Comhairle na nOspidéal

9th Report

February 2001-December 2005

COMHAIRLE NA NOSPIDÉAL

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FEBRUARY 2001 – DECEMBER 2005

Comhairle na nOspidéal
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Contents

Chairman's Foreword

I am pleased to present this end of term report which reflects the activities of the Ninth Comhairle na nOspidéal whose period of office ran from February 2001 to December 2005. This has been a most exciting and challenging time coinciding as it did with the publication of the Government Health Strategy "***Quality & Fairness – a health system for you***" (2001), the health service reform programme including the publication of the trilogy of reports (***Brennan***, ***Hanly*** and ***Prospectus***) that led to adoption of the **Health Act (2004)** and the legal establishment of the **Health Service Executive** and its related structures. Comhairle na nOspidéal has operated under the aegis of the HSE, albeit in an advisory capacity, since January 2005.

The strategic programme adopted by this Comhairle arising from a workshop held at the beginning of its term included:

- the executive functions and modus operandi of Comhairle na nOspidéal
- hospital medical staffing
- the structuring and networking of the acute hospital service and
- consideration of Comhairle's submission to the Department of Health relating to the proposed government health strategy.

The benefits of this programme are reflected in the facts that this Ninth Comhairle

- established 17 specialist committees and a number of other ad-hoc groups,
- produced more reports/policy papers (15) and
- approved more consultant posts, a total of 745, (446 additional and 299 replacement) than any previous Comhairle.

This output of work is testament to the dedication, commitment and sheer hard work of the Board members and its highly skilled executive staff. **Section 3** reviews in some detail the specific specialist areas covered during the past five years.

One of Comhairle na nOspidéal's most sought after publications is the annual statistics report of consultant and specialist/senior registrar manpower. Due to printing deadlines, the statistics in Section 5 are as at the 23rd November 2005. Full-year data for 2005 will be available in early 2006.

At the time of going to press, Comhairle na nOspidéal had approved an overall total of 2,006 permanent consultant posts. Consultant staffing by specialty and health service region for the period February 2001 to November 2005 are presented in **Section 5** together with comparisons and cross reference to staffing levels from previous Comhairle terms. The term of this Comhairle has seen the largest ever rate of increase in the consultant establishment, continuing a trend which can be traced back to the beginning of an unprecedented economic boom in the mid 1990's. During the term of office this Comhairle has approved 745 consultant posts (446 and 299 replacement posts). This is the highest number of consultant posts ever approved by Comhairle na nOspidéal during a term of office and represents a 29% increase in the consultant establishment in a 5 year period. There is now 1 consultant per 2,000 of the population. This represents a significant improvement when contrasted with the ratio of one consultant per 3,000 in 1993.

There has been a gradual change in the proportion of female and male consultants, from 87% male / 13% female in 1993 to 74% male / 26% female in 2005. Surprisingly the average age of new consultants taking up appointment in Ireland remains high. In 2004 it was 40 years. It is also disappointing that there are currently only thirty approved permanent part-time consultant posts.

Trends indicate that the increases in consultant posts are not spread evenly across the specialties. Comhairle statistics highlight the priorities determined at individual hospital / HSE health area level and also the link between the publication of national reports and subsequent increases in the numbers of consultant posts. Since 1993, numbers in certain specialties have increased significantly following the publication of related reports, e.g. Emergency Medicine (300%), Cardiology (190%) and Geriatric Medicine (185%). On the other hand, Ophthalmic Surgery and Obstetrics & Gynaecology, for example, have experienced relatively small net increases in posts since 1993 (13% and 27% respectively) when compared with an average net increase across all specialties of 66%.
(See ***NHO/Comhairle Consultant Staffing Report, January 2005***).

Both the ***Report of the National Task Force on Medical Staffing*** (Hanly, 2003) and the ***Report on Medical Manpower in Acute Hospitals*** (Tierney, 1993) recommended that an increase in consultant posts should be accompanied by a proportionate decrease in the number of NCHD posts. Notwithstanding such recommendations, the upward trend in NCHD numbers has continued to be a feature of medical staffing. The recent circular issued from the National Hospitals Office reiterated its policy to *"rapidly expand our ability to provide a consultant provided service. In this context ... the NHO would not be supportive of applications for consultant posts which involved additional non-consultant hospital doctors".* Network managers were encouraged to *"examine the potential for increasing consultant manpower through a reconfiguration of non-consultant hospital doctor posts. The NHO will look favourably on such requests in the context of the 2006 allocation".*

The forewords of two earlier Comhairle term reports (see the Fourth and Fifth Reports) commented on what was described as *"the disparity between hospital services in Dublin and elsewhere in the country. This is not to imply that there is an over-provision or indeed, even an ample provision of resources in Dublin, but rather that the distribution of available resources, particularly hospital medical staff, leaves much to be desired in terms of equity. ..... the existing financial system which operates in relation to the health services does not appear to be capable of facilitating the transfer of resources to areas of relatively greater priority based on objective assessment of medical need. ..... the mechanism does not seem to exist to enable funding to be utilized elsewhere since it has already been allocated to the hospital(s) concerned."*

Whilst there has been an increase in the distribution of consultant posts around the country, particularly in the past five years, there remains an imbalance at least for some specialties. For example 75% of the currently approved consultant posts in urology are based in hospitals in Dublin. Similarly there are several former health board areas in which there are no full-time dedicated consultant appointments in what would be regarded as basic regional specialties such as dermatology, plastic surgery and rheumatology. This is an entirely unsatisfactory and inequitable situation.

Against this background the policy statement of the National Director of the National Hospitals Office that has set a priority on ensuring regional specialty self-sufficiency across the country is to be welcomed. It is to be hoped that the newly established HSE will be more successful in overcoming the historical barriers to implementing a fairer distribution of specialist services.

I am pleased that in presenting this final Comhairle term report the opportunity exists to acknowledge and recognise the eight previous Boards of Comhairle na nOspidéal and their publications. The First Comhairle Board was established in 1972. Its membership and that of the other seven Comhairle Boards are presented in **Appendix D**. **Section 8** presents an overview

summary of the work of Comhairle na nOspidéal since its establishment. A complete list of Comhairle na nOspidéal's published documents, including those of this Ninth Comhairle, with their original title, is presented in **Appendix A**). Incidentally the more recent Comhairle Reports (i.e. those from **2000** onwards are also available in electronic format on the Comhairle website (www.comh-n-osp.ie).

At the time of writing, the format, structure and nature of how the work hitherto undertaken by Comhairle na nOspidéal is to be undertaken from 2006 onwards is not finalised. Whatever emerges will hopefully retain the multidisciplinary membership that has been a key factor in the success of Comhairle na nOspidéal. The concluding section of this report - **Section 9** – elaborates on some of Comhairle na nOspidéal's key success factors.

I wish to record my personal thanks to my fellow board members for their courtesy, dedication and hard work, given voluntarily, over the past five years. I would especially commend those members who, in addition to attending regular Board meetings, worked on the Applications Committee and on the Comhairle specialist sub-committees – a number served on several committees.

None of this volume of work would have been possible without the enthusiastic commitment of Comhairle na nOspidéal's executive staff. I cannot speak too highly of each and every member of the executive and greatly appreciate their professionalism. I believe that the Health Service Executive is indeed fortunate to have such highly skilled personnel available to it.

It may seem invidious to name individuals but there are a number of staff members who, in my view, deserve special mention. I would like, in particular, to acknowledge the hard work, dedication and commitment of Peggy Cryan to Comhairle na nOspidéal since its establishment. The number of individuals, countrywide, that have expressed their appreciation of Peggy's assistance and consideration are legion. I also wish to acknowledge the many years of loyal service given by Anne Marsh and Doreen O'Driscoll.

Comhairle na nOspidéal has been well served by just two Chief Officers, Gerry Martin, Comhairle's first Chief Officer who held this position for twenty-five years and Tommie Martin who has been at the helm for the last ten years. To both Gerry and Tommie, on behalf of all nine Comhairle Boards, I say go raibh míle míle maith agaibh beirt.

Finally, it may be that being a member of the Fifth Comhairle gave me some insights that enhanced my stewardship of this Ninth Comhairle. Either way I have greatly enjoyed the experience and feel privileged and honoured to have served as its chairman.

Míle buiochas díbh uilig.

Cillian Twomey, December 2005

Introduction

This report has been prepared by Comhairle na nOspidéal. Like its predecessors, this report gives a comprehensive account of the activities of the ninth Comhairle na nOspidéal.

As this is the last report of Comhairle na nOspidéal, a body that has served for some thirty-three years, an outline résumé of previous Comhairle na nOspidéal specialty reports and reviews is included (Section 8). The first Comhairle held its inaugural meeting in July 1972 and this ninth Comhairle first met on the 28th February 2001.

Arising from the Government's Health Service Reform Programme, the Health Service Executive (HSE) was established on 1st January 2005 pursuant to the Health Act 2004. The Act provided for the dissolution of the ERHA and its three area health boards, the health boards established under the Health Act 1970 and certain other bodies, one of which was Comhairle na nOspidéal. Under the terms of the Health Act 2004 the HSE is now charged with managing, delivering or arranging the delivery of health and personal social services in Ireland in the context of policy developed by the Government and the Minister for Health & Children.

SECTION 1

Comhairle na nOspidéal 1972-2005

1.1 Origin of Comhairle na nOspidéal

1.1.1 The original proposal for the establishment of an authority to regulate consultant appointments was one of the important recommendations made in the 1968 *Report of the Consultative Council on General Hospitals Services* (Fitzgerald Report). The main purpose of such an authority, as envisaged in the report, was to secure a rational and coordinated distribution of specialised services throughout the State and place the voluntary hospitals and the county hospitals on a similar footing.

1.1.2 The recommendations of the Consultative Council in relation to the creation of a consultant establishment board, (which would be composed of at least two-thirds medical practitioners and also include representatives from the Department of Health, the Regional Hospital Boards, the University Medical Schools, and the Medical Organisations) formed the basis of what came to be Comhairle na nOspidéal, in the Health Act 1970.

1.1.3 The need for a body of medical experts to advise the Minister / Department of Health was also recognised. Given the rapid expansion in medical knowledge and health services in the 1960s it was felt that it was no longer possible for the Department of Health's Chief Medical Officer to be the sole source of advice to the Minister. The need to bring a uniform approach to the regulation of consultant appointments and the specification of qualifications to all types of hospitals – state and voluntary - was also acknowledged.

1.1.4 Comhairle na nOspidéal was formally established by Article 4 of the Health (Hospital Bodies) regulations, 1972 (S.I. No. 164 of 1972) which came into operation on 1st July 1972. The first meeting of the new body was held on 11th September 1972 and was addressed by the late President Erskine H. Childers who, at the time, was Tánaiste and Minister for Health. In his inaugural address, Mr. Childers stressed the importance of the role to be undertaken by the Comhairle in the planning of future hospital services and in the integration of the health board and the voluntary hospital systems.

1.2 Functions of Comhairle na nOspidéal

1.2.1 The statutory functions of Comhairle na nOspidéal are defined in Section 4l(1)(b) of the Health Act, 1970 as follows:-

(i) to regulate the number and type of appointments of consultant medical staff and such other officers or staff as may be prescribed in hospitals engaged in the provision of services under this Act;

(ii) to specify qualifications for appointments referred to in sub-paragraph (i) subject to any general requirements determined by the Minister;

(iii) to advise the Minister or any body established under this Act on matters relating to the organisation and operation of hospital services;

(iv) to prepare and publish reports relating to hospital services;

(v) to perform any functions which may be prescribed, after consultation with the Council and with such other bodies engaged in medical education as appears to the Minister to be appropriate, in relation to the selection of persons for appointments referred to in sub-paragraph (i); and,

(vi) to perform such other cognate functions in relation to hospital services as may be prescribed.

To date, "other officers or staffs" prescribed for the purposes of Section 4l(1)(b)(i) of the Health Act l970 include biochemists (top grade); senior/specialist registrars. At the request of the Minister and the Department of Health, Comhairle na nOspidéal has regulated consultant appointments in learning disability since 1983, and appointments of consultant medical staffs under the Irish Blood Transfusion Service since 1995. Functions under sub-section (v) have not been prescribed.

1.2.2 In line with section 57(2) of the Health Act 2004, the functions of Comhairle na nOspidéal, as specified in section 41(1)(b)(i) and (ii) of the Health Act 1970, were transferred to the HSE on its establishment date of 1st January 2005. Prior to the establishment date, the members of Comhairle were requested by the then Minister for Health & Children, Mr. Micheál Martin, T.D. and Mr Kevin Kelly, the then Interim Chief Executive Officer, HSE, to continue as Board members, albeit in an advisory capacity, until the scheduled end of their appointed term of office, in December 2005, so as to complete ongoing specialty reviews and to provide advice to the HSE/National Hospitals Office on the regulation of consultant and specialist / senior registrar appointments. This invitation was also endorsed by the current Tánaiste and Minister for Health & Children, Ms. Mary Harney when she addressed a meeting of Comhairle na nOspidéal on 17th November 2004.

1.3 Provisions Regarding Membership

1.3.1 Sections 41 (1) of the Health Act, 1970 contains the following provision in relation to the membership of the Comhairle:-

"(f) Not less than half of the persons appointed to be members of the Council shall be registered medical practitioners engaged in a consultant capacity in the provision of hospital services.

(g) Regulations under this subsection may provide for the procedure for the selection of persons for appointment to the Council".

There are twenty-seven members appointed to Comhairle who are selected for appointment by the Minister for Health and Children.

1.4 *Modus operandi* of Comhairle na nOspidéal

1.4.1 Comhairle na nOspidéal functioned under Standing Orders adopted in 1985 under Rule 31 of the Second Schedule to the Health Act, l970. To a large extent, the standing orders represented a formalisation of accepted meeting practices and codes of behaviour for members which had evolved over the years. The document covers meetings of Comhairle na nOspidéal and its committees, the procedure to be adopted at meetings, the making of decisions, the setting up of committees, confidentiality, relations with the media and the implementation of standing orders.

1.4.2 Comhairle na nOspidéal has worked to a large extent through a committee system and much of its detailed work was initially undertaken by a committee, which reported with recommendations to Comhairle. Decisions were taken collectively by the members of Comhairle na nOspidéal at their monthly Board meetings. Comhairle na nOspidéal worked within the framework of overall Government policy in relation to health services generally.

1.4.3 All of the functions and activities of Comhairle na nOspidéal were related:

- advisory functions
- production of specialty reports
- processing of applications for and regulation of permanent consultant posts
- analysis of workload
- specification of qualifications for consultant appointments
- compilation and maintenance of a register of consultant posts regulated by Comhairle na nOspidéal
- consultant manpower planning
- compilation of statistics
- regulation of non-permanent consultant and senior/specialist registrar posts.

1.4.4 The role of Comhairle na nOspidéal in respect of policy development has provided a source of independent, objective advice to the Minister, the Department of Health, health boards and hospital authorities, the medical profession and the public, in the context of government policy. The reports form the backdrop against which decisions are made by successive Comhairle and, along with Department of Health and Children policy documents, constitute the policy basis for the exercise of its regulatory and advisory functions.

1.4.5 Since 1972, Comhairle na nOspidéal has published more than 80 reports. (A full list is provided at Appendix A). These reports have included extensive reviews of specialties as well as policy documents which focus on specific policy matters relating to the organisation and operation of hospital services in individual health board areas and the role and organisation of the medical workforce. Many of these have been joint reports involving the Department of Health & Children. Medical workforce planning has also formed an important part of the work of Comhairle officials over many years.

1.4.6 During its term of office, the 9th Comhairle established 17 committees to review various aspects of acute hospital services. 15 of these have completed their work and have published reports.

SECTION 2

Membership of 9th Comhairle

2.1 Membership of 9th Comhairle na nOspidéal

2.1.1 In February 2001, Mr. Micheál Martin, T.D., the then Minister for Health & Children announced the appointment of members of Comhairle na nOspidéal for the period ending 15 December 2005:-

Dr. Cillian Twomey (Chairman)	Consultant Physician in Geriatric Medicine, Cork University & St. Finbarr's hospitals
Dr. Donie Ormonde (Vice-Chairman)	Consultant Radiologist, Waterford Regional Hospital
Ms. Christina Carney	Assistant General Secretary, IMPACT Trade Union
Ms. Anne Cody	Clinical Nurse Manager II, Mater Hospital, Dublin
Dr. Eibhlín Connolly	Deputy Chief Medical Officer, Department of Health & Children
Mr. Joseph Cregan	Principal Officer, Acute Hospitals Division, Department of Health & Children
Dr. Joan Daly	Consultant General Adult Psychiatrist, St. Senan's Hospital, Wexford
Mr. Denis Doherty	Former Director of Health Board's Executive (HeBE) and Former Director of the Office for Health Management (OHM)
Prof. Muiris Fitzgerald	Consultant Respiratory & General Physician, St. Vincent's University Hospital, Dublin and Dean of Faculty of Medicine, UCD
Dr. Kate Ganter	Consultant Child & Adolescent Psychiatrist, Lucena Clinic, Dublin
Dr. J. J. Gilmartin	Consultant Respiratory & General Physician, Merlin Park Regional Hospital, Galway
Dr. Mary Gray	General Practitioner, Limerick
Prof. Mary Leader	Consultant Histopathologist, Beaumont Hospital, Dublin and Professor of Pathology RCSI
Dr. Deirdre Lohan	Consultant Anaesthetist, Our Lady's Hospital, Navan and Our Lady of Lourdes Hospital, Drogheda

Mr. Kevin Moran	Consultant General Surgeon, Letterkenny General Hospital
Prof. Denis Moriarty	Consultant Anaesthetist, Mater Hospital and Professor of Anaesthesia, UCD
Dr. Margaret Murray	Consultant Haematologist, University College Hospital, Galway
Dr. Eilis McGovern	Consultant Cardiothoracic Surgeon, St. James's Hospital, Dublin
Dr. Peter McKenna	Consultant Obstetrician & Gynaecologist, Rotunda Hospital / Mater Ho
Mr. Pat McLoughlin[1]	CEO of the former South Eastern Health Board
Dr. Regina McQuillan	Consultant in Palliative Medicine, St. Francis Hospice, Raheny, Dublin
Mr. Thiaga Nadaraja	Consultant Otolaryngologist, Sligo General Hospital
Mr. Colman O'Leary	Consultant in Emergency Medicine, Mid-Western Regional Hospital, Limerick
Prof. Gerald O'Sullivan	Consultant General Surgeon, Mercy University Hospital, Cork and Associate Professor of Surgery, UCC
Prof. Tony Ryan	Consultant Neonatologist, Erinville Hospital, Cork and Associate Professor of Paediatrics, UCC
Dr. Sheelah Ryan	CEO of the former Western Health Board, Galway
Ms. Margo Topham	Planning & Development Manager, South Infirmary-Victoria University Hospital, Cork

1. Upon his appointment as Director of the National Hospitals Office of the Health Service Executive, Mr. McLoughlin resigned his position on the Board and was replaced by Mr. Tony McNamara, General Manager, Cork University Hospital.

Comhairle na nOspidéal

Membership

Dr. Cillian Twomey
(Chairman)

Dr. Donie Ormonde
(Vice-Chairman)

Ms. Christina Carney

Mr. Joseph Cregan

Dr. Joan Daly

Mr. Denis Doherty

Prof. Muiris Fitzgerald

Dr. Kate Ganter

Dr. J. J. Gilmartin

Dr. Mary Gray

Prof. Mary Leader

Prof. Denis Moriarty

Dr. Eilis McGovern

Dr. Peter McKenna

Dr. Regina McQuillan

Mr. Thiaga Nadaraja

Prof. Gerald O'Sullivan

Prof. Tony Ryan

Ms. Margo Topham

Dr. Sheelah Ryan

Mr. Tony McNamara

2.2 The Executive Staff

2.2.1 Mr. Tommie Martin is Chief Officer of Comhairle na nOspidéal. The following officials comprise the Comhairle executive: Ms. Colette Vincent, Ms. Audrey Cunningham, Ms. Margaret A. Cryan, Ms. Mary-Jo Biggs, Ms. Ruth Langan, Ms. Ciara Mellett, Ms. Doreen O'Driscoll, Ms. Anne Marsh, Ms. Sally Downing and Mr. Seán O Cinnéide.

Comhairle na nOspidéal

The Executive Staff

Mr. Tommie Martin
Chief Officer

Ms. Colette Vincent

Ms. Audrey Cunningham

Ms. Margaret A. Cryan

Ms. Mary-Jo Biggs

Ms. Ruth Langan

Ms. Ciara Mellett

Ms. Doreen O'Driscoll

Ms. Anne Marsh

Ms. Sally Downing

Mr. Seán Ó Cinnéide

2.2.2 Successive boards have commented on the exceptional level of knowledge and skills displayed by the executive staff of Comhairle na nOspidéal. They have acquired a unique insight to the provision of acute hospital services and related matters. Their role in processing applications, researching and drafting policy documents and reports including this report, have contributed significantly to the achievements of Comhairle. Equally they have provided much support to health employers over the years. The Board of the ninth Comhairle wishes to express their appreciation to the executive staff for their continued high-quality and efficient service.

2.3 Expenditure

2.3.1 Funds for Comhairle na nOspidéal were provided by the Department of Health & Children. Revenue expenditure amounted to approximately €4.6 million for the five-year period covered by this report - €0.9M per annum. Of this amount, 67.5% was incurred in the payment of salaries and pensions; 10% on rent; 8.5% on travelling and subsistence expenses of Board members and officials; the remaining 14% was due to photocopying, stationery, office equipment, building maintenance, IT, training, legal and auditing fees and other operational costs. Responsibility for audit lies with the Comptroller and Auditor General.

SECTION 3

Policy Documents, Committees and Reports of 9th Comhairle

3.1 Introduction

The ninth Comhairle established 17 committees to review various aspects of acute hospital services. 15 of these have completed their work and have published reports.

- Applications Committee (Standing Committee)
- Accident & Emergency Committee
- Committee on Research and Academic Appointments
- Committee on Respiratory Medicine and Tuberculosis
- Dermatology Committee
- Joint Cardiology Working Group
- Acute Medical Units Committee
- NEHB Maternity Committee
- Neurology & Neurophysiology Committee
- Neurosurgery Committee
- Oral & Maxillo-Facial Surgery Committee
- Otolaryngology Committee
- Paediatric Surgery Group
- Pathology Committee
- Plastic Surgery Committee
- Psychiatry Committee
- Qualifications Committee (Standing Committee)
- Rheumatology Committee
- Urology Committee

The following outline summarises the topics covered by the ninth Comhairle, the main recommendations and the extent to which the reports have been implemented to date:-

3.2 Reports of Specialist Services*

*Full reports are available on the website – www.comh-n-osp.ie

(A) Accident and Emergency Services (February 2002)

Following an initiative by the then Minister for Health and Children, Mr. Micheál Martin in October 2000, and following discussions with the Department of Health and Children, Comhairle na nOspidéal, at its first meeting on 28th February 2001, established a Committee to review Accident and Emergency Services. The Committee conducted an extensive research and consultation process and the report was published by Comhairle na nOspidéal in February 2002.

The terms of reference were as follows:

"Arising from discussions with the Minister and Department of Health & Children, Comhairle na nOspidéal established a committee to undertake a review of the structure, operation and staffing of Accident and Emergency Services and Departments.

The review will aim to:-

1. *Facilitate the development of a better quality service, with greater continuity in patient care, delivered twenty-four hours a day by appropriate trained doctors*
2. *Promote the development of regionalised A&E and trauma services in line with national and international best practice in patient care*
3. *Provide for a substantial increase in on-site senior clinical decision making on a 24 hour basis*
4. *Define the future roles of A&E Consultants*
5. *Simultaneous to the Comhairle review, it is envisaged that health authorities will consider how best to organise A&E services in their areas in conjunction with the Comhairle Committee".*

The Committee found that while a range of initiatives have been introduced over the past two decades to improve the provision of hospital emergency services, there had been little improvement in waiting times for less urgent cases; access to inpatient beds continues to be difficult and while the number of Consultants and Non Consultant Hospital Doctors (NCHDs) had risen significantly, the proportion of senior to junior medical staff had not changed substantially during the period. At the time of writing the report, the consultant to NCHD ratio in Emergency Medicine stood at 1:10.

Drawing on its consultation process and literature review, Comhairle na nOspidéal proposed five principles that should underpin the future structure of emergency services.

1. Patients should be transferred directly to the hospital most capable of providing them with appropriate care.
2. All the services involved in the management of emergency health needs must be integrated. These services include: pre-hospital care, emergency transport, hospital based services of varying complexity levels and primary care.
3. Within the hospital, emergency care should be organised to provide distinct care pathways for patients, prioritised for acuity, and should be managed as a single, integrated comprehensive service unit.
4. Network of resources should be formed in each health board area to provide comprehensive emergency care to patients.
5. All emergency service staff should be guided by agreed protocols and standards, underpinned by data systems for planning, audit and evaluation

In order to provide appropriate care to patients, through the right people in the right location and at the right time, Comhairle na nOspidéal recommended that hospital services be organised in three distinct but interdependent streams or services:

- Emergency care
- In-patient Elective care
- Day & Outpatient Care

Taking into account factors such as population catchment size, attendance rates, accessibility, the hospital network, clinical resources, diagnostic resources, staffing profile, national and international best practice, a three-tiered Emergency Department system was recommended for adoption nationally:

- Regional Emergency Departments
- Hospital Emergency Departments with access to some specialist surgical and medical services on site
- Hospital Emergency Departments with access to specialist services off-site

A clinical management structure for hospital emergency services was also recommended as follows:

- A Regional Co-ordinator of Emergency Services
- A Director of the Regional Emergency Department
- Consultants in Emergency Medicine

Comhairle na nOspidéal recommended that a Hospital Emergency Service Committee be established in each hospital, chaired by the consultant in charge of emergency services in that hospital.

75% of patients attend Emergency Departments between the hours of 8am and 8pm and, notwithstanding industrial relations issues, Comhairle na nOspidéal's recommendations aimed to put in place structures that would facilitate the on-site presence of Consultants in Emergency Medicine in Regional Emergency Departments between the hours of 8am and 8pm, 7 days a week, 365 days a year. Importantly, the report specifically noted that appointing additional Consultants in Emergency Medicine, without changes in the organisation of Emergency Departments and hospital emergency care, would have little impact.

The report emphasised that the primary means of ensuring high quality patient care in Emergency Departments would be through the provision of services according to the clinical needs of patients as they present. This would involve the introduction and use of triage systems, better interaction with primary care, the timely transfer of patients to the appropriate treatment location within the hospital or to another facility, greater roles for nurses within the Emergency Department, Minor Injury & Illness Units, Observation Wards, dedicated and accessible diagnostic facilities and a distinct management structure for the Hospital Emergency Service.

The report recommended an initial increase in posts of consultant in emergency medicine from 21 to 55. With the current figure standing at 52 posts, this tranche of the committee's recommendations is almost fully implemented. The report also recommended a further 19 posts of consultant in emergency medicine. However, these posts were recommended in the context of changes in organisational structure and service delivery. Specifically, the report recommended that this further tranche of posts should be implemented in the event of;

- The putting in place of the internal Emergency Department processes and systems detailed in the report
- The development of Hospital Emergency Services and a Regional Emergency Service along the lines set out in the report
- Resolution of a number of industrial relations issues which would enable on-site rostering of consultants at busy times in the Emergency Department.

While approval of the initial tranche of posts included discussions which attempted to ensure that the initial additional posts were structured in line with the report's overall vision for the development of regional emergency services, it is not clear the extent to which the recommendations of the report – other than those relating to additional consultant posts – have been implemented.

In the context that the report specifically noted that appointing additional Consultants in Emergency Medicine, without changes in the organisation of Emergency Departments and hospital emergency care, would have little impact, this crucial aspect of the report's recommendations should be implemented before approving the appointment of the later tranche of consultants in emergency medicine.

(B) Report on Consultant Clinical Scientists in Academic Medicine / Clinical Research (October 2002)

Arising out of correspondence received from a number of different organisations and agencies including the Health Research Board, UCD and the RCSI, Comhairle na nOspidéal established a committee in March 2001 to

" explore the possibility of creating academic/clinical scientist posts at consultant level that would further contribute to medical research in Ireland and how best to incorporate such academic/ clinical research consultant posts into the Irish health system."

In pursuance of its task the committee met with and invited submissions from the Health Research Board, the five medical schools and from representatives of the major teaching hospitals. All parties consulted strongly supported the establishment of posts at consultant level that would incorporate protected health research time.

Comhairle na nOspidéal believes that it is essential for the health system to respond to current opportunities and increase the level of, and support for, health research with the health sector. To achieve this a significant increase in academic/ clinical research posts at consultant level and a better structure to allow for protected research sessions for consultants are required. To this end, Comhairle na nOspidéal made a number of recommendations noting that the structure of these consultant posts between hospitals and medical schools could range from 2 sessions academic-research and 9 sessions clinical to 9 sessions academic-research and 2 sessions clinical. The key recommendations contained in the report are outlined below:

- candidates for all academic/clinical research posts must possess the qualifications for the clinical component of the consultant position as then specified by Comhairle na nOspidéal and now specified by the Health Service Executive
- different minimum clinical sessions for these posts will need to apply in order to maintain clinical competence and to comply with risk management protocols
- future posts incorporating research sessions should hold a Category 1 contract as is currently the case with respect to the preponderance of holders of the "full-time" academic consultant contract
- existing holders of Comhairle approved clinical consultant posts, if successful in obtaining research funding, should with the agreement of their employing authority, be facilitated to formally restructure their post, in order to incorporate protected research sessions within their standard contract
- the concept of a consultant post with a fixed term, fixed purpose contract, which would be co-terminus with research funding for predominantly research-focused consultants, should be recognised by Comhairle na nOspidéal, with the recognition of the consultant status of such a post being co-terminus with the research funding.

In making these recommendations, Comhairle na nOspidéal believes that the development and further investment in, posts at consultant level which have protected research sessions will have a major and positive impact on the health service and health research in Ireland.

(C) Report on Respiratory Medicine / Tuberculosis (April 2003)

Arising from its consideration of two applications for consultant posts[2] from St. James's Hospital and Peamount Hospital in May 1999, a committee was established by the *8th Comhairle na nOspidéal* in June 1999 to discuss the proposals for the posts with representatives of St. James's Hospital, Peamount Hospital and the Eastern Health Board. The report of this Committee was adopted by the *8th Comhairle* in July 2000.

2. The two applications were for posts of consultant respiratory physician, one with a special interest in tuberculosis. One of the applications was for a replacement post at St. James's Hospital with a minor commitment to Peamount Hospital. The other application was for a new post, to be based primarily at Peamount Hospital with a minor commitment to St. James's Hospital.

The report, while recognising the valuable role played by Peamount Hospital in relation to tuberculosis over the years, acknowledged the reality that patients with tuberculosis (TB) can largely be treated on an outpatient basis and that only a very small number of beds are required for inpatient management. It was further stated that these beds should be located on the site of acute general hospitals. Peamount Hospital was not regarded by Comhairle na nOspidéal as an appropriate location for the treatment of acutely medically ill patients, especially those requiring ventilation and other specialised treatment. The eighth Comhairle approved the appointment of two wholetime posts of consultant respiratory physician to St. James's Hospital, one additional and one replacement, one of the posts to have a designated special interest in tuberculosis.

These recommendations were not accepted by Peamount Hospital.

Thus in March 2001, a new committee was appointed by the ninth Comhairle na nOspidéal to "*advance the implementation of the Comhairle report on respiratory medicine and the management of tuberculosis."*

Following consultation with all relevant parties, a proposal was submitted for a "joint respiratory service" between St. James's Hospital and Peamount Hospital. Comhairle na nOspidéal believed that for a "joint respiratory service" to operate meaningfully, it would be necessary to restructure all posts of consultant respiratory physician based at St. James's Hospital to include some sessions at Peamount Hospital to reflect real and substantive engagement in the care of patients at Peamount hospital as well as St. James's Hospital.

Comhairle na nOspidéal published its revised report in April 2003. The recommendations broadly endorse the 2000 report of the eighth Comhairle which had the support of the Irish Thoracic Society.

Subsequently Peamount Hospital published a 5-year strategy which outlined the hospital's plans to expand services to provide non-acute rehabilitation and continuing care services focussing on independent living to older people, adults with neurological disabilities, pulmonary disabilities and intellectual disabilities. The strategy envisaged the development of a transitional plan to transfer TB and non TB acute respiratory services to an alternative appropriate location. Following consideration of the strategy document at their meeting in October 2003 Comhairle na nOspidéal wrote to Peamount Hospital welcoming the future vision of providing rehabilitation and continuing care services and noting that the existing chest hospital services do not fit with Peamount's future and would be phased out. Comhairle also stated that they would support Peamount Hospital in delivering rehabilitation and continuing care services via appropriate consultant appointments shared with related service providers.

In May 2004, in the context of the Comhairle reports on respiratory medicine and management of TB, the ERHA established a working group to examine the options for the future management of TB, both acute and non-acute, in the eastern region.

In late 2004, Comhairle agreed to restructure two permanent posts of consultant respiratory physician, one based at Tallaght Hospital and one based at St. James's Hospital, each to provide two sessions at Peamount Hospital for an interim period of one year. The sessions to be provided by the consultant from St. James's were to manage the transition of TB services from Peamount Hospital to St. James's Hospital and the sessions to be provided by the consultant from Tallaght Hospital are to develop a pulmonary rehabilitation service at Peamount Hospital.

(D)Report on Dermatology Services (November 2003)

The Comhairle na nOspidéal Committee on Dermatology Services commenced a review of dermatology services in February 2002.

The terms of reference were as follows:-

"To examine the existing arrangements for the provision of consultant dermatology services nationally and following consultation with the interested parties, to make recommendations to Comhairle na nOspidéal on the future organisation and development of dermatology services. The review will focus on the 1988 Comhairle Report on Dermatology Services. It will examine the extent of the implementation of the recommendations of the 1988 report".

At that time, dermatology services were acknowledged to be underdeveloped nationally. The report was published in November 2003. At that time there were 19 posts of consultant dermatologist approved by Comhairle na nOspidéal, representing a ratio of one consultant dermatologist per 206,000 population. The committee initially focused on reviewing the implementation of the recommendations of the previous Comhairle report on dermatology services, published in 1988. As is usual with all such exercises, all health boards and relevant voluntary hospitals were invited to make submissions to Comhairle.

In the context of the principles of equity of access, patient centred services and regional self-sufficiency, Comhairle recommended a consultant / population ratio of 1/100,000. A total of 38 consultant dermatologist posts was recommended, with the establishment of a dermatology service in the Midland region being identified as the main priority followed by enhancement of services in the Mid-West, South-East and North-West and subsequently the further development of services nationally.

Comhairle also identified the importance of primary and secondary care collaboration, the important role of specialist dermatology nurses, the development of academic posts in dermatology and the formal establishment of Mohs' micrographic surgery service. The recommendation that Hume Street Hospital transfer to the St. Vincent's University Hospital campus, as made in the previous Comhairle na nOspidéal report on Dermatology Services (1988) was reiterated.

At the time of publication of the report in November 2003, there were 19 posts of consultant dermatologist in Ireland. There are currently 24 posts, including a post at St. James's Hospital; with a special interest in Mohs' micrographic surgery.

(E) Report of the Joint Working Group to Review Consultant Cardiology Requirements (April 2004)

This report was produced as a joint document by the *Advisory Forum on Cardiovascular Health Strategy*, a Joint Working Group comprising representatives from the Department of Health & Children and Comhairle na nOspidéal. The Joint Working Group aimed to provide a framework for the equitable and orderly development of high quality cardiology services in public hospitals in Ireland. The report (i) provided a brief overview of cardiovascular disease in Ireland, (ii) described hospital cardiology services in Irish hospitals (iii) reviewed current and emerging issues relating to the prevention, diagnosis, and treatment of cardiac disease in hospitals in Ireland, and (iv) in the context of best national and international practice and medical advice, made recommendations on the future distribution and provision of consultant-led cardiology services in Ireland. The Advisory Forum recommended that a working group be established to prepare a plan for the orderly development of consultant-staffed cardiology services.

Accepting this advice, the Department of Health and Children established such a working group in 2001, including representatives from the Advisory Forum on Cardiovascular Health, Comhairle na nOspidéal and the Department of Health and Children, and chaired by a nominee from Comhairle na nOspidéal. In the context of the implementation of the Cardiovascular Health Strategy, the terms of reference given by the Department of Health and Children to the Joint Working Group on Consultant Cardiology Requirements were as follows:-

1. *"A review of existing service provision and identification of shortfall at national and regional level in total complement of consultant cardiologist posts.*

2. *Identification of hospitals suitable for designation as regional centres having regard to the relevant Strategy recommendations and taking demographic and geographic considerations and the location of tertiary care centres into account.*
3. *The development of a national plan outlining formal referral links to regional and tertiary centres from all acute hospitals not providing a specialist service.*
4. *Recommendations regarding the prioritisation of developments over a 5-year period having regard to the quality standards and issues of regional variations in equity of access to consultant-led services identified in the Strategy document.*
5. *Arising from the above, the development of a national plan for the orderly development of consultant-led services nationally."*

When the JWG commenced their work in January 2001 there were 29 posts of consultant cardiologist and general physician. The Group's report recommended a total of 81 posts in cardiology. The group recommended two types of consultant cardiologist – a consultant cardiologist and a consultant cardiologist & general physician. Comhairle na nOspidéal, in approving the posts, engaged in discussions with the employing authorities to ensure that posts were implemented in line with the group's recommendations.

There are now 33 posts of consultant cardiologist and 18 posts of consultant cardiologist & general physician, giving a total of 51 posts.

(F) Acute Medical Units Report (October 2004)

The Comhairle na nOspidéal review of the role, organisation and staffing of acute medical units commenced in September 2002. The terms of reference were as follows:-

"To examine the role, organisation and staffing of Acute Medical Admissions / Medical Assessment Units and other similar initiatives that are taking place in hospitals around the country and to make appropriate recommendations to Comhairle na nOspidéal regarding how such units, if deemed a positive development, could best be developed, organised, staffed and integrated within the acute hospital system".

Over the course of the committee's work, each health board and relevant hospital were invited to make a submission relating to its term of reference. A number of site visits to hospitals with existing or planned acute medical assessment/admission units were also carried out. The views of the Irish Association of Emergency Medicine, the RCPI and the ICGP were also sought and received.

Arising from its consultation process, Comhairle na nOspidéal examined and considered a wide variety of alternative ways of dealing with emergency medical admissions and presentations. Its conclusion was that there exists good reason and real scope to effectively manage and streamline the process of assessment and/or admission of:

1) patients who are acutely medically ill and need immediate assessment and treatment
2) medical patients where there exists clinical uncertainty, who may be potentially acutely ill and who require further assessment and treatment.

Key Recommendations:

- There should be a dedicated area in hospitals to manage acutely ill medical patients. It should be called the Acute Medical Unit (AMU)
- AMUs should be developed in all acute general hospitals receiving acutely ill medical patients.
- AMUs should provide rapid assessment, diagnosis and treatment of patients referred for urgent medical assessment and/or admission.
- Access to the AMU should be provided to General Practitioners, the A&E department, and the hospital's OPD.

- All AMUs should have dedicated staff to ensure the provision of a high quality service including medical staffing, specialist nursing, allied health professionals and administrative staff.
- AMUs should be staffed at all times by a consultant physician who has designated responsibility for the unit for a particular period.
- The number of consultant physicians working in the AMU will vary from unit to unit depending on the hospital's workload, size, consultant staffing and other local circumstances.
- In AMUs in major hospitals, additional consultant physicians with appropriate training in acute medical care should be appointed to and based in the AMU.
- Clear consultant leadership of the AMU is a crucial issue. One consultant general physician should be clearly identified by both management and medical staff, as having a lead role to play in the management, running, auditing and development of the AMU.
- The AMU must have priority access to acute investigative facilities and inpatient beds within the hospital.
- Clear, precise and agreed protocols should be put in place which address such issues as referral to the unit, shared care of patients, continuity of care for patients and transfer of care of patients.
- Consultant-led ward rounds should take place at least twice daily in an AMU, once in the morning and once in the afternoon/evening.
- All consultant physicians in each acute hospital, including those who may not partake in the general medical on-call rota, will need to be involved in providing their specialised services to the AMU.
- Beds for the AMU may be sourced via a process of re-designation of existing beds or it may be that additional beds will have to be provided. Bed availability outside the hospital in the form of rehabilitation and community service beds will also need to be considered.

(G) Report on NEHB Maternity Services (July 2003)

At its meeting on 28th February 2001, Comhairle established a committee to review maternity and related services in the North Eastern Health Board area.
The terms of reference were as follows:-

"To review obstetric (maternity) and related paediatric, anaesthetic and gynaecological services for the population of the NEHB area, with particular reference to consultant staffing, in the context of current best practice, in order to facilitate high quality and safe services to women and children".

In pursuance of its task, the committee gathered detailed information concerning maternity services in the North Eastern Health Board area, examined different models of service delivery, consulted with the relevant professional bodies and representatives of the health board and undertook a literature review. In accordance with the statutory functions of Comhairle na nOspidéal, the committee focussed on consultant staffing and related matters.

A summary of recommendations of the Report is as follows:

Consultant Staffing:

1 A total complement of nine consultant obstetricians & gynaecologists and ten consultant paediatricians is required to serve the population of the North Eastern Health Board (344,926). Since the establishment of the committee, and in line with the recommendations made, an additional two posts of consultant obstetrician & gynaecologist and an additional

two posts of consultant paediatrician have been approved for the North Eastern Health Board, by Comhairle na nOspidéal. The recommended total of 9 posts of consultant obstetrician & gynaecologist has now been achieved and there are 8 posts of consultant paediatrician in the NEHB.

2 One of the new posts of consultant obstetrician & gynaecologist should have a special interest in maternal-foetal medicine and this post should be based in Our Lady of Lourdes Hospital, Drogheda. This post was approved in April 2003 by Comhairle na nOspidéal.

3 Adequate consultant anaesthetic cover for maternity care should be provided in Our Lady of Lourdes Hospital, Drogheda and Cavan General Hospital. Additional consultant anaesthetic staffing will be required as the maternity services develop and are enhanced in Drogheda and Cavan hospitals.

Models of Care:

4 An integrated model of maternity care should be provided in a hub-and-spoke fashion by the two existing centres i.e. Our Lady of Lourdes Hospital, Drogheda and Cavan General Hospital, to ensure that out-reach consultant provided, out-patient maternity, gynaecology and paediatric services are made available to women and children in the Dundalk and Monaghan hospital catchment areas. There is scope for developing similar out-reach services in Navan hospital.

5 In accordance with professional advice received from the Institute of Obstetricians & Gynaecologists – which states that (i) the minimum staffing requirements to provide a 24 hour, 365 days per year (cover) for a maternity unit should be at least 3 consultant obstetricians with appropriate paediatric and anaesthetic services, and (ii) a viable maternity unit requires in the region of 1,000 births per annum – Comhairle na nOspidéal recommends OLOLH, Drogheda as the maternity centre for the Louth / Meath Hospital Group and Cavan General Hospital as the maternity centre for the Cavan / Monaghan Hospital Group. The combined births in the year 2002 of 3,280 in OLOLH Drogheda, for the Louth / Meath Hospital Group and 1,300 in Cavan, for the Cavan / Monaghan Hospital Group, provides for two viable units. Together they facilitate a safe and sustainable maternity service to all residents of the NEHB area.

6 Regular and frequent consultant in-put should be made to both Dundalk and Monaghan hospitals, by the consultant obstetric & gynaecological staff and the consultant paediatric staff based at Our Lady of Lourdes Hospital, Drogheda in respect of the former and Cavan General Hospital with regard to the latter. The services provided at Dundalk and Monaghan hospitals should include out-patient maternity, gynaecology and paediatric clinics.

7 Due cognisance should be given to the professional advice received with regard to midwife-led units: The National Council for the Professional Development of Nursing & Midwifery has advised the committee that the concept of midwife-led maternity units in Ireland is at a very early stage and needs to be further developed and researched to ensure the correct protocols and guidelines are put in place. The National Council agreed with the proposal in the Kinder Report to establish midwife-led units in Drogheda and Cavan which at present have the services / equipment and consultant expertise on site. The Council indicated that following the successful implementation of the midwife-led units in Drogheda and Cavan and the establishment of exact protocols and guidelines together with ongoing research, may be an option for consideration. However, the Council was not in favour of stand along midwife-led maternity units at this stage.

8 Having reviewed the international literature and following the consideration of advice from all of the professional bodies consulted, the committee is of the opinion that there is no evidence to support the establishment of midwife-led maternity units in Dundalk or Monaghan hospitals, as outlined in the Kinder Report and the more recent Facilitation Report.

9 Comhairle na nOspideál recommends that establishment of midwife-led units in Our Lady of Lourdes Hospital, Drogheda initially, followed by Cavan (if implemented successfully in Drogheda), where these units would have the availability of consultant obstetric, paediatric and anaesthetic staff on site.

10 The services provided at these midwife-led units will include antenatal, intrapartum and postnatal care to women who fulfil a set of criteria used to define low intrapartum risk.

Recommendations were also made on obstetric care and neonatal services.

The Comhairle na nOspidéal recommendations, in terms of increased numbers of consultant posts for the northeast (2 new obstetricians & gynaecologists and 4 new paediatricians) have been fully implemented.

(H) Report on Neurology and Neurophysiology Services (April 2003)

Following a request from the then Minister for Health and Children, Mr. Micheál Martin T.D., to review and update the 1991 Comhairle Report on Neurology Services, Comhairle na nOspidéal, established a committee to examine the neurology and neurophysiology services.

The terms of reference were as follows:-

"To examine the existing arrangements for the provision of consultant – level neurology and neurophysiology services nationally and following consultation with the interests concerned, to make recommendations to Comhairle na nOspidéal on the future organisation and development of neurology and neurophysiology services."

Over the course of the committee's work, each health board and relevant public voluntary hospital was invited to make a detailed submission relating to its term of reference. The committee subsequently sought professional expert advice and carried out an extensive consultation process. Representatives of the committee visited two neurosciences centres in Sweden – Karolinska University Hospital in Stockholm and Uppsala University Hospital. The committee also reviewed national and international literature relating to neurology, clinical neurophysiology and related medical discipline.

NEUROLOGY

The report detailed a plan for the development of neurology and neurophysiology services and consultant staffing in Ireland over the next decade or so. It was noted that not all of the targets of the 1991 report had yet been fully realised. At the same time, a strong case had been made for a long term target of 1 consultant neurologist per 100,000 population. Comhairle na nOspidéal supported this aim and made specific recommendations based on an interim target of 1 consultant neurologist per 150,000 population which it hoped could be realised over the next decade, given the likely availability of additional resources notwithstanding competing priorities among the various health service programmes and within hospitals between the various specialties. The ratio in 2003 was 1 / 280,000 population approximately. The priority appointment of 15 new posts and the subsequent appointment of an additional 10 consultant posts was recommended. The implementation of this target would mean that the existing number of consultant neurologist posts would be almost trebled from 14 to 39.

The priority developments identified were to establish neurology units in Waterford, Limerick and Sligo and to enhance the existing neuroscience centres at Beaumont Hospital and Cork University Hospital.

It supported the continued development and expansion of neurology services in the cities of Dublin, Cork and Galway and extended the provision of on-site neurology units and consultants to regional centres at Waterford, Limerick and Sligo. It also initiated the provision of regular formal consultant provided out-patient clinics and inpatient consultations at the hospitals in Drogheda, Cavan and Tullamore from consultant neurologists based at the major neuroscience centre at Beaumont Hospital.

In the interest of equity of patient service provision and accountability for the quality of service received, it was recommended that the neuroscience centre at Beaumont Hospital should enter into formal agreements with the relevant health boards and hospital authorities.

There are currently seventeen approved posts of consultant neurologist in Ireland, an increase of 3 posts since the publication of this report, giving a ratio of one consultant neurologist per 230,000 population.

PAEDIATRIC NEUROLOGY

In addition to the existing paediatric neurology services in Dublin, Comhairle na nOspidéal recommended that paediatric neurology services should be extended in Cork with the appointment of a second consultant paediatric neurologist. It is noted that the recommendations of the 1991 report in respect of paediatric neurology have been achieved in Cork and exceeded in Dublin. At present there are four consultant paediatric neurologist posts in Dublin and a fifth post in Cork.

CLINICAL NEUROPHYSIOLOGY

At the time the committee was established, there were a total of three consultant clinical neurophysiologist posts in the public sector in Ireland; two based in Dublin and one based in Cork. Comhairle na nOspidéal recommended that clinical neurophysiology services, in particular the major laboratory infra-structure and consultant posts be based at the two existing neuroscience centres of Beaumont Hospital, Dublin and Cork University Hospital with other major teaching hospitals in Dublin each sharing a consultant post with the Beaumont neuroscience centre. The Report also recommended the establishment of a clinical neurophysiology service in University College Hospital, Galway linked to the Beaumont Neuroscience Centre. Comhairle na nOspidéal recommended a total of 6 posts in Dublin, 2 posts in Cork and 1 post in Galway. A second post in Galway is envisaged as the service develops.
Since the publication of this report in April 2003, one new post of consultant clinical neurophysiologist has been approved by Comhairle na nOspidéal.

(I) Report on Neurosurgery Services

The Report of this committee was not finalised at the time of going to press.

(J) Report on Oral & Maxillofacial Surgery Services (June 2005)

The Comhairle na nOspidéal review of oral and maxillofacial services commenced in July 2001, following the establishment of the committee to review consultant manpower requirements for plastic surgery services. At the time, due to the areas of overlap between oral & maxillofacial surgery, plastic surgery and otolaryngology, it was decided that the one committee should examine the three specialties in parallel.

The terms of reference were as follows:-

"To examine the existing arrangements for the provision of consultant-level oral and maxillofacial surgery services nationally and following consultation with the interests concerned, to make recommendations to Comhairle na nOspidéal on the future organisation and development of oral and maxillofacial surgery services. The review will take into account recent advances in and increasing demand for oral and maxillofacial surgery services".

While the report focused specifically on oral & maxillofacial surgery services, it may be read together with the Comhairle reports on otolaryngology services and plastic surgery services for a comprehensive understanding of all three specialties. This was the first report by Comhairle na nOspidéal on oral & maxillofacial surgery services.

At the time the committee was established, oral & maxillofacial services were acknowledged to be underdeveloped nationally, with a total of 5 permanent consultant posts serving the

population of Ireland. Many regions were without consultant staffed oral & maxillofacial surgeons. At the time of writing, there were 6 posts of consultant oral & maxillofacial surgeon approved by Comhairle na nOspidéal, representing a ratio of one consultant oral & maxillofacial surgeon per 650,000 population.

Over the course of the committee's work, requests were made to each health board and relevant public voluntary hospital to make submissions pertaining to the specialty of OMF surgery. The committee subsequently sought professional expert advice, and carried out an extensive consultation process including, inter alia, site visits to health boards and relevant voluntary hospitals. The committee also reviewed literature relating to oral & maxillofacial service provision in the UK, mainland Europe and North America.

The main principles identified for the future development of oral and maxillofacial surgery services were:

- An equitable and patient-centred service
- No consultant oral & maxillofacial surgeon working in isolation
- A move towards regional self-sufficiency
- A collaborative approach between the three specialties of oral & maxillofacial surgery, plastic surgery and otolaryngology in respect of relevant patients.

The key recommendations were as follows,

- A ratio of one consultant oral & maxillofacial surgeon per 150,000 population in the context of a minimum of two consultants in each oral & maxillofacial unit serving a population of at least 300,000
- The designation of one OMFS centre in Dublin
- The designation of four regional OMFS units - Cork, Galway, Limerick and in the longer term at Waterford
- The priority appointment of 5 new posts and the re-designation of 2 other posts and the subsequent appointment of an additional 11 consultant posts
- Over time a fourfold increase in the number of consultant oral & maxillofacial surgeon posts, from 6 to 24
- The development of academic posts in oral & maxillofacial surgery
- The specialty to regain recognition for training in OMFS in Ireland as a priority
- A national high quality cleft lip and palate service to be developed in line with agreed best practice guidelines.

(K) Report on Otolaryngology Services (May 2005)

The Comhairle na nOspidéal review of otolaryngology services commenced in July 2001, following the establishment of a committee to review consultant manpower requirements for plastic surgery services. Due to the overlap between otolaryngology, plastic surgery and oral & maxillofacial surgery, it was decided that the one committee should examine the three specialties in parallel. This report built on the recommendations of previous Comhairle reports on otolaryngology services, most notably the 1983 review.

The terms of reference were as follows:-

"To examine the existing arrangements for the provision of consultant–level otolaryngology services nationally and following consultation with the interests concerned, to make recommendations to Comhairle na nOspidéal on the future organisation and development of otolaryngology services. The review will focus on updating the 1983 Comhairle report taking into account recent advances in and increasing demand for otolaryngology services".

At the time of writing, there were 36 posts of consultant otolaryngologist in the public sector in Ireland, representing a consultant / population ratio of 1:108,000 (all consultant/population ratios in this report are based in Census 2002 figures). Expansion in consultant otolaryngology numbers has been small relative to other specialties. Total consultant numbers, across all specialties, have seen a 67% increase since 1983. This compares with only a 25% increase in the consultant establishment in otolaryngology in the same period.

The main principles identified for the future development of otolaryngology services were;

- An equitable and patient-centred service, ensuring accessibility for all, regardless of geographic location;
- Regional self-sufficiency, with the exceptions of cochlear implants and major head and neck cancer surgery;
- A minimum of three consultant otolaryngologists at each ENT centre;
- All consultant appointments should have local outreach services, including appropriate inpatient consultation, outpatient and day surgery services, in line with quality and safety;
- All major head and neck cancer surgery should be undertaken at five designated major ENT centres – Beaumont, Mater, St James's, CUH/SIVH Cork and UCH, Galway;
- Cochlear implant surgery should continue to be undertaken only at Beaumont Hospital
- Collaboration between the three related specialties of otolaryngology, oral & maxillofacial and plastic surgery in respect of relevant patients.

The key recommendations were as follows;

- A ratio of one consultant otolaryngologist per 70,000 population, based on a minimum of three consultant otolaryngologists per ENT centre;
- A total of 20 new posts of consultant otolaryngologist, including 10 priority posts, to give an overall total of 56 posts in Ireland;
- The immediate establishment of a locally based otolaryngology service in the northeast;
- The development of paediatric otolaryngology services, both in terms of staffing and facilities, particularly at the centres at Cork and Galway.
- The development of academic posts in otolaryngology, with one post at each of Galway and Cork having a formally designated academic commitment;
- The development of training in otolaryngology, leading to the accreditation of a full training programme;
- Investment in audiology services;
- Investment in inpatient and outpatient resources.

There are currently 36 posts of otolaryngologist in Ireland.

(L) Report on Plastic Surgery Services (June 2005)

The Comhairle na nOspidéal review of plastic surgery services commenced in May 2001. At the time, due to the areas of overlap between plastic surgery, oral & maxillofacial surgery, and otolaryngology, it was decided that the one committee should examine the three specialties in parallel. This report builds on the recommendations of a previous Comhairle report on plastic surgery services (1991).

The terms of reference were as follows:-

"To examine the existing arrangements for the provision of consultant – level plastic surgery services nationally and following consultation with the interests concerned, to make recommendations to Comhairle na nOspidéal on the future organisation and development of

plastic surgery services. The review will focus on updating the 1991 Comhairle report taking into account recent advances in and increasing demand for plastic surgery services".

When the report was adopted, there were 19 permanent posts of consultant plastic surgeon approved by Comhairle na nOspidéal in the public sector in Ireland, representing a consultant / population ratio of 1:206,000.

Over the course of the committee's work, requests were made to each health board and relevant public voluntary hospital to make submissions pertaining to the specialty of plastic surgery. The committee subsequently sought professional expert advice, and carried out an extensive consultation process including, inter alia, site visits to health boards and relevant voluntary hospitals. The committee also reviewed literature relating to plastic surgery service provision in Europe and North America.

The main principles identified for the future development of plastic surgery services are:

- An equitable and patient-centred service, ensuring accessibility for all, regardless of geographic location.
- Regional self-sufficiency. Plastic surgery services should be developed at selected regional multi-disciplinary hospitals with appropriate facilities and other related specialist services such as consultant provided A&E services, major trauma services, cancer services and orthopaedic surgery services
- Each regional centre should provide local outreach services including appropriate outpatient and day surgery services, in line with quality and safety considerations
- A minimum of three consultant plastic surgeons at each plastic surgery centre
- Collaboration between the three specialties of plastic surgery, oral & maxillofacial surgery and otolaryngology.

The key recommendations are as follows,

- A ratio of one consultant plastic surgeon per 90,000 people
- The designation of 12 regional plastic surgery centres
- The establishment of plastic surgery units in Waterford, Limerick and Tallaght should be prioritised with subsequent developments at Sligo, Drogheda and Tullamore.
- 25 new posts of consultant plastic surgeon, to give a total of 44 posts
- The priority appointment of 15 new posts of consultant plastic surgeon and the subsequent appointment of an additional 10 consultant posts
- The development of academic posts in plastic surgery
- To regain full accreditation in a number of hospitals
- A national high quality cleft lip and palate service to be developed in line with agreed best practice guidelines.

There are currently 19 posts of consultant plastic surgeon in Ireland.

(M) Paediatric Surgery Group

In 1997 the 8th Comhairle established a group to review paediatric surgery services following the failure of the three children's hospitals in Dublin to agree on the type and structure of a replacement post for the previous post holder who retired in 1996 (He undertook sessions at each of the three children's hospitals). Comhairle published a report on the issue in 1998 recommending that specialist paediatric surgery should be concentrated in one unit in Dublin because of the relatively small volume of cases and the high level of multidisciplinary expertise required. In recognition of the reality of three paediatric surgery sites in Dublin, non-specialist paediatric surgery and less complex urology was recommended to continue in all three hospitals. Our Lady's Hospital for Sick Children was the centre recommended at the time for the national service. The report recommended that there should be five consultant paediatric surgeons

shared between the three childrens' hospitals in Dublin. There was no consensus between the three childrens' hospitals in relation to implementing the recommendations of the report.

In 2001, the then Minister for Health and Children, Mr. Micheál Martin, intervened in an attempt to broker an agreement with the paediatric surgeons and the three childrens' hospitals and it appeared that an approach agreeable to all had been reached. Renewed objections were submitted to the 9th Comhairle by the Children's University Hospital, Temple Street in April 2002. Accordingly the 9th Comhairle established a group to revisit the issue. The outcome of their deliberations and consultations recommended that a small number (about 100 procedures annually) of highly specialised paediatric and neonatal surgical operations should be performed in a single hospital in Dublin, namely Our Lady's Hospital for Sick Children, Crumlin. The Group's report was adopted by Comhairle in September 2004.

Further discussions took place in 2005 following the joint submission, by the Council for Children's Hospitals Care and the three children's hospitals in Dublin, of a "Joint Proposal for the Delivery of National Paediatric Surgical Services". The proposal envisaged a single service delivered on three hospital sites. The Comhairle Group raised a number of concerns in relation to the structure and operation of such a service.

In September 2005, Comhairle was informed that the HSE was intending to review tertiary paediatric services nationally. In this context, it was decided that the issue of the provision of specialised paediatric and neonatal surgical services should be referred to the HSE for examination as part of that review.

(N) Review of Chemical Pathology/ Clinical Biochemistry Services (November 2005)

Following receipt of a request from the Faculty of Pathology, RCPI, Comhairle na nOspidéal established a committee in 2001 to examine consultant chemical pathology services. In the context that clinical biochemistry services are also managed and directed by top grade biochemists, the committee adopted terms of reference which would allow for the parallel examination of these two groups of specialists i.e. medically trained consultant chemical pathologists and non-medically trained top grade biochemists.

Chemical pathology/clinical biochemistry is concerned with the diagnosis and prognosis of disease and with patient management through the analyses of body fluids and tissues for specific constituents. The key role of a consultant providing chemical pathology/clinical biochemistry services is to direct laboratories which use a variety of appropriate and tested chemical and physical techniques to analyse body fluids and tissues from patients with a view to assisting other hospital clinicians and general practitioners.

As part of the consultation process the committee met with and received written submissions from representatives from both the Chemical Pathologist Association and The Association of Clinical Biochemistry. Different views were expressed by both Associations regarding the staffing of services, the roles of consultant chemical pathologists and top grade biochemists in the service and the future organisation of services.

It is the belief of Comhairle na nOspidéal, after examining the issue in depth, that the roles of consultant chemical pathologist and top grade biochemist are not identical or interchangeable, and there are important differences originating from their training. However, Comhairle does believe that the two roles are complementary and in this context supports the concept that a clinical biochemical department can be staffed by both consultant chemical pathologists and top grade biochemists working alongside each other and that cross cover in a significant number of areas can be provided.

In making its recommendations regarding the future organisation and consultant staffing of chemical pathology/clinical biochemistry departments, Comhairle focused on HSE regions with no consultant chemical pathologist/top grade biochemist input and large general acute hospitals with single-handed consultants. In making its recommendations, Comhairle has worked on the

premise that where posts are recommended to be based for the first time, local needs and priorities should determine which type of post is appointed first. Where second posts are recommended to address the issue of single handed appointments, it is recommended that the new post would be chosen so as to ensure that departments are staffed by one consultant chemical pathologist and one top grade biochemist. With respect to acute general hospitals which may not have a post recommended Comhairle na nOspidéal recommended that outreach services would be provided to them from the local regional hospital in terms of consultant consultation and advice on clinical biochemical matters.

Sixteen additional posts of consultant chemical pathologist/top grade biochemist have been recommended in total by Comhairle na nOspidéal, representing a 145% increase in consultant staffing levels from 11 posts to 27 posts. Five of the sixteen posts have been identified as immediate priorities and it is recommended by the committee that these would be implemented as soon as possible by the Health Service Executive.

It is envisaged that the implementation of the above 16 posts will have a significant beneficial impact on the current organisation and delivery of consultant chemical pathology/top grade biochemistry services at local and regional levels. It is recommended that a further review would be undertaken by the Health Service Executive of clinical biochemistry services at national level when these 16 posts have been implemented with the aim of reviewing the impact of the additional posts and identifying any further need for additional posts.

(O) Review of Consultant Microbiology Staffing (November 2005)

Following receipt of a request from the Faculty of Pathology, RCPI, Comhairle na nOspidéal established a committee in 2001 to examine the organisation and future development of consultant level microbiology services throughout the country. Medical microbiology covers a growing variety of areas including recognition of infectious diseases, infection control, food microbiology, public health microbiology, waste management, disease surveillance and epidemiology. The examination of consultant microbiology services was considered timely by Comhairle na nOspidéal in the context of the increasing incidence of MRSA infections in hospital patients and the increasing awareness of the need for robust infection control and antibiotic control within the health service both by health service providers and the public.

In examining the provision of consultant microbiologist services, Comhairle na nOspidéal took due cognisance of the information gathered during the consultation process. In submissions received many hospital agencies and authorities had highlighted the need for increased consultant microbiologist presence. The Irish Society of Clinical Microbiology and the Faculty of Pathology, RCPI, stressed to Comhairle that the range, complexity and volume of work carried out by consultant microbiologist had all increased considerably over the last ten years, with only a very small increase in staffing numbers. The tendency of hospital authorities to expand clinical services through the appointment of new consultants, without recognising that those new appointments must be supported with adequate resources in diagnostic services and in infection prevention was also highlighted.

In making these recommendations Comhairle has focused on HSE regions with no consultant microbiologists, hospitals with single-handed consultant microbiologists and medium sized general acute hospitals with no consultant microbiologist posts. With respect to hospitals which may not have a post based in them, Comahirle na nOspidéal recommended that outreach services would be provided to them from the local regional hospital, for consultation, advice and infection control purposes. This role should involve consultant microbiologists reviewing existing infection control policies and chairing any relevant committees.

In total fifteen additional consultant microbiologists post were recommended, which represents a 45% increase in consultant microbiologist staffing at national level, with the number of

consultant posts rising from 33 to 48. Four of the sixteen posts have been identified as immediate priorities and it is recommended by Comhairle na nOspidéal that these posts would be put in place as soon as possible by the Health Service Executive. It is envisaged that the implementation of the additional 15 posts will have a significant beneficial impact on the current organisation and delivery of consultant microbiology services at local and regional levels.

Comhairle na nOspidéal further recommended that a further review would be undertaken by the Health Service Executive of consultant microbiologist posts at national level when the above further 15 posts have been implemented with the aim of reviewing the impact of the additional posts and identifying any further need for additional posts.

(P) Report on Psychiatric Services (December 2004)

In carrying out the review of consultant staffing in the mental health service, Comhairle na nOspidéal reviewed national and international literature on psychiatric services and mental health and engaged in an extensive consultation process.

The terms of reference were as follows:-

"To examine the psychiatric services at consultant level with particular regard to the emergence of sub-specialisation and, following consultation with the interests concerned, to make recommendations to Comhairle na nOspidéal on the arrangements which should be introduced to facilitate the development of psychiatric services at consultant level, having regard to international trends."

This process involved meeting with and receiving submissions from representatives of health boards, relevant voluntary hospitals, appropriate professional and training bodies and other interested parties including representatives of the voluntary and community sector in psychiatry and representatives of professions allied to psychiatry. A number of site visits were also undertaken.

The fundamental principle which sustains and underlies this report and its recommendations, in common with all other reports from Comhairle na nOspidéal, is that high quality and safe services should be available to patients at all times. This necessitates that:

- The interests of patients are of paramount importance and should always come first.
- The patient is entitled to the highest quality service within the available resources and those resources must be used in the most efficient and effective manner possible.
- There should be an equitable spread of psychiatric services throughout the State consistent with best practice and patients suffering from a mental illness should have appropriate access to a consultant psychiatrist and a multi-disciplinary team.

In considering the issues involved regarding consultant staffing levels for mental health services, the committee focused on what a model population size of 300,000 would require. This enabled the committee to consider the full range of specialist mental health services, including those whose population base would be greater than the average catchment area population of 100,000. This enabled the committee to envisage how mental health services would operate as a whole when providing services to a sizeable population.

In addressing some of the difficulties associated with sectorisation, whilst retaining its advantages, Comhairle na nOspidéal recommended that two consultant general adult psychiatrists should be appointed to larger sectors and that the possibility of combining existing sectors to give rise to larger sectors in the future staffed by a minimum of two consultant general adult psychiatrists should be examined by the HSE. These options would utilise the infrastructure of existing sectors whilst allowing public patients to overcome the biggest limitation associated with sectorisation, that of not having a choice of consultant psychiatrist.

It seemed appropriate to Comhairle na nOspidéal to continue to overlay general adult psychiatric services organised around sectorisation with specialised services which would serve a larger population base. This approach is adopted in recommending consultant posts in specialised services for adults in this report. Comhairle na nOspidéal notes that child and adolescent psychiatric services have to date been organised on a catchment area basis, and that the concept of sectors does not generally apply in the child and adolescent psychiatric services.

Areas examined and key recommendations made include:

- **General Adult Psychiatry**
  Continuation of guideline of one post of consultant general adult psychiatrist per 25,000 population.
  - s.i. in Adult Liaison Psychiatry
    A minimum of one post of consultant general adult psychiatrist with a special interest in liaison psychiatry in hospitals with 500 acute beds and in groups of hospitals with a minimum of 500 acute beds.
  - s.i. in Adult Forensic Psychiatry
    The continuation and extension of full-time forensic psychiatrist services within the Dublin region based in Dundrum, outreaching to Portlaoise Prison and the Midlands Prison. The development of consultant general adult psychiatrist posts with a special interest in forensic psychiatry is recommended to provide services to the smaller prisons throughout the rest of the state and to staff psychiatric intensive care units.
  - s.i. in Rehabilitation Psychiatry
    One post of consultant general adult psychiatrist with a special interest in rehabilitation per 100,000 population.
  - s.i. in Adult Substance Misuse
    One post of consultant general adult psychiatrist with a special interest in substance misuse per 300,000 population.

- **Child & Adolescent Psychiatry**
  Two posts of consultant child and adolescent psychiatrist per 100,000 population. It is envisaged that within this expansion of services, enhanced services will be provided to the general child and adolescent population and to specific groups within this population including infants, 16 – 17 year olds, ADHD/HKD[3] patients and autistic patients.

- **Psychiatry of Learning Disability**
  With respect to services for adults, one post of consultant general adult psychiatrist with a special interest in learning disability per 100,000 population.

  For child and adolescent services, one post of consultant child & adolescent psychiatrist with a special interest in learning disability per 200,000 population.

- **Psychiatry of Old Age**
  One post of consultant psychiatrist in the psychiatry of old age per 100,000 population.

The report also included recommendations regarding:

- child and adolescent inpatient units
- child and adolescent high support units
- suicide and deliberate self harm
- homeless mentally ill

3. ADHD = Attention Deficit Hyperactivity Disorder
   HKD = Hyperkinetic Disorder

- sectorisation
- acute beds for learning disability services
- psychotherapy
- perinatal psychiatry
- child liaison psychiatry
- neuropsychiatry
- child and adolescent substance misuse
- academic psychiatry
- role of primary care in the delivery of mental health service

The report detailed a plan for the development and expansion of each of the key specialty and sub-specialty areas of psychiatric services and consultant psychiatrist staffing in Ireland.

11 new consultant posts have been funded and approved by the HSE in 2005.

(Q) Qualifications Committee (Standing Committee)

At the beginning of its term office, the 9th Comhairle established a standing Qualifications Committee. The members of this committee were Dr. C. Twomey (Chairman), Prof. M. FitzGerald, Prof. D. Moriarty, Prof. G. O'Sullivan and Mr. T. Martin (Chief Officer). The purpose of the committee was to address queries and issues as they arose regarding the qualifications for consultant posts. These issues and queries would arise due to a number of factors including development of specialties, increased sub-specialisation, changes in clinical need and changes in the structure and content of training programmes.

The Qualifications Committee of Comhairle ensured that the qualifications for consultant posts as specified by Comhairle na nOspidéal were revised as necessary to ensure that they were up to-date, reflective of training trends, relevant and were of sufficient standard to meet the clinical need of the health service. Over the course of its life time, the Qualifications Committee has examined a number of different areas including emergency medicine, intensive care medicine and cardiology, and has liaised with the Medical Council, the Department of Health & Children, the recognised training bodies and relevant professional groups in carrying out its work. A full list of the qualifications specified by Comhairle na nOspidéal is given in Appendix C.

During the course of its work, the Qualifications Committee met with representatives from the Irish Medical Council on two occasions. Amongst the issues discussed was the status of Register of Medical Specialists i.e. voluntary versus mandatory, the practicalities of introducing the Specialist Register on a mandatory basis and the implications for the qualifications specified for consultant posts. It was agreed by both parties that making the Specialist Register mandatory for all practising specialists would be welcomed and would ensure a basic level of competence in all specialists thereby safeguarding patients' interest.

At the end of its term of office, the qualifications for consultant posts as specified by the 9th Comhairle still include the option of inclusion on the relevant division(s) of the Register of Medical Specialist as an alternative to the traditional experience based criteria, due to the Register still having the status of a voluntary register. However correspondence received from the Medical Council in September 2005 indicated that the Medical Council supported the view that membership on the Specialist Register would become a mandatory eligibility requirement for all applicants to consultant posts in Ireland. They indicated such a requirement might become effective as of 31st March 2007. Comhairle na nOspidéal strongly encourages the Health Service Executive and the Department of Health & Children to work together with the Medical Council to ensure the introduction of this proposal. It will greatly simplify the 'appropriate qualifications' aspect of potential applicants and, if introduced, will also be in the interests of best patient care.

(R) Rheumatology Committee

The Report of this committee was not finalised at the time of going to press.

(S) Report on Urology Services (November 2005)

The Comhairle na nOspidéal Committee on Urology Services commenced its review of urology services in November 2001.

The terms of reference were as follows:-

"To examine the existing arrangements for the provision of consultant urological services nationally and following consultation with the interested parties, to make recommendations to Comhairle na nOspidéal on the future organisation and development of urological services."

Over the course of the committee's work, each health board and relevant public voluntary hospital was invited to make a submission pertaining to its terms of reference. The report was published in November 2005, at which time there were 27 consultant urology posts approved by Comhairle na nOspidéal, representing a ratio of approximately one consultant urology post per 145,000 population. The majority of these posts were based in Dublin.

In the context of the principles of equity of access, quality of service, people-centredness and regional self-sufficiency, Comhairle recommended a consultant / population ratio of 1/100,000. A total of 45 consultant urology posts were recommended, with the establishment of Urology units in Drogheda, Tullamore, Waterford and Sligo / Letterkenny as the main priorities. Further recommendations involve the establishment of a urology unit at Kerry General Hospital and additional consultant posts for the Mater, St. James's, Galway, Limerick and Cork.

Comhairle na nOspidéal recommended that strong emphasis should be put on both day surgery and out-patient clinics, not only at the regional centres but also at the other general hospitals in the region.

Each region should be self-sufficient with regard to the provision of urology services, except in the case of highly specialised areas such as urological oncology, transplantation and procedures such as radical prostatectomies. Highly specialised areas and procedures in urology should be confined to specialised units located in each of the 4 current HSE administrative areas (i.e. Beaumont for Dublin / North East, Tallaght for Dublin / Midlands, C.U.H. / Mercy for Southern and Galway Regional Hospitals for Western).

Beaumont Hospital would continue to provide the renal transplantation service on a national basis.

SECTION 4

Regulation of the Number and Type of Appointments of Consultant Medical Staff

4.1 Permanent consultant posts

4.1.1 Consideration and approval of consultant posts (February 2001 – December 2004)
The process outlined in paragraphs 4.1.1 – 4.1.5 deals with the period from February 2001 – December 2004, i.e. prior to the establishment of the Health Service Executive on the 1st January 2005. The procedure followed post 1st January 2005 in relation to the processing of applications for consultant and other appointments is described in 4.1.5.

The five key steps in relation to the processing of applications during this period were as follows:-

1. Proposal for the post was made by the relevant employing authority(ies) to the DoHC / ERHA, focussing primarily on the financial implications of the proposed post.
2. Financial clearance for the post was issued by the relevant funding body i.e. DoHC or ERHA*.
3. Consideration of the proposed post by Comhairle na nOspidéal and, if considered suitable, approval of the post.
4. The selection process for the approved post which involves the relevant employing authority(ies), and in the case of health board appointments, the Public Appointments Service, (formerly the Local Appointments Commission).
5. The signing of contracts, which involves the chosen candidate and the relevant employing authority(ies).

The impetus for funding and approval of an application for a consultant post came from a number of sources: (i) the need to replace an existing post-holder who has retired or resigned; (ii) in response to identified service needs existing within the institution(s); (iii) in response to funded national strategies by the Department of Health & Children or in response to reviews of services initiated and carried out by Comhairle na nOspidéal highlighting existing specialist service deficits and needs.

The Applications Committee was a standing committee whose membership included the Chairman and eight members of Comhairle na nOspidéal. (Standing Orders stated that the Applications Committee should include at least one representative from the Department of Health and a Chief Executive Officer of a Health Board). Apart from the Chairman, the membership rotated on a periodic basis so that as many members of Comhairle na nOspidéal as possible had the opportunity to participate for a period in the activities of the committee.

The task of the committee was to give initial consideration to all applications for consultant appointments and to formulate recommendations for consideration by Comhairle na nOspidéal at its monthly meeting. This initial consideration provided the opportunity for the application to be considered in depth and clarification on particular issues sought in advance of consideration at the meeting of the full Board later in the month. The committee's recommendations on specific applications were formulated within the framework of the overall policy of Comhairle na nOspidéal. The committee, in the course of its work, often identified areas where a review of existing, or formulation of new, policy needed to be considered. Recommendations made by the Applications Committee included recommendations to approve the post, to seek clarification of

Government / DOHC policy framework, seek additional information / clarification regarding the post or seek a meeting with the employing authority to discuss in detail the proposals regarding a post and service.

4.1.2 Comhairle na nOspidéal consideration of a post

In considering the recommendations of the Applications Committee and making a final decision in relation to an application for a consultant post, Comhairle na Ospidéal drew on a variety of sources. Comhairle has published a large number of reports over the thirty-three years of its existence which have set out its policies and procedures on various matters (Appendix A). These reports, along with Department of Health policy documents, constitute the policy basis for the exercise of its regulatory and advisory functions. A precise method for determining the number and type of consultant appointments required has not been developed in any country. The members of Comhairle na nOspidéal made their decisions against the background of published Comhairle policy, precedent, literature review, professional advice, relevant local information, demography, workload statistics, health board, hospital and Government policy. The assessment in each case involved the collective judgement of the members based on their combined expertise, knowledge and experience. Decisions were made by the members of Comhairle in the context of providing high quality and safe hospital services.

4.1.3 Duration of Process

The average time taken by Comhairle na Ospidéal to approve consultant posts from the date of receipt of completed applications is less than two months, many within one month. A small proportion, about 10% of applications, can be delayed for significant periods for a variety of reasons including major policy issues regarding service location, viability, duplication etc., lack of clarity and / or information being provided by the employing authority and absence of consensus regarding the structuring of the proposed post.

4.1.4 Comhairle letter of approval

When the post had been approved by Comhairle, a letter of approval was drawn up by Comhairle officials and issued usually within a week to the health board / agency after which the selection process can begin. This letter set out various information such as: the title of the post (with relevant special interest, if appropriate); employing authorities; location; sessional split between locations / employing authorities in the case of a joint appointment; category under the consultants contract; and the professional qualifications, training and experience as specified by Comhairle na nOspidéal.

Additional information regarding various aspects of the post may also have been included from time to time in the approval letter, such as special expertise expected of the post-holder or designated specific responsibilities and/or duties, for example the development of a new service.

The letter of approval issued by Comhairle forms part of the Consultants' Contract signed and agreed between consultants and their employing authority. This letter was then issued by Comhairle na nOspidéal, to the relevant employing authority(ies) and is also copied by Comhairle to the Department of Health and Children and to the Public Appointments Service (the latter only in the case of appointments involving public non-voluntary hospitals).

At this point a voluntary hospital became free to advertise and fill a consultant post without further recourse to the Department of Health and Children, the Public Appointments Service, or any other agency. There were additional requirements which applied to health board posts which increased the time between Comhairle approval of the post and its advertisement.

4.1.5 Consideration and approval of consultant posts (January 2005 –December 2005)

The Government's Health Service Reform Programme set out decisions on the streamlining of the health service, including the incorporation of the functions of the Health Boards, the Eastern Regional Health Authority, Comhairle na nOspidéal and other specialist agencies into the HSE and the devolution of certain functions from the Department of Health and Children to the HSE.

In this context, Comhairle na nOspidéal was subsumed into the Health Service Executive from 1st January 2005.

The interim HSE, in September 2004 established a representative group to advise it on procedures to be followed upon the establishment of the HSE in relation to the processing of applications for consultant and other appointments. This Group reported in November 2004 and the revised arrangements were adopted.

It became clear to the Group that there was a strong case for the development of a single unified application form for consultant appointments which would replace the multiplicity of documentation used up until 31.12.04 by the DOHC, ERHA and Comhairle na nOspidéal which would clearly identify the:

- *policy framework*
- *the need for the post*
- *the financial implications*
- *the details of the proposed consultant appointment.*

All applications for consideration in 2005 have been made using the revised standard application form in accordance with the procedures set out in the Report of the Group. The form has been used since 01.01.2005 for all permanent consultant appointments (new and replacement) and for all additional non-permanent posts. The application and report were made available to all medical manpower managers and is available to download from the Comhairle website on www.comh-n-osp.ie

The procedure throughout 2005 for processing posts has been as follows:-

(i) a recommendation is made by Comhairle to the HSE on a proposed post;

(ii) queries or clarifications are sometimes needed from either the NHO or PCCC (depending on the specialty of the post), especially relating to funding matters;

(iii) when advice / clarification has been received, and the post has been sanctioned by the HSE, an approval letter is issued by the Chief Officer of Comhairle.

Note: The PCCC is the funding authority for consultant posts in psychiatry and palliative medicine. The funding for all other consultant specialties comes under the remit of the NHO.

4.2 Regulation of Non-Permanent Consultant Appointments

4.2.1 Comhairle na nOspidéal also regulated all types of non-permanent consultant posts: temporary, locum, sessional and fixed term. Non permanent appointments were sought by employing authorities for a variety of reasons including:

(i) to provide locum cover;

(ii) to support various national initiatives including the National Treatment Purchase Fund and the Waiting List Initiatives of the previous decade;

(iii) to cover the interval between a new permanent post being approved by Comhairle and it being filled on a permanent basis;

(iv) to support existing and new services whilst employing authorities seek to ensure funding for a permanent post.

In 1998, Comhairle issued a detailed circular clarifying the roles and obligations of Comhairle na nOspidéal, employing authorities and the Department of Health and Children in relation to non-permanent consultant appointments. (See Appendix B).

4.3. Monitoring / Regulation of Non-permanent posts

4.3.1 The compilation of statistics relating to the non-permanent consultant workforce was an on-going process which involved regular up-dating and modification of data. Each employing authority was required to furnish Comhairle na nOspidéal, before 30th November each year, with a list of all its non-permanent consultant appointments as at 1st November of that year. Information regarding names and other details of the appointees to all non-permanent posts was requested. The overall objective was to provide, as far as possible, a comprehensive and accurate reflection of the non-permanent consultant workforce. This information was circulated to members of Comhairle na nOspidéal for consideration and discussion and was also published in an annual consultant staffing report.

4.3.2 Number of Non-Permanent Consultant Appointments Approved by Comhairle na nOspidéal
As at 23rd November 2005, there were 243 non-permanent consultant appointments approved by Comhairle na nOspidéal. 135 of these related to approved vacant permanent posts in the process of being filled; 24 to unprocessed posts/ posts under consideration; 76 were acting as locums for permanent consultants on leave and 32 were additional temporary appointments associated mainly with the National Treatment Purchase Fund.

TABLE 1 APPROVED NON-PERMANENT CONSULTANT POSTS BY SPECIALTY AND BY HSE HOSPITAL NETWORK (NHO) / HSE REGION (PCCC) AS AT 23RD NOVEMBER 2005.

HSE Region (PCCC)	HSE Hospital Network (NHO)	Anaesthesia	Emergency Medicine	Medicine	Obs & Gynae	Paediatrics	Pathology	Psychiatry	Radiology	Surgery
Dublin / Mid Leinster	Network 8 (East Coast Area)	8	0	3	2	2	5	1	4	6
	Network 9 (South Western Area)	7	0	6	2	5	1	6	1	9
	Network 6 (Midlands)	2	1	1	1	0	0	5	0	1
Southern	Network 1 (South East)	4	2	9	4	2	1	5	2	6
	Network 2 (South)	3	0	12	3	4	1	5	2	6
Western	Network 4 (North West)	1	0	3	2	0	0	0	1	0
	Network 5 (West)	1	0	0	0	3	0	5	1	3
	Network 7 (Mid-West)	5	0	5	2	1	2	0	1	2
Dublin / North East	Network 3 (North East)	4	1	1	2	0	1	1	3	7
	Network 10 (Northern Area)	4	0	4	0	5	7	3	2	7
Total		**39**	**4**	**44**	**18**	**22**	**18**	**31**	**17**	**47**

4.4 Compliance with regulatory requirements in respect of consultant appointments

4.4.1 While employing authorities have complied with the requirements of Comhairle na nOspidéal in respect of permanent consultant appointments, the position in respect of non-permanent consultant appointments has been less satisfactory. Comhairle had no policing role and had serious concerns regarding the implications of non-compliance in relation to non-permanent consultant appointments.

4.4.2 The existence of unapproved appointments may block or delay the submission of applications for official consultant appointments. It can also lead to the ad hoc development of services which may not be in line with national policy. Another important consideration is the requirement for open competition, involving normal recruitment procedures, for consultant posts in accordance with the qualifications specified by the relevant statutory body in publicly funded health agencies. The ability of some hospitals to fund unofficial posts at the expense of orderly planning and provision of services nationwide is a concern also. Each public hospital authority should satisfy itself that all consultant posts currently filled are in fact regulated posts and should immediately review the legal and other implications of providing services by holders of unregulated posts. Comhairle has consistently highlighted the unsatisfactory nature of unapproved consultant posts. The situation surrounding long-term temporary appointments is particularly relevant in the context of the protection of Employees (Fixed term Work) Act 2003.

4.5 Requests for Change of Category

4.5.1 Arising from negotiations on the Consultants' Contract between the DOHC, employers and medical representative bodies, the responsibility for determining the category of consultant post and changes in category was assigned to Comhairle na nOspidéal. The category of each post has been specified in the Comhairle approval letter. The process was as follows:

Following a written request from all employing authorities involved in the particular post and consultant post-holder, an analysis was undertaken of the request. Comhairle officials compiled the related documentation, wrote and issued a letter of approval for the category change to the employing authority. Complex requests were referred to Comhairle for decision.

4.6 Restructuring of consultant posts

4.6.1 Following a written request from all employing authorities involved in the particular post and consultant post-holder, an analysis was undertaken of the request. Comhairle officials undertook similar executive work as alluded to above and Comhairle consultation was necessary on occasions.

4.7 Definition of the term "Consultant"

4.7.1 A consultant is defined in the Consultants Contract of 1997 in the following terms:

"*A consultant is a registered medical practitioner in hospital practice who, by reason of his / her training, skill and experience in a designated specialty, is consulted by other registered medical practitioners and undertakes full clinical responsibility for patients in his/her care, or that aspect of care on which he/she has been consulted, without supervision in professional matters by any other person. He/she will be a person of considerable professional capacity and personal integrity.*

4.7.2 The 1997 Contract goes on to say that:

"The role of a consultant involves taking continuing responsibility for investigation and for the treatment of patients without supervision in professional matters by any other person. This continuing responsibility for investigation and for treatment of patients is a personal matter between each consultant and each patient in his/her care and it extends for as long as the patient remains in the consultant's care. The consultant may discharge this responsibility directly

in a personal relationship with his/her patient, or, in the exercise of his/her clinical judgement, he/she may delegate aspects of the patient's care to other appropriate staff, or he/she may exercise responsibility concurrently with another doctor or doctors. Notwithstanding this however, the unique position of the consultant in the hospital requires that he carries the continuing responsibility for his patients so long as they remain in his care."

4.8 Consultants' Contract 1997

4.8.1 A revised contract for consultant medical staff was agreed between the Department of Health & Children and the representative medical organisations in late 1997 – becoming effective from January 1998. The 1997 contract, like its predecessor the 1991 contract, incorporates both the contract itself and a comprehensive Memorandum of Agreement and various appendices. The documents cover various aspects of consultant appointments including the nature and structuring of posts, the role of Comhairle in regulating consultant appointments and specifying qualifications, remuneration and expenses, conditions of employment and superannuation, the nature and conduct of the employment relationship, consultants in management, grievance and disputes procedure and a review.

4.8.2 The Comhairle letter of approval for each consultant post must be attached at Appendix 1 to the contract document - signed by the employer and consultant – which relates to the appointment of the individual to the particular post concerned.

A revised contract for "full-time" Academic Consultant Medical Staff was subsequently agreed and introduced with effect from 1st January 1999. There are now five different consultant contractual categories in existence, as set out below. The first two categories account for the majority of consultants in Ireland. These are as follows:

Consultant Post Category I – Appointment is in accordance with the terms and conditions of the Contract for Consultant Medical Staff (1997). He/she has a schedulable weekly commitment of 11 fixed and flexible sessions plus 2 non-schedulable sessions per week. A session represents three hours. He/she is also liable for extended duty and emergency services. He/she is expected to devote substantially the whole of his/her professional time, including time spent on private practice, to the public hospital(s).

Consultant Post Category II - Appointment is in accordance with the terms and conditions of the Contract for Consultant Medical Staff (1997). In contractual terms, he/she has a scheduled weekly commitment of 11 fixed and flexible sessions plus 2 non-schedulable sessions per week. He/she is also liable for extended duty and emergency services. In addition, he/she may engage in private practice on-site and off-site.

Geographical Wholetime Without Fees Category - This contractual option was retained by a number of consultants who held the 1991 Contract. It is similar in contractual terms to Category I.

Full-time Academic Consultant - Appointments to "full-time academic" posts of Consultant/Professor or Consultant/Senior Lecturer are in accordance with the terms and conditions of Contract for Academic Consultant Medical Staff (1/1/99). Combined service and academic responsibilities are involved.

Part-time Consultants – currently hold Category II Contracts. The Consultants Contract 1997 states that their commitment should range from 7 up to 9 schedulable sessions but should not be less than 3 sessions. Most are half time and few of these posts exist.

4.9 Discussions on revised Contract for Consultants

4.9.1 Comhairle is aware that a high level working group has been established under the aegis of the Health Service Executive to consider the contractual arrangements for consultant in the future. Membership of this working group includes representatives from the Department of Health and Children and the Department of Finance.

SECTION 5

Consultant Staffing Statistics

5.1 Database of Consultant posts

5.1.1 Since 1975, Comhairle na nOspidéal has compiled and published annual statistics on consultant staffing in Ireland. A comprehensive and accurate data management system is vital in order to support Comhairle na nOspidéal's statutory function to regulate consultant posts. Comhairle owns a customised electronic data management system for the large body of information in respect of consultant posts which it has developed over many years.

5.1.2 The Comhairle na nOspidéal "Database of Consultant Posts", which provides a comprehensive record of each permanent consultant post, is a detailed and valuable resource which should be preserved in the restructured health service. The database includes, *inter alia*, information relating to population, health service regions, hospitals, group specialties, specialties and sub-specialties, contract types and sessional split; as well as historical and current details relating to permanent consultant posts, including the names of past and current post holders, ages, date of approval, details relating to the recruitment process, due date for retirement and any subsequent issues relating to the post which come to the attention of Comhairle.

5.1.3 A database of private specialists is also maintained; however, as Comhairle na nOspidéal has no regulatory function in relation to such specialists, the reliability of such data is not assured.

5.1.4 The database is updated as soon as new information relating to it is received or a decision is taken by Comhairle na nOspidéal.

5.1.5 A variety of sources, including newspapers, medical publications and websites are monitored for advertisements relating to consultant appointments; permanent, locum and temporary. Details are recorded in the database. Although Comhairle na nOspidéal has no policing role, in the event that an advertisement is found not to be in accordance with the letter of approval, or if approval has not been sought, this is followed up with the relevant employing authority(ies).

5.1.6 The information contained in the database is referred to on an ongoing basis in the decision-making and advisory functions of Comhairle na nOspidéal and is often sought by the Department of Health and Children and other interested parties.

5.2 Consultant Staffing Statistics

5.2.1 For many years, Comhairle na nOspidéal has, on an annual basis, compiled and published statistics on consultant staffing in Ireland. The aim of the report is to provide, as far as possible, a comprehensive and accurate analysis of the consultant establishment on the 1st January each year. The report also affords Comhairle an annual opportunity to reflect upon progress made in the past year and to identify trends in the development of the consultant establishment over a longer period of time.

5.2.2 All of the information used in the compilation of the report is derived from the consultant database. The following is a list of some of the information which is presented in the report:

- No. of consultant posts by:
  - Health region
  - Group specialty, specialty/sub-specialty
  - Management type (health board, voluntary, joint appt., joint hospital/medical school appt.)
  - Post status (whether filled, approved vacant or unprocessed)

- Consultant staffing / population comparisons
- Gender and age breakdown of consultant establishment
- Deaths, resignations and retirements, new consultants by specialty, gender and age, retirements due by year, specialty and health board
- Specific analysis of posts approved in the previous 12 months including:
  - Specialties and health boards for which posts were approved
  - Whether additional or replacement posts

Information relating to the numbers of non-permanent consultants –locum, temporary and additional temporary.

5.2.3 The report is widely distributed with copies being sent to the Department of Health & Children, health boards, hospitals, relevant agencies and the media. A large volume of requests is received seeking information which is contained in the annual consultant staffing report. In recent years, the report has been made more accessible via the Comhairle na nOspidéal website. This section of the 9th Report incorporates some key statistics, highlights certain issues and analyses trends in consultant staffing over recent years. A detailed statistical report on consultant staffing as at 1st January 2006 will be published separately in 2006.

5.3 The current consultant establishment

5.3.1 There are currently 2,006 approved permanent consultant posts in the public sector in Ireland.[4] The graph illustrates the significant increase in the number of approved consultant posts in Ireland.

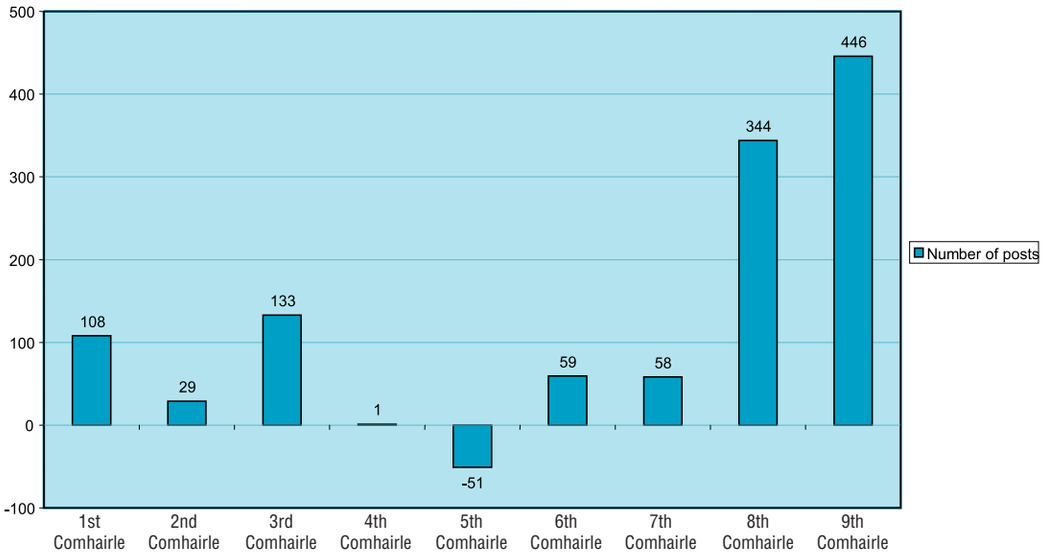
While the onset of significant increases can be traced back to the beginning of an unprecedented economic boom in the mid 1990s and subsequent increases in health service funding, the term of this 9th Comhairle has seen the largest ever rate of increase in the consultant establishment. During the term of office of this (9th) Comhairle 745 consultant posts have been approved (446 new and 299 replacement posts). This is the highest number of consultant posts ever approved by Comhairle na nOspidéal during a term of office.

TABLE 2 CONSULTANT POSTS BY SPECIALTY: 1975 – 2005

CONSULTANT STAFFING1975 TO 2005									
As at	1st May 1975	1st May 1978	1st May 1981	1st May 1985	1st May 1988	1st May 1992	1st January 1995	1st January 2001	23rd Nov. 2005
Comhairle na nOspidéal	**First Report**	**Second Report**	**Third Report**	**Fourth Report**	**Fifth Report**	**Sixth Report**	**Seventh Report**	**Eighth Report**	**Ninth Report**
Term of Office	Sept 1972 to December 1975	January 1976 to December 1978	June 1979 to May 1982	June 1982 to May 1985	September 1985 to September 1988	July 1989 to June 1992	August 1992 to June 1995	December 1995 to December 2000	January 2001 to December 2005*
Specialty									
Anaesthesia	134	137	167	160	163	178	192	241	294
Emergency Medicine	0	0	0	0	0	11	13	21	52
Medicine	145	176	198	188	186	199	212	284	397
Obstetrics/ Gynaecology	93	90	103	96	85	82	83	89	105
Paediatrics	33	41	50	54	56	59	64	84	112
Pathology	85	82	94	90	86	92	95	140	183
Psychiatry	187	166	182	201	185	189	199	246	306
Radiology	71	75	88	95	93	97	99	147	186
Surgery	239	249	267	266	245	251	259	308	371
Total	**987**	**1,016**	**1,149**	**1,150**	**1,099**	**1,158**	**1,216**	**1,560**	**2,006**

4. It should be noted that the cut off date for inclusion of statistics into this report was the 23rd November 2005. A detailed statistical report on consultant staffing as at 1st January 2006 will be published separately in 2006.

FIGURE 1 NET INCREASE IN CONSULTANT POSTS BY COMHAIRLE END OF TERM



5.3.3 The 745 number of posts approved by the 9th Comhairle are distributed by health service region and specialty as shown in the tables below. The percentage increases on the consultant establishment in each health service region and specialty are also identified.

TABLE 3 CONSULTANT POSTS APPROVED 2001-2005 BY HSE HOSPITAL NETWORK (NHO) / HSE REGION (PCCC)

HSE Region growth (PCCC)	HSE Hospital Network (NHO)	2001		2002		2003		2004		2005[5]		Total		% net
		A[6]	R	A	R	A	R	A	R	A	R	A	R	
Dublin/ Mid Leinster	**Network 8** (East Coast Area)	2	3	8	2	7	5	10	10	1	5	28	25	15%
	Network 9 (South Western Area)	10	12	25	6	11	19	28	16	10	9	84	62	31%
	Network 6 (Midlands)	1	3	7	5	10	2	4	4	4	2	26	16	43%
Southern	**Network 1** (South East)	7	2	6	2	11	0	6	8	4	3	34	15	27%
	Network 2 (South)	21	7	14	7	3	5	17	9	12	5	67	33	36%
Western	**Network 4** (North West)	3	2	1	5	7	4	5	4	1	3	17	18	19%
	Network 5 (West)	11	3	16	5	8	8	11	9	8	9	54	34	35%
	Network 7 (Mid-West)	4	1	5	3	10	5	4	5	2	2	25	16	25%
Dublin/ North East	**Network 3**	5	5	8	5	13	10	7	7	3	5	36	32	39%
	Network 10 (Northern Area)	8	10	9	2	13	12	31	16	14	8	75	48	25%
Total		**72**	**48**	**99**	**42**	**93**	**70**	**123**	**88**	**59**	**51**	**446**	**299**	**29%**

5. See section 4 and section 5.3.4 for more specific detail outlining the changes vis-à-vis consideration and approval of consultant posts in 2005 with the establishment of the HSE.
6. A= Additional R= Replacement

TABLE 4 CONSULTANT POSTS APPROVED 2001-2005 BY SPECIALTY

Specialty	2001		2002		2003		2004		2005		Total		% net growth
	A	R	A	R	A	R	A	R	A	R	A	R	
Anaesthesia	17	4	8	7	7	8	14	6	7	10	53	35	22%
Emergency Medicine	0	0	10	0	20	1	1	1	0	0	31	2	148%
Medicine	12	9	20	5	26	9	36	16	19	9	113	48	40%
Obs. & Gynae.	1	3	3	1	5	7	6	6	1	3	16	20	18%
Paediatrics	4	2	8	1	5	4	7	8	4	2	28	17	34%
Pathology	9	4	10	4	6	4	11	6	7	6	43	24	31%
Psychiatry	15	7	15	14	5	8	14	19	11	7	60	55	24%
Radiology	6	8	10	2	6	9	14	8	3	6	39	33	27%
Surgery	8	11	15	8	13	20	20	18	7	8	63	65	20%
Total	**72**	**48**	**99**	**42**	**93**	**70**	**123**	**88**	**59**	**51**	**446**	**299**	**29%**

5.3.4 Readers are referred to Section 4.1.5 for a detailed description of the changed procedures for approval of consultant posts since the establishment of the HSE on 1st January 2005.

In summary, the procedure throughout 2005 for processing posts was that an application was considered by Comhairle and following this a recommendation was made to the HSE in relation to the proposed post. A letter of approval, signed by the Chief Officer, is issued when the application is sanctioned by the relevant Directorate of the HSE – Primary, Continuing & Community Care (PCCC) or the National Hospitals Office (NHO).

The following table shows the position in relation to the status of applications for consultant posts at 23rd November 2005. In particular, the table shows the total number of posts which have been recommended for approval by Comhairle in 2005 broken down by those for which funding has been confirmed and thus have been sanctioned for approval by the Health Service Executive (PCCC and NHO Directorates) and those posts recommended for approval by NHO/Comhairle but still await financial clearance.

TABLE 5 APPROVAL OF CONSULTANT POSTS IN 2005

HSE Region (PCCC)	HSE Hospital Network (NHO)	Posts recommended for approval				Posts recommended and letter of approval issued				Total
		Additional		Replacement		Additional		Replacement		
		PCCC	NHO	PCCC	NHO	PCCC	NHO	PCCC	NHO	
Dublin/Mid Leinster	**Network 8** (East Coast Area)	-	-	-	-	-	1	-	5	6
	Network 9 (South Western Area)	-	8	-	-	2	8	1	8	27
	Network 6 (Midlands)	-	-	-	-	1	3	1	1	6
Southern	**Network 1** (South East)	-	2	-	-	1	3	-	3	9
	Network 2 (South)	-	9	-	1	1	11	-	5	27
Western	**Network 4** (North West)	-	-	-	-	-	1	1	2	4
	Network 5 (West)	1	14	-	-	1	7	-	9	32
	Network 7 (Mid-West)	-	-	-	-	2	-	1	1	4
Dublin/ North East	**Network 3** (North East)	-	-	-	-	2	1	1	4	8
	Network 10 (Northern Area)	1	2	-	1	5	9	2	6	26
Total		**2**	**35**	**-**	**2**	**15**	**44**	**7**	**44**	**149**

5.3.5 Trends continue to indicate that the increases in consultant numbers have not been spread evenly across the specialties. The statistics tend to reflect priorities determined at individual hospital / health board level and also the link between the publication of national specialty reports and subsequent increases in the numbers of consultant posts in those specialties. Examples of the latter include the marked increases in consultant numbers in specialties such as Emergency Medicine (300%), Cardiology (200%) and Geriatric Medicine (190%) since 1993. Conversely there has been a relatively small net increase in posts in Ophthalmic Surgery and Obstetrics & Gynaecology, for example, during the same period (13% and 28% respectively). This contrasts with an overall average net increase across all specialties of 71%.

5.3.6 Statistics for a number of years have indicated that while there has been a significant rise in the number of approved consultant posts, the regional distribution of consultant posts has changed little.

5.3.7 There are 243 approved non-permanent consultant appointments. This figure is comprised of 76 locum posts for permanent consultants on leave, 135 temporary posts where the permanent post is vacant and 32 additional temporary posts. For many years, long-term temporary appointments have been considered undesirable. In the context of the long standing views of Comhairle and the implications of recent legislation in relation to part time workers, applications for additional non-permanent consultant appointments are being subjected to more stringent procedures under the new structures. It is hoped that this will encourage applications for permanent rather than temporary posts where a service need is identified and over time lead to a reduction in the number of such posts. A recent survey has revealed about 50 unapproved consultant appointments in the public sector.

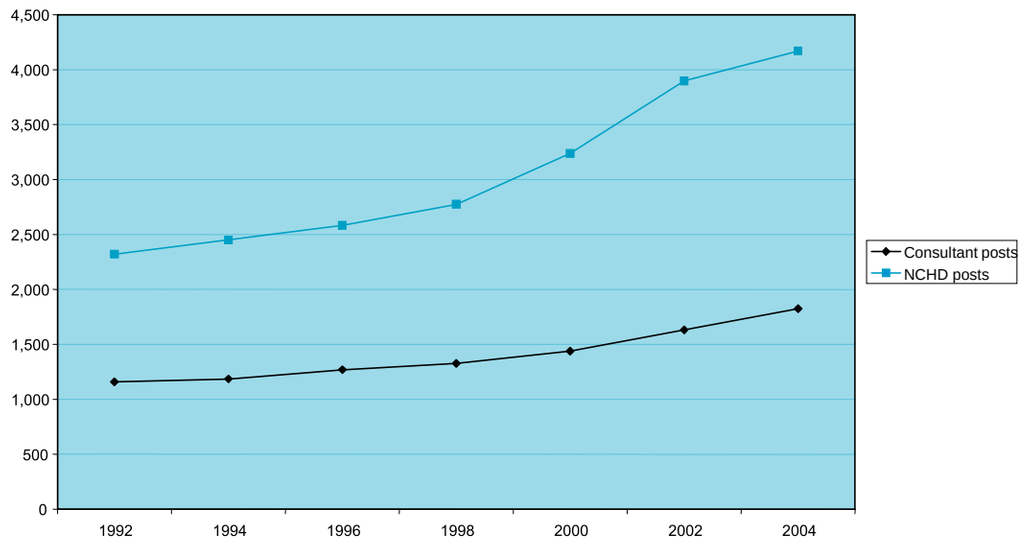
5.3.8 The Report of the National Task Force on Medical Staffing (Hanly Report) was published in October 2003. The report endorses the case for a consultant-provided, as distinct from consultant-led service. A substantial increase in the number of consultants working in teams is recommended with revised working patterns.

5.3.9 The National Taskforce on Medical Staffing, in common with the 1993 report on Medical Manpower in Acute Hospitals (Tierney Report), recommended that an increase in consultant posts should be accompanied by a proportionate decrease in the number of NCHD posts. Notwithstanding such recommendations, the upward trend in NCHD numbers has continued to be a feature of medical staffing. NCHD numbers, which now stand at 4,169, have grown by 272 (7%) in the past two years. As the regulation of NCHD posts did not come within the remit of Comhairle na nOspidéal there was little scope for Comhairle to influence this trend. However, it is the view of Comhairle na nOspidéal that the issue should be addressed by the Health Service Executive.

TABLE 6 NUMBER OF APPROVED CONSULTANT AND NCHD POSTS 1992 – 2004

Year	No of consultants	No of NCHDs
1992	1,158	2,320
1994	1,186	2,451
1996	1,270	2,582
1998	1,327	2,774
2000	1,440	3,237
2002	1,632	3,897
2004	1,824	4,169

FIGURE 2 NUMBER OF APPROVED CONSULTANT AND NCHD POSTS 1992 - 2004



7. Statistics in relation to NCHDs were obtained from the Postgraduate Medical and Dental Board.

SECTION 6

Specification of Qualifications for Consultant Appointments

6.1 The role of Comhairle na nOspidéal in specifying the qualifications for consultant appointments extended to both health board and voluntary hospitals. Since the establishment of Comhairle na nOspidéal, all appointees to consultant posts in hospitals providing services under the Health Acts are required to meet the relevant qualifications as specified by Comhairle. In light of the on-going development and specialisation within clinical medicine, Comhairle gave serious consideration and brought specialised expertise to its role in this area, by specifying titles and qualifications for each type of consultant appointment it regulates. To date over 120 different consultant posts within the nine core medical specialties have been recognised and regulated by Comhairle, each with its own individual title and qualifications. These titles and qualifications are clearly stated in the Comhairle letter approving each and every consultant post, with the same title and qualifications applying to a given appointment regardless of the nature of the post i.e. permanent, temporary, locum, half-time etc. All qualifications specified by Comhairle na nOspidéal are available on the Comhairle website – www.comh-n-osp.ie

6.2 Throughout its lifetime Comhairle na nOspidéal, on a periodic basis, has reviewed in their entirety the qualifications and titles it specifies for consultant appointments. The last major review of qualifications for all consultant posts was undertaken by the 8th Comhairle in November 2000. The updated schedule of qualifications specified by Comhairle na nOspidéal for consultant posts is at Appendix C. The significant change introduced at that time was the introduction for each consultant appointment of the option of inclusion on the relevant division(s) of the Register of Medical Specialists as introduced and maintained by the Medical Council in Ireland in 1997. Comhairle, through its Chairman & Chief Officer, was represented on the Medical Council's Registration Committee which deals with the General Medical Register and the Register of Medical Specialists. Comhairle also collaborated with the Department of Health & Children, various professional bodies and the recognised postgraduate training bodies. This was done in order to ensure that the titles and qualifications specified for consultant posts are up to date, reflective of current postgraduate specialist training programmes and relevant to service needs. Comhairle also gave due cognisance to developments taking place in the UK, mainland Europe, the US, Australia and Canada.

6.3 During the term of the 9th Comhairle the Qualifications Committee considered the status of Register of Medical Specialists i.e. voluntary versus mandatory, the practicalities of introducing the Specialist Register on a mandatory basis and the implications for the qualifications specified for consultant posts. The Qualifications Committee met with representatives from the Irish Medical Council to discuss the issues and it was agreed by both parties that making the Specialist Register mandatory for all practicing specialists would be welcomed and would ensure a basic level of competence in all specialists thereby safeguarding patients' interests.

At the end of its term of office, the qualifications for consultant posts as specified by the 9th Comhairle still include the option of inclusion on the relevant division(s) of the Register of Medical Specialist as an alternative to the traditional experience based criteria, due to the Register still having the status of a voluntary register. However correspondence received from the Medical Council in September 2005 indicated that the Medical Council supported the view that membership on the Specialist Register would become a mandatory eligibility requirement for all applicants to consultant posts in Ireland. They indicated such a requirement might become

effective as of 31st March 2007. Comhairle na nOspidéal strongly encourages the Health Service Executive and the Department of Health & Children to work together with the Medical Council to ensure the introduction of this proposal. It will greatly simplify the 'appropriate qualifications' aspect of potential applicants and, if introduced, will also be in the interests of best patient care.

6.4 To keep abreast of the continual medical and technological developments Comhairle initially considered such matters at its Qualifications Committee. This committee made recommendations on issues as they arose, such as the development of new specialties and subspecialty interests within established specialties. Examples of recent changes made to the titles and qualifications specified by Comhairle include a consultant post in plastic surgery with a special interest in cleft lip and palate, a consultant post in emergency medicine with a special interest in paediatric emergency medicine and a consultant post in general surgery with a special interest in paediatric surgery. Any changes made to the titles and/or qualifications specified by Comhairle for consultant posts are automatically notified to the DoHC[8] and the PAC.

6.5 This function of Comhairle, has brought a degree of consistency to consultant medical services in Ireland throughout the public hospital system. Evidence would suggest that a number of private hospitals choose to use the qualifications specified by Comhairle na nOspidéal when recruiting specialists to their hospitals, though they are not legally obliged to do so.

6.6 It is essential that a safe minimum standard of consultants' competencies is maintained in the public service throughout the state. Responsibility for designating and maintaining that standard needs to be legally provided for. This will become of even greater relevance in the future, if, as recommended by The National Taskforce on Medical Staffing, a substantial increase in consultant posts occurs. The growing emphasis on competence assurance and specialist registration of doctors strengthens this requirement.

8. As in the case of the regulation of consultant and other appointments, the role of the DOHC in relation to qualifications for consultant posts ceased on 1st January 2005 when this role transferred to the HSE.

SECTION 7

Regulation of Specialist/Senior Registrar Posts

7.1 Context

7.1 For the majority of the period of review of this report, i.e. up until 31st December 2004, Comhairle na nOspidéal was also responsible for regulating the number of specialist registrar (SpR) posts and senior registrar (SR)* posts. The following paragraphs refer to this period. Note – As referred to earlier in this report, as of 1st January 2005, the statutory responsibility for this function was transferred to the Health Service Executive, however Comhairle advised and made recommendations on SpR/SR posts.

7.2 Regulation of Specialist/Senior Registrar posts (February 2001 – December 2004)

7.2.1 The aim of SpR/SR training is to produce enough trained doctors in each specialty to satisfy future requirements for consultant appointments throughout Ireland. To this end, the Medical Council recognises 12 postgraduate training bodies responsible for the provision of a wide range of postgraduate training programmes. Comhairle fulfilled its role in the regulation of SpR/SR posts in association with a number of other bodies including the Department of Health & Children, the Postgraduate Medical & Dental Board and the Medical Council. Comhairle na nOspidéal was represented via its Chief Officer at training committee meetings of a number of postgraduate training bodies, namely the ISPTC, the ICHMT and the College of Anaesthetists.

7.2.2 The content and duration of each training programme and the recognition of individual hospitals training capacity are determined by the relevant postgraduate medical training bodies. On receipt of proposals from the training bodies, requests are considered by the applications committee which makes a recommendation to Comhairle. The request from the training body is discussed by the Comhairle members and officials in the context, in particular, of future consultant requirements. Pertinent information is taken into consideration, such as the number of consultants in the particular specialty, the number of retirements due in the specialty, nationally, in the following few years, the number of SpR posts already approved in the specialty, rotation, duration of training etc. Approval is granted for a specific number of posts to a training scheme – not to specific hospitals. However, such posts are approved by Comhairle na nOspidéal in the context that rotation between at least two hospitals will apply for each post and that open competition via national selection will apply.

7.2.3 The location of training posts and the rotation of trainees through them are decided by the training body. The training bodies select the trainees, monitor their progress closely throughout the training period (assessments on an annual basis, at least) and ultimately award a certificate of satisfactory completion of specialist training (CSCST) thus enabling holders to apply to the Medical Council for inclusion on the Register of Medical Specialists and for a Certificate of Specialist Doctor (which is required for practice as a specialist in other EU states).

7.2.4 In the past, the objective of Comhairle na nOspidéal had been to align in a flexible manner the intake of trainees to the specialist / senior registrar grade with the anticipated job opportunities for consultants. The intention had been to avoid over-production of highly trained personnel for whom there might not be outlets either in this country or abroad.

7.2.5 Over the past decade, a more flexible approach has been taken in view of the emerging consensus nationally on the need for a significant increase in consultant posts and the recommendations of the Report of the National Task Force on Medical Staffing (2003).

7.2.6 The appointment to a higher specialist training programme does not of itself automatically guarantee an appointment to a consultant post in Ireland. Comhairle, in specifying the qualifications for consultant appointments, seeks to ensure that all those who acquire these qualifications are eligible to compete for consultant appointments in public hospitals, whether they acquire those qualifications within formal training schemes in Ireland or elsewhere.

7.2.7 There has been a notable expansion in higher specialist trainee numbers in recent years.

7.2.8 Comhairle na nOspidéal supports the proposal in the Tierney Report, 1993, repeated in the National Task Force on Medical Staffing (Hanly) Report, 2003 and the iHSE Report, 2004, that all NCHD posts and consultant posts should be centrally regulated and is of the view that this role should form part of the functions of the Health Service Executive (HSE), most likely the National Hospital Office, in light of Government policy to streamline health service management and increase co-ordination. How postgraduate training will be organised and delivered in the future presents many challenges particularly in view of the legal requirement to comply with the European Working Time Directive. These challenges have been addressed in the Hanly Report and more especially in the Medical Education & Training Group's reports associated with the National Task Force on Medical Staffing. How to provide appropriate postgraduate training within a 58-hour and ultimately a 48-hour working week, how to train enough doctors, how to determine the optimum duration of training and the quality of training and do all of this whilst maintaining a high quality service provision needs full scrutiny. One also has to acknowledge and address the current dependence of the acute hospital system on the input of NCHDs both trainees and those not in formal training programmes.

7.2.9 Over the years, Comhairle has been involved with and supported many reports which have flagged the need for a more coordinated approach to hospital medical workforce planning and recommended that the planning and regulation of the hospital medical workforce should be the remit of a single agency. It has been a frustration that the progress made by it in relation to the increased numbers of consultant posts has not associated with any reduction in NCHD numbers. For example, the Tierney Report (1993) suggested a target of 1,500 consultant posts (increased from 1170) and 1,500 NCHD (reduced from 2322) posts by January 2003. The projection in respect of consultant posts was in fact exceeded by 231 posts by that date. However, the projection in respect of NCHDs did not materialize. On the contrary, the number of NCHDs by 1st January 2004 had increased by 70%.

7.3 Regulation of Specialist/Senior Registrar posts (January-December 2005)

7.3.1 In December 2004, the interim HSE produced a report entitled "Revised Procedures for Regulating Consultant and SpR/SR Appointments". The aim of the report was to outline the process to be used in 2005 during the transition phase following the establishment of the HSE on 1st January 2005. The membership of the group that compiled the report included representatives of the iHSE, DoHC, Comhairle na nOspidéal, health boards and voluntary hospitals.

7.3.2 Section 11 of the iHSE Report sets out the procedure to be followed by training bodies when applying for SpR/SR posts. Training bodies were requested to provide the following:

- the reasons for the request;
- the existing number of SpR/SR posts recognised for training by the relevant training body;

- the number of SpR/SR posts approved by Comhairle na nOspidéal up to 31st December 2004 and subsequently by the HSE-NHO;
- the reasons for maintaining or increasing the existing number of approved posts;
- identification of the current location of each post;
- the hospitals included in each rotation;
- The funding implications of the post(s) - where additional SpR/SR posts are being sought, the training body must indicate if the required funds are to be met from conversion of other posts, or by other means, or whether additional funding has been approved or is available.

7.3.3 The process followed by Comhairle in their consideration of such requests during the period January – December 2005 was the same as that outlined in paragraph 8.2.2 above.

TABLE 7A NUMBER OF APPROVED SPR / SR POSTS

Specialty/Sub Specialty	No. of approved SpR/SR posts
Anaesthesia	**106**
Emergency Medicine	**12**
Medicine:	
Cardiology	21
Clinical Pharmacology & Therapeutics	3
Dermatology	6
Endocrinology & Diabetes Mellitus	13
Gastroenterology	33
Geriatric Medicine	22
General Medicine	70
GU Medicine	2
Infectious Diseases	7
Medical Oncology	12
Nephrology	12
Neurology	12
Palliative Medicine	10
Rehabilitation Medicine	4
Respiratory Medicine	26
Rheumatology	8
Total Medicine (excl. paediatrics)	**Up to 261**
Obstetrics & Gynaecology	**Up to 29**
Paediatrics	**75**
Pathology	
Chemical Pathology	5
Haematology	20
Histopathology	53
Immunology	2
Microbiology	19
Total Pathology	**Up to 99**
Psychiatry / Senior Registrars	
Child & Adolescent	22
General Adult	28

Learning Disability	2
Liaison	2
Old Age	11
Rehabilitation	2
Substance Misuse	1
Forensic	2
Total Psychiatry	**70**
Radiology	**70**
Radiation Oncology	6
Total Radiology	**76**
Surgery	
Cardiothoracic	6
General	48
Neurosurgery	9
Oral & Maxillofacial	1
Ophthalmic	9
Otolaryngology	8
Orthopaedic	44
Paediatric	6
Plastic	10
Urology	13
Total Surgery	**154**
Overall Total	**Up to 882**

SECTION 8

Summary of Comhairle Documents and Reports (1972 – 2005)

8.1 Overview

8.1.1 Since 1972, Comhairle na nOspidéal has published more than 80 reports. (A full list is contained in Appendix A). These reports have included extensive specialty reviews as well as documents which focus on specific policy matters relating to the organisation and operation of hospital services in individual health board areas and the role and organisation of the medical workforce. Many of these have been joint reports involving the Department of Health & Children.

8.1.2 The role of Comhairle na nOspidéal in respect of policy development has provided a source of independent, objective advice to the Minister, the Department and health boards and hospital authorities, the medical profession and the public, in the context of government policy. Comhairle reports form the backdrop against which decisions are made by successive Comhairle Boards and, along with Department of Health and Children policy documents, constitute the policy basis for the exercise of its regulatory and advisory functions.

8.1.3 The experience of Comhairle na nOspidéal has been that the investment of regulatory and advisory functions together in one organisation operates well. Such integration has facilitated a cohesive approach to the development of policy via an advisory function and consequent implementation via the regulatory function in respect of consultant posts. However, there have been occasions when Comhairle has felt limited in its ability to implement policy documents fully, usually in relation to service organisation / structure.

8.1.4 Notwithstanding this, the recommendations of many of Comhairle na nOspidéal's reports have been successfully implemented. The publication of reports usually results in increased applications for and approval of consultant posts, as well as an enhancement in the type and range of specialist services provided. This often includes the establishment of new specialty services in hospitals.

8.1.5 Comhairle na nOspidéal has found that the committee system, used to prepare its specialty reports (see the list in Section 3), has proven to be an effective working method. The Board endeavours to maintain a membership balance, in terms of expertise and gender on all its sub-committees. The sub-committees have particularly benefited from multidisciplinary membership. All committees are served by at least one member of the Comhairle executive staff in addition to the Chief Officer who is an ex-officio member of all sub-committees. Their input to the sub-committees' work is pivotal.

8.2 Summary of Comhairle na nOspidéal Reports (1972 – 2005)

8.2.1 The following pages provide a representation of Comhairle na nOspidéal Reports and Reviews undertaken from 1972 to 2005. The summaries of the reports chosen include information on the consultant staffing in the specific specialty when each report was first published, the recommendations on consultant staffing outlined in each report and the extent to which these consultant staffing recommendations have been implemented to date.

It should be noted that the "current consultant establishment" and "current consultant / population ratio" refer to consultant staffing figures as at 23 November 2005. All population figures refer to the 2002 census.

Comhairle na nOspidéal Reports[1]

ACCIDENT AND EMERGENCY

Accident and Emergency Services (December 1974)

Key recommendations of the report include:

- Major accident and emergency departments dealing with up to three times as many new patients as are dealt with as in-patients and involving a very wide range of medical and surgical problems (a growing number of which require urgent capable life-saving intervention), calls for tight day-to-day medical organisation and management.
- This medical management function, which should also carry a responsibility for training junior medical staff and others involved in dealing with accidents and emergencies, should be discharged by a consultant. The consultant would also play an important role in the teaching of medical students.
- The consultant in charge should be geographically wholetime except to the extent that his/her services might be made available to associated accident and emergency units.
- The consultant's main interest should be accident and emergency responsibilities but this would not preclude a limited involvement in in-patient work or research in the base hospital in pursuance of a special interest which the consultant may have.

The recommendations of this report have been superseded by those of the Report on Accident & Emergency Services published in February 2002.

Report of the Committee on Accident and Emergency Services (February 2002)

A brief summary of this report is included earlier in Section 3 of this report.

Health Service Region	Consultant Posts (Jan. 2001)	Additional Posts Recommended	Posts subject to service restructuring	Total Posts Recommended Overall	Current Consultant Establishment	Remaining posts to be approved / restructured
East Coast	1	2	2	5	3	2
Northern	5	5	2	12	10	2
South West	5	4	3	12	9	3
Eastern	11	11	7	29	22	7
Midland	0	4	1	5	3	2
Mid-West	1	2	2	5	3	2
North East	1	3	1	5	4	1
North West	2	2	1	5	4	1
South East	1	5	2	8	5	3
Southern	2	4	3	9	6	3
Western	3	3	2	8	5	3
Total	**21**	**34**	**19**	**74**	**52**	**22**

There has been a 148% increase in the number of Consultants in Emergency Medicine (21 to 52) since January 2001.

ANAESTHESIA

South-East Dublin Joint Department of Anaesthesia Blueprint Document (March 1990)

Key recommendations include:

- St. Vincent's Hospital, as the major general teaching hospital, would be responsible for the organisation and operation of the joint department, the purposes of which would be to provide high quality anaesthetic services (including satisfactory cover) to each of the participating hospitals. On behalf of all participating hospitals, it could act as the initiator of new or replacement posts.
- At all times there would be a core group of Anaesthetists within the joint department, with wholetime commitments to St. Vincent's Hospital, as the major hospital.
- Outside of the major hospital, each participating hospital would have one or more Anaesthetists with a substantive commitment, one of whom would be the Director of Anaesthesia in the hospital concerned.

Galway Regional Hospital Department of Anaesthesia Framework Document (February 1995)

In the context of an application for the creation of three additional permanent consultant posts, the Consultant Anaesthetists based at University College Hospital and those based at Merlin Park Regional Hospital indicated agreement in principle to the formation of a joint department of anaesthesia spanning the two hospitals. This joint department was to be known as the 'Galway Regional Hospitals Department of Anaesthesia' and would function in accord with the principles and provisions set out in this framework document which, with the assistance of Comhairle representatives, had been negotiated and agreed between the management of the Western Health Board and the consultant anaesthetists.

MEDICINE

Rationalisation of Endocrine Services (December 1975 plus addendum, July 1977)

Key recommendations of the report include:

- There should be four main hospital centres providing a radio-immuno-assay (R.I.A.) service - Cork, Galway, North Dublin and South Dublin
- In each of the four centres and in certain other large general hospitals, facilities could be provided to perform the most commonly requested endocrine tests
- Other endocrine tests of greater sophistication, but in heavy demand, should be confined to the four main centres, initially on the basis of specific tests being allocated between the four centres – ultimately, the demand may require each centre to undertake all tests
- Other hormone assays which are required less frequently should be done by arrangement with appropriate units in this country and elsewhere
- The Mater Hospital was recommended as the main endocrine centre for North Dublin

Key recommendations of the addendum include:

- The laboratories of St. Vincent's Hospital and St. James's Hospital should be jointly responsible for the endocrine laboratory services for South Dublin. There should be no duplication of sophisticated endocrine tests as between these two laboratories. For the purposes of the organisation and development of endocrine laboratory services in the country as a whole, they should be viewed as a separate entity along with Cork, Galway and the Mater Hospital (North Dublin).
- Access to the routine endocrine services of the laboratories at St. Vincent's and St. James's Hospitals should be freely available to the clinical consultants in the other south city hospitals including the maternity hospitals.

Sexually Transmitted Diseases (October 1977)

Key recommendations include:

- The provision of services for sexually transmitted diseases should become the direct responsibility of the hospitals in which the services are located.
- The continued involvement of the directors of Community Care in the services for sexually transmitted diseases is essential.
- Initially two centres should be set up in Dublin – one at St. James's Hospital and one at the Mater Hospital – involving two consultant appointments and appropriate laboratory facilities on a minimum scale. There should be a single serology reference laboratory to be used by both centres.
- While the initial concentration might be on the development of the two Dublin centres, there may be a need for improved services in other parts of the country.

Infectious Diseases (April 1978)

Key recommendations include:

In relation to Dublin:

- That Cherry Orchard should be retained in the short-term, as a separate isolation hospital in its present location. It should be regarded as the national isolation unit, including the special unit for the highly infectious and dangerous viral infections such as Smallpox, Lassa and Marburg disease.
- That a much smaller number of beds than the present complement of 282 should be adequate to meet isolation needs in normal circumstances. The necessary flexibility to cope with a large epidemic can be provided by appropriate planning.
- For a children's centre of the scale of Our Lady's Hospital, Crumlin and the Children's Hospital, Temple Street, infectious diseases units of 40-50 beds would seem appropriate.

In relation to Cork and Galway:

- That separate fever hospital would not be required in Cork and Galway. Instead it is recommended that separate isolation units of approximately 25 beds should be provided within the campus of the new Regional / St. Finbarr's Hospitals in Cork and the Regional / Merlin Park Hospital complex in Galway. These should serve as regional centres for the treatment of infectious diseases cases.

In relation to other parts of the country:

- That the fever hospitals at New Ross, Killarney and Croom should either be closed or be given an alternative role other than in the treatment of infectious diseases.
- That all general hospitals should be provided with an adequate number of beds which can be used for isolation purposes. These beds should be spread throughout the various departments of the hospital rather than aggregated in a single unit. If serious difficulties with infectious diseases arise in a general hospital, patients should be transferred to the regional centres at Cork and Galway or to the national centre at Cherry Orchard.

AIDS at Consultant Level (March 1992) Updated position (February 2000)

Health Service Region	Infectious Diseases*		Genito-Urinary Medicine		Psychiatry of Drug Misuse**	
	Recommended	Current	Recommended	Current	Recommended	Current
North Dublin	2	3	1	-	1	3
South Dublin	2	2	1	1	1	4
Leinster	-	-	-	-	-	1
Munster	1	1	-	-	-	-
Connacht	1	1	-	-	-	-
Paediatrics	1-2	2	-	-	-	-
Total	**7-8**	**9**	**2**	**1*** **	**2**	**8**** **

* The report recommended that the infectious diseases consultants in Dublin would have small sessional commitments to Mountjoy Prison

** Recommendations of report have been superseded by recommendations of Report on the Consultant Staffing in the Mental Health Services

*** Second post exists which has 2 sessions per week in Sligo

**** Figure includes 2 posts of Consultant Child & Adolescent Psychiatrist s.i. substance misuse

Nephrology Services (June 1976 plus addendum March 1980)

Health Board Area	Consultant Posts (1976)	Recommendations (1980)	Current Consultant Establishment
Dublin (ERHA, MHB, NEHB, part of SEHB, part of NWHB)	4	10	15*
Cork (SHB, MWHB, part of SEHB)	1	2	5
Galway (WHB, part of NWHB)	1	2	2
TOTAL	**6**	**14**	**22**

* Figure includes 2 posts of Consultant Paediatric Nephrologist

Other key recommendations of this report:

- In Dublin, chronic maintenance hospital dialysis and renal transplantation surgery should be confined to Jervis Street Hospital, and its associated facilities at St. Mary's Hospital Phoenix Park, which also provides the organisation and training for home dialysis services.
- Dialysis units in Cork and Galway should continue to be developed in association with the unit at Jervis Street.
- Every consultant nephrologist should have access to the main dialysis unit at Jervis St. and should care for his/her own patients there under the aegis of a co-ordinating committee.
- Each Major Hospital should have a haemo-dialysis machine to cater for acute renal failure.

In 1980, Comhairle undertook a revision of the recommendations made for nephrology services four years earlier. The addendum recommended:

- 4 maintenance dialysis units for the country as a whole – at Jervis Street Hospital (which would subsequently transfer to the new Beaumont Hospital), Meath Hospital (which would transfer to the new Tallaght Hospital), Cork Regional Hospital and Galway Regional Hospital. Maintenance dialysis should only be carried out at these four centres.
- Training for acute dialysis for the staff of the Dublin hospitals should be provided at the Meath Hospital and Jervis Street Hospital units.
- All nephrologist posts should be joint appointments

Dermatology Services (June 1988)

Key recommendations of this report include:

- A ratio of 1 consultant Dermatologist to 150,000-200,000 population i.e. an increase in consultant number to between 17 and 23.
- Regionalisation, with 4 regional centres based at Dublin North, Dublin South, Galway and Cork.
- Dermatology Services should be located at, and be an integral part of, a major general hospital providing a comprehensive range of specialties including pathology and anaesthesia.
- Major emphasis, in the future, should be on out-patient clinics and day-care centres rather than in-patient activity, through a network of peripheral clinics within each region.

The recommendations of this report have been superseded by those of the report on Dermatology Services published in November 2003.

Report of the Committee on Dermatology Services (November 2003)

A brief summary of this report is included earlier in Section 3 of this report.

Health Service Region & Population	Consultant Posts (November 2003)	Additional Posts Recommended		Total Posts Recommended	Current Consultant Establishment	Remaining posts to be approved	Current Consultant / Population Ratio
		Priority	Long Term				
East Coast	2	1	0	3	3	0	1 / 111,291
Northern	4	1	0	5	4	1	1 / 121,734
South West	4	1	1	6	5	1	1 / 116,127
Eastern 1,401,441	10	3	1	14	12	2	1 / 116787
Midland 225,363	0	2	0	2	1	1	-
Mid-West 339,591	1	1	1	3	1	2	1 / 339,591
North-East 344,965	2	0	1	3	2	1	1 / 172,483
North-West 221,574	1	1	0	2	1	1	1 / 221,574
South-East 423,616	1	2	1	4	1	3	1 / 423,616
Southern 580,356	2	2	2	6	3	3	1 / 193,452
Western 380,297	2	1	1	4	3	1	1 / 126,766
Total 3,917,203	**19**	**12**	**7**	**38**	**24**	**14**	**1 / 163,217**

There has been a 26% increase in the number of Consultant Dermatologist posts (19 to 24) since this report was published in 2003.

Neurology Services (July 1991)

Key recommendations of this report include:

- A ratio of one consultant neurologist per 200,000 i.e. constituting a short-term complement of 13 consultants with a long-term target of 17 consultant neurologists.
- An allowance of 10 beds per neurologist, a proportion of these being five-day and one-day beds
- Where feasible, that all neurologists should be organised in groups based at and/or formally linked to the major neuroscience/neurosurgical centres in Dublin (Beaumont), Cork (CUH) and Galway, to facilitate interaction with colleagues and to allow access to specialised investigative facilities available at these centres.
- In the future development of neurological services, that there should be a greater emphasis on outpatient clinics in the neurological centres and the major hospitals in the catchment area.
- A complement of four posts of paediatric neurologist for Ireland was recommended for the short term, including a third post in Dublin and a new appointment in Cork to serve the Munster area.

- At the time of the report there was one clinical neurophysiologist serving the entire country. A ratio of 1.5 clinical neurophysiologists per million population as a short-term target was recommended. In the longer term, a complement of five posts of consultant clinical neurophysiologist was recommended with an initial complement of three posts with one post of consultant neurologist with a part-time interest in clinical neurophysiology to be based in Galway (UCHG).

The recommendations of this report have been superseded by those of the report on Neurology and Neurophysiology Services published in April 2003.

Report of the Committee to Review Neurology and Neurophysiology Services (April 2003)

A brief summary of this report is included earlier in Section 3 of this report.

Neurology Services (Adult)

Health Service Region & Population	Consultant Posts (April. 2003)	Additional Posts Recommended		Total Posts Recommended	Current Consultant Establishment	Remaining posts to be approved	Current Consultant Population Ratio
		Priority	Long Term				
East Coast	2	0	1	3	2	1	1 / 166,937
Northern	5	4	2	11	5	6	1 / 97,387
South West	2	2	2	6	4	2	1 / 145,159
Eastern 1,401,441	9	6	5	20	11	9	1 / 127,404
Midland 225,363	0	0	0	0	0	0	-
Mid-West 339,591	0	2	1	3	0	3	-
North-East 344,965	0	0	0	0	0	0	-
North-West 221,574	0	0	0	0	0	0	-
South-East 423,616	0	2	2	4	0	4	-
Southern 580,356	3	2	1	6	4	2	1 / 145,089
Western 380,297	2	3	1	6	2	4	1 / 190,149
Total 3,917,203	**14**	**15**	**10**	**39**	**17**	**22**	**1 / 230,424**

There has been a 21% increase in the number of Consultant Neurology (adult) posts (14 to 17) since this report was published in 2003.

Paediatric Neurology Services

Health Service Region	Consultant Posts (April 2003)	Total Posts Recommended	Current Consultant Establishment	Remaining posts to be approved
Dublin	4	4	4	0
Cork	1	2	1	1
Total	**5**	**6**	**5**	**1**

Neurophysiology Services

Health Service Region	Consultant Posts (April 2003)	Total Posts Recommended	Current Consultant Establishment	Remaining posts to be approved
Dublin	2	6	3	3
Cork	1	2	1	1
Galway	0	1	0	1
Total	**3**	**9**	**4**	**5**

Rheumatology and Rehabilitation Services - Part I - Rheumatology (April 1995)

Health Service Region & Population	Consultant Posts (April 1995)	Total Posts Recommended	Current Consultant Establishment	Remaining posts to be approved	Current Consultant / Population Ratio
Eastern 1,401,441	7	10	13	0	1 / 107,803
Midland 225,363	0	2	0	2	-
Mid-West 339,591	0	2	1	1	1 / 339,591
North-East 344,965	0	2	1	1	1 / 344,965
North-West 221,574	1	2	1	1	1 / 221,574
South-East 423,616	1	2	3	0	1 / 141,205
Southern 580,356	2	4	4	0	1 / 145,089
Western 380,297	1	2	1	1	1 / 380,297
Total 3,917,203	**12**	**26**	**24**	**6**	**1 / 163,217**

There has been a 100% increase in the number of Consultant Rheumatologist posts (12 to 24) since this report was published in 1995.

The report recommended that one wholetime equivalent post of consultant paediatrician with a special interest in paediatric rheumatology, based in the children's hospitals in Dublin would, on balance, be justified for the whole country: was approved in October 2003 with 8 sessions at Crumlin, 2 sessions at St. Vincent's and 1 session at Harold's Cross.

Respiratory medicine and the management of tuberculosis (July 2000)

Key recommendations of the report include, inter alia:

- Treatment of tuberculosis patients should be delivered locally in acute general hospitals by respiratory physicians, mainly on an out-patient basis.
- There is a need for a small number of inpatient beds attached to the major teaching centres in Dublin (10), Cork (4) and Galway (2) and (i) drug-resistant and (ii) non-compliant patients. Each unit with adequate recreation and rehabilitation facilities would also be available to neighbouring health boards and hospitals. Each of these units should ideally be based on the campus of an acute general teaching hospital with the patients under the clinical care of appropriate consultant respiratory physicians.

- There should be consultant respiratory physicians with designated special interests in tuberculosis in some of the above hospitals, e.g. St. James's, C.U.H. and UCH/Merlin Park, Galway.
- Comhairle approve the appointment of two wholetime posts of consultant respiratory physician to St. James's Hospital, one additional and one replacement.
- One of the posts should have a designated special interest in tuberculosis.
- Patients should not be admitted directly to Peamount Hospital.
- Acute patients should not be treated in Peamount Hospital.
- Peamount Hospital should be used as a step-down sub-acute support facility for the South Western Area Health Board and St. James's, Tallaght and Naas hospitals.

Report of the committee to advance the implementation of the Comhairle report on respiratory medicine and the management of tuberculosis (April 2003)

A brief summary of this report is included earlier in Section 3 of this report.

Report of the Joint Working Group to Review Consultant Cardiology Requirements (April 2004)

A brief summary of this report is included earlier in Section 3 of this report.

Health Service Region & Population	Consultant Posts (January 2001)	Additional Posts Recommended		Total Posts Recommended	Current Consultant Establishment	Remaining posts to be approved	Current Consultant / Population Ratio
		Phase 1	Phase 2				
East Coast	4	1	2	7	5	2	1 / 66,775
Northern	8	2	5	15	12	3	1 / 40,578
South West	5	4	5	14	9	5	1 / 64,515
Eastern 1,401,441	17	7	12	36	26	10	1 / 53,902
Midland 225,363	1	2	1	4	3	1	1 / 75,121
Mid-West 339,591	2	2	2	6	3	3	1 / 113,197
North-East 344,965	1	3	1	5	2	3	1 / 172,482
North-West 221,574	1	2	0	3	2	1	1 / 110,787
South-East 423,616	1	4	1	6	4	2	1 / 105,904
Southern 580,356	4	3	6	13	7	6	1 / 82,908
Western 380,297	2	2	4	8	4	4	1 / 95,074
Total 3,917,203	**29**	**25**	**27**	**81**	**51**	**30**	**1 / 76,808**

Report recommended 4 supra-regional cardiology centres:

North Dublin	(Mater / Beaumont)
South Dublin	(St. James's / St. Vincent's / Tallaght)
Cork	(Cork University Hospital)
Galway	(University College Hospital, Galway)

There has been a 76% increase in the number of Consultant Cardiology posts (29 to 51) since January 2001.

Acute Medical Units (October 2004)

A brief summary of this report is included earlier in Section 3 of this report.

OBSTETRICS / GYNAECOLOGY

Report of the Committee Reviewing Maternity and Related Services in the North Eastern Health Board Area (July 2003)

A brief summary of this report is included earlier in Section 3 of this report.

PAEDIATRICS

Development of Hospital Paediatric Services (October 1979)

Key recommendations include:

- The overall objective should be the development of an integrated child health service orientated towards prevention
- All children admitted to hospital should be accommodated in a children's environment separated from accommodation for adults
- A paediatric unit or hospital should, ideally, be part of a general hospital and be located on the same site
- Close and formal links should be developed between the children's hospitals in Dublin and the general hospitals
- Paediatrics is a basic community specialty and the planning of units should, therefore, be related to the basic population catchments appropriate to a general hospital
- Obstetricians and paediatricians should develop close working relationships in the care of the newborn
- Outside the major cities general paediatric services for children should be developed in parallel with the neonatal service
- The two paediatricians envisaged for each minimum scale unit should, between them, cover neonatal care, general paediatric care and community care
- A total of 13 minimum-scale obstetric / neonatal / general paediatric units would be justified outside of the main urban centres
- Sub-specialisation in paediatrics should be largely confined to the two major paediatric centres in Dublin

Neonatal Care Services in Dublin (April 1988)

Key recommendations include:

- At the Rotunda Hospital, where there is an isolated paediatric unit in the hospital grounds and an intensive / special care unit within the main hospital, the facilities should be physically combined at a location as close as possible to the delivery suite. The overall number of beds/cots should be reduced to the recommended ratios related to the number of births.
- At the Coombe Hospital, there should be an increase in consultant Neonatologist in-put linked to an increased in-put to Our Lady's Hospital for Sick Children. The level of N.C.H.D. staffing should be reviewed in conjunction with this development.
- The appropriate authorities should initiate an in-depth review of the nurse staffing levels in the intensive/special care units bearing in mind the minimum levels recommended by the neonatal sub-committee of the Faculty of Paediatrics and the need for flexibility.
- Responsibility for the transportation of sick neonates from peripheral units to the Dublin maternity hospitals should switch from the referring hospital to the receiving maternity hospital.
- Some order should be introduced to bring about a set pattern of referrals from outside the E.H.B. area to the Dublin neonatal care units.

Report on Paediatric and Adolescent Services in Dublin (June 1994)

Key recommendations include:

- That the Comhairle point out to the Minister for Health that, based on policy decisions announced to date, there is a distribution problem in relation to secondary care paediatrics in that there will be two paediatric facilities (i.e. Crumlin and Tallaght) within a few miles of one another whereas a large population in South East Dublin / Wicklow will have no indigenous hospital paediatric service.
- The necessity for a single national tertiary care facility, desirably linked to adult facilities located in Dublin and serving the needs of the whole country should be stressed to the Minister.
- That the children's and adult general hospitals should review the transfer arrangements for children with chronic conditions with a view to ensuring the smoothest possible transition from the paediatric to the adult setting.

Posts of Consultant Paediatrician with a special interest in community child health - Policy Document (October 1997)

The committee identified a need for, and created posts of, Consultant Paediatrician with a special interest in Community Child Health.

To date, Comhairle has approved 15 posts of Consultant Paediatrician with a special interest in community child health.

The policy document, which dealt with the nature, structure and context of such posts, had the support of the Faculty of Paediatrics and the Faculty of Public Health Medicine. The document set out the broad parameters of the post of Consultant Paediatrician with a special interest in community child health and how such posts would dovetail with the hospital and community child health services and personnel.

Comhairle supported the concept of providing on-site paediatric units where there are obstetric units of the scale of 1,000-1,500 births per annum. The report quoted the recommendations of the Faculty of Paediatrics: "*the minimum consultant establishment to provide the 24-hour cover necessary for an acute paediatric unit is 3 ... Ideally, one of these consultants should have a special interest in community child health...*"

Based in a paediatric unit, the Consultant Paediatrician with a special interest in Community Child Health will:

- Devote about half his/her time to community-based work and the other half to hospital based work
- Share in the acute on-call rota, maintain responsibility for patients admitted under his/her care and have a reduced on-call commitment compared to the other consultant paediatricians so as to enable delivery of the community-based work
- Have equal access to beds in line with need
- Have regular outpatient commitments providing a consultant paediatric service both within the hospital and in the community

Review of Paediatric Surgery Services (December 1998)

Region	Consultant Posts (Dec 1998)	Total Posts Recommended	Current Consultant Establishment
Dublin	**4**	**5**	**5***

* including one paediatric urologist

The report recommended that all specialist paediatric surgery and neonatal surgery should be concentrated in Our Lady's Hospital, Crumlin. Non-specialist paediatric surgery and less complex urology will continue to be provided at Temple Street and Tallaght Hospitals. A further position paper on Specialist Paediatric and Neonatal Surgery was produced by Comhairle na nOspidéal in September 2004 which reinforced the view that ideally neonatal surgery should be centralised on one site in Dublin.

It should be noted that the HSE is in the process of establishing a review group to review tertiary paediatric services nationally.

PATHOLOGY

Paediatric Pathology Services in Dublin (September 1991)

The report recommended the creation of six new posts and the restructuring of seven existing posts. The report also recommended a significant increase in the existing consultant input to paediatric pathology in Dublin.

Haematology Services in South-West Dublin (April 1995)

Key recommendations include:

- That the children's haemophilia unit should be relocated onto the site of Crumlin Hospital.
- In the context of the children's haemophilia unit being located at Crumlin Hospital, 6 posts were recommended for the area as follows:

4 consultant team between St. James's and Crumlin Hospitals
1 General Adult Haematologist based mainly at St. James's Hospital
1 General Paediatric Haematologist based mainly at Crumlin
1 Haematologist s.i. bone marrow transplantation
1 Haematologist s.i. haemophilia who will care for adults at St. James's and children at Crumlin

2 posts for M.A.N.C.H. / Tallaght
2 General Haematologists

- The linking of haematology posts under the Blood Transfusion Services Board with general hospital services.

Report of the Committee on Haematology Services (December 1999)

Recommendations regarding Haematology posts excluding s.i. transfusion medicine

Health Service Region & Population	Consultant Posts (December 1999)	Total Posts Recommended	Current Consultant Establishment	Remaining posts to be approved	Current Consultant / Population Ratio
East Coast	2	3	3	0	1 / 111,291
Northern	2	5	5	0	1 / 97,387
South West	5	9	12	0	1 / 48,386
Eastern 1,401,441	9	17	20	0	1 / 70,072
Midland 225,363	1	2	2	0	1 / 112,682
Mid-West 339,591	1	3	2	1	1 / 169,796
North-East 344,965	0	3	1	2	1 / 344,965
North-West 221,574	1	2	2	0	1 / 110787
South-East 423,616	1	3	2	1	1 / 211,808
Southern 580,356	2	5	4	1	1 / 145,089
Western 380,297	2	4	3	1	1 / 126,766
Total 3,917,203	**17**	**39**	**36**	**6**	**1 / 108,811**

Figures include 5 posts of Consultant Haematologist s.i. paediatric haematology (3 based at Crumlin, 1 based at Temple Street and 1 based at the Mercy, Cork)

There has been a 112% increase in the number of Consultant Haematologist posts (17 to 36) since this report was published in 1999.

Recommendations regarding haematology posts s.i. transfusion medicine

Health Service Region	Consultant Posts (December 1999)	Total Posts Recommended	Current Consultant Establishment
IBTS (Dublin)	3	4	4
IBTS (Cork)	1	2	2
Total	**4**	**6**	**6**

The recommendations of the report in relation to posts with a special interest in transfusion medicine have been achieved, i.e. there has been a 50 % increase in consultant posts (4 to 6) since this report was published in 1999.

Other key recommendations of this report include:

- A ratio of one consultant haematologist per 100,000
- That consultant haematologists should work in proximity at a single site within an area.
- In relation to the BTSB, it stressed that in order to minimise the problem of professional isolation all consultant posts under the BTSB should have a significant general hospital commitment.
- 1 post of Consultant Virologist
- 1 post of Donor Care Consultant: filled on a temporary basis for 5 years (approved Jan 2000 with 11 sessions IBTS Dublin)

Report of the Committee on Immunology Services (November 2000)

Health Service Region & Population	Consultant Posts (November 2000)	Total Posts Recommended	Current Consultant Establishment	Remaining posts to be approved	Current Consultant / Population Ratio
East Coast	1	0	0	0	-
Northern	1	2	2	0	1 / 243,467
South West	1	3	1	2	1 / 580,634
Eastern 1,401,441	3	5	3	2	1 / 467,147
Midland 225,363	0	0	0	0	-
Mid-West 339,591	0	0	0	0	-
North-East 344,965	0	0	0	0	-
North-West 221,574	0	0	0	0	-
South-East 423,616	0	0	0	0	-
Southern 580,356	0	2	0	2	-
Western 380,297	1	1	1	0	1 / 380,297
Total 3,917,203	**4**	**8**	**4**	**4**	**1 / 979,301**

- Report recommended 4 supra-regional immunology centres:

North Dublin (Beaumont)	serving NAHB & NEHB
South Dublin (St. James's)	serving ECAHB, SWAHB, MHB & SEHB
Cork (C.U.H.)	serving SHB & MWHB
Galway (U.C.H.G.)	serving WHB & NWHB

- Dublin posts with sessions to the other major teaching hospitals in the region.

Chemical Pathology / Clinical Biochemistry Services (November 2005)

A brief summary of this report is included earlier in Section 3 of this report.

Administrative Area (Population) Base Hospital	Current Consultant Establishment	Immediate Priorities	Additional posts	Total Posts Recommended
Dublin / North East (831,899)				
Beaumont	1	-	+1	2
Mater	1	-	+1	2
Temple Street	1	-	-	1
OLOLH, Drogheda	0	+1	+1	2
Total Dublin / North East	**3**	**+1**	**+3**	**7**
Dublin / Mid Leinster (1,139,870)				
St. Vincent's	1	-	+1	2
Tallaght	1	-	+1	2
St. James's	1	-	+1	2
Crumlin	1	-	-	1
MRH, Tullamore	0	+1	+1	2
Total Dublin / Mid Leinster	**4**	**+1**	**+4**	**9**
Western (941,462)				
Galway Regional Hospitals	2	-	-	2
MWRH, Limerick	1	-	+1	2
Sligo / Letterkenny General	0	+1	+1	2
Total Western	**3**	**+1**	**+2**	**6**
Southern (1,003,972)				
Waterford Regional Hospital	0	+1	+1	2
Cork University Hospital	1	+1	+1	3
Total Southern	**1**	**+2**	**+2**	**5**
Total 3,917,203	**11**	**+5**	**+11**	**27**

Microbiology Services (November 2005)

A brief summary of this report is included earlier in Section 3 of this report.

Administrative Area (Population) Base Hospital	Current Consultant Establishment	Immediate Priorities	Additional posts	Total Posts Recommended
Dublin / North East (831,899)				
Beaumont	2	-	+1	3
Mater	2	-	-	2
Temple Street	1	-	-	1
Rotunda	1	-	-	1
Blanchardstown	1	-	-	1
Cavan General Hospital	1	-	-	1
OLOLH, Drogheda	0	+1	+1	2
Total Dublin / North East	**8**	**+1**	**+2**	**11**
Dublin / Mid Leinster (1,139,870)				
St. Vincent's	3	-	-	3
National Maternity	1	-	-	1
Virus Reference Laboratory	1	-	-	1
Tallaght	1	-	+1	2
Naas	0	+1	-	1
St. James's	4	-	-	4
Crumlin / Coombe	1	-	+1	2
Cherry Orchard	1	-	-	1
IBTS	1	-	-	1
MRH, Tullamore	1	-	+1	2
Total Dublin / Mid Leinster	**14**	**+1**	**+3**	**18**
Western (941,462)				
Galway Regional Hospitals	3	-	-	3
Mayo General Hospital	0	+1	-	1
MWRH, Limerick	1	-	+2	3
Sligo General Hospital	1	-	-	1
Letterkenny General Hospital	1	-	-	1
Total Western	**6**	**+1**	**+2**	**9**
Southern (1,003,972)				
Waterford Regional Hospital	3	-	+1	4
Cork University Hospital	3	-	+1	4
Mercy University Hospital	1	-	-	1
Kerry General Hospital	0	-	+1	1
Total Southern	**7**	**-**	**+3**	**10**
Total 3,917,203	**35**	**+3**	**+10**	**48**

PSYCHIATRY

Psychiatric Services at Consultant Level (March 1978)

Key recommendations of the report include:

- The Comhairle study group did not find any evidence to support the view that, in general, there is a need to increase the overall consultant manpower in psychiatry. The majority opinion was that there was probably a sufficient number of consultants available. However, the view was strongly expressed to the study group that it would be helpful to have more psychiatrically orientated general practitioners and consultant physicians.
- The norm of one consultant psychiatrist per 25,000 to 30,000 population was accepted by the committee, while stressing the importance of increasing the level of support staff available to the psychiatric services in general.
- Comhairle suggested the recruitment of more child psychiatrists. Initially, these new posts would be based on the large centres of population but should have a commitment to provide a consultation service for provincial areas.
- Comhairle encouraged an increase in the number of consultants in forensic psychiatry and a more equitable distribution to cope with the needs outside the Dublin area.
- Although Comhairle was not directly involved in the provision of services for the (then called) mental handicap field, it stressed the necessity to develop separate appropriate services (including more qualified staff) and accommodation for the adult mentally handicapped. At the time of the report, 17% of patients in mental hospitals were mentally handicapped adults.
- The report recommended a reduction in the multiplicity of medical grades of consultant status to two titles, that of "Consultant Psychiatrist in (*sub-specialty*)", and "Consultant Psychiatrist/Director of (*sub-specialty)*" (administrative title).
- Similarly, the report proposed the abolition of the career grade of psychiatrist, to be replaced by a medical grade between that of consultant and registrar.
- A classification of the patient population in mental hospitals was proposed, as the number of consultants should be related to the number of psychiatric patients who are genuinely in need of services at consultant level.
- The committee supported the trend towards community services and home care of psychiatric patients as opposed to institutional care in mental hospitals. While all patients with mental illness should remain the clinical responsibility of the consultant, he/she should be supported by clinical teams of psychologists, social workers, psychiatric nurses and other paramedical staff to secure an improvement in the services at consultant level.
- It was suggested that links should be developed between the various branches of psychiatry, and with other related services, for example, long-stay units, community-care services and acute units in general hospitals.
- It was noted that within the profession there existed an urgency to establish programmes of higher training for senior registrar level on a regional basis involving participation by a number of hospitals judged suitable for training purposes.

The recommendations of this report have now been superseded by the report on Consultant Staffing in the Mental Health Services published in December 2004.

Medical Aspects of the Mental Handicap Services (April 1988)

Key recommendations of the report include:

- The report identified the lack of reliable medical data on a national basis as a serious deficiency that hampered the development, management and control of the mental handicap services.
- The report noted that mental handicap in itself is not an illness and is not amenable to correction through medical intervention. It stated that the primary needs of the majority of the mentally handicapped lie in the fields of general care education and training.
- The report recommended that consultant manpower needs in this field should be determined by medical data on the mentally handicapped as distinct from population based criteria. At the time, the consultant-population ratio was 1 per 153,791, which compared favourably to The Royal College of Psychiatrists' recommendation relating to the United Kingdom of 1 consultant in mental handicap per 200,000 population.
- The report recommended that the title; 'Consultant in Mental Handicap' should no longer be used since mental handicap is not a recognised mainstream specialty. The report stated that the appropriate title for a consultant in this field is that of 'Consultant Psychiatrist / Paediatrician / Physician with a special interest in the mentally handicapped'. The titles currently in use are 'Consultant Child and Adolescent Psychiatrist with a special interest in the psychiatry of learning disability' and 'Consultant Psychiatrists of learning disability (adult)'.

The recommendations of this report have now been superseded by the report on Consultant Staffing in the Mental Health Services published in December 2004.

Psychiatric Services at Beaumont Hospital / Eastern Health Board – Area 8 / Royal College of Surgeons in Ireland Framework Document (April 1993)

Key recommendations of the report include:

- The Eastern Health Board should enter into a contract with Beaumont Hospital to provide the acute in-patient component of the mental health services, initially for the population in the southern part of the catchment area and ultimately for the whole of Area 8.
- The contract should make provision for a number of issues including the following:

  (i) the early and simultaneous processing and filling of the vacant chair of Psychiatry, R.C.S.I. and two vacant joint appointments of Consultant Psychiatrist plus the re-structuring of the existing post of Clinical Director to include a commitment to Beaumont Hospital.

  (ii) all consultants in the catchment area to have access to beds in the acute unit in the longer-term since the ultimate policy will be to provide in-patient services for the whole of Area 8 at Beaumont Hospital. Consequently, all new appointments must be on a joint basis with selection of appointees being made through an agreed joint selection process.

Framework Document for an integrated psychiatric service for substance misuse in the Eastern Health Board area (June 1995)

Key recommendations of the report include:

- Integrated psychiatric service for substance misuse is necessary to ensure the highest quality service for drug misusers and the most efficient and effective use of combined resources of all the health agencies involved

- The Eastern Health Board should be responsible for the setting up and operation of a central co-ordination committee whose function will be to oversee and to determine policy to ensure the delivery and development of an integrated and co-ordinated psychiatric service in substance misuse
- The psychiatric service for substance misuse in the Eastern Health Board area must be led by a clinical team of qualified Consultant Psychiatrists who should be provided with appropriate N.C.H.D. and other multi-disciplinary support and necessary out-patient and in-patient resources commensurate with the demands made on the services
- There should be a main focal point (Drug Treatment Centre at Trinity Court) for the integrated services which would be the hub around which the services would radiate out to the various delivery points in a wide geographic catchment area
- At the initial stages of the new integrated service, the clinical team will comprise three Consultant Psychiatrists with a special interest in Substance Misuse which will be structured to involve

  (i) a significant commitment to the Drug Treatment Centre at Trinity Court

  (ii) access to detoxification facilities

  (iii) a commitment to the prisons

Consultant Staffing in the Mental Health Services (December 2004)

A brief summary of this report is included earlier in Section 3 of this report.

The report envisaged consultant psychiatrist services being organised and staffed in sector sizes of approximately 50,000 and in catchment populations of approximately 100,000.

General Adult Psychiatry

Health Service Region & Population	Recommended Ratio	Current Consultant Establishment	Current Consultant/ Population Ratio
East Coast		14	1 / 23,848
Northern		24	1 / 20,289
South West		20	1 / 29,032
Eastern 1,401,441	1 post per 25,000	58	1 / 24,163
Midland 225,363	"	8	1 / 28,170
Mid-West 339,591	"	11	1 / 30,872
North-East 344,965	"	11	1 / 31,360
North-West 221,574	"	10	1 / 22,157
South-East 423,616	"	16	1 / 26,476
Southern 580,356	"	23	1 / 25,233
Western 380,297	"	17	1 / 22,370
Total 3,917,203	**1 post per 25,000**	**154**	**1 / 25,436**

Child & Adolescent Psychiatry

Health Service Region	Recommended Ratio	Current Consultant Establishment	Current Consultant/ Population Ratio
East Coast		6	1 / 55,646
Northern		9	1 / 54,104
South West		16	1 / 36,280
Eastern	1 post per 50,000	31	1 / 45,208
Midland	"	3	1 / 75,121
Mid-West	"	4	1 / 84,898
North-East	"	4	1 / 86,241
North-West	"	3	1 / 73,858
South-East	"	4	1 / 105,904
Southern*	"	3	1 / 193,452
Western	"	4	1 / 95,074
Total	**1 post per 50,000**	**56**	**1 / 69,950**

* Child & Adolescent Psychiatry and Learning Disability Posts more integrated in the SHB than elsewhere.

2 posts of Consultant Child & Adolescent Psychiatrist s.i. substance misuse also exist

Psychiatry of Learning Disability (Adult)

Health Service Region	Recommended Ratio	Current Consultant Establishment	Current Consultant/ Population Ratio
East Coast		0	-
Northern		8	1 / 60,867
South West		7	1 / 82,948
Eastern	1 post per 100,000	15	1 / 93,429
Midland	"	1	1 / 225,363
Mid-West	"	1	1 / 339,591
North-East	"	2	1 / 172,483
North-West	"	2	1 / 110,787
South-East	"	1	1 / 423,616
Southern	"	1	1 / 580,356
Western	"	2	1 / 190,149
Total	**1 post per 100,000**	**25**	**1 / 156,688**

Psychiatry of Learning Disability (Child & Adolescent)

Health Service Region	Recommended Ratio	Current Consultant Establishment	Current Consultant/ Population Ratio
East Coast		1	1 / 333,873
Northern		1	1 / 486,934
South West		0	-
Eastern	1 post per 200,000	2	1 / 700,720
Midland	"	1	1 / 225,363
Mid-West	"	2	1 / 169,796
North-East	"	0	-
North-West	"	0	-
South-East	"	2	1 / 211,808
Southern*	"	4	1 / 145,089
Western	"	1	1 / 380,297
Total	**1 post per 200,000**	**12**	**1 / 326,434**

* Child & Adolescent Psychiatry and Learning Disability Posts more integrated in the SHB than elsewhere.

Old Age Psychiatry

Health Service Region	Recommended Ratio	Current Consultant Establishment	Current Consultant/ Population Ratio
East Coast		1	1 / 333,873
Northern		4.5	1 / 108,207
South West		2	1 / 290,317
Eastern	1 post per 100,000	7.5	1 / 186,859
Midland	"	2	1 / 112,682
Mid-West	"	3	1 / 113,197
North-East	"	3	1 / 114,988
North-West	"	2	1 / 110,787
South-East	"	4	1 / 105,904
Southern	"	1	1 / 580,356
Western	"	2	1 / 190,149
Total	**1 post per 100,000**	**24.5**	**1 / 159,886**

Rehabilitation Psychiatry

Health Service Region	Recommended Ratio	Current Consultant Establishment	Current Consultant/ Population Ratio
East Coast		0	-
Northern		2	1 / 243,467
South West		1	1 / 580,634
Eastern	1 post per 100,000	3	1 / 467,147
Midland	"	0	-
Mid-West	"	2	1 / 169,796
North-East	"	1	1 / 344,965
North-West	"	1	1 / 221,574
South-East	"	1	1 / 423,616
Southern	"	0	-
Western	"	1	1 / 380,297
Total	**1 post per 100,000**	**9**	**1 / 435,245**

Substance Misuse Psychiatry

Health Service Region	Recommended Ratio	Current Consultant Establishment	Current Consultant/ Population Ratio
East Coast		1	1 / 333,873
Northern		2	1 / 243,467
South West		2	1 / 290,317
Eastern	1 post per 300,000	5	1 / 280,288
Midland	"	1	1 / 225,363
Mid-West	"	0	-
North-East	"	0	-
North-West	"	0	-
South-East	"	0	-
Southern	"	0	-
Western	"	0	-
Total	**1 post per 300,000**	**6**	**1 / 652,867**

2 posts of Consultant Child & Adolescent Psychiatrist s.i. substance misuse also exist

- A minimum of one post of Consultant General Adult Psychiatrist with a special interest in liaison psychiatry in hospitals with 500 acute beds and in groups of hospitals with a minimum of 500 acute beds.

- The continuous and extension of full-time forensic psychiatrist services within the Dublin region based in Dundrum, outreaching to Portlaoise Prison and the Midlands Prison. The development of consultant general adult psychiatrist posts with a special interest in forensic psychiatry is recommended to provide services to the smaller prisons throughout the rest of the state and to staff psychiatric intensive care units.

RADIOLOGY

The Development of Diagnostic Radiology Services at Consultant Level (May 1980)

Key recommendations of the report include:

- The creation of academic posts in radiology.

- Closer and more formal consultant staffing arrangements to be developed between hospitals. This would lead to the formation of larger departments of radiology spanning two or more neighbouring hospitals.

Review of titles, roles, training pathways and qualifications of consultant radiation oncologists and medical oncologists (October 2000)

Key recommendations of the report include:

- That although the two specialities have complementary roles in the care of cancer patients, they are nevertheless distinct specialities.

- Where chemotherapy is the dominant or primary treatment modality in the care of the patient, best practice would be that such chemotherapy should be delivered by a consultant medical oncologist. While the two specialties have complimentary roles in the care of cancer patients, trends in both specialties are towards more complex and specialised therapies.

- In the future there would be a clear distinction between the consultant specialities of “Radiation Oncologist” (replacing Radiotherapist / Clinical Oncologist) and “Medical Oncologist” (to remain unchanged).

- Revised qualifications for posts of consultant Radiation Oncologist were specified. The recommendations have been accepted by the relevant bodies and are being implemented.

SURGERY

Paediatric Open-Heart Surgery (January 1974)

The purpose of this document was to encourage the implementation of an agreement signed by representatives of the Mater and Our Lady’s Hospital for Sick Children. Key recommendations of the agreement included:

- That such surgery (paediatric open heart surgery) should be performed in Our Lady’s Hospital

on a certain day each week. It was agreed that consideration would be given to moving the older children to the unit at the Mater Hospital.

- A monthly conference would be held to discuss the work schedule and to allot a surgical team.
- The arrangements for Cardio-Pulmonary by-pass should be under the supervision of the Senior Pump Technician at the Open Heart Unit, Mater Hospital. For purposes of perfusion, the Technician at Our Lady's Hospital should be considered a member of the Pump Team.
- Anaesthetic and Intensive Care Services would be provided by Our Lady's Hospital.
- A formal Joint Committee should be set up with representatives of the Open Heart Unit Committee at Our Lady's Hospital.

Development of Orthopaedic Services (May 1977)

Health Board Area	Consultant Posts (May 1977)	Recommendations	Current Consultant Establishment
EHB / ERHA	12	17	34
MHB	0	4	4
MWHB	2	4	6
NEHB	3	4	7
NWHB	0	3	6
SEHB	2	5	6
SHB	3	7	9
WHB	4	6	11
TOTAL	**26**	**50**	**83***

* 8 of which have a special interest in paediatric orthopaedic surgery and 4 of which have a special interest in spinal surgery.

Other key recommendations of the report include:

- A ratio of one consultant orthopaedic surgeon per 70,000 population.
- That the future organisation of orthopaedic services should be based on health board areas with the aim of developing a centralised elective orthopaedic unit in each region. It envisaged the regional elective orthopaedic unit being located in a separate facility, preferably on the campus of a general hospital, with responsibility for providing orthopaedic services to other general hospitals in its catchment area.
- That provision be made for consultants to be available to some extent at each general hospital within the health board area.

Cardio-Thoracic Surgery in Cork (December 1978)

Key recommendations of the report include:

- That a cardiac surgery unit should not be developed in Cork in the immediate future but that nothing should be done which would hinder the development of such a unit at a later stage and that the matter would be reviewed regularly.
- That a fully equipped and fully staffed cardiac investigative unit be developed at the Regional Hospital Cork (as was) and that this unit should be closely associated with the national cardiac surgery unit at the Mater Hospital.

- The immediate appointment of a second investigative cardiologist.

The existing Thoracic Surgeon at Cork Regional Hospital should, on his retirement, be replaced by a consultant who will continue the existing thoracic surgical services.

Cardio-Thoracic Surgery (December 1981)

Key recommendations of the report include:

- That cardiac surgery should be based on viable units located in major general hospitals where the full range of support services can be provided.
- Comhairle considered that there would, in the future, be a need to provide, annually, for a build-up to about 1,500 open-heart operations on adults plus 250 heart operations (both open and closed) on children in this country over the next ten years or so.
- It was recommended that the development of resources for cardiac surgery on adults should be confined, for the foreseeable future, to two centres in this country, namely the unit at the Mater Hospital and a unit to be developed at Cork Regional Hospital. Cardiac surgery on children should be confined to one centre i.e. Our Lady's Hospital for Sick Children, Crumlin.
- It was recommended that the facilities and staff of the unit at the Mater Hospital should be expanded as quickly as possible.
- With regard to an open-heart surgical unit in Cork, it was recommended that a post of consultant cardio-thoracic surgeon be approved immediately to replace the incumbent who was due for retirement. The appointee would have close liaison with the Mater unit until the creation of a second post.
- The facilities and staffing for paediatric investigation and surgery at Our Lady's Hospital for Sick Children, Crumlin should be up-graded.

Review of Surgical Services in the Western Health Board Area (June 1986)

The objective of the Comhairle committee's recommendations was to achieve, through rationalisation of existing surgical services, the strengthening and further development of a regional hospital centre on the campus of the Galway Regional Hospital and a consolidation of the surgical services in the Western Health Board area as a whole.

Key recommendations of the report include:

- That the Galway Regional Hospital (now UCHG), as distinct from Merlin Park was the most appropriate single site for the regional centre to serve the needs of the Western Health Board area as a whole, due to its location, its capacity for further site expansion, the capital/revenue investment already made and its current role in the provision of acute hospital services.
- That the vacated post of Thoracic Surgeon at Merlin Park should be replaced by a new post of General Surgeon with a special interest in peripheral vascular surgery based at the Galway Regional Hospital. In addition, the post of general surgeon, then due to be vacated following the retirement of the incumbent, should be replaced by a General Surgeon based at Galway Regional Hospital. This would result in a complement of four general surgeons at Galway Regional Hospital, one of whom would be the Professor of Surgery and another of whom would have a special interest in vascular surgery. It was envisaged that at least one surgeon of the four-strong team should develop a special interest in paediatric surgery.
- The appointment of a second Consultant Urologist, based on the transfer of the urology department from Merlin Park Hospital to Galway Regional Hospital.

- In the context of the location of the A&E department at Galway Regional Hospital, that ultimately, all orthopaedic services (both acute/trauma and elective) should be located at Galway Regional Hospital. It was accepted that this was, necessarily, a long-term plan.
- With regard to Portiuncula Hospital, that a designated Orthopaedic Surgeon based in Galway should visit Portiuncula Hospital at least once a week, to conduct a fracture clinic and to provide a consultative service in orthopaedics to the Hospital.
- That regular clinics in ENT and Ophthalmology conducted by the UCHG based consultants should be held at Portiuncula.
- With regard to Roscommon County Hospital, the committee concluded that the surgical unit there is not viable and that consultant surgical services at in-patient level should be discontinued there and that alternative arrangements should be made to accommodate the work currently performed at Roscommon in other surrounding surgical units at Galway, Ballinasloe, Castlebar, Sligo and Mullingar. It was stressed that the aim should be to devise alternative plans to provide a better standard of patient care and safety than is possible by means of a locally-based, single-handed, consultant-staffed surgical unit, despite the best endeavours of the consultants and other staff of such a unit.

Neurosurgical Services in Dublin (October 1989)

Key recommendations of the report include:

- A ratio of one consultant neurosurgeon per 500,000
- One centralised unit in Dublin, to be based at Beaumont Hospital
- The continuation/upgrading of the neurosurgical unit in Cork
- The catchment area for the Cork neurosurgical unit should be the province of Munster and the catchment area for the Beaumont neurosurgical unit should be the rest of the country. It is envisaged that cross referral between the areas will continue mainly in relation to sub-specialisation
- A formal 'Neurosurgery Users Committee' be established comprising representatives of the health boards, major voluntary hospitals and medical schools served by an independent agency, such as Comhairle or the Department of Health. This committee should have a formal relationship with the two neurosurgery centres and provide a forum for users to give expression to their concerns and have problems resolved.

It is envisaged that the recommendations of this report will be superseded by those of the impending Report on Neurosurgery Services.

Services for Spinal Cord Injuries (September 1990)

The purpose of this committee was to examine the existing arrangements for the transport, care, diagnosis, treatment and rehabilitation of patients with spinal cord injuries, with a view to recommending to Comhairle the necessary changes to ensure the availability of an effective and efficient service for the country as a whole.

Key recommendations of the report include:

- The National Medical Rehabilitation Centre (NMRC) should cease to be the location for the acute management of spinal injuries but its national role as the rehabilitation centre for the long term care of patients with spinal cord damage should continue.
- Spinal injuries with no neurological deficit should be referred to orthopaedic units in general units in general hospitals and should be managed by an orthopaedic surgeon with experience in spinal work and with a CT facility

- Spinal cord injuries with complete/partial lesions should be transferred to the designated national centre as rapidly as possible.
- The Mater Hospital should be designated as the national centre for the acute management of spinal cord injuries (this applies solely to spinal cord injuries and not to the spectrum of spinal injuries in general).
- The development of a special relationship between the Mater Hospital and the NMRC in relation to spinal cord injuries.

Plastic Surgery Services (September 1991)

Key recommendations of the 1991 report include:

- A ratio of one consultant plastic surgeon per 250,000 population in the short-term and one consultant plastic surgeon per 150,000 in the longer term.
- That plastic surgery services should be developed in two phases, with phase one focussing on developing a plastic surgery service in the 3 main centres of Dublin, Cork and Galway. Phase two would involve establishing plastic surgery units in hospitals outside the three main centres, initially at Limerick and Waterford Regional Hospitals and, at a later stage, at Sligo, Tullamore and Drogheda.
- A National Plastic Surgery Centre, to be based in Dublin at St James's Hospital/Our Lady's Hospital for Sick Children, Crumlin.
- The committee concurred with the view expressed to it that there should be one major burns unit in Dublin with smaller units in Cork and Galway.
- That greater emphasis should be put on day surgery and outpatient clinics than heretofore.

The recommendations of this report have been superseded by those of the Report on Plastic Surgery Services published in June 2005.

Plastic Surgery Services (June 2005)

A brief summary of this report is included earlier in Section 3 of this report.

Health Service Region & Population	Current Consultant Establishment	Priority Recommendations	Further Long Term Recommendations	Overall Long Term Total
East 1,401,441	12	+6	-	18
Midland 225,363	0	-	+3	3
Mid-West 339,591	0	+3	-	3
North-East 344,965	0	-	+3	3
North-West 221,574	0	-	+3	3
South-East 423,616	0	+3	+1	4
South 580,356	4	+2	-	6
West 380,297	3	+1	-	4
Total 3,917,203	**19**	**+15**	**+10**	**44**

Key recommendations of the report include, inter alia:

- A ratio of one consultant plastic surgeon per 90,000 people
- The designation of 12 regional plastic surgery centres
- The establishment of plastic surgery units in Waterford, Limerick and Tallaght should be prioritised with subsequent development at Sligo, Drogheda and Tullamore

Orthopaedic Services in the South Eastern Health Board area (March 1992)

Health Service Area & Population	Consultant Posts (June 1991)	Recommendations	Current Consultant/ Establishment
SEHB: 423,540	4	6	6

The report recommended there be a centralised orthopaedic unit in the SEHB area for both trauma and elective cases, and that this unit be sited in the newly constructed Waterford Regional Hospital as a centre of excellence staffed by six orthopaedic surgeons.

At various meetings in the 1990s between Comhairle and the Irish Institute of Orthopaedic Surgeons, it was agreed that a ratio of one consultant orthopaedic surgeon per 40,000 population was desirable.

South-East Dublin Department of Surgery (SEDDS) Framework Document (July 1994)

At the request of Comhairle na nOspidéal, the South East Dublin Department of Surgery was set up with assistance from Comhairle, to incorporate St Vincent's University Hospital, St Michael's Hospital and St Columcille's Hospital, serving a local catchment of 300,000, but also catering for a large volume of outside referrals. It was envisaged that the department might later extend to incorporate other hospitals such as the Royal Victoria Eye and Ear Hospital, the National Rehabilitation Centre and the National Maternity Hospital. The scope of the department was to embrace a comprehensive range of surgical services including general/vascular surgery, urology, orthopaedics, gynaecology, ENT, ophthalmic surgery, plastic and thoracic surgery.

Key recommendations of the report include:

- St Vincent's Hospital would be responsible for the administration of the joint department
- All of the surgeons within the joint department would be guaranteed equity of access (particularly for elective cases) to beds and theatre time, out-patient facilities, high technology and other resources, at St Vincent's Hospital.
- Existing surgeons may opt not to participate in the joint department but participation in the joint department would be mandatory for all future appointments.
- As a general rule, complex major surgery would only be undertaken at St Vincent's Hospital campus.
- A major intensive care development would have to take place at St Vincent's Hospital site including a fully developed high dependence unit.
- Development of the out-patient department units and day-care facilities would be required at all three hospitals.

- It was agreed that the needs of complex trauma patients would best be served by a single fully developed accident/emergency department at St Vincent's Hospital to serve the triaging requirements for the whole of the catchment area.
- The Joint Department would have a Co-ordinator who would be selected/elected by the consultant members of the department from within their own ranks.
- A Steering Committee comprising the Director of Surgery and a management representative from each participating hospital would be established to oversee, in consultation with the Co-ordinator, the functioning of the joint department and to act as a users forum where major problems would be discussed and resolved.

Report of the Joint Comhairle na nOspidéal and Department of Health & Children Committee on Vascular Surgery Services (April 2000)

Health Service Region & Population	Consultant Posts (April 2000)	Total Posts Recommended	Current Consultant Establishment	Remaining posts to be approved	Current Consultant / Population Ratio
East Coast	2	3	3	0	1 / 111,291
Northern	4	6	6	0	1 / 81,156
South West	5	5	5	0	1 / 116,127
Eastern 1,401,441	11	14	14	0	1 / 100,103
Midland 225,363	1	1 → 0	0	0	-
Mid-West 339,591	2	3	3	0	1 / 113,197
North-East 344,965	1	1 → 0	1	0	1 / 344,965
North-West 221,574	0	0	0	0	-
South-East 423,616	0	3	1	2	1 / 423,616
Southern 580,356	0	4	3	1	1 / 193,452
Western 380,297	1	4	2	2	1 / 190,149
Total 3,917,203	**16**	**28**	**24**	**5**	**1 / 163,217**

The report recommended that vascular surgery services in Ireland be concentrated into seven regional vascular centres:

1. Beaumont/Mater serving NAHB, NEHB & NWHB
2. St. James's/Tallaght serving SWAHB & MHB
3. St. Vincent's serving ECAHB
4. CUH/Mercy serving SHB
5. Limerick Regional serving MWHB
6. UCHG serving WHB
7. Waterford Regional serving SEHB*

* Until such time as the Waterford centre can provide a comprehensive round-the-clock emergency service, a formal arrangement for the transfer of patients to the St. Vincent's Regional Vascular Centre should be made between the South Eastern Health Board and St. Vincent's Hospital. Close co-operation and liaison between the vascular centres at Waterford Regional Hospital and St. Vincent's Hospital should be developed for liaison, case conferences, and academic purposes.

There has been a 50% increase in the number of Consultant General Surgeon s.i. vascular surgery posts (16 to 24) since this report was published in 2000.

Oral and Maxillofacial Surgery Services (June 2005)

A brief summary of this report is included earlier in Section 3 of this report.

OMFS Centre	Consultant Posts (Jan. 2005)	Priority Recommendations	Further Long Term Recommendations	Overall Long Term Total	Current Consultant Establishment
Dublin	3	+4*	+6	13	4
Cork	0	+2*	+2	4	0
Galway	1	+1	+1	3	1
Limerick	2	-	-	2	2
Waterford	0	-	+2	2	0
Total	**6**	**+7 (5 new and 2 re-designated)**	**+11**	**24**	**7**

* include redesignation of existing posts which provide a substantial OMFS service to patients via public hospitals / dental schools into formally approved HSE Consultant OMFS posts.

Key recommendations of the report include, inter alia:

- A ratio of one consultant oral & maxillofacial surgeon per 150,000 population in the context of a minimum of two consultants in each oral & maxillofacial unit serving a population of at least 300,000
- The designation of one OMFS centre in Dublin
- The designation of four regional OMFS units – Cork, Galway, Limerick and in the longer term at Waterford

Urology Services (November 2005)

A brief summary of this report is included earlier in Section 3 of this report.

Administrative Area (Population) Base Hospital	Current Consultant Establishment*	Additional Posts Recommended		Total Posts Recommended
		Priority	Long Term	
Dublin / North East (831,899)				
Beaumont	7	-	-	7
Mater	2	-	+1	3
OLOLH, Drogheda	0	+2	+1	3
Total Dublin / North East	**9**	**+2**	**+2**	**13**
Dublin / Mid Leinster (1,139,870)				
St. Vincent's / St. Columcille's	3	-	-	3
Tallaght	4	-	-	4
St. James's	1	-	+1	2
Crumlin / Temple Street	1	-	-	1
MRH, Tullamore	0	+2	-	2
Total Dublin / Mid Leinster	**9**	**+2**	**+1**	**12**
Western (941,462)				
Galway Regional Hospitals	3	-	+1	4
MWRH, Limerick	2	-	+1	3
Sligo General Hospital	0	+1	+1	2
Letterkenny General Hospital	1	+1	-	2
Total Western	**6**	**+2**	**+3**	**11**
Southern (1,003,972)				
Waterford Regional Hospital	0	+2	+1	3
Cork University Hospital	1	-	+1	2
Mercy Hospital	2	-	-	2
Kerry General Hospital	0	-	+2	2
Total Southern	**3**	**+2**	**+4**	**9**
Total 3,917,203	**27**	**+8**	**+10**	**45**

* Figures include posts of Consultant Urologist, Consultant Urologist s.i. paediatric urology, Consultant Urologist & Transplant Surgeon, Consultant Transplant Surgeon & Urologist, Consultant Paediatric Surgeon s.i. urology, Consultant General Surgeon s.i. urology

OPHTHALMOLOGY

Development of Hospital Ophthalmic Services (February 1981)

Health Service Area	Consultant Posts (1980)	Recommendations	Current Consultant Establishment
EHB / ERHA	21	21	19
MHB	0	0	0
MWHB	3	3	3
NEHB	0	0	0
NWHB	1	2	2
SEHB	3	3	3
SHB	7	7	5
WHB	2	3	3
TOTAL	**37**	**42[1]**	**35**

[1] It was not identified how the proposed new consultant posts should be distributed except that there should be one for each of the NWHB and the WHB.

Other key recommendations of the report include:

- The figure of 5 additional Consultant posts was based on the assumption of the continuation of the grade of ophthalmic medical practitioner to reduce the workload on consultants.
- Further expansion in manpower should take place mainly outside the urban centres of Dublin and Cork

The report recommended that an ophthalmic unit should ideally be an integral part of a general hospital and should be located on the same site. It also suggested that the unit should cater for a sufficient volume of patients to enable expertise to be developed in different ophthalmic techniques and to facilitate some degree of specialisation and maybe research. Since ophthalmology is generally recognised as being of a regional rather than a local nature, it was suggested that a population catchment of the order of 200,000 is essential to support a regional ophthalmic unit of minimum scale, staffed by at least two consultant ophthalmic surgeons.

EAR, NOSE & THROAT, HEAD & NECK SURGERY

Development of Ear, Nose and Throat Services (November 1983)

Key recommendations of the report include:

- A ratio of 2 consultant ENT surgeons per 200,000 population
- That each health board area should have its own locally-based ENT unit
- That there should be two specialised units in Dublin and one in Cork.
- With regard to Cork, that the major E.N.T. unit (around 40 beds) should be developed under the Cork Voluntary Hospitals Board at the Cork Eye, Ear and Throat Hospital and be staffed by 5-6 consultants. This unit would serve the entire population of the Southern Health Board area. It was recommended that other small E.N.T. units (at Mercy Hospital and the North and South Infirmaries), as well as that at Mallow, should be phased out.

The recommendations of this report have been superseded by those of the Report on Otolaryngology Services published in May 2005.

E.N.T. Services in the Southern Health Board area (November 1990)

Key recommendations of the report include:

- ENT is a regional specialty that should be developed in physical proximity to other regional specialties that inter-act with it, particularly, paediatrics, plastic surgery, neurosurgery, radiotherapy and audiology.
- That the designated regional unit for the Southern Health Board area should be located in Cork Regional Hospital, with 30 beds staffed by 4 consultant ENT surgeons. It was accepted that the setting up of the unit at the hospital would be a long-term plan.
- That in-patient ENT surgery in Mallow should be phased out.
- That the recommended consultant/population ratio was two consultant ENT surgeons per 200,000 population indicating a need for 5-6 wholetime consultants for the Southern Health Board as a whole.
- Desirably, a formal Joint Department of Otolaryngology should be set up.

Comhairle na nOspidéal produced a report on Otolaryngology Services in May 2005 which contains more recent recommendations on this issue.

Report of the Committee on the Development of Ear, Nose and Throat, Head and Neck Surgery Services in Cork City and County (June 2000)

Health Service Region	Consultant Posts (June 2000)	Total Posts Recommended	Current Consultant Establishment	Remaining Posts to be approved
Cork City & County	**2**	**4**	**3**	**1**

The report recommended that the location of the regional ENTHNS unit for the Southern Health Board area should ideally be an integral part of a major general hospital and should be located on the same site. Pending the relocation of the unit to C.U.H. or the development of a second hospital which would include a regional ENTHNS unit, the report recommended, as an interim arrangement, the development of the regional ENTHNS unit at the South Infirmary - Victoria Hospital with formal sessional links to C.U.H.

Comhairle na nOspidéal produced a report on Otolaryngology Services in May 2005 which contains more recent recommendations on this issue.

Otalaryngology Services (May 2005)

A brief summary of this report is included earlier in Section 3 of this report.

Health Service Region & Population	Current Consultant Establishment	Priority Recommendations	Further Long Term Recommendations	Overall Long Term Total
East 1,401,441	18	+3	+4	25
Midland 225,363	3	-	-	3
Mid-West 339,591	3	-	+1	4
North-East 344,965	0	+3	-	3
North-West 221,574	2	+1	-	3
South-East 423,616	3	+1	+1	5
South 580,356	4	+1	+2	7
West 380,297	3	+1	+2	6
Total 3,917,203	**36**	**+10**	**+10**	**56**

Key recommendations of the report include, inter alia:

- A ratio of one consultant otolaryngologist per 70,000 population, based on a minimum of three consultant otolaryngologists per ENT centre
- A total of 20 new posts of consultant otolaryngologist, including 10 priority posts, to give an overall total of 56 posts in Ireland
- The immediate establishment of a locally based otolaryngology service in the northeast

- The development of paediatric otolaryngology services, both in terms of staffing and facilities, particularly at the centres at Cork and Galway
- The development of academic posts in otolaryngology, with one post at each of Galway and Cork having a formally designated academic commitment

HOSPITAL SERVICES

Discussion Document on the Development of Specialist Services in Dublin Hospitals (January 1977)

On the 11th October 1974, the Government announced its decision on future hospital development in Dublin. It was decided that there would be six major acute hospitals in Dublin – at the Mater, St Vincent's, St James's, James Connolly Memorial and two new hospitals at Beaumont and Newlands Cross (the site for the latter later designated as Tallaght).

It was agreed in June 1975 to set up a Joint Working Group comprising members of Comhairle na nOspidéal and the Department of Health to examine the distribution of specialist services in the Dublin area. The task of the Working Group was to prepare a consultation document on the strategy which might be adopted for the development of specialist services in the six general hospital centres designated by the Government; the allocation of specialist units between the centres; and the relationship of special hospitals to the general hospitals.

The Joint Working Group issued its initial report in January 1977 which identified, *inter alia*, specialties that should be based at all hospitals and suggested the appropriate levels of activity of the specialties that would not be based at every hospital. It did not, however, deal with the allocation of specialist departments or units to individual hospitals. This question was addressed in a later report, issued in December 1978.

In the 1977 report, the working group visualised the development of hospital specialties on the basis of a north city and south city population catchment. It advocated the establishment of appropriate structures to plan and co-ordinate services on a north city/south city basis. It identified a number of specialties for which local demand is so great that each of the six general hospitals should provide them. The second group of specialist services were those where special units would not be located in each hospital as follows,

Specialties to be at all six general hospitals
Accident & Trauma
Acute Psychiatry
Anaesthetics
Children's Accommodation
General Medicine (incl cardiology, general gastroenterology etc)
General Surgery
Geriatric Assessment
Intensive Care
Isolation beds
Pathology
Rheumatology/Rehabilitation
Radiology

Specialties not to be at all six general hospitals	
Burns	Obstetrics
Cardiac Surgery	Ophthamology
Dermatology	Elective Orthopaedics
Endocrinology	Paediatrics
ENT	Plastic Surgery
Genito-Urinary	Specialised Cardiology
Gynaecology	Specialised Gastroenterology
Infectious Diseases	Specialised Radiology
Maxillo-Facial	Specialised Respiratory Medicine
Nephrology	Thoracic Surgery
Neurology	Vascular Surgery
Neurosurgery	Venereology

With regard to the specialties that would not be based at all six general hospitals, the group identified three different levels of activity within each specialty - region, hospital and service:

Regional Unit: A regional unit would consist of consultants and full supporting in-patient and out-patient facilities. It would be the focal point for the provision of a specialist service in the region serviced and would contain the most expensive resources. In specialties where only one regional unit would be required for Dublin, it would be the focal point for Dublin as a whole or, perhaps, for a national service (e.g. Burns, Maxillo-facial surgery).

Hospital Unit: A hospital unit would exist in specialties with a large through-put such as endocrinology and diabetes mellitus, where a regional unit would not be able to cope with the workload. The hospital unit would consist of consultants, beds and out-patient clinics but it would not be as highly staffed or have the sophisticated equipment of the regional unit. Regional and hospital units in a specialty would function in very close association. A clear responsibility would rest with the regional unit to provide full support to the hospital unit, which, in turn, would be operated as an integral part of the regional unit. The consultants in the hospital unit would also be members of the staff of the regional unit with full access, as of right, to the more extensive facilities of the regional unit.

Service Unit: A service unit would consist of out-patient facilities with a limited number of beds, as appropriate, for minor procedures. There would be no consultant staff based in the unit but staff from the nearest regional unit would provide a consultation and out-patient service on a regular basis.

The Group also identified the distribution of laboratory units for histopathology & morbid anatomy, microbiology, virology, immunology, biochemistry and haematology.

Second Report on the Development of Specialist Services in Dublin Hospitals (November 1978)

In 1978, the Group reconvened to consider the allocation of specialist units to individual hospitals. It was recommended that specialist units should be allocated to individual hospitals in North and South Dublin as set out below.

	Type of Unit		
Specialty	**Mater Hospital**	**Beaumont Hospital**	**J.C.M Hospital**
Cardiac Surgery	R[1]	-	-
Dermatology	R	S[2]	S
Elective Orthopaedics[3]			
Endocrinology	R	H[4]	-
ENT Surgery	S	R	S
Genito-Urinary Surgery	H	R	S
Gynaecology[5]	R	H	S
Nephrology	H	R	S
Neurology	S	R	-
Neuro-surgery	-	R	-
Ophthamology	R	S	S
Paediatrics[6]			
Plastic Surgery	S	S	H
Specialised Cardiology	R	-	-
Specialised Gastroenterology	R	R	-
Specialised Respiratory Medicine with pulmonary function laboratory	R	-	-
Thoracic Surgery	R	-	-
Vascular Surgery	R	R	-
Venereology	R	-	-

1 R: Regional Unit **2** S: Service Unit **3** Regional Unit in Elective Orthopaedics at Cappagh
4 H: Hospital Unit **5** Also at Rotunda Hospital **6** Regional Unit in Paediatrics at Temple Street Hospital subject to Comhairle report

In July 1980, the Minister for Health made a decision on the development of specialist services in the South Dublin Hospitals. Where differences occurred between the Minister's recommendations and those of the Joint Working Group's report, they are given in italics in the table below.

	Type of Unit		
Specialty	**St. Vincents Hospital**	**St. James's Hospital**	**Tallaght Hospital**
Dermatology	S	S	R (H)
Elective Orthopaedics	-	-	R
Endocrinology	R	R	H
ENT	R	R	S
Gentio-Urinary Surgery	R	H	R
Gynaecology[1]	R	R	H
Infectious Diseases[2]			
Nephrology	H	H (S)	S (H)
Neurology	R	H	S
Neuro-surgery	H	-	-
Ophthamology	R[3]	R	S
Paediatrics[4]	- (H)	-	- (H)
Plastic Surgery/Burns/ Maxillo facial	S	R	S
Specialised Cardiology	S (H)	R	S
Specialised Gastroenterology	R	R	H
Specialised Respiratory Medicine with pulmonary function laboratory	-	R	-
Thoracic Surgery	S (H)	R	S
Urology	- (R)	- (H)	- (R)
Vascular Surgery	R	R	H
Venereology	-	R	-

1 Also at the Coombe Hospital and the National Maternity Hospital
2 to be located at Cherry Orchard Hospital
3 regional unit at Royal Victoria Eye & Ear Hospital to be transferred to St Vincent's Hospital
4 regional unit in paediatrics at Our Lady's Hospital for Sick Children, Crumlin subject to Comhairle report

Report of the Academic / Clinical Research Consultant Committee (October 2002)

A brief summary of this report is included earlier in Section 3 of this report.

CONSULTANT STAFFING

Guidelines on Consultant Medical Staffing and Related Population Catchment for General Hospitals (September 1973)

Key recommendations include:

- **Surgery and Medicine:** Where elective general surgery is to be carried out and there is, in addition, a volume of emergency and accident work which may require urgent surgical intervention at any hour, a minimum staff of two Consultant Surgeons is required. Similarly, in the case of medical work carried on in association with such a minimum surgical unit, a staff of two Consultant Physicians would be needed. These two clinical departments would need to have appropriate supporting medical staff in accordance with current practice. A minimum of two Consultant Anaesthetists would be needed.

- **Laboratory and Radiological Work:** The availability of immediate laboratory services is essential and the minimum senior staff should be one Consultant Pathologist and one Biochemist. There should be ready access to consultant advice on micro-biology and haematology. A minimum of two Consultant Radiologists would be needed.

- **Obstetrics and Gynaecology:** Where a significant volume of maternity work arises justifying the provision of a consultant-staffed unit, a minimum of two Consultants in Obstetrics and Gynaecology is required. Such a unit should desirably be associated with a medical / surgical unit. Adequate anaesthetic, laboratory and radiological services are required. The services of a Consultant Paediatrician should be available in hospitals where there are obstetrical units of this scale. The annual number of births related to such a minimum unit should lie within the range 1,500 to 2,000 births.

- **Population catchment:** A minimum scale consultant staffed hospital conforming to these guidelines should in normal circumstances serve the needs of a population of around 100,000. If, however, there is not convenient access to a larger hospital or if there are special considerations then a lower figure would be appropriate.

Review of Consultant Manpower in the Southern Health Board area (December 1994)

The key priority of the committee was to bring about immediate improvements in the consultant manpower situation. Key recommendations of the report include:

The committee recommended that both management and consultants should constantly monitor, maintain and develop consultant strength within the services for which they are responsible.

The committee cited notable omissions from the range of sub-specialities available in 1994. These included medical oncology, neurophysiology, paediatric neurology, infectious diseases, medical genetics, and immunology. The committee commented that such omissions represented serious deficiencies in services catering for a population of up to one million.

The committee recommended that the proposal for a pan-hospital structure under the aegis of U.C.C. be endorsed by Comhairle, the Department of Health (as was), the Southern Health Board and the management authorities of the South Infirmary/Victoria Hospital.

Consultant Staffing Statistics as at 1st January (Printed Annually)

A brief description of these reports is included earlier in Section 5 of this report.

Report of the Joint Department of Health & Children, Comhairle na nOspidéal and Health Boards Working Group on Consultant Appointment Procedures (June 2000)

The recommendations of this report aimed to reduce the time taken to process and fill a consultant post by up to 50% i.e. from 12 to 18 months down to 6 to 9 months on average.

Key recommendations include:

- Employing authorities should identify consultant retirements at least two years in advance of due retirement date and then initiate, without delay, the replacement process.
- All consultant posts, new and replacement, and restructuring of existing posts should be dealt with in the service planning process.
- Before each health board / voluntary hospital finalises its service plan, it should send a copy to Comhairle na nOspidéal for observations. Comhairle na nOspidéal would consider the document and its observations / recommendations would inform the service planning process conducted by the health board / hospital. Following agreement on the service plan, the post can then be considered by Comhairle na nOspidéal and a formal decision given.
- The letter of financial clearance / employment control should issue at the time of agreement of the service plan with the health board / hospital.
- A common application form with separate sections to meet the complementary information requirements of the Department / ERHA and Comhairle should be developed.
- Each employing authority should designate one named official with overall responsibility for consultant appointments in the interest of effective and efficient management of the process.

Explanatory note:

1. There are a small number of previous Comhairle na nOspidéal reports which do not lend themselves easily to summary format and are therefore not included in this section. Those reports may be obtained in full upon request.

The reports included the following:

- Comhairle na nOspidéal – End of Term Reports
  1. Comhairle na nOspidéal – First Report – Sept. ’72 - Dec. ’75 (December 1975)
  2. Comhairle na nOspidéal – Second Report – Jan. ’76 - Dec. ’78 (December 1978)
  3. Comhairle na nOspidéal – Third Report – June ’79 - May ’82 (May 1982)
  4. Comhairle na nOspidéal – Fourth Report – June ’82 - May ‘85 (May 1985)
  5. Comhairle na nOspidéal – Fifth Report – Sept. ’85 - Sept. ’88 (September 1988)
  6. Comhairle na nOspidéal – Sixth Report – June ’89 - June ’92 (June 1992)
  7. Comhairle na nOspidéal – Seventh Report – Aug. ’92 - June ’95 (June 1995)
  8. Comhairle na nOspidéal – Eighth Report – Dec. ’95 - Dec. ’00 (December 2000)
- Appointment of Clinical Immunologists (August 1973)
- Report on Future Development of General Hospital Services in Dublin (November 1973)
- Report on Future Development of General Hospital Services – Cork City Area (May 1974)
- Discussion Document on the Role of the Smaller Hospitals (November 1974)
- Vascular Medicine (February 1975)
- Development of Hospital Maternity Services (May 1976)

- Appointments of Chemical Pathologists and Top-Grade Biochemists (August 1976)
- Discussion Document on the Development of Specialist Services in Dublin Hospitals – Report of the Joint Working Group of the Department of Health and Comhairle na nOspidéal (January 1977)
- Nuclear Medicine (June 1974 plus addendum, October 1977)
- Consultant Manpower Projection up to 1981 (August 1978)
- Discussion Document on the Development of Specialist Services in Dublin Hospitals – Second Report of the Joint Working Group of the Department of Health and Comhairle na nOspidéal (November 1978)
- Consultant Manpower in the Republic of Ireland 1978 - 1984 (March 1982)
- Discussion Document on the Future Role of the Consultant (April 1982)
- Consultant Pathology Services outside the Major Teaching Hospitals – A Discussion Document (June 1984)
- Long-Term Institutional Care - The Medical Aspects (March 1985)
- Consultant Staffing at Beaumont Hospital (May 1985 and October 1987)
- Neonatal Care Services in Cork and Limerick (September 1988)
- Report of the Committee to Examine Medical Genetics Services (August 1990)
- Review of Consultant Manpower in the Mid-West (July 1991)
- Comhairle Response to Discussion Document on Medical Manpower in Acute Hospitals (Tierney Report) (December 1993)
- Joint Comhairle na nOspidéal / University College Cork Working Group Proposals for a Pan-Hospital Structure (February 1994)
- An Information Guide to Comhairle na nOspidéal – 1st Edition January 1999
- An Information Guide to Comhairle na nOspidéal – 2nd Edition January 2001
- Review of (i) The Organisation of Higher Training Schemes and (ii) The Distribution of SpR / SR posts in Ireland (October 2003)

SECTION 9

Summary Remarks

9.1 The value and contribution to the health service, especially the acute hospital service, provided by the work and dedication of the members of nine separate Boards of Comhairle na nOspidéal, ably supported by the excellent executive staff, over the past three decades and more cannot be overstated. This contribution, voluntarily given, could be reflected upon when considering future statutory or advisory structures in the context of the health reform process and the Health Service Executive's future strategic planning. In an area where change is the only constant and technical knowledge high, it is acknowledged that it is not possible for civil/public servants to make fully informed decisions regarding clinical medicine without the input of medical personnel.

9.2 Strengths of Comhairle na nOspidéal

The following were some of the strengths of Comhairle na nOspidéal.

- Unique collection of expertise from a mix of medical, management, civil service, nursing, political and other backgrounds provided on a voluntary basis.
- Organisation with a clear purpose and focus.
- Provides independent, objective advice in the context of Government policy.
- Regulates consultant appointments in a fair and open manner.
- There is an integration of its regulatory and advisory functions which have facilitated a cohesive and sensible approach to decision making.
- Takes a consistent and rational approach to consultant staffing.
- Encourages shared services via consultant posts and joint departments.
- On-going production of a series of national reports on the organisation of hospital services and consultant staffing across the full range of specialist services
- Speed and transparency of decision-making
- Detailed consultation with interested parties key part of work
- High calibre, versatile and enthusiastic staff with unique expertise drawn from the environment in which they work and the range of perspectives encountered from excellent working relationships with Comhairle members.

9.3. Conclusion

9.3.1 Comhairle na nOspidéal welcomes the Government's decision that "*organisation structures must be geared to provide a responsive, adaptable health service which meets the needs of the population effectively and at affordable cost*." Comhairle notes that the major rationalisation of the existing health agencies to reduce fragmentation is a key component of the Health Service Reform Programme which is intended to contribute to the creation of a new system that is accountable, effective, efficient and capable of responding equitably to the emerging and ongoing needs of the public.

9.3.2 Comhairle na nOspidéal recognises the scale of the reform programme and acknowledges that it is a complex, system-wide agenda for change. A robust and clear system is required in the new scenario to ensure implementation of decisions made after due consideration and consultation with relevant interests.

It is now a matter of implementing those decisions for the benefit of all of the people of the state, while simultaneously recognising and retaining those aspects which have worked successfully via the current structures.

APPENDICES

APPENDIX A

LIST OF REPORTS AND POLICY DOCUMENTS 1972 - 2005

Listed by Specialty:

A. Accident and Emergency:

A1. Accident and Emergency Services (December 1974)

A2. Report of the Committee on Accident and Emergency Services (February 2002)

B. Anaesthesia:

B1. South East Dublin Joint Department of Anaesthesia Blueprint Document (March 1990) - published as Appendix A to the Sixth Report.

B2 Galway Regional Hospitals Department of Anaesthesia Framework Document. (February 1995) - published as Appendix E to the Seventh Report.

C. Medicine:

C1. Nuclear Medicine (June 1974 plus addendum, October 1977)

C2. Vascular Medicine (February 1975)

C3. Rationalisation of Endocrine Services (December 1975 *plus addendum, July 1977)*

C4. Nephrology Services (June 1976 plus addendum March 1980)

C5. Sexually Transmitted Diseases (October 1977) - published as Appendix B to Report on AIDS at Consultant Level (March 1992) *Updated position published as Appendix E to 8th Report.*

C6. Infectious Diseases (April 1978) - published as Appendix C to Report on AIDS at Consultant Level. (March 1992) *Updated position published as Appendix E to 8th Report.*

C7. Long-Term Institutional Care - The Medical Aspects (March 1985).

C8. Dermatology Services (June 1988)

C9. Report of the Committee on Dermatology Services (November 2003)

C10. Neurology Services (July 1991)

C11. Report of the Committee to Review Neurology and Neurophysiology Services (April 2003)

C12. AIDS at Consultant Level (March 1992) Updated position (February 2000) published as Appendix 2 to Aids Strategy 2000 published by the Department of Health and Children.

C13. Rheumatology and Rehabilitation Services - Part I - Rheumatology (April 1995)

C14. Respiratory medicine and the management of tuberculosis (July 2000)

C15. Report of committee to advance the implementation of the Comhairle report on respiratory medicine and the management of tuberculosis (April 2003)

C16. Report of the Joint Working Group to Review Consultant Cardiology Requirements (April 2004)

C17. Acute Medical Units (October 2004)

D. Obstetrics / Gynaecology:

D1. Development of Hospital Maternity Services (May 1976)

D2. Report of the Committee Reviewing Maternity and Related Services in the North Eastern Health Board Area (July 2003)

E. Paediatrics:

E1. Development of Hospital Paediatric Services (October 1979)

E2. Neonatal Care Services in Dublin (April 1988)

E3. Neonatal Care Services in Cork and Limerick (September 1988)

E4. Report on Paediatric and Adolescent Services in Dublin (June 1994)

E5. Posts of Consultant Paediatrician with a special interest in community child health. Policy Document (October 1997)

E6. Review of Paediatric Surgery Services (December 1998)

F. Pathology:

F1. Appointment of Clinical Immunologists (August 1973)

F2. Appointments of Chemical Pathologists and Top-Grade Biochemists (August 1976)

F3. Paediatric Pathology Services in Dublin (September 1991)

F4. Haematology Services in South-West Dublin (April 1995)

F5. Report of the Committee on Haematology Services (December 1999)

F6. Report of Committee on Immunology Services (November 2000)

G. Psychiatry:

G1. Psychiatric Services at Consultant Level. (March 1978)

G2. Medical Aspects of the Mental Handicap Services (April 1988)

G3. Psychiatric Services at Beaumont Hospital/Eastern Health Board - Area 8/Royal College of Surgeons in Ireland Framework Document (April 1993)

G4. Framework document for an integrated psychiatric service for substance misuse in the Eastern Health Board area. (June 1995)

G5. Consultant Staffing in the Mental Health Services (December 2004).

H. Radiology:

H1. The Development of Diagnostic Radiology Services at Consultant Level (May 1980)

H2. Review of titles, roles, training pathways and qualifications of consultant radiation oncologists and medical oncologists (October 2000)

J. Surgery:

J1. Paediatric Open-Heart Surgery (January 1974)

J2. Development of Orthopaedic Services (May 1977)

J3. Cardio-Thoracic Surgery in Cork (December 1978)

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J5. Review of Surgical Services in the Western Health Board area (June 1986)

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J13. Oral and Maxillofacial Surgery Services (June 2005)

J14. Plastic Surgery (June 2005)

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L2. E.N.T. Services in the Southern Health Board area (November 1990)

L3. Report of the Committee on the Development of Ear, Nose and Throat Head and Neck Surgery Services in Cork City and County (June 2000)

L4. Otolaryngology Services (May 2005)

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M2. Report on Future Development of General Hospital Services - Cork City area (May 1974)

M3. Discussion document on the Role of the Smaller Hospitals (November 1974)

M4. Discussion Document on the Development of Specialist Services in Dublin Hospitals (January 1977) - published as Appendix F to the Second Report

M5. Second Report on the Development of Specialist Services in Dublin Hospitals (November 1978)

M6. Joint Comhairle na nOspidéal/University College Cork Working Group Proposals for a Pan-Hospital Structure (February 1994) - published as Appendix F to the Seventh Report

M7. Report of the Academic / Clinical Research Consultant Committee (October 2002)

M8. Review of (i) The Organisation of Higher training Schemes and (ii) The Distribution of SpR / SR posts in Ireland (October 2003)

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N1. Guidelines on Consultant Medical Staffing and Related Population Catchment for General Hospitals (September 1973) - published as Appendix F to the First Report

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N5. Review of Consultant Manpower in the Mid-West (July 1991)

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N8. Consultant Staffing Statistics as at 1st January (Printed yearly)

N9. Report of the Joint Department of Health & Children, Comhairle na nOspidéal and Health Boards Working Group on Consultant Appointment Procedures (June 2000)

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P1. Comhairle na nOspidéal - First Report – September 1972 - December 1975 (1975)

P2. Comhairle na nOspidéal - Second Report - January 1976 - December 1978 (1978)

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APPENDIX B

CIRCULAR NO. 1 OF 1998 RE. NON-PERMANENT CONSULTANT APPOINTMENTS

1. PURPOSE OF CIRCULAR

The purpose of this circular, which updates and supersedes the original circular of 1978, is to clarify the roles and obligations of Comhairle na n-Ospidéal, employing authorities and the Department of Health in relation to non-permanent consultant appointments. The role of Comhairle na n-Ospidéal in regulating non-permanent consultant appointments was questioned recently by one hospital authority. As a result, legal advice was obtained on the matter and has been taken into account in formulating the contents of this circular.

2. MISSION

The mission of Comhairle na n-Ospidéal is to perform its statutory functions to the best of its ability in the public interest thereby facilitating high quality and safe hospital services.

3. STATUTORY FUNCTIONS OF COMHAIRLE NA N-OSPIDÉAL

The statutory functions of Comhairle na n-Ospidéal set out in Section 41 (1)b of the Health Act 1970 include the following:-

(i) to regulate the number and type of appointments of consultant medical staffs and such other officers or staffs as may be prescribed in hospitals engaged in the provision of services under this Act;

(ii) to specify qualifications for appointments referred to in sub-paragraph (i) subject to any general requirements determined by the Minister.

(iii) to advise the Minister or any body established under this Act on matters relating to the organisation and operation of hospital services.

To date “other officers or staffs” prescribed for the purposes of Section 41 (1)(b)1 of the Health Act 1970 include: biochemists (top-grade); consultant appointments in the mental handicap agencies and the Blood Transfusion Service Board; senior/specialist registrars.

4. The Health Act 1970 makes no distinction between different types of consultant appointments e.g. permanent or non-permanent (temporary, locum, sessional, fixed term), full-time or part-time etc. The statutory function of Comhairle na n-Ospidéal applies therefore to all consultant appointments, irrespective of the status or funding arrangements for the post, in all hospitals engaged in the provision of services under the Health Act 1970 i.e. health board hospitals, public voluntary hospitals and agencies, hospitals established under the Health (Corporate Bodies) Act 1961, mental handicap agencies and the Blood Transfusion Service Board. There is a statutory obligation on Comhairle na n-Ospidéal to regulate all consultant appointments in such hospitals and agencies. While hospital authorities have complied with the requirements of Comhairle na n-Ospidéal in respect of permanent consultant appointments, the position in respect of non-permanent consultant appointments has been less satisfactory.

5. The statutory functions of Comhairle na n-Ospidéal relate to the post rather than the occupant of the post. All matters relating to recruitment, assessment of qualifications and experience, competence, termination of employment etc. are the responsibility of the employing authority. Minimum qualifications and experience are specified by Comhairle na n-Ospidéal for each

permanent consultant appointment and are set out in the letter conveying Comhairle approval for each post to the employing authority. The employing authority has a duty to ensure compliance with the qualifications and experience specified by Comhairle in making the appointment.

6. ROLE OF EMPLOYING AUTHORITIES

There is an obligation on all employing authorities to abide by the directives and decisions of Comhairle na n-Ospidéal, made in accordance with its statutory functions to regulate the number and type of consultant appointments and to specify qualifications. There is an obligation on Comhairle na n-Ospidéal to be vigilant in monitoring the situation. Comhairle intends to continue the practice of seeking from employing authorities lists of all non-permanent consultant appointments, monitoring advertisements in the media and checking information acquired from a variety of other sources. Any breaches by employing authorities of directives or decisions of Comhairle na n-Ospidéal will be notified by Comhairle to the Minister for Health. A related circular letter is being issued by the Department of Health.

7. NON-PERMANENT CONSULTANT APPOINTMENTS

The legal and practical differences between the various terms used to describe non-permanent consultant appointments such as locum and temporary are inconsequential in the context of the regulatory function of Comhairle na n-Ospidéal.

8. LOCUM APPOINTMENTS

The essence of a locum appointment is that a post or office is occupied in a non-permanent capacity for a period by someone other than the legal post holder. The locum acts in place of the post holder. Such circumstances can arise where the holder of the permanent appointment is absent due to holiday, sick leave, study leave, career break etc. All locum appointments require the prior approval of Comhairle na n-Ospidéal (see later paragraphs 12 and 13).

9. TEMPORARY APPOINTMENTS

All other non-permanent consultant appointments are classified as temporary. They are either within the approved complement of permanent posts or additional to it. A temporary appointment usually arises in one of three situations (i) during the interval between a permanent post becoming vacant due to resignation, retirement, dismissal or death and the post being filled on a permanent basis; (ii) in the interval between a new permanent post being created by Comhairle na n-Ospidéal and it being filled on a permanent basis; (iii) a temporary appointment which is additional to the approved complement of permanent consultant posts. All such appointments are of a non-permanent nature and require prior Comhairle approval. Comhairle na n-Ospidéal considers that long-term non-permanent consultant appointments are undesirable and as a matter of policy will not approve such appointments except in exceptional circumstances.

10. PROCEDURE TO BE FOLLOWED

All employing authorities covered by the Health Act l970 are obliged to seek the prior approval of Comhairle na n-Ospidéal before making a consultant appointment whether of a permanent or non-permanent nature. The following procedure should be followed in relation to non-permanent consultant appointments:-

(i) A letter to Comhairle na n-Ospidéal seeking its approval for a non-permanent consultant appointment must be submitted in advance of the commencement of the recruitment

process. This should set out the circumstances giving rise to the need for such appointment, including the specific purpose and likely duration.

(ii) When the application is approved by Comhairle na n-Ospidéal, an employing authority may begin the recruitment process. The Comhairle letter of approval will address the nature and purpose of the non-permanent appointment.

(iii) Where the request is refused or deferred, it would be illegal to proceed with the appointment and any employer proceeding to create a post which has not been approved by Comhairle leaves itself open to legal risks arising from claims involving holders of unregulated posts.

(iv) Failure to comply with the Comhairle decision will be notified by Comhairle to the Minister for Health.

11. PROFESSIONAL QUALIFICATIONS AND EXPERIENCE

Under Section 41(1) of the Health Act 1970, Comhairle na n-Ospidéal is charged with the responsibility of specifying qualifications for consultant appointments. Each specification consists of two parts:-

(i) professional qualifications

(ii) experience required in the practice of medicine generally and in the specialty concerned in particular.

These are the minimum essential requirements which a person must satisfy before he/she may be appointed, in a permanent or non-permanent capacity, to a consultant post. The practice has been to specify the particular qualifications for each individual permanent appointment as it arises and to set these out in the letter to employing authorities conveying Comhairle approval to the permanent post. This practice is now being extended in respect of letters conveying Comhairle approval for non-permanent consultant appointments. Comhairle na n-Ospidéal reiterates the point made in Circular No. 1 of 1978 that the prescribed qualifications must be adhered to in making non-permanent consultant appointments unless Comhairle decides otherwise.

12. To facilitate the practicalities of the administrative process, Comhairle approval to very short-term locum appointments (see paragraph 8) up to a maximum of three months may be presumed by employing authorities on condition that the appointees meet the minimum qualifications and experience specified for posts. This dispensation does not apply to any other non-permanent consultant appointments or to any locum appointment of greater duration than three months. A schedule of qualifications and experience applicable to the different types of consultant posts is set out at Appendix C to the Information Guide to Comhairle na-Ospidéal. The employing authority is obliged to satisfy itself that the minimum requirements are met.

13. The patient attending hospital is entitled to be cared for by a consultant who is appropriately qualified, experienced and competent to provide such care. Comhairle na n-Ospidéal is aware of the practical difficulties of recruiting short-term locum consultants, a situation which has been recognised by the parties to the Contract for Consultant Medical staffs. Paragraph 5.11.5 of the 1991 Contract which is repeated in paragraph 5.8.5 of the 1997 Contract states

"A locum undertaking the full, routine, hospital duties of a consultant on leave need not have the same experience or qualifications as the absent consultant. For a doctor to be appointed consultant-locum in these circumstances, the consultant going on leave will be required to certify to the employing authority the suitability of the locum-consultant applicant. While a senior qualification in the specialty of the incumbent-consultant would be a desirable requirement for

any locum tenens, in certain and unusual circumstances, in order to facilitate the leave of the incumbent-consultant, a locum-consultant without senior qualifications might have to be appointed for a short period, and the hospital work scheduling may then require restructuring".

Comhairle na n-Ospidéal will in exceptional circumstances modify the normal requirements for consultant appointments in order to facilitate such short-term locum appointments for a maximum period of one month on condition that the employing authority is provided in advance with a certificate of competency in respect of the locum from the consultant to be replaced. The onus is on the employing authority and the consultant going on leave to satisfy themselves that the appointee is suitable in all other respects.

14. The terms of this circular apply to all existing and future non-permanent consultant appointments. Each employing authority is required to seek Comhairle approval in respect of all existing appointments without delay. Comhairle na n-Ospidéal hereby draws your attention to the possible legal implications of unregulated consultant appointments in the event of legal action.

15. Employing authorities are advised to review their current employment practices in the light of this circular. Employers should satisfy themselves that all consultant posts currently filled are in fact regulated posts. Employers should immediately review the legal and other implications of continuing to provide services by holders of unregulated posts. Comhairle is willing to deal urgently with difficulties employers may have, arising from currently having staff employed in unregulated posts.

16. Each employing authority is required to furnish to Comhairle na n-Ospidéal, before 30th November each year, a list of all its non-permanent consultant appointments as at lst November.

APPENDIX C

QUALIFICATIONS SPECIFIED BY HEALTH SERVICE EXECUTIVE WITH EFFECT FROM 1ST JANUARY 2005

Anaesthesia

1.1 Consultant Anaesthetist

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

and

(b) The possession of the Fellowship of the College of Anaesthetists, RCSI or a qualification in anaesthesia equivalent thereto

and

(c) (i) Inclusion on the division of anaesthesia of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in anaesthesia.

and for posts of

1.2 Consultant Paediatric Anaesthetist

(d) including two years in paediatric anaesthesia.

1.3 Consultant Anaesthetist with a special interest in Paediatric Anaesthesia

(d) including one year in paediatric anaesthesia.

1.4 Consultant Anaesthetist with a special interest in Pain Medicine

(d) including one year in pain medicine.

1.5 Consultant Anaesthetist with a special interest in Intensive Care Medicine

(d) including one year in intensive care medicine and possession of the Diploma in Intensive Care Medicine or its equivalent.

Medicine

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

and

(b) The possession of the MRCPI or a qualification in medicine equivalent thereto

and

2.1 Consultant General Physician

(c) (i) Inclusion on the division of general (internal) medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including four years in general (internal) medicine.

2.2 Consultant Cardiologist

(c) (i) Inclusion on the division of cardiology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(iii) Seven years satisfactory postgraduate training and experience in the medical profession including four years in cardiology.

2.3 Consultant Cardiologist & General Physician

(c) (i) Inclusion on the divisions of cardiology and general (internal) medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including three years in cardiology and three years in general (internal) medicine.

2.4 Consultant Respiratory & General Physician

(c) (i) Inclusion on the divisions of respiratory medicine and general (internal) medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in respiratory medicine and general (internal) medicine.

2.5 Consultant Respiratory and General Physician with a special interest in cystic fibrosis

(c) (i) Inclusion on the divisions of respiratory medicine and general (internal) medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in respiratory medicine and general (internal) medicine

and

(d) including one year in cystic fibrosis.

2.6 Consultant Respiratory and General Physician with a special interest in thoracic organ transplantation

(c) (i) Inclusion on the divisions of respiratory medicine and general (internal) medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in respiratory medicine and general (internal) medicine

and

(d) including one year in thoracic organ transplantation.

2.7 Consultant Respiratory & General Physician with a special interest in tuberculosis

(c) (i) Inclusion on the divisions of respiratory medicine and general (internal) medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in respiratory medicine and general (internal) medicine

and

(d) including one year in the management of tuberculosis patients.

2.8 Consultant Physician in Endocrinology and Diabetes Mellitus

(c) (i) Inclusion on the divisions of endocrinology and diabetes mellitus and general (internal) medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in endocrinology and diabetes mellitus and general (internal) medicine.

2.9 Consultant Gastroenterologist & General Physician

(c) (i) Inclusion on the divisions of gastroenterology and general (internal) medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in gastroenterology and general (internal) medicine.

2.10 Consultant Gastroenterologist & General Physician with a special interest in liver diseases

(c) (i) Inclusion on the divisions of gastroenterology and general (internal) medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in gastroenterology and general (internal) medicine

and

(d) Including one year in liver diseases.

2.11 Consultant Physician in Geriatric Medicine

(c) (i) Inclusion on the divisions of geriatric medicine and general (internal) medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in geriatric medicine and general (internal) medicine.

2.12 Consultant Rheumatologist & General Physician

(c) (i) Inclusion on the divisions of general (internal) medicine and rheumatology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in rheumatology and general (internal) medicine.

2.13 Consultant Nephrologist & General Physician

(c) (i) Inclusion on the divisions of nephrology and general (internal) medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in nephrology and general (internal) medicine.

2.14 Consultant Neurologist

(c) (i) Inclusion on the division of neurology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in neurology.

2.15 Consultant Clinical Neurophysiologist

(c) (i) Inclusion on the division of clinical neurophysiology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including four years in clinical neurophysiology and neurology.

2.16 Consultant Dermatologist

(c) (i) Inclusion on the division of dermatology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including four years in dermatology.

2.17 Consultant Dermatologist with a special interest in paediatric dermatology

(c) (i) Inclusion on the division of dermatology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including four years in dermatology

and

(d) including one year in paediatric dermatology.

2.18 Consultant Physician in Clinical Pharmacology and Therapeutics

(c) (i) Inclusion on the divisions of clinical pharmacology and therapeutics and general (internal) medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in clinical pharmacology and therapeutics and general (internal) medicine.

2.19 Consultant Physician in Infectious Diseases

(c) (i) Inclusion on the divisions of infectious diseases and general (internal) medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in infectious diseases and general (internal) medicine.

2.20 Consultant Physician in Genito-Urinary Medicine

(c) (i) Inclusion on the divisions of genito-urinary medicine and general (internal) medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in genito-urinary medicine and general (internal) medicine.

2.21 Consultant in Clinical Genetics

(c) (i) Inclusion on the division of Clinical Genetics of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including four years in clinical genetics.

2.22 Consultant Medical Oncologist

(c) (i) Inclusion on the division of medical oncology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including four years in medical oncology.

2.23 Consultant in Palliative Medicine

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

(b) The possession of the MRCPI or the MICGP or a qualification equivalent to one of these

and

(c) (i) Inclusion on the division of palliative medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including four years in palliative medicine.

2.24 Consultant in Rehabilitation Medicine

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

(b) The possession of the MRCPI or the FRCSI or a qualification in medicine or surgery equivalent to one of these

and

(c) (i) Inclusion on the division of rehabilitation medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including four years in rehabilitation medicine.

2.25 Consultant Physician / Professor of Medicine
Consultant Physician / Lecturer in Medicine

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

and

(b) The possession of the MRCPI or a qualification in medicine equivalent thereto

and

(c) (i) Inclusion on one of the divisions of medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including four years in one of the recognised specialties of medicine.

2.26 Consultant Physician in Clinical Pharmacology and Therapeutics / Professor of Clinical Pharmacology

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

and

(b) The possession of the MRCPI or a qualification in medicine equivalent thereto

and

(c) (i) Inclusion on the divisions of clinical pharmacology and therapeutics and general (internal) medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(iii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in clinical pharmacology and therapeutics and general (internal) medicine.

Obstetrics & Gynaecology

3.1 Consultant Obstetrician & Gynaecologist

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

and

(b) The possession of the MRCPI in Obstetrics and Gynaecology or the MRCOG or a qualification equivalent to one of these

and

(c) (i) Inclusion on the division of obstetrics and gynaecology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in obstetrics and gynaecology.

and for posts of

3.2 Consultant Obstetrician & Gynaecologist with a special interest in Gynaecological Oncology

(d) including two years in gynaecological oncology.

3.3 Consultant Obstetrician &Gynaecologist with a special interest in Maternal-Fetal Medicine

Including two years in maternal-fetal medicine.

3.4 Consultant Obstetrician &Gynaecologist with a special interest in Reproductive Medicine

Including two years in reproductive medicine.

3.5 Consultant Obstetrician & Gynaecologist with a special interest in Uro-Gynaecology

Including two years in uro-gynaecology.

Paediatrics

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

and

(b) The possession of the MRCPI in Paediatrics or a qualification equivalent thereto

and

4.1. Consultant General Paediatrician

(c) (i) Inclusion on the division of paediatrics of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including four years in paediatrics and one year in neonatology.

and for posts of

4.2. Consultant Paediatric Nephrologist

(d) including two years in paediatric nephrology.

4.3. Consultant Paediatric Cardiologist

(d) including two years in paediatric cardiology.

4.4. Consultant Paediatrician with a special interest in respiratory medicine

including two years in paediatric respiratory medicine.

4.5. Consultant Paediatric Oncologist

(d) including two years in paediatric oncology / haematology.

4.6. Consultant Paediatric Neurologist

(d) including two years in paediatric neurology.

4.7. Consultant Paediatric Endocrinologist

(d) including two years in paediatric endocrinology.

4.8. Consultant Paediatrician with a special interest in metabolic diseases

(d) including two years in paediatric metabolic diseases.

4.9. Consultant Paediatrician with a special interest in infectious diseases

(d) including two years in paediatric infectious diseases.

4.10. Consultant Paediatric Gastroenterologist

(d) including two years in paediatric gastroenterology.

4.11. Consultant Paediatrician with a special interest in community child health

(d) including one year in community child health.

4.12. Consultant Paediatrician with a special interest in developmental paediatrics

(d) including two years in developmental paediatrics.

4.13. Consultant Neonatologist

(c) (i) Inclusion on the division of paediatrics of the Register of Medical specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in paediatrics

and

(d) including two years in neonatology.

4.14. Consultant Paediatrician with a special interest in rheumatology

(d) including two years in paediatric rheumatology

4.15 Consultant Paediatrician / Professor of Paediatrics
Consultant Paediatrician / Lecturer in Paediatrics

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

and

(b) The possession of the MRCPI in Paediatrics or a qualification equivalent thereto

and

(c) (i) Inclusion on the division of paediatrics of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(iii) Seven years satisfactory postgraduate training and experience in the medical profession including four years in paediatrics and one year in neonatology.

Pathology

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

and

(b) The possession of the MRC Path. or a qualification equivalent thereto

5.1 Consultant Histopathologist

and

(c) (i) Inclusion on the division of histopathology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Six years satisfactory postgraduate training and experience in the medical profession including five years in histopathology.

5.2 Consultant Paediatric Histopathologist

and

(c) (i) Inclusion on the division of histopathology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Six years satisfactory postgraduate training and experience in the medical profession including five years in histopathology

and

(d) including one year in paediatric histopathology.

5.3 Consultant Histopathologist with a special interest in cytology

and

(c) (i) Inclusion on the division of histopathology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Six years satisfactory postgraduate training and experience in the medical profession including five years in histopathology

and

(d) including one year in cytology.

5.4 Consultant Histopathologist with a special interest in ocular pathology

and

(c) (i) Inclusion on the division of histopathology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Six years satisfactory postgraduate training and experience in the medical profession including five years in histopathology

and

(d) including one year in ocular pathology.

5.5 Consultant Histopathologist with a special interest in oral pathology

and

(c) (i) Inclusion on the division of histopathology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Six years satisfactory postgraduate training and experience in the medical profession including five years in histopathology

and

(d) including one year in oral pathology.

5.6 Consultant Histopathologist with a special interest in neuropathology

and

(c) (i) Inclusion on the division of histopathology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Six years satisfactory postgraduate training and experience in the medical profession including five years in histopathology.

and

(d) including one year in neuropathology.

5.7 Consultant Neuropathologist

and

(c) (i) Inclusion on the division of histopathology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Six years satisfactory postgraduate training and experience in the medical profession including five years in histopathology.

and

(d) including one year in neuropathology.

5.8 Consultant Microbiologist

and

(c) (i) Inclusion on the division of microbiology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Six years satisfactory postgraduate training and experience in the medical profession including five years in microbiology

5.9 Consultant Microbiologist with a special interest in virology

and

(d) including one year in virology

5.10 Consultant Chemical Pathologist

and

(c) (i) Inclusion on the division of chemical pathology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Six years satisfactory postgraduate training and experience in the medical profession including five years in chemical pathology.

5.11 Consultant Paediatric Chemical Pathologist

and

(c) (i) Inclusion on the division of chemical pathology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Six years satisfactory postgraduate training and experience in the medical profession including five years in chemical pathology

and

(d) including one year in paediatric chemical pathology.

5.12 Consultant Haematologist (Clinical and Laboratory)

(b) The possession of the MRCPI or the MRC Path. or a qualification equivalent to one of these

and

(c) (i) Inclusion on the division of haematology (clinical and laboratory) of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Six years satisfactory postgraduate training and experience in the medical profession including five years in haematology.

5.13 Consultant Haematologist (Clinical and Laboratory) with a special interest in paediatric haematology

(b) The possession of MRCPI or the MRC Path. or a qualification equivalent to one of these

and

(c) (i) Inclusion on the division of haematology (clinical and laboratory) of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Six years satisfactory postgraduate training and experience in the medical profession including five years in haematology

and

(d) including one year in paediatric haematology.

5.14 Consultant Haematologist (Clinical and Laboratory) with a special interest in transfusion medicine

(b) The possession of MRCPI or the MRC Path. or a qualification equivalent to one of these

and

(c) (i) Inclusion on the division of haematology (clinical and laboratory) of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Six years satisfactory postgraduate training and experience in the medical profession including five years in haematology.

and

(d) including one year in transfusion medicine.

5.15 Consultant Immunologist (Clinical and Laboratory)

(b) The possession of MRCPI or the MRC Path. or a qualification equivalent to one of these

and

(c) (i) Inclusion on the division of immunology (clinical and laboratory) of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Six years satisfactory postgraduate training and experience in the medical profession including five years in immunology (clinical and laboratory)

5.16 Consultant Immunologist (Clinical and Laboratory) with a special interest in paediatric immunology

and

(d) including one year in paediatric immunology.

5.17 Biochemist – Top Grade

(a) The possession of a PhD Degree (in biochemistry) of a recognised university or the MRC Path. or a qualification in clinical biochemistry equivalent to either of these

and

(b) Eight years post-graduate experience / training including five years in clinical biochemistry.

5.18 Consultant Pathologist / Professor of Pathology
Consultant Pathologist / Lecturer in Pathology

(b) Full registration in the General Register of Medical Practitioners maintained by the Medical Council in Ireland or entitlement to be so registered

and

(b) The possession of the MRC Path. or a qualification equivalent thereto

and

(c) (i) Inclusion on one of the divisions of pathology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Six years satisfactory postgraduate training and experience in the medical profession including five years in one of the recognised specialties of pathology.

Psychiatry

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

and

(b) The possession of the MRCPsych. or a qualification equivalent thereto

and

6.1 Consultant General Adult Psychiatrist

(c) (i) Inclusion on the division of psychiatry of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in psychiatry of which three years were in general adult psychiatry.

6.2 Consultant Child and Adolescent Psychiatrist

(c) (i) Inclusion on the division of child and adolescent psychiatry of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in psychiatry of which three years were in child and adolescent psychiatry.

6.3 Consultant Psychiatrist of learning disability (adult)

(c) (i) Inclusion on the divisions of psychiatry and psychiatry of learning disability of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in psychiatry of which two years were in general psychiatry and two years were in learning disability psychiatry.

6.4 Consultant Child and Adolescent Psychiatrist with a special interest in the psychiatry of learning disability

(c) (i) Inclusion on the divisions of child and adolescent psychiatry and psychiatry of learning disability of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession of which three years were in child and adolescent psychiatry and two years in learning disability psychiatry.

6.5 Consultant Psychiatrist in the psychiatry of old age

(c) (i) Inclusion on the divisions of psychiatry and psychiatry of old age of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in psychiatry of which two years were in old age psychiatry and two years in general adult psychiatry.

6.6 Consultant General Adult Psychiatrist with a special interest in substance misuse

(c) (i) Inclusion on the division of psychiatry of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in psychiatry of which three years were in general adult psychiatry.

and

(d) including one year in substance misuse

6.7 Consultant Child & Adolescent Psychiatrist with a special interest in substance misuse

(c) (i) Inclusion on the division of child and adolescent psychiatry of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(iii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in psychiatry of which three years were in child & adolescent psychiatry.

and

(d) including one year in substance misuse

6.8 Consultant General Adult Psychiatrist with a special interest in rehabilitation

(c) (i) Inclusion on the division of psychiatry of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in psychiatry of which three years were in general adult psychiatry

and

(d) including one year in rehabilitation psychiatry.

6.9 Consultant General Adult Psychiatrist with a special interest in liaison psychiatry

(c) (i) Inclusion on the division of psychiatry of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in psychiatry of which three years were in general adult psychiatry

and

(d) including one year in liaison psychiatry.

6.10 Consultant Forensic Psychiatrist

(c) (i) Inclusion on the division of psychiatry of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in psychiatry

and

(d) including three years in forensic psychiatry.

6.11 Consultant General Adult Psychiatrist with a special interest in forensic psychiatry

(c) (i) Inclusion on the division of psychiatry of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in psychiatry of which three years were in general adult psychiatry

and

(d) including one year in forensic psychiatry.

6.12 Consultant Psychiatrist / Professor of Psychiatry
Consultant Psychiatrist / Lecturer in Psychiatry

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

and

(b) The possession of the MRCPsych. or a qualification equivalent thereto

and

(c) (i) Inclusion on the division of psychiatry of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in psychiatry.

Radiology

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

and

(b) The possession of the FFR, RCSI or a qualification in radiology equivalent thereto

and

7.1 Consultant Radiologist

(c) (i) Inclusion on the division of radiology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in radiology.

and for posts of

7.2 Consultant Neuro-Radiologist

(d) including two years in neuro-radiology.

7.3 Consultant Paediatric Radiologist

(d) including two years in paediatric radiology.

7.4 Consultant Radiologist with a special interest in paediatric radiology

(d) including one year in paediatric radiology.

7.5 Consultant Radiologist with a special interest in vascular radiology

(d) including one year in vascular radiology.

7.6 Consultant Radiologist with a special interest in nuclear medicine

(d) including one year in nuclear medicine.

7.7 Consultant Radiologist with a special interest in interventional radiology

(d) including one year in interventional radiology.

7.8 Consultant Radiologist with a special interest in breast radiology

(d) including one year in breast radiology.

7.9. Consultant Radiologist with a special interest in musculo-skeletal radiology

(d) including one year in musculo-skeletal radiology.

7.10 Consultant Radiation Oncologist

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

and

(b) The possession of the FFR, RCSI or a qualification in radiation oncology at least equivalent thereto

and

(c) (i) Inclusion on the division of radiation oncology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including four years in radiation oncology.

and for posts of

7.11 Consultant Radiation Oncologist with a special interest in paediatric radiation oncology

(d) one year in paediatric radiation oncology.

Surgery

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

and

(b) The possession of the FRCSI or a qualification equivalent thereto

and

8.1 Consultant General Surgeon

(c) (i) Inclusion on the division of general surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in general surgery.

8.2 Consultant General Surgeon with a special interest in vascular surgery

(c) (i) Inclusion on the division of general surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in general surgery

and

(d) including two years in vascular surgery.

8.3 Consultant General Surgeon with a special interest in gastrointestinal surgery

(c) (i) Inclusion on the division of general surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in general surgery

and

(d) including two years in gastrointestinal surgery.

8.4 Consultant General Surgeon with a special interest in upper gastrointestinal surgery

(c) (i) Inclusion on the division of general surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in general surgery

and

(d) including two years in upper gastrointestinal surgery.

8.5 Consultant General Surgeon with a special interest in colo-rectal surgery

(c) (i) Inclusion on the division of general surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in general surgery

and

(d) including two years in colo-rectal surgery.

8.6 Consultant General Surgeon with a special interest in breast and endocrine surgery

(c) (i) Inclusion on the division of general surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in general surgery

and

(d) including two years in breast and endocrine surgery.

8.7 Consultant General Surgeon with a special interest in breast surgery

(c) (i) Inclusion on the division of general surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in general surgery

and

(d) including two years in breast surgery.

8.8 Consultant General Surgeon with a special interest in hepatobiliary surgery and liver transplantation

(c) (i) Inclusion on the division of general surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in general surgery

and

(d) including two years in hepatobiliary surgery and liver transplantation.

8.9 Consultant General Surgeon with a special interest in paediatric surgery

(c) (i) Inclusion on the division of general surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in general surgery

and

(d) including one year in paediatric surgery

8.10 Consultant Orthopaedic Surgeon

(c) (i) Inclusion on the division of orthopaedic surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in orthopaedic surgery.

8.11 Consultant Orthopaedic Surgeon with a special interest in paediatric orthopaedic surgery

(c) (i) Inclusion on the division of orthopaedic surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in orthopaedic surgery

and

(d) including one year in paediatric orthopaedic surgery.

8.12 Consultant Orthopaedic Surgeon with a special interest in spinal surgery

(c) (i) Inclusion on the division of orthopaedic surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in orthopaedic surgery

and

(d) including one year in spinal surgery.

8.13 Consultant Urologist

(c) (i) Inclusion on the division of urology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in urology.

8.14 Consultant Urologist with a special interest in paediatric urology

(c) (i) Inclusion on the division of urology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in adult and paediatric urology.

8.15 Consultant Urologist and Transplant Surgeon

(c) (i) Inclusion on the division of urology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in urology and renal transplantation.

8.16 Consultant Transplant Surgeon and Urologist

(c) (i) Inclusion on the division of urology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in transplantation and urology.

8.17 Consultant Neurosurgeon

(c) (i) Inclusion on the division of neurosurgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in neurosurgery.

8.18 Consultant Neurosurgeon with a special interest in paediatric neurosurgery

(c) (i) Inclusion on the division of neurosurgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in neurosurgery

and

(d) including one year in paediatric neurosurgery

8.19 Consultant Plastic Surgeon

(c) (i) Inclusion on the division of plastic surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in plastic surgery.

8.20 Consultant Plastic Surgeon (*s.i. cleft lip and palate)*

(c) (i) Inclusion on the division of plastic surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in plastic surgery.

and

(d) including one year in primary and secondary surgery for cleft lip and palate

8.21 Consultant Cardiothoracic Surgeon

(c) (i) Inclusion on the division of cardio-thoracic surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in cardiothoracic surgery

8.22 Consultant Cardiothoracic Surgeon with a special interest in paediatric cardiothoracic surgery

(c) (i) Inclusion on the division of cardio-thoracic surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in cardiothoracic surgery

and

(d) including one year in paediatric cardiothoracic surgery.

8.23 Consultant Cardiothoracic Surgeon with a special interest in transplantation

(c) (i) Inclusion on the division of cardio-thoracic surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in cardiothoracic surgery

and

(d) including one year in thoracic organ transplantation surgery.

8.24 Consultant Paediatric Surgeon

(c) (i) Inclusion on the division of paediatric surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in paediatric surgery.

8.25 Consultant Paediatric Surgeon with a special interest in urology

(c) (i) Inclusion on the division of paediatric surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in paediatric surgery and urology.

Ophthalmic Surgery

8.26 Consultant Ophthalmic Surgeon

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

and

(b) The possession of the Fellowship in Ophthalmology of the RCSI or a qualification equivalent thereto

and

(c) (i) Inclusion on the division of ophthalmic surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including four years in ophthalmic surgery

and for posts of

8.27 Consultant Ophthalmic Surgeon with a special interest in vitreo-retinal surgery

(d) including one year in vitreo-retinal surgery.

8.28 Consultant Ophthalmic Surgeon with a special interest in neuro-ophthalmic surgery

(d) including one year in neuro-ophthalmic surgery.

8.29 Consultant Ophthalmic Surgeon with a special interest in paediatric ophthalmic surgery

(d) including one year in paediatric ophthalmic surgery.

8.30 Consultant Ophthalmic Surgeon with a special interest in medical ophthalmology

(d) including one year in medical ophthalmology.

Otolaryngology

8.31 Consultant Otolaryngologist

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

and

(b) The possession of the Fellowship in Otolaryngology of the RCSI or a qualification equivalent thereto

and

(c) (i) Inclusion on the division of otolaryngology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in otolaryngology

and for posts of

8.32 Consultant Otolaryngologist with a special interest in paediatric otolaryngology

(d) including one year in paediatric otolaryngology.

Oral and Maxillofacial Surgery

8.33 Consultant Oral and Maxillofacial Surgeon

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

and

(b) The possession of (i) a Dental Fellowship of the RCSI and (ii) the FRCSI or professional qualifications at least equivalent to these

and

(c) (i) Inclusion on the division of oral and maxillofacial surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical and dental professions including five years in oral and maxillofacial surgery.

8.34 Consultant Surgeon / Professor of Surgery
Consultant Surgeon / Lecturer in Surgery

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

and

(b) The possession of the FRCSI or a qualification equivalent thereto

and

(c) (i) Inclusion on one of the divisions of surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Eight years satisfactory postgraduate training and experience in the medical profession including six years in one of the recognised specialties of surgery.

Emergency Medicine

9.1 Consultant in Emergency Medicine

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

and

(b) The possession of the MRCPI or the FRCSI or the FCA, RCSI or a qualification equivalent to one of these

and

(c) (i) Inclusion on the division of emergency medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including four years in emergency medicine and one year in related specialties

and for posts of

9.2 Consultant in Emergency Medicine with a special interest in paediatric emergency medicine

and

(c) (i) Inclusion on the division of emergency medicine of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including four years in emergency medicine and two years in related paediatric specialties.

10.1 Donor Care Consultant

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

and

(b) The possession of the MRCPI or the MRC Path. or a qualification equivalent to one of these

and

(c) (i) Inclusion on the division of general internal medicine, or infectious diseases or haematology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in haematology / infectious diseases / general (internal) medicine.

11.1 Consultant in Intensive Care Medicine

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

and

(b) The possession of the MRCPI or the FRCSI or the FCA, RCSI or a qualification equivalent to one of these

and

(c) (i) Inclusion on the division of anaesthesia, or one of the divisions within medicine or surgery of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession

and

(d) including two years in intensive care medicine and possession of the Diploma in Intensive Care Medicine or its equivalent.

APPENDIX D

MEMBERSHIP OF THE BOARDS OF THE EIGHT PREVIOUS COMHAIRLE NA NOSPIDÉAL

First Membership - September 1972 - December 1975

Prof. Basil Chubb **(Chairman)**	Professor of Political Science Trinity College, Dublin
Prof. Patrick Fitzgerald (Vice-Chairman)	Senior Professor of Surgery, University College Dublin/Surgeon, St. Vincent's Hospital
Prof. Peter G.S. Beckett	Professor of Psychiatry, Trinity College Dublin Psychiatrist, St. Patrick's/St. James's Hospitals
Prof. Alan H. Browne	Professor of Obstetrics/Gynaecology, Royal College of Surgeons in Ireland Obstetrician/Gynaecologist, Rotunda Hospital
Dr. Dermot M. Collins	Physician, Sligo General Hospital
Dr. Henry E. Counihan	Physician & Vice-Chairman of the Board of St. Laurence's Hospital, Dublin Editor, Journal of the Irish Medical Association
Mr. Harold Cudmore	Chairman, Federated Cork Voluntary Hospitals
Mr. John Darby	Assistant Secretary, Department of Health
Prof. W. George Fegan	Professor of Surgery, Trinity College Dublin Surgeon, Sir Patrick Dun's Hospital
Mr. Eamonn Hannan	Chief Executive Officer, Western Health Board
Mr. Brendan Herlihy	Assistant Secretary, Department of Health (retired)
Prof. Dermot O'B. Hourihane	Professor of Pathology, Trinity College, Dublin Principal Pathologist, Federated Dublin Voluntary Hospitals
Dr. Joseph C. Joyce	Chief Medical Officer, Department of Health
Dr. Aidan Kennedy	Anaesthetist, St. Finbarr's Hospital, Cork
Mr. James S. R. Lavelle	Surgeon, Our Lady's Hospital, Navan
Prof. Brian McNicholl	Professor of Paediatrics, University College, Galway Paediatrician, Galway Regional Hospital
Mr. Michael J. Murphy	Surgeon, Limerick Regional Hospital Member of An Bórd Altranais

Dr. Harry O'Flanagan	Dean & Registrar, Royal College of Surgeons in Ireland Registrar, Royal College of Physicians in Ireland
Mr. John F. O'Mahony	Deputy Chairman, Our Lady's Hospital for Sick Children, Crumlin Member of the National Health Council Former General Manager, Voluntary Health Insurance Board
Prof. Eoin O'Malley	Professor of Surgery, University College Dublin Surgeon, Mater Hospital, Dublin
Miss A. C. O'Neill	Matron, Dr. Steeven's Hospital, Dublin
Prof. Denis O'Sullivan	Professor of Medicine, University College, Cork Physician, St. Finbarr's Hospital Cork.
Dr. Donal O'Sullivan	Director, Department of Radiology, St. Laurence's Hospital, Dublin
Prof. Peter B. B. Gatenby	Professor of Medicine Trinity College Dublin Physician, Meath Hospital/Dr. Steevens' Hospital/St. James's Hospital (resigned December 1974)
Prof. J. N. P. Moore	Clinical Professor of Psychiatry, Trinity College, Dublin Psychiatrist, St. Patrick's/St. James's Hospitals
Mr. David Whelan	Assistant Secretary, Hospital Services, Department of Health

Second Membership - January 1976 - December 1978

Prof. Basil Chubb **(Chairman)**	Professor of Political Science, Trinity College Dublin
Prof. Patrick FitzGerald (Vice-Chairman)	Senior Professor of Surgery, University College, Dublin Surgeon, St. Vincent's Hospital, Dublin
Dr. Alan H. Browne	Professor of Obstetrics/Gynaecology, Royal College of Surgeons in Ireland Obstetrician/Gynaecologist, Rotunda Hospital, Dublin
Dr. Dermot M. Collins	Physician, Sligo General Hospital
Dr. Henry E. Counihan	Physician & Vice-Chairman of the Board of St. Laurence's Hospital, Dublin Editor, Journal of the Irish Medical Association
Mr. Brendan Herlihy	Board Member of Jervis Street and Sir Patrick Dun's Hospitals
Prof. Dermot O'B. Hourihane	Professor of Pathology, Trinity College, Dublin Principal Pathologist, Federated Dublin Voluntary Hospitals
Dr. Joseph C. Joyce	Chief Medical Officer, Department of Health
Dr. Aidan Kennedy	Anaesthetist, St. Finbarr's Hospital, Cork

Mr. James S. R. Lavelle	Surgeon, Our Lady's Hospital, Navan
Prof. Brian McNicholl	Professor of Paediatrics, University College, Galway Paediatrician, Galway Regional Hospital
Prof. J. N. P. Moore	Clinical Professor of Psychiatry, Trinity College, Dublin Psychiatrist, St. Patrick's and St. James's Hospitals
Dr. Harry O'Flanagan	Dean and Registrar, Royal College of Surgeons in Ireland
Prof. Eoin O'Malley	Professor of Surgery, University College Dublin Surgeon, Mater Hospital, Dublin
Prof. Denis O'Sullivan	Professor of Medicine, University College, Cork Physician, St. Finbarr's Hospital, Cork
Mr. David Whelan	Assistant Secretary, Department of Health
Mr. E. Browne	National Group Secretary, Irish Transport and General Workers Union
Mr. D. Q. Dudley	Chief Executive Officer, Midland Health Board
Mr. S. Hensey	Assistant Secretary, Department of Health
Mr. G. A. McLean Lee	Surgeon, Wexford County Hospital
Sister Bosco McNamara	Nurse Tutor, Medical Missionaries of Mary, International Missionary Training Hospital, Drogheda
Prof. J. P. Murray	Professor of Radiology, University College Galway Radiologist, Galway Regional Hospital
Mr. P. G. McQuillan	Chief Executive Officer, South-Eastern Health Board
Dr. Michael Buckley	Physician, St. James's Hospital, Dublin (June 1978)
Mr. J. A. Mehigan	Surgeon, St. Vincent's Hospital, Dublin (June (1978)
Dr. J. A. Robins	Principal, Department of Health (June, 1978)

Third Membership - June 1979 - May 1982

Mr. Richard Godsil **(Chairman)**	Former Managing Director, Fry Cadbury's (Ireland) Ltd. Member of the Electricity Supply Board
Prof. Denis O'Sullivan (Vice-Chairman)	Professor Medicine, University College Cork Physician, Cork Regional Hospital
Mr. Sean Baker	Surgeon, Bantry Hospital
Mr. Edmund Browne	National Group Secretary, Irish Transport & General Workers Union

Dr. Michael Buckley	Physician, St. James's Hospital, Dublin
Miss Mary Byrne	S.R.N. Merlin Park Hospital, Galway Member Western Health Board and former Mayor of Galway
Mr. G. L. Cantillon	Surgeon, St. John's/Barrington's Hospitals, Limerick
Dr. Robert Carroll	Pathologist, Our Lady's Hospital for Sick Children, Crumlin
Dr. Dermot Collins	Physician, Sligo General Hospital
Miss Elizabeth Dillon	President, Irish Local Government and public Services Union
Dr. Nicholas Dolan	General Practitioner, Moate Vice-Chairman M.H.B. and ex-President, Irish Medical Association
Prof. Eric Doyle	Professor of Paediatrics, Trinity College, Dublin Paediatrician, National Children's Hospital, Dublin
Mr. Augustus Healy	Member Southern Health Board, Cork Hospital Board and Board of North Infirmary Cork
Mr. Sean Hensey	Assistant Secretary, Hospital Services, Department of Health
Dr. Aidan Kennedy	Anaesthetist, Cork Regional Hospital
Mr. Rory Lavelle	Surgeon, Our Lady's Hospital, Navan, Co. Meath
Dr. Brian McCaffrey	Psychiatrist, Eastern Health Board and ex-President, Medical Union
Mr. Denis McCarthy	Chairman, Jervis Street Hospital Board, member of Beaumont Hospital Board and St. Laurence's Hospital
Mr. J. Augustus Mehigan	Surgeon, St. Vincent's Hospital, ex-President Irish Medical Association
Mr. Joseph Mulrooney	Vice-Chairman, Western Health Board and member of Mayo County Council
Prof. Eoin O'Malley	Professor of Surgery, University College, Dublin Surgeon, Mater Hospital, Dublin
Prof. Eamon O'Dwyer	Professor of Obstetrics/Gynaecology, University College, Galway Obstetrician/Gynaecologist, Regional Hospital Galway
Dr. Daniel Ormonde	Radiologist, Ardkeen Hospital, Waterford
Miss Patricia O'Sullivan	Nurse-Tutor, Mater Hospital, Dublin Member of Council, Irish Nurses Organisation
Dr. Joseph Robins	Principal Officer, Mental Health Services, Department of Health

Mr. Barry Segrave	Chief Executive Officer, North-Eastern Health Board
Dr. Alphonsus Walsh	Deputy Chief Medical Officer, Department of Health
Mr. P. W. Flanagan	Assistant Secretary, Hospital Services, Department of Health (appointed February 1981)

FOURTH MEMBERSHIP - JUNE 1982 - MAY 1985

Mr. Richard Godsil **(Chairman)**	Former Managing Director, Fry-Cadbury (Ireland) Ltd.
Prof. Denis O'Sullivan (Vice-Chairman)	Professor of Medicine, University College Cork Physician, Cork Regional Hospital
Dr. Bryan G. Alton	Physician, Mater Hospital, Dublin Chairman Postgraduate Medical and Dental Board
Mr. Sean Baker	Surgeon, Bantry Hospital, Cork
Dr. Michael Buckley	Physician, St. James's Hospital, Dublin
Mr. G. L. Cantillon	Surgeon, St. John's/Barrington's Hospital, Limerick
Dr. Dermot Collins	Physician, Sligo General Hospital
Prof. P.G. Collins	Professor of Surgery, RCSI Surgeon, Charitable Infirmary, Jervis St. Dublin
Mr. Denis Doherty	Chief Executive Officer, Midland Health Board
Mr. P. W. Flanagan	Assistant Secretary, Hospital Services, Department or Health
Mr. John Foster	Irish Congress of Trade Unions
Dr. Bernadette Herity	Lecturer, Department of Community Medicine and Epidemiology University College, Dublin
Mr. Patrick MacAuley	Orthopaedic Surgeon, Mater Hospital, Temple Street and St. Mary's Orthopaedic Hospital, Cappagh, Dublin
Dr. Aidan Kennedy	Anaesthetist, St. James's Hospital, Dublin
Mr. J. S. R. Lavelle	Surgeon, Our Lady's Hospital, Navan, Co. Meath
Dr Cormac Macnamara	General Practitioner, Waterford
Mr. Joseph Mulrooney	National Teacher, Co. Mayo
Prof. Eamon O'Dwyer	Professor of Obstetrics and Gynaecology, University College Galway Obstetrician/Gynaecologist, Regional Hospital, Galway

Mr. Donal O'Shea	Chief Executive Officer, North Western Health Board
Dr. Donal Ormonde	T.D., Radiologist, Ardkeen Regional Hospital, Waterford
Miss Patrice O'Sullivan	Nurse -Tutor, Mater Hospital
Dr. John Owens	Chief Psychiatrist, St. Davnet's Hospital, Monaghan
Mr. Barry Segrave	Chief Executive Officer, Eastern Health Board
Dr. R. P. Towers	Histopathologist, St. Vincent's Hospital, Dublin
Dr. Patrick Tubridy	Psychiatrist, St. John of God Hospital, Stillorgan, Co. Dublin
Prof. O. Conor Ward	Professor of Paediatrics, University College, Dublin Paediatrician, Our Lady's Hospital for Sick Children, Crumlin, Dublin
Dr. Alphonsus Walsh	Deputy Chief Medical Officer, Department of Health
Dr. Niall Tierney	Senor Medical Officer, Department of Health (appointed June 1983)

FIFTH MEMBERSHIP - SEPTEMBER 1985 - SEPTEMBER 1988

Mr. Patrick A Hall **(Chairperson)**	Deputy Director General, Institute of Public Administration
Dr. Noel Cahill (Vice-Chairperson)	Physician/Cardiologist, Sth. Infirmary/Victoria Hospital & Cork Regional Hospital
Dr. Anthony Carney	Psychiatrist, Galway Regional Hospital
Mr. Patrick Condon	Ophthalmic Surgeon, Waterford Regional Hospital
Mr. Noel Daly	Chief Executive Officer, An Bórd Altranais
Ms. Betty Dillon	Former President, Local Government and Public Services Union
Mr. Denis Doherty	Chief Executive Officer, Midland Health Board
Prof. Stephen Doyle	Gastroenterologist, Beaumont Hospital, Dublin Professor of Medicine, Royal College of Surgeons in Ireland
Mr. Joseph Egan	General Surgeon, Regional Hospital, Limerick
Prof. Muiris Fitzgerald	Respiratory Physician, St. Vincent's Hospital Professor of Medicine, University College, Dublin
Dr. Seamus Hart	Anaesthetist, Cork Regional Hospital
Prof. T. P. J. Hennessy	General Surgeon, St. James's Hospital, Professor of Surgery, Trinity College, Dublin

Dr. George Henry	Obstetrician/Gynaecologist; former Master Rotunda Hospital
Dr. Gerry Hurley	Radiologist, Meath/Adelaide Hospitals Dublin
Mr. Patrick MacAuley	Orthopaedic Surgeon, Temple Street/Mater/Cappagh Hospitals
Prof. Ciaran McCarthy	Physician, Galway Regional Hospital Professor of Medicine, University College, Galway
Mr. Tom Mooney	Principal, Hospital Services Division, Department of Health
Miss Ursula Mulcahy	General Surgeon, Dundalk General Hospital
Mr. Maurice Neligan	Cardiac Surgeon, Mater Hospital and Our Lady's Hospital for Sick Children, Crumlin, Dublin
Prof. Joyce O'Connor	Head of the Department of Languages and Applied Social Studies; Director, Social Research Centre, National Institute for Higher Education, Limerick
Mr. Donal O'Shea	Chief Executive Officer, North Western Health Board
Dr. E. V. Ruthledge	General Practitioner, Dublin
Dr. Sheelah Ryan	Director of Community Care and Medical Officer of Health, Midland Health Board
Dr. Niall Tierney	Deputy Chief Medical Officer, Department of Health
Dr. Robert Towers	Histopathologist, St. Vincent's Hospital, Dublin
Dr. Cillian Twomey	Physician in Geriatric Medicine, Cork Regional Hospital/St. Finbarr's Hospital, Cork
Prof. O. Conor Ward	Paediatrician, Our Lady Hospital for Sick Children, Crumlin Professor of Paediatrics, University College, Dublin
Dr. Dermot Walsh	Psychiatrist, St. Loman's Hospital (September 1986).

SIXTH MEMBERSHIP - JULY 1989 TO JUNE 1992

Mr. David Hanly **(Chairman)**	Managing Director, P.A.R.C. Ltd.
Dr. Donal Ormonde (Vice-Chairman)	Radiologist, Waterford Regional Hospital
Dr. Bryan G. Alton	former Physician, Mater Hospital, Dublin
Mr. Sean Baker	former Surgeon, Bantry Hospital, Cork
Dr. W.E. Bennett	Pathologist, St. John's Hospital, Limerick

Dr. Jane Buttimer	Deputy Chief Medical Officer, Department of Health
Ms. Christina Carney	Irish Municipal Public and Civil Trade Union (I.M.P.A.C.T.)
Prof. Davis Coakley	Physician in Geriatric Medicine, St. James's Hospital
Dr. Michael Darling	Obstetrician/Gynaecologist, Master Rotunda Hospital
Mr. Denis Doherty	Chief Executive Officer, Mid-Western & Midland Health Boards
Dr. Gerard Dorrian	Anaesthetist, St. Vincent's Hospital, Dublin
Mr. Denis Dudley	Chief Executive Officer, Southern health Board
Dr. Ken Egan	General Practitioner, Ballindine, Co. Mayo
Prof. Muiris Fitzgerald	Physician/Professor of Medicine, St. Vincent's Hospital/ University College, Dublin
Dr. Gerry Hurley	Radiologist, M.A.N.C.H. Group of Hospitals, Dublin
Mrs. Anne Kelly	Superintendent Public Health Nurse, North-Western Health Board, Co. Donegal
Mr. Fred Kenny	Orthopaedic Surgeon, Our Lady's Hospital, Navan, Co. Meath
Mr. Tom Mooney	Principal Officer, Department of Health
Dr. Patrick Murray	Child Psychiatrist, Brothers of Charity Services, Cork
Dr. John Owens	Psychiatrist, St. Davnet's Hospital, Monaghan
Sister Laurentia Roche	Matron, Mercy Hospital, Cork
Dr. Sheelah Ryan	Director of Community Care and Medical Officer of Health, Midland Health Board
Mr. Barry Segrave	former Chief Executive Officer, Eastern Health Board
Prof. O. Conor Ward	Paediatrician, Our Lady's Hospital for Sick Children, Crumlin
Mr. Martin Walsh	Orthopaedic Surgeon, Mater Hospital
Mr. Niall Weldon	Chairman, Beaumont Hospital Board, Dublin
Prof. Denis Moriarty	Anaesthetist, Mater Hospital
Mr. Michael Shine	Surgeon, Our Lady of Lourdes Hospital, Drogheda, Co. Louth
Mr. Donal Devitt	Assistant Secretary, Hospital Services, Department of Health

Seventh Membership - August 1992 To June 1995

Dr. Veronica Donoghue **(Chairman)**	Paediatric Radiologist, Children's Hospital, Temple Street/National Maternity Hospital
Prof. John Fielding (Vice-Chairman)	Professor of Medicine, Royal College of Surgeons in Ireland and Consultant Physician in Gastroenterology, Beaumont Hospital
Dr. W. E. Bennett	Pathologist, St. John's Hospital, Limerick
Dr. Jane Buttimer	Deputy Chief Medical Officer, Department of Health
Ms. Christina Carney	Assistant General Secretary, Irish Municipal Public and Civil Trade Union (IMPACT)
Prof. Anthony Clare	Clinical Director, St. Patrick's Hospital, Dublin and Consultant Psychiatrist
Ms. Anne Cody	Theatre Nurse, Mater Hospital, Dublin
Dr. Paule Cotter	Haematologist, Cork University Hospital
Dr. Michael Darling	Obstetrician/Gynaecologist, Master of the Rotunda Hospital, Dublin
Mr. Denis Doherty	Chief Executive Officer, Mid-Western and Midland Health Boards
Prof. Brendan Drumm	Professor of Paediatrics, University College Dublin Consultant Paediatrician, Our Lady's Hospital for Sick Children, Crumlin, Dublin
Dr. Ken Egan	General Practitioner, Ballindine, Co. Mayo
Mr. Anthony Enright	Assistant Secretary, Department of Health
Dr. Bert Farrell	General Practitioner, Westport, Co. Mayo
Prof. Muiris Fitzgerald	Professor of Medicine, University College Dublin Consultant Physician in Respiratory Medicine, St. Vincent's Hospital, Dublin
Dr. G. Corbett-Feeney	Microbiologist, University College Hospital, Galway
Dr. Mary Henry	Physician, Adelaide Hospital, Dublin
Mr. Fred Kenny	Orthopaedic Surgeon, Our Lady's Hospital, Navan, Co. Meath
Mrs. Mary Macnamara	Newtown, Waterford
Mr. Thiaga Nadaraja	ENT Surgeon, Sligo General Hospital
Mr. Vivian O'Callaghan	Bantry, Co. Cork

Dr. Donal Ormonde	Radiologist, Waterford Regional Hospital
Dr. Katrina O'Sullivan	Anaesthetist, Meath/Adelaide/National Children's Hospital, Dublin
Dr. John Owens	Psychiatrist, St. Davnet's Hospital, Monaghan
Dr. Declan Sugrue	Cardiologist, Mater Hospital, Dublin
Mr. Arthur Tanner	General Surgeon, Meath/Adelaide Hospitals Dublin
Dr. Michael Walsh	Cardiologist, St. James's Hospital, Dublin
Mr. Sean Benton	Principal, Hospitals Services Division, Department of Health (December, 1993)

Eighth Membership - December 1995 To December 2005

Prof. Brendan Drumm Chairman	Professor of Paediatrics, University College Dublin and Consultant Paediatric Gastroenterologist, Our Lady's Hospital, Crumlin
Dr. Fidelma Flynn Vice Chairman	Psychiatrist, Sligo Mental Health Services
Mr. Frank Ahern*	Director of Personnel Management and Development, Department of Health and Children
Dr. Fiona Bradley*	General Practitioner and Lecturer, Department of General Practice, Trinity College, Dublin
Ms. Christina Carney	Assistant General Secretary, IMPACT trade union
Prof. Anthony Clare	Clinical Director, St. Patrick's Hospital, Dublin
Dr. Deborah Condell	Consultant Histopathologist, Cavan General Hospital
Mr. Denis Doherty	Chief Executive Officer, Midland Health Board and CEO, Office for Health Management
Prof. Jim Fennelly	Medical Oncologist (retired)
Senator Dr. Mary Henry	Member of Seanad Éireann
Mr. Aidan Hurley	Taxation Consultant, Limerick
Dr. Fred Jackson	Haematologist, Waterford Regional Hospital
Prof. Frank Keane	General Surgeon, Adelaide & Meath Hospital Dublin incorporating the National Children's Hospital, Tallaght, Dublin
Prof. B.G. Loftus	Professor of Paediatrics, NUI Galway and Consultant Paediatrician, University College Hospital, Galway

Cllr. John McCarthy *	Member, Cork County Council
Ms. Catherine MacDaid	Deputy Chief Executive Officer, Adelaide & Meath Hospital Dublin incorporating the National Children's Hospital, Tallaght, Dublin
Mr. John A. Murphy	Secretary / Manager, Mercy Hospital, Cork
Dr. John F. Murphy	Consultant Obstetrician / Gynaecologist, National Maternity Hospital and St Vincent's Hospital, Dublin
Mr. Maurice Neligan	Consultant Cardio-Thoracic Surgeon, Mater Hospital and Our Lady's Hospital, Crumlin, Dublin
Ms. Wendy Ó Conghaile	Advisor to the Directorate, European Foundation for Living & Working Conditions
Dr. Orlaith O'Reilly	Director of Public Health Medicine, South Eastern Health Board
Ms Sheila O'Sullivan	Public Representative, Glanmire, Co. Cork
Dr. Tom Peirce	Physician, Mid-Western Regional Hospital, Limerick
Dr. Charles Shanahan	Radiologist, Portlaoise General Hospital
Ms. Laura Viani	ENT Surgeon, Beaumont Hospital, Dublin
Dr. Mary White	Anaesthetist, St James's Hospital, Dublin
Dr. Margo Wrigley	Psychiatrist in the Psychiatry of Old Age, Mater Hospital, Dublin
Mr. Michael Lyons	Principal Officer, Hospital Services Department of Health (appointed May 1997)
Dr. Donal Ormonde	Radiologist, Waterford Regional Hospital (appointed January, 1999)
Mr. Thiaga Nadaraja	ENT Surgeon, Sligo General Hospital (appointed November, 1999)