1-5-2013

NCHD emigration crisis and the need for consultant-delivered care.

Eoin Kelleher
Royal College of Surgeons in Ireland

Ruairi Brugha
Royal College of Surgeons in Ireland

Citation
Kelleher E, Brugha R. NCHD emigration crisis and the need for consultant-delivered care. Irish Medical Journal 2013;106(5)133-4

This Article is brought to you for free and open access by the Department of Epidemiology and Public Health Medicine at e-publications@RCSI. It has been accepted for inclusion in Epidemiology and Public Health Medicine Articles by an authorized administrator of e-publications@RCSI. For more information, please contact epubs@rcsi.ie.
Attribution-Non-Commercial-ShareAlike 1.0
You are free:
• to copy, distribute, display, and perform the work.
• to make derivative works.
Under the following conditions:
• Attribution — You must give the original author credit.
• Non-Commercial — You may not use this work for commercial purposes.
• Share Alike — If you alter, transform, or build upon this work, you may distribute the resulting work only under a licence identical to this one.
For any reuse or distribution, you must make clear to others the licence terms of this work. Any of these conditions can be waived if you get permission from the author.
Your fair use and other rights are in no way affected by the above.
This work is licenced under the Creative Commons Attribution-Non-Commercial-ShareAlike License. To view a copy of this licence, visit:
URL (human-readable summary):
• http://creativecommons.org/licenses/by-nc-sa/1.0/
URL (legal code):
• http://creativecommons.org/worldwide/uk/translated-license

This article is available at e-publications@RCSI: http://epubs.rcsi.ie/ephmart/45
NCHD Emigration Crisis and the Need for Consultant-Delivered Care

Eoin Kelleher, Ruairí Brugha

Well-trained and motivated medical staff are essential to a functioning health system. However, Ireland is struggling in this regard. As has been highlighted in numerous studies and reports over the years, Irish non-consultant hospital doctors (NCHDs) are demoralised and dissatisfied with working conditions in Ireland and are leaving in increasing numbers. The other side of the coin is Ireland’s growing reliance on overseas-trained doctors, despite the successful scaling-up of numbers of EU (and therefore Irish) entrants to medical schools.

In 2011, according to the HSE, only one-third of NCHDs were compliant with the European Working Time Directive (EWTD), which restricts the hours doctors are allowed to work. Over three-quarters of NCHDs reported in 2012 that the EWTD had not been implemented. Half of NCHDs reported being dissatisfied with their current posts in Irish hospitals. In 2012, 32% told the Irish Medical Organisation (IMO) Benchmark Survey in 2011 that they would not choose medicine again if they had a choice. Young people enter medical school expecting to have a reasonable chance of reaching a position within a reasonable time-frame where they can practice with a degree of autonomy and responsibility that befits their experience and skills. The prospect of facing years in a junior post with only an uncertain prospect of becoming a specialist is not appealing. As a result we lose many of the doctors whose education we invest in to other countries where they feel their training is more valued.

If implemented, the Harpy report recommendations would go a long way towards solving some of the fundamental medical workforce problems that still face the health services. These include a demoralised and demotivated medical workforce, and a poorly organised public sector acute hospital system where patients rely heavily on NCHDs for care, rather than having access to a consultant-delivered system where the majority of decisions are made by appropriately trained doctors in a timely manner. It is widely believed that patients are put at risk because of the dangerously long hours many NCHDs currently work. If patients are treated primarily by NCHDs, many of whom are in non-training posts, they are not receiving the best quality care our profession can provide.

These reforms require a change in culture. In order to end dangerous working hours, haphazard training and a poorly structured medical workforce, the profession must accept changes in how doctors and consultants practice. The concept of a clinical autonomy will change in the context of consultant teams. This means growing accustomed to consultants working in teams, more flexible working hours including providing 24 hour cover on sites, and more streamlined training.

References
1. Eoin Kelleher, Ruairí Brugha, eoinkelleher@rcsi.ie
2. Young people enter medical school expecting to have a reasonable chance of reaching a position within a reasonable time-frame where they can practice with a degree of autonomy and responsibility...