

IAEM calls for sustained expansion of Consultant numbers in Emergency Medicine

The Irish Association for Emergency Medicine calls on the HSE and Department of Health and Children to formally recognise the under-provision of Consultant in Emergency Medicine posts nationally and develop a programme of sustained Consultant expansion, beginning immediately.

Statistics released by the HSE Consultant Appointment Unit have confirmed that, to date, there has been no new Consultant in Emergency Medicine posts approved in 2010. This is in spite of the recent [Comptroller and Auditor General's report](#) which castigates the shortage of Senior Clinical Decision Makers in both Emergency Departments (EDs) and those departments supporting the country's EDs. The C&AG's report defines Senior Clinical Decision Makers as Consultants or experienced Specialist Registrars (SpRs) in the specialty.

If the Minister and the HSE genuinely wish to see significant improvements in the care provided to the [1.2 million patients](#) attending Ireland's EDs on annual basis they should:

- Eliminate ED overcrowding from all hospitals
- Announce an annual programme to recruit 5 to 10 additional Consultants in Emergency Medicine for each of the next 10 years. This should start this year with 5 new posts and can be increased to 10 posts as the national Emergency Medicine Training Programme is ramped up to produce the higher number.
- Sanction the creation of a new grade of Associate Emergency Physician. The specialty has long argued that the over-reliance on extremely junior doctors to see the majority of patients attending EDs is inappropriate and a greater percentage of the clinical workload should be delivered by Consultants and doctors with greater levels of expertise. The Associate Emergency Physician grade should have defined entry criteria in respect of examinations and experience and should be constructed on a national basis rather than *ad hoc* as is currently the case with a number of doctors who are in non standard roles.

Experience elsewhere has shown that resourcing Primary Care and provision of alternative services do not substantially reduce the number of patients attending EDs. There is an urgent need therefore to ensure that those patients who will continue to require the services of the country's EDs will be attended to by doctors appropriately trained to meet their needs. While the Association recognises that services will be provided in a smaller number of EDs there is a pressing need to ensure that these departments are adequately staffed by doctors of the appropriate training and experience.

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