

Opening Statement by Dr Donal O’Hanlon, President of the Irish Hospital Consultants Association (IHCA) to the Joint Oireachtas Committee on Health

Wednesday, 9th October 2019

I would like to thank the Chair, Deputy Michael Harty, and the Committee members for the opportunity to address them on the Association’s concerns regarding the consultant recruitment and retention crisis and the consequences for the delivery of patient care. The IHCA represents 95% of all hospital consultants working in Ireland’s public hospital and mental health services – 3,100 in total.

Our members are calling on us to stand up for the rights of patients, in particular their right to timely access to high quality care. As you will have heard from the Medical Council, we are losing hundreds of our highly trained medical doctors and specialist consultants each year to other countries.

Doctors want to work in a system that works for patients. Our current system is not working for patients. Our acute public hospitals are understaffed of consultants and patients are waiting far too long for care; many have worse outcomes as a result.

One million people are now waiting to access care in our public acute hospitals – every day and month new records are broken. The numbers waiting on trolleys, the numbers waiting for an outpatient appointment and the length of time spent waiting. Consultants live with the impact of these deficiencies each day. Children with scoliosis whose life changing operations have been cancelled 3-4 times already, the elderly widow housebound and in pain, waiting three years for a hip operation, the almost 30,000 women the State promised better healthcare to, but who are now waiting to see a gynaecologist.

Hospitals consultants carry this burden each day, while working on teams with half the required number of Consultants, compared with the EU average.

Many, many leave.

This ongoing exodus is being driven by a ‘loss of hope’ amongst doctors. They do not see a future for themselves in the Irish health service and equally have no confidence that there exists the experience, willingness or leadership to fix the Irish public acute hospital system.

For the doctors who have left and those who remain they can see no evidence of concrete improvements over recent years.

We all have a responsibility. You, as public representatives cannot accept this. The people who elected you have put you in a position to fix this.

Hospital consultants on the frontline believe our system is fixable but we need policymakers to work with us, not against us.

Growing demand

Our population has grown by 9.7% since 2008, with the most significant growth in the number of those aged 65 and over, which has increased by 44% over that period. This is nearly three times the EU average growth rate. It is important to note while those aged 65 and over make up approximately 13% of our population, they account for 54% of total hospital inpatient bed days, 37% of day case bed days, and 26% of Emergency Department presentations. These demographic changes are one of the main factors driving increased demand for public hospital and mental health services.

In the past decade, the number of inpatient and day-case patients treated in our public hospital and mental health services increased by 22%. In addition, unmet demand continued to increase due to significant capacity deficits as is evident from the large numbers on waiting lists and patients being treated on trolleys. The ESRI has projected a further 37% increase in patient demand for hospital care by 2030.

The crux of the problem

It didn't need to be this way. The consultant recruitment and retention crisis has been self-inflicted by successive governments and Ministers for Health since 2012. The unilateral cut imposed on new entrant consultants and the exacerbation of it by not applying the High Court Settlement to all 2008 Contract holders represent a flawed policy. The realistic solution is to restore parity for all consultants appointed since 2012. The failure to do so has resulted in adverse consequences for patient care and their outcomes.

With 500 permanent consultant posts either vacant or filled on a temporary basis, this is resulting in an extremely overstretched work environment and it is impacting adversely on the quality and safety of care that can be provided to patients. The new entrant salary inequity is the root cause of Ireland's consultant recruitment and retention crisis and the unacceptable numbers of people on record waiting lists which are now the longest in Europe. The Government's failure to address the crisis is destroying the basic fabric of our public hospital and mental health services.

Consultant vacancies

I would like to clarify a couple of key issues on the number of consultants working across our public hospitals:

The HSE before this Committee stated last week that the number of unfilled consultant posts now stands at 377.

Yet, HSE data confirms that there were 3,281 'approved' permanent consultant posts in our public hospital and mental health services in June 2019.¹ The same data confirms there were 2,762 consultants in post, leaving about 519 permanent posts unfilled, of which a significant

¹ HSE Approved Medical Consultant Posts as at 30 June 2019.

proportion are occupied on agency contracts. The number of consultants in post is significantly below required levels.

The Association has previously highlighted to the Committee that the inability to fill over 500 permanent consultant posts is leading to the appointment of non-specialists to specialist consultant posts.

As at February 2019, there were 108 non-specialist doctors in consultant posts, who had been appointed since 2008 when the requirement to be registered on the Specialist Division to practise independently as a specialist consultant became law. These appointments are also in breach of the terms of the 2008 Consultant Contract and the HSE's own recruitment rules. Justice Peter Kelly, President of the High Court, wrote to Minister Harris and the health service management in May 2018 to outline the resultant serious patient safety concerns this is causing. The main reason for the employment of non-Specialist Division doctors in consultant posts is the new entrant consultant pay inequality and our public health service's lack of international competitiveness in recruiting consultants.

There are huge risk and governance issues in having this many non-qualified doctors working as specialists across our public hospitals. They are also very concentrated in regional hospital and mental health services, which intensifies the risks.

In January, 2019, 44% of consultant posts at the Midlands Mental Health Service were occupied by doctors who were not on the Medical Council Specialist Register based on an HSE PQ reply to Deputy Stephen Donnelly. As were 31% at South Tipperary General Hospital, 13% at the Midlands Regional Hospital, Tullamore, 12% at University Hospital Kerry, 11% at Sligo University Hospital and 7% in University Hospital Waterford.

How Ireland's consultant numbers compare internationally

Ireland has the lowest number of medical specialists on a population basis in the EU, 42% below the EU average, and a quarter to a half the number in many specialties. In Scotland, the number of public hospital consultants is 56% higher than in our public hospital and mental health services adjusted for population levels.

The current number of public hospital consultants in post is far short of recommended levels for most specialties, for example:

- We need 140 additional radiologists by 2027 – a 55% increase on the current number – to be equivalent to the European average adjusted for population levels.
- In Emergency Medicine, the existing 86 consultant cadre needs to be increased by 90% to provide a safe level of emergency care.

The consequences for patients of not having a sufficient number of permanent hospital consultants in post are extremely damaging and represent a false economy. Nearly 570,000 people are waiting to be assessed by a hospital consultant on an outpatient basis. Since the start of the year more than 53,000 additional people have joined hospital outpatient waiting lists, and in the past five years the numbers waiting have increased by over 205,000 (56%). In

total over 1 million people are on a myriad of hospital waiting lists. Our public hospital and mental health services can ill afford to have around one in five of our permanent consultant posts unfilled.

The consultant recruitment and retention crisis is placing key national health care programmes at risk in several areas:

☐ **Phase one of the National Children's Hospital project**, the Urgent Care Centre at Connolly Hospital, could not open 16 hours a day, seven days a week, as originally planned in July due to a failure to recruit a sufficient number of Paediatric Emergency Medicine and Paediatric Radiology Consultants. Instead it is open for less than one third of the planned hours. Ongoing consultant shortages puts the larger main children's hospital project at risk.

☐ **The National Cancer Care Programme** is failing to meet its requirements of seeing 95% of all patients within 2 weeks due to consultant and bed shortages.

☐ **The National Maternity Strategy**, launched in 2015 following several adverse maternity events, cannot be fully implemented because of a failure to recruit the additional Consultants in Obstetrics/Gynaecology recommended under the Strategy.

☐ **The National Critical Care Programme** has less than half the ICU consultants required to provide the standards of specialist care recommended for critically ill patients across our hospitals. There are currently only 35 whole time equivalent ICU consultant posts rather than the 82 which are required.

☐ **The Urology Model of Care** launched in early September has little chance of success due to the chronic shortage of Consultant Urologists. We currently have 37 Urologists across Ireland, one third of what New Zealand has, or only 15% of the number in Denmark, both countries having similar populations to Ireland.

☐ **The Government's National Mental Health Plan**, 'A Vision for Change', first published in 2003 as a blueprint for the delivery of these services, remains hugely under resourced. Children and adolescent services have about 50% of the specialist staff they need; this is also the case for older people's mental health services. Adult services have 25% less than is needed.

Cost of doing nothing

The restoration of pay parity for Consultants appointed since 2012 will result in an outcome that is better than cost neutral, when account is taken of the resultant patient benefits and the savings on medical agency, NTPF outsourcing and State Claims Agency adverse outcome payments.

Medical agency costs have increased by €57 million per annum, totalling more than €90 million per year, compared with 2012 when Minister James Reilly imposed the salary cut on new Consultants. Furthermore, the cost of engaging an agency Consultant is up to twice the cost of employing a non-new entrant Consultant and three times the New Entrant Consultant salary.

In recent years, the cost of NTPF outsourcing has increased by €75 million per year in an attempt to reduce waiting lists. In addition, the State Claims Agency medical compensation payments have quadrupled since 2013, totalling €247 million in 2018 and an increase of €184 million per year.

We believe that the cost of restoring full pay parity in one step on 1 January 2020 would be substantially less than the €45 million per year estimated by HSE/Department of Health. It is questionable in terms of the number of new entrants it has assumed to be on the lower new entrant salary, and the lack of allowance for the higher cost of existing agency contract holders. In addition, it is known that a high proportion of new entrant consultants are already on the maximum ninth point of the new entrant scale, which would reduce the estimated cost significantly.

The word crisis, when describing our health services, is now unfortunately an overused and devalued term, yet the truth is that all the indicators point to the fact that the delivery of our health services, year after year, is becoming more challenged. In this regard, the IHCA's #CareCantWait campaign has identified the extent of the difficulties arising from vacant consultant posts.

Our acute hospital and mental health services are crumbling with no sign of improvement.. One of the most effective ways to address the deterioration would be for the Government to restore pay parity for consultants appointed since October 2012 in order to end the medical brain drain and ensure that Ireland becomes a more attractive place to pursue a medical career.

I thank you for inviting the Association to your meeting today. We look forward to a discussion with the committee members on the above issues and challenges.