

IRISH HOSPITAL CONSULTANTS ASSOCIATION

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Mr Paschal Donohoe, T.D.
Minister for Public Expenditure and Reform
Department of Public Expenditure & Reform
Government Buildings
Upper Merrion St.
Dublin 2, D02 R583

Re: Submission on the Public Service Pay Commission.

Dear Minister Donohoe,

The IHCA represents the interests of 85% of the hospital consultants working in Ireland's acute hospital and mental health services. It welcomes the establishment of the Public Service Pay Commission and the opportunity to outline its initial views on the role and methodology of the Commission.

The Commission's advisory role and the intention that it will provide authoritative and evidence based analysis on pay matters provide an opportunity for much more informed discussions on pay negotiations. The international mobility of highly trained specialists and consultants means that the analysis for that group will prove more complex than for most other public service groups. The IHCA through its membership base and its contacts with specialists working in other countries has significant expertise and knowledge in this area. Accordingly, it would welcome an opportunity to engage with the Commission when established to discuss in more detail the most appropriate methodology and the variables that need to be taken into account in assessing consultant pay matters.

As you will be aware a hospital consultant recruitment and retention crisis has persisted for nearly a decade. As a result there is a pressing need to resolve the crisis without delay before the country loses a generation of highly trained specialists.

One of the main drivers for the consultant recruitment crisis is that international demand far exceeds supply. Irish trained medical graduates, specialists and consultants are in particularly high demand as the standard of training here is regarded as one of the best in the world. As a result, Irish consultants are highly sought after in developed English speaking countries which pay higher levels of remuneration and offer more attractive terms and conditions.

At the same time, Ireland has one of the lowest number of consultants and practising doctors per 1,000 of population compared with other OECD countries. An increasing and significant percentage of Ireland's medical graduates in specialist training have confirmed in a series of surveys in recent years that they plan to emigrate and pursue career opportunities abroad. Specialists in training and consultants are emigrating at earlier stages in their careers than was previously the case. In addition, existing consultants are retiring earlier than heretofore due to the stress of the excessive workloads in their services.

The effect of these factors is that the sustainability of the country's acute hospital and mental health services is critically challenged. There are now hundreds of permanent approved consultant posts in those services that cannot be filled, some of which have been vacant for up to five years and advertised several times. In 2015, one in four advertised consultant posts received no applicants and a similar number received just one applicant. In some hospital departments and specific mental health services, the majority of consultant posts are vacant or filled on a temporary or agency basis at substantially higher cost than that paid to permanent consultants.

There is an urgent need to improve Ireland's competitiveness in recruiting and retaining highly sought after internationally mobile specialists and consultants. In particular, the number and calibre of permanent consultants appointed in Ireland must be increased to the equivalent levels applying in other developed countries so that patients receive safe, high quality health care in a medically appropriate timeframe.

There are a number of fundamental requirements that need to be addressed to stabilise the deteriorating medical brain drain. As a first step, the State, HSE and health service employers must honour the terms of the contracts that they entered into with hospital consultants. It is essential that the 2008 Consultant Contract terms are honoured. This applies in particular to the salary payments which were due for payment on 1 June 2008 and 1 June 2009 and which remain unpaid. In addition the commitment to pay premium overtime rates for weekend working and other remuneration terms which are part of the 2008 contract must be honoured. The State must also end the discrimination against new entrant consultants appointed from 1 October 2012 who are being remunerated at lower levels than their consultant colleagues who were appointed before that date. Furthermore the FEMPI salary and other cuts introduced between 2009 and July 2013 need to be reversed.

The actions outlined above are fundamental to restoring trust and would provide a platform which would enable the State and the health service employers to start rebuilding competitiveness in order to address the medical brain drain which has increased to record levels in the past decade.

Ireland is competing in an international market to recruit and retain specialists and consultants against other developed countries which have implemented annual increases in consultant remuneration since 2008 at a time when Irish salaries were cut steeply. In addition to the actions above, the cumulative percentage increases in remuneration levels payable to hospital consultants in these countries since 2008 need to be replicated in Ireland without delay to improve competitiveness.

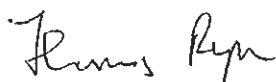
The conditions of employment in Irish hospitals must be improved. Due to the low number of doctors and consultants on a population basis, the workload of consultants in Ireland is much higher than their peers elsewhere. This is demonstrated by comparisons of the number of patients assessed in outpatient clinics and other settings. Consultants in Ireland are working on much more onerous and more frequent out-of-hours and weekend on-call rotas compared with their peers in other countries due to the relatively low number of consultants and smaller specialty teams. This is in addition to working their full working week, often exceeding their contract hours.

The infrastructure of Irish hospitals must be reviewed. The Irish health service has the lowest number of acute hospital beds and the highest bed occupancy rate in the OECD, further increasing the difficulty in providing care to patients and exacerbating workloads. The lack of investment in acute hospitals and mental health facilities especially in the last decade has resulted in the degradation of equipment and infrastructure leading to increasingly difficult working conditions. The critical capacity constraints, increasingly obsolete equipment and inadequate investment in infrastructure adversely impact on the working conditions of consultants practising in Ireland.

The ability of the health services to respond to these challenges at a time when the country's population is growing and ageing depends on the recruitment of the required number and calibre of consultants. This together with the provision of appropriate front line resources and infrastructure would help to address the existing critical capacity constraints that are restricting the provision of timely, high quality healthcare to an increasing number of patients.

The IHCA would welcome an opportunity to discuss these issues with you, your senior officials and the Public Service Pay Commission when established.

Yours sincerely,



Dr Thomas Ryan
President

Encl.