

Irish Hospital Consultants Association (IHCA) Opening Statement to the Meeting of the Joint Committee on Health on Workforce Planning, 21st October 2020.

Good morning Chairman and Committee members.

Thank you for the invitation to join you in your discussions.

The IHCA represents 3,200 hospital consultants practising in acute hospital and mental health services, around 95% of the total in Ireland.

There is a severe shortage of hospital consultants in our public health service. This is causing record and unacceptable waiting lists, while around 500 permanent consultant posts remain unfilled because of a flawed Government decision in 2012. The consequences of the resultant consultant recruitment and retention crisis are unacceptable delays in providing care to patients and growing waiting lists. The number of people on public hospital outpatient waiting lists exceeded 612,000 in September, a two-thirds increase in six years. The number of outpatients waiting over 12 months is a record 250,000, over five times that of six years ago. There were 75,000 on inpatient and day case waiting lists in September, nearly double that of 2012. Of those 17,000 were waiting for longer than a year, compared with 131 in 2012.

Overall, more than 1 million people are waiting for public hospital services, including 843,363 on published lists plus 190,000 waiting for a diagnostic CT, MRI or an ultrasound scan.

The growing waiting lists demonstrate the impact of years of consultant shortages and underinvestment in capacity across the health system. Ireland has the lowest number of medical specialists in the EU, at 1.49 per 1,000 population, 41% below the EU average. We still do not have the 3,600 hospital consultants recommended in the Hanly Report to be in post by 2013. The revised equivalent would be closer to 4,500, when adjusted for population increases in the interim.

The salary cut imposed on consultants in 2012 is extremely damaging for our hospital services because of its inherent unacceptable inequity combined with the international shortage of hospital specialists and their high mobility. In Australia, Canada, and the United States, average salaries are up to 48% above that being paid to consultants in Ireland appointed prior to 2012 and up to double that paid to those appointed after October 2012.

The consultant salary inequity applying since 2012 is the root cause of Ireland's consultant recruitment and retention crisis and the unacceptable numbers of people on record waiting lists. The flawed Government policy has also resulted in 117 doctors who are not on the Medical Council Specialist Register being employed by

the HSE in Consultant posts in breach of regulations. The former President of the High Court, Justice Peter Kelly, wrote to Minister Simon Harris and the health service management in May 2018 to outline his concerns about the impact on the delivery of timely, quality care to patients.

There are many examples of the consultant staffing shortages impacting adversely on the delivery of care to patients across all specialities and hospital types:

- In University Hospital Limerick there are two Consultant Neurologists instead of the six required based on international recommendations. The consequences are that inpatient consultations are delayed increasing hospital lengths of stay and there are longer waiting lists for outpatient appointments.
- In St James's Hospital there are two Urologists instead of the five required based on international recommendations. Consequently, urgent outpatients are not seen within the recommended four weeks and large numbers of urgent referrals are waiting more than three months.
- In Cork University Hospital an average of 35% of listed Orthopaedic Trauma cases are cancelled due to a shortage of Consultants and lack of theatre space.
- Deficits in consultant staffing are having an adverse impact on the delivery of Rheumatology outpatient services at University Hospital Galway, with many urgent cases waiting longer than one year for an appointment and routine cases waiting three to four years.
- In Cork and Kerry, the five Consultant Ophthalmic Surgeon posts have not been increased since the late 1970s. As a result, increased demand for schedule procedures is outsourced and the model of care is fragmented impacting on the continuity of care for patients.

The recently published HSE National Doctors Training and Planning unit's report on Medical Consultant and Specialist staffing confirms the gravity of the current and projected consultant recruitment and retention crisis for patients. Of the five countries evaluated, Ireland has the lowest number of consultants in most of the specialties assessed including obstetrics and gynaecology, paediatrics, radiology, cardiology, gastroenterology, dermatology, neurology, intensive care medicine, emergency medicine and several surgical specialities. It also projects a 53% rise in the demand for acute hospital-based specialty services provided by consultants by 2028. Around, one in five permanent consultant posts are unfilled in our public hospitals. The consequences of the consultant recruitment and retention crisis are unacceptable delays in providing care to patients and record waiting lists, which are getting longer due to the persistent large number of vacant Consultant posts. The root cause of this crisis is the Government imposed consultant salary inequity since 2012.

The decision to impose discriminatory salaries on consultant appointees since 2012 is a false economy. Patients are deteriorating clinically on unacceptable waiting lists, resulting in longer and more expensive hospital lengths of stay and poorer outcomes. In addition, medical agency staff costs have more than doubled since 2012, increasing by €50 million per annum and the cost of clinical indemnity has more than quadrupled, increasing to approximately €180 million per annum.

The increased costs are multiples of the expected saving arising from the imposed salary cut on consultants taking up contracts since 2012. These false economies highlight the importance of restoring pay parity for consultants appointed since 2012 so that acute hospital and mental health services are repositioned to be more competitive and better equipped to fill the increasing number of vacant permanent posts with doctors who are on the Medical Council Specialist Register.

The current Government should urgently rectify these errors to ensure we can fill the hundreds of vacant consultant posts and expand the service to delivery timely care now and in the future. The Public Service Pay Commission report two years ago recommended that Consultants appointed since 2012 should have their salaries increased to remove the inequity with their colleagues appointed before then. Leaders of all the parties have agreed that ending the discrimination against consultants appointed since 2012 is essential to attract and retain the number of consultants we need. The failure to rectify to the inequity to date has perpetuated the Consultant recruitment and retention crisis. It has led to horrendous problems and delays for our acute hospital patients. If it is not addressed now there will be even more shocking delays for patients during the coming Winter and Spring.

Our younger consultants, who are being discriminated against, have carried an extremely heavy burden of work during the past seven months and will have to do so in the year ahead because of the risk of Covid-19 for their older colleagues. These consultants need a morale boost as we are on the cusp of the most challenging period between now and next Spring. Failure to end the inequity and increase their salaries to that of their colleagues will be extremely damaging for the acute hospital services. The recruitment of consultants in future will be seriously damaged if the commitments made over the past two years are not honoured by the current Government.

Report after report has found the key to capacity is people as well as beds. We are spending more than ever before on a Winter Plan while borrowing €20 billion to meet the cost of the crisis. In budgetary terms, for some 0.15% of the 2021 Health Budget the Government could fix the salary inequity and the consultant recruitment crisis. The immediate benefits this would have on patient care and waiting lists would also extend to cost savings.

Budget 2021 has given the financial backing for additional beds at acute, community and intensive care levels. The deficit in hospital consultant numbers

also needs to be addressed urgently. We are awaiting clarity on how many additional consultant posts are to be funded and how they will be filled in a short period as part of the planned 16,000 increase in health service staffing. Filling these posts will be extremely challenging if the salary inequity imposed in 2012 is not reversed in full.

Government can no longer ignore the fundamental requirement that treatment is delivered by consultants and other health care professionals and that no amount of investment in services will reduce waiting lists unless we recruit and retain the necessary number of hospital consultants to deliver timely care.

Given the persistent shortfall of 500 posts, a clear conclusion to be drawn is that the current offering to consultants is, in its broad sense, inadequate. At this stage most employers and organisations would engage in meaningful dialog, to determine how to improve their offering, in both pay and non-pay aspects of their proposition. We urge health service employers to listen carefully to what consultant representatives, who best know the circumstances of potential future post holders, are saying and to adopt these learnings into future workforce planning. It should be abundantly clear that a one size fits all, take it or leave it offer from the employer side has failed and will continue to fail to recruit the highly skilled professionals our health services need.

There is no time to lose given winter is upon us, with the added pressure of the COVID-19 pandemic, and over 1 million people waiting for care. We must now implement agreed workable solutions. We owe it to patients and the public to deliver for them and to ensure they are provided with the timely acute hospital care they need.

Thank you.

ENDS.

21st October 2020