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IAEM expresses grave concerns about HSE plans to cease hiring essential frontline locum doctors

The Irish Association for Emergency Medicine has serious concerns about the plans outlined in a <u>circular from Laverne McGuinness</u>, <u>National Director HSE Integrated Services Directorate and Rosarii Mannion</u>, Assistant National Director, Human Resources which intend to prohibit the hiring of locum doctors including essential frontline doctors required to run 24/7 Emergency Departments, effective from 15th August 2011.

A current IAEM survey of Emergency Department (ED) NCHD vacancies confirms that there continue to be unacceptable levels of unfilled posts in Emergency Medicine. As of mid July 2011, 117 out of the 165 required Emergency Medicine Middle Grade (senior doctor) posts and 172 out of the 202 funded SHO posts were filled, representing vacancy rates of 29.1% and 15% respectively.

Whilst the HSE may have an expectation that the India and Pakistan recruitment scheme will eventually provide sufficient NCHDs for many hospital specialties, it is very clear that insufficient doctors have applied for Emergency Medicine to fill the current outstanding vacancies. Even if all the Emergency Medicine applicants were to be successful in the Medical Council's examination on 12th August, it will take a significant number of weeks/months to validate the paperwork that proves that they are doctors in 'good standing' and therefore eligible to work in Ireland. Furthermore, the majority of these doctors will only be eligible to take up posts in Emergency Medicine at SHO level, which does not address the worrying shortage of more experienced Middle Grade doctors. Finally none of these doctors are eligible to work in smaller EDs (also referred to as the 'HIQA 10'), where there is not fulltime supervision by a Consultant in Emergency Medicine.

Unless the application of this circular is modified to ensure that it remains possible for EDs to employ locum doctors to cover what are vital vacancies, then inevitably some smaller EDs will either close or have restricted hours of opening. For many others, there will be unacceptably long delays in patients accessing care due to doctor shortages. The ultimate outcome of these scenarios will be to put patients at increased risk. It is imperative that the HSE urgently revises this ill-advised circular and exempts EDs from this blanket policy.

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