

Rehabilitation Medicine

Table 1.1 outlines the current number and ratio of consultants in rehabilitation 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 Rehabilitation Medicine 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
13 (11 WTE)	0.28	14 (12 WTE)	0.28	28 - 139 (24 - 120 WTE)	0.56 - 2.8

* 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: 178,000 consultants in rehabilitation medicine 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 0.56 consultants per 100,000 of the population. Using CSO population projections (CSO, 2011), we estimate the recommended ratio to equate to 26 consultants in rehabilitation medicine today and approximately 28 consultants in rehabilitation medicine in 2024 approximately. Using a WTE rate of .86, this would equate to 22 and 24 whole-time equivalent (WTE) consultants in 2014 and 2024 respectively.
Royal College of Physicians of Ireland, Faculty of Medicine	There are currently 12 consultants specialising in rehabilitation medicine in Ireland. One consultant is seconded on a whole-time equivalent basis to the Health Service Executive (HSE) until October 2015 and one consultant resigned in December 2013 to take up a job in the United Kingdom. Eight of the twelve consultants are female. The UK benchmark ratio is 1.5 per 250,000 (0.6: 100,000). The target number for Ireland on this basis is 27 to 28 consultants in rehabilitation medicine. This is a modest target given that the average number of physical and rehabilitation medicine consultants for all European countries is 2.8 per 100,000 (see RCP/BSRM, 2011 report for these ratios). The target for Ireland on that basis would be 129 consultants. Using the UK benchmark, Ireland needs another 15 or 16 consultants. Training positions have been developed as funding has become available, and not because of any systematic plan. Training positions are limited because there is only one training centre in Ireland (the National Rehabilitation Hospital). Based on the noted shortfall in consultant numbers, the training intake needs to be increased. There are some current shortfalls in the uptake of training posts at present and there are only one or two applications for the SpR scheme each year. The National Rehabilitation Hospital can absorb one more SpR as funding has become available through the European Working Time Directive.
United Kingdom	The most recent data from the National Health Service Information Centre for Health and Social Care census (NHS IC, 2011) records a headcount of 115 (105 whole-time equivalent) consultants employed in England as of September 2010. The most recently available data from the British Society of Rehabilitation Medicine (BSRM) records a headcount of 159 consultants (134 whole time equivalent) (RCP, 2013; BSRM, 2011). The British Society of Rehabilitation Medicine recommends a minimum of 1.5 whole-time equivalent (WTE) consultants per 250,000 population (RCP, 2008). This equates to an

	estimated demand for 320 WTE consultants in England and 381 WTE for the United Kingdom. Whilst the supply of consultants will remain below the recommendation (RCP, 2008), the Centre for Workforce Intelligence recommends no adjustment to training numbers until the implications of the new regional trauma network structure on the demand for doctors in rehabilitation medicine becomes apparent.
Australia	The Australian Institute of Health and Welfare (2014) estimate that there were 315 specialists working in rehabilitation medicine in 2012 (whereby rehabilitation medicine was their main specialism). This equates to a ratio of 1.4 per 100,000 of the population for 2012 (the population of Australia in 2012 was 22.68 million).

Notes:

- Rehabilitation Medicine: 13 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
- Rehabilitation 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)
- Information in Table 1.2 does not necessarily represent the views of HSE-NDTP