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14th November 2019

Deputy Chambers Dáil Éireann Leinster House Dublin 2

PQ Ref 41769/19** To ask the Minister for Health when a working group will be established to address the long waiting times for diagnosis and treatment of endometriosis; and if he will make a statement on the matter.

PQ Ref 41770/19** To ask the Minister for Health the steps he is taking to address the lack of adequate care for patients with endometriosis here; and if he will make a statement on the matter.

Dear Deputy Chambers,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

I apologise for the delay in responding to you. As your PQs are closely related, I felt they would be best answered together.

There are three recognised subspecialties in gynaecology: gynae-oncology; uro-gynaecology; assisted human reproduction. There is no specialist qualification specific to endometriosis. In relation to the training of medical specialists in the management and diagnosis of endometriosis, the provision of this training forms an integral part of the specialist medical training program provided by the Institute of Obstetricians and Gynaecologists. All Consultant Obstetrician and Gynaecologists are therefore trained to treat endometriosis, with most cases of endometriosis being therefore within the scope of a general gynaecologist to see, diagnose and treat.

However some clinicians may have developed a subspecialty interest in the disease and may treat patients who have a more developed form of the disease and require extensive surgery. The most complex of cases may require involvement of other specialties like general surgery and urology. Seldom do patients with severe endometriosis present with that diagnosis made and consequently the best way to aid the majority of patients with endometriosis is to improve access to general gynaecology services. Frequent presentations to outpatient gynaecology clinics are dysmenorrhea and infertility; both of which may be caused by endometriosis.

For this reason, it is not intended that a Working Group focusing solely on endometriosis will be established. Rather the HSE's National Women and Infants Health Programme during the course of 2019 has developed a plan to increase the capacity and reduce waiting times for women awaiting general gynaecology, inclusive of patients with endometriosis. This plan has been submitted to the Department of Health. The plan developed aims to re-orient general gynaecology service to an ambulatory (see and treat) model rather than the traditional outpatient referral to day case/inpatient procedure. It is anticipated that funding available to the Programme in 2020 will support the establishment of three ambulatory services. Discussions with potential sites are on-going as to how best to implement the model and whether any of these ambulatory services can be established in a primary care setting.

I trust this clarifies the matter.

Yours sincerely,

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Mary-Jo Biggs, General Manager, National Women and Infants Health Programme