

## Occupational Medicine

Table 1.1 outlines the current number and ratio of specialists in occupational medicine 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 Occupational Medicine Specialist Posts (Private and Public) 2014-2024

2014		2024*		Research informed range of specialists per head of population to 2024 **	
N	Ratio per 100,000 employees	N	Ratio per 100,000 employees	N	Ratio per 100,000 employees
65 (56 WTE)	3.4	78 (67 WTE)	3.4	322-644 (277-554)	14 - 28

\* Accounting for population growth and an unchanged ratio of specialists

\*\* 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) does not make any recommendations for Occupational Medicine.
<b>Royal College of Physicians of Ireland, Faculty of Occupational Medicine</b>	<p>Currently there are 72 specialists registered in the Specialist Division of the Professional Competence Scheme in occupational medicine in the Republic of Ireland. No more than 65 of these are in active practice and some work part-time. The Faculty of Occupational Medicine recognises that the existing cohort of specialists has an age profile suggestive of a high rate of attrition in the foreseeable future. The current RCPI training programme graduate numbers fall well short of what will be required to maintain the current number of specialists. An advisory document from the UK Association of National Health Occupational Physicians (ANHOPS) advises one specialist occupational health physician (OHP) to every 7,000 employees (14 per 100,000). In Germany, there is one specialist OHP per 3,600 employees (28 per 100,000 employees). Extrapolating from German and UK figures/recommendations, Ireland requires about 250 specialists (as per the UK ratio) or 500 specialists (as per the German ratio). The actual 2013 figure is less than 30% of this. The Faculty of Occupational Medicine recommends that the SpR intake be increased from 1.5 per annum to 4 per annum. This would ideally occur incrementally over the next decade. The current cohort of trainees is 100% female. Even if intake increases and the existing workforce does not diminish in size beyond expected retirements, there will still be a significant shortage of specialists. At present, there are 6 full-time SpR trainee posts and 8 training practices. This training provision is not likely to meet future demand. However, training capacity is constrained by the availability of training practices and specialist trainers.</p> <p>The workforce is ageing, with an increase in the age of retirement to 68 by 2025. Demand for occupational health interventions will rise because there will be more people of working age with chronic diseases (heart disease, diabetes, arthritis, cancer). Occupational physicians are needed to advise on the legislation governing disability and employment so as to balance the competing needs of the employer with the rights of the employee with disabilities. Professional competence schemes are becoming more rigorous. GPs may be discouraged from practicing outside of their main area of competence, putting pressure on existing occupational physicians to care for workers who were previously seen by GPs with a special interest in Occupational Medicine. A large burden of occupational illness</p>

	and disease has been placed on the mental and musculoskeletal health services. As physical, chemical and biological hazards are better controlled, it is the psychosocial workplace hazards which will require attention and are contributing to growing levels of absenteeism and presenteeism, both of which cost employers.
<b>United Kingdom – England Centre for Workforce Intelligence (2011)</b>	The most recent data from the National Health Service Information Centre for Health and Social Care medical census (NHS IC, 2011) records a headcount of 104 (84 WTE) specialists in Occupational Medicine employed in England as at September 2010. The Faculty of Occupational Medicine reported that there is a significant undersupply of Occupational Medicine physicians within industry, which employs the majority of the workforce. Many organisations are employing nurse advisors to fill posts, which is an unsatisfactory long term solution. The supply of specialists in Occupational Medicine is forecast to increase to approximately 108 WTE in 2020 (133 headcount), an increase of 2.3 per cent annually.

**Notes:**

- Occupational Medicine: 6 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
- Occupational Medicine: 59 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
- Working population 2014 is projected to be 1,900,000 using the M2 scenario CSO (2013)
- Working population 2024 is projected to be 2,300,000 using the M2 scenario CSO (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