



IMO Statement to the Oireachtas Joint Committee on Health on Medical Workforce Planning – 21st October 2020

The Irish Medical Organisation welcomes the opportunity to discuss the medical manpower crisis that is facing our healthcare system. This time last year the IMO appeared before the committee to discuss this topic and despite the current pandemic affecting every aspect of our health service, nothing has been done to address the contractual issues and working conditions that have left us unable to recruit and retain doctors across our system.

Consultant delivered hospital care is key to addressing hospital waiting lists and ensuring safe, quality and efficient specialist care, however:

- Due to the failure of the Government to address the two-tier consultant pay issue imposed on consultants since 2012, we still have 500 consultant posts that we cannot fill on a permanent basis.
- Revised estimates from HSE NDTP (National Doctors Training and Planning) in consultation with clinical programmes and training bodies, suggest that the HSE is short about 1,600 hospital consultants. If we include Consultant Psychiatrists the shortage rises to at least 2,000.
- In the meantime our waiting lists for specialist care have grown from 770,000 a year ago to 840,000 with quarter of a million people now waiting over a year for an outpatient appointment.

The Covid Pandemic and the Scally Inquiry have highlighted the importance of our Public health specialists in areas of infection control as well as oversight of our prevention and screening programmes, but our public health specialists are still not valued as consultants despite their specialist training and experience.

- Currently there are just 67 specialists in Public Health Medicine employed in HSE compared to 180 in Scotland and in New Zealand where the population is a similar size.
- In addition over 50% of SPHMs are due to retire in the next 5 years with insufficient trainees to replace retirements let alone expand our public health workforce

General Practice is key to healthcare reform and the shift of care into the community however General Practice is not without its own capacity issues;

- 600 GPs are due to retire from the GMS in the next 5 years while HSE NDTP estimate that we need an additional 1,260 GPs over the next 10 years to deliver on the goals of Sláintecare
- The recent agreement negotiated between the IMO, the HSE and the Department of Health has helped to stabilise General Practice after a decade of FEMPI cuts however ongoing investment is needed to develop capacity and services in General Practice;
- For young GPs seeking to establish themselves in a new community, the initial investment costs in premises, equipment, IT systems, insurance etc. and are particularly prohibitive;

- A recent ICGP survey from 2019 found that 35% of current GP trainees are considering emigration while about 10% of recent graduates are already abroad;

Specialist training is key to filling future manpower requirements , however there are insufficient training posts to meet either demand or the current shortage of consultants.

- Each year just over 700 doctors enter basic specialist training, however that number falls to around 500 doctors entering higher specialist training with around 10% unfilled;
- HSE NDTP estimate that a minimum of 2,536 additional training posts are required to meet demand over the next eight years (including 646 in hospital-based specialties and 1,674 in General Practice);
- Hundreds of newly qualified specialists have left Ireland over the last five years to take up positions in other English-speaking countries. It has been well documented that the poor working conditions in public hospitals is a major contributor to high levels of doctor migration.
- Our health care system relies on a large number of doctors whose medical degrees were granted outside of the EU / EEA to fill non-consultant training posts, but they too move on, due to lack of training opportunities. The enactment of the Regulated Professions (Health and Social Care) (Amendment) Bill 2019 which will allow non-EU/EEA doctors to compete for higher specialist training posts on an equal footing with EU graduates is welcome , however we urgently need a corresponding increase the number of Higher Specialist training posts;
- In May this year, the HSE took on approximately 950 interns to frontline roles in the fight against Covid 19, without a corresponding increase in training posts we risk losing many of these doctors as early as next spring;

This year the Government has an opportunity to halt the exodus of doctors from our system but we must act fast.

- **We urgently need to resolve the two-tier pay issue for hospital consultants. In 2012 hospital consultants were subject to a unilateral pay cut of 30% in addition to the cuts already applied across the health service. The Report of the Public Service Pay Commission, the HSE and the Government all recognise that the two-tier consultant pay issue is a major barrier to recruitment. The time for talking is over;**
- **Increase the number consultant posts across the system to support the implementation of our national clinical programmes and models of care;**
- **Amend FEMPI legislation to allow for the immediate awarding of consultant status to our specialists in public health medicine in line with their experience and training as per the recommendations of the Crowe Horwath Report 2018 and endorsed by both the Scally Report 2018, and the Report of the Covid 19 Nursing Homes Expert Panel 2020.**
- **Invest in capacity and supports for general practice both for established practices to enable the recruitment of additional GPs, practice nurses and other support staff as well as specific supports for newly establishing practices to allow these practices become financially viable and open to patients;**
- **Increase the number of Basic and Higher Specialist training posts to meet demand with the number of posts frontloaded in year one.**
- **The training of doctors must be modernised reflecting changes in the practice of medicine and the changing demographics of doctors in training. This requires initiatives to consider the duration of training to bring arrangements in line with international norms. A differentiated model which provides clearer career paths with greater predictability of training arrangements, responsibility, location and working conditions must be developed**

in line with the recommendations made in the report of the Strategic Review of Medical Training and Career Structures ('MacCraith Review');

- **In order to retain their essential skills, all SpRs who have finished training, or who will finish their training during the pandemic should be offered a temporary consultant locum post.**