

16th June 2011

Completed national Emergency Medicine workforce survey reveals a 25% deficit in Emergency Department junior doctor staffing from 11th July 2011

The Irish Association for Emergency Medicine (IAEM) has now received returns for its Emergency Department (ED) medical workforce survey from all 32 24/7 EDs. It shows an unsustainable 25% national deficit in recruitment and retention arising when the junior doctor changeover occurs on 11th July 2011. Only 5 EDs will have a full complement of medical staff with the other 27 having significant shortages. Most alarming is the 1 in 3 shortfall in experienced Middle Grade doctors (Registrars) who contribute essential senior decision making support on a 24/7 basis. This will lead to either a curtailment of opening hours in even more EDs than previously anticipated or patients attending EDs with insufficient numbers of experienced staff rostered to treat them. In addition to the immediate clinical risk to patients, the irrevocable loss of experienced middle grade doctors to Irish EDs has implications for the future training and recruitment of Consultants in Emergency Medicine in Ireland.

IAEM urges a frank and open urgent public discussion about the implications of the impending ED staffing crisis with public dissemination of HSE regional contingency plans so that patients, GPs & the Ambulance service can access available emergency care in the most timely and safest fashion, come July. The HSE must improve current ineffective recruitment processes and actively work with the Medical Council to speed up the difficult and time consuming process of obtaining medical registration in Ireland.

It is notable that the three Paediatric EDs (Our Lady's Children's Hospital, Crumlin; the Children's University Hospital, Temple St. and AMNCH, Tallaght) have been able to fully recruit medical staff. Amongst the reasons for this is the absence of ED overcrowding with admitted inpatients, which bedevils Adult and Mixed EDs and renders the environment in the latter less safe for patients and staff. It is vital that ED overcrowding is addressed in an immediate and comprehensive manner to improve patient safety in all EDs but most particularly where compromised staffing levels may further increase clinical risk.

The HSE should also incentivise junior doctors to work in the country's EDs in recognition of the greater intensity of ED clinical work and the demands of working night and evening shifts on 24/7 rosters.

Ireland's EDs also need increased numbers of Consultants in Emergency Medicine to bring specialist staffing levels closer to international norms. Along with the expansion of nursing roles, this will reduce the system's dependency on junior doctors to provide patient care while supporting doctors' and nurses' training needs. This will enable the long-term provision of high quality, efficient, reliable and sustainable ED services for patients.

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