

# **Opening Statement of the Irish Hospital Consultants Association (IHCA) to the Joint Committee on the Future of Mental Health Care**

**Wednesday, 13<sup>th</sup> June 2018**

I would like to thank the Chair, Senator Joan Freeman, and the Committee members for the opportunity to address them on the processes involved in recruiting Consultants for the mental health services. The Association represents 85% of all Hospital Consultants working in Ireland's acute hospital and mental health services.

It has been recognised for some time that there is a clear need to simplify and speed up the processes involved in recruiting Consultants in the mental health services, and how Consultant posts are established, advertised and filled across the health service as a whole.

However, it is important to state from the outset that complications and difficulties around the recruitment process itself is not the fundamental problem causing our current Consultant recruitment and retention crisis. This deep-rooted problem is the result of the failure of the State and employers to honour Consultant Contracts and the imposition of discriminatory terms and conditions on New Entrant Consultants. This has been exacerbated by the steep FEMPI cuts applied to Consultant salaries and systemic funding shortfalls in the psychiatry services and mental health over the past decade.

In short, the Irish health service is uncompetitive in recruiting and retaining the number of high calibre Consultants it requires. This sharp decline in competitiveness is evident from data from a DPER submission to the Public Service Pay Commission last year indicating that psychiatry has 31% of its permanent posts either vacant or filled on a temporary basis. Of the 44 Consultant Psychiatrist posts advertised in 2015 and 2016, practically a quarter had no applicants and 30% had only one applicant. Sixteen Consultant Psychiatrist posts interviewed in 2016 – including posts in Child & Adolescent Psychiatry, Learning Disabilities, Forensic Psychiatry, General Adult Psychiatry, and Psychiatry of Old Age – received no applicants whatsoever. These competitions with no applicants involved posts in Sligo/Leitrim, Cavan/Monaghan, Cork, the Central Mental Hospital, Carlow/Kilkenny, Donegal, Longford/Westmeath, Laois/Offaly, and Waterford/Wexford Mental Health Services. In effect, the Irish health service is no longer competing in an internationally competitive recruitment market for specialist medical consultants.

The Association's previous submission to the Committee highlighted three separate expert reports over the past decade or more that have all confirmed the current number of approved Consultant Psychiatrist posts is significantly below the level required to provide safe and effective care to patients. The Hanly Report, the HSE National Doctors Training and Planning unit and the College of Psychiatrists of Ireland have all recommended significant increases, up to as many as 858 Consultant Psychiatrists by 2020. Of the existing 420 approved Consultant Psychiatrist posts only 290 are currently permanent appointees.

In addition to the overwhelming problem with uncompetitiveness due to the breach of contract and discriminatory salaries imposed on New Entrant Consultants, there are other issues which impact on recruitment. These secondary issues have been assessed in the HSE commissioned report on 'Successful Consultant Recruitment, Appointment and Retention', published in February 2017. Notwithstanding its strict terms of reference set out by the HSE Director-General, the Committee pointed out on the first page of its Executive Summary that "simply correcting and providing rigour to the recruitment and appointment process was not of itself enough to address the present

Consultant recruitment crisis but that other factors also needed to be addressed". These, the HSE report noted, included shortfalls in Consultant numbers and the availability of Consultants, working conditions and "most particularly, concerns regarding remuneration". The report described the discriminatory New Entrant Salary Scale as a "source of concern to candidates as well as a potential source of intra-departmental disharmony and a disruptive influence on the need for good team-working".

The Keane Report also identified deficits in the current recruitment process, including a disconnect between posts approved and training programmes, as well as limited engagement with trainees on forthcoming opportunities. The lengthy periods to progress applications for the approval and advertising of posts was also highlighted, involving multiply bodies such as the hospitals or agencies, the Consultant Applications Advisory Committee (CAAC), the National Recruitment Service (NRS), and the Public Appointments Service (PAS). Arrangement of interview boards had also caused delays. However, this debate is largely academic if none or one applicant turns up for interview.

Some progress has been made on the 38 recommendations in the Keane Report, but we have yet to see significantly shorter timescales for key aspects of the recruitment process.

The reduction in Consultant Psychiatrist posts advertised – down from 32 in 2015 to just 12 in 2016 – is also a significant concern, suggesting vacant posts were not advertised as the HSE did not anticipate that they would be filled.

The Association believes there is an overreliance on national HSE panels to recruit front-line mental health staff, rather than creating panels for specific posts. This should ensure a more focused post-specific recruitment process and negate the inherent problems with the formation of national panels.

Waiting until a vacancy occurs to begin recruitment is poor practice but all too common. Therefore greater anticipation of the opportunities occurring due to retirement must be built into the recruitment system at a much earlier stage to reduce the gap between a Consultant leaving the mental health services and their replacement taking up the post. Proper succession planning is vital in any business or organisation. However, while this would be beneficial in circumstances where we are competitive, in the current breach of contract and new entrant discrimination environment it is expected it would lead to more posts with no applicants.

Data from the World Health Organization (WHO) confirm that Ireland currently has 6.1 Consultant Psychiatrists per 100,000 population, the fourth lowest out of 26 OECD countries. This is nearly half the EU average number of Consultant Psychiatrists.

Not alone is the psychiatry service unable to fill advertised posts, but it appointed 21 non-specialists to Consultant Psychiatrist posts last year across all psychiatry specialties in 10 mental health services. This undermines the safety and quality of patient care and the provision of services. It is also in breach of the HSE's recruitment rules and the Medical Practitioners Act, 2007.

The failure to fill Consultant Psychiatrist posts is severely undermining the quality and quantity of the psychiatry service that can be provided to patients. The Irish health services' uncompetitiveness in recruiting and retaining Consultant Psychiatrists is the fundamental problem which needs to be addressed far more than the recruitment processes.

I thank you for inviting the Association to your discussion today. We are available to address your questions on the above issues.

ENDS