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IAEM Response to proposed Additional Consultants in Emergency Medicine

The Irish Association for Emergency Medicine (IAEM) welcomes the announcement by the HSE that there will be 12 additional Consultants in Emergency Medicine in the first tranche of 60 new Consultants to be appointed under the *100 plus* initiative. The need for additional Consultants in Emergency Medicine has been long identified by the IAEM and we are acutely aware that Ireland lags well behind comparable Health Services in other countries in the number of Consultant in Emergency Medicine posts and the number of Consultants working in each Emergency Department (ED). Furthermore, there have been no new Consultant posts in Emergency Medicine for the past 3 years. The only 2 posts advertised have been replacement posts following a retirement and a re-location. The current Higher Specialist Training Scheme in Emergency Medicine produces between 2 and 4 new Specialists each year, i.e. those who have completed their training. Were posts available these newly trained Consultants would have been available to support incremental but much needed growth in Consultant numbers in Emergency Medicine over the past few years.

Professor Drumm, in his interview on *Morning Ireland* on 23rd August 2007, accepted that **problems manifested in Emergency Departments are the result of failings in the whole hospital system as well as in Community Services**. This reality was also acknowledged in the HSE's *ED Task Force Report*. It is ludicrous therefore that hospitals whose EDs are inadequately supported within their Hospitals and by local Community Services, are to be starved of Consultant posts. These posts are badly needed to increase senior supervision and decision-making in the ED and improve the timeliness and standard of clinical care. The hospital targets used in the *100 plus* strategy related to bed management and required reductions in trolley waits and parallel adequate management of elective workload. The HSE is responsible for the failure of hospitals to meet the targets it has set, as the management of acute and elective bed capacity and community services is **ultimately its responsibility**.

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The targets did not relate **directly to ED performance**. For those EDs who, through no fault of their own, are in hospitals which are not to be rewarded, this announcement and, indeed the HSE's concept of incentivisation, are rather galling.

The HSE would be strongly advised to ensure that the recommendations made in the *ED Task Force Report* are acted upon without further delay and those constraints in the Hospital and Community Health Services which adversely affect individual hospitals' EDs and bed management processes are addressed as a matter of urgency.