

Medical Oncology

Table 1.1 outlines the current number and ratio of consultant medical oncologists 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 Medical Oncology Consultant Posts (Private and Public) 2014-2024

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
44 (38 WTE)	.95	47 (40 WTE)	.95	57 - 174 (49 - 150 WTE)	1.15 - 3.5

* 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: 87,000 consultant medical oncologists 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 1.15 consultants per 100,000 of the population. Using CSO population projections (CSO, 2011), we estimate the recommended ratio to equate to 53 consultant medical oncologists today and approximately 57 consultant medical oncologists in 2024 approximately. Using a WTE rate of .86, this would equate to 46 and 49 whole-time equivalent (WTE) consultants in 2014 and 2024 respectively.
National Cancer Control Programme (NCCP)	Some international benchmarks recommend there should be one medical oncologist per 125-200 new consultations. In this context, a new patient consultation provides an indication of future workload including assessment, staging, treatment, appropriate follow-up, support and communication with referring physicians. This would equate to a requirement of approximately 60-80 consultant medical oncologists in Ireland over the next 10 years. The actual number of medical oncologists in Ireland constitutes a ratio of 0.7 per 100,000. This compares with 1.4 per 100,000 in Australia and 3.5 per 100,000 in the United States. There are currently 34 consultant posts in medical oncology in the Irish public health service, of which 31 are filled on a permanent basis. It is estimated that a doubling in the number of medical oncologists will be required in the next 10 years to meet service demand. It is important to note that the model for delivery of medical oncology care varies significantly worldwide. For example, in the UK, there is a hybrid specialty of clinical oncology where consultants deliver both radiation oncology and medical oncology care. The National Cancer Control Programme (NCCP) recommends 1.8 medical oncologists per 100,000 population in Ireland. The required number of consultants in the next 5 – 10 years constitutes a total of 60 – 80 posts, representing a requirement for an additional 26 – 46 posts. The number of trainees that NCCP deem appropriate for medical oncology is 6 HST per annum.

<p>Royal College of Physicians of Ireland (RCPI)</p>	<p>Currently there are 24 publicly appointed medical oncologists in Ireland, 18 of which are appointed in NCCP Cancer Centres. While many medical oncologists have site-specific training in a specific tumour type, all currently practice as General Medical Oncologists treating patients with all cancers. In the United Kingdom in 2000, it was recommended for there to be one medical oncologist for every 200 new patient referrals per annum and one academic medical oncologist for every 100 – 150 new patients per annum (taking into consideration the continuing care required by most patients over repeated episodes of treatment and the intensive monitoring required for systemic therapy). In 2005, it was recommended for there to be one medical oncologist for every 130 new cases per annum in British Columbia. In Canada and Australia, the new patient caseload for a typical medical oncologist ranges between 125 and 200 new patients per year. There is some variation between Irish centres but overall, medical oncologists are typically reviewing 300% - 400% more patients than this. A further surrogate for workload is the amount of chemotherapy delivered per consultant. An audit of patient discharges for patients receiving chemotherapy (both inpatient and day case) per consultant was performed at two cancer centres and their satellite units to assess this activity. It found 6,605 total discharges or 3,302 per consultant medical oncologist. Equivalent data for medical oncologists working in British Columbia in 2008/9 shows that consultants delivered an average of 1,199 chemotherapy treatments each. This again demonstrates that Irish consultant medical oncologists are delivering 300% - 400% more systemic therapy treatments than their international counterparts.</p> <p>The model of healthcare in Ireland is undergoing transition from a consultant-led to a consultant-delivered service. A reasonable estimate for medical oncologists in Ireland is 1 per 125-130 new medical oncology consultations per year. It is important to note that in this context a new patient consultation is a surrogate for all future workload including assessment staging, treatment, appropriate follow-up, support and communication with referring physicians that characterize the entire course of the patient’s experience with cancer. This estimate takes account of NCHD contribution to service delivery and equates to 89 – 93 medical oncologists in 2020. Given that currently two to four specialist registrars graduate per year from the RCPI training programme, there will be an ongoing need for specialist register eligible non-Irish trained medical oncologists to fill recruitment requirements. The short term recommendation is for an increase from 10 to 16 SpR/HST training places, reflecting two for each Cancer Centre.</p>
<p>United Kingdom – Royal College of Physicians (2013)</p>	<p>The number of medical oncologists has risen from 138 in November 2000 to 408 in September 2012. With multidisciplinary team working, an ageing population, additional lines of treatment available, ongoing drug development and subsequent personalisation of cancer treatment, as well as the generation of acute oncology services, the number of medical oncologists required has increased. To adequately provide an acute oncology service, approximately 100 new posts will be required across the United Kingdom. The provision of acute oncology services is recognised with new posts as follows: 9 of a total of 36 new appointments in 2009/10, 12 of 26 posts in 2010/11 and 20 of 39 posts in 2011/12, with potentially a further 100 posts for the provision of personalised medicine. Therefore, the predicted workforce requirement in the United Kingdom is a minimum of 550 posts, representing 2.75 whole-time equivalent (WTE) posts per 200,000 - 250,000 population. This equates to approximately 1.22 WTE per 100,000. Taking the whole-time equivalent rate to be .86, the recommended ratio is 1.42: 100,000.</p>
<p>England - Centre for Workforce Intelligence (2011)</p>	<p>The most recent data from the National Health Service Information Centre census (NHS IC, 2011) records a headcount of 298 (280 whole-time equivalent) medical oncologists employed in England as of 30 September 2010 (0.57 per 100,000). The supply of medical oncologists over the next ten years is forecast to increase to 537 WTE in 2020 (approximately 565 headcount, representing a ratio of 1 per 100,000), an average increase of 6.4 per cent annually.</p>
<p>Australia</p>	<p>There were 180 medical oncologists in active practice in Australia in 2001 (0.9 per 100,000) and an estimated shortfall of at least 40 medical and haematological oncologists. The best estimate of the number of medical oncologists in Australia in 2009 was 311 based on membership of the Medical Oncology Group of Australia (MOGA) which equates to 1.4 per 100,000. Despite the increase, this figure is still well below comparable international figures. For an optimal workload of 150 new patients per WTE medical oncologist per year, 432 specialists would be needed in 2014 (Blinman et al. 2012). The Australian Institute of Health and Welfare (2014) estimate that there were 382 specialists working in medical oncology in</p>

	2012 (whereby medical oncology was their main specialism). This equates to a ratio of 1.68 per 100,000 of the population for 2012 (the population of Australia in 2012 was 22.68 million).
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Notes:

- Medical Oncology: 37 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
- Medical Oncology: 7 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)
- Information in Table 1.2 does not necessarily represent the views of HSE-NDTP