issued at the earliest opportunity.
- NIMDTA will allocate FDs to an Advisor/ TPD and associated training group for the purposes of study day facilitation and support.

ES Allocation 2024-25

Educational Supervisors applying to train will be placed into one of three schemes across NI determined by their practice postcode. These schemes are detailed at Appendix 1. Training places vary in number across training schemes and for the year commencing September 2024-25 are as follows; 6 places in Scheme A, 12 places in Scheme B and 12 places in Scheme C.

The application process varies slightly depending on whether the applicant is new to training or returning to training. A comprehensive applicant's guide is available to view online as part of the ES recruitment process. This guide outlines essential dates and provides more information on the recruitment and selection process. In addition it specifies any variation in selection process for those who are new to training and those who are returning. This document details the allocation process only.

All appointed ES's will be ranked by the FDs allocated to NI. It is possible that an ES may not be sufficiently highly ranked during FD selection to ultimately be allocated a FD.

ES's new to training

A new ES is defined as one who has not trained in the past or has not trained in the three training years preceding the current recruitment round.

ES's returning to training

A returning ES is defined as one who has trained at least once in the three training years preceding the current recruitment round i.e. those who have trained a FD in 23-24, 22-23, 21-22. Returning ES's will no longer be required to complete a yearly interview.

Allocation Process

While there is variation in the recruitment and selection of new and returning ES's as detailed in the Applicant's Guide, once appointed there is no distinction in the allocation process.

- ES Recruitment will open in January 2024. The inclusion of three distinct schemes will be included and highlighted in the Applicant's pack.
- Recruited and appointed ESs will be divided by scheme based on geographical area using postcodes. Please see Appendix 2.
- If a scheme has insufficient placements after the completion of ES recruitment and selection the remaining training placements will be distributed proportionately across the remaining schemes to meet the full complement of required FD places. This redistribution will be proportionate and will be completed before FD allocation. Please see Appendix 3 for further detail of practice distribution by percentages.
- In the event a scheme is oversubscribed any practice with outstanding actions to be completed on the action plan shared by NIMDTA following a practice visit, will not be added to the FD ranking list for allocation for that scheme.

Appendix 1

DFT Scheme Split 2024-25

On review of the allocation of Dental Foundation places it has been decided that allocations should be based on the Dental Practices identified on the BSO Dental list at the time of opening recruitment. Places will be allocated by geography into 3 schemes. There will be 6 places in Scheme A, 12 places in Scheme B and 12 places in Scheme C.

The 2023-24 DFT scheme will be split into three schemes A, B, C as below:

Appendix 2

Scheme area by postcode

SCHEME	SCHEME AREA	Postcode	FD PLACES
Scheme A	Fermanagh and Omagh Derry and Strabane Causeway Coast and Glens	BT44 BT47-49 BT51-56 BT74 BT78-79 BT81-82 BT92 BT94	6
Scheme B	Mid and East Antrim Antrim and Newtownabbey Mid Ulster Armagh, Banbridge and Craigavon Newry, Mourne and Down	BT24-25 BT29 BT30-46 BT60-63 BT65-67 BT69-71 BT75 BT80	12
Scheme C	Belfast Lisburn and Castlereagh North Down and Ards	BT4-23 BT26-29 BT67	12
TOTAL FD PLACES			30

Appendix 3

Scheme breakdown by Dental List

Scheme	Number of practices	Scheme as percentage of Dental list	Allocated FD places per scheme based on scheme % of dental list
Scheme A	76	21	6
Scheme B	150	41	12
Scheme C	139	38	12
TOTAL	365	100	30

NIMDTA
BEECHILL HOUSE
42 BEECHILL ROAD
BELFAST
BT8 7RL

TEL: 028 9040 0000

@: DENTALCOURSES.NIMDTA@HSCNI.NET
@: DENTALFOUNDATION.NIMDTA@HSCNI.NET
@: DENTAL.NIMDTA@HSCNI.NET

HTTPS://WWW.NIMDTA.GOV.UK/

HTTPS://WWW.FACEBOOK.COM/DENTALNIMDTA

Annex C

Medical recruitment across HSC Trusts and by speciality

TRUST	GRADE	SPECIALITY	NUMBER 2023/24	NUMBER 2024/25
BHSCT	Clinical Fellow	Critical Care	4	4
	Clinical Fellow	Trauma & Orthopaedics	3	0
	Consultant	Trauma & Orthopaedics	1	1
	LAS	Anaesthetics		2
		Cardiothoracic Surgery	2	4
		Haematology		2
		Neurology		3
		Obstetrics and Gynaecology		1
		Neurosurgery		3
		Critical Care and Major Trauma		4
		Emergency Medicine		3
		Clinical/Medical Genetics		1
		Paediatric Surgery		1
		Urology		1
		Paediatrics	1	
		Psychiatry	1	0
SEHSCT	Clinical Fellow (STR)	General Medicine	2	
		Plastic Surgery	1	
		Emergency Department	0	5
		ICU	0	1
		Oral and Maxillofacial Surgery (OMFS)	0	1
	Dental Foundation Officer	Dental Surgery	1	
	Locum Appointment for Service	Paediatric Serv - Hosp	2	
		Oral and Maxillofacial Surgery (OMFS)	0	1

	Specialty Doctor	General Medicine	2	
		Cardiology	0	1
NHSCT	Consultant	Radiologist	0	1
	Consultant Radiologist	Paeds and Neuro	1	
	LAS F1	Medicine	1	
		Surgery	2	
	LAS S1/2	Emergency Medicine	0	1
	Specialty Doctor	Anaesthetics	2	
		Medicine	0	1
		Emergency Medicine	0	1
WHSCT	Clinical Fellow	Urology	1	
		ENT	0	1
	Clinical Fellow CT1/2	Emergency Med	0	1
	Clinical Fellow IMT 1/2/3	CoE/Rehab	0	1
		General Medicine	0	3
	Clinical Fellow ST1/2	Anaesthetics	0	1
		Emergency Med	0	3
	FY1	General Medicine	0	2
	LAS CT1/2	T&O	3	1
		Surgery	4	
		ENT	2	
	LAS FY1	General Medicine	1	
	LAS FY2	Psychiatry	1	
		General Medicine	1	
	LAS ST1/2	Oncology	5	
		Rheumatology		1
		Ophthalmology		1
		Occ Health		2
		Gastro		1
		COE		1

		AMU		1
		Acute Medicine		2
		Stroke Medicine/Neurology		1
		Respiratory/GIM		1
		Anaesthetics/ICU		1
		O&G	5	
		Psychiatry	3	
		Paediatrics	6	5
		Surgery	3	3
		General Medicine	3	
		Respiratory	1	
		ED	1	
	LAS ST3+	Oncology	1	1
		Surgery	1	
	Locum Consultant	Surgery	1	3
		Radiology	3	1
		Nephrology	1	1
		O&G	2	
		Paediatrics	1	
	Speciality	General Med	1	7
	Specialty Doctor	Anaesthetics	3	6
		Emergency Medicine	1	4
		Cardiology	4	
		Obs & Gynae	3	8
		Psychiatry	1	
		T&O	3	
		Paeds	3	
		Diabetes	1	
		GIM	1	1
		ENT	1	1
		General Medicine	0	1
	ST3+	Oncology	0	1

		Surgery	0	2
		Urology	0	2
SHSCT	Clinical Fellow	ED	6	2
		Urology	2	
		Paediatrics	1	
		Cardiology	0	2
	Direct Application - Consultant	Anaesthetics	1	
	Locum Appointment for Service (ST1-2 Level)	Obs & Gynae	2	
		Paediatrics	3	
		Medicine	3	
		Surgery	1	
		Acute Care at Home	0	1
	Locum Appointment for Service (ST3 Level)	Paediatrics	0	1
	Medical Education Fellow	Medical Education	2	
	MTI	Medical Education Fellow	2	
	Salaried General Medical Practitioner	Urgent Care / Out of Hours Service	1	
	SAS	Urology	2	
		Haematology	1	
		Microbiology	1	
		Oncology	1	
		Geriatric Medicine	1	1
		Diabetes & Endocrinology	1	
		Acute Care at Home	0	1
		Obs & Gynae	0	1
	Trust Doctor (Consultant level)	General Medicine	2	2
		Radiology	3	
		Obs & Gynae	2	
		Urology	1	2

		ENT	1	
		General Surgery	2	
		Obs & Gynae	1	
		Geriatrics	0	1
	Trust doctor (SAS)Equivalent	Acute Care at Home	0	1
		General Medicine	0	1
	Trust Doctor (ST1 Equivalent)	Emergency Department	8	
		General Medicine	19	
		Trauma & Orthopaedics	6	1
		AMU	2	
	Trust Doctor (ST3)Equivalent	Obs & Gynae	3	
		General Medicine	6	
		Emergency Department	3	
TOTAL			**188**	**132**

Source Business Support organisation