



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Joint Committee on Health

Meeting 2nd May 2018

Opening Statement

by

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Chairman and members of the Committee my name is Rosarii Mannion, National HR Director HSE.

I am joined by Professor Frank Murray, Director, National Doctors Training & Planning.

I want to begin by thanking the Chairman and the committee for inviting us here today to discuss “recent media reports that suggest that some 650 medical consultants are not registered in the Specialist Division of the Medical Register”.

1. Context

In March 2008, the HSE amended the qualifications specified for consultant posts to require registration in the relevant specialist division of the Register of Medical Practitioners at the Medical Council. The Consultants’ Contract 2008 reflects this requirement, the details of which were contained in HSE HR Circular 021/2017 re: Qualifications required for consultant posts. The effect of this is that applicants who are not registered in the relevant specialist division cannot be appointed to a permanent consultant post in a HSE hospital or service or in a Section 38 agency funded by the HSE. The rationale for the change was the imperative to ensure that consultants employed in the public health system have the appropriate training, skills, competences and qualifications to deliver care as assessed by the Medical Council which has the statutory role of protecting the public by promoting the highest professional standards amongst doctors practising in the State.

2. Current position

It remains the case that there are number of consultants employed who are not registered in the relevant specialist division. As at 14 April, this number stood at 127 out of a consultant workforce of 2977 wte¹ or **4.3% of the workforce**. This number can be broken down into two main cohorts as follows:

2.1. Consultant employed pre-2008

There are 52 consultants in permanent employment who took up post before the introduction in 2008 of the contractual requirement to be registered in the relevant specialist division. **This represents 1.7% of the consultant workforce**. Of this number, 49 are employed in acute hospitals, one in the IBTS and two in mental health services.

2.2. Consultant employed post-2008

There are 75 consultants in employment currently employed who took up post since the introduction in 2008 of the contractual requirement to be registered in the relevant specialist

¹ February 2018 Employment Monitoring Report

division. **They represent 2.5% of the consultant workforce and are on** short-term specific purpose contract (SPC) basis, or on a short-term locum basis or are engaged through an agency. SPCs are used to fill permanent vacancies pending the filling of a new or replacement consultant post on a permanent basis after the necessary approval from the HSE's Consultants Appointments Advisory Committee, the selection process at the Public Appointments Service for HSE posts or within the Section 38 agency, and the post-recruitment formalities of reference-checking, Garda vetting, and pre-employment occupational health status assessment. Short-term locums are either employed directly by the HSE or Section 38 agency or are engaged through an agency in instances where cover is required for the annual leave of permanent consultants or for other temporary absences. It can often be the case that appropriately qualified consultants registered in the relevant specialist division do not present as applicants for short-term locum posts or for SPC posts pending the filling of a new or replacement permanent post. Service requirements have therefore led to the engagement of the consultants in this category. HR Circular 21/2017 (copy attached) details requirements in relation to Consultant appointments.

3. Breakdown by Hospital Group and CHO

Breakdown by Hospital Group and CHO

	consultants in general division at 17 April 2018	consultant complement at Feb 2018	consultants in general division as %age of total
CHO 1	5	34	14.7%
CHO 2	5	40	12.5%
CHO 3	0	27	0%
CHO 4	1	51	2.0%
CHO 5	5	30	16.7%
CHO 6	0	51	0%
CHO 7	1	56	1.8%
CHO 8	9	42	21.4%
CHO 9	0	68	0%
CHO total	26	399	6.5%
Children's Hospital Group	3	177	1.7%
RCSI HG	10	408	2.5%
Saolta	23	406	5.7%
South South West HG	33	451	7.3%
Ireland East HG	9	496	1.8%
Dublin Midlands HG	16	429	3.7%
UL HG	6	154	3.9%
Hospital Groups total	100	2521	4.0%
IBTS	1		
Grand total	127	2920	4.3%

4. Measures to address the issue

4.1. Risk mitigation measures

The National Clinical Adviser and Clinical Programme Group Lead for Mental Health has sought and received assurances from the Executive Clinical Directors in mental health services of risk mitigation measures to include oversight of the practice of post-2008 consultants not in the specialist division. Similarly, within acute services, hospital managers and clinical directors have put in place monitoring arrangements appropriate to the circumstances of the practice of post-2008 consultants not in the relevant specialist division

4.2. Incentivising eligible pre-2008 consultants to apply for specialist registration

The acute services division and the mental health services division are working to establish which of pre-2008 consultants would be eligible for registration in the relevant specialist division on the basis of their having completed higher specialist training or equivalent. As a once-off measure, the HSE will fund the Medical Council directly for the cost of the application process such that the consultant will not incur any personal expenditure.

4.3. Up-skilling post-2008 consultants who have not completed higher specialist training

Colleagues in mental health are engaging with the Royal College of Psychiatrists to explore additional competence-based training for consultants to allow them to apply for specialist registration. This approach will be a more complex issue in acute services, given the greater numbers of consultants involved, the greater number of specialties, the procedure-based nature of training in some of those specialties, and the greater number of training bodies (Royal Colleges etc).

4.4. Minimising the timeline for filling new or replacement permanent consultant posts

Clinical Directors in mental health services and acute services are seeking to clarify the position with each post-2008 consultant post currently filled, by definition, on a non-permanent basis in order to establish where the post is on the continuum from approval at the CAAC for a new or replacement post, to advertisement, to short-listing and interviewing at the Public Appointments Service, to post-selection formalities undertaken by HBS Recruit prior to the offer of a contract. The aim is to identify any impediments at any stage of this process with a view to elimination of these or otherwise to minimise the impact on the timeline for filling new or replacement permanent consultant posts. The hospital groups' HR leads will work with the HSE National Doctors Training and Planning's Doctors Integrated Management E-System (DIME) to access real-time data contained within DIME to allow full compliance with consultant specialist registration requirements,

and to ensure in the interim 100% compliance with the matching of approved posts on DIME to all occupied posts in the hospitals.

The recent appointment of an Interim Chief Clinical Officer will assist the delivery system to address the issue.

I conclude by stating that addressing the issue is a key priority for the HSE. I can confirm work is ongoing between the HSE, Medical Council and Training Bodies to address issues which I anticipate will be concluded at the earliest opportunity.

Thank you