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IAEM expresses grave concerns about Emergency Department Medical Staff recruitment.

The Irish Association for Emergency Medicine has serious concerns about the severe difficulties Ireland's Emergency Departments (EDs) are experiencing in recruiting Non-Consultant Hospital Doctors (NCHDs) to staff them. As of the beginning of March, there were a total of 34 unfilled Senior House Officer (SHO) posts (out of approximately 200) and 23 unfilled Registrar posts (out of approximately 130). While there have been difficulties in recruiting to posts in other specialties, the requirement of EDs to provide 24 hour cover, the intensity of the workload and the nature of shift work means that EDs are particularly hard hit.

The significant number of unfilled posts has meant that individual shifts are not being covered, with resultant reductions in the number of doctors on duty, or their place is taken by locum doctors, if available, who may be unfamiliar with individual hospital processes. When shifts are unfilled, this invariably results in longer waiting times for patients. Some hospitals have sought to employ General Practitioners to cover shifts. However, this short-term measure is unsustainable as the skill set for General Practice and Emergency Medicine is clearly significantly different and nationally GPs are in short supply. As the crisis continues to worsen, some hospitals are actively discussing having to restrict the hours when they are in a position to provide an ED type service.

IAEM has repeatedly stated that Ireland has too many EDs (currently 32). Reconfiguration has been promised for many years but apart from the Mid-West, little concrete progress has been made. The current model of medical staff provision is also no longer tenable. There is an urgent need to increase the number of Consultants in Emergency Medicine - currently there are 54 substantive Consultants in Emergency Medicine spread between these 32 hospitals. In addition, a more senior grade of doctor other than an SHO is required to provide the backbone of ED medical staffing. The Association has previously recommended the creation of an *Associate Emergency Physician* grade with suitable qualifications, entry criteria, continuing Professional Development opportunities and the ability to move to Higher Specialist Training should the incumbent wish to train to be a Consultant in the specialty. The Association ultimately envisages far fewer SHOs in Emergency Medicine with removal of the traditional reliance on this very junior grade to provide the majority of medical staff for the country's EDs. Their replacement by more senior doctors would result in patients being assessed by senior decision makers, a key recommendation of the recent Comptroller and Auditor General's [Special Report 70: Emergency Departments](#).

President:

Mr. Fergal Hickey FRCS, FRCSEd, DA(UK), FCEM
Consultant in Emergency Medicine

Sligo General Hospital
The Mall
Sligo
Ireland

Tel No: +353 71 9174505
Fax No: +353 71 9174646

Secretary:

Mr. James Binchy FRCSEd, Dip.Med.Tox., FCEM.
Consultant in Emergency Medicine,

University College Hospital
Newcastle Road,
Galway,
Ireland

Tel No: +353 91 542 766
Fax No: +353 91 520 154

Treasurer:

Mr. Niall O'Connor DCH, DOBs, MRCPG, FRCSEd, FCEM
Consultant in Emergency Medicine

Our Lady of Lourdes Hospital
Drogheda
Co. Louth
Ireland

Tel No: +353 41 9874791
Fax No: +353 41 9874799

The Association also recommends that greater use be made of Advanced Nurse Practitioners although questions the current academic requirements and reporting relationships of this role which limit the opportunities for many very experienced and motivated ED nurses.

While EDs remain excellent locations for junior doctors training, the current reliance on very junior doctors, i.e. SHOs, is no longer appropriate. The current paucity of Consultants in the specialty also needs to be addressed as a matter of urgency. With suitable increases in numbers of Consultants in Emergency Medicine and the creation of a grade of medical staff appropriate to the needs of Emergency Medicine, the educational opportunities for both interns and SHOs can be delivered with benefits to both EDs and the patients they serve.

The current reluctance of the HSE to address the serious staffing difficulties in the country's EDs will inevitably lead to poorer clinical outcomes than would otherwise be the case and a further lessening of the attractiveness of the speciality to medical students and doctors at an early stage of their training.