COMHAIRLE NA N-OSPIDEÁL.

CONSULTANT PATHOLOGY SERVICES OUTSIDE THE MAJOR TEACHING CENTRES

- A DISCUSSION DOCUMENT

JUNE, 1984
Consultant Pathology Services Outside the Major Teaching Centres – a discussion document.

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COMHAIRLE NA N-OSPIDEAL.

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SECTION 1 - Introduction.

1.1. The Comhairle, in September, 1982, established a sub-committee with the following terms of reference:

"To investigate the problems and to make recommendations to the Comhairle on the general policy which should be adopted in relation to the future development of pathology services at consultant level outside the major teaching centres".

The establishment of the sub-committee arose from a letter from the South Eastern Health Board, dated 9th August, 1982, which requested the Comhairle to advise the Health Board on the organisation of consultant pathology services in its area. The Comhairle considered that the problems raised by the South Eastern Health Board were not unique and that similar organisational issues existed in relation to many other parts of the country and that the terms of reference of the sub-committee should include all hospital-based laboratory services at consultant level throughout the country other than those located in the major teaching centres at Dublin, Cork and Galway.

1.2. The sub-committee which was comprised of five members of the Comhairle, visited the South Eastern Health Board area and held extensive discussions over a two-day period with all of the interests concerned at Wexford General Hospital, Kilkenny General Hospital, Clonmel/Cashel Hospitals and Ardkeen Hospital, Waterford. In addition the views of the following health boards and voluntary hospitals were sought and presented - Mid-Western Health Board, Barrington's Hospital, Limerick,
St. John's Hospital, Limerick, Western Health Board, Portiuncula Hospital, North-Western Health Board, Midland Health Board, North-Eastern Health Board, Our Lady of Lourdes Hospital, Drogheda. Discussions on their relevant submissions were held with officials and the consultants concerned from the North-Eastern Health Board and Our Lady of Lourdes Hospital, Drogheda. The Chairman of the sub-committee visited the laboratory at Letterkenny General Hospital and discussed the services with the consultant pathologist there.

1.3. This discussion document is based mainly on the findings and recommendations of the sub-committee.
SECTION 2 - Existing Consultant Laboratory Services.

2.1. For the most part, pathology services at consultant level are provided at peripheral general hospitals by locally-based general pathologists who cover more than one of the four main branches of pathology (i.e. histopathology/morbid anatomy, haematology, biochemistry and microbiology) though usually their own area of special interest is histopathology. Those hospitals which do not have a locally-based general pathologist are, in the main, served by monospecialist pathologists from a major centre who visit on a regular basis. In each case, laboratories, staffed at technician level, exist on site which, in general, provide a wide range of laboratory services, covering all areas of pathology - histopathology, microbiology, haematology, bio-chemistry/chemical pathology. In the majority of cases, the locally-based general pathologists have developed relationships with monospecialists (particularly outside their own area of special interest) based at the major teaching centres at Dublin, Cork and Galway. In the main, these relationships are at a personal level and are not formalised.

2.2. The following is a summary of existing laboratory services in each of the health board areas covered by this report.

1. South-Eastern Health Board area.
   Laboratory services at consultant level are organised on a regional basis in the South Eastern Health Board area. The three consultant pathologists are all based at the laboratory at the Regional Hospital, Ardkeen, Waterford and provide a visiting service to each of the other general hospitals in the area, (i.e. Wexford, Kilkenny, Cashel/Clonmel) There are laboratories, staffed at technician level, at each of the above peripheral hospitals which provide service in blood cross-matching and emergency haematology and biochemistry. All histology and microbiology plus routine haematology and biochemistry are sent to the
regional laboratory at Waterford where the more sophisticated automated equipment is located.

2. Midland Health Board.

There are two general pathologists under the Midland Health Board. One is based at the General Hospital Mullingar and the other at the General Hospital Portlaoise with both sharing duties at Tullamore General Hospital. The services provided by the laboratories in the Midlands include, histology, biochemistry, haematology and microbiology. It is intended to locate a tuberculosis test facility for the region at Portlaoise General Hospital in the near future. The volume of tests referred to outside laboratories is steadily declining as locally-based facilities have been developed and it is intended that only tests where the volume involved would not justify a locally-based service, or those of a highly specialised nature, will be sent to outside laboratories. The consultant pathologists have developed adequate liaison with Dublin-based laboratories which enables a satisfactory range of services to be provided.

3. North-Eastern Health Board area:

Pathology services at consultant level in the North-Eastern Health Board area are somewhat underdeveloped particularly in the Cavan/Monaghan area. There are three consultant pathologists based in the area - one at Our Lady's Hospital, Navan who has a minimum commitment at James Connolly Memorial Hospital and two pathologists based at Our Lady of Lourdes Hospital, Drogheda, one of whom has a part-time commitment to Dundalk Hospital. The Comhairle, some time ago, approved a post of general pathologist to be based at Cavan/Monaghan Hospitals which is as yet unfunded. There are technician-staffed laboratories at Cavan and Monaghan Hospitals and these are supervised by a temporary part-time pathologist who provides a minimum service. Much of the Cavan/Monaghan workload is referred to Dublin laboratories, particularly U.C.D. Indeed, some of the workload arising from Dundalk Hospital is also referred to.
4. North-Western Health Board
There are three consultant pathologists in the North-Western Health Board area. Two are based at Sligo General Hospital - one with a special interest in histopathology and one with a special interest in microbiology. There is one general pathologist based at Letterkenny General Hospital. The consultant Pathologists at both Sligo and Letterkenny have developed liaison with Galway and Dublin-based colleagues to whom the more sophisticated tests are sent. At a functional level, the laboratory at Letterkenny does not have any links with Altnagelvin Hospital in Derry which is only a relatively short distance away on the other side of the border. There are excellent relations between the pathologists at Sligo and Letterkenny, however, distance (72 miles) and terrain involved does not make cross-cover arrangements feasible.

5. Western Health Board area:
In the Western Health Board area three hospitals came under the terms of reference of the sub-committee - Castlebar, Roscommon and Portiuncula (Ballinasloe) Hospitals. There is a general pathologist based at both Portiuncula Hospital and also at Castlebar General Hospital - consultant services at Roscommon are provided from Galway Regional Hospital on a visiting basis. The pathologists at Castlebar and Portiuncula maintain informal liaison with their colleagues in the laboratory at Galway Regional Hospital to whom the more sophisticated tests are referred.

6. Mid-Western Health Board area:
The hospitals involved in this area are Limerick Regional Hospital, Ennis General Hospital, Nenagh General Hospital, St. John's Hospital, Limerick and Barrington's Hospital, Limerick. There is a joint appointment of general pathologist at St. John's and Barrington's Hospitals. There are two Pathologists based at Limerick Regional Hospital, one with a special
interest in histopathology and one with a special interest in microbiology. Consultant services for both Ennis and Nenagh General Hospitals are provided from the Limerick Regional Hospital laboratory - technician-staffed laboratories are located at both Nenagh and Ennis. The Comhairle, some time ago, approved of a post of general pathologist with a special interest in laboratory haematology and of top-grade biochemist to be based at Limerick Regional Hospital but these have not been filled to date due to funding problems.

7. Southern Health Board area:
In the Southern Health Board area there is, at present, one general pathologist who has a special interest in histopathology based at Tralee General Hospital. Consultant support in other areas of specialisation is provided from the regional laboratory at Cork Regional Hospital. Pathology services at Bantry and Mallow General Hospitals are also provided on a consultative basis by monospecialists from the Regional laboratory who, when necessary, visit the hospitals.

8. Summary of Present Situation
(a) Number of hospitals involved (outside Dublin, Cork and Galway) ................................... 25
Number of beds........................................4,406

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<tr>
<th>No. of Hospitals</th>
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<td>(b) Complement of 2 or more pathologists</td>
<td>4</td>
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<tr>
<td>Complement of 1 pathologist</td>
<td>9</td>
</tr>
<tr>
<td>No locally-based pathologist</td>
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(c) Distribution of Consultant Manpower in Pathology -1st February, 1984.
Total establishment - 88
Vacant (funded) posts - 7
Consultants in practice - 81
No. of posts in Dublin | 70 (79.6%)
Cork and Galway
No. of posts elsewhere | 18 (20.4%)
The consultant/population ratio ranges from 1/125,000 in the south east to 1/24,000 in the east - the national average is 1/39,500.
SECTION 3 Monospecialist Training Versus Multidisciplinary Needs.

3.1. Monospecialist training in pathology at higher specialist level is now an established fact within the United Kingdom and Ireland and has had and will increasingly have significant implications for the delivery of pathology services particularly in the peripheral general hospitals with population catchments of the order of 50,000 - 100,000. Consultant pathologists are now trained only in a single area of specialisation -

- Histopathology
- Haematology
- Chemical Pathology/Biochemistry
- Microbiology

The full repercussions of monospecialist training have not had to be faced until now due to the availability of general pathologists trained in North America in two or more disciplines rather than one. However, this availability of dualspecialists has been very limited and cannot be relied upon in terms of meeting future needs at peripheral general hospitals in this country. The emergence of monospecialist training in pathology has been accompanied by an increasing trend amongst practising general pathologists towards greater concentration on one discipline. The multidisciplinary needs of the peripheral general hospitals cannot be met by any straightforward solution. Over the past number of years single-handed clinical consultants have virtually disappeared from the peripheral general hospitals and a new generation of younger, more recently trained, consultants in the clinical specialties have now become established. Most of these have been trained in environments where the immediate availability of comprehensive consultant (monospecialist) laboratory back up is taken for granted. This development is a significant factor in the growth of demand for locally-based consultant pathologists at many of the peripheral general hospitals.
3.2. In 1977, the Comhairle wrote to the Irish Standing Committee of the Royal College of Pathologists asking it to consider the problem of the staffing of peripheral general hospitals arising from postgraduate training schemes based solely on monospecialist training. The Comhairle considered that it was essential if proper standards of service were to be maintained that there should be a pathology presence at consultant level in these hospitals. As mentioned above, it was noted, at the time, that some of the general pathologists appointed in the recent past to the county hospitals had been trained in the United States where training, based on two or more disciplines, was still available. The Irish Standing Committee made representations to the Royal College of Pathologists on the matter but nothing positive resulted. The issue was raised with the Royal College both by the British Department of Health and Social Security and by the Scottish Home and Health Department. The arrangement which was reached was that, where necessary, consultant posts may be advertised as including duties in two of the major pathological specialties. The College recommended that, since their training arrangements were monospecialist, the two-specialty post should be advertised sufficiently in advance to make a proleptic appointment and allow the appointee to gain a year's experience in the second required specialty in a suitable laboratory. This did not, of course, provide a full consultant training in the second specialty, but it was accepted by the College as the best arrangement so far suggested. The Royal College indicated that it did not consider that a year's training in histopathology was satisfactory nor did it accept that a single consultant should be responsible for more than two specialties. While this might be regarded as a reasonable solution in the hospital system in the United Kingdom, though as far as the Comhairle is aware, it has not worked in practice to any great extent - it is doubtful whether it could be acceptable in this country where we rely more heavily on the smaller general hospitals to provide hospital services to a sizeable proportion of the population.
3.3. In its Second Report published in 1978 and again, in its Third Report published in May, 1982, the Comhairle questioned the appropriateness of following the United Kingdom concepts of training in devising postgraduate training programmes for this country. It pointed out that the United Kingdom is densely populated and has a hospital system capable of supporting a high degree of specialisation. In Ireland, there are and will continue to be, many smaller general hospitals which cannot support the degree of specialisation produced by the present training programmes. To date a satisfactory solution has not emerged.

3.4. Monospecialist training is now well established in the field of pathology and is unlikely to be altered in the foreseeable future. The Comhairle, has devised solutions, set out in later paragraphs, based on the premise that monospecialist training is here to stay and that the pathology services, at consultant level, in this country will have to be organised around the reality that such services will be manned by monospecialists.
SECTION 4 - General Considerations Relating to Future Organisation and Development.

4.1. Against the background relating to monospecialist training and practice in pathology which is considered in Section 3, the Comhairle has deliberated at length, on a number of important issues which will influence the future organisation and development of pathology services at consultant level, outside the major teaching centres of Dublin, Cork and Galway.

4.2. The major demand at peripheral general hospitals is in respect of an on-site histopathology/morbid anatomy service. This demand stems mainly from the clinical consultants who, in addition to requiring a laboratory which will give them a good quality, fast-reporting service in relation to examination of specimens, also consider that easy and regular consultation with a consultant histopathologist is essential for the proper management of patient care and the efficient use of hospital resources. A frozen section service and regular clinico-pathological conferences are further aspects of the need as seen by the clinical consultants. From their viewpoint, the only really satisfactory way of ensuring good consultant level laboratory back-up is to have a locally-based pathologist at their hospital. Such an appointee, it is argued, contributes, in particular to the integration of all of the clinical services within the hospital and greatly enhances the teaching of medicine to young doctors in training.

4.3. On the other hand, there is an argument, which was strongly advanced by the consultant pathologists in the south-eastern health board area, which favours the organisation of pathology on a regional basis including histopathology/morbid anatomy. This would involve a major regional laboratory which would be staffed by monospecialists who would visit peripheral hospitals on a regular basis within the region. It would facilitate specialisation and indeed sub-specialisation (e.g. cytology) by the pathologists and lead to a better quality and more sophisticated
service to the region as a whole. From the viewpoint of the pathologists in the south-east, a major drawback to the concept of histopathologists located at the peripheral hospitals would be the professional isolation involved and the difficulty of making a real input to the regional centre on a visiting basis. They felt that coroners autopsies, which are an important element in the workload, could best be organised on a regional basis and concentrated at a limited number of centres. Further, they pointed to the difficulty of maintaining a continuous service at the periphery during absences (mention was made of the leave entitlements provided for in the new common contract) of the locally-based histopathologist whereas, if the consultants were all based at the centre, the size of the consultant staff unit would alleviate this problem and provide a better guarantee of continuity of service to the periphery.

4.4. In relation to microbiology, haematology and biochemistry at consultant level, the sub-committee found that there was general agreement by all concerned that these services should be organised on a regional basis with the monospecialist consultants based at the centre, being obliged to liaise with the peripheral hospitals and, where appropriate, to visit on a regular basis for the purpose of consultation and supervision of the technician-staffed laboratories based in the peripheral hospitals.

4.5. The Comhairle, having assessed the various viewpoints advanced, experienced difficulty in fully supporting one side of the argument and not accepting the other. The fact is that valid and substantive arguments have been advanced both in favour of locally-based histopathologists and the development of services on a regional basis. However, on balance, the Comhairle tends to favour the concept of a locally-based histopathologist where the scale of clinical activity in the peripheral general hospital concerned would, on workload grounds, justify this. The decision in each case should therefore depend on local circumstances. The Comhairle,
however, is of the view that where a locally-based histopathologist is justified, the appointee, in order to minimise the obvious problems of professional isolation, should be obliged to attend the regional centre on at least one day per week where he should be in a position to make a real contribution to the workload to the extent, in some appropriate instances, of developing a sub-specialty interest (e.g. cytology) on a regional basis. There should be a clear obligation on the part of the regional laboratory to facilitate this type of involvement by the peripherally-based histopathologist in its activities. In health board areas where there is no regional laboratory (i.e. midlands, north-east and north-west) appropriate links with extern major laboratories should be established and maintained.

The Comhairle is also of the view that, where a locally-based histopathologist is not justified, the consultants at the regional laboratory should be obliged to undertake regular and specific commitments to attend at the peripheral hospital.

4.6. With regard to the delivery of consultant pathology services other than histopathology, the Comhairle is of the view that these can only be organised on a regional basis within health board boundaries or in association with major laboratories located in adjoining health board areas. This development would require the consultants located at the regional laboratories to visit peripheral laboratories on a regular and systematic basis to ensure the provision of an adequate service and to overview the technician-staffed laboratory in consultation with the locally-based consultant histopathologist.
SECTION 5 - Recommendations for the Development of Pathology Services by Health Board Area.

5.1. The general considerations in Section 4 of this document were applied by the Comhairle in formulating the specific recommendations which follow. The requirements of each health board area were examined independently and a pragmatic approach, based on these considerations and the local views conveyed to the sub-committee of the Comhairle is reflected in the specific recommendations formulated.

5.2. South-Eastern Health Board area.

The major centre for acute hospital services in the South-Eastern Health Board area is the Regional Hospital, Ardkeen, Waterford. The population catchment for the area is 374,575. Ardkeen Hospital embraces general medicine, general surgery, paediatrics, otolaryngology and ophthalmology in addition to pathology, radiology and anaesthesia. Maternity services are provided in conjunction with Waterford Maternity Hospital. Ardkeen is to be further developed as the regional centre for the south-east. Minimum-scale medical, surgical and maternity services are provided at the general hospitals at Wexford, Kilkenny and Cashel/Clonmel. As already mentioned during the sub-committee's visit to the area a strong case was made by the consultants based at Ardkeen Hospital for the development of all pathology services on a regional basis at Ardkeen Hospital. The clinical consultants at the other general hospitals, particularly Wexford General Hospital, put the counter view for the appointment of a consultant histopathologist to be based at the hospitals at the periphery. The Comhairle recommends the following which is expressed in order of priority:—

(a) The appointment of a histopathologist at Wexford General Hospital to include a special interest in cytology to be provided on a regional basis at Ardkeen Hospital for two sessions per week;

(b) The appointment in the context of a regional service, of a consultant haematologist in replacement of the services of one of the existing general pathologists based at Ardkeen Hospital who is due to retire in
(c) The appointment of a histopathologist to be based at St. Luke's General Hospital, Kilkenny - this appointee might develop an interest which would require an involvement at Ardkeen Hospital along the lines of the proposed Wexford appointment: this will bring the establishment of histopathologists in the area to four;

(d) The appointment of an additional microbiologist and chemical pathologist or top-grade biochemist to be based at Ardkeen Hospital as part of a regional service in these disciplines.

In relation to the above solution, the Comhairle wishes to emphasise the necessity for a team approach to the organisation and delivery of pathology services which will involve not only the peripherally-based consultants undertaking commitments to the regional centre but also the pathologists based at Ardkeen Hospital (including the existing two histopathologists) providing cover for their colleagues at the periphery. Such arrangements are feasible in view of the relatively short distances between hospitals and the reasonably good roads in the area. With regard to the situation in south Tipperary, it is felt that the services at both Cashel and Clonmel are seriously inadequate at technician level - there are three technicians covering both hospitals. It is suggested that the services at both hospitals should include biochemistry at technician level and a blood cross-matching service. The Comhairle recommends that the pathologists based at Ardkeen Hospital should provide a minimum of one day per week each at Cashel/Clonmel Hospitals and that this arrangement should be initiated on the appointment of the histopathologist at Wexford Hospital. If the situation demands a further commitment this should be provided when required.
5.3. Midland Health Board area.
The population catchment for the Midland Health Board area is 202,146. As indicated in Section 2 of this report there are two consultant histopathologists based in the area. In addition, there are 25 laboratory technicians employed by the Midland Health Board—10 at Mullingar, 9 at Tullamore and 6 at Portlaoise General Hospitals. The Health Board has indicated that present arrangements are considered to be satisfactory and the Health Board is unlikely to seek additional staff at consultant level in the short-term. It is noted that the Midland Health Board has adopted a policy of developing Tullamore General Hospital as the regional centre in the long-term. If, in the future, it is decided to develop consultant level services in microbiology, haematology and biochemistry within the Midland Health Board area, then Tullamore would be the appropriate location for such development. When new regional services develop within the area, (e.g. orthopaedics), it may be necessary for the Health Board to seek approval for the appointment of additional consultant staff in pathology. The two present histopathologists in the area are relatively young and very active and have developed informal associations with major laboratories in Dublin. The Comhairle is of the view that present arrangements in the midlands are adequate for the short-term. For the long-term, much will depend on the pace of hospital development in the area and it is felt that a flexible approach should be adopted in regard to the development of pathology services in line with developments in hospital services generally within the area.

5.4. North-Eastern Health Board area.
The population catchment for the North Eastern Health Board area is 288,980. There are three consultant pathologists in the area—one general pathologist based at Our Lady of Lourdes Hospital, Drogheda, one histopathologist shared jointly between Our Lady of Lourdes and Dundalk Hospitals and one histopathologist
based at Our Lady's Hospital, Navan with a minimum commitment at James Connolly Memorial Hospital. The bulk of tests from Cavan/Monaghan Hospitals and some from Dundalk are sent to Dublin-based laboratories. During the course of its deliberations, the sub-committee of the Comhairle met with representatives from both the North Eastern Health Board and Our Lady of Lourdes Hospital, Drogheda. During these discussions it became evident that there was much room for improvement in the relationships between the Health Board services and those provided by Our Lady of Lourdes Hospital. On the making of the joint appointment of histopathologist at Drogheda/Dundalk hospitals, it was envisaged that all work of a routine nature not undertaken by the joint appointee at Dundalk should be transferred to the Drogheda laboratory. Clearly this has not been happening. However, a consensus did emerge from the discussions on the future development of pathology services in the area. It was difficult to envisage any single centre, (including the new Cavan Hospital) within the area emerging at a suitable centre for the centralisation of services. This arises mainly from geographic and demographic considerations. It would not be possible to organise pathology services, other than histopathology, at any single hospital within the North Eastern Health Board area satisfactorily as it would not be viable to set up the type of transport system that such a development would require. Also, much of the more sophisticated work would leave the area, particularly from the south-eastern section. A further point taken into consideration is the likelihood that the Department of Health/Comhairle Joint Working Party on the Distribution of Laboratory Units in Dublin will recommend that each general hospital in north Dublin will have the full range of pathology services at consultant level on site. The proximity of a major portion of the population in the North Eastern Health Board to these hospitals is a significant factor. The North Eastern Health Board and the authorities of Our Lady of Lourdes Hospital concurred with the sub-committee on this issue
and the following, based on the "twinning" of hospitals, was recommended for the development of pathology services in the area:

A consultant histopathology service located at each group of hospitals as follows:-

Our Lady of Lourdes, Drogheda/Dundalk Hospitals
Cavan/Monaghan Hospitals
Our Lady's, Navan/James Connolly Memorial Hospitals

The sub-committee also recommended that other specialist pathology services (microbiology, chemical pathology, haematology) should be provided through formal linkage arrangements with north Dublin laboratories along the following lines:-

Our Lady of Lourdes/Dundalk Hospitals to link with the new Beaumont Hospital laboratory or the Mater Hospital laboratory.
Cavan/Monaghan/Navan hospitals to link with the James Connolly Memorial Hospital laboratory.

The formal arrangements should be specific in terms of the referral of workload to the Dublin laboratories indicated and visitation to the peripheral hospitals in the north-east by the monospecialist pathologists based in Dublin.

5.5. During the Comhairle's deliberations on the above recommendations, the case was advanced for the development of a regional service in microbiology based in the north-east rather than a service provided from north Dublin. It was argued that the need for a locally-based consultant service was greater in microbiology than in either haematology or chemical pathology particularly since a regional orthopaedic service had already been developed based at Navan General Hospital. Various suggestions were made as to where such a service might be based including Navan, Drogheda and the new Cavan Hospital. It was also suggested that Comhairle should not make any recommendation as to location but should leave this to be decided locally. Having carefully considered
the matter, the Comhairle considers that the development of regional services in microbiology based in the north-east would be desirable but it will be difficult to overcome the geographic problems inherent in the area and, in addition, there is evidence of a lack of full co-operation between the major voluntary hospital at Drogheda and the hospital services elsewhere in the area provided by the Health Board. Until such time as practical solutions emerge to both of these obstacles the Comhairle considers that the recommendations of the sub-committee, which are supported by the North-Eastern Health Board and by Our Lady of Lourdes Hospital, Drogheda, should be implemented.

5.6. North Western Health Board area
The population catchment for the North Western Health Board area is 208,195. The Health Board expressed satisfaction with the consultant staffing arrangements at Sligo General Hospital as outlined in paragraph 2.2.4. of this document although the more specialised training of the second appointee in microbiology limited his ability to provide a full service in areas such as cytology, biopsy and to a lesser extent haematology. The consultants based at Sligo provide limited cover for the consultant pathologist based at Letterkenny General Hospital whose special interest is in histopathology. However, because of distance (72 miles) and terrain factors this arrangement is not often feasible. The Health Board indicated a need for a second post of histopathologist at Letterkenny and on the making of this appointment the Health Board's priority would be the creation of a consultant post in chemical pathology/biochemistry to serve the region as a whole.

5.7. The range of diagnostic tests undertaken at Letterkenny General Hospital include morbid anatomy, haematology, biochemistry and microbiology. The consultant, while essentially a histopathologist, does involve himself in the other branches of pathology and he sees a role
for himself in keeping up an adequate service in these specialties at Letterkenny. He feels that his position is not satisfactory in that he is isolated by distance from Sligo and as such is a single handed pathologist with no real cover and thus finds great difficulty in taking leave. With increasing demand, the Comhairle feels that there will be an adequate workload for two consultant histopathologists at Letterkenny. The present incumbent feels that, with a second histopathologist they could jointly do routine haematology and transfer complicated cases (e.g. leukaemia) to a major centre perhaps in Dublin. With regard to microbiology, it was suggested that the services provided by the consultant at Sligo is satisfactory. There is excellent technician cover in biochemistry at Letterkenny and it was suggested that nothing more than a good technician in biochemistry is required provided that the two histopathologists at the hospital are prepared to interest themselves in biochemical aspects of the laboratory.

5.8. The Comhairle agrees with the views of the North Western Health Board area on the need for the appointment of a second consultant histopathologist at Letterkenny General Hospital and the appointment of a chemical pathologist or top-grade biochemist to provide a regional service from the base at Sligo General Hospital. It is considered that equal priority should be given to both appointments. It is suggested that when a second appointment of histopathologist at Letterkenny is being made, emphasis should be placed on the need for the appointee to undertake an interest in all of the laboratory aspects at Letterkenny as in the case of the present incumbent. Other than the two appointments mentioned, the Comhairle does not feel that there is a need or a workload at present for the creation of additional posts in other pathology specialties. However, it is recommended that adequate arrangements be entered into with external laboratories for the provision of services in haematology in particular.
5.9. **Western Health Board area.**

The Western Health Board area embraces the major teaching centre at Galway Regional/Merlin Park Hospitals which does not come within the ambit of this document. The views of the Western Health Board in regard to pathology services at Castlebar, Roscommon and Portiuncula Hospitals in the context of monospecialist training were available to the sub-committee as were the views of Portiuncula Hospital. The proposals from the Western Health Board recommended the appointment of an additional General Pathologist with a special interest in microbiology at Castlebar General Hospital. Failing the recruitment of such a person, a consultant microbiologist should be appointed and sent for one year's training in one of the other disciplines. With regard to Roscommon County Hospital, it recommended that pathology services should continue to be provided from the Galway Regional Hospital laboratory. The submission does state that if a consultant pathologist was appointed to Roscommon there should be very close links between the consultant at Roscommon and the consultant at Portiuncula Hospital. Portiuncula Hospital authorities acknowledged the clear trend towards monospecialist training and agreed that workload would not warrant the appointment of consultant pathologists other than a histopathologist.

The hospital's immediate need is in microbiology and they would welcome an input of one session per week from the Galway laboratory in this regard. The Western Health Board are aware of this need. Portiuncula Hospital indicated that if a histopathologist was appointed at Roscommon Hospital, they would be willing to enter into discussion with the Western Health Board with a view to co-operation between the two laboratories. In considering the position in the Western Health Board area, the "Comhairle is of the view that no further injection of consultant manpower is required at this stage at either Portiuncula, Castlebar or Roscommon Hospitals. It is recommended that the major teaching laboratory at Galway Regional Hospital should provide the required service to Castlebar and Portiuncula Hospitals in the pathology disciplines other than histopathology and to Roscommon
In all disciplines. It is also recommended that the histopathologists based at Portiuncula and Castlebar Hospitals should have a structured commitment at Galway Regional Hospital which would alleviate the problem of professional isolation in each case.

5.10. Mid-Western Health Board area.

The population of the Mid-Western Health Board area is 308,212. A submission on the development of pathology services in the context of monospecialist training was received from the Mid-Western Health Board and the Limerick voluntary hospitals. Tentative proposals submitted by the Health Board included the following:

(a) Appointment of a histopathologist at Ennis General Hospital with sessional commitments to Limerick Regional Hospital.

(b) Appointment of a histopathologist at Nenagh General Hospital with sessional commitments to Limerick Regional Hospital.

(c) Appointment of a chemical pathologist at Limerick Regional Hospital in lieu of a post of top-grade biochemist (which was approved by Comhairle, but not filled due to funding difficulties) who would also provide a visiting service to the laboratories at Ennis and Nenagh.

(d) Appointment of consultant haematologist involving a clinical commitment with a small number of beds in Limerick Regional Hospital, who would also provide a visiting service to Ennis and Nenagh General hospitals.

The Health Board envisages the present consultant pathologist with an interest in microbiology, continuing to provide a regional service in this discipline. The existing histopathologist at Limerick Regional Hospital will liaise with the new appointees in Ennis and Nenagh, in providing a regional histopathology service. It was also recommended by the Health Board that arrangements be made for greater liaison with the existing consultant pathologist in the Limerick voluntary hospitals.

5.11. The proposals from the Limerick voluntary hospitals acknowledged the difficulty in providing services to small hospitals in the context of monospecialist training.
However, they did suggest that for the two hospitals, Barrington's and St. John's, at least a full-time haematologist and a biochemist be appointed. The remaining monospecialties could be provided from the Limerick Regional Laboratory on a sessional or consultative basis. With regard to histopathology, it was recommended that at least one additional post be created mainly on the basis of the importance of consultation in this discipline. In reference to the new general hospital proposed for Limerick to replace the two voluntary hospitals, it was suggested that the number of beds envisaged would necessitate a full-time haematologist, microbiologist and biochemist.

5.12. The Comhairle has considered these proposals and is of the view that services at Ennis and Nenagh General Hospitals would not warrant appointments to be based on site. The following is recommended:–

1. All pathology services for the Mid-Western Health Board area (including the voluntary hospitals) should be centralised at Limerick Regional Hospital.

2. An additional appointment of consultant histopathologist should be created to be based at Limerick regional laboratory. This would give an establishment of three histopathologists (including the existing incumbent at the voluntary hospitals). If services at Ennis General Hospital develop a case might be made for a fourth appointment. These consultant histopathologists should visit the technician-staffed laboratories at Ennis and Nenagh on a regular structured basis. In the case of the Limerick voluntary hospitals, there should be a specific scheduled commitment although this may not arise until the present incumbent retires from the voluntary hospitals.

3. The existing consultant with an interest in microbiology should provide a regional service in this discipline. It is felt that this should be sufficient, with adequate support staff, and through the setting up of infection control committees at each hospital.
4. A post of chemical pathologist should be created based at Limerick Regional Hospital but providing a structured visiting service to all other hospitals in the area.

5. A post of clinical haematologist should be created based at Limerick Regional Hospital and providing a structured visiting service to the other hospitals in the area.

5.13 Southern Health Board Area:
The total population of the Southern Health Board, comprising Counties Cork and Kerry is 525,022. The population of Kerry alone is 122,734 (1981 Census). The new Tralee General Hospital has recently been opened. It has an ultimate bed capacity of 425 but, initially, it will operate on the basis of slightly in excess of 300 beds. It is somewhat larger than the normal size for a general hospital serving a county area and, as a new hospital, contains the most up-to-date facilities. It is also unusual in that in addition to general medicine, general surgery, obstetrics and gynaecology, paediatrics and acute psychiatry, it will also provide orthopaedic services in a two-consultant unit. The present consultant staffing in pathology consists of one histopathologist. Correspondence and discussions have, in the recent past, taken place between the Southern Health Board and the Comhairle, on the future consultant staffing in pathology which would be appropriate for the new hospital. Originally, the Comhairle was of the view that a second consultant appointment was justified - a general pathologist with a special interest in microbiology. More recently, the situation has been further reviewed in the light of the trends towards monospecialist training described earlier in this document. The view of the Health Board, supported by the locally based histopathologist, by the Co-ordinator of Pathology Services at Cork Regional Hospital and by the Faculty of Pathologists is that the second appointee at Tralee should be a consultant microbiologist. It is considered locally that a second histopathologist would be inappropriate at this point.
in time and that priority should be given to microbiology. The Comhairle has deliberated at length on the pathology situation at Tralee. Although, for all other health board areas, the Comhairle has recommended that microbiology services be developed as a regional service based on a major laboratory, staffed by a full range of monospecialists, it is felt that there are exceptional features associated with the Tralee situation which would justify the appointment of a consultant microbiologist based at the new Hospital. These include (i) the size of the hospital and the range of clinical services (particularly orthopaedics) to be developed; (ii) the distance between Tralee and Cork (75 miles); (iii) the size of the population catchment to be served; (iv) the greatly increased population during the summer months because of the scenic and other attractions of the area; (v) the present shortfall in consultant manpower in microbiology at Cork Regional Hospital - there is only one consultant with a second post approved by the Comhairle but as yet unfunded and (vi) the Cork Regional laboratory will have to provide a service in microbiology to Bantry and Mallow Hospitals, apart from any Tralee commitments. With regard to consultant haematology and biochemistry services for Tralee, the Comhairle recommends that these should be provided from the Regional Centre at Cork Regional Hospital.

5.14 Within the County Cork area, there are two general hospitals outside of Cork City - Bantry General Hospital and Mallow General Hospital both of which provide a general medical and a general surgical service for their immediate population catchments. At present these two hospitals have a local technician staffed laboratory and services at consultant level are provided from the regional laboratory at Cork Regional Hospital. The Comhairle considers that the workload arising at these Hospitals would not justify the appointment of a locally based consultant pathologist in any branch of pathology. It is therefore recommended that the existing arrangements should continue with regular visits by the consultant pathologists based at Cork Regional Hospital. There is particular need to improve the service provided to these hospitals in microbiology.
5.15. While it is outside the ambit of this document to consider the consultant staffing situation in the major teaching centres, nevertheless, because of its implications for the hospitals at Bantry, Mallow and Tralee, it is necessary to refer to the urgent necessity to increase the consultant staffing in microbiology at Cork Regional Hospital. As already mentioned in the preceding paragraph, there is, at present, only one consultant microbiologist at Cork Regional Hospital. Considering the total population in the Southern Health Board, the very large area involved and its geographic features, this level of staffing is clearly inadequate to provide a proper service at consultant level. The Comhairle has already approved a second appointment for the Cork Regional Laboratory but it has not been filled due to lack of funding. A post of consultant microbiologist has also been approved for the Cork city voluntary hospitals and is expected to be filled shortly. However, the latter appointee will be wholly engaged in meeting the requirements of the voluntary hospitals and will not be in a position to contribute to providing a service outside of that. In the light of the foregoing, the Comhairle considers that the major priority for the Southern Health Board should be the appointment of a second microbiologist at Cork Regional Hospital. Between them, the two appointees should operate a regional service including Bantry and Mallow Hospitals and, also, provide an interim service to Tralee General Hospital pending the appointment of a locally based microbiologist recommended in paragraph 5.13 above.
SECTION 6 - Concluding Remarks

6.1. This document sets out the findings and the recommendations of the Comhairle based on the work of its sub-committee in relation to the future organisation and development of pathology services, outside Dublin, Cork and Galway. Essentially, the major finding is that monospecialist training and practice in pathology is a reality and pragmatic solutions are advanced, based on general considerations, as to how the pathology services should be organised and developed in the light of this reality.

6.2. The problems arising from the development of monospecialist training, while they may be seen in stark form in pathology, are by no means confined to this branch of hospital medicine. The increasing trend towards more and more specialisation is a feature of almost every aspect of the hospital services at consultant level. It is an international trend which has its roots in the massive expansion in medical knowledge and associated high technology which has occurred world-wide over the last few decades. It has brought about major changes in the practice of hospital medicine which have resulted in greatly improved diagnostic and therapeutic services for patients. It has had and continues to have a profound influence on the training of doctors in all specialties. However, specialisation can best be facilitated within large multidisciplinary teaching hospitals appropriate only to urban situations with high-density populations. It is significant that, nowadays, most young consultants have been trained, almost exclusively, in such environments.

6.3. There is a very definite limit to the extent to which specialisation can be accommodated within smaller general hospitals serving comparatively small populations spread over scattered, mainly rural, areas with, sometimes, difficult terrain and poor road communications. It is quite clear from this document that, in the case of pathology, this limit has not only been reached but surpassed for many for the smaller general hospitals in
this country. To a greater or lesser degree, the same can be said in relation to other disciplines, e.g. orthopaedics, ophthalmology, otolaryngology, and paediatrics. As it has manifested itself to date in pathology, the development of monospecialism would ultimately lead to a requirement of at least four consultant pathologists at every general hospital, irrespective of its size. This would not only be unthinkable from the economic viewpoint in this country but it would also be medically non-viable since the workload per consultant coupled with professional isolation would be inadequate to maintain professional competence. The pragmatic solutions put forward in this document involve the smaller general hospitals having to rely on consultant pathology services being provided partially on site in some cases and mainly at a distance in most. It is unlikely that such solutions can be sustainable in the long-term.

6.3. The long-term solution to the problems described, which, it must be stressed, are not peculiar to pathology, must involve either a radical rationalisation of the hospital system into fewer and larger centres or alternatively, radical changes in the training of consultants with increased emphasis on generalisation rather than specialisation. Over the last two decades, various plans to rationalise the hospital system outside the major population centres at Dublin, Cork and Galway, have proved to be unacceptable to the general public and to the politicians who are their representatives. On the other hand, the necessary changes in the training of consultants to suit the circumstances of this country, run counter to the already established world-wide trend in hospital medicine towards greater specialisation and carry the danger of Irish medicine being increasingly isolated internationally. While the Comhairle is acutely aware of this serious dilemma, it does not have the answer to the problem. The solution can only emerge through all of the many interests involved including politicians, administrators and the medical profession (particularly
those involved in training) - through their various agencies - coming together in an appropriate forum to recognise the problems and to reach a consensus on an acceptable solution for the circumstances in this country. The Comhairle is most anxious and willing to play its part in such an exercise and must look to all the other agencies involved particularly the Minister for Health and his Department to take the initiative in this respect.

Comhairle na n-Ospideal

June, 1984.