



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Opening Statement to the Oireachtas Joint Committee on Health on Protection and Support for Frontline Healthcare Workers – 9th February 2021

The IMO welcomes the opportunity to discuss staffing issues in the health system and protection and support for frontline healthcare workers.

There can be no doubt that the Covid 19 pandemic has had a tremendous impact on our already overstretched frontline staff. In a recent survey, that we carried among our members seeking to determine the scale of that impact, the chief concerns arising for all doctors are:

- Pre-existing staffing shortages, made worse by covid illness and requirements to self-isolate
- the growing backlog of waiting patients and
- the impact on personal health and well-being .

But make no mistake, all of these issues existed long before the pandemic struck.

What is deplorable, is that it is now almost one year since the first case of Covid 19 was diagnosed in Ireland and yet no substantial and systemic action has been taken to date to address the crisis in recruitment and retention of medical expertise across our health system,.

As a consequence, our waiting lists have grown and stress and burnout is prevalent among the medical workforce.

Public health medicine is the first line of defence that we have against Covid 19, yet we have just 60 public health specialists employed compared to 180 in Scotland and New Zealand where the population is of a similar size.

Public health specialists have the expertise and training to carry out risk assessments and manage and control outbreaks of infection in our healthcare settings and in the wider community. Yet public health specialists have still not been provided with a consultant contract and the resources necessary to allow them to carry out their statutory duties to the top of their licence. It beggars belief, and should be a cause of considerable shame, that these Doctors – our frontline in this battle – had to ballot for industrial action, in a pandemic, to have their long running grievances considered in a serious fashion.

In the last year hospital waiting lists have grown by approximately 70,000 or 9% and now stand at 838,000 yet the number of vacant consultant posts or posts filled on a temporary basis has risen to 728.

Supply of medical specialists simply fails to meet demand. The HSE estimate that we require a minimum of 1,600 additional hospital consultants to meet the needs of our current population. If we include Psychiatry and Public Health Specialists the shortfall is closer to 2,000. Still no concrete measures have been taken to address the two-tier pay disparity among hospital consultants which is the major factor contributing to consultant recruitment and retention challenges.

There is no doubt that staffing shortages are impacting significantly on the mental health of our medical workforce. Long working hours, excessive workload, redeployment, requirements to cover for absent colleagues, inability to get proper rest and take proper breaks, and difficulties in accessing childcare are all contributing to high rates of stress and burnout among doctors. This is particularly evident among NCHDs who are also seeing their training impacted by Covid 19 and among Public Health Specialists where morale is at an all-time low.

General Practice is not without its capacity issues too, 600 GPs are due to retire over the next five years while the NDTP estimate that up to 1,660 additional GPs are required by 2028. While difficulties in recruiting additional practice staff and accessing locum cover are on-going issues for GPs, for young GPs seeking to establish themselves in a new community, the initial investment costs are particularly prohibitive.

Our recommendations are as follows:

To protect and support healthcare workers

- Urgently strengthen Public Health Medicine services through the immediate awarding of a consultant contract to Specialists in Public Health Medicine as per the recommendations of the Crowe Horwath Report; the Scally report and the Report of the Covid 19 Nursing Homes Expert Panel on Nursing
- Ensure adequate risk assessments are carried out across all healthcare settings;
- Complete the vaccination of all healthcare workers as a matter of national priority;
- Ensure adequate supplies of quality PPE for frontline staff in hospitals and in the community;
- Public Education campaigns should continue to encourage adherence to NPHEE Guidance;
- All healthcare workers should have access to appropriately resourced, Consultant led occupational health services including mental health supports;
- All healthcare workers should be aware of their occupational rights and entitlements in relation to Covid 19;

We cannot hope to address the backlog of non-Covid patients on waiting lists without addressing the recruitment and retention of hospital consultants. This is a long-standing issue that requires an urgent solution. The Government needs to

- Urgently address the two-tier consultant pay issue, The HSE is not an employer of choice and, among others, the Report of the Public Service Pay Commission, health service leaders and many of our politicians recognise that the two-tier consultant pay issue is a major barrier to recruitment;
- In the meantime, all SpRs who have finished training should be offered a temporary consultant locum post to get us through this crisis;
- Ensure there are a sufficient number of intern posts and specialist training posts to meet current demand;
- Ensure rosters for our exhausted NCHDs comply with the European Working Time Directive;
- Provide additional supports for established GPs to allow for the recruitment of additional practice staff and for newly establishing GP to help them remain financially viable.