## Geriatric Medicine

Table 1.1 outlines the current number and ratio of consultant geriatricians per 100,000 of the population in Ireland. Included in this table are the projected numbers of specialists per 100,000 of the population in 2024, should the current ratio remain static at the 2014 level. Table 1.1 also includes the research informed range of specialists per head of population as per expert stakeholder perspectives, the Hanly (2003) recommendations and the ratios in place, projected and/or recommended in comparable healthcare jurisdictions.

Table 1.1 Geriatric Medicine Consultant Posts (Private and Public) 2014-2024

| **Total Population** | | | | | |
|---|---|---|---|---|---|
| **2014** | | **2024*** | | **Research informed range of specialists per head of population to 2024 ** ** | |
| **N** | **Ratio per 100,000 pop** | **N** | **Ratio per 100,000 pop** | **N** | **Ratio per 100,000 pop** |
| 71 (61 WTE) | 1.5 | 76 (65 WTE) | 1.5 | 95-124 (82-107 WTE) | 1.9 - 2.5 |
| **Population 65 plus years** | | | | | |
| **N** | **Ratio per 100,000 pop 65 + years** | **N** | **Ratio per 100,000 pop 65 + years** | **N** | **Ratio per 100,000 pop 65+ years** |
| 71 (61 WTE) | 12 | 96 (83 WTE) | 12 | 80-297 (69-255 WTE) | 10 - 37 |
| **Population over 75 years** | | | | | |
| **N** | **Ratio per 100,000 pop over 75 years** | **N** | **Ratio per 100,000 pop over 75 years** | **N** | **Ratio per 100,000 pop over 75 years** |
| 71 (61 WTE) | 32 | 103 (89 WTE) | 32 | 81-104 (70-89 WTE) | 25 - 32 |

* *Accounting for population growth and an unchanged ratio of consultants*
*** The recommendation is based on information in Table 1.2 and represents a range from the lowest to the highest ratio considered*

Table 1.2

| | |
|---|---|
| **Hanly (2003)** | Hanly (2003) recommended a ratio of 1: 50,000 consultant geriatricians per head of population to achieve a consultant-provided service and to comply with the European Working Time Directive (EWTD) in 2013. This represents approximately 2 consultants per 100,000 of the population. Using CSO population projections (CSO, 2011), we estimate the recommended ratio to equate to 93 consultant geriatricians today and approximately 100 consultant geriatricians in 2024 approximately. Using a WTE rate of .86, this would equate to 80 and 86 whole-time equivalent (WTE) consultants in 2014 and 2024 respectively. |
| **National Clinical Programme for Older People** | There are currently 85.5 whole-time equivalent (WTE) approved posts in geriatric medicine in Ireland, leading and providing care to those aged 65 years and over. This represents 1 consultant per 6,250 for people aged 65 years and over (1 per 54,000 of the general population). Of the 85.5 approved posts, 72 are filled in a permanent capacity, 7 on a temporary basis and 4 posts are currently vacant. Three retirements are anticipated between 2013 and 2016 and 11 between 2017 and 2026. The geographic spread is uneven throughout the country and this is an issue that needs to be addressed. The United Kingdom previously recommended a ratio of 1: 40,000 in 2008 but more recently has recommended 1: 50,000 or 1 per 4,000 aged 75 years and over (European Union Geriatric Medicine Society, 2011; Royal College of Physicians UK, 2013). The rationale for revising the recommended ratio to 1: 50,000 is to improve provision in regions which have ratios up to or greater than 1: 80,000. |

| | |
|---|---|
| | The UK census of consultant physicians recorded 38 physicians in geriatric medicine in Northern Ireland in 2010. With a population of 1.8 million at the 2011 census, this represents a ratio of 1: 47,654 total population or 1: 3,108 of the population aged 75 years and over.<br><br>With the older population expected to grow from 531,600 in 2011, to 860,600 in 2026 and 1.3 million in 2041 there is an urgent need to have consultants in position to lead and provide care for the change that lies ahead. If we are to maintain the status quo; that is 1 consultant for every 6,250 people aged 65 years and over (European and Canadian norms for this vary from 1: 2,700 to 1: 7,900) we should be aiming to increase the number of consultant posts from 85.5 in 2011 to 100 by 2016, 117 by 2021, and 138 by 2026. Additional appointments will be required to replace anticipated retirements. The data obtained from hospitals indicate that at least seven of the current approved posts are filled in a temporary capacity and a further four posts are vacant. Thus there is an immediate need to recruit at least 11 geriatricians to reach the total 85.5 approved posts.<br><br>The future need for consultant geriatricians is expected to grow significantly due to the increasing needs and expectation of society and older people, the expanding role of consultant geriatricians beyond the acute hospital sector, the increasing move towards integration with the community, and the increasing need for geriatric medicine liaison services. The roles of geriatricians continue to expand and involve a major contribution to acute medical care and stroke care, in addition to liaison with the community and long-term care settings. Increasingly, consultant geriatricians will also play an important role in conjunction with general practitioners and primary care teams. |
| **Royal College of Physicians of Ireland, National Specialty Directors** | There is currently a 'cap' of 22 clinical posts for Higher Specialist Training in geriatric medicine. There is an existing potential to train more due to 34 approved trainers working in hospitals with approved Higher Specialist Training posts in Geriatric Medicine. Currently, there are 27 potential posts deemed as suitable for a Specialist Registrar in Geriatric Medicine. Therefore, as there are more posts and trainers than the 'cap', some of the potential training posts remain without a Higher Specialist Trainee each year. The workforce in geriatric medicine has a significant service provision expectation for stroke care, dementia and memory, and acute medicine. In the United Kingdom, these areas are often provided by specialists other than those in geriatric medicine. The rising proportion of people in hospital with multiple long-term conditions, including dementia, functional impairment, and frailty syndromes (often relying on multiple services and on multiple medications) will need the skills of consultant geriatricians. Therefore, the number of consultants with the necessary skills in geriatric medicine urgently needs to be increased. This could be achieved by increasing the 'cap' for Specialist Registrars in Geriatric Medicine and funding post-CSCST (Certificate of Satisfactory Completion of Specialist Training) fellowships. The cap on posts should immediately be raised from 22 to 27, and this is a change that is manageable within the current training sites. Within 2-3 years the number of training posts available for SpRs in geriatric medicine should be increased to 30, in order to meet the projected requirements for the next ten years. This should be reviewed again within five years to ensure that projections are accurate. Currently, an SpR in geriatric medicine spends on average over six years in Higher Specialist Training. With 30 posts for clinical geriatric training, along with the current arrangements for a year of general and acute medicine and some time in research, the aim should be to have 45 people on the training scheme at a time. The projected manpower figures indicate that there should be six or seven new fully-trained geriatricians per year in Ireland. These 30 posts are required in the short-term to meet the needs of training enough specialists in geriatric medicine. The longer term requirements for training posts in geriatric medicine will be to meet the growing diversity of roles & sub-specialty areas available. Training in geriatric medicine in the future should ensure that there are opportunities available to train to a high level in all sub-specialty areas such as community geriatric medicine, ortho-geriatric medicine, and surgical liaison services. |
| **United Kingdom – Royal College of Physicians (2013)** | In 2009, there were 1,205 consultant geriatricians, representing an increase of 8.5% since the previous year, 2008. Half of the workforce aged 50 years and under was female compared to 20% of consultants aged 55 years and over. In the next five years, it is expected that 12.4% of all consultants will reach 65 years and are likely to retire. The majority of consultants (86.2%) work full time. The ratio by which the population is served by a whole-time equivalent (WTE) consultant geriatrician varies considerably; from the lowest ratio in Wales and Scotland with one geriatrician per 46,000 population (2.2 per 100,000), compared to the |

| | |
|---|---|
| | highest ratio of 76,000 to 86,000 in the East and West Midlands (1.2 – 1.3 per 100,000). To care for the population older than 75 years, the British Geriatric Society recommends a minimum of one geriatrician per 50,000 population (one per 4,000 people older than 75 years), although the numbers needed are likely to increase further with the increasing age and frailty of the population. |
| **England - Centre for Workforce Intelligence (2011)** | The most recent data from the National Health Service Information Centre census (NHS IC, 2011) records a headcount of 980 (941 whole-time equivalent) geriatric medicine consultants employed in England as of 30 September 2010 (1.9 per 100,000). The Royal College of Physicians estimated in 2008 that six whole-time equivalent trained specialists in Geriatric Medicine were required per 250,000 population (RCP, 2008). If this level of demand does not change, the supply of consultants is expected to reach and then exceed demand in 2015, when the consultant whole-time equivalent is expected to be about 1,300. If demand is modelled from a baseline of the consultant supply in 2010 and increasing at the rate of population growth of the 65 age group, it will increase to about 1,180 whole-time equivalent in 2020, and constantly remain below the level of supply predicted of the consultant workforce. The supply of consultants over the next ten years is forecast to increase to around 1,650 whole-time equivalent in 2020 (approximately 1,700 headcount, representing a ratio of 3 per 100,000), an average increase of 5.5 per cent annually. |
| **Australia** | The Australian Medical Workforce Advisory Committee (1996-2007) has no recommended SpR benchmark but they aspire to the British Geriatric Society's recommendation of 1 per 4,000 people over 75 years and 1 per 10,000 people over 65 years. The Australian Institute of Health and Welfare (2014) estimate that there were 427 specialists working in geriatric medicine in 2012 (whereby geriatric medicine was their main specialism). This equates to a ratio of 1.9 per 100,000 of the population for 2012 (the population of Australia in 2012 was 22.68 million). |

**Notes:**

- Geriatric Medicine: 71 specialists were employed in the public sector (excluding specified purpose contract employees and those on career breaks). Source: HSE Workforce Planning, Analysis, & Informatics Unit, Dec 2013
- Geriatric Medicine: No specialists were estimated to be employed in the private sector. Source: Medical Directory; Google and hospital websites
- WTE rate used herein is .86. Source: HSE Workforce Planning, Analysis, & Informatics Unit, Dec 2013
- Population 2014 is projected to be 4,626,423 using the M2F2 scenario CSO (2011)
- Population 2024 is projected to be 4,979,921 using the M2F2 scenario CSO (2011)
- Population 2014 of 65 years plus age group is projected to be 585,825 using the M2F2 scenario CSO (2011)
- Population 2024 of 65 years plus age group is projected to be 802,885 using the M2F2 scenario CSO (2011)
- Population 2014 of over 75 years age group is projected to be 222,772 using the M2F2 scenario CSO (2011)
- Population 2024 of over 75 years age group is projected to be 323,754 using the M2F2 scenario CSO (2011)
- Information in Table 1.2 does not necessarily represent the views of HSE-NDTP