

## Obstetrics and Gynaecology

Table 1.1 outlines the current number and ratio of consultant obstetrician and gynaecologists 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 Obstetrics/Gynaecology 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
162 (136 WTE)	3.5	174 (146 WTE)	3.5	224 - 319 (188 - 267 WTEs)	4.5 - 6.4

\* 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

<b>Hanly (2003)</b>	Hanly (2003) recommended a ratio of 1: 20,500 consultant obstetricians and gynaecologists 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 4.9 consultants per 100,000 of the population. Using CSO population projections (CSO, 2011), we estimate the recommended ratio to equate to 226 consultant obstetricians and gynaecologists today and approximately 243 consultant obstetricians and gynaecologists in 2024 approximately. Using a WTE rate of .84, this would equate to 190 and 204 whole-time equivalent (WTE) consultants in 2014 and 2024 respectively.
<b>Clinical Programme</b>	The number of consultants should be based on whole-time equivalent (WTE) in clinical practice because consultant sessions may be assigned to universities for academic work or to the health services for management. It is impractical to completely benchmark staffing levels in the Irish health service against other developed countries where services are organised differently. The Organisation for Economic Co-operation and Development (OECD) report <i>Health at a Glance</i> (2013) indicates that the number of obstetrician and gynaecologists per 100,000 women in Ireland is among the lowest in the OECD. A consultant obstetrician and gynaecologist must be available 24 hours a day, 7 days a week in all of the 19 maternity units in the country. The current number in training does not make any allowance for part-time working in the future. The current intake of trainees into the national system will not produce enough trained consultants to replace the existing cohort of consultants in the country. The number of trainees entering higher specialist training (HST) should be increased above current numbers by 8 to 10 per annum. The increase in new consultant staffing should be at a rate of approximately 5 to 10 per annum over the next 6 years.
<b>The Royal College of Physicians/ Institute of Obstetrician &amp; Gynaecologists</b>	The Consultant Appointments Unit (CAU) indicated 126 approved consultant posts (not representative of whole-time equivalent). The number of specialists required for any unit should be interpreted on the basis of whole-time equivalent recognising an individual's commitment to management and education activities. Workforce planning within this specialty is a difficult process on account of the ever-changing nature of patient requirements, altering patient demographics, an ageing population, advances in therapeutics, changes in the models of care, changes to the workforce in terms of gender balance (trainee level now 80% female) and working practices, increased additional non-clinical requirements for doctors, and the interdependent nature of the working relationship between obstetricians and midwives. The number of consultant obstetricians &

	<p>gynaecologists required for a population has been traditionally based on the number of maternities/deliveries. Previous recommendations have suggested figures of approximately 1 consultant per 350 deliveries. Based on this benchmark, all public maternity units in Ireland are understaffed. For example, the National Maternity Hospital has 8.7 whole-time equivalent consultants for every 9,000 deliveries which is approximately one third of the optimal staffing level. Ballinasloe hospital has one consultant obstetrician per 675 deliveries which is just under half the recommended number. Based on per capita estimates, Ireland's complement of obstetricians &amp; gynaecologists is one of the lowest in the Organisation for Economic Co-operation and Development (OECD). The metric using number of deliveries, is likely to underestimate the required number of consultants due to the increasing degree of clinical activity per maternity such as more ultrasounds, foetal medicine, prenatal interventions, which is a trend that is likely to continue. Increases in gynaecological services resulting from advances in preventative medicine (e.g. national cervical screening programme), out-patient procedures, and developments in surgery have increased the workload burden. Therefore, a manpower proposal linked primarily to delivery numbers will not be useful for gynaecology workforce planning.</p> <p>For effective manpower planning in the area of obstetrics and gynaecology, individual units will be required to measure their level of activities according to factors including case complexity (e.g. low risk maternities vs. tertiary referral service, out-patient benign gynaecology vs. in-patient cancer surgery services) and the specific manpower requirements for service provision in each unit should then be appraised locally. The primary objective of increasing consultant numbers is to effect improvements in the quality of care and reduction of adverse outcomes. A substantial economic benefit can be expected from an 'investment' in consultant expansion by reducing the significant annual pay-out in terms of obstetric litigation. Comprehensive workforce planning for the future of the specialty cannot proceed effectively until present staffing deficiencies have been rectified. The Institute of Obstetrics and Gynaecology stress the urgent need for immediate action on resourcing for the specialty. Several reports have been produced in the past, all of which have highlighted an urgent need for expansion in consultant numbers. Disappointingly, the call for more specialist appointments has not been implemented. The recent HIQA report (2013) has reiterated the same need for increased consultant numbers, but this report brings with it a statutory requirement for implementation. As workforce planning is a complex process, and there is an expectation that there will be some rebalancing of the hospital-based and community-based services, this work does not need to be completed before an initial tranche of additional posts are sanctioned on a pilot basis over, e.g. 12-24 months, with strict KPIs as a prelude to substantive approval.</p> <p>A significant part of the workforce is made up of BST, HST and non-training NCHDs. The current training structure comprises 3 years at BST level and 5 years spent in Specialist Registrar Training. Intake of trainees into approved training schemes has become more structured in the past decade with the introduction of Specialist Registrar training governed by the Institute of Obstetricians &amp; Gynaecologists. Many trainees also spend additional out-of-programme time at research and other activities. The majority opinion in the Workforce Planning Group supports an increase in trainee numbers. The training programme aims to provide optimal training to prepare for an appropriate senior consultant position in Ireland. The original number of trainees was based on the number of fully trained obstetricians &amp; gynaecologists needed to fill consultant posts becoming vacant with retirements; this was estimated at 5 per annum and with a five year training programme this led to the establishment of 25 SpR posts. Matching numbers to future posts is however, extremely challenging and has been compounded by several matters including the European Working Time Directive, NCHD retention difficulties, the availability of sub-specialist training positions, and changes to the consultant contract. Positions in the private sector in gynaecology have also expanded and this trend is likely to continue. There are different opinions however which recommend that increases in consultant numbers should precede increases in SpR numbers.</p>
<b>United Kingdom</b>	Based on current trainee recruitment, retirements and loss of Certificate of Completion of Training (CCT) holders, the Royal College of Obstetricians and Gynaecologists (2009) have estimated the impact on total consultant posts through to 2020. The consultant requirement is approximately 2,850 at a contract of 10 programmed activities (whole-time

	equivalent) or 3,000 - 3,100 in terms of headcount. This recommendation is made for England and Wales and it is expected that the consultant requirement of 3,000 will be reached between 2016 and 2020. The Office for National Statistics estimates that the population of England will be 56.6 and that of Wales will be 3.2 by 2020, giving a recommended ratio of 5 consultants per 100,000 population.
<b>Australia</b>	The Australian Institute of Health and Welfare (2014) estimate that there were 1,498 specialists working in obstetrics & gynaecology in 2012 (whereby obstetrics and/or gynaecology was their main specialism). This equates to a ratio of 6.6 per 100,000 of the population for 2012 (the population of Australia in 2012 was 22.68 million).

**Notes:**

- Obstetrics and Gynaecology: 139 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
- Obstetrics and Gynaecology: 23 specialists were estimated to be employed in the private sector. Source: Medical Directory; Google and hospital websites
- WTE rate used herein is .84. 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 4,979,921 projected to be using the M2F2 scenario CSO (2011)
- Information in Table 1.2 does not necessarily represent the views of HSE-NDTP