REPORT OF
THE COMMITTEE
ON HAEMATOLOGY SERVICES

December 1999

Adopted by Comhairle na nOspidéal at its meeting on 17th December 1999
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Section 1

INTRODUCTION

1.1. Arising out of its consideration of the Report of the Expert Group on the Blood Transfusion Service Board (January 1995), Comhairle na nOspidéal established a committee on haematology services in February, 1996 with the following terms of reference:

"To examine existing consultant level haematology services throughout the country including the services provided by the Blood Transfusion Service Board; and following consultation with the interests concerned to make recommendations to Comhairle na nOspidéal on the future organisation and development of haematology services throughout the country".

1.2. The following members were appointed to serve on the committee:

Professor J. Fennelly (Chairman)
Dr. D. Condell
Mr. D. Doherty
Dr. F. Jackson
Mr. A. Hurley
Mr. T. Martin (Chief Officer)
Mr. V. Barton was nominated by the Department of Health and Children to represent it on the committee.
Ms. C. Vincent and Ms. A. Cunningham provided secretarial support to the committee and participated in drafting this report with the Chief Officer.

1.3. The committee held its initial meeting in March, 1996. In pursuance of its task the committee engaged in a wide ranging information gathering and consultation programme. The committee invited each health board and appropriate public voluntary hospital to make a submission to it pertaining to its terms of reference. Virtually all of those invited to do so made written submissions. Submissions from a number of individual consultants were also received. The committee also sought submissions from the Irish Haematology Society, the Faculty of Pathology of the Royal College of Physicians of Ireland and the Blood Transfusion Service Board.

1.4. Simultaneous with the information gathering exercise, the committee decided to embark upon a consultation process. It visited the health boards and met with management and consultant representatives. Meetings were also held with representatives of the BTSB, the Department of Health and Children and the Irish Haematology Society.

1.5. A number of national and international reports on various aspects of haematology and blood transfusion services were studied by the committee. These are listed in Appendix A. The programme of consultation and information compilation together with the study of national and international literature had a significant influence on the committee’s thinking.

1.6. Having formulated tentative proposals, the committee then met with management and consultant representatives of the Eastern Health Board and Dublin voluntary hospitals in Corrigan House on 21 January 1998. Subsequently, the committee met with management and consultant representatives from each of the seven other health boards. The committee’s proposals were outlined at these meetings. There was a general welcome for and broad agreement with the proposals. A small number of changes were suggested. Where deemed appropriate, these have been incorporated into the recommendations set out in this report.

1.7. In order to gain an insight into and an understanding of Transfusion Medicine, the committee invited Dr. Susan Knowles, Clinical Director, National Blood Service, South Thames Centre, England to address it, specifically in relation to the consultant and other medical staffing of blood transfusion centres in the UK. The committee wishes to record its sincere appreciation to Dr. Knowles and to the many people and agencies throughout the state who assisted in its task by providing information/views in writing and/or through discussion. The information and advice received have been particularly helpful in reaching the conclusions set out in this report.
Section 2

WHAT IS HAEMATOLOGY?
TRAINING; PROFESSIONAL QUALIFICATIONS AND EXPERIENCE SPECIFIED FOR CONSULTANT APPOINTMENTS.

2.1. Pathology services are an integral part of clinical practice in the medical service. The essential roles of pathology services are to provide and interpret those investigations that are used in the diagnosis, management, early detection and prevention of disease through analysis of a specimen. The pathology service encompasses a wide range of related activities including infection control, blood transfusion, post mortems, epidemiology and direct clinical care of patients in certain circumstances, as well as research and development, medical education and audit. Effective pathology services are of critical importance to the overall effectiveness of health services and are essential to good clinical practice.

2.2. As medicine has grown more complex, pathology has become more specialised. The practice of pathology has become more diverse and complex over time. From the training perspective, the Royal College of Pathologists terminated the practice of training generalists approximately 30 years ago. Instead, it introduced training based on mono-specialisation in histopathology, microbiology, haematology, immunology and chemical pathology. Currently, there are four or five major departments in most laboratories, some of which have a number of sub-specialties. Traditionally, pathology laboratories have been staffed by general pathologists and more recently by histopathologists in smaller hospitals. Due to the lack of consultant haematologists, responsibility for haematology and transfusion medicine has remained with general pathologists and more recently with histopathologists. As consultant haematologists have been appointed, this has changed. The Faculty of Pathology pointed out in 1997 that "there are many hospitals in Ireland where there is no direct medical input into transfusion medicine either at laboratory or clinical level".

HAEMATOLOGY

2.3. Haematology is concerned with diseases of the blood and blood forming tissues. It involves the provision of an investigative and diagnostic service based on the laboratory together with the clinical care of those patients whose primary disease is related to abnormalities of the blood and blood forming organs such as leukaemia and haemophilia. In the last 15 - 20 years there have been considerable developments in laboratory investigations and, particularly, in the clinical management of patients with disorders of the blood. The treatment of haematological malignancies has become more effective and highly specialised particularly with the development of blood and bone marrow transplantation. This has introduced a new dimension into clinical haematology. The direct care of patients with blood disorders is the clinical component of a consultant haematologist's work. Laboratory haematology is primarily concerned with the accurate counting of blood cells and platelets, vitamin and iron assays concerned with blood formation, the morphological examination of blood films, coagulation testing as well as grouping, screening, cross matching and issue of blood for transfusion. Automated analysers are used for blood cell counts. In addition, the development of complex therapies for haematological malignancies, haemostatic disorders, bone marrow failure and other abnormalities has meant that the number of patients who require specific management by a haematologist rather than by other physicians has increased significantly. The consultant haematologist looks after a range of patients from those with anaemia or bleeding to those with malignant diseases. The consultant haematologist provides a consultative service to the intensive care unit, to medical and surgical departments within the hospital where many haematological manifestations of other diseases require specialist intervention and advice. The follow up of patients with complex haematological
problems whether benign or malignant, should be carried out in association with consultant haematologists in each health board area. Outpatient clinics and day care form a major part of haematological care. Inpatient beds are also required. The development of more aggressive treatments for solid tumours has also increased the requirement for transfusion medicine support and haematological advice to be available close to oncology services. Haematologists and medical oncologists work closely together in relation to cancer patients - especially in hospitals which have a consultant in each specialty.

TRAINING IN IRELAND AND THE UK

2.4 The Faculty of Pathology stated in 1996 that "we believe that the current training provided in this country in association with the Faculty and the Royal College of Pathologists in London, has achieved a high minimum standard. It is recognised that many Irish consultants spend a significant part or all of their training abroad. The range of some specialties are just not available in a small area like Ireland to provide the comprehensive training which is now needed".

2.5 Haematology training in Ireland is organised by the Irish Committee on Higher Medical training (ICHMT). In line with other specialties, specialist training in haematology in Ireland has recently become more formalised than heretofore. There is a national training programme of five years duration involving the major teaching hospitals in Dublin, Cork, Galway and the BTSB. At the request of the ICHMT, in December 1998, Comhairle na nOspidéal approved up to eight posts of specialist registrar in haematology, seven of which are filled.

The current training of Consultant Haematologists is to a large extent completed by taking the M.R.C. Path. Examination in haematology. Candidates entering for the Part I examination are required to have worked in departments recognised for training for a period of not less than three years, of which two years should be in higher specialist training. The Part 2 examination is taken after a minimum of five years recognised training including four years of higher specialist training and successful completion of the Part 1 examination. Holders of the MRCPI or the MRCP (UK) may be granted one years training credit. Nowadays, most doctors aspiring to become consultant haematologists also acquire a medical membership, i.e. MRCP or MRCPI.

Haematology training encompasses all aspects of clinical and laboratory haematology including transfusion medicine and paediatric haematology. There is a proposal in the UK that transfusion medicine should become a specialty in its own right and that training programmes should be developed leading to the award of the CCST in the specialty. It is not clear if this proposal will be accepted. Currently those trainees who wish to develop additional expertise in the field of transfusion medicine usually devote a minimum period of one year to transfusion medicine.

TRAINING IN NORTH AMERICA

2.6 In the United States, aspiring consultant haematologists usually train in either laboratory haematology or clinical haematology, the latter being very much oncology oriented.

PAEDIATRIC HAEMATOLOGY

2.7 The practice of paediatric haematology includes the provision of care for children with both malignant and non-malignant disorders. The care of children with malignant haematological disorders includes the diagnosis and treatment of those children with leukaemia, and the provision of a paediatric bone marrow transplant service. International
guidelines indicate that such care be provided in a comprehensive paediatric cancer centre by specialised paediatric haematologists and oncologists. Many children with non-malignant haematological disorders (haemophilia, thrombophilia, and anaemia including haemoglobinopathies) also require specialised care and facilities, and in particular, the services of a specialised paediatric haematology laboratory.

In Ireland and the UK children have been and continue to be treated by haematologists with an interest in paediatric haematology as well as by paediatric haematologists and oncologists.

PROFESSIONAL QUALIFICATIONS AND EXPERIENCE

2.8. The following are the minimum professional qualifications and experience which have been specified by Comhairle na nOspidéal for consultant appointments in haematology:

**CONSULTANT HAEMATOLOGIST**

Full registration in the General Register of Medical Practitioners or entitlement to be so registered

and

(b) The possession of the MD* or PhD (in an appropriate subject) degree of a recognised university or the MRCPI or the MRC Path, or a Certificate of an American Board or a qualification at least equivalent to one of these (*other than a primary degree)

and

(c) At least six years satisfactory experience (after primary medical qualification) in the practice of the medical profession, including not less than four years satisfactory experience in haematology.

The necessary minimum experience specified for the following special interest posts in haematology is as follows:

**Consultant Haematologist with a special interest in Paediatric Haematology.**

At least six years satisfactory experience (after primary medical qualification) in the practice of the medical profession, including not less than four years satisfactory experience in haematology of which not less than one year was in paediatric haematology.

**Consultant Haematologist with a special interest in Transfusion Medicine.**

At least six years satisfactory experience (after primary medical qualification) in the practice of the medical profession, including not less than four years in haematology and satisfactory experience in transfusion medicine.
3.1. Consultant haematology services in Ireland are now located at Dublin, Cork, Galway, Limerick, and Waterford. A large part of the country covering four health board areas (i.e. the Midland, Mid-West, North-West and North-East) had no consultant haematologist when the committee was established in 1996. At that time there were eleven posts of consultant haematologist in the public hospitals. This position has improved significantly since. During the lifetime of this committee, Comhairle na nOspidéal has approved six additional and two replacement posts of consultant haematologist. The location and structure of the posts were in line with advice obtained from the haematology committee. There are currently seventeen posts of Consultant Haematologist in Ireland (not counting the BTSB posts) - nine in Dublin, two in Galway, two in Cork, one in Limerick, one in Waterford, one vacant approved post based at Tullamore and one vacant approved post based at Letterkenny.

**EASTERN REGIONAL HEALTH AUTHORITY**
(pop: 1,275,359)

Arising from legislation* passed in 1999, the Eastern Regional Health Authority will take over responsibility for the planning, commissioning, funding, monitoring and evaluation of all health and personal social services for the 1.3 million people in Dublin, Kildare, and Wicklow with the aim of facilitating improved co-ordination and integration in the planning and delivery of services. With effect from 1st March 2000, the services currently provided by the Eastern Health Board will be provided by three new Area Health Boards under the new Eastern Regional Health Authority. The Eastern Health Board will be dissolved. Services, including hospital services will be provided by the area health boards and those voluntary bodies, and hospitals listed in the Second Schedule to the Act* and funded by the new Authority.

*Health (Eastern Regional Health Authority) Act 1999

**NORTHERN AREA HEALTH BOARD**
(pop: 454,088 covering Dublin City North and Fingal County.)

3.2. There is one Consultant Haematologist based at Beaumont Hospital. There is also one Consultant Haematologist based at the Mater Hospital who by way of an informal arrangement provides a haematology service to Cappagh Orthopaedic Hospital and to James Connolly Memorial Hospital.

**EAST COAST AREA HEALTH BOARD**
(pop: 305,703 covering Dun Laoghaire / Rathdown, Pembroke electoral area of Dublin city and County Wicklow, except Baltinglass electoral area).

3.3. There are two Consultant Haematologists based at St. Vincent's Hospital, one with two sessions at the National Maternity Hospital and the other with two sessions at St. Luke's Hospital. The two Consultant Haematologists based at St. Vincent's Hospital provide advice, consultation and quality assurance to the other hospitals in South East Dublin.

**SOUTH WESTERN AREA HEALTH BOARD**
(pop: 515,568 covering Dublin City South (except Pembroke electoral area); South Dublin County, County Kildare and the Baltinglass electoral area of County Wicklow)

3.4. Following a submission from the hospitals in this area in 1994, Comhairle na nOspidéal established a Committee on Haematology Services in South-West Dublin, whose report was adopted as Comhairle policy in 1995 (listed in Appendix A). That report recommended a complement of 4 interlinked posts between St James's and Crumlin and two posts based at Tallaght providing a haematology service to Naas and the Coombe. Posts broadly in line with these recommendations have been approved and filled with the...
exception of a second post based at Tallaght. Three posts are based at St. James’s Hospital, one has specific responsibility for the bone marrow transplantation service; one has specific responsibility for the national haemophilia centre with three sessions currently at Tallaght and one session at the BTSB; and one post has a two session commitment to Our Lady’s Hospital, Crumlin. There is one post of consultant haematologist with a special interest in paediatric haematology based at Our Lady’s Hospital, Crumlin with a minor commitment to St. James’s Hospital. In addition, the three consultant haematologists with a special interest in transfusion medicine based at the BTSB (which is being relocated onto the campus of St. James’s Hospital) each have / will have a three session commitment to St. James’s Hospital (see later paragraphs 5.6 and 6.6).

The 1995 report also recommended that the children’s haemophilia unit which was then based at Harcourt Street Hospital should be relocated onto the site of Crumlin Hospital. The recommendation was endorsed by Comhairle na nOspidéal in 1995 and forwarded to the Minister. It is a matter for decision by the Minister for Health and Children. The Comhairle approval in 1995 of the replacement post of Consultant Haematologist / Director of the National Haemophilia Centre based at St. James’s Hospital, was "subject to the condition that the (three) sessions at the National Children’s Hospital, will be relocated, in accordance with a policy decision to be made by the Minister for Health, on the future location of the children’s haemophilia unit, following his consideration of the recommendation in paragraph 3 of the Comhairle report on Haematology Services in South West Dublin".

**HAEMATOLOGY SERVICES TO PAEDIATRIC AND MATERNITY HOSPITALS.**

**Comhairle Recommendations of 1991:**

3.5. In May, 1990, a committee was established by Comhairle na nOspidéal "to examine existing arrangements and make recommendations on the development of paediatric pathology including where appropriate, linkage arrangements between the children’s hospitals and the laboratory services provided in the major general hospitals and other specialist hospitals e.g. maternity and cancer hospitals in the Dublin area."

The committee’s report was adopted as Comhairle policy in 1991.

The 1991 report indicated that the thrust of the advice which the committee received was that haematology services to the children’s and maternity hospitals should be provided by haematologists based in the general hospitals. Specific recommendations along these lines were made by that committee in 1991.

**HAEMATOLOGY SERVICES AT THE CHILDREN’S HOSPITALS - CURRENT POSITION**

There is one post of Consultant Haematologist with a designated special interest in paediatric haematology based at Our Lady’s Hospital for Sick Children with two sessions at St. James’s Hospital. One of the posts of consultant haematologist based at St. James’s Hospital has a two session commitment to Crumlin Hospital. The Consultant Haematologist/Director of the National Haemophilia centre based at St. James’s Hospital has a three session commitment to Tallaght Hospital (formerly Harcourt Street) in respect of the children’s haemophilia unit currently located there and also provides an informal emergency paediatric haematology service to the Children’s Hospital, Temple Street.
HAEMATOLOGY SERVICES AT THE 
MATERNITY HOSPITALS - 
CURRENT POSITION

St. James's Hospital currently provides the main haematology requirements of the Rotunda and Coombe Hospitals i.e. adult, neonatal and perinatal haematology. These are informal arrangements. There is one Consultant Haematologist based at St. Vincent's Hospital who has a formal two session commitment to the National Maternity Hospital.

WESTERN HEALTH BOARD
(351,874 population)

3.6. There are two posts of Consultant Haematologist based at University College Hospital, Galway/Merlin Park Regional Hospital. One of the consultant haematologists devotes part of his time to medical oncology.

SOUTHERN HEALTH BOARD
(546,209 population)

3.7. Not including the BTSB post in Cork, there are two Consultant Haematologists in the Southern Health Board area. One is based at Cork University Hospital. One is based at the Mercy Hospital who also provides a service to the South Infirmary-Victoria Hospital.

SOUTH EASTERN HEALTH BOARD
(391,046 population)

3.8. There is one post of Consultant Haematologist in the South Eastern Health Board area based at Waterford Regional Hospital which provides a regional service.

MID-WESTERN HEALTH BOARD
(316,975 population).

3.9. There is one post of Consultant Haematologist with nine sessions per week at Limerick Regional Hospital including sessions to Ennis and Nenagh General Hospitals and two sessions per week at St. John's Hospital, Limerick.

MIDLAND HEALTH BOARD
(205,252 population).

3.10. There is one post of Consultant Haematologist in the Midland Health Board area which is based at Tullamore (six sessions) with two sessions at the general hospitals in Portlaoise and Mullingar and one session for access to a major teaching hospital in Dublin.

NORTH WESTERN HEALTH BOARD
(210,110 population)

3.11. There is one post of Consultant Haematologist in the North Western Health Board area based at Letterkenny Hospital. Pending the creation of an additional post, to be based at Sligo General Hospital, the appointee to this post will have a regional remit.

NORTH EASTERN HEALTH BOARD
(305,703 population)

3.12. There is no post of Consultant Haematologist in the North Eastern Health Board area.
Section 4

RECOMMENDATIONS FOR FUTURE DEVELOPMENT - HAEMATOLOGY

4.1. Before making recommendations on the future development of haematology services in Ireland, the committee believes that the considerations which should underlie the organisation of the services should be clarified. These are:

* The interests of patients are of paramount importance and should always come first. The committee's aim is the provision of high quality and safe services at reasonable cost consistent with best practice and international advice.

* There should be an equitable spread of haematology services throughout the state and patients with haematological disorders should have reasonable access to consultant haematologists.

The National Cancer Strategy and the advice emanating from the National Cancer Forum in relation to the location of regional cancer centres and the organisation of services for children with cancer including leukaemia which was accepted by the Minister for Health and Children in January 1999, have also influenced the committee's thinking.

The committee also took into account the recommendations of the Government Health Strategy (1993) that the development of the acute hospital services will be directed towards:

"Providing a strong network of local and general hospitals which serve defined catchment areas and which will provide high quality hospital services for general medical and surgical facilities.
Providing a number of larger regional hospitals where more specialised services are available and which provide a broad range of regional specialties to the region they serve.
Providing a small number of highly specialised tertiary or supra-regional units which serve much wider catchment areas and concentrate resources nationally to the best effect.
Providing within each health board area a self-sufficiency in community and regional specialties.
As it is not feasible to develop a total comprehensive general hospital service on each acute hospital site, developing such a service within each health board area through a network of hospitals which will operate as a co-ordinated, complementary grouping. This will mean a precise determination of the role of each acute hospital as part of this grouping. It may also mean a redefinition of the existing roles of some hospitals.

Making the hospital service more responsive in the provision to general practitioners of an appropriate referral service; and, in association with this, examining the extent to which hospitals are used for services which should be provided by the general practitioner and developing measures to address this."

CONSULTANT STAFFING

4.2. The main issues which led to the establishment of the committee and which subsequently dominated the committee's consultations with the interests concerned, were the current understaffing at consultant level in the specialty and the provision of consultant staffing at the Blood Transfusion Service Board.

4.3. As already indicated, there are seventeen posts of Consultant Haematologist (not counting BTSB posts) in the Republic of Ireland, which is one consultant per 206,000 population approximately. The Royal College of Pathologists recommends a ratio of one Consultant Haematologist per 100,000 population. The actual position in England, is approximately 1 per 110,000 population. In Scotland there is 1 consultant haematologist per 80,000 population and in Northern Ireland, 1 per 115,000. The Faculty of Pathology has recommended a total of thirty-eight consultant haematologists including specific numbers for each area. The Irish Haematology Society is broadly in agreement with the recommendation of the Royal College of Pathologists and has recommended to the committee that the appropriate ratio for Ireland would be 1/100,000. All of the
advice given to the committee indicated that this would be a reasonable norm which should be adopted as the target for this country. The implementation of this target would mean that the existing number of consultant haematologist posts would be doubled in the Eastern Health Board area and almost trebled in the rest of the state.

LOCATION

4.4. It is the view of the committee that each health board area should be self sufficient in haematology services at consultant level. Ideally the haematology and medical oncology service would be based in the same location. Consultant haematology services should be based in designated regional hospitals with the consultant haematologists providing an advisory, supervisory, laboratory and blood products audit service to the other hospitals in their region. The equivalent of one - two sessions per week to each hospital in the region to be discharged in the most effective manner is recommended. This service could include an out-patient clinic, day care, ward consultation and liaison with clinical colleagues in the hospital as well as quality assurance and advice on the appropriate use of blood products, supervision of transfusion surveillance officers and technician staffed haematology laboratories and participation in the blood transfusion committee. The Department of Health and Children has recently sanctioned the appointment of 50 transfusion surveillance officers to hospitals throughout the country.

MINIMUM VIABILITY

4.5 As a general policy, Comhairle na nOspidéal does not favour the concept of single-handed consultant appointments. The views of the Irish Haematology Society concur with this policy in relation to haematologists. The Society in its submission to the committee has recommended that “where practical, for professional reasons, Consultant Haematologists should work in proximity, that is at a single site within an area ...... each of the major teaching hospitals in Dublin should have at least two Consultant Haematologists working within one department.” Based on these considerations, the committee does not recommend the appointment of single-handed consultant haematologists, except in exceptional circumstances such as distance from a major centre and secondly, as an initial step in the development of a two or three consultant unit.

PAEDIATRIC AND MATERNITY HAEMATOLOGY

4.6. The Irish Haematology Society in its submission has stated that “There is an urgent need for provision of improved paediatric (including neonatal) and maternity haematology services”. Approximately 40% of the 52,000 babies born in 1998 in Ireland were delivered in the three public maternity hospitals in Dublin i.e. Holles Street, the Coombe and the Rotunda.

In 1998, the Minister for Health and Children sought the advice of the National Cancer Forum on the current diagnostic and treatment services available for paediatric oncology. Having considered the Forum’s advice, the Minister’s decision was conveyed on 19th January 1999 by the Secretary-General of the Department to interested parties. The letter stated, inter alia, “After careful consideration, the Minister has decided to accept the National Cancer Forum’s recommendations and the basis for them, bearing in mind that the quality of cancer services for children must be the primary concern”.

“The Forum’s major concern was to identify how best to provide a high quality service, from initial diagnosis through to all forms of appropriate treatment. The question arose as to the most appropriate means of organising services for children with leukaemia and other forms of childhood cancer. Account was taken of expert
international evidence, which indicates that there should be one paediatric oncology unit per five million population, and that the treatment of solid tumours should not be separated from the treatment of leukaemia. The international evidence also indicates that a paediatric cancer unit should have the appropriate infrastructure of services, personnel and equipment to provide the optimum level of service to children.

The Forum has formed the view that it is inappropriate to have more than one centre in Dublin dealing with paediatric leukaemia and has recommended to the Minister that children with solid tumours and acute leukaemias should be referred to the Paediatric Oncology Unit at Our Lady’s Hospital for Sick Children, Crumlin. Given the level of specialist expertise required, the Forum has also recommended that every child with cancer should be seen initially at Our Lady’s Hospital, Crumlin for diagnostic work-up and treatment planning, but that subsequent treatment could then be delivered in the most appropriate local hospital, on a clearly defined and agreed shared care basis, subject to proper supervision.

After careful consideration, the Minister has decided to accept the National Cancer Forum’s recommendations and the basis for them, bearing in mind that the quality of cancer services for children must be the primary concern.

The Forum has also recommended that the personnel involved in paediatric oncology should explore the potential of using their considerable skills and expertise for the optimum benefit of patients. This would involve, in particular, discussions between Our Lady’s Hospital for Sick Children, Crumlin and the Adelaide and Meath Hospital, Dublin incorporating the National Children’s Hospital with a view to seeking agreement on revised organisational arrangements for services in this area. The forum has pointed out that such a restructuring could permit access to the Paediatric Oncology Unit at Our Lady’s Hospital for consultants with special training and expertise in paediatric oncology. The Minister has expressed his confidence that all concerned will collaborate in the best interests of children and their families.

Discussion should now begin between the specialist services involved with a view to implementing arrangements which reflect the recommendations of the National Cancer Forum. The Department wishes to see early progress on this item, which may be appropriate for the joint work programme currently being developed by the paediatric hospital Chairmen.

4.7. The Minister’s decision has been taken into account by the committee in its recommendations in respect of paediatric haematology. The haematology committee is aware that proposals have been made by consultant haematologists and that discussions are taking place on implementing arrangements which reflect the recommendations of the National Cancer Forum and the Minister’s decision. In this context, it is difficult for the Comhairle haematology committee to be specific on the detailed structuring of posts of consultant haematologist with a special interest in paediatric haematology at this stage. Rather, it has decided to make broad recommendations consistent with Ministerial policy which are in the best interests of providing high quality services for children. These are set out in paragraph 4.15.

4.8. The committee regards an establishment of 39 posts of Consultant Haematologist as a reasonable target for the future in Ireland, an increase of 22 on the current establishment of 17 posts. We recognise that the achievement of this target will depend on the availability of resources and competing priorities at hospital level. In the following paragraphs, the committee recommends how it envisages these posts being deployed and structured. To facilitate optimum delivery of services by an enlarged complement of consultant haematologists, restructuring of some existing posts in certain circumstances may be useful. It will be a matter for the hospitals in each health board area / hospital group in the first instance to agree the appropriate framework and structure of the posts in their respective area / group and identify priority posts.
In relation to posts in Dublin, Cork and Galway each post should have a substantial commitment to the major teaching hospital in the group. Regional hospitals should consider an association with an appropriate major teaching hospital. Links such as that described in paragraph 3.10 should be considered.

EASTERN REGIONAL HEALTH AUTHORITY (ERHA)

4.9. With effect from 1st March 2000, the Eastern Health Board will be replaced by the Eastern Regional Health Authority (ERHA). There will be three new health boards under the ERHA, (the Northern Area, the East Coast Area and the South Western Area) serving a combined population of approximately 1.3 million. From a haematological staffing point of view the following hospitals have been grouped together by the committee. In doing so, geographical factors, existing patterns of service delivery and co-ordination as well as the future re-organisation of the EHB area into three area health boards have been taken into account. Recommendations in respect of the paediatric haematology needs of the children's and maternity hospitals in Dublin are set out separately in paragraph 4.15.

Hospitals are grouped as follows by this committee solely for the purpose of haematology staffing:

Northern Area Health Board:
▼ Beaumont
▼ Mater, JCM, Cappagh (and the Rotunda)*

East Coast Area Health Board:
▼ St. Vincent's, St. Columcille, St. Michael's, the Royal Victoria Eye & Ear, St. Luke's and (Holles Street)*.

South Western Area Health Board
▼ St. James's (and the Coombe)*
▼ Tallaght and Naas

*N: Adult haematology

NORTHERN AREA HEALTH BOARD
(454,088 population)

4.10 Beaumont
The committee recommends the appointment of a second consultant haematologist at Beaumont Hospital.

4.11 Mater / JCM / Cappagh (and Rotunda*)
The committee recommends a complement of three posts of consultant haematologist i.e. two additional posts based at the Mater to cater for the needs of the hospitals in the area. Approval would be subject to each appointee being obliged to function as a member of the consultant haematology team shared between the Mater, JCM and Cappagh and Rotunda hospitals. A formal sessional commitment from one of the two new posts at the Mater Hospital should meet the needs of the Rotunda Hospital in respect of adult haematology.

EAST COAST AREA HEALTH BOARD
(305,703 population)

The committee recommends the appointment of a third consultant haematologist to the group to be based at St. Vincent's Hospital, with commitments to St. Columcille's and St. Michael's hospitals. The two existing posts have formal sessional commitments to Holles Street and St. Luke's hospitals respectively. The enlarged group of three consultant haematologists will share responsibility for the provision of haematology services to all the hospitals in the area.

*Adult haematology
4.13. St. James’s / Coombe*

The committee has taken account of the location of national centres for bone marrow transplantation and haemophilia which are located in St. James’s Hospital, in arriving at its recommendations. The committee recommends the appointment of an additional consultant haematologist to St. James’s Hospital. A formal sessional commitment from this new post should meet the needs of the Coombe Hospital in respect of adult haematology.

4.14. Tallaght / Naas

The committee recommends the appointment of a second consultant haematologist based at Tallaght who in conjunction with the existing full-time haematologist based there will provide the haematology input to Naas General Hospital.

4.15. Paediatric Haematology needs of the children’s and maternity hospitals in Dublin

The committee recommends a complement of three posts of consultant haematologist with a special interest in paediatric haematology each with a significant commitment at Our Lady’s Hospital for Sick Children, Crumlin which has been designated by the Minister as the centre where children with solid tumours and acute leukaemias should be referred. It is possible that the outcome of the discussions referred to in paragraph 4.7, may lead to proposals to restructure the posts held by the consultant haematologists who currently provide paediatric haematology services to children at Crumlin and Tallaght hospitals. The paediatric haematology needs of the Children’s Hospital, Temple Street should be met by the creation of a new post of consultant haematologist with a special interest in paediatric haematology shared with Our Lady’s Hospital, Crumlin. The paediatric haematology needs of the children’s and maternity hospitals in Dublin should be met by these three posts, the holders of which should provide cross-cover for each other.

The neonatal and perinatal needs of the three maternity hospitals should be met by these three consultants on a collective basis. Each consultant could provide the service to a different maternity hospital by way of a formal 1-2 session commitment with perhaps one of the three consultants taking a lead role in this area.

The adult haematology needs of the maternity hospitals are catered for by consultant haematologists based in the major general teaching hospitals, (see previous paragraphs, 4.11, 4.12, 4.14).

4.16. When the Comhairle Report on Haematology Services in South West Dublin was published in 1995, only one post with a special interest in paediatric haematology was envisaged. At the time a complement of four interlinked posts between St. James’s and Crumlin was recommended and now exist. As the committee is now recommending a complement of three haematologists with a special interest in paediatric haematology in Dublin, each with a significant commitment to Our Lady’s Hospital, Crumlin and providing cross-cover for each other, the rationale for posts based at St. James’s Hospital to have formal sessional commitments to Our Lady’s Hospital, Crumlin should be examined.

4.17. Demographically the area served by the Western Health Board is characterised by low population density over a large geographical area coupled with a high dependency ratio arising from an ageing population. The proportion of the population over 65 is above the national average. The NUI Galway Medical School is located in the WHB area. A major
development of the Regional Hospital Galway is underway. The facilities for on-site cardiac surgery and radiotherapy recommended in recent Government reports are being incorporated in the project. University College Hospital, Galway has also been designated as a supra-regional centre under the Cancer Strategy. 3.5 posts would be justified purely on population grounds. In view of the above factors and the strong case made by WHB representatives, the committee recommends the appointment of two additional consultant haematologists to be based at University College Hospital, Galway thus providing a complement of four consultant haematologists to serve the Western Health Board area. It is envisaged that while individual consultants would have specific responsibility (including consultation and visits) for the three hospitals in the region; Portiuncula Hospital, Ballinasloe, Roscommon Hospital and Mayo General Hospital, Castlebar, the group of consultant haematologists would share responsibility for the provision of haematology services to all the public hospitals in the region.

SOUTHERN HEALTH BOARD
(pop: 546,209)

4.18. The committee recommends the appointment of three additional consultant haematologists i.e. a complement of five consultant haematologists to serve the Southern Health Board area. Following an inspection of Cork University Hospital and the Mercy Hospital in January 1999 for training purposes, the Royal College of Pathologists officially accorded the Department of Haematology at Cork University Hospital accreditation for training for five years subject to the implementation of the recommendations detailed in its report. Their first recommendation is "A reorganisation to make a virtual single unit out of the two existing departments (and) an increase in consultant support". The report states that "...it would be hard to approve either hospital as things are presently organised. To a disinterested observer there would seem to be a compelling argument for combining the two adult clinical (haematology) units on one site."

During the committee's visit to Cork in November, 1996, the two consultant haematologists stressed the desirability of a unified/single clinical haematology service for Cork. They envisaged SHB patients with serious haematological disorders being treated in a single centre in Cork. Each hospital authority is keen to maintain a haematology unit in its hospital.

After careful consideration, the committee recommends that a unified haematology service be developed in Cork with the major inpatient facility developed at Cork University Hospital. A complement of five consultant haematologists are required for the Southern Health Board area based on population and taking account of the UCC Medical School and a number of supra-regional services such as neurosurgery, cardiac surgery and radiotherapy located in Cork University Hospital.

The committee recommends that two new posts (and the one existing post) be based at Cork University Hospital: one with a substantial commitment to the Mercy Hospital; one with a sessional commitment to the South Infirmary-Victoria Hospital; one to provide a service to Mallow and Bantry hospitals. Consideration should be given by the parties concerned to the restructuring of the post based at the Mercy Hospital to include a formal sessional commitment (perhaps four sessions) to Cork University Hospital. This could be a mirror-image of the proposed new joint post between CUH and the Mercy Hospital.

In view of the distance between Tralee and Cork (70 miles), and the population of Kerry (120,000) dispersed over a large geographical area, the committee recommends one post of Consultant Haematologist to be based at Tralee General Hospital with a weekly
commitment to Cork University Hospital for liaison, audit, case conferences and consultation purposes. The group of consultant haematologists based in Cork should share responsibility for the provision of haematology services to all public hospitals in the Southern Health Board area and provide cover for the Tralee based consultant haematologist.

SOUTHEASTERN HEALTH BOARD
(pop: 391,046)

4.19. The committee recommends the appointment of two additional Consultant Haematologists i.e. a complement of three Consultant Haematologists for the region. The committee recommends that the three posts should be based at Waterford Regional Hospital. It is envisaged that while each consultant would have specific responsibility including consultation and visits for one of the three general hospitals in the region; Wexford, Kilkenny and Clonmel/Cashel, the group of consultant haematologists would share responsibility for the provision of haematology services to all the public hospitals in the region.

MIDWESTERN HEALTH BOARD
(pop: 316,975)

4.20. The committee recommends the appointment of two additional Consultant Haematologists i.e. a complement of three Consultant Haematologists for the region based at the Regional Hospital, Limerick in the context of the three appointees providing a regional service in line with the Health Board's report on Pathology Services in the Mid-West Region (March 1996).

MIDLAND HEALTH BOARD
(pop: 205,252)

4.21. The committee recommends the appointment of a second Consultant Haematologist to be based at the General Hospital, Tullamore in the context of the two appointees providing a service to Mullingar and Portlaoise hospitals in line with the Midland Health Board's report on Pathology Services (March 1998).

NORTH WESTERN HEALTH BOARD
(pop: 210,112)

4.22. The committee recommends the appointment of two consultant haematologists for the region. Given the existence of two large acute general hospitals seventy miles apart, each serving a dispersed population over a large geographical area, the committee recommends that one post be based at Sligo General Hospital and that the other be based at Letterkenny General Hospital. A post based at Letterkenny in line with this recommendation was approved recently by Comhairle na nOspidéal. The provision of haematology services at the public hospitals in the region should be the responsibility of the two consultant haematologists, including providing cross cover for each other.

NORTH EASTERN HEALTH BOARD
(pop: 305,705)

4.23. The committee recommends a complement of three consultant haematologists for the region. The first two posts should be based at Our Lady of Lourdes Hospital, Drogheda. The post holders would have collective responsibility to deliver a regional service to both hospital groups (Louth Meath (200,000 population) and Cavan / Monaghan (100,000 population). In view of the range of services provided by the Cavan / Monaghan hospital group and the distance from Drogheda (55 miles), the issue of the location of the third post should be carefully considered after the initial two appointees have been in post for some time and the service has been evaluated.
Section 5

TRANSFUSION MEDICINE

POLICY RE: CONSULTANT STAFFING OF BTSB

5.1. At its meeting on the 19th April, 1995, Comhairle na nOspidéal considered the findings and recommendations in the Report of the Expert Group on the Blood Transfusion Service Board (January 1995). The report recommended, inter alia, a review of the number and distribution of consultant haematologist posts in Irish hospitals. It stated that "increasing the complement of consultant medical staff in the BTSB merits serious and urgent consideration. We believe that consideration should also be given to using the services of a virologist and an immunologist to support the work of the BTSB, either directly or through an existing agency such as the National Virus Reference Laboratory. Irrespective of the number of consultant staff in the BTSB, we consider that it is crucial that the Board’s consultant staff develop closer day to day links with the haematology departments of Irish hospitals. The report suggested that "one way of addressing this concern would be to combine consultant posts in the BTSB with a clinical commitment in a major hospital". It also suggested that another way of promoting greater interaction between the BTSB consultant medical staff and their hospital colleagues would be to increase the links with medical schools. The report added "Whatever steps are taken to increase the links between the BTSB and the hospitals and medical schools, we believe that it is crucial that BTSB medical personnel remain up to date with developments in their field, both locally and internationally, and that they act as a conduit for information to their hospital colleagues" and went on to "recommend early review of the number and distribution of consultant haematologist posts in Irish hospitals". .........We see disadvantages in working arrangements which leave little scope for regular contact with clinical medicine in the hospital system. There is a danger that medical personnel working in such an environment would not easily keep abreast of the clinical applications of developments in transfusion medicine and blood products".

5.2. Arising from its consideration of the expert Group’s Report, Comhairle na nOspidéal wrote to the Department of Health indicating that it believed that "the fundamental problem with the existing blood transfusion service is the isolation of consultants from the mainstream of acute hospital activity". In order to minimise the problem of professional isolation, it recommended the following:

- all consultant posts under the BTSB should be subject to the same statutory regulatory process as hospital-based consultant appointments;
- all consultant posts under the BTSB should have a significant general hospital component;
- the services of the BTSB should, in the longer term, be physically located on the campus of a major general teaching hospital.

- The BTSB should formulate policy on the development of formal closer relationships with all of the acute hospitals in which its products are utilised. This should involve a range of practical arrangements for regular communications to facilitate a two-way flow of information in relation to the blood products themselves and their usage in the management of patient care. As its term of office was coming to an end, Comhairle recommended that its successor should undertake a national review of haematology services at consultant level.

5.3. In June, 1995 the Minister and Department of Health and Children requested Comhairle na nOspidéal to undertake the regulation of appointments of consultant medical staff under the Blood Transfusion Service Board in the same manner as it regulates hospital consultant posts. Comhairle at its meeting on 28th June, 1995 agreed to the Department’s request. At that meeting, Comhairle na nOspidéal restructured two half-time posts of Consultant Haematologist at the BTSB, as joint wholetime posts shared between the Blood Transfusion Service Board (eight
sessions per week) and St. James’s Hospital (three sessions per week).

5.4. Shortly after its appointment, the present Comhairle established this committee in February 1996. In March 1996, Comhairle na nOspidéal considered an application from the Blood Transfusion Service Board for a replacement post of National Medical Director of the BTSB. Comhairle requested its haematology committee to give priority to this matter in view of the urgency and importance of the post. In anticipation of a decision on the re-location of the BTSB from Pelican House to the campus of a major Dublin teaching hospital, Comhairle, in May 1996, approved the post on the following basis: a joint appointment of a National Medical Director/Consultant Haematologist with a special interest in blood transfusion medicine by the Blood Transfusion Service Board (8 sessions per week) and a Dublin teaching hospital (3 sessions per week) to be nominated by Comhairle. The post was filled in November, 1996.

Prior to this, at a meeting involving the Chief Executive Officers of the five major Dublin teaching hospitals, Comhairle na nOspidéal, the BTSB and the Department of Health, a proposal was put forward and agreed that each hospital authority sign a letter confirming that, if requested by Comhairle to do so, the hospital authority would facilitate the three sessions commitment to its hospital. The C.E.O’s of the five hospitals forwarded the appropriate letters.

5.5. Following consultation, the Minister for Health and Children, in 1997, announced the re-location of the BTSB headquarters from Pelican House onto the campus of St. James’s Hospital. Work on the construction of a new headquarters costing about £30 million commenced in June 1998 and is due for completion before the end of 1999. The BTSB has stated in it’s Annual Report for 1998, that it “will be one of the most advanced state-of-the-art facilities in the world”.

DESCRIPTION OF EXISTING TRANSFUSION MEDICINE SERVICES AT CONSULTANT LEVEL PROVIDED BY THE BTSB.

5.6. This paragraph is derived from the BTSB’s Annual Report (1998) and it’s Consultant Medical Manpower Plan (1999). The BTSB provides a comprehensive blood transfusion service throughout the State via its Dublin headquarters, its Cork centre and 290 mobile clinics throughout the country. A refurbishment of the Cork centre was completed in 1998 which is located at St. Finbarr’s Hospital.

Every year, approximately 2% of the population needs a blood transfusion. Without blood donors, without a consistent commitment to blood donation among many people, modern surgery and modern medicine simply would not exist. Blood transfusion first became a viable proposition about sixty years ago.

National Blood Users Group
Following a proposal from the BTSB to the Minister in 1999, a National Blood Users Group has been established. The group is made up of a number of specialists with a particular interest in blood utilisation. The purpose of the Blood Users Group is to support the development of best transfusion practice in the 68 hospitals throughout the state to which blood products are supplied.

National Haemovigilance Office
A National Haemovigilance Office under the direction of the deputy National Medical Director was sanctioned by the BTSB board in November 1998. The core functions of the office will be to receive, collate and follow up reports from hospitals and general practitioners of all serious and unusual complications associated with transfusion of blood components. The office will also support and advise hospitals in relation to best transfusion practice through education/training and by way of literature support.
Hospital Transfusion Committees

Hospital Transfusion Committees are in place in several hospitals. These committees deal with protocols and practice within each hospital and conduct audits of appropriate use of blood and blood products in accordance with agreed in-house protocols.

Dublin

In addition to the post of National Medical Director, described in paragraph 5.4, there are two posts of Consultant Haematologist with a special interest in transfusion medicine based at the BTSB in Dublin, with three sessions each at St. James's Hospital. The Consultant Haematologist / Director of the National Haemophilia Centre based at St. James's Hospital also has a one session commitment to the BTSB.

Cork

There is one post of Consultant Haematologist with a special interest in transfusion medicine based at the BTSB, Cork. This post has recently been restructured to include a three sessions commitment to the Mercy Hospital / South Infirmary / Victoria Hospital. A second post of consultant haematologist with a special interest in transfusion medicine to be based at the Cork BTSB centre with three sessions at Cork University Hospital has been approved recently by Comhairle na nOspidéal. These decisions were made on the advice of the haematology committee and following discussion with the parties concerned.

5.7. Following its establishment, the haematology committee in 1996 invited a submission from the BTSB on its future consultant manpower requirements and organisation of consultant services. There have been a number of changes at CEO and Medical Director level since the committee was established. A number of exploratory and informal meetings were held with each new CEO and Medical Director with a view to formulating a plan. The time and energies of senior BTSB staff and board members were of necessity devoted to dealing with major issues arising from past problems. These factors combined, slowed the process of developing a comprehensive future manpower plan. The BTSB Consultant Medical Manpower Plan was submitted to the Haematology Committee in January 1999 and meetings were held subsequently with BTSB representatives.

5.8. The BTSB in its Consultant Manpower Plan (attached at Appendix B) and in its Annual Report 1998 have described existing blood transfusion services and how they intend to develop the services. The Haematology Committee welcomes the BTSB's plan and is in broad agreement with their proposals in relation to consultant staffing.
Section 6

RECOMMENDATIONS FOR FUTURE DEVELOPMENT-TRANSFUSION MEDICINE

6.1. As indicated in paragraph 5.2, Comhairle na nOspidéal had stated in 1995 in response to the Hederman O’Brien report that “the fundamental problem with the existing blood transfusion service was isolation from the mainstream of acute hospital activity” and had put forward a number of recommendations. The committee notes that many of the recommendations made by Comhairle na nOspidéal in 1995 have been implemented and that there is consensus in relation to the remainder including the consultant posts required.

6.2. The Haematology Committee is in broad agreement with the BTSB’s proposals in relation to consultant staffing. Comhairle had advised in 1995 that “in order to minimise the problem of professional isolation, all consultant posts under the BTSB should have a significant general hospital component”. It has been agreed with the BTSB that each BTSB consultant haematologist should have a designated special interest in transfusion medicine; be based at the BTSB and have a commitment of the order of three sessions to an acute general hospital. This policy has been implemented in respect of three of the four existing posts. It is important to ensure that the hospital sessions are relevant and compatible with the needs of the BTSB and the hospitals concerned and of professional / clinical value to the BTSB consultants.

The Haematology Committee accepts the BTSB’s view that haematologists based at the BTSB would provide expertise on a national basis depending on the consultant’s particular expertise. It is important to ensure that the BTSB consultant haematologists provide an appropriate advisory/liaison service including visits to health boards and hospitals throughout the state. The implementation of and primary responsibility for transfusion practice at each hospital will continue to be that of the consultant haematologist(s) and requesting clinicians employed by the hospital /health board as distinct from the BTSB consultant. The nature and extent of the input of the BTSB consultant to the hospital should be determined by the BTSB and the hospital consultants concerned within these parameters in advance of applications for consultant posts being submitted to Comhairle na nOspidéal. These perspectives have been endorsed by the Department of Health and Children in its commentary on the BTSB Consultant Manpower Plan. (see Appendix C).

6.4. The committee’s specific recommendations in relation to consultant posts at the BTSB are set out in the following paragraphs. It would be desirable that new appointees would have or develop expertise in elements of transfusion medicine that would complement the areas of expertise of the existing BTSB consultants.

The committee accepts the proposal of the BTSB for a complement of six posts of consultant haematologist with a special interest in transfusion medicine, 4 in Dublin and 2 in Cork as well as the need for a donor consultant and a virologist. A complement of 6 posts in Ireland will mean a ratio of 1 per 600,000 population. There are approximately 45 consultant haematologists / blood transfusion consultants in England (population 49 million) a ratio of 1 per million population. In Scotland (population 5.1 million) there are 12 consultants, a ratio of 1 per 425,000. The committee’s recommendations are detailed in the following paragraphs:

DUBLIN

6.5. The committee recommends the appointment of a fourth consultant haematologist with a special interest in transfusion medicine to be based at the Dublin BTSB centre with three sessions at a designated Dublin teaching hospital other than St. James’s Hospital.

National Medical Director / Consultant Haematologist, s.i. in transfusion medicine

6.6. The three sessions commitment to a Dublin teaching hospital which is part of this post should now be formally assigned to St. James's
Hospital in line with the terms of the Comhairle approval of the post in November 1996.

**CORK**

6.7. The committees recommendations in relation to Cork are being implemented. (see earlier paragraph, 5.6)

**Consultant Virologist**

6.8. The committee recommends the appointment of a consultant virologist shared between the BTSB, the Virus Reference Laboratory at UCD and linked to a major teaching hospital. The post holder will be responsible for the provision and interpretation of confirmatory testing of all reactive donors / donations and will be responsible for the development of new methodologies. In addition the post holder will be particularly involved in developing and maintaining for the BTSB a knowledge of the epidemiology of transfusion transmitted pathogens in the Irish population; in particular the post holder will be required to ensure that the BTSB continues to provide state of the art screening for blood donations.

**Donor Consultant**

6.9. The BTSB has also identified a need for a Donor Consultant. This would be the first post of its kind in Ireland. The Haematology Committee sought information and advice in Ireland and the UK in relation to the role of a Donor Consultant and the appropriate qualifications for such a post.

The BTSB in its consultant manpower plan has described the role of a Donor Consultant in the following terms:

The Donor Consultant would have responsibility for initial medical management of donors with positive infectious markers at the BTSB. This comprises full diagnostic screening (including history and examination, ordering and interpretation of laboratory tests) to establish whether infection is present, appropriate referral if infection is established and appropriate donor management if infection is excluded. Specialist expertise is required for donor management, counselling of donors with false positive screening tests, and risk assessment. The appointee would not be expected to participate in cross-cover arrangements with the BTSB’s consultant haematologists. He / she would have a national responsibility for developments of guidelines and information packages, participation in donor medical networks at European and international level to ensure that the current and planned donor practices are of the highest standard.

It is the view of the BTSB that the role of a donor care consultant is much wider than that provided for in current haematology / blood transfusion training. Donor management is a key area of every blood transfusion service requiring a mix of personal skills and attitudes involving risk assessment and counselling of donors including those with false positive screening tests results. The active management of false positive donors is viewed by the BTSB as an area of increasing importance.

The donor care role varies between and within regions in the UK. In Scotland, the donor consultant’s role is performed by consultants trained in haematology, gastroenterology or immunology. In some parts of England, donor care is provided by many of the consultant haematologists involved in blood transfusion centres as part of their core work. In others, the preponderance of donor care is assigned to one or two blood transfusion haematology consultants who devote half or more of their time to it while maintaining their on-call rota duties. The clinical, advisory and counselling elements of donor care are not strictly defined. The advisory role setting regional and or national guidelines is a significant element. Treatment of donors is not provided, rather counselling and referral to appropriate medical consultants is the norm. In England, a lot of donor care work including counselling, correspondence with general
practitioners liaising with blood collection teams etc. is done by non-consultant career grades following defined protocols. While there are a number of consultants with a significant commitment to donor care in the England, they are not employed as Donor Care Consultants per se, but as Consultant Haematologists with an interest in transfusion medicine. Their role includes establishing and agreeing guidelines for the selection and care of donors nationally and regionally.

Having carefully considered the matter, and having taken account of discussions and of advice received, the committee considers that there is a need for a Donor Care Consultant at the BTSB and that the post, because of the variety of elements involved should be open to candidates from a variety of medical backgrounds. The key factor is the recruitment of the best possible candidate. A Donor Care Consultant post could be filled by either:

(i) Consultant Haematologist, or
(ii) Consultant General Physician, or
(iii) Consultant in Infectious Diseases.

The appointee must have the minimum qualifications and experience specified by Comhairle na nOspéidéal for consultant posts in one of these specialties.

6.10. The committee recommends the appointment of one Donor Care Consultant to be based at the BTSB with a three session commitment to a designated Dublin teaching hospital in order to maintain his / her specialist expertise / training in haematology, general medicine or infectious diseases and involvement in hospital medicine. The title of the post should be Donor Care Consultant. The following professional qualifications and experience should be specified by Comhairle na nOspéidéal for the post:

(a) Full registration in the General Register of Medical Practitioners or entitlement to be so registered

and

(b) The possession of the MD* or PhD (in an appropriate subject) degree of a recognised university or the MRCP or the MRC Path., or a Certificate of an American Board or a qualification at least equivalent to one of these.

*other than a primary degree

and

(c1) At least six years satisfactory experience (after primary medical qualification in the practice of the medical profession, including not less than four years satisfactory experience in haematology.

or

(c2) At least seven years satisfactory experience (after primary medical qualification) in the practice of the medical profession including at least five years satisfactory experience in general internal medicine.

or

(c3) At least seven years satisfactory experience (after primary medical qualification in the practice of the medical profession including at least two years satisfactory experience in infectious diseases and adequate experience in general internal medicine.

6.11. Consideration should also be given by the BTSB to acquiring expert advice from a consultant immunologist and a consultant in medical genetics. The potential for linking existing posts or participation in new posts with appropriate Dublin teaching hospitals should be explored. It is recommended that the BTSB should endeavour to build formal links with the major teaching hospitals and medical schools, via sessional commitments and / or academic links being incorporated into the existing and new consultant posts recommended in this report.
7.1. The recommendations of the committee involve the following numbers and distribution of consultant haematologists:

<table>
<thead>
<tr>
<th>Region</th>
<th>Consultant Haematologists</th>
<th>Recommendations</th>
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</thead>
<tbody>
<tr>
<td>Northern Area:</td>
<td></td>
<td>2 posts (1 new post)</td>
</tr>
<tr>
<td>Beaumont Hospital</td>
<td></td>
<td>1 post (1 new post)</td>
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<tr>
<td>Mater. J.C.M.</td>
<td></td>
<td>1 post (1 new post)</td>
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<tr>
<td>Cappagh, Cork</td>
<td></td>
<td>1 post (1 new post)</td>
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<tr>
<td>South Western Area:</td>
<td></td>
<td>1 post (1 new post) and also 9 sessions from STSB Consultant</td>
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<tr>
<td>St. James's, Coimhe</td>
<td></td>
<td>2 posts (2 new posts)</td>
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<tr>
<td>Tallaght, Naas</td>
<td></td>
<td>2 posts (2 new posts)</td>
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<tr>
<td>East Coast Area:</td>
<td></td>
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<tr>
<td>St. Vincent's, St. Columcille's, St. Michael's, St. Luke's</td>
<td></td>
<td>3 posts (1 new post)</td>
</tr>
<tr>
<td>Royal Victoria Eye &amp; Ear Hospital, Holles Street</td>
<td></td>
<td>3 posts (1 new post)</td>
</tr>
<tr>
<td>Paediatric Haematology (including neonatal and perinatal)</td>
<td></td>
<td>3 posts (2 new posts)</td>
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<tr>
<td>Children's and Maternity Hospitals</td>
<td></td>
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<tr>
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<tr>
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<tr>
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<tr>
<td>Mid Western Health Board</td>
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<td>OVERALL TOTAL (Pop: 3,621,035)</td>
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<td>39 POSTS (22 new posts)</td>
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</table>

* adult haematology
7.2 The recommendations of the committee involve the following numbers and distribution of consultant haematologists with a s.i. in transfusion medicine.

<table>
<thead>
<tr>
<th>Haematologists with a s.i. in Transfusion Medicine</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Medical Director BTSB (6 sessions), Dublin Teaching Hospital (3 sessions) to be restructured as BTSB (8 sessions) St. James's (3 sessions) BTSB (3 sessions) St. James's (3 sessions) BTSB/Dublin Teaching Hospital</td>
<td>1 existing post</td>
</tr>
<tr>
<td>BTSB (3 sessions) Cork (3 sessions) Mercy/St. Joseph/Albany/Victoria (3 sessions)</td>
<td>1 new post</td>
</tr>
<tr>
<td>BTSB (Cork) (3 sessions) U.H. (3 sessions)</td>
<td>1 new post</td>
</tr>
<tr>
<td>Virologist (BTSB/VRL/Dublin Teaching Hospital)</td>
<td>1 new post</td>
</tr>
<tr>
<td>Donor Consultant (BTSB/Dublin Teaching Hospital)</td>
<td>1 new post</td>
</tr>
<tr>
<td><strong>OVERALL TOTAL</strong></td>
<td><strong>8 Posts</strong></td>
</tr>
</tbody>
</table>

7.3 In formulating the foregoing specific recommendations for the development of haematology services, (including transfusion medicine), the committee has endeavoured to be pragmatic in recognising the services which are already there and using them as the basis for future development in accordance with principles which it has clarified. However, the low level of consultant posts particularly outside of Dublin is such that radical change is required in order to achieve equity in the availability of services throughout the state. The committee is convinced that the recommendations which envisage a trebling of posts outside Dublin and a doubling of posts in the Dublin hospitals (described in Sections 4 & 6, and summarised in paragraphs 7.1 & 7.2) are in the best interests of patients who are entitled to see, in the planning of services, attempts to achieve the best service, distributed equitably, that modern hospital medicine has to offer, judged by international standards. Development of haematology services in general will depend not just on more consultant haematologists but on a variety of support staff, services and infrastructure.

7.4 The committee feels that implementation of the above recommendations will go a long way towards increasing and developing haematology services throughout the country and address the present understaffing at consultant level. The committee hopes that the major increase in the number of consultant posts recommended in this report will be feasible to fund and implement in the short to medium term.

December 1999
Appendix A

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Appendix B

CONSULTANT MEDICAL MANPOWER PLAN

THE BLOOD TRANSFUSION SERVICE BOARD LETTER OF 14TH JANUARY 1999

RE: CONSULTANT MEDICAL MANPOWER PLAN

Mr. Tommie Martin
Chief Officer
Comhairle na nOspidéal
Corrigan House
Fenian Street
Dublin 2

Dear Mr. Martin,

I am attaching the Consultant Medical Manpower Plan which has been approved by the board of the BTSB. I am also attaching letter of 13th January confirming the approval of the Department of Health and Children to the Manpower Plan.

The plan, as now submitted, takes account of views expressed by the Department of Health and Children and Comhairle na nOspidéal on an earlier draft plan. The plan also takes account of the recent establishment of a blood users group and establishment of a national haemovigilance office within the BTSB.

You will see from the plan that a post of Consultant Haematologist was approved by Comhairle na nOspidéal in February 1998. The BTSB did not proceed to fill this post pending finalisation of the overall Manpower Plan.

You will also be aware that an application for approval to the creation of the post Donor Consultant was submitted to Comhairle na nOspidéal in June 1998. We have elaborated on the duties of this post to take account of our discussions.

Significant developments are taking place in transfusion medicine in Ireland as indeed elsewhere in the developed world. The task of developing this service further will depend to a large extent on the recruitment of consultant medical staff. A great deal has already been achieved by the existing consultants within the board who have provided leadership in developing a high quality service while simultaneously dealing with the consequences of past events. They have shouldered an enormous burden of work and of responsibility in very difficult circumstances. The internal reorganisation of the Board, including the transfer to a new headquarters, will be complete in the latter part of this year. The further development of transfusion services requires the appointment of additional consultants as outlined in the attached plan. I would be grateful if your board would give early and sympathetic consideration to the plan and give it their approval so that we may continue with the further development of blood transfusion services.

Should you require any clarification on the plan, please feel free to contact me.

Yours sincerely

Martin Hynes
Chief Executive Officer
CONSULTANT MEDICAL MANPOWER PLAN

Introduction

A Medical Manpower Plan was discussed by the Blood Transfusion Service Board at the February 1998 meeting and referred for comment to the Department of Health. Since that time discussions have taken place with the Department of Health and Children and with Comhairle na nOspidéal.

In that Manpower plan considerable pains were taken to address blood safety issues and the necessity of providing support from the BTSB to the Health Boards and Hospitals so as to promote best practice in Transfusion Medicine throughout the country. The provisions in that plan to address that need have been met in part by the bringing forward of the Haemovigilance function and the Blood Users’ Group by the Minister for Health and Children. The Plan has been revised to take these important developments into consideration, to reflect the pivotal role of the BTSB in supporting these programmes, and to take account of the views expressed by the Department of Health and Children and Comhairle na nOspidéal.

These developments also allow greater confidence in projecting the future requirement of medical staffing in the BTSB, and this is reflected in the revision in the Plan.

The medical manpower establishment at the BTSB is expected to address separate but linked issues. It is important that these issues are dealt with separately. They are:

1. How to maximise the safety of blood transfusion, and to promote best practice in transfusion medicine throughout the country;
2. What is the establishment of consultant and non-consultant medical staff necessary to support the activities of the Blood Transfusion Service?

BLOOD SAFETY ISSUES AND TRANSFUSION MEDICINE IN IRELAND.

Over 50,000 people every year are treated with transfusions of blood and blood products. While blood transfusion is often an essential and life saving therapy it is important that its use is carefully modulated by attention to the possibility of adverse outcome and that it is seen in the context of the considerable costs involved. It is also necessary to bear in mind that blood for transfusion is provided as a gift by blood donors. These donors are under no compunction to provide that gift: respect for that altruism through proper use of blood transfusion is essential to ensure that the necessary goodwill remains secure.

Best use of blood transfusion requires that the highest standards of practice in transfusion medicine are maintained in hospitals throughout the State. It is the strong view of the Board that this requires that all hospital blood banks are under the direct supervision of consultant haematologists.

The essential elements of best practice in transfusion medicine at the hospital level are:

1. Clear indication for transfusion in the patient receiving it. This implies that the decision to transfuse is based on the best available evidence applicable to the patient, and that the best evidence indicates a favourable risk / benefit ratio.
2. Careful attention to detail in the taking of blood samples for compatibility testing, in selection of blood for transfusion, and in the administration of blood and blood products.
3. Traceability of blood and blood products to ensure that the recipient of every blood donation can be accurately determined.
4. Management of blood supplies according to the best available techniques to avoid any unnecessary waste of the resource of blood donations so as to ensure adequacy of supply throughout the country and to ensure the confidence of blood donors that their gift is being used in the best possible manner.

All of these essential elements of best practice in blood transfusion at the hospital level need to be provided by technical, nursing, laboratory and managerial staff within the hospitals themselves. Various tools are required to be provided to the hospitals to enable them to fulfil the requirements
of best transfusion practice, and various structures are required to ensure that best practice is being developed and applied throughout the country. The BTSB has a definite role to fulfil in the provision of the necessary tools and in the support of the structures that are in place or are being developed to promote an evenly applied high standard of transfusion practice throughout the country.

The structures that are in place or are being developed to support and ensure best practice in hospitals include:

- **Haemovigilance**
- **The Blood Users' Group**
- **Hospital Transfusion Committees**
- **Specialist advice from the Blood Transfusion Centres**

**Haemovigilance.** A comprehensive haemovigilance service is being developed for Ireland. This service will provide a mechanism for the accurate observation and recording of adverse effects of transfusion and of adverse events relating to the transfusion process in hospitals throughout the State. The service will be based at the Dublin Centre of the BTSB with liaison in both centres, and will involve the nomination of a member of staff by each hospital to undertake surveillance of the transfusion process in the hospitals.

**The Blood Users' Group.** A group has recently been established by the Minister for Health & Children to develop blood utilisation guidelines, to develop key indicators of quality in clinical transfusion practice in specialist areas, to develop protocols for the administration of blood and blood products, and to understand and address patients' attitudes and concerns about blood transfusion. The BTSB is closely involved with the work of this Group.

Hospital Transfusion Committees are already in place in several hospitals; the Blood Users' Group is expected to address their existence as a basic standard of practice in every hospital. These committees deal with protocols and practice within each hospital, and conduct audits of appropriate use of blood and blood products in accordance with agreed in-house protocols. The BTSB serves hospital transfusion committees in a variety of ways, from active membership of committees in some hospitals to attendance at committee meetings on an ad hoc basis as requested in others.

As these structures and services develop the current reference service provided by the consultant medical staff at the BTSB will also expand.

However, the delivery of care and best practice at the hospitals will always remain the responsibility of those hospitals, as is the care in every other aspect of clinical practice. All of the structures and services in place or under development are intended to increase the awareness of best practice in transfusion at the hospitals, and to support its implementation.

The weekly time commitment for consultant staff at the BTSB to support these structures is estimated as follows. The requirement will vary from time to time, and may change substantially in the future as practice evolves.

- **Haemovigilance:** Five consultant sessions
- **Blood Users' Group:** One consultant session
- **Hospital Transfusion Committees:** Six consultant sessions.

This time commitment is not intended to be assigned to one post but will be distributed among the consultant medical staff at the BTSB Centres. How hospitals staff their requirements for delivery of best practice at the hospital level is beyond the scope of this document. Models of how this can be achieved already exist within the country and will be collated by the Blood Users' Group and the Transfusion Committees. The need for consultant haematologist services within each hospital is being addressed by the haematologists and Comhairle na nOspidéal. These haematologist services will be important elements in the provision of transfusion medicine care at the clinical and laboratory level within hospitals.

Best practice in Transfusion Medicine will be comprehensively achieved through BTSB consultant support for the Haemovigilance function, the Blood Users Group and the reference
services provided on a functional basis by BTSB consultants.

2. SERVICES PROVIDED BY THE BTSB

The BTSB provides a comprehensive blood transfusion service throughout the State, based from two Transfusion Centres, in Dublin and Cork.

Blood transfusion has evolved from being a discipline occupied mainly with donor procurement and red cell crossmatching into a much broader service comprising:

- Donor recruitment, screening and care
- Red cell, platelet and leukocyte immunohaematology
- Virological screening and population epidemiology
- Blood component manufacture and development
- Haematopoietic progenitor cell transplantation
- Tissue Transplantation
- Autologous Transfusion
- Quality assurance
- Research and Development
- Management and Administration
- Hospital transfusion medicine practice (as above);

and requiring in addition a provision for:

- Teaching and training, clinical audit, continuing professional development.

Consultant Medical Staff required to support the activities of the BTSB

1. National Medical Director. (Dr. W. Murphy)
   Responsible for co-ordination for medical and technical policies in the BTSB, with line management responsibility for all consultant and non-consultant medical staff in the BTSB; medical management of quality assurance at the BTSB Dublin centre; corneal banking; reports to the Board on all aspects of medical

and technical practice at the BTSB. Three sessions at St. James’s Hospital.

2. Consultant Haematologist. (Dr. E. Lawlor)
   Particular responsibility for Hepatitis C Programme (reports directly to the Board on the programme) and Haemovigilance Programme. Management of the Bone Marrow Programme, cord blood banking policies, and associated HLA service. Three sessions at St. James’s Hospital (Transfusion Medicine).

3. Consultant Haematologist. (Dr. J. O’Riordan)
   Responsibility for medical aspects of the work of the Microbiology Laboratories at the Dublin Centre. Responsible for the development of the provision of Paediatric Transfusion Medicine expertise at the BTSB. BTSB Consultant support of the Blood Users’ Group. Three sessions at St. James’s Hospital (Bone Marrow Transplantation).

4. Regional Director, Cork Centre. Consultant Haematologist. (Dr. J. Power)
   Responsible for the implementation of BTSB medical, technical, and management policies in the regional centre and the geographic area served by it; responsible for clinical / technical services at the regional centre; medical management of quality assurance at the Cork Centre. Three hospital sessions to be finalised.

5. Consultant Haematologist.
   Application approved by Comhairle February 1998. Consultant responsibilities for donation procurement, component production, apheresis programme and immunohaematological testing of donations at the regional centre. Three sessions at Cork University Hospital.

6. Donor Consultant.
medical networks at European and international level to ensure the current and planned donor practices in the BTSB are at the forefront of such activities in the world. Responsibility for initial medical management of donors with positive infectious markers at the Dublin Centre. This comprises full diagnostic screening (including history and examination, ordering and interpretation of laboratory tests), to establish whether infection is present, appropriate referral if infection is established, and appropriate donor management if infection is excluded.* Consultant management of the donor interview process at the Dublin centre. Operational oversight of the donor medical staff, including training and professional development. These duties are performed at consultant grade in other European Transfusion Services, the postholder being either a haematologist or a general physician. Three sessions at a designated Dublin teaching hospital.

*In the vast majority of donors with positive infectious diseases markers active infection will be excluded by further screening and testing; considerable expertise is needed to assess the presence of infection in this group and to manage correctly the false positive donors.

7. Consultant Haematologist
Responsible for the provision for immunohaematology services including reference serology and for component manufacture and development at the Dublin Centre. Consultant responsibilities for therapeutic apheresis services for Dublin hospitals and for development and implementation of an autologous transfusion programme at the Dublin centre. Three sessions at a designated Dublin teaching hospital.

This will be a shared post with the Virus Reference Laboratory at UCD and will have an academic commitment. Five sessions will be at the BTSB and six at the VRL. The postholder will be responsible for the provision and interpretation of confirmatory testing of all reactive donors / donations and will be responsible for the development of new methodologies particularly genome amplification techniques. In addition the postholder will be particularly involved in developing and maintaining for the BTSB a knowledge of the epidemiology of transfusion transmitted pathogens in the Irish population; in particular the postholder will be required to ensure that the BTSB continues to provide state of the art screening for blood donations.

Following Department of Health and Children approval in December 1997 negotiations have been advanced with the VRL and UCD with a view to submission for approval to Comhairle na nOspidéal.

Consultant services in areas of particular expertise such as paediatric transfusion practice, bone marrow transplantation or tissue banking will not be restricted on a geographical basis. A degree of flexibility is envisaged in regard to the number of sessions BTSB consultant will have at teaching hospitals. The number of sessions for each post will be agreed with the relevant hospital.

Non Consultant Medical Staff.
The above medical staff requirement is contingent upon an adequate establishment of non-consultant specialist and generalist medical staff. Specialist and non-consultant medical staff are required for day to day provision under consultant supervision of donor management, staff education and training, hospital liaison, and specialists transfusion services including therapeutic donor apheresis, autologous programmes, stem cell programmes etc. Registrars and SHO's in transfusion medicine do not exist except for occasional registrars in haematology on brief training secondments. Consultant recruitment into this speciality is from this trainee base; non-consultant specialists services need to be provided by career grade posts. In addition general medical staff are necessary for donation clinic medical officer duties.

12th January 1999.
CONSULTANT MANPOWER PLAN

LETTER FROM THE DEPARTMENT OF HEALTH AND CHILDREN TO THE BLOOD TRANSFUSION SERVICE BOARD REGARDING THE BOARD'S CONSULTANT MANPOWER PLAN

13 January 1999

Mr Martin Hynes
Chief Executive Officer
Blood Transfusion Service Board
Mespil Road
Dublin 4

Consultant Manpower Plan

Dear Mr. Hynes,

I refer to your letter of 11 December 1998 which enclosed a copy of a revised Consultant Manpower Plan.

It is noted that the key observations of the Department on an earlier draft Manpower Plan outlined in our letter of 4 June, 1998 are reflected in the revised Plan. These relate to the essential role of the BTSB in attaining the highest possible standards in blood safety and transfusion medicine, the need for total cohesion at national level in respect of all the Board's activities, including medical matters, the pivotal role of the National Medical Director as head of the consultant team and his strategic role in the governance and management of medical matters at the BTSB. It is essential that such considerations inform the implementation of the current Plan.

In relation to the hospital sessions attached to new posts, appropriate consultations with the sharing hospitals are necessary to ensure that the shared sessions are relevant and compatible with the needs of both the BTSB and the hospitals and to satisfy the contractual, reimbursement and indemnity requirements. You should revert to the Department before finalising sessions with individual hospitals.

The reference in the Plan to the responsibilities of the existing consultants must be read in the light of the overall governance role of the Board and the medical governance role of the National Medical Director. As regards the additional consultant support planned at the Munster Centre it should be made clear that he/she will have a reporting relationship to the National Medical Director. The contractual arrangements of future consultant appointments should explicitly reflect the respective governance roles of the Board and the National Medical Director.

Subject to the above observations, the Department has no objection to the Plan being forwarded to Comhairle na nOspidéal. Resources for the appointment of an additional post of Consultant Haematologist (Post 7) are encompassed within the additional income to be generated from recently approved price increases.

Yours sincerely
Paul Barron
Director