



National Doctors Training and Planning
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04 August 2020

Deputy David Cullinane,
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2

Ref: PQ Ref 17891/20

“To ask the Minister for Health the details of the shortage of consultants by speciality (details supplied) in tabular form; and if he will make a statement on the matter by the recommended ratio of specialists per population, the actual number of consultants required as per current population, the number of approved consultant posts, the number of consultant posts filled, the current shortfall of consultants”.

Dear Deputy Cullinane

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.

National Doctors Training and Planning (NDTP) Response

The data contained in Table 1 is extracted from DIME (Doctors Integrated Management E-system) as at 01 July 2020. DIME is dependent on clinical sites inputting details on their consultant workforce. Currently there is an estimated 99% compliance rate and therefore there may be variances and gaps in the data supplied to that held within clinical sites. As DIME is a live system it must be noted that there can be variances in the figures published dependent on the run date of the report as entries can be made with a retrospective date.

There are currently 3,400 consultant posts which have been approved by the Consultant Application Advisory Committee (CAAC). 3,104 of those posts are currently filled and 273 posts are recorded on DIME as vacant, as verified by the clinical sites.

The following table, Table 1, provides the status on the number of CAAC approved consultant posts as of 01 July 2020 detailed by specialty:



Table 1.		Status		
Medical Discipline	Filled	Unknown	Vacant	Total
Anaesthesiology including Intensive Care Medicine	402	3	20	425
Emergency Medicine	107	0	6	113
Medicine	729	5	72	806
Obstetrics & Gynaecology	166	0	14	180
Paediatrics	206	1	26	233
Pathology	260	0	39	299
Psychiatry	439	14	39	492
Radiology	287	0	27	314
Surgery	508	0	30	538
Total	3104	23	273	3400

There are 23 consultant posts where the status is currently unknown as the clinical site has not yet assigned a consultant to the post or verified if the post is vacant on DIME.

The report of the National Task Force on Medical Staffing June 2003 (Hanly report) is the last published report making recommendations on future consultant demand per head of population. Please see table appended of the National Task Force on Medical Staffing recommendations.

Yours sincerely

Eddie Staddon
General Manager
National Doctors Training and Planning

Report of the National Task Force on Medical Staffing

Table 4.1: Consultant staffing for a region of 350,000 population					
Specialty	Duty Roster	2009 Implementing EWTD		2013 Consultant-provided service	
		Per head of population*	Consultants per 350,000 population	Per head of population*	Staffing per 350,000 population
ANAESTHESIA					
Anaesthesia	On-site 24 hours		27		
Intensive Care	On-site 24 hours		7		
Paediatric Anaesthesia	Frequent on-call		3		
Pain Management	In-frequent on-call		1		
Total Specialty		1 / 9,200	38	1 / 8,300	42
EMERGENCY MEDICINE					
	On-site 24 hours	1 / 45,000	8	1 / 40,000	9
MEDICINE					
Cardiology	Frequent on-call	1 / 78,000	4	1 / 70,000	5
Clinical Pharmacology	Infrequent on-call	1 / 356,000	1	1 / 178,000	2
Dermatology <i>Paediatric Dermatology</i> Sub-total	Infrequent on-call	1 / 119,000	3	1 / 87,000	4
General Medicine General Medicine <i>Cardiology</i> Gastroenterology <i>including hepatology</i> Endocrinology/Diabetes Mellitus Nephrology Respiratory Medicine Rheumatology Sub-total	On-site 24 hours Each of these specialties participates in a 24-hour general medical on-site on-call rota	1 / 65,000 1 / 119,000 1 / 65,000 1 / 65,000 1 / 115,000 1 / 65,000 1 / 65,000 1 / 10,000	5 3 5 5 3 5 5 31	1 / 58,000 1 / 119,000 1 / 58,000 1 / 58,000 1 / 65,000 1 / 58,000 1 / 58,000 1 / 9,200	6 3 6 6 5 6 6 38
Geriatric Medicine	Acute geriatric / general medical on-call	1 / 50,000	7	1 / 50,000	7
Infectious Diseases and genito-urinary medicine	Infrequent on-call	1 / 115,000	3	1 / 87,000	4
Medical Oncology	Frequent on-call	1 / 87,000	4	1 / 87,000	4
Neurology	Frequent on-call	1 / 115,000	3	1 / 115,000	3
Palliative Medicine	Infrequent on-call	1 / 87,000	4	1 / 87,000	4
Rehabilitation Medicine	Infrequent on-call	1 / 280,000	1	1 / 178,000	2
Total Specialty		1 / 5,300	61	1 / 4,700	73
OBSTETRICS & GYNAECOLOGY					
Obstetrics & Gynaecology <i>Gynaecological Oncology</i> <i>Fetal Medicine</i>	On-site 24 hours				
Total Specialty		1 / 21,900	16	1 / 20,500	17



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Specialty	Duty Roster	2009 Implementing EWTD		2013 Consultant-provided service	
		Per head of population*	Consultants per 350,000 population	Per head of population*	Staffing per 350,000 population
PAEDIATRICS					
General <i>Community Child Health Other sub-specialties of general paediatrics</i> Sub-total	Joint on-site 24-hour rota with neonatology	1 / 35,000	10	1 / 29,000	12
Neonatology	Joint on-site 24-hour rota with paediatrics	1 / 87,000	4	1 / 87,000	4
Total Specialty		1 / 21,300	14	1 / 18,700	16
PATHOLOGY					
Biochemistry	Infrequent on-call	1 / 326,000	1	1 / 261,000	1
Chemical Pathology <i>Paediatric</i> Sub-total	Infrequent on-call	1 / 326,000	1	1 / 261,000	1
Haematology <i>Paediatric Transfusion Medicine</i> Sub-total	Frequent on-call	1 / 87,000	4	1 / 58,000	6
Histopathology <i>Cytology</i> Sub-total	Infrequent on-call	1 / 38,000	8	1 / 31,000	10
Microbiology Sub-total	Infrequent on-call	1 / 115,000	3	1 / 80,000	4
Total Specialty		1 / 18,100	17	1 / 14,000	22
PSYCHIATRY					
Child & Adolescent Psychiatry Sub-total	Frequent on-call		7	1 / 32,000	11
Forensic Psychiatry	Infrequent on-call	1 / 280,000	1	1 / 280,000	1
General Adult Psychiatry <i>Liaison Rehabilitation Substance Misuse</i> Sub-total	Frequent on-call	1 / 17,000	19	1 / 11,500	30
Psychiatry of Learning Disability <i>Adult Child</i> Sub-total	Infrequent on-call	1 / 119,000	3	1 / 71,000	5
Psychotherapy	Infrequent on-call	1 / 356,000	1	1 / 178,000	2
Psychiatry of Old Age	Participates in general psychiatric call	1 / 119,000	3	1 / 119,000	4
Total Specialty		1 / 9,300	34	1 / 6,600	53

Report of the National Task Force on Medical Staffing

Specialty	Duty Roster	2009 Implementing EWTD		2013 Consultant-provided service	
		Per head of population*	Consultants per 350,000 population	Per head of population*	Staffing per 350,000 population
RADIOLOGY					
General Radiology <i>Sub-total</i>	Frequent on-call	<i>1 / 17,000</i>	<i>20</i>	<i>1 / 14,600</i>	<i>24</i>
<i>Total Specialty</i>		<i>1 / 14,700</i>	<i>20</i>	<i>1 / 12,700</i>	<i>24</i>
SURGERY					
General Surgery <i>Breast</i> <i>Breast Endocrine</i> <i>Gastro-intestinal</i> <i>Vascular</i> <i>Sub-total</i>	On-site 24 hours Each of these specialties participates in a 24-hour general surgical on-site on-call rota	<i>1 / 145,000</i> <i>1 / 58,000</i> <i>1 / 87,000</i> <i>1 / 21,000</i>	Other general surgeons <i>2</i> <i>6</i> <i>4</i> <i>14</i>	<i>1 / 119,000</i> <i>1 / 44,000</i> <i>1 / 71,000</i> <i>1 / 21,000</i>	<i>3</i> <i>8</i> <i>5</i> <i>16</i>
Ophthalmic Surgery <i>Medical Ophthalmology</i> <i>Neuro-ophthalmic</i> <i>Paediatric</i> <i>Vitreo-retinal</i> <i>Sub-total</i>	Infrequent on-call	<i>1 / 78,000</i>	<i>4</i>	<i>1 / 58,000</i>	<i>6</i>
Oral & Maxillofacial	Infrequent on-call	<i>1 / 245,000</i>		<i>1 / 151,000</i>	
Trauma & Orthopaedic <i>Paediatric</i> <i>Spinal</i> <i>Sub-total</i>	Frequent on-call	<i>1 / 34,000</i>	<i>10</i>	<i>1 / 25,000</i>	<i>14</i>
Otolaryngology <i>Paediatric Otolaryngology</i> <i>Sub-total</i>	Frequent on-call	<i>1 / 71,000</i>	<i>5</i>	<i>1 / 71,000</i>	<i>5</i>
Plastic Surgery	Frequent on-call	<i>1 / 119,000</i>	<i>3</i>	<i>1 / 98,000</i>	<i>3</i>
Urology <i>Paediatric</i> <i>Sub-total</i>	Frequent on-call	<i>1 / 82,000</i>	<i>4</i>	<i>1 / 80,000</i>	<i>4</i>
<i>Total Specialty</i>		<i>1 / 7,100</i>	<i>40</i>	<i>1 / 6,200</i>	<i>48</i>
Total		1 / 1,280	248	1 / 1,080	302
<p>*Note: In this column, the figures per head of population per consultant reflect national ratios rather than a division of 350,000 by a certain number of consultants. This allows these ratios to be used in identifying the likely consultant staffing requirements of different populations. As indicated in the text, some adjustments may be needed for individual specialties following detailed analysis by region.</p>					