

Comhairle na n-Ospideal

Third Report

June 1979 - May 1982

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Contents

	Page
Section	Functions and Membership of the Comhairle 5-7
Section	Applications for Consultant Appointments 8-14
Section	Consultant Manpower 15-17
Section	Professional Qualifications and Experience for Consultant Appointments 18
Section	Senior Registrars 19-21
Section	Sub-Committees of the Comhairle 22-23
Section	Hospital Committee of the E.E.C. 24-25
Appendix A	Categorisation of Consultant Appointments. 26-27
Appendix B	Additional Appointments approved by Comhairle na n-Ospideal 1st October, 1978 — 31st March, 1982. 28-32
Appendix C	Professional Qualifications and Experience Specified by Comhairle na n-Ospideal for Consultant Appointments. 33-37

SECTION 1 -

Functions and Membership of the Comhairle

Introduction

- 1.1. This is the third in a series of triennial reports covering the activities of Comhairle na n-Ospideal since its establishment in 1972. The First Report covered the initial period from September 1972 to December 1975; the Second Report gave a detailed account of activities from January 1976 to December 1978. This latest report is concerned with the period from June 1979 to May 1982. The five-month gap between the Second and Third Reports is due to a delay in the appointment of members by the Minister following the expiration of the term of office of the previous membership on 31st December, 1978. There is considerable continuity both in the membership and in the policies of the Comhairle. This report should, therefore, be read in conjunction with the two earlier reports mentioned above.

Functions

- 1.2. Comhairle na n-Ospideal was established under the Health Act, 1970 (No. 1 of 1970). Its statutory functions are defined in Section 41 (1) of that Act as follows:—
- (i) to regulate the number and type of appointments of consultant medical staffs and such other officers or staffs as may be prescribed in hospitals engaged in the provision of services under this Act;
 - (ii) to specify qualifications for appointments referred to in sub-paragraph (i) subject to any general requirements determined by the Minister;
 - (iii) to advise the Minister or any body established under this Act on matters relating to the organisation and operation of hospital services;
 - (iv) to prepare and publish reports relating to hospital services;
 - (v) to perform any functions which may be prescribed, after consultation with the Council and with such bodies engaged in medical education as appear to the Minister to be appropriate, in relation to the selection of persons for appointments referred to in sub-paragraph (i); and
 - (vi) to perform such other cognate functions in relation to hospital services as may be prescribed.

Article 4 of the Health (Hospital Bodies) Regulations, 1972 (S.I. No. 164 of 1972) brought the above section of the Act into operation on the 1st July, 1972. The regulations also provided for a total membership of 24 and a three-year term of office for members of the Comhairle. Subsequently, the Health (Hospital Bodies) Amendment Regulations, 1978 (S.I. No. 338 of 1978) increased the membership to "27 including not less than fourteen persons who are registered medical practitioners engaged in a consultant capacity in the provision of hospital services". All persons appointed to the Comhairle are selected for appointment by the Minister.

- 1.3. To date, the "other officers or staffs" prescribed by the Minister as coming within the ambit of the Comhairle's regulatory function are biochemists (top-grade) and senior registrars.

Membership

- 1.4. On the 25th May, 1979, the Minister for Health announced the appointment of the following persons to be members of the Comhairle for the period ending on the 31st May, 1982:—
- Mr. Richard Godsil**, former Managing Director, Fry Cadbury's (Ireland) Ltd., member of the Electricity Supply Board, (Chairman)
 - Dr. Denis O'Sullivan***, Professor of Medicine, University College Cork and Physician, Cork Regional Hospital (Vice Chairman).
 - Mr. Sean Baker**, Surgeon, Bantry Hospital.
 - Mr. Edmund Browne***, National Group Secretary, Irish Transport and General Workers Union.
 - Dr. Michael Buckley***, Physician, St. James's Hospital, Dublin.
 - Miss Mary Byrne**, S.R.N. Merlin Park Hospital, Galway, member Western Health Board and former Mayor of Galway.

Mr. G. L. Cantillon, Surgeon, St. John's/Barrington's Hospitals, Limerick.
Dr. Robert Carroll, Pathologist, Our Lady's Hospital, Crumlin.
Dr. Dermot Collins*, Physician, Sligo General Hospital.
Miss Elizabeth Dillon, President, Irish Local Government and Public Services Union.
Dr. Nicholas Dolan, General Practitioner, Moate, Vice-Chairman, Midland Health Board, ex-President, Irish Medical Association.
Dr. Eric Doyle, Professor of Paediatrics, Trinity College, Dublin and Paediatrician, National Children's Hospital, Dublin.
Mr. Augustus Healy, member Southern Health Board, Cork Hospital Board and Board of North Infirmary, Cork.
Mr. Sean Hensey*, Assistant Secretary, Hospital Services, Department of Health.
Dr. Aidan Kennedy*, Anaesthetist, Cork Regional Hospital.
Mr. Rory Lavelle*, Surgeon, Our Lady's Hospital, Navan.
Dr. Brian McCaffrey, Psychiatrist, Eastern Health Board and ex-President, Medical Union.
Mr. Denis McCarthy, Chairman, Jervis Street Hospital Board, member of Beaumont Hospital Board and St. Laurence's Hospital.
Mr. J. Augustus Mehigan*, Surgeon, St. Vincent's Hospital, ex-President, Irish Medical Association.
Mr. Joseph Mulrooney, Vice-Chairman, Western Health Board and member of Mayo County Council.
Mr. Eoin O'Malley*, Professor of Surgery, University College, Dublin and Surgeon, Mater Hospital, Dublin.
Dr. Eamon O'Dwyer, Professor of Obstetrics and Gynaecology, University College, Galway and Obstetrician-Gynaecologist, Regional Hospital, Galway.
Dr. Daniel Ormonde, Radiologist, Ardkeen Hospital, Waterford.
Miss Patricia O'Sullivan, Nurse-Tutor, Mater Hospital, Dublin and member of Council, Irish Nurses Organisation.
Dr. Joseph Robins*, Principal Officer, Mental Health Services, Department of Health.
Mr. Barry Segrave, Chief Executive Officer, North-Eastern Health Board.
Dr. Alphonsus Walsh, Deputy Chief Medical Officer, Department of Health.

(*outgoing member, re-appointed for a further term of office).

- 1.5. There have been two changes in the membership of the Comhairle during the period under review. In February 1981, Dr. J. A. Robins resigned consequent on his promotion within the Department of Health and assignment of new responsibilities outside the hospital field. He was replaced by Mr. P. W. Flanagan, Assistant Secretary, Hospital Services, Department of Health. In June 1981, the sudden death occurred of Mr. J. A. Mehigan. He was a most active and popular member and is sadly missed by his colleagues on the Comhairle who wish to pay tribute to his sincere dedication to the improvement of hospital medicine in Ireland. The vacancy arising from the death of Mr. Mehigan was not filled by the Minister.

Summary of Comhairle Activities

- 1.6. Members of the Comhairle are not remunerated.
 The Comhairle meets on a monthly basis, which, depending on the agenda, involves a morning and afternoon session. The average attendance at the monthly meeting has been 78.6% during the period covered by this Report.
- 1.7. As was the case since the setting up of the Comhairle in 1972, much of its business has been done through sub-committees or ad-hoc groups of members who undertake detailed examination of specific problems. A total of 200 meetings of such groups took place in the current three-year period. The continued willingness of members to serve on sub-committees has made it possible for the Comhairle to maintain a high level of activity. The Comhairle is very conscious of the necessity, when coming to decisions, to have a good general knowledge of individual hospital situations and local conditions when the matter at issue concerns a particular hospital. To this end, familiarisation with the hospital facilities around the country and consultation with those involved at hospital level in the delivery of services is of paramount importance. As a matter of policy, the members have engaged in extensive consultation with local representatives and have visited a large number of hospitals throughout the country on Comhairle business. Over the three-year period, a total of 48 visits to hospitals have been made by representatives of the Comhairle.

Staffing and Other Servicing Arrangements.

- 1.8. The arrangements for the servicing of the Comhairle are described in detail in section 3 of the First Report. The statutory responsibility for providing the staff, office premises, equipment etc. needed to enable the Comhairle to function rests with the Hospital Bodies Administrative Bureau. The Bureau has provided excellent facilities in modern office accommodation at Corrigan House, Fenian Street, Dublin 2.

- 1.9. A number of staff changes have occurred during the period under review. Three members of the staff resigned to take up other positions — Mr. Brian V. Lea, Administrator, Mr. Patrick Murphy, Executive Officer and Mrs. Glynis Smith, Clerk-Typist. The gratitude of the Comhairle is extended to these former staff members for their contributions to the work of the Comhairle. The staff group now consists of the following:—

Mr. Gerard P. Martin — Chief Officer
Mr. Fionan O Cuinneagain — Administrator
Miss Margaret A. Cryan — Senior Executive Officer
Mr. Thomas Martin — Executive Officer
Mr. Niall O'Dea — Executive Officer
Mrs. Anne O Cuinneagain — Statistics Assistant
Mrs. Antoinette Daly — Typing Supervisor
Mrs. Anne Marsh — Clerk-Typist
Mrs. Doreen Pembroke — Clerk-Typist
Mr. Noel McCabe — Caretaker/Porter

The members of the Comhairle wish to express their appreciation to the staff who continue to provide a highly efficient service.

Expenditure

- 1.10. Funds for the Comhairle are provided by a combination of grants from the Hospitals Trust Fund and monies from the Department of Health's voted expenditure. Revenue expenditure amounted to approximately £493,000 for the three-year period covered by this Report. Of this amount, 43% was incurred in the payment of staff; 17% went on travelling and subsistence allowances; 21 % was expended on rent and rates; the remaining 19% was due to stationery and other operational costs. The accounts of the Comhairle are audited, on an annual basis, by a Local Government Auditor appointed with the approval of the Minister for Health.

SECTION 2-

Applications for Consultant Appointments

General Comments

- 2.1. The main executive function of the Comhairle is to regulate the number and type of consultant appointments in hospitals providing services under the Health Act. This regulatory function covers all consultant appointments in public hospitals (both health board hospitals and voluntary hospitals) whether additional, replacement, temporary or locum, and irrespective of the extent of the commitment involved.
- 2.2. Nowhere has a precise method of determining the number of consultant appointments required in a given situation yet been developed. Neither in this country nor elsewhere is it yet possible to measure in a scientific fashion the many factors which must be taken into account in assessing the need for consultants. There are, of course, some guidelines available (e.g. consultant/population ratios, work measurement by a points system) but these are no more than crude indicators. Essentially, the assessment has to involve judgement. The members of the Comhairle reach their decisions against a background of relevant local information and with the aid of available statistical and other systematic data. Their collective knowledge and practical experience of hospital medicine are significant factors which influence the outcome of their consideration of applications.
- 2.3. Equally important as the number, is the type of appointments which should be created. The Comhairle interprets the word "type", used in the Health Act, to embrace all aspects of the structuring of a job including specialty (and sub-specialty) interests, the time commitment involved (e.g. whether wholetime or part-time), the nature of the post (e.g. permanent, temporary, locum) and the hospital *or group* of hospitals in which the appointment is to be based. In considering these aspects, the Comhairle is concerned with total patient needs as reflected in the existing or potential workload of the hospital concerned and it does not involve itself in questions of public or private practice. Since this is a matter related to remuneration and conditions of employment of consultants, the Comhairle has no statutory functions in regard to it.
- 2.4. The approach of the Comhairle to the question of the structuring of consultant appointments is set out in detail in Section 4 of its First Report. Briefly, the Comhairle endeavours to ensure, as far as possible, that each appointment is structured in such a manner as to constitute a viable job which is likely to service adequately the needs of the hospital(s) concerned and to satisfy the appointee from a professional viewpoint. Aspects such as the teaching, research and administrative commitments involved have also to be taken into consideration. An essential feature of Comhairle policy is to achieve as near a maximum commitment as possible to a single hospital or group of hospitals.
- 2.5. In its First Report (December 1975), the Comhairle set out, at paragraph 4.5, six categories of commitment which would apply as appropriate, to all future consultant appointments. These ranged from "geographically wholetime" to "minimum part-time". Consequent on the introduction, in April 1981, of the new common contract for consultants, the Comhairle reviewed the six categories and re-defined them in the context of the common contract. This resulted in the dropping of the "geographically wholetime" category due to its being in conflict with the Interim Report of the Working Party on which the common contract was based. The five remaining categories — wholetime, maximum part-time, half-time, minor part-time and minimum part-time — were re-defined. The new definitions provided for some freedom of action by hospital authorities, in consultation with the consultants concerned, to determine the precise commitment to be applied to any particular appointment. The foregoing was conveyed to hospital authorities in a circular letter dated 28th May 1981 which is attached as appendix A to this Report. To date, the vast majority of consultant appointments approved by the Comhairle are either "wholetime" or "maximum part-time".

- 2.6. Suggestions have been made from time to time, mainly from within the medical profession, that the Comhairle should not approve consultant appointments without first ensuring that the staffing and other facilities (e.g. medical support staff, office accommodation, secretarial assistance, etc.) available in the hospital concerned are satisfactory. However, the Comhairle does not exercise any statutory functions in this field. In reaching its decisions on consultant appointments, the Comhairle takes into account existing and planned facilities to the extent that this information is available and it seeks assurances about these when necessary. Provided that the basic minimum physical resources (e.g. beds, out-patient accommodation and operating theatres) are available to enable an appointee to function, the Comhairle does not consider that it would be justified in withholding approval for a consultant appointment where the need for it has been clearly established. The question of what does or does not constitute reasonable or adequate facilities for a consultant is primarily a matter for hospital managements, the Department of Health and the organisations representing the interests of the consultants.

Temporary and Locum Appointments

- 2.7. The regulatory function of the Comhairle in regard to permanent appointments — both additional and replacement — is widely understood in the hospital services and hospital authorities do seek the necessary prior approval of the Comhairle before proceeding with such appointments. The situation in regard to non-permanent appointments — temporary or locum — has hitherto been less clear. Over the years the Comhairle, from its own knowledge and from discussion with the medical organisations, became aware of the existence of a sizeable number of non-permanent consultant appointments, some of which pre-date the setting up of the Comhairle. In order to clarify its policy in relation to appointments in these categories and to effect control over their creation or continuation, the Comhairle, in April, 1978, issued a circular letter to all hospital authorities which was included as Appendix A to the Second Report. Briefly, the Comhairle considers that temporary appointments for more than a very short period are undesirable and, as a matter of policy, it is not prepared to approve such appointments. The Comhairle recognises that short-term appointments are inevitable in some situations, but it thinks that these should be kept to an absolute minimum in number and that their duration should not exceed two years except in the most unusual circumstances. In pursuance of this policy, a detailed survey was conducted in March/April 1981 on the number and duration of such short-term appointments. The information supplied by hospital authorities revealed that there were, at that time, a total of 66 temporary consultant appointments and 38 locum appointments. The circumstances of each individual appointment have been considered by the Comhairle and its continuation either approved for a further period or refused. The Comhairle intends to maintain strict control over the creation and continuation of such appointments and to insist on its approval being mandatory, at six-monthly intervals, for their continued existence.

Joint Appointments

- 2.8. In its First Report (paragraph 4.8.) the Comhairle referred to the emergence, on an increasing scale, of joint consultant appointments involving commitments to two or more neighbouring hospitals which combine to share the services of a consultant in an organised way. This trend has continued and indeed accelerated during the period under review. On 31st March 1982, a total of 150 joint appointments had been approved by the Comhairle over the nine years it has been in operation including 62 joint appointments approved during the period under review. The trend is particularly evident in Dublin and Cork and it involves mainly voluntary hospitals, though in 23 cases a health board and a voluntary hospital have participated in a shared appointment. During the period under review, a sub-committee of the Comhairle was set up to examine the functioning of joint appointments. About twelve consultants covering a wide range of specialties, who hold joint appointments structured by the Comhairle, were interviewed, on a confidential basis, concerning their experience and opinions on the functioning of their particular appointments. As a result, the Comhairle has gained considerable insight into both the advantages and the practical difficulties associated with joint appointments. On the positive side, a joint appointment results in the maximum use of highly-trained personnel and the formation of close links between the hospitals involved. In the case of national specialties (e.g. cardiac surgery) such appointments are a necessity to ensure the availability of highly specialised expertise and opinion at appropriate hospitals outside the location of the national unit. Where groups of consultants are concerned, the arrangement offers the benefits of greater specialisation and a better service to both hospitals. On the negative side, it is sometimes difficult for the appointee to identify himself equally with separate hospitals. He is often required to involve himself in medical committees and other administrative processes in more than one hospital which can be a heavy burden. There can also be a loss of time in travelling between work locations and there is always the danger that the division of an appointee's time may not work out to the satisfaction of all concerned. In the case of some specialties, it is important that the number of participating hospitals be kept to a minimum (usually two) and in others, the concentration of acute in-patient work in one location is a vital aspect to ensure the successful functioning of the appointment. However, the Comhairle, while acknowledging that they are not always ideal, has, in many instances, continued to encourage the development of joint appointments because of the need to ensure a viable job between hospitals which, because of their small size or the nature of their

specialised activities, are unable, on their own, to support a major commitment post in a particular specialty. The Comhairle believes that joint appointments are the only way to bring modern standards to people in those areas where hospital services are physically divided between two or more small hospitals. The existence in Dublin of large independent hospitals specialising in maternity, paediatric, cancer and orthopaedic services will also continue to give rise to the need for joint consultant staffing arrangements between such hospitals and with general hospitals particularly in the support services of pathology, radiology and anaesthesia.

Processing of Applications

- 2.9. The internal Comhairle arrangements for the processing of applications for consultant posts, described in paragraph 5.1. of the First Report, continued to operate in the period under review. A sub-committee of the Comhairle, comprising the Chairman and seven members, meets in advance of the monthly Comhairle meeting to consider each application with the object of ensuring, in consultation with the Chief Officer, that all the necessary information is available on which a decision can be based and of formulating recommendations for consideration by the main body. All decisions are taken by the Comhairle as a whole.
- 2.10. During the period 1st October, 1978 to 31st March, 1982 a total of 315 applications for additional or replacement consultant appointments was received from health boards and voluntary hospitals. Of these 231 were approved by the Comhairle, 41 were refused or deferred and, on the 31st March, 1982 there were 43 applications under consideration.
- 2.11. A detailed statistical breakdown of the applications dealt with by the Comhairle during its third term of office and the outcome of these is given in Tables 1 and 2. Table 1 gives a breakdown by specialty and Table 2 by area sub-divided into health board and voluntary hospital applications.
- 2.12. The additional appointments approved by the Comhairle (a total of 109 over the three-year period) represent an average increase in the consultant manpower of the country of approximately 3% per annum. The average annual percentage increase which occurred during the period 1975-1978 was 5%. In the initial three-year period (1972-1975) it was 4% per annum. A detailed list of the additional posts is contained at Appendix B to this Report.

TABLE 1
Applications for Consultant Posts
(1st October, 1978 to 31st March, 1982)

NOTE: A = ADDITIONAL R = REPLACEMENT

SPECIALTY GROUP	TOTAL		APPROVED		DEFERRED or REFUSED		UNDER CONSIDERATION	
ANAESTHESIA	51	28A	42	21A	4	4A	5	3A
		23R		21R		—R		2R
MEDICINE	55	32A	39	21A	7	6A	9	5A
		23R		18R		1R		4R
OBSTETRICS & GYNAECOLOGY	24	14A	17	8A	5	4A	2	2A
		10R		9R		1R		—R
PAEDIATRICS	32	19A	18	11A	4	3A	10	5A
		13R		7R		1R		5R
PATHOLOGY	24	16A	15	8A	6	6A	3	2A
		8R		7R		—R		1R
PSYCHIATRY	42	17A	33	9A	8	8A	1	1A
		25R		24R		—R		—R
RADIOLOGY	27	13A	21	8A	1	1A	5	4A
		14R		13R		—R		1R
SURGERY	60	34A	46	23A	6	6A	8	5A
		26R		23R		—R		3R
TOTAL ALL SPECIALTIES	315	173 A	231	109 A	41	38A	43	26A
		142R		122R		3R		17R

TABLE 2

Applications for Consultant Appointments

(1st October, 1978 to 31st March, 1982)

Statistical Summary by Area

NOTE: A = ADDITIONAL R = REPLACEMENT

I AREA	HEALTH BOARDS						VOLUNTARY HOSPITALS						TOTAL	
	APPROVED		DEFERRED or REFUSED		UNDER CONSIDERATION		APPROVED		DEFERRED or REFUSED		UNDER CONSIDERATION			
EASTERN	15	6A	4	4A	5	4A	71	35A	15	14A	21	11A	131	74A
		9R		—R		1R		36R		1R		10R		57R
SOUTH-EASTERN	24	11A	—	- A	2	1A	—	- A	—	—A	—	—A	26	12A
		13R		—R		1R		—R		—R		—R		14R
NORTH-EASTERN	13	9A	4	4A	2	1A	3	1A	—	—A	1	—A	22	15A
		4R		—R		1R		2R		—R		1R		7R
MIDLAND	10	2A	3	3A	—	—A	—	—A	—	—A	—	—A	13	5A
		8R		—R		8R								
MID-WESTERN	11	4A	1	1A	3	3A	2	—A	—	—A	1	—A	18	8A
		7R		—R		—R		2R		—R		1R		10R
SOUTHERN	40	21A	4	4A	1	—A	12	5A	1	—A	2	—A	60	30A
		19R		—R		1R		7R		1R		2R		30R
WESTERN	17	9A	6	6A	5	5A	3	1A	1	—A	1	1A	33	22A
		8R		—R		—R		2R		1R		—R		11R
NORTHWESTERN	10	5A	2	2A	—	—A	—	—A	—	—A	—	—A	12	7A
		5R		—R		5R								
NATIONAL	140	67A	24	24A	18	14A	91	42A	17	14A	25	12A	315	173A
		73R		—R		4R		49R		3R		13R		142R

Time taken to make Consultant Appointments

2.13. In its First Report (paragraph 5.4.), the Comhairle recognised the importance of making decisions as quickly as possible and published an analysis of the time it took to process applications to the decision stage. Table 3 is an analysis relating to the third term of office. For comparison purposes, the figures from the Second Report are included in brackets:—

	No.	%	Average time per application (weeks)
Applications where no additional information was required	141 (134)	61 (54)	6 (6)
Applications where more information was needed	84 (100)	36 (40)	42 (49)
Applications requiring policy decisions by Comhairle	6 (14)	3 (6)	75 (85)

While there has been a slight decrease in the time it takes for the Comhairle to process applications, the necessity to seek additional information, arrange discussions or to clarify policy, contributes considerably to the time involved. There are several reasons for this. Firstly, the type of applications now being received are much more complex than those dealt with in the initial period when the Comhairle was dealing with obvious and urgent deficiencies in manpower resources. Secondly, in recent years, the Comhairle has pursued a policy of more frequent local consultations and visits to hospitals which, though highly desirable, have added considerably to the time needed to reach decisions. Likewise, in the case of sub-committees preparing reports on major policy issues, the practice of visiting considerably increased the time needed to report. Finally, delays on the part of hospital authorities in responding to written requests for more information — adverted to in the First Report (paragraph 5.4.) — continued to be experienced: sometimes they were very considerable.

2.14. After a post is approved by the Comhairle, it then has to go through three further stages before an appointee can begin to function — (i) the funding of the post and the conditions of employment have to be settled by the hospital authority and the Department of Health prior to advertisement; (ii) interview, selection and offer (or recommendation) of appointment — on the health board side, this is done through the Local Appointments Commission; in the case of voluntary hospitals each individual hospital has its own procedures; (iii) the candidate selected must accept the post and make arrangements to take up duty. A detailed analysis of the average time involved in each of these stages was published in the Second Report (par. 2.15 and Appendix C). It revealed that on average, 88 weeks elapsed in the case of health boards and 82 weeks in the case of voluntary hospitals, between the time an application was first received by the Comhairle and the date the appointee took up duty. A further analysis of posts filled during the period under review, has revealed a slight disimprovement in these time spans — in the case of health board appointments, it increased by two weeks to 90 weeks, in the case of voluntary hospitals, it remained static at 82 weeks.

2.15. All-in-all, the time scale involved in making consultant appointments is too long and must be regarded as unsatisfactory, even allowing for inevitable delays that occur in any selection system. The inconvenience suffered in hospitals because of this is considerable. All concerned should try to improve the situation. The Comhairle believes that the introduction of the common contract, if it is followed by a new common selection system, should contribute substantially to speeding up the present inordinately lengthy processes.

Common Selection Procedure

2.16. The statutory functions of the Comhairle set out in the Health Act, 1970 envisage it performing functions, to be prescribed in regulations by the Minister for Health, in relation to the selection of consultants (see par. 1.2. (v)). Shortly after its establishment in 1972, the Comhairle was requested, as a matter of urgency, by the then Minister for Health, to formulate proposals for a new common selection procedure which would apply to all consultant appointments, whether under health boards or voluntary hospitals. These proposals were published by the Comhairle in March 1974 and were also included in Appendix D to the First Report (December, 1975).

- 2.17. On the 14th September, 1976, draft Health (Selection of Consultants) regulations, 1976 were circulated by the Department of Health to the interests concerned. These draft regulations differed in a number of important respects from the proposals published by the Comhairle. The draft regulations did not meet with general acceptance, the main opposition coming from the two organisations representing the medical profession. While an attempt was made by the Department in March 1977 to resolve the points of disagreement, this was only partially successful and one of the medical organisations continued to express reservations. In December 1977, a Working Party on a Common Contract and a Common Selection Procedure for Consultants was set up by the Minister, under the chairmanship of Dr. B. J. Hensey, then Secretary of the Department of Health. It comprised representatives of the Department, the chief executive officers of health boards, the managements of voluntary hospitals, the Irish Medical Association and the Medical Union. There was one representative of the Comhairle, namely, the Chief Officer. The Working Party decided to deal with the question of a common contract first. This task occupied the Working Party until early 1980 when it turned its attention to the question of the common selection procedure. Dr. Hensey, because of his dual role as then Secretary of the Department and a Local Appointments Commissioner, retired as Chairman of the Working Party and the Minister appointed Mr. D. Condon, then Assistant Secretary, (now Secretary of the Department) as his successor. At this stage, the Comhairle because of its major involvement in the issue of a common selection procedure, requested the Minister to increase its representation on the Working Party. This request was acceded to and the Chief Officer was joined by Professor D. O'Sullivan and Professor E. O'Malley as the Comhairle representatives. At the time of writing, the report of the Working Party on the common selection procedure had not yet been finalised.
- 2.18. In its First Report (December 1975) and again in its Second Report (December 1978), the Comhairle recorded its disappointment at the lack of progress in the introduction of a common selection procedure for consultant appointments. It is with a sense of deep frustration that the members once again record — eight years after the publication of its proposals — that the common selection procedure is not yet a reality. The Comhairle has always considered the setting up of a new common system of selection for consultant appointments as a matter of great importance for the development of an integrated hospital service in this country. In the exercise of its regulatory control over consultant appointments, the Comhairle is constantly coming up against problems which would not arise, if a system of common selection existed. Since the introduction of the common contract for consultants in April, 1981, the absence of a common selection system now constitutes the major divisive element in the hospital services. The emergence in recent years of senior registrars has added a further dimension to the urgency of making progress. The Comhairle hopes that this will be the last occasion on which it will have to record disappointment at the lack of progress on this vital matter.

SECTION 3-

Consultant Manpower

- 3.1. In its first two triennial reports, it has been the practice of the Comhairle to include a detailed statistical analysis of the consultant manpower situation in the country as at 1st May of the year of publication. However, on this occasion, in view of its recent publication of a major study entitled "Consultant Manpower in the Republic of Ireland 1978-1984" (March, 1982), it is considered unnecessary to re-publish the data contained in that document. In addition, the timing of this Report to coincide with the expiration of the term of office of members on 31st May, 1982, makes it impossible to incorporate the consultant manpower statistics as at 1st May, 1982, which cannot be finalised until later in the year. For ease of reference, a summary of the manpower position as at 1st May, 1981 is set out at Table 4 (a detailed analysis is contained in the publication named above):—

TABLE 4
NUMBER OF CONSULTANTS, BY SPECIALTY,
AS AT 1st MAY, 1981

Specialty	1	2	1+2
	No. of Consultants in practice	*No. of vacant posts	Establishment
Anaesthetists	132	35	167
Obstetricians/ Gynaecologists	93	10	103
Paediatricians	40	10	50
Pathologists	81	13	94
**Physicians	172	26	198
Psychiatrists	157	25	182
Radiologists	73	15	88
Ophthalmic Surgeons	34	4	38
Orthopaedic Surgeons	37	3	40
Otolaryngologists	28	2	30
***Surgeons	146	13	159
Total	993	156	1,149

*a post is regarded as vacant until an appointee takes up duty.

"radiotherapists are included with physicians.

***surgeons exclude obstetricians/gynaecologists and surgeons in ophthalmology, orthopaedics and otolaryngology which are listed separately.

Consultant Manpower Planning:

- 3.2. The need to engage in manpower planning with a view to estimating future requirements has been acknowledged as an integral part of the functions of the Comhairle since its inception. During the second term of office much time and energy was devoted to this task culminating in the publication of a "Consultant Manpower Projection up to 1981" in August, 1978. Manpower planning is a continuous process rather than a once-off exercise and the 1981 projection marked the initiation of that process. The

Comhairle's commitment to this activity has been further manifested in its recent publication "Consultant Manpower in the Republic of Ireland 1978-1984" (March, 1982) which is a three-part document containing (i) the consultant manpower statistics as at 1st May, 1981 (ii) a review of the 1981 projection and (iii) a consultant manpower projection up to 1984. The Comhairle is satisfied that these efforts to project future manpower needs have proved their potential as useful inputs to the Department of Health in planning the overall development of hospital services; to hospital authorities in the development of local services; to the training bodies in devising postgraduate training programmes and to young doctors in making career choices. They also assist the Comhairle itself to achieve the objective set out in its First Report to actively stimulate the development of the country's consultant manpower resources instead of reacting to proposals formulated piecemeal at local level. It is intended to produce further projections on a regular basis and to continue the efforts to improve and refine the methodology with a view to increasing the accuracy and, hopefully, with growing experience, lengthening the perspective of the projection.

3.3. A summary of the 1984 projected consultant establishment is set out in Table 5:—

TABLE 5

PROJECTED CONSULTANT ESTABLISHMENT 1984

Specialty	Establishment
Anaesthetists	174
Obstetricians/Gynaecologists	113
Paediatricians	68
Pathologists	111
Physicians	222
Psychiatrists	190
Radiologists	92
Ophthalmic Surgeons	42
Orthopaedic Surgeons	45
Otolaryngologists	31
Surgeons	178
Total	1,266

The projected establishment of 1,266 includes anticipated vacancies which will, based on previous experience, probably be in the region of 100-200. The net increase in manpower over that which existed in 1981 is projected at 10.2% over the three-year period. Full details are set out in the recent publication mentioned in paragraph 3.2. above.

Long-Term Medical Manpower Planning:

3.4. There are a number of serious and growing problems in the wider field of medical manpower in general and hospital medicine in particular, the solutions to which are essentially long-term involving fundamental re-appraisal of the present career structures in medicine. The problems include:

the over-production of medical graduates relative to this country's needs coupled with diminishing traditional career outlets abroad particularly in North America. This problem is manifesting itself to an increasing extent in all E.E.C. countries;

the imbalance between the high number of hospital training posts and the relatively limited career opportunities at consultant level. The significant growth in consultant manpower in recent years has, under the present system, been accompanied by an even greater growth in junior hospital doctors, thus aggravating rather than ameliorating the problem;

the emergence of formal postgraduate training programmes, covering a growing number of specialties, highlights the problem of what is to happen to those who are not successful in obtaining one of the limited places available on these programmes. Programmed training while contributing greatly to improvement of standards also tends to limit opportunities to change career paths;

the growing demand to facilitate women doctors with family commitments, both in training and in the continued practice of their profession within hospitals, on a part-time basis.

The foregoing list is by no means exhaustive nor indeed are the problems confined to this country. In the United Kingdom, much attention and debate has been focussed on finding a solution. This has

culminated in the recent Government announcement of a policy for the United Kingdom of dramatically increasing the number of consultant appointments and, correspondingly, reducing the number of training posts in hospitals on a phased basis over a number of years.

- 3.5. The task of clarifying the problems and identifying solutions, while it has received the attention of a number of organisations and individuals in this country, requires a much more comprehensive and organised approach than hitherto. With a view to stimulating debate and focussing greater attention on the problems, the Comhairle has, arising out of discussions with the Department of Health and the Postgraduate Medical and Dental Board, agreed to participate with those bodies in a comprehensive review of the total medical manpower situation. In preparation for this, the Comhairle is in the course of formulating a discussion document on the future role of the consultant which it regards as a key element in the emergence of a long-term solution to the problems mentioned at paragraph 3.4. This is a complex and difficult task which, because of its fundamental nature, will require deep thought and sensitive consideration. The aim is to produce a document which will fully analyse the problems and identify the options for solving these in the longer-term.

SECTION 4-

Professional Qualifications and Experience for Consultant Appointments

- 4.1. Under Section 41 (1) of the Health Act, 1970, the Comhairle is charged with the responsibility of specifying qualifications for consultant appointments. Each specification consists of two parts:—
- (i) professional qualifications and
 - (ii) experience required, both in the practice of medicine in general and in the specialty concerned in particular.
- In determining qualifications, the Comhairle is strongly influenced by the training requirements recommended by the various professional bodies involved in postgraduate medical education. It endeavours to keep up to date with the latest thinking in postgraduate training and to reflect this in its specifications.
- 4.2. The practice of the Comhairle is to specify particular qualifications for each individual appointment as it arises. These are minimum essential requirements which a person must satisfy before he/she may be appointed, in a permanent or temporary capacity, to a consultant post in a hospital providing services under the Health Acts. While each appointment is dealt with on an individual basis, as might be expected, a great deal of uniformity exists, resulting in the emergence of a schedule of qualifications applicable to the majority of consultant appointments. This schedule has recently been reviewed by the Comhairle with a view to increasing the degree of uniformity particularly within the medical and surgical group of specialties. The revised schedule is set out at Appendix C to this Report. It brings up to date the schedule set out at Appendix E to the Second Report. In addition, qualifications have been specified for a number of appointments which arise infrequently. These are not included in the schedule but information about these will be supplied, on request, to interested individuals.
- 4.3. The Comhairle has continued to insist that all appointees to consultant posts must, on taking up duty, actually possess an appropriate higher qualification and the experience specified. It is convinced that this is essential for the maintenance of high standards. For this reason, it has refused to accede to representations made by a small number of hospital authorities and individuals seeking exemption from the specified requirements. The reason for seeking such exemption usually stems from personal situations or from difficulties in recruitment. In the Comhairle's view, the waiving of standard requirements for posts is not the way to deal with a recruitment problem: other aspects of the appointment (e.g. conditions of employment, remuneration) must be looked at to find the solution. The question of exemption has also arisen from proposals to regrade medical posts to consultant status where the individuals concerned might have considerable experience in a specialty but lack the necessary higher qualification. The Comhairle is of the opinion that the circumstances of an individual should not be a factor in determining the qualifications for any consultant appointment. It also thinks that, as a matter of principle, all consultant appointments should be filled by advertisement and open competition.
- 4.4. With regard to the implications for consultant appointments in this country of the E.E.C. Directives on the free movement of doctors, these Directives relate only to the right to practice and not to consultant appointments in public hospitals. However, it is necessary for the Comhairle when specifying qualifications for consultant appointments to avoid discrimination against nationals of other E.E.C. countries. The Comhairle understands that its method of specifying qualifications is satisfactory in this respect.

SECTION 5-

Senior Registrars

- 5.1. Under Article 4 (4) of the Health (Hospital Bodies) Regulations, 1972 (S.I. No. 164 of 1972), persons holding appointments as Senior Registrar are prescribed officers or staffs for the purposes of Section 41 (1) (b) (i) of the Health Act, 1970. The regulations, however, do not give a legal definition of the term "Senior Registrar". In February, 1973, the Comhairle passed the following resolution and forwarded it to the Department of Health and the various training bodies:—

"That Comhairle na n-Ospideal approves the establishment of the grade of Senior Registrar for the holders of designated posts under approved schemes of higher training leading to accreditation or certification. It is proposed that the grade of Senior Registrar be restricted to trainees enrolled in the various schemes of higher training".

The fact that the regulatory function of the Comhairle includes the grade of senior registrar gives it a statutory role in the field of postgraduate education at higher specialist level. This role is explained in detail at Section 10 of the First Report. Very briefly, the Comhairle regulates the number and type of senior registrars to be appointed at any given time. The object of the Comhairle is to align in a flexible manner the intake of trainees to the senior registrar grade with the anticipated need for consultants. The intention is to avoid over-production of highly-trained personnel for whom there might not be outlets either in this country or abroad. It is not the intention of the Comhairle to "pre-select" the consultants of the future. Trainees do not have a guarantee of appointment to consultant posts. It is the firm policy of the Comhairle, in specifying qualifications for consultant appointments, to ensure that persons who acquire the necessary minimum qualifications should continue to be entitled to compete for consultant appointments in public hospitals, whether they acquire those qualifications within the formal training schemes or not.

- 5.2. As already mentioned, decisions on the content and duration of training programmes are taken by the various professional training bodies. These bodies also determine, following local inspection, the hospitals to be recognised for training purposes and, where appropriate, arrangements for the rotation of trainees through recognised hospitals. Their decisions fix the capacity of hospitals to produce trained consultants — full details are set out in the First and Second Reports of the Council for Postgraduate Medical and Dental Education. The Comhairle, in consultation with the Irish specialist training committees which select trainees and monitor their progress, then decides on the number of appointments of senior registrar within that capacity. The position at 31st March, 1982 in respect of recognition of training programmes and the approval of posts of senior registrar by the Comhairle is set out in Table 6.

TABLE 6

**TRAINING AT SENIOR REGISTRAR LEVEL —THE POSITION
ON 31st MARCH, 1982**

Specialty	No. of recognised programmes	Training Period (years)	No. of Senior Registrar posts approved
Surgical Group of Specialties			
Ophthalmology	1	4	1
Otolaryngology	2	4	2
Orthopaedics	11	4	8
Cardio-Thoracic	1	4	2
General	16	4	11
Neuro	1	5	1
Paediatric	1	3	1
Plastic	1	4	1
Urology	4	4	2
Medical Group of Specialties*			
General Internal Medicine	15	4	11
Paediatrics	7	4	not yet decided
Geriatrics	5	4	1
Cardiology	3	4	3
Endocrinology	2	4	2
Gastroenterology	1	4	1
Neurology	1	4	—
Nephrology	1	4	—
Respiratory	3	4	—
Rheumatology/Rehabilitation	3	4	—
Haematology	3	4	—
Anaesthesia	16	3	16
Obstetrics/Gynaecology	10	2	5
General Psychiatry	6	4	6
Child Psychiatry	7	4	7
Radiology	9	2	not yet decided
	130		81

(*The number of recognised programmes in the medical group of specialties, shown here as 44 could be further expanded if necessary.)

The number of recognised training programmes has increased from 97 on 30th September, 1978 to 130 on 31st March, 1982 reflecting the continuing growth in the development of formal postgraduate training at higher specialist level. Senior registrar training programmes have now been instituted in all the major specialty areas with the exception of pathology which is under active consideration. In the case of the medical group of specialties, the arrangements recognised by the Joint Committee on Higher Medical Training are particularly complex. They allow for considerable flexibility in the number and type of programmes which might be constituted covering both general internal medicine, areas of special interest as well as a high degree of sub-specialisation. Discussions have taken place between representatives of the Comhairle and the Irish Committee on Higher Medical Training as a result of which agreement has been reached on a phased introduction of training programmes over a three-year period with the emphasis being placed on general internal medicine in the initial phases. The first intake of Senior Registrars in Medicine was to consist of 18 programmes, including 11 in general internal medicine, commencing in 1980. However, due to funding difficulties, only 3 of the approved posts were proceeded with. At the time of writing, these funding difficulties still exist and it is not possible to predict precisely when the remaining 15 approved posts in the first phase intake will be filled. The limited degree of progress in the launching of higher specialist training programmes in the important medical group of specialties is a source of disappointment to the Comhairle. Hopefully, it will be possible to overcome the funding obstacles in the near future.

In its Second Report (paragraph 5.3.), the Comhairle referred to one aspect of the postgraduate training programmes which was and still is, a cause for concern. This arises from the fact that the training programmes closely resemble those deemed appropriate in the United Kingdom which is densely populated and has a hospital system capable of supporting a high degree of specialisation. In Ireland, however, outside Dublin, Cork and Galway, there are, and will continue to be, many small general hospitals which cannot support the degree of specialisation produced by the present training programmes. There is, therefore, a distinct possibility that, on completion of training, a sizeable number of individuals will find themselves working as consultants in circumstances where they cannot exercise their highly specialised skills on a continuous basis and where, on the contrary, many will need a wider range of skills not incorporated in the training programmes. The extent of the problem varies from specialty to specialty but it is particularly evident in the case of the general surgical training programme which, at higher specialist level, does not include any orthopaedic surgery and in the case of pathology where the training is designed to produce only specialist pathologists. Discussions have been held with the Irish Surgical Postgraduate Training Committee on the problem in general surgery mentioned above. In relation to pathology, correspondence with the Irish Division of the Royal College of Pathologists has resulted in the issue being raised with the London-based College which is now considering the matter. However, as yet, there is no indication that the training programmes will be altered to produce general, as well as specialist, pathologists. The Comhairle some time ago asked the Postgraduate Council, in consultation with the Irish training bodies, to give early attention to the possibility of adjusting training programmes to make them more appropriate to the needs of this country, while at the same time not inhibiting the obviously desirable possibility of mutual recognition of qualifications as between here and the United Kingdom.

SECTION 6-

Sub-Committees of the Comhairle

- 6.1. The Comhairle has continued to make extensive use of its powers under Section 41 (7) of the Health Act, 1970 to set up sub-committees for the consideration of matters that require detailed enquiry. This practice has enabled the Comhairle to get through more work than would otherwise have been possible. While all decisions are taken at meetings of the Comhairle itself, much of the burden of work involved in gathering information, identifying problems and suggesting solutions is carried by the members of the sub-committees.
- 6.2. The Comhairle has two permanent sub-committees whose membership is confined exclusively to Comhairle members — Applications and Manpower Planning. The task of the Applications Sub-Committee under the chairmanship of the Chairman of the Comhairle, is to give initial consideration to all applications for consultant appointments; to ensure that all the necessary information is available; and to formulate recommendations for consideration by the main body. Its recommendations on specific applications are formulated within the framework of the overall policy of the Comhairle. It often happens that the sub-committee, in the course of its work, will have to point to areas where policy needs to be determined by the Comhairle or draw attention to the desirability of a review of existing policy.
- 6.3. The Manpower Sub-Committee under the chairmanship of the Vice-Chairman of the Comhairle has been active during the period under review, its efforts culminating in the publication "Consultant Manpower in the Republic of Ireland, 1978-1984" mentioned at Section 3 of this Report. The future task to be undertaken by the sub-committee is to consult with other bodies, particularly the professional training committees, on the 1984 projection; to review and refine the 1984 projection in the light of comments received and to extend it further into the future. It will also continue to formulate recommendations on the appointment of senior registrars for consideration by the Comhairle (see Section 5 of this Report).
- 6.4. In addition to its two permanent sub-committees, the Comhairle during the period under review, established eight formal sub-committees to advise on policy in relation to the future development of consultant services in the following areas of activity:— ophthalmology, ear, nose and throat services, joint consultant appointments between hospitals, the future role of the consultant, the allocation of paediatric specialist units in Dublin, a regional centre for the midlands, cardiothoracic surgery and medical staffing arrangements for long-term care institutions. With the approval of the Minister, persons who are not members of the Comhairle served on two of these. The Comhairle wishes to acknowledge, with gratitude, the assistance given by the following persons who served on these sub-committees:— Mr. A. J. Blayney, Mr. A. Dennis, Miss M. Foxe, Dr. M. Hyland, Mr. J. McAuliffe-Curtin, Dr. W. J. McGarry and Dr. J. Owens.
- 6.5. Representatives of the Comhairle have served on three working parties set up by the Minister for Health on (i) Common Contract and Common Selection Procedure for Consultant Appointments; (ii) Requirements and Organisation of Specialist Services in Cork City and (iii) Organisation of General Hospital Services in the South-East Dublin and East Wicklow areas.
- 6.6. One of the statutory functions of the Comhairle (see par. 1.2. of this Report) is "to prepare and publish reports relating to the hospital services". Over the nine years it has been in existence, the Comhairle, in pursuance of this function, has (apart from the First Report and the Second Report) published a number of reports, which have been mainly based on the work of formal sub-committees:—
- (1) **Report on Future Development of General Hospital Services — (a) Dublin North City Area (b) Dublin South City Area (November, 1973).**
 - (2) **Proposals for a Common Selection Procedure and Machinery for Consultant Appointments (March 1974).**
 - (3) **Report on Future Development of General Hospital Services — Cork City Area (May 1974).**

- (4) Discussion Document on the Role of the Smaller Hospitals (November 1974).**
- (5) Development of Hospital Maternity Services — a discussion document (May 1976).**
- (6) Development of Orthopaedic Services — a discussion document (May 1977).**
- (7) Psychiatric Services at Consultant Level — a discussion document (March 1978).**
- (8) Consultant Manpower Projection up to 1981 (August 1978).**
- (9) Development of Hospital Paediatric Services (October 1979).**
- (10) Development of Diagnostic Radiological Services at Consultant Level (May 1980).**
- (11) Development of Hospital Ophthalmic Services (February 1981).**
- (12) Consultant Manpower in the Republic of Ireland, 1978-1984 (March 1982).**

The sub-committee on medical staffing arrangements for long-term care institutions, which only commenced activities in November, 1981, has not yet completed its task. The sub-committee on E.N.T. services has reported to the Comhairle and it is hoped that a Comhairle document on this specialty will be published in the near future.

SECTION 7

Hospital Committee of the E.E.C.

Membership

- 7.1. The Comhairle, on the nomination of the Minister for Health, represents Ireland on the Hospital Committee of the E.E.C. The Committee, broadly speaking, reflects the interests of hospital management in the ten member countries. The current membership of the Committee comprises:

BELGIUM:	— Association Beige Des Hopitaux — Federation des Institutions Hospitalieres De Wallonie — Verbond der Verzorgingsinstellingen
IRELAND:	— Comhairle na n-Ospideal
GERMANY:	— Deutsche Krankenhausgesellschaft
LUXEMBOURG:	— Entente Des Hopitaux Luxembourgeois
FRANCE:	— Federation Des Etablissements Hospitaliers D'Assistance Privee — Federation Hospitaliere De France
ITALY:	— Federazione Italiana Associazioni Regionali Ospedaliari
HOLLAND:	— Nationale Ziekenhuisraad Nederland
UNITED KINGDOM:	— United Kingdom National Health Service
DENMARK:	— Den Danske Delegation Til De Europaeiske Faelleskabers Hospitalskomite
GREECE:	— Greek Delegation to the Hospital Committee of the E.E.C.

- 7.2. Each country is entitled to nominate four delegates. The President and Vice-President are elected from amongst these delegates and each serves for a three-year term of office. The current President is Professor James Scott, Regional Medical Officer, Trent Health Authority, England. The Vice-President is Mr. F. A. Vissers of the Nationale Ziekenhuisraad, Nederland. The Irish delegation, which is appointed by the Comhairle, has, for the past three years comprised Mr. G. P. Martin, Chief Officer (who acts as head of delegation), Mr. B. Segrave, Dr. M. Buckley and Professor E. O'Dwyer. The headquarters of the Hospital Committee is at Abdijstraat 34, Industriepark, B-3030 Heverlee, Belgium and it has a permanent secretariat headed by Dr. Paul Quaethoven, General Secretary.

Functions:

- 7.3. The constitution of the Committee defines its objectives as follows:—
1. To act as a principal source of advice on hospital affairs to the European Commission and to the European Parliament.
 2. To develop and maintain information about the planning and operation of hospital services.
 3. To advise members on matters relating to standards of provision, organisation and operation of particular hospital services.
 4. To promote exchange programmes between member states to provide training and experience for personnel in the European context.
 5. To maintain links with principal hospital professions in the Community.
 6. To liaise and co-operate with international bodies concerned with health affairs.
 7. To engage in any other activity designed to further the best interests of the hospital services in the Community.

Internal Organisation:

- 7.4. Internally, the organisation of the Hospital Committee is centred on the annual Plenary Assembly which is the forum for all major policy decisions. The Executive Committee consisting of heads of delegations

and chairmen of sub-committees, directs the affairs of the Committee between plenary assemblies. It co-ordinates the activities of sub-committees; manages the financial aspects of the Committee; deals with external relationships with outside bodies and prepares the agenda for the Plenary Assembly. There are three sub-committees, each comprising one delegate from each country — (i) the "Community Co-Ordination Sub-committee" which deals with issues arising at European level including exchange programmes, transnational medical training, free movement of hospital personnel, discussions with the Permanent Committee of Doctors in the E.E.C. etc.; (ii) the "Sub-committee on Economics and Planning" studies operational and financial problems of common interest to hospitals in member countries; (iii) the "Sub-committee on Hospital Management" deals with issues of common interest related to the functioning of individual hospitals such as a patients' charter, participation of doctors in management, number and type of medical, nursing and para-medical staff.

Activities of the Hospital Committee:

The Committee has published a number of documents designed to give comparative information and to raise issues of concern to the hospital services in the ten member countries. These publications include the following:—

Glossary of current hospital terminology in use in the countries of the E.E.C. (1974).

First Costs and Day Costs in the Hospitals of the E.E.C. (1975).

Strategy, Tactics and Cost of Health Care Provisions (1976).

Access to General Hospital Care within the E.E.C. (1977).

Methods of Cost Containment in Hospitals (1978).

Hospitals in the E.E.C. — Organisation and Terminology (1978).

The last named publication is a major work which took several years to compile. It contains, in six languages, extensive information on the organisation of hospital services in each country including the different types of hospitals, the staffing structure, hospital federations and the functions of the various authorities and boards operating within the system. In addition, it includes hospital terminology used in each language and, in tabular form, its equivalent in the other five languages.

During the past three years, perhaps the most notable achievements of the Hospital Committee have been the publication of the "Charter of the Hospital Patient" and the initiation of an exchange scheme for young hospital administrators in the E.E.C. The charter which was adopted at the Plenary Assembly in Luxembourg in 1979, sets out the rights of the hospital patient covering areas such as access to hospital services, considerate care with respect for human dignity, the right to consent to or refuse treatment, the right to information, to protection of privacy, to respect for religious beliefs and the right to complain. This document, which has been transmitted to the E.E.C. Commission, to national governments and to other appropriate organisations, has evoked a great deal of interest both nationally and internationally.

In 1981, with the financial support of the E.E.C. Commission, the Hospital Committee initiated an exchange scheme of three months duration for young hospital administrators. A total of 22 administrators, between the ages of 21 and 28 years, from seven countries participated. There were three Irish participants, one of whom went to England, one to Scotland and the third to Holland. In return, three young administrators — two from Denmark and one from Germany — spent periods of about three weeks at the Mater Hospital, Dublin, with the Southern Health Board and with the Western Health Board. In addition, they spent one week studying the community care services under the Eastern Health Board as well as a general introductory period at the headquarters of the Comhairle. The Irish delegation wishes to express its deep appreciation for the assistance and co-operation, which was readily given, by the staff of the above bodies who acted as hosts. The initial scheme has been evaluated by the sponsoring agencies and judged to have been very successful. The E.E.C. Commission has agreed to provide further funds for a second exchange programme which is currently under way. There will be five Irish participants in 1982.

Discussions are currently in progress between representatives of the Hospital Committee and the Permanent Committee of Doctors in the E.E.C. on the possibility of introducing a transnational post-graduate training scheme for doctors within the member countries. Agreement, in principle, has been reached on the desirability of such a scheme and both organisations hope to see it becoming a reality in the near future.

APPENDIX A

Categorisation of Consultant Appointments

28th May, 1981.

Circular No. 1 of 1981

Dear Sir,

Arising out of the introduction of the new common contract for consultant medical staff (Circular No. 4/81 dated 23rd March, 1981 issued by the Department of Health), the Comhairle has reviewed the contents of its circular No. 1 of 1974 (copy enclosed) dealing with the categorisation of consultant commitments. It is considered desirable that the categories, currently used by the Comhairle, should be re-defined to ensure that they will be meaningful in the context of the common contract.

Paragraph 5.22 (2) of the Interim Report of the Working Party on a Common Contract and a Common Selection Procedure for Consultants states that "private practice outside the hospital in so far as it does not prevent the fulfilment of the terms of the contract, shall not be restricted". In the light of this statement, the Comhairle has decided to discontinue the use of the term "geographically wholetime" which, as defined in the enclosed circular, would be in conflict with the Interim Report on which the common contract is based. This may have to be reconsidered in the context of discussions to be held about teaching appointments. With regard to the remaining five categories of commitment, the Comhairle has decided to re-define these as follows:—

Wholetime — a scheduled commitment of 30/33 hours (or 10/11 three-hourly segments of professional time) per week to a particular hospital or group of hospitals

Maximum Part-Time — a scheduled commitment of 21/24/27 hours (or 7/8/9 three-hourly segments of professional time) per week to a particular hospital or group of hospitals.

Half-Time — a scheduled commitment of 15/18 hours (or 5/6 three-hourly segments of professional time) per week.

Minor-Part-Time — a scheduled commitment of 9/12 hours (or 3/4 three-hourly segments of professional time) per week.

Minimum Part-Time — a scheduled commitment of 3/6 hours (or 1/2 three-hourly segments of professional time) per week.

In arriving at the above definitions, the approach of the Comhairle has been to provide, within certain limits, for some freedom of action by hospital authorities in consultation with the individual consultants concerned, to determine the precise commitment to be applied to any particular appointment. Accordingly, to the degree indicated in the definitions, flexibility is being allowed to health boards and voluntary hospitals, in consultation with the holders of posts, to determine the precise commitment to be applied to individual appointments approved by the Comhairle (or by the Minister prior to the establishment of the Comhairle). This flexibility, again to the degree indicated in the definitions, will also extend to varying a scheduled commitment, by agreement with the consultant concerned, subsequent to an appointment being made. Changes from one category of commitment to another (e.g. half-time to wholetime or vice-versa) will, as heretofore, continue to be subject to the prior approval of the Comhairle.

Paragraph 3.8. of the Interim Report states "where the service commitment contracted for is being exceeded for reasons of a temporary nature, local arrangements shall be made to compensate the consultant". The Comhairle, which has the statutory function of determining service commitments, considers that it is necessary to ensure that temporary variations in scheduled commitments (beyond the flexibility mentioned in the previous paragraph) are reviewed at regular intervals. Accordingly, where a contracted service commitment is being exceeded, health boards and voluntary hospitals are requested to seek the prior approval of the Comhairle in the event of the continuation of such a situation beyond an initial period of six months. In appropriate circumstances, the approval of the Comhairle to the continuation of such local arrangements may be made conditional on a review of the consultant staffing.

Yours sincerely,

G. P. Martin
Chief Officer.

Circular No. 1 of 1974

Dear Sir,

It has come to the notice of the Comhairle that some confusion exists in relation to the approval of consultant posts by the Comhairle and the question of the method of payment to be applied to such posts. The purpose of this circular is to clarify the position in relation to the functions of the Comhairle in this area.

The main function of the Comhairle is to regulate the number and type of consultant appointments in hospitals providing services under the Health Acts. It exercises no functions in relation to the remuneration or other conditions of employment of consultant staff. Indeed, it is the view of the members of the Comhairle, that it would not be appropriate or conducive to its main regulatory function, to have such functions assigned to it.

In regulating consultant appointments, the Comhairle has adopted a practice of quantifying the service commitment of the appointee to a hospital or group of hospitals. In general, the aim of the Comhairle has been;

- (i) to ensure the structuring of appointments in a viable fashion from the point of view of the job satisfaction of the proposed appointee and
- (ii) to achieve as maximum a commitment as possible to a single hospital or hospital group.

In the Comhairle's view, the existence of a large number of minimum commitment appointments to various hospitals (perhaps at some distance from each other) is wasteful of consultant manpower and is not in accord with the proper organisation of hospital services.

In quantifying the service commitment of an appointment, the Comhairle has hitherto, in many instances, expressed this in terms of a number of sessions. In order to avoid any confusion with the sessional or other methods of remuneration, the Comhairle has decided that, in future, all consultant appointments will be fitted into the following six categories as appropriate:—

1. **Geographically Wholetime** — total commitment to a particular hospital or group of hospitals with no outside practice.
2. **Wholetime** — including appointments with a limit on practice outside the hospital(s).
3. **Maximum Part-time** — a major commitment to a particular hospital or group of hospitals but otherwise no limit on practice outside the hospital(s).
4. **Half-time.**
5. **Minor part-time.**
6. **Minimum part-time.**

Because of the nature of the service provided at consultant level, the Comhairle feels that the foregoing is an appropriate method of quantifying the service commitment of appointments. However, it must be stressed that the categorisation of appointments by the Comhairle in this fashion is not intended to prejudice the question of the method or amount of remuneration (including superannuation entitlement) to be paid to appointees in discharging commitments. Such matters are properly the concern of the employing bodies in consultation with the medical organisations representing the interests of consultants.

Yours sincerely,

G. P. Martin
Chief Officer.

APPENDIX B

Additional Appointments Approved by Comhairle na n-Ospideal

1st October, 1978 — 31st March, 1982.

TYPE OF APPOINTMENT	HOSPITAL(S)	COMMITMENT	DATE OF APPROVAL
Eastern Health Board Area			
SOUTH DUBLIN (25 posts)			
Geriatric Physician	St. James's/E.H.B.	maximum part-time	8/11/78
Consultant Urologist	F.D.V.H./St. James's/N.M.R.C.	maximum part-time	1/12/78
Consultant Child Psychiatrist	St. John of God/Our Lady's Crumlin/Harcourt St.	wholetime	22/12/78
Consultant Psychiatrist	St. Loman's (EHB)	wholetime	22/12/78
Consultant Radiotherapist	St. Luke's/St. James's/F.D.V.H.	wholetime	25/1/79
Consultant in Accident & Emergency	St. Vincent's	wholetime	25/7/79
General Surgeon with a special interest in Peripheral Vascular Surgery	Meath/Adelaide	maximum part-time	25/7/79
Consultant Anaesthetist	Meath/Adelaide	maximum part-time	6/9/79
Consultant Ophthalmic Surgeon	St. James's/F.D.V.H./Royal Victoria Eye & Ear	maximum part-time	10/9/79
Consultant Psychiatrist	Cluain Mhuire Family Centre	wholetime	27/11/79
Consultant Obstetrician/Gynaecologist	St. James's	wholetime	21/12/79
Consultant Paediatrician	St. James's/Coombe/Harcourt St./T.C.D.	wholetime	31/12/79
Consultant in Accident & Emergency	Temple St.	wholetime	4/1/80
Consultant in Accident & Emergency	Our Lady's Crumlin/Harcourt St.	wholetime	22/7/80
Consultant Anaesthetist	Coombe	maximum part-time	29/10/80
Consultant Obstetrician/Gynaecologist	Holies St.	maximum part-time	25/11/80
Clinical Pharmacologist	St. Vincent's/Mater/U.C.D.	maximum part-time	25/11/80

TYPE OF APPOINTMENT	HOSPITAL(S)	COMMITMENT	DATE OF APPROVAL
Eastern Health Board Area			
SOUTH DUBLIN (Cont'd).			
Consultant Anaesthetist	St. Vincent's/Holies St.	maximum part-time	23/2/81
Clinical Pharmacologist/ Professor	St. James's/T.C.D.	maximum part-time	4/3/81
Consultant Orthopaedic Surgeon	St. James's/Dr. Steevens'	maximum part-time	1/5/81
Consultant Paediatrician with special interest in Communicable Diseases	Cherry Orchard/Our Lady's Crumlin/ National Children's	wholetime	30/7/81
Consultant Nephrologist	St. Vincent's/Meath	maximum part-time	5/10/81
Consultant in Medical Genetics	Our Lady's Crumlin/Coombe/Holles St./Harcourt St./St. James's/U.C.D.	wholetime	2/12/81
General Surgeon	Naas	wholetime	31/3/82
Consultant Psychiatrist	St. Patrick's/St. James's	wholetime	31/3/82
NORTH DUBLIN (14 posts)			
Consultant Anaesthetist	Temple St.	maximum part-time	25/7/78
Consultant Anaesthetist	Jervis St.	maximum part-time	25/10/78
Consultant Histopathologist	James Connolly Memorial/Navan	wholetime	1/12/78
Consultant in Rheum./Rehab	Mater/Central Remedial Clinic	maximum part-time	25/7/79
Consultant Radiologist	Jervis St./St. Laurence's	maximum part-time	25/7/79
Consultant in Vitreo-Retinal Surgery	Mater/Lourdes Drogheda	maximum part-time	25/7/79
Orthopaedic Surgeon	Jervis St./St. Laurence's/St. Mary's, Cappagh	maximum part-time	25/7/79
Consultant Psychiatrist	St. Brendan's	wholetime	1/11/79
Microbiologist	St. Laurence's/Jervis St./R.C.S.I.	wholetime	27/11/79
Consultant Medical Audiologist	St. Laurence's/Jervis St./Mater	wholetime	22./7/80
Consultant Anaesthetist	St. Laurence's/Jervis St.	wholetime	25/11/80
Consultant Psychiatrist	St. Ita's Portrane	wholetime	30/4/81
General Physician	James Connolly Memorial	wholetime	25/9/81
Consultant Psychiatrist	St. Brendan's Hospital	wholetime	28/1/82
South-Eastern Health Board Area (11 posts)			
Consultant Radiologist with special interest in ultra-sound	Ardkeen	wholetime	21/12/78
Consultant Obstetrician/ Gynaecologist	Clonmel	wholetime	25/7/79
Consultant E.N.T Surgeon	Ardkeen, Waterford	wholetime	6/9/79
Consultant Orthopaedic Surgeon	Cashel/Clonmel/Kilcreene	wholetime	6/9/79
Consultant Radiologist	County, Wexford	wholetime	I 30/9/79 J

TYPE OF APPOINTMENT	HOSPITAL(S)	COMMITMENT	DATE OF APPROVAL
Ophthalmic Surgeon	Ardkeen	wholetime	5/2/80
General Physician	Ardkeen	wholetime	27/2/80
Consultant Anaesthetist	Ardkeen/Airmount/City & County Infirmary, Waterford	maximum part-time	28/4/80
Consultant Anaesthetist	Clonmel	maximum part-time	30/4/80
General Physician	Clonmel	wholetime	23/7/80
Consultant Paediatrician	Clonmel	wholetime	28/1/82
North-Eastern Health Board Area. (10 posts)			
General Physician	Monaghan	wholetime	26/10/78
General Pathologist with special interest in Histopathology	Cavan/Monaghan	wholetime	21/12/78
Consultant Paediatrician	Cavan/Monaghan	wholetime	21/12/78
Consultant Anaesthetist	Dundalk	wholetime	25/7/79
Consultant Anaesthetist	Navan	wholetime	5/9/79
General Surgeon	Navan	wholetime	1/5/80
Consultant Radiologist	Cavan/Monaghan	wholetime	12/6/80
General Physician	Navan	wholetime	30/10/80
General Physician	Navan	wholetime	24/3/81
Orthopaedic Surgeon	Our Lady of Lourdes, Drogheda/ Our Lady's, Navan	wholetime	12/10/81
Midland Health Board Area (2 posts)			
Consultant Obstetrician/ Gynaecologist	Tullamore	wholetime	1/5/80
Consultant Paediatrician	Tullamore	wholetime	1/5/80
Southern Health Board (26 posts)			
Consultant Anaesthetist	Cork Regional	maximum part-time	25/10/78
Consultant Anaesthetist	Cork Regional	maximum part-time	25/10/78
Consultant Anaesthetist	Bantry	maximum part-time	24/11/78
Consultant Anaesthetist	Mallow	wholetime	24/11/78
General Physician	Mallow	wholetime	24/11/78
General Surgeon	Bantry	wholetime	24/11/78
General Surgeon	Mallow	wholetime	24/11/78
Microbiologist with a special interest in Immunology	Cork Regional	wholetime	25/7/79

TYPE OF APPOINTMENT	HOSPITAL(S)	COMMITMENT	DATE OF APPROVAL
Southern Health Board Area (Cont'd)			
Consultant Anaesthetist	Cork Regional	maximum part-time	5/2/80
Consultant Anaesthetist	Cork Regional	maximum part-time	5/2/80
Consultant Anaesthetist	C.V.H.B. (Eye, Ear & Throat/ North Infirmary)	wholetime	5/2/80
Consultant Anaesthetist	C.V.H.B. (South Infirmary/Victoria)	wholetime	5/2/80
Consultant Haematologist	Cork Regional	wholetime	22/7/80
Consultant Radiologist	Mallow	wholetime	23/7/80
Consultant Dermatologist	C.V.H.B. (Mercy/South Infirmary)	wholetime	22/7/80
Consultant Cardiologist	Cork Regional	wholetime	30/10/80
Ophthalmic Surgeon with special interest in Vitreo-retinal Surgery	Cork Regional/C.V.H.B.	wholetime	25/11/80
E.N.T. Surgeon	C.V.H.B./Cork Regional	wholetime	25/11/80
Consultant Paediatrician	C.V.H.B.	wholetime	5/3/81
Consultant Anaesthetist	Tralee	wholetime	23/12/81
Consultant Paediatrician	Tralee	wholetime	23/12/81
General Pathologist with special interest in Microbiology	Tralee	wholetime	23/12/81
Geriatric Physician	Tralee	wholetime	23/12/81
Orthopaedic Surgeon (2 posts)	Tralee	wholetime	23/12/81
Consultant Psychiatrist	County Hospital, Tralee/St. Finan's, Killamey	wholetime	23/12/81
Mid-Western Health Board Area (4 posts)			
Top-grade Biochemist	Limerick Regional	wholetime	25/9/79
Orthopaedic Surgeon	St. Nessian's, Croom	wholetime	26/1/81
Consultant in Rheum./Rehab.	Limerick Regional	wholetime	25/7/81
Geriatric Physician	Ennis	wholetime	31/3/82
Western Health Board Area (10 posts)			
Consultant Obstetrician/ Gynaecologist	Galway Regional	wholetime	26/10/78
Consultant Obstetrician/ Gynaecologist	Portiuncula	wholetime	21/12/78
Consultant Anaesthetist	Galway Regional	maximum part-time	22/12/78
Consultant Radiologist	Roscommon/Portiuncula	wholetime	4/1/80
Consultant Haematologist	Galway Regional	wholetime	1/5/80
Consultant Anaesthetist	County, Castlebar	wholetime	25/11/80
Consultant Obstetrician/ Gynaecologist	Roscommon	wholetime	20/3/81

TYPE OF APPOINTMENT	HOSPITAL(S)	COMMITMENT	DATE OF APPROVAL
Consultant Paediatrician	Roscommon	wholetime	20/3/81
Consultant Paediatrician	County, Castlebar	wholetime	29/9/81
Ophthalmic Surgeon	Galway Regional	wholetime	2/12/81
North Western Health Board Area (5 posts)			
Consultant Paediatrician	Letterkenny	wholetime	24/11/78
Consultant Obstetrician/ Gynaecologist	Letterkenny	wholetime	25/9/79
Consultant Radiologist with special interest in Ultrasound	Sligo	wholetime	23/12/80
Physician in Rheumatology/ Rehabilitation	Our Lady's Hospital, Manorhamilton/ Sligo General	wholetime	27/5/81
Consultant Paediatrician	Letterkenny	wholetime	3/3/82

APPENDIX C

Professional Qualifications and Experience Specified by Comhairle na n-Ospideal for Consultant Appointments

(Note: The professional qualifications and experience listed cover the broad range of consultant appointments in each of the specialties and major sub-specialties. Details relating to other sub-specialties which are not listed and in which appointments arise infrequently, will be supplied on request).

1. ANAESTHETIST

Professional Qualifications:

The possession of the Fellowship of the Faculty of Anaesthetists of one of the Royal College of Surgeons or a qualification in anaesthesia at least equivalent thereto

or

The possession of a recognised diploma in anaesthetics awarded before November, 1961, or a qualification in anaesthesia awarded before November, 1961, at least equivalent thereto.

Experience:

Specialisation on a full-time basis in the practice of anaesthesia for a period of at least six years.

or

Specialisation on a full-time basis in the practice of anaesthesia for a period of at least five years and, in addition, at least one years satisfactory experience in a subject related to anaesthesia e.g. general medicine, respiratory medicine, physiology, pharmacology, research in anaesthesia, etc.

2. MEDICAL GROUP OF SPECIALTIES

The following are the professional qualifications for all appointments in this group.

The possession of an M.D. degree* of a recognised university or the M.R.C.P.I. or a qualification in medicine at least equivalent to either of these.

(*other than a primary degree).

The following is the experience specified for the type of appointment indicated

- (a) **GENERAL PHYSICIAN:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including at least five years satisfactory experience in internal medicine.
- (b) **RESPIRATORY PHYSICIAN:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession, including at least three* years experience in respiratory medicine and appropriate experience in pulmonary function studies.
*(*two years in the case of a physician with a special interest in respiratory diseases).*
- (c) **NEUROLOGIST:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession, including at least three years satisfactory experience in neurology.
- (d) **DERMATOLOGIST:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession, including at least three years satisfactory experience in dermatology.
- (e) **GERIATRIC PHYSICIAN:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including adequate hospital experience in general medicine of which not less than three years were devoted to geriatric medicine.

- (f) **ENDOCRINOLOGIST:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including at least three years satisfactory experience in endocrinology.
- (g) **GASTROENTEROLOGIST:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including at least three years satisfactory experience in gastroenterology.
- (h) **CONSULTANT IN RHEUMATOLOGY AND REHABILITATION:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including at least three years satisfactory experience in rheumatology and rehabilitation.
- (i) **CARDIOLOGIST:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including at least three years satisfactory experience in cardiology.
- (j) **PHYSICIAN with a special interest in Cardiology:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including at least five years satisfactory experience in general internal medicine and adequate experience in cardiology.
- (k) **PHYSICIAN/NEPHROLOGIST:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including at least three years satisfactory experience in nephrology.
- (l) **CONSULTANT PHYSICIAN/CLINICAL PHARMACOLOGIST:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including at least three years satisfactory experience in general internal medicine and three years satisfactory experience, at clinical and research level, in clinical pharmacology.
- (m) **CONSULTANT IN AUDIOLOGICAL MEDICINE:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including at least three years satisfactory experience in audiological medicine and one year in otolaryngology.
- (n) **CONSULTANT IN COMMUNICABLE DISEASES:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including at least three years satisfactory experience in communicable diseases and adequate experience in general internal medicine.
- (o) **CONSULTANT IN REHABILITATION MEDICINE:**

Professional Qualifications:
The possession of the M.D. degree* or the M.Ch. degree of a recognised university or the M.R.C.P.I, or the F.R.C.S.I, or a higher qualification in medicine or surgery equivalent to either of these. (other than a primary degree).

Experience:
At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including at least three years satisfactory experience in rehabilitation medicine.

3. OBSTETRICIAN/GYNAECOLOGIST

Professional Qualifications:

The possession of the M.A.O. degree of a recognised university or the M.R.C.O.G. or the M.R.C.P.I, in the Medicine of Reproduction or a professional qualification at least equivalent to one of these.

Experience:

At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession, at least five of which were devoted to obstetrics and gynaecology.

4 PAEDIATRICS

The following are the professional qualifications for all appointments in this group:

The possession of the M.D. degree* of a recognised university or the M.R.C.P.I, or a qualification at least equivalent to either of these.

(*other than a primary degree).

The following is the experience specified for the type of appointment indicated.

- (a) **GENERAL PAEDIATRICIAN:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including at least four years satisfactory experience in paediatrics at least one of which was devoted to neonatology.

- (b) **NEONATOLOGIST:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including at least four years satisfactory experience in paediatrics, not less than two of which were devoted to neonatology.
- (c) **PAEDIATRICIAN with a Special Interest in Malignant Diseases:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including at least four years satisfactory experience in paediatrics and at least two years satisfactory experience in the management of malignant diseases of childhood.
- (d) **PAEDIATRIC CARDIOLOGIST:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including at least one year satisfactory experience in general and neonatal paediatrics and at least four years satisfactory experience in cardiology of which at least two years was in paediatric cardiology.

5. PATHOLOGY GROUP OF SPECIALTIES

The following are the professional qualifications for all appointments in this group:

The possession of the M.D.* or Ph.D. (in an appropriate subject) degree of a recognised university or the M.R.C.P.I. or the M.R.C.Path. or a Certificate of an American Board or a qualification at least equivalent to one of these.

(*other than a primary degree).

The following is the experience specified for the type of appointment indicated.

- (a) **PATHOLOGIST with a special interest in Histopathology:** At least six years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including not less than four years satisfactory experience in pathology and adequate training in histopathology and morbid anatomy.
- (b) **HISTOPATHOLOGIST:** At least six years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including not less than four years satisfactory experience in histopathology and morbid anatomy.
- (c) **HAEMATOLOGIST:** At least six years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including not less than four years satisfactory experience in haematology.
- (d) **NEUROPATHOLOGIST:** At least six years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including not less than four years satisfactory experience in pathology of which not less than three years was in neuropathology.
- (e) **HISTOPATHOLOGIST with a special interest in Neuropathology:** At least six years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including not less than four years satisfactory experience in histopathology and adequate experience in neuropathology.
- (f) **MICROBIOLOGIST:** At least six years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including not less than four years satisfactory experience in the practice of microbiology.
- (g) **IMMUNOLOGIST:** At least six years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including not less than four years satisfactory experience in pathology including at least two years satisfactory experience in immunology.
- (h) **CHEMICAL PATHOLOGIST:** At least six years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including not less than four years satisfactory experience in clinical biochemistry.

(i) **BIOCHEMIST — TOP GRADE**

Professional Qualifications: The possession of a Ph.D. degree (in biochemistry) of a recognised university or the M.R.C.Path. or a qualification in clinical biochemistry equivalent to either of these.

Experience:

At least eight years post-graduate experience including not less than five years satisfactory experience in clinical biochemistry.

6. PSYCHIATRIC GROUP OF SPECIALTIES

The following are the professional qualifications for all appointments in this group:

The possession of the M.D. degree* in psychiatry of a recognised university or the M.R.C.P.I. in psychiatry or membership of the Royal College of Psychiatrists or the Diploma in Psychological Medicine awarded before February 1972 or a professional qualification at least equivalent to one of these.

(*other than a primary degree).

The following is the experience specified for the type of appointment indicated:—

- (a) **CONSULTANT PSYCHIATRIST:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including not less than five years satisfactory experience in psychiatry.
- (b) **CHILD PSYCHIATRIST:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including not less than five years satisfactory experience in psychiatry of which not less than three years was in child psychiatry.
- (c) **CONSULTANT PSYCHIATRIST IN FORENSIC PSYCHIATRY:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including not less than five years satisfactory experience in psychiatry of which not less than three years was in forensic psychiatry.

7. RADIOLOGICAL GROUP OF SPECIALTIES

The following are the professional qualifications for all appointments in this group:—

- (i) The possession of the Fellowship of the Faculty of Radiologists of the Royal College of Surgeons in Ireland or a qualification in radiology at least equivalent thereto
- or**
- (ii) The possession of a recognised diploma in medical radiological diagnosis awarded before May 1966 or a qualification in radiology awarded before May, 1966, at least equivalent thereto

The following is the experience specified for the type of appointment indicated:—

(a) GENERAL RADIOLOGIST:

- (i) In the case of persons who possess the qualification at (i) above, the specialisation on a full-time basis, in the practice of radiology for at least five years.

or

- (ii) In the case of persons who possess the qualification at (ii) above, the specialisation on a full-time basis, in the practice of radiology since acquiring such diploma.

- (b) **NEURO-RADIOLOGIST:** As at (a) (i) and (a) (ii) above, including at least one years satisfactory experience in neuro-radiology.
- (c) **RADIOLOGIST with a special interest in Vascular Radiology:** As at (a) (i) and (a) (ii) above, including at least six months satisfactory experience in vascular radiology.
- (d) **GENERAL RADIOLOGIST with a special interest in Ultrasound:** As at (a) (i) and (a) (ii) above, including at least six months satisfactory experience in ultrasound.
- (e) **RADIOLOGIST with a special interest in Nuclear Medicine:** As at (a) (i) and (a) (ii) above, including at least six months satisfactory experience in a nuclear medicine department.
- (f) **RADIOLOGIST with a special interest in Paediatric Radiology:** As at (a) (i) and (a) (ii) above, including at least six months satisfactory experience in paediatric radiology.

8. CONSULTANT RADIOTHERAPIST:

Professional Qualifications:—

- (i) The possession of the Fellowship of the Faculty of Radiology of the Royal College of Surgeons in Ireland or a qualification in radiotherapy at least equivalent thereto.
- or**
- (ii) The possession of a recognised diploma in radiotherapy awarded before May, 1966 or a qualification in radiotherapy awarded before May, 1966 at least equivalent thereto.

Experience:

- (i) In the case of persons who possess the qualification at (i) above, the specialisation on a full-time basis, in the practice of radiotherapy for at least five years
- or**
- (ii) In the case of persons who possess the qualification at (ii) above, the specialisation, on a full-time basis in the practice of radiotherapy since acquiring such diploma.

9. SURGICAL GROUP OF SPECIALTIES

The following are the professional qualifications for all appointments in this group:

The possession of the M.Ch. degree of a recognised university or the Fellowship of one of the Royal Colleges of Surgeons or a professional qualification at least equivalent to either of these.

The following is the experience specified for the type of appointment indicated:

- (a) **GENERAL SURGEON:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession, at least six of which were devoted to surgical work.
- (b) **GENERAL SURGEON with a special interest in Peripheral Vascular Surgery:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession at least six of which were devoted to surgical work including at least two years satisfactory experience in peripheral vascular surgery.
- (c) **CARDIO-THORACIC SURGEON:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession, at least six of which were devoted to surgical work including at least four years devoted to cardiac and thoracic surgery.
- (d) **CONSULTANT E.N.T. SURGEON:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession, at least six of which were devoted to surgical work including at least four years devoted to E.N.T. surgery.
- (e) **ORTHOPAEDIC SURGEON:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession, at least six of which were devoted to surgical work including at least four years devoted to orthopaedic surgery.
- (f) **CONSULTANT UROLOGIST:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession, at least six of which were devoted to surgical work including at least four years devoted to urology.
- (g) **NEUROSURGEON:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession at least six of which were devoted to surgical work including at least four years devoted to neurosurgery.
- (h) **PLASTIC SURGEON:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession at least six of which were devoted to surgical work including at least four years devoted to plastic surgery.
- (i) **PAEDIATRIC SURGEON:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession, at least six of which were devoted to surgical work including at least four years in paediatric surgery.

10. OPHTHALMOLOGY

The following are the professional qualifications for all appointments in this group:

The possession of the Fellowship in Ophthalmology of one of the Royal Colleges of Surgeons or the M.Ch. degree in Ophthalmology of a recognised university or a professional qualification at least equivalent to either of these.

The following is the experience specified for the type of appointment indicated:—

- (a) **OPHTHALMIC SURGEON:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession, at least four of which were devoted to specialist ophthalmic work including the performance of major surgical operations.
- (b) **NEURO-OPHTHALMOLOGIST:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession, at least six of which were devoted to ophthalmology including special experience in neuro-ophthalmology over a period of at least two years.
- (c) **OPHTHALMIC SURGEON with special interest in Vitreo-Retinal Surgery:** At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession, at least four of which were devoted to specialist ophthalmic work including the performance of major surgical operations and including adequate experience in vitreo-retinal surgery.

11. CONSULTANT IN AN ACCIDENT AND EMERGENCY DEPARTMENT

Professional Qualifications: The possession of the M.D.* or M.Ch. degree of a recognised university or the M.R.C.P.I, or the F.R.C.S.I, or the Fellowship of the Faculty of Anaesthetists of one of the Royal Colleges of Surgeons or a higher qualification at least equivalent to any of these.

(*other than a primary degree).

Experience: At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession including at least two years satisfactory experience in accident and emergency work.

