

10<sup>th</sup> January 2018

## **IAEM welcomes Minister's commitment to increase number of Consultants in EM but warns that increased bed capacity is crucial to solving ED crowding**

Unfortunately, and all too predictably, early January 2018 has seen record numbers of patients on trolleys awaiting hospital admission; the overwhelming majority being warehoused in Emergency Departments (EDs). Although this has brought renewed media and political focus on the problem of ED crowding, it should be noted that the problem is now a 12 month of the year one and affects both adults and, increasingly, children. Inexcusable has been the lack of meaningful steps taken to date to mitigate the predictable worsening of the position in the lead up to the winter.

The Association welcomes the Minister's stated desire to increase the numbers of Consultants in Emergency Medicine in the country but is very conscious that this step alone will only have a minor impact on a problem that is essentially a severe shortage of hospital bed capacity. While additional Consultants will inevitably bring the expertise and training of the specialty of Emergency Medicine to bear and optimise the assessment and treatment of patients during the Emergency Department phase of their care, the current problem is an inability to obtain a hospital bed for a patient who requires one at the time that the admission is deemed necessary. Unless, therefore, immediate and sustained measures are taken to increase bed capacity (more acute hospital beds; community beds and critical care beds) this initiative will have a disappointing impact.

It is important to appreciate that the conditions experienced by patients in grossly overcrowded, unsafe EDs also have a major impact on both medical and nursing staff trying to do their best in increasingly impossible circumstances. Unless the underlying problems are addressed, it will prove impossible to recruit the Consultants that the Minister wants to see in post. Their training and experience is highly valued in other Healthcare systems all over the English-speaking world but particularly in Australia, and we have lost many potentially excellent Consultants to emigration. We have seen similar difficulties with nurse retention. As a result of the intolerable and unceasing pressures, some have left the profession completely; others have moved to less pressurised areas and a further group have emigrated to healthcare systems which better value their staff's contribution. The loss of key staff and the inability to replace them will only be addressed by finally dealing with the bed capacity shortages which will allow EDs to function as intended and become attractive rather than unattractive places for medical and nursing graduates to base their careers.

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