IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Pre-Budget Submission **2024**

September 2023

Irish Medical Organisation
10 Fitzwilliam Place
Dublin 2

Tel: (01) 6767 273
Fax: (01) 6612 758
Email: imo@imo.ie
Website: www.imo.ie

There can be no doubt that we have a persistent and growing and capacity crisis both in terms of medical manpower as well as acute beds and infrastructure.

As a result of decades of underinvestment and a failure to keep up with a growing and ageing population, Emergency Department over-crowding and long waiting lists for non-urgent care have become the norm.

Over the past decade Ireland's population has grown by 11% and over 65s by 36%

Little to no growth in inpatient capacity over the past 2 decades

Hospital overcrowding is a year round problem impacting on patient safety and staff welfare

NTPF waiting lists have almost tripled since 2013 to almost 900,000

Net increase of just 203 GPs over the last decade

1 in 5 (933) Consultant posts currently unfilled or filled on a temporary/locum basis

410 doctors issued with visas for Australia so far this year (N. Humphries)

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

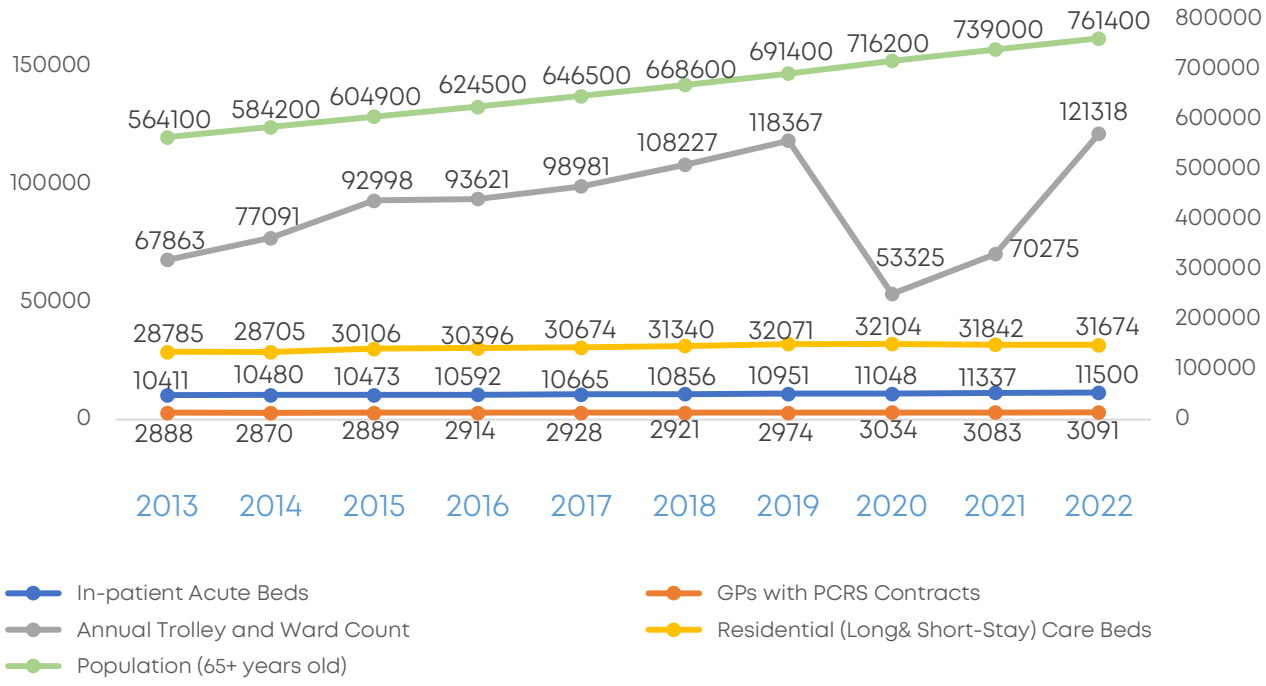
Introduction

There can be no doubt that we have a persistent and growing and capacity crisis both in terms of medical manpower as well as acute beds and infrastructure. As a result of decades of underinvestment and a failure to keep up with a growing and ageing population, Emergency Department over-crowding and long waiting lists for non-urgent care have become the norm.

Ireland has a growing and ageing population

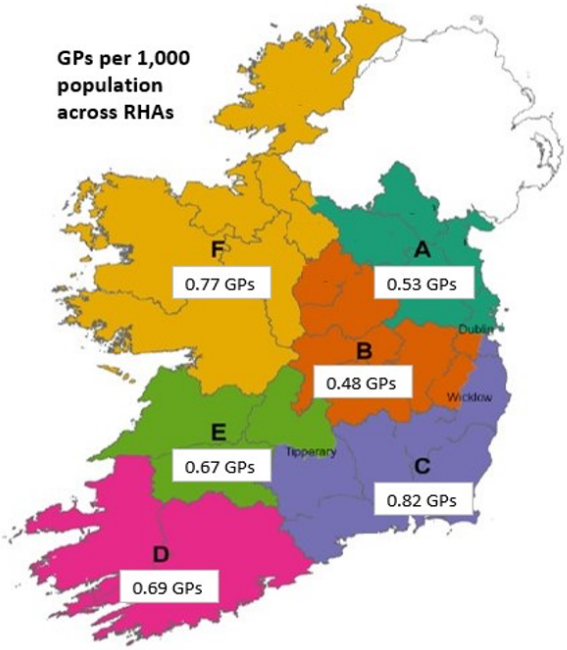
- Over the past decade the population of Ireland has grown from 4.6 million to over 5.15 million (11%), while the population over 65+ years old has grown by 36%.
- While the vast majority of our population is in good health, including those over 65 years, a growing and ageing population along with growing rates of chronic disease and complexity of illness, all combine to place additional demands on our health care system.
- 55% of bed days are used by patients aged 65+,[i] while chronic disease accounts for 80% of all GP visits, 40% of hospital admissions, and 75% of hospital bed days.[ii]

Chart 1: Health Service Demand v. Capacity



Health Service Capacity has failed to keep up with demand manifesting in hospital over-crowding and long delays in the Emergency Departments

- Despite the increasing demand on our health system there has been relatively little increase in capacity in our health system over the last decade:
- The number of in-patient acute beds has increased by just 10%, from 10,411 to 11,500, with little or no increase over the past 20 years;
- At an average of 90% bed occupancy, and many operating beyond 105% occupancy overcrowding is a year round problem impacting on patient safety and staff welfare;
- On average up to 630 patients may be delayed in hospital due to lack of appropriate long-term or convalescent care beds.



While GPs can help to slow down the growth in demand on the hospital system, general practice has struggled with issues of capacity for over a decade.

- Just 203 net additional GPs have been added to the PCRS system, (representing a 7% increase) while the number of GPs per population varies across Regional Health Areas.

Table 1: Consultant Shortfall and NTPF Waiting Lists

Specialty	Recommended ratio of Specialists to population	No. of consultants required per current population	HSE Filled Permanent Consultant Posts (June 2023)	Consultant Shortfall	Outpatient Waiting Lists (July 2023)	Inpatient / Day case waiting lists (July 2023)
Orthopaedic Surgery	1:22,000	231	113	118	67,969	9069
Dermatology *	1:80,000	64	51	13	48,755	956
Otolaryngology**	1:40,000	128	57	71	48,984	6743
General Surgery	1:20,000	258	174	84	37,637	12587
Opthalmic Surgery	1: 58,000	88	47	41	37,554	9759
Cardiology	1:46,500	110	67	43	36,664	3532
Obs & Gynaecology		275	170	105	29,911	5679
Urology***	1:50,000	102	50	52	25,245	8164

*Ratios based on NDTP (2018) except: *Model of Care for Dermatology*
***Model of Care for Otolaryngology, ***Model of Care for Urology*

Poor workforce planning and a shortage of medical specialists has left us with extensive waiting lists for non-urgent care

- While the number of consultant posts has increased, almost 1,000 posts (933) or one-fifth of posts are vacant or filled on a temporary/locum basis.[iii]
- The number of hospital consultants still falls far below recommended norms
- While our hospital waiting lists have almost tripled rising from 353,5000 in 2013 to over 896,000 in July 2023.[iv]

Our population continues to grow and will likely reach 5.5 million by 2028,[v] with the population over 65 is predicted to increase to at least 980,000.[vi] There is no quick fix to our capacity issues but with careful planning and a substantial increase in investment in health service capacity and workforce planning, we can ensure that our system is better prepared for the future.

Health Service Capacity and Infrastructure

Five years ago in 2018, the Health Service Capacity Review[vii] estimated that 1,260 beds were immediately required to bring bed occupancy levels to a recommended safe level of 85% and between 2,590 and 7,150 acute care beds would be required by 2031 depending on the level of reform.

Reflecting the very minimum requirements of the Review, the Government has opted for just 2,600 additional beds in the National Development Plan which is based on a significant expansion of General Practice and Community Care and long term care for older people – all of which has yet to happen.

> Capital investment has a key role to play both in enhancing service provision and as a driver of reform. Investment should support a clear and sustained programme of reform and productivity improvement. Capital investment plans for the period to 2031 should incorporate provision for enhanced capacity of at least an additional:
>
> - 2,590 hospital beds (Inpatient, adult critical care and day case beds).
> - 13,000 residential care beds
> - Primary care facilities to reflect the need for a 48% uplift in the primary care workforce.
>
> Planning for delivering additional capacity should take place immediately and should be based on population need. In the case of acute hospitals, a key principle will be the need to achieve greater separation between scheduled and unscheduled care. Hospital Groups should be tasked with determining capacity needs of their region as part of Strategic Planning.
>
> In addition, a significant programme of investment in ICT and eHealth will be required.
>
> **Health Service Capacity Review 2018**

Investment in Acute Bed Capacity

Five years on, just 1,000 acute beds have been added to the system, - however, this must be set against the fact that, a minimum of 320 acute beds are closed at any one time. In addition we do not know how many of the new beds are in fact replacement beds, or how many are designated as day case or inpatient beds. Initial plans for investment in elective care hospitals are focused on the provision of day-case beds.

In 2018, using their HIPPOCRATES projection model of health care, the ESRI projected that the requirements for beds would be significantly higher. They estimated that between 4,000 and 6,300 beds across public and private hospitals of which 3,200 to 5, 600 will be required in public hospitals.

> *"These findings suggest that Government plans to increase public hospital capacity over the 10 years by 2,600 may not be sufficient to meet demand requirements to 2030, even when models of care changes are accounted for"*[viii]

Our population continues to grow and will likely reach 5.5 million by 2028,[ix] the minimum requirements of 2,600 beds identified in the 2018 Health Service Capacity Review were never and will never be enough. We need an urgent medium term plan to increase acute hospital bed capacity by 5000 beds to meet current and future needs front-loaded with 1,600 beds in 2024.

Support GP Investment in Infrastructure and Premises

The recent 2023 GP Agreement negotiated between the IMO, the Department of Health and the HSE recognises the need invest in capacity in General Practice including the retention and expansion of Practice Teams and supports for GPs, however further action is needed. While there is no quick fix to the capacity issues the IMO welcomes the commencement of a wider strategic review into General Practice to identify barriers and potential enablers to support enhancement of much needed capacity.

In 2015, the Indecon report[x] commissioned by the Department of Health, found that GPs faced significant financial and taxation barriers to investment in infrastructure with GPs required to take on a significant burden of investment themselves. The report strongly advised against passive private investment, but instead recommended a multi-faceted approach to include HSE investment in premises, GP-led centres and targeted incentives for GPs to invest in their own premises and equipment.

For young GPs seeking to establish themselves in a new community, the initial investment costs in premises, equipment, IT systems, etc. are particularly prohibitive and specific supports are required to support this cohort of GPs.

Invest in Social Care Needs for Older People

While the majority of older people wish to be and can be cared for in the community, there will still be a small percentage of older people, with more complex needs, that will require nursing home care. At any time up to 630 patients, of which the majority are older patients aged 65+) may be delayed in hospital while awaiting discharge to more appropriate long-term or convalescent care.

The Health Service Capacity Review 2018 estimated that to meet the social care needs of older patients, by 2031 up to 12.5 million additional home help hours and 460 intensive home care packages would be required along with 10,500 additional long-stay beds and 2,500 additional short stay beds. While there has been some increase in the number of home help hours and community beds, additional rehabilitative beds, long-term nursing home beds and the financing of home care packages is required.

Investment in E-Health

E-health and digitalisation of the health services holds the promise of enhancing patient safety, quality and integration of care while access to important data at the same time supporting research and innovation, health service planning and disease prevention.

- Under the 2019 GP agreement, GPs agreed to participate in the roll out of further key eHealth initiatives, and while the pandemic accelerated the implementation of ePrescribing, other initiatives such as the roll out of summary care and shared care records, have been delayed.
- While Electronic Healthcare Records have been piloted in some hospitals, the majority of hospitals in Ireland are still using paper-based patient records and referral systems.
- Accessing any EHRs, laboratory or radiology systems in community services, such as psychiatry, outside of the hospital system is very poor and there are on-going issues of interoperability.

The General Scheme of the Health Information Bill, lays out an ambitious framework for the use of health information and if implemented correctly has the potential to bring substantive benefits to the delivery and planning of health care in Ireland, however a detailed plan to fully digitalise the health service is required along with a full economic impact assessment of the Bill.

Medical Workforce Planning

In 2018 the HSE NDTP office carried out a high-level stakeholder analysis of the demand requirements for medical specialists to meet demand to 2028 and the training pipeline required.[xi] However no clear implementation plan has been put into place.

The report estimated that

- Approximately 2,000 additional consultants are needed across our hospital and community services to deliver on the goal of a consultant-provided health service
- 1260-1660 additional GPs would be required depending on the roll-out of free GP care at the point of access to the population and
- A 38% increase in the number of training posts across all specialties excluding General Practice
- An increase from 200 to up to 500 GP training posts

	Demand to 2028 (based on 5.1m pop)	Actual June 2023 (permanent HC)	Current Shortfall
Consultants	5,562	3,301	2,261
		PCRS Contracted July 2023	
GPs	5,249 - 5,649	3,116	1,133 - 1,533
		+1,000 (non-contracted/locum)	
	Trainees Required	**Actual Intake HST 2022-23 / GP 2023**	**Shortfall**
Intake HST (excluding General Practice)	480	405	75
General Practice Trainees	375 - 518	285	90 - 233

Five years on, while we have seen an increase in the number of approved consultants and training posts, the number of consultants and trainees still falls far below recommended requirements

In addition, the demand analysis of specialists required per population requires updating to take into account

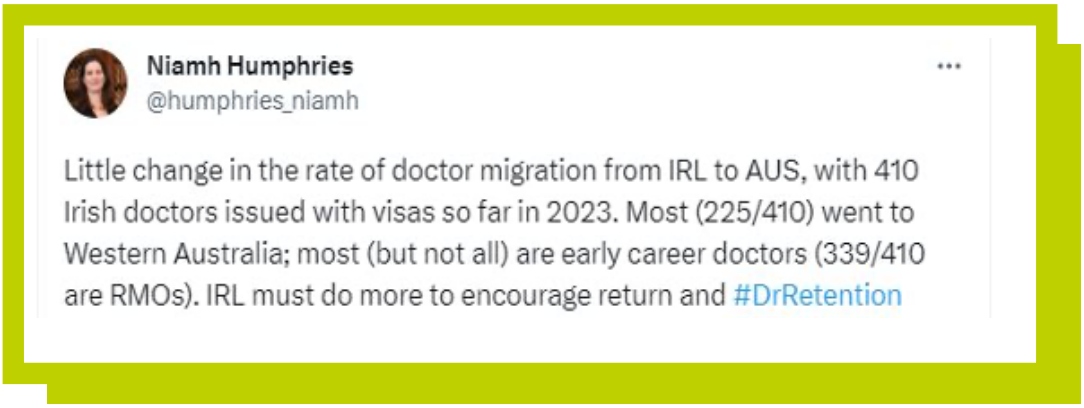
- Predicted geographical changes in population age and structure, disease (our population has already reached 5.15 million)
- New clinical programmes and models of care
- Strategic requirements such as laid out in Sláintecare (extended consultant provided care, expansion of GP care free at the point of access)
- Demand should be based on Whole Time Equivalents (to take into account part-time working)
- Predicted attrition rates

Ensuring a Sustainable Medical Workforce

Furthermore, It is widely recognised that merely aligning training places to future demand is insufficient and that addressing issues of recruitment and retention and mitigating attrition are key to ensuring a sustainable medical workforce.

> *Financing the existing workforce is one of the best investments that can be made. If HCW are not supported, are burnt-out, overworked and feel undervalued, they will not be able to perform optimally and may drop out of the workforce entirely. This is a failure on behalf of employers. Investing in recruitment and retention strategies can help reduce attrition, protecting earlier investments in education. Investing in fair pay, decent working conditions, protection and support measures, and promoting career opportunities are important in retaining HCWs. This is especially so for women who make up a disproportionate share of the HCWF globally, but experience a substantial gender pay gap and are underrepresented in leadership roles* **(WHO European Observatory 2023)**.[xii]

While the IMO has been working hard to improve the working conditions of doctors in Ireland, there are ongoing issues of recruitment and retention.



NCHDs are our future consultant workforce. However numerous studies have shown that staff shortages, deteriorating working conditions, lack of opportunities for career progression, poor work-life balance, and burnout, are all driving emigration among our newly qualified specialists.[xiii, xiv]

Rellance on International Medical Graduates (IMGs)

The majority of NCHDS are doctors who have trained overseas and have not been able to access specialist training in Ireland. Irish health services are heavily reliant on posts filled by overseas doctors not in training on the General Division, who report being over-worked, undervalued, experiencing discrimination and unable to access specialist training. Current training and working conditions for IMGs pose serious implications for patient safety.

(Medical Council Workforce Intelligence Report 2021)

Our health service relies heavily on International doctors to fill non-training NCHD service posts but they too leave disillusioned with the lack of training and career opportunities. -Medical Council figures, show that 60% of doctors on the General Division graduated outside of Ireland and on average International Doctors spend 6 years on the General Division, before moving on.[xvi]

Gender Equality in Medicine

- Female doctors are five times more likely to reduce their hours to part-time and four times more likely to take unpaid leave in order to care for children compared with male doctors;
- Of NCHDs in training with children, 76.4% of females and 36.7% of males have considered changing their career speciality as their current working conditions do not seem conducive to caring for a child.

(IMO Survey on Gender Equality in Medicine 2021)

Almost half (47%) of clinically active doctors are female however we know that female doctors face a number of barriers including difficulties balancing a career and family life that affect their career choices, career progression and earnings.

Further action and investment is needed to attract and retain highly qualified doctors to a career in the Irish healthcare services as follows:

Create a better working environment

- Urgently address the underlying issues of chronic staff shortages and workload pressures that impact on the safety and wellbeing of both doctors and patients
- Risk assessments should consider both staff and patient welfare
- Ensure contractual terms and conditions that address the underlying factors that contribute to migration
- Ensure Doctors are able to take breaks and time off when ill
- Reduce paperwork and the administrative workload
- Ensure protected time for mandatory training and CME-CPD requirements

Ensure equitable access to training and career progression

- All doctors should have access to meaningful career development and training opportunities with flexible training pathways and security of training location
- Relieve the additional financial burden incurred through Graduate Entry Medical Programmes and double renting during rotations

Support doctor mental health & well-being

- All healthcare workers should have access to appropriately resourced, Consultant led occupational health services including mental health supports;
- Address stigma and encourage the use of support services.

Support doctors in balancing work and family commitments

- All contractual terms and conditions should take into account part-time working and job sharing,
- Provide onsite affordable childcare options in line with expected working hours of doctors and other health care workers
- Provide fully funded Shared Parental Leave option for parents

Summary of Recommendations

Health Service Capacity

1. Develop and publicly release a fully funded plan to increase the number of acute beds within the hospital system by 5,000 by 2028 to meet the needs of our growing and ageing population.
    - Front-load investment in 1,600 beds in 2024
2. Introduce targeted tax incentives to support GP investment in infrastructure as per the 2015 Government commissioned Indecon Report.
    - Support newly establish GPs with specific measures to support investment in premises, equipment and IT
3. Increase the number of rehabilitative care beds, long-term nursing home beds and the financing of home care packages
4. Publish and resource an investment plan to fully digitalise the health service over the next 5 years
    - Carry out a full economic impact assessment of the Health Information Bill

Medical Workforce Planning

1. Update the future medical workforce requirements taking into account:
    - Predicted geographical changes in population age and structure, disease (our population has already reached 5.15 million)
    - New clinical programmes and models of care
    - Strategic requirements such as laid out in Sláintecare
    - Demand should be based on Whole Time Equivalents (to take into account part-time working
    - Predicted attrition rates
2. Immediately develop a plan with actions mapped out over a two- five year to
    a) Increase the number of approved consultant posts from approximately 4,200 to 6,000 by 2028 -the plan should be based on consultant shortages and aligned with the current cohort of SPRs. The Plan should be flexible to take into account revised and updated requirements
    b) Increase the number of training posts ensuring alignment with future service requirements and training - Given the length of time it takes to train medical specialists (Up to 10 years post-graduate training depending on the specialty) the increase in training posts should be frontloaded in years 1 & 2
    c) Ensure a sustainable supply of Medical professionals by addressing the multiple challenges in relation to Recruitment and Retention:

Create a better working environment

- Urgently address the underlying issues of chronic staff shortages and workload pressures that impact on the safety and wellbeing of both doctors and patients
- Risk assessments should consider both staff and patient welfare
- Ensure contractual terms and conditions that address the underlying factors that contribute to migration

- Ensure Doctors are able to take breaks and time off when ill
- Reduce paperwork and the administrative workload
- Ensure protected time for mandatory training and CME-CPD requirements

Ensure equitable access to training and career progression

- All doctors should have access to meaningful career development and training opportunities with flexible training pathways and security of training location
- Relieve the additional financial burden incurred through Graduate Entry medical Programmes and double renting during rotations

Support doctor mental health & well-being

- All healthcare workers should have access to appropriately resourced, Consultant led occupational health services including mental health supports
- Address stigma and encourage the use of support services

Support doctors in balancing work and family commitments

- All contractual terms and conditions should take into account part-time working and job sharing
- Provide onsite affordable childcare options in line with expected working hours of doctors and other health care workers
- Provide fully funded Shared Parental Leave option for parents

---

i Dept of Health, Health in Ireland Key Trends 2022

ii Department of Health, 2016, Better health, improving health care. Dublin: Department of Health. [Online] Available from: https://www.gov.ie/en/publication/ae3f17-better-health-improving-health-care/

iii HSE Health Sector Employment Report December 2022

iv NTPF Waiting lists

v IMF, World Economic Outlook, 2023 https://www.statista.com/statistics/376906/total-population-of-ireland/

vi OECD Population predictions

vii DOH/PA Consulting, Health Service Capacity Review 2018.- Review of Health Demand and capacity Requirements in Ireland to 2031 https://assets.gov.ie/10131/5bb5ff12463345bbac465aaf02a2333d.pdf

viii Keegan C. et al 2018, How many beds? Capacity implications of hospital care demand projections in the Irish hospital system, 2015-2030, the International Journal of Health Planning and Management, 2018, pp. 1-14 https://doi.org/10.1002/hpm.2673

ix https://www.statista.com/statistics/376906/total-population-of-ireland/

x Indecon International Economic Consultants 2015 Analysis of Potential Measures to Encourage the Provision of Primary Care Facilities , Dublin 2015

xi HSE NDTP 2020, Demand for Medical Consultants and Specialists to 2028 and the Training Pipeline to Meet Demand https://www.hse.ie/eng/staff/leadership-education-development/met/plan/demand-for-medical-consultants-and-specialists-to-2028-november-updates-v2.pdf

xii McPake B, Dayal P, Zimmerman J, Williams GA 2023 What steps can improve and promote investment in the health and care workforce? Enhancing efficiency of spending and rethinking domestic and international financing WHO, European Observatory POLICY BRIEF 54

xiii Humphries, N., Creese, J., Byrne, JP. et al. COVID-19 and doctor emigration: the case of Ireland. Hum Resour Health 19, 29 (2021). https://doi.org/10.1186/s12960-021-00573-4

xiv Humphries N, McDermott AM, Creese J, Matthews A, Conway E, Byrne JP. Hospital doctors in Ireland and the struggle for work-life balance. Eur J Public Health. 2020 Sep 1;30(Suppl_4):iv32-iv35. doi: 10.1093/eurpub/ckaa130. PMID: 32894279; PMCID: PMC7526767 .

xv Brugha, R., McAleese, S., Dicker, P. et al. Passing through – reasons why migrant doctors in Ireland plan to stay, return home or migrate onwards to new destination countries. Hum Resour Health 14 (Suppl 1), 35 (2016). https://doi.org/10.1186/s12960-016-0121-z

xvi Medical Council | Medical Workforce Intelligence Report 2021

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

10 Fitzwilliam Place, Dublin 2
Tel: (01) 676 7273 Fax: (01) 661 2758 e-mail: imo@imo.ie @IMO_IRL
www.imo.ie