

Rheumatology

Table 1.1 outlines the current number and ratio of consultant rheumatologists 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 Rheumatology 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
48 (41 WTE)	1	50 (43 WTE)	1	60 - 85 (52 - 73 WTE)	1.2 - 1.7

* 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 4.14.2

Hanly (2003)	Hanly (2003) recommended a ratio of 1: 58,000 consultant rheumatologists 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 1.7 consultants per 100,000 of the population. Using CSO population projections (CSO, 2011), we estimate the recommended ratio to equate to 80 consultant rheumatologists today and approximately 86 consultant rheumatologists in 2024 approximately. Using a WTE rate of .86, this would equate to 69 and 74 whole-time equivalent (WTE) consultants in 2014 and 2024 respectively.
Clinical Programme	A recent review of staffing requirements in British Columbia, Canada suggests a ratio of 1 WTE post per 75,000 to adequately service their population. The comprehensive Lewin Report for the American College of Rheumatology in 2006 suggests a ratio of 1 per 67,000 in most US states so as to accommodate for changing population demographics. The Royal College of Physicians (2013) recommends one whole-time equivalent (WTE) consultant per 86,000 population (2.9 WTE per 250,000). Currently there are 34 adult rheumatologists and 2 paediatric rheumatologists in Ireland. 81% (29) also take part in acute general internal medicine (GIM) care, with an average of 50% of their time devoted to GIM. Based on the 2012 population of 4.589 million in the Republic of Ireland, there is a provision of 1 adult rheumatologist per 134,970 population (0.74 per 100,000). Depending on which recommendation is regarded as the most appropriate and not taking into account commitment to GIM cover, a further 19 to 34 adult rheumatologists will be required to bring the total to between 53 and 68 over the next 5 to 10 years. This total number will increase further if GIM is also factored in but it is likely balanced somewhat by an increasing number of rheumatologists working exclusively in the private sector. A minimum of 2 additional paediatric rheumatologists are also required.
Royal College of Physicians of Ireland	<i>Additional information to that of the Clinical Programme</i> At present there are 10 training posts in this specialty. If consultant posts were to be increased as explained above, a small increase in training posts may be needed to ensure these posts are filled, and to take account of retirements.
United Kingdom	Currently, there is one rheumatologist per 114,831 population (0.87: 100,000), with

	<p>wide regional variations. One whole-time equivalent consultant is required per 86,000 population (2.9 WTE per 250,000 or 1.16: 100,000). Taking the WTE rate to be .86, the recommended ratio for headcount is 1.35: 100,000. To achieve this would require a total of 648 consultants, representing a current shortfall of 117 rheumatology consultants. The data assumes that a consultant provides 4.5 clinics a week for 42 weeks per year, giving a total of 189 clinics per year (RCP, 2013).</p>
England – Centre for Workforce Intelligence	<p>In 2008, the Royal College of Physicians estimated a need for 2.9 whole-time equivalent (WTE) consultants per 250,000 population (RCP, 2008) which equates to a need for 603 WTE consultants in England based on population estimates from the Office for National Statistics (ONS, 2010). The most recent consultant data available from the NHS Information Centre census (NHS IC, 2011) records 454 WTE (488 headcount, 0.9 per 100,000) rheumatology consultants in England as of September 2010. Based on supply forecasts made from a baseline of 2010 census data, the supply of consultants over the next ten years is forecast to increase to about 710 WTE in 2020 (740 headcount, 1.3 per 100,000), an average increase of 4.4 per cent annually. If the level of demand does not change, the supply of consultants is expected to reach and then exceed the RCP (2008) recommendation by 2017, when the consultant WTE is expected to be about 640.</p>
Australia	<p>The Australian Institute of Health and Welfare (2014) estimate that there were 276 specialists working in rheumatology in 2012 (whereby rheumatology was their main specialism). This equates to a ratio of 1.2 per 100,000 of the population for 2012 (the population of Australia in 2012 was 22.68 million).</p>

Notes:

- Rheumatology (documented as Consultant Rheumatologist and General Physician): 34 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
- Rheumatology: 14 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