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COMHAIRLE NA NOSPIDÉAL

**CONSULTANT
STAFFING**

JANUARY 2004

COMHAIRLE NA NOSPIDÉAL

CONSULTANT STAFFING

~ 1st January, 2004 ~

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CONSULTANT STAFFING AT 01.01.2004 - EXECUTIVE SUMMARY

On 1st January 2004, there were 1,824 permanent consultant posts and c. 4,000 NCHDs in the public sector in Ireland. This represents a net increase of 93 consultant posts (5.4%) on last year and compares with a net increase of 99 posts in 2002, 72 new posts in 2001, 120 new posts in 2000 and 52 new posts in 1999. In the past five years 436 additional consultant posts have been approved by Comhairle na nOspidéal. This compares with 202 in the previous five years.

The trend over ten years indicates that increases are not evenly spread amongst the specialties. It is clear from the information in this report that the publication of national strategies which have focussed on specific areas, such as the Cancer and Cardiovascular strategies and the Minister's initiative of 2000 in relation to A&E services, have resulted, inter-alia, in large increases in consultant staffing in the relevant specialties. On the other hand, Obstetrics & Gynaecology, for example, has experienced only a 20% net increase in posts since 1993, compared with an average net increase across all specialties of 56%. Comhairle na nOspidéal considers that a substantial increase in consultant posts in this specialty is required.

When the discussion document Medical Manpower in Acute Hospitals (Tierney Report) was published in 1993, there were 1,170 approved permanent consultant posts and 2,322 NCHDs in Ireland. The Tierney Report recommended a move from a consultant-led to a consultant-provided service. It suggested a target of 1,500 consultant posts and 1,500 NCHDs 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 materialise; on the contrary, the number of NCHDs by 1st January 2003 had in fact increased by about 70%, to 3932.

In June 2003 the Report of the National Taskforce on Medical Staffing (Hanly Report) was published and subsequently adopted as government policy. The report endorses the case for a consultant-provided service and states that this would require a substantial increase in the number of consultant posts; to 3,063 by 2009 and 3,625 by 2013 and a proportionate decrease in NCHD numbers, from the 3,977 identified in June 2003 to 2,700 by 2009 and 2,200 by 2013. This amounts to a projected 100% increase in the number of consultant posts and a 45% decrease in the number of NCHDs.

About 800 Specialist Registrar (SpR) and Senior Registrar (SR) posts have been approved by Comhairle na nOspidéal. A table identifying these posts by specialty has been included in this report for the first time.

The Census 2002 registered an 8% increase in population since 1996 and the CSO confirmed population figure of 3,917,203 is used in this report. There has been a 44% increase in consultant posts in that same period. In 1996, the consultant to population ratio was one consultant per 2,800 population, whereas there is now one consultant per 2,148 population. A decade ago the ratio was 1/3,000.

Over the past three years, 106 doctors per annum, on average, have taken up duty in Ireland as permanent consultants for the first time. 106 took up duty in 2003, 105 took up duty in 2002 and 108 in 2001. This compares with an average of 40 in the mid-eighties and 50 in the early nineties. The average age of new consultants taking up appointment in Ireland remains high. In 2003 it was 39 years.

There has been a gradual change in the proportion of male and female consultants over the past decade i.e. from 87% male/ 13% female in 1990 to 74% male / 26% female today. In 2003, 62% of new consultants were male and 38% were female. 1,531 of the 1,824 permanent consultant posts are filled on a permanent basis, 61 more than a year ago.

There are 289 approved non-permanent consultant appointments. Of the 198 which were known to be filled on 31st December, 2003, 34% were occupied by women and 66% by men. 197 specialists working solely in private hospitals have been identified, 47% of these are in the ERHA area and 31% are in the SHB area.

There are 29 permanent part-time consultant posts. There are also 10 full-time permanent posts where the holder is working on a part-time basis with a locum consultant in the remainder of the post.

The 93 additional consultant posts approved in 2003 and the 654 approved since January 1993 are distributed, by health board area and by specialty, in the tables below. The percentage net increase on the consultant establishment is also identified. Comhairle na nOspidéal has over many years identified regional disparities in the geographical distribution of the hospital medical workforce, in particular between Dublin and the rest of the country. The statistics indicate that this regional disparity is gradually being addressed. It is noteworthy that the rate of growth in consultant numbers is less in the SHB than in other areas. On the other hand, a number of health boards have experienced significant percentage increases in consultant posts over the past decade.

Health Board	Increase 2003	Net Increase 1993-2003	% net increase 1993-2003
ERHA	31	283	51%
Midland	10	30	61%
Mid-Western	10	49	68%
North Eastern	13	53	82%
North Western	7	40	68%
South Eastern	11	62	71%
Southern	3	62	38%
Western	8	75	66%
Total	93	654	56%

Specialty	Increase 2003	Net Increase 1993-2003	% net increase 1993-2003
Anaesthesia	7	93	52%
Emergency Medicine	20	38	292%
Medicine	26	141	70%
Obstetrics/Gynaecology	5	16	20%
Paediatrics	5	41	68%
Pathology	6	74	81%
Psychiatry	5	90	47%
Radiology	6	71	72%
Surgery	13	90	35%
Total	93	654	56%

FIGURE 1 - OVERALL NUMBER OF CONSULTANT POSTS, 1988-2003

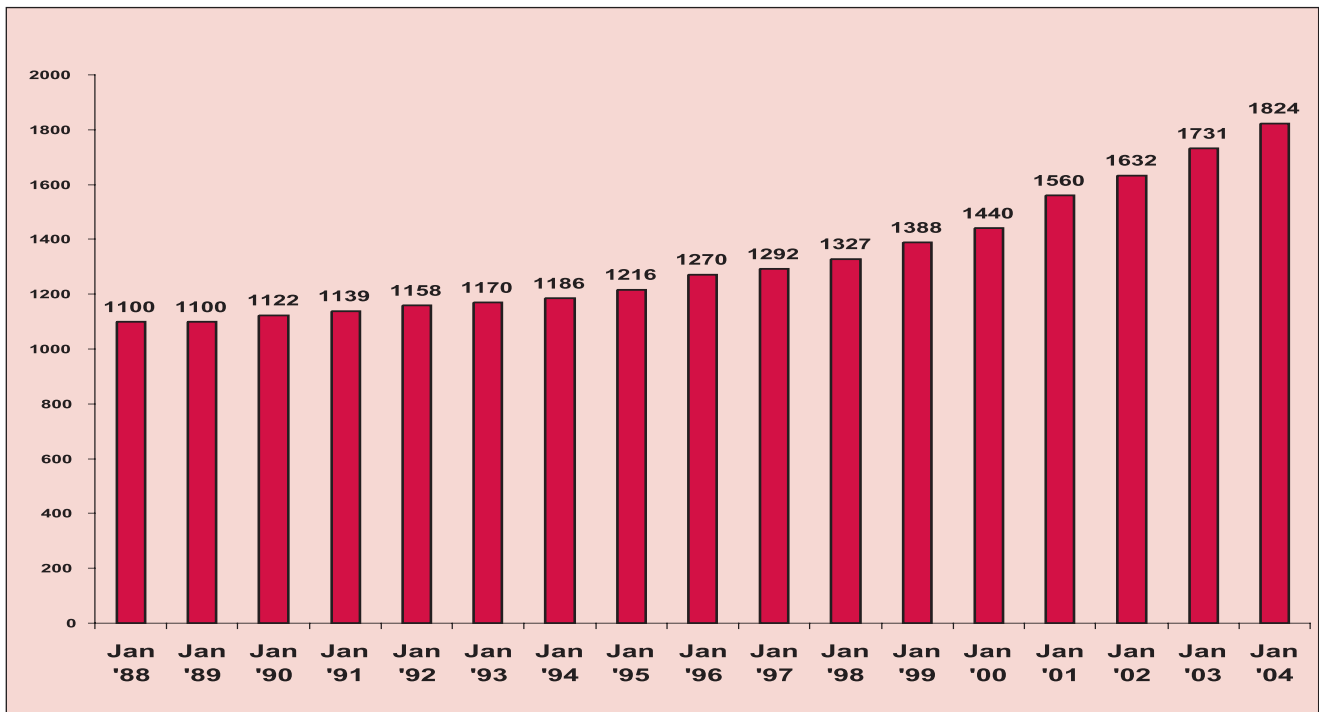
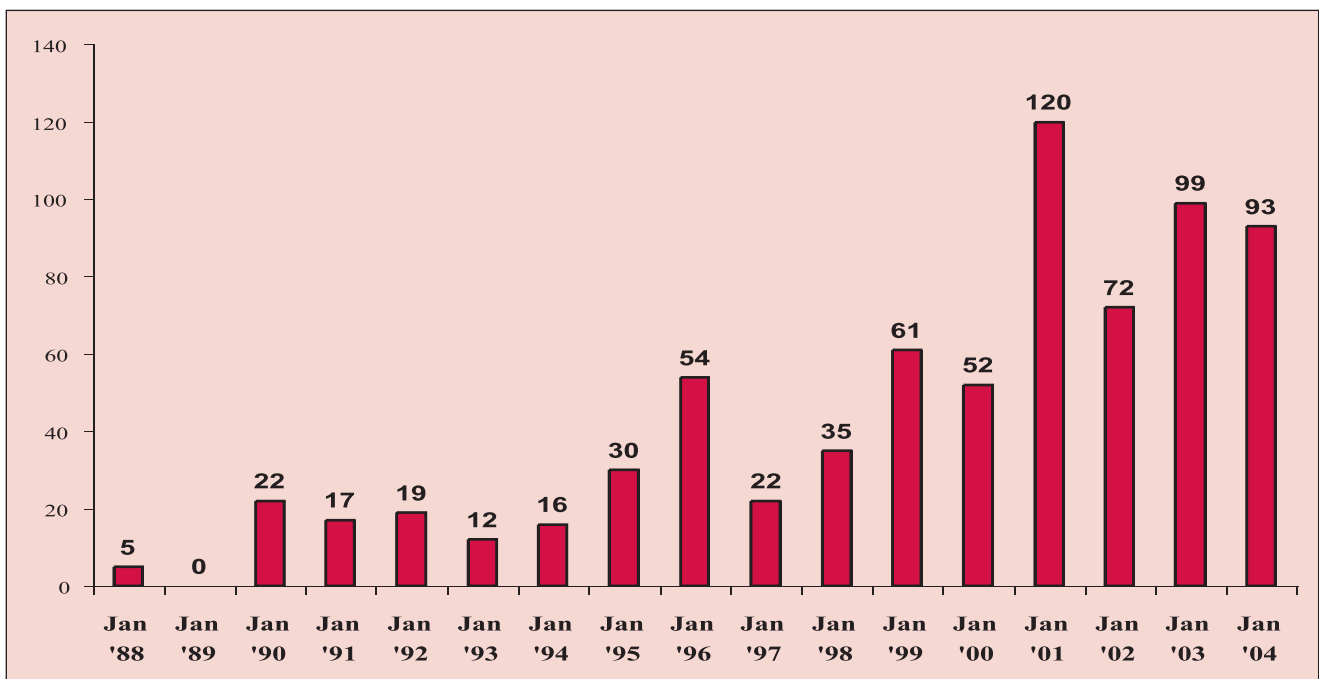


FIGURE 2 - ANNUAL NET INCREASE IN NUMBER OF CONSULTANT POSTS, 1988-2003



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INTRODUCTION

This report sets out statistical information related to the consultant staffing situation in Ireland at the 1st January, 2004. The compilation of the consultant workforce statistics is an on-going process which involves regular up-dating and refinement of data. The up-dating of the statistics involves recording alterations in the number of consultant posts stemming from the regulation of such appointments by Comhairle na nOspidéal. Refinement of data involves the incorporation of new information about consultants in practice which comes to the attention of Comhairle na nOspidéal. The overall objective is to provide, as far as possible, a comprehensive and accurate reflection of the consultant workforce on the 1st January of each year.

All the statistical information except for Table 11 refers to public sector consultant appointments only. Data relating to doctors engaged solely in private practice are included in paragraph 11.1 under the heading of "Specialists in Private Practice". The reliability and comprehensiveness of the data in respect of private specialists may not be as good as that for public sector appointments as the regulatory function of Comhairle na nOspidéal does not extend to the private hospitals.

It should be noted that the figure of 1,824 posts includes all permanent public medical consultant posts; regardless of the contract category, whether they are full or part-time service posts, or joint service/academic posts. Therefore the consultant establishment includes 94 consultant posts which are classified, under the Revised Contract for Academic Consultant Medical Staff, 1999, as "full time" academic posts. Such "full-time" academic posts comprise a mix of academic/university and service commitments. About 30 "part time" academic posts have the standard Consultants' Contract, 1997 and include formal sessions at medical schools. The figure also includes 29 permanent part-time consultant posts which are outlined by specialty and health board area in Table 8A.

The statistics in this report are presented by health board area and/or by specialty/sub-specialty. Where joint appointments exist between hospitals in two health board areas, the posts are allocated in this report to the hospital, and consequently to the health board area, with the greater sessional commitment.

It should be noted that, throughout the report, percentages have been rounded to the nearest whole number, except where doing so would make comparison difficult.

Any queries in relation to the information contained in this report should be directed to Mr. Tommie Martin, Chief Officer; Ms. Peggy Cryan, Senior Executive Officer or Ms. Ruth Langan, A/Higher Executive Officer who have compiled the report on behalf of Comhairle na nOspidéal.

1. CURRENT CONSULTANT STAFFING

1.1 The consultant establishment at 1st January 2004 in the public sector was 1,824 : comprising 1,531 permanent consultants in practice, 249 vacant approved posts which were in the process of being filled on a permanent basis, 10 posts under consideration by Comhairle na nOspidéal and 34 unprocessed posts*. The majority of the posts in the latter three categories are occupied by locum or temporary consultants pending the filling of the permanent posts. The group of unprocessed posts consists of permanent posts known to be vacant but not yet in a position to be considered by Comhairle na nOspidéal due to absence of financial clearance by the Department of Health and Children / ERHA or absence of completed application form from the employing authority and/or other reason. Table 1 shows a summary of the consultant workforce by specialty group.

TABLE 1 SUMMARY OF CONSULTANT STAFFING AT 1ST JANUARY 2004

Specialty Group	Permanent Consultant Posts
Anaesthesia	272
Emergency Medicine	51
Intensive Care	1
Medicine	342
Obstetrics / Gynaecology	98
Paediatrics	101
Pathology	165
Psychiatry	281
Radiology	169
Surgery	344
Total	1,824

1.2 During the year 2003, 93 additional and 70 replacement consultant posts were approved by Comhairle na nOspidéal. The details by specialty and designated sub-specialty / special interest are set out in Table 1A.

* Definitions:

- Filled: A post where the appointee has taken up duty on a permanent basis.
- Approved Vacant : A post approved by Comhairle na nOspidéal is classified as approved vacant until an appointee takes up duty on a permanent basis.
- Under Consideration: Permanent posts which are vacant or about to become vacant where funded replacement applications have been received by Comhairle na nOspidéal and are awaiting a Comhairle decision.
- Unprocessed: Permanent posts known to be vacant but not yet in a position to be considered by Comhairle na nOspidéal due to absence of financial clearance by the Department of Health and Children/Eastern Regional Health Authority, or absence of completed application form from employing authority.

**TABLE 1A. APPROVED CONSULTANT POSTS BY SPECIALTY AND SUB-SPECIALTY
AT 1st JANUARY, 2004**

Specialty s.i. = Sub-specialty Interest	Filled	Approved Vacant	Other	Consultant Establishment
ANAESTHESIA				
Anaesthesia	216	16	7	239
s.i. Intensive Care	10	5	0	15
s.i. Paediatric Anaesthesia	13	3	0	16
s.i. Pain Management	2	0	0	2
Total	241	24	7	272
Intensive Care	1	0	0	1
Total Anaesthesia	242	24	7	273
EMERGENCY MEDICINE				
Emergency Medicine	28	23	0	51
MEDICINE				
Cardiology	25	3	1	29
Clinical Pharmacology & Therapeutics	4	0	0	4
Dermatology	14	2	1	17
s.i. Paediatric Dermatology	2	0	0	2
Total	16	2	1	19
General Medicine	29	1	1	31
s.i. Cardiology	13	5	0	18
Gastroenterology	24	4	0	28
s.i. Liver Disease	5	0	0	5
Endocrinology/Diabetes Mellitus	23	2	0	25
Nephrology	14	3	0	17
Respiratory Medicine	23	3	0	26
s.i. Cystic Fibrosis	1	0	0	1
s.i. Lung Transplantation	1	0	0	1
s.i. Tuberculosis	0	1	0	1
Rheumatology	17	3	0	20
Total	195	27	3	225
Genito-Urinary Medicine	2	0	0	2
Geriatric Medicine	42	7	0	49
Infectious Diseases	5	1	0	6
Medical Genetics	3	0	0	3
Medical Oncology	17	2	0	19
Neurology	14	0	0	14
Neurophysiology (Clinical)	2	0	1	3
Palliative Medicine	11	4	1	16
Rehabilitation Medicine	2	3	0	5
Total Medicine	293	44	5	342

Specialty s.i. = Sub-specialty Interest	Filled	Approved Vacant	Other	Consultant Establishment
OBSTETRICS & GYNAECOLOGY				
Obstetrics & Gynaecology	81	12	1	94
s.i. Gynaecological Oncology	1	1	0	2
s.i. Maternal Foetal Medicine	1	1	0	2
Total Obstetrics & Gynaecology	83	14	1	98
PAEDIATRICS				
General Paediatrics	34	4	1	39
s.i. Community Child Health	6	5	0	11
s.i. Developmental	1	0	0	1
s.i. Endocrinology	2	0	0	2
s.i. Gastroenterology	2	1	0	3
s.i. Infectious Diseases	1	0	0	1
s.i. Learning Disability	0	0	1	1
s.i. Metabolic Diseases	3	0	0	3
s.i. Physical Handicap	2	0	0	2
s.i. Respiratory Medicine	3	1	0	4
s.i. Rheumatology	0	1	0	1
Total	54	12	2	68
Neonatology	15	2	0	17
Paediatric Cardiology	4	1	0	5
Paediatric Nephrology	3	1	0	4
Paediatric Neurology	5	0	0	5
Paediatric Oncology	2	0	0	2
Total Paediatrics	83	16	2	101
PATHOLOGY				
Biochemistry	5	0	1	6
Chemical Pathology	3	0	0	3
s.i. Paediatric / Metabolic	1	0	0	1
Total	4	0	0	4
Haematology	24	4	1	29
s.i. Paediatric	3	0	1	4
s.i. Transfusion Medicine	5	1	0	6
Total	32	5	2	39
Histopathology	55	8	1	64
s.i. Cytology	8	1	0	9
s.i. Neuropathology	3	1	0	4
s.i. Ocular Pathology	1	0	0	1
s.i. Oral Pathology	1	0	0	1
s.i. Paediatric Pathology	2	1	0	3
s.i. Perinatal	1	0	0	1
Total	71	11	1	83
Immunology	3	1	0	4
Microbiology	22	4	1	27
s.i. Virology	1	1	0	2
Total	23	5	1	29
Total Pathology	138	22	5	165

Specialty s.i. = Sub-specialty Interest	Filled	Approved Vacant	Other	Consultant Establishment
PSYCHIATRY				
Child & Adolescent Psychiatry	43	5	3	51
s.i. Substance Misuse	1	0	0	1
Total	44	5	3	52
Forensic Psychiatry	4	0	1	5
General Adult Psychiatry	124	18	11	153
s.i. Forensic	0	1	0	1
s.i. Liaison	5	1	1	7
s.i. Rehabilitation	5	0	0	5
s.i. Substance Misuse	3	3	0	6
Total	137	23	12	172
Psychiatry of Learning Disability				
s.i. Adult	14	5	2	21
s.i. Child & Adolescent	9	1	0	10
Total	23	6	2	31
Psychiatry of Old Age	19	2	0	21
Total Psychiatry	227	36	18	281
RADIOLOGY				
General Radiology	103	15	4	122
s.i. Breast	9	1	0	10
s.i. Musculo-skeletal	1	0	0	1
s.i. Nuclear	4	1	0	5
s.i. Paediatric	8	1	0	9
s.i. Interventional	3	2	0	5
s.i. Vascular	1	0	0	1
Total	129	20	4	153
Neuroradiology	5	0	0	5
Radiation Oncology	7	3	0	10
s.i. Paediatric	1	0	0	1
Total	8	3	0	11
Total Radiology	142	23	4	169
SURGERY				
Cardio-thoracic Surgery	7	0	0	7
s.i. Paediatric	1	1	0	2
s.i. Transplantation	2	0	0	2
Total	10	1	0	11
General Surgery	47	2	0	49
s.i. Breast / Endocrine Surgery	13	3	0	16
s.i. Colo-rectal	2	2	0	4
s.i. Gastro-intestinal	23	3	2	28
s.i. Hepato-biliary	4	0	0	4
s.i. Paediatric	0	1	0	1
s.i. Urology	2	0	0	2
s.i. Vascular	22	2	0	24
Total	113	13	2	128
Neurosurgery	8	0	0	8
s.i. Paediatric	1	0	0	1
Total	9	0	0	9

Specialty s.i. = Sub-specialty Interest	Filled	Approved Vacant	Other	Consultant Establishment
Ophthalmic Surgery	27	0	0	27
s.i. Medical Ophthalmology	1	0	0	1
s.i. Neuro-ophthalmic	1	0	0	1
s.i. Paediatric	1	0	0	1
s.i. Vitreo-retinal	4	1	0	5
Total	34	1	0	35
Oral & Maxillofacial	4	2	0	6
Orthopaedic Surgery	50	16	0	66
s.i. Paediatric	7	0	0	7
s.i. Spinal	2	1	0	3
Total	59	17	0	76
Otolaryngology	28	4	0	32
s.i. Paediatric	2	1	0	3
Total	30	5	0	35
Paediatric Surgery	3	1	0	4
s.i. Paediatric Urology	0	1	0	1
Total	3	2	0	5
Plastic Surgery	13	3	0	16
Urology	14	2	0	16
s.i. Transplantation / Urology	5	1	0	6
s.i. Paediatric	1	0	0	1
Total	20	3	0	23
<i>Total Surgery</i>	<i>295</i>	<i>47</i>	<i>2</i>	<i>344</i>
TOTAL (All Specialties)	1,531	249	44	1,824

Notes:

This statistical format does not attempt to indicate whether a specialty or a sub-specialty is practised on a full-time or part-time basis. The report is a statistical summary rather than a list of individual posts.

The proportion of time devoted to the sub-specialty interest and the specialty is dependent on a number of factors including service demands, volume of workload, size of hospital, nature of specialty and sub-specialty, work patterns and interests of the individual consultants and their colleagues.

A post approved by Comhairle na nOspidéal is classified as vacant until an appointee takes up duty on a permanent basis.

The column "Other" includes 34 unprocessed replacement posts, as defined in paragraph 1.1, and 10 replacement posts where applications from the employing authorities are under consideration by Comhairle na nOspidéal.

2. CONSULTANT POSTS APPROVED 1998-2003

2.1 93 additional and 70 replacement consultant posts were approved by Comhairle na nOspidéal during 2003. Table 2 sets out the distribution of the additional posts by health board area and by specialty.

**TABLE 2 ADDITIONAL CONSULTANT POSTS APPROVED IN 2003
BY HEALTH BOARD AND BY SPECIALTY**

Specialty	ERHA East Coast	ERHA North	ERHA South West	Mid- West	Mid- land	North East	North West	South East	South West	West	Total
Anaesthesia	1	2	0	2	1	0	0	0	0	1	7
Emergency Medicine	0	2	2	2	3	3	2	4	0	2	20
Medicine	2	1	2	2	3	2	2	7	3	2	26
Obstetrics & Gynaecology	1	1	1	0	0	2	0	0	0	0	5
Pathology	2	1	3	0	0	0	0	0	0	0	6
Paediatrics	0	0	2	0	0	2	0	0	0	1	5
Psychiatry	1	1	0	1	0	2	0	0	0	0	5
Radiology	0	1	0	0	1	0	2	0	0	2	6
Surgery	0	4	1	3	2	2	1	0	0	0	13
Total	7	13	11	10	10	13	7	11	3	8	93

2.2 Since 1st January 1998, 507 additional and 307 replacement posts have been funded by the Department of Health and Children / Eastern Regional Health Authority and regulated by Comhairle na nOspidéal. Table 2A and Table 2B set out the position in detail by health board area and by specialty group respectively.

TABLE 2A CONSULTANT POSTS APPROVED BETWEEN 1998-2003 BY HEALTH BOARD AREA

Health Board Area	1998		1999		2000		2001		2002		2003		Total		%
	A*	R	A	R	A	R	A	R	A	R	A	R	A	R	Growth
ERHA East Coast	11	6	5	5	12	9	2	3	8	2	7	5	45	30	
ERHA Northern	9	6	12	15	21	12	8	10	9	2	13	12	72	57	
ERHA South Western	11	4	9	5	27	10	10	12	25	6	11	19	93	56	
ERHA Total	31	16	26	25	60	31	20	25	42	10	31	36	210	143	33%
Mid-Western	5	0	3	2	9	4	4	1	5	3	10	5	36	15	43%
Midland	3	2	2	1	2	0	1	3	7	5	10	2	25	13	46%
North Eastern	4	1	6	7	4	2	5	5	8	5	13	10	40	30	51%
North Western	2	4	8	2	11	0	3	2	1	5	7	4	32	17	48%
South Eastern	6	2	2	6	10	4	7	2	6	2	11	0	42	16	39%
Southern	3	3	4	7	15	13	21	7	14	7	3	5	60	42	34%
Western	7	8	2	5	18	2	11	3	16	5	8	8	62	31	49%
Total	61	36	53	55	129	56	72	48	99	42	93	70	507	307	38%

TABLE 2B CONSULTANT POSTS APPROVED BETWEEN 1998-2003 BY SPECIALTY

Health Board Area	1998		1999		2000		2001		2002		2003		Total		%
	A	R	A	R	A	R	A	R	A	R	A	R	A	R	Growth
Anaesthesia	9	4	1	7	23	6	17	4	8	7	7	8	65	36	31%
Emergency Medicine	2	0	1	1	4	0	0	0	10	0	20	1	37	2	264%
Medicine	12	7	19	5	29	11	12	9	20	5	26	9	118	46	50%
Obstetrics & Gynaecology	0	2	2	6	2	6	1	3	3	1	5	7	13	25	15%
Paediatrics	2	1	0	4	7	1	4	2	8	1	5	4	26	13	35%
Pathology	7	4	5	3	20	1	9	4	10	4	6	4	57	20	52%
Psychiatry	7	7	8	12	22	19	15	7	15	14	5	8	72	67	34%
Radiology	14	2	6	5	7	5	6	8	10	2	6	9	49	31	44%
Surgery	8	9	11	12	15	7	8	11	15	8	13	20	70	67	25%
Total	61	36	53	55	129	56	72	48	99	42	93	70	507	307	38%

* A= Additional R = Replacement

Note: The number of additional posts in 1999 and 2000 was higher than the net increase due to non-replacement /absorption of 10 posts into new or replacement posts in those years.

3. CONSULTANT ESTABLISHMENT BY HEALTH BOARD AREA AND SPECIALTY

3.1 Table 3 shows the consultant establishment, vacant approved posts, unprocessed posts and posts under consideration in each health board area.

TABLE 3 PERMANENT CONSULTANT ESTABLISHMENT BY HEALTH BOARD AREA AT 1ST JANUARY, 2004

Health Board Area	Filled	Vacant Approved	Unprocessed	Under Consideration	Total
ERHA East Coast	174	18	5	0	197
ERHA Northern	285	33	7	2	327
ERHA South Western	271	39	6	3	319
Total ERHA	730	90	18	5	843
Midland	59	18	2	0	79
Mid-Western	97	20	4	0	121
North Eastern	81	35	1	1	118
North Western	82	16	1	0	99
South Eastern	132	13	2	2	149
Southern	199	24	2	1	226
Western	151	33	4	1	189
Total	1,531	249	34	10	1,824

3.2 Table 3A shows the consultant establishment, vacant approved posts, unprocessed posts and posts under consideration in each specialty.

TABLE 3A PERMANENT CONSULTANT ESTABLISHMENT BY SPECIALTY GROUP AT 1st JANUARY, 2004

Specialty	Filled	Vacant Approved	Unprocessed	Under Consideration	Total
Anaesthesia	241	24	6	1	272
Emergency Medicine	28	23	0	0	51
Intensive Care	1	0	0	0	1
Medicine	293	44	3	2	342
Obstetrics & Gynaecology	83	14	1	0	98
Paediatrics	83	16	1	1	101
Pathology	138	22	5	0	165
Psychiatry	227	36	12	6	281
Radiology	142	23	4	0	169
Surgery	295	47	2	0	344
Total	1,531	249	34	10	1,824

**TABLE 3B SUMMARY OF PERMANENT CONSULTANT ESTABLISHMENT
AT 1st JANUARY 2004 IN COMPARISON WITH PREVIOUS YEARS**

Position at	Filled	Vacant Approved	Unprocessed	Under Consideration	Consultant Establishment
01.01.2004	1,531 (84%)	249 (14%)	34 (2%)	10 (0.6%)	1,824 (100%)
01.01.2003	1,471 (85%)	218 (13%)	36 (2%)	6 (0.3%)	1,731 (100%)
01.01.2002	1,394 (85%)	208 (13%)	23 (1.4%)	7 (0.4%)	1,632 (100%)
01.01.2001	1,313 (84%)	223 (14%)	18 (1.2%)	6 (0.4%)	1,560 (100%)
01.01.2000	1,250 (87%)	147(10%)	37 (2.6%)	6 (0.4%)	1,440 (100%)
01.01.1999	1,208 (87%)	132 (10%)	39 (2.8%)	9 (0.6%)	1,388 (100%)
01.01.1998	1,191(90%)	94 (7%)	38 (2.9%)	4 (0.3%)	1,327 (100%)
01.01.1997	1,141 (88%)	102 (8%)	42 (3.3%)	7 (0.5%)	1,292 (100%)
01.01.1996	1,105 (87%)	115 (9%)	48 (3.8%)	2 (0.2%)	1,270 (100%)
01.01.1995	1,064 (88%)	99 (8%)	38 (3.1%)	15 (1.2%)	1,216 (100%)
01.01.1994	1,065 (90%)	62 (5%)	37 (3.1%)	22 (1.9%)	1,186 (100%)

4. CONSULTANT STAFFING / POPULATION COMPARISON

4.1 A comparison between the distribution of the consultant workforce and the distribution of the population for each of the ten health board areas and selected specialty groups are shown in Tables 4-4M.

TABLE 4 CONSULTANT STAFFING / POPULATION COMPARISON

Health Board Area	Population*	% of Population	Consultant Establishment	% of Consultant Establishment	Population per Consultant
ERHA East Coast	333,873	9%	197	11%	1,695
ERHA Northern	486,934	12%	327	18%	1,489
ERHA South Western	580,634	15%	319	17%	1,820
ERHA	1,401,441	36%	843	46%	1,662
Mid-Western	339,591	9%	121	7%	2,807
Midland	225,363	6%	79	4%	2,853
North Eastern	344,965	9%	118	6%	2,923
North Western	221,574	6%	99	5%	2,238
South Eastern	423,616	11%	149	8%	2,843
Southern	580,356	15%	226	12%	2,568
Western	380,297	10%	189	10%	2,012
Totals	3,917,203	100%	1824	100%	2,148

* 2002 Census figures

TABLE 4A - CONSULTANT STAFFING / POPULATION COMPARISON - ANAESTHESIA

Health Board Area	Population	% of Population	Consultant Establishment	% of Consultant Establishment	Population per Consultant
ERHA East Coast	333,873	9%	26	10%	12,841
ERHA Northern	486,934	12%	48	18%	10,144
ERHA South Western	580,634	15%	46	17%	12,622
Mid-Western	339,591	9%	21	8%	16,171
Midland	225,363	6%	12	4%	18,780
North-Eastern	344,965	9%	18	7%	19,165
North-Western	221,574	6%	17	6%	13,034
South-Eastern	423,616	11%	22	8%	19,255
Southern	580,356	15%	34	12%	17,069
Western	380,297	10%	29	11%	13,114
Totals	3,917,203	100%	273	100%	14,349

TABLE 4B CONSULTANT STAFFING / POPULATION COMPARISON - EMERGENCY MEDICINE

Health Board Area	Population	% of Population	Consultant Establishment	% of Consultant Establishment	Population per Consultant
ERHA East Coast	333,873	9%	3	6%	111,291
ERHA Northern	486,934	12%	9	18%	54,104
ERHA South Western	580,634	15%	9	18%	64,515
Mid-Western	339,591	9%	3	6%	113,197
Midland	225,363	6%	3	6%	75,121
North-Eastern	344,965	9%	4	8%	86,241
North-Western	221,574	6%	4	8%	55,394
South-Eastern	423,616	11%	5	10%	84,723
Southern	580,356	15%	6	12%	96,726
Western	380,297	10%	5	10%	76,059
Totals	3,917,203	100%	51	100%	76,808

TABLE 4C CONSULTANT STAFFING / POPULATION COMPARISON - MEDICINE

Health Board Area	Population	% of Population	Consultant Establishment	% of Consultant Establishment	Population per Consultant
ERHA East Coast	333,873	9%	39	11%	8,561
ERHA Northern	486,934	12%	65	19%	7,491
ERHA South Western	580,634	15%	59	17%	9,841
Mid-Western	339,591	9%	22	6%	15,436
Midland	225,363	6%	12	4%	18,780
North-Eastern	344,965	9%	21	6%	16,427
North-Western	221,574	6%	17	5%	13,034
South-Eastern	423,616	11%	31	9%	13,665
Southern	580,356	15%	44	13%	13,190
Western	380,297	10%	32	9%	11,884
Totals	3,917,203	100%	342	100%	11,454

TABLE 4D CONSULTANT STAFFING / POPULATION COMPARISON - OBSTETRICS & GYNAECOLOGY

Health Board Area	Population	% of Population	Consultant Establishment	% of Consultant Establishment	Population per Consultant
ERHA East Coast	333,873	9%	12	12%	27,823
ERHA Northern	486,934	12%	13	13%	37,456
ERHA South Western	580,634	15%	16	16%	36,290
Mid-Western	339,591	9%	6	6%	56,599
Midland	225,363	6%	6	6%	37,561
North-Eastern	344,965	9%	9	9%	38,329
North-Western	221,574	6%	6	6%	36,929
South-Eastern	423,616	11%	9	9%	47,068
Southern	580,356	15%	10	10%	58,036
Western	380,297	10%	11	11%	34,572
Totals	3,917,203	100%	98	100%	39,971

TABLE 4E CONSULTANT STAFFING / POPULATION COMPARISON - PAEDIATRICS

Health Board Area	Population	% of Population	Consultant Establishment	% of Consultant Establishment	Population per Consultant
ERHA East Coast	333,873	9%	4	4%	83,468
ERHA Northern	486,934	12%	13	13%	37,456
ERHA South Western	580,634	15%	27	27%	21,505
Mid-Western	339,591	9%	6	6%	56,599
Midland	225,363	6%	6	6%	37,561
North-Eastern	344,965	9%	8	8%	43,121
North-Western	221,574	6%	6	6%	36,929
South-Eastern	423,616	11%	9	9%	47,068
Southern	580,356	15%	10	10%	58,036
Western	380,297	10%	12	12%	31,691
Totals	3,917,203	100%	101	100%	38,784

TABLE 4F CONSULTANT STAFFING / POPULATION COMPARISON - PATHOLOGY

Health Board Area	Population	% of Population	Consultant Establishment	% of Consultant Establishment	Population per Consultant
ERHA East Coast	333,873	9%	19	12%	17,572
ERHA Northern	486,934	12%	33	20%	14,756
ERHA South Western	580,634	15%	43	26%	13,503
Mid-Western	339,591	9%	6	4%	56,599
Midland	225,363	6%	3	2%	75,121
North-Eastern	344,965	9%	7	4%	49,281
North-Western	221,574	6%	7	4%	31,653
South-Eastern	423,616	11%	8	5%	52,952
Southern	580,356	15%	22	13%	26,380
Western	380,297	10%	17	10%	22,370
Totals	3,917,203	100%	165	100%	23,741

TABLE 4G CONSULTANT STAFFING / POPULATION COMPARISON - PSYCHIATRY

Health Board Area	Population	% of Population	Consultant Establishment	% of Consultant Establishment	Population per Consultant
ERHA East Coast	333,873	9%	30	11%	11,129
ERHA Northern	486,934	12%	47	17%	10,360
ERHA South Western	580,634	15%	44	16%	13,196
Mid-Western	339,591	9%	23	8%	14,765
Midland	225,363	6%	15	5%	15,024
North-Eastern	344,965	9%	21	7%	16,427
North-Western	221,574	6%	16	6%	13,848
South-Eastern	423,616	11%	27	10%	15,689
Southern	580,356	15%	32	11%	18,136
Western	380,297	10%	26	9%	14,627
Totals	3,917,203	100%	281	100%	13,940

TABLE 4H CONSULTANT STAFFING / POPULATION COMPARISON - RADIOLOGY

Health Board Area	Population	% of Population	Consultant Establishment	% of Consultant Establishment	Population per Consultant
ERHA East Coast	333,873	9%	23	14%	14,516
ERHA Northern	486,934	12%	28	17%	17,391
ERHA South Western	580,634	15%	24	14%	24,193
Mid-Western	339,591	9%	8	5%	42,449
Midland	225,363	6%	8	5%	28,170
North-Eastern	344,965	9%	11	7%	31,360
North-Western	221,574	6%	10	6%	22,157
South-Eastern	423,616	11%	13	8%	32,586
Southern	580,356	15%	24	14%	24,182
Western	380,297	10%	20	12%	19,015
Totals	3,917,203	100%	169	100%	23,179

TABLE 4I CONSULTANT STAFFING / POPULATION COMPARISON - GENERAL SURGERY

Health Board Area	Population	% of Population	Consultant Establishment	% of Consultant Establishment	Population per Consultant
ERHA East Coast	333,873	9%	14	11%	23,848
ERHA Northern	486,934	12%	17	13%	28,643
ERHA South Western	580,634	15%	16	13%	36,290
Mid-Western	339,591	9%	11	9%	30,872
Midland	225,363	6%	7	5%	32,195
North-Eastern	344,965	9%	13	10%	26,536
North-Western	221,574	6%	6	5%	36,929
South-Eastern	423,616	11%	13	10%	32,586
Southern	580,356	15%	16	12%	36,272
Western	380,297	10%	15	12%	25,353
Totals	3,917,203	100%	128	100%	30,603

TABLE 4J CONSULTANT STAFFING / POPULATION COMPARISON - OPHTHALMIC SURGERY

Health Board Area	Population	% of Population	Consultant Establishment	% of Consultant Establishment	Population per Consultant
ERHA East Coast*	333,873	9%	12	34%	27,823
ERHA Northern	486,934	12%	7	20%	69,562
ERHA South Western*	580,634	15%	0	0	n/a
Mid-Western	339,591	9%	3	9%	113,197
Midland*	225,363	6%	0	0	n/a
North-Eastern	344,965	9%	0	0	n/a
North-Western	221,574	6%	2	6%	110,787
South Eastern	423,616	11%	3	9%	141,205
Southern	580,356	15%	5	14%	116,071
Western	380,297	10%	3	9%	126,776
Totals	3,917,203	100%	35	100%	111,920

* The Royal Victoria Eye and Ear Hospital (RVEEH) is located in East Coast Health Board area. While the 12 posts are based in RVEEH, five have sessional commitments to hospitals in the South Western area and one to the Midland Health Board.

TABLE 4K CONSULTANT STAFFING / POPULATION COMPARISON - ORTHOPAEDIC SURGERY

Health Board Area	Population	% of Population	Consultant Establishment	% of Consultant Establishment	Population per Consultant
ERHA – East Coast	333,873	9%	5	7%	66,775
ERHA – Northern	486,934	12%	16	21%	30,433
ERHA – South-Western	580,634	15%	10	13%	58,063
Mid-Western	339,591	9%	6	8%	56,599
Midland	225,363	6%	4	5%	56,341
North-Eastern	344,965	9%	6	8%	57,494
North-Western	221,574	6%	6	8%	36,929
South-Eastern	423,616	11%	6	8%	70,603
Southern	580,356	15%	8	11%	72,545
Western	380,297	10%	9	12%	42,255
Totals	3,917,203	100%	76	100%	51,542

TABLE 4L CONSULTANT STAFFING / POPULATION COMPARISON - OTOLARYNGOLOGY

Health Board Area	Population	% of Population	Consultant Establishment	% of Consultant Establishment	Population per Consultant
ERHA East Coast	333,873	9%	4	11%	83,468
ERHA Northern	486,934	12%	8	23%	60,867
ERHA South Western	580,634	15%	5	14%	116,127
Mid-Western	339,591	9%	3	9%	113,197
Midland	225,363	6%	3	9%	75,121
North-Eastern	344,965	9%	0	0%	0
North-Western	221,574	6%	2	6%	110,787
South-Eastern	423,616	11%	3	9%	141,205
Southern	580,356	15%	4	11%	145,089
Western	380,297	10%	3	9%	126,766
Totals	3,917,203	100%	35	100%	111,920

TABLE 4M CONSULTANT STAFFING / POPULATION COMPARISON - ALL SURGERY

Health Board Area	Population	% of Population	Consultant Establishment	% of Consultant Establishment	Population per Consultant
ERHA East Coast	333,873	9%	41	12%	8,143
ERHA Northern	486,934	12%	71	21%	6,858
ERHA South Western	580,634	15%	51	15%	11,385
Mid-Western	339,591	9%	26	8%	13,061
Midland	225,363	6%	14	4%	16,097
North-Eastern	344,965	9%	19	6%	18,156
North-Western	221,574	6%	16	5%	13,848
South-Eastern	423,616	11%	25	7%	16,945
Southern	580,356	15%	44	13%	13,190
Western	380,297	10%	37	11%	10,278
Totals	3,917,203	100%	344	100%	11,387

5. DISTRIBUTION BY HEALTH BOARD AREA

5.1 The current distribution of consultant posts nationally is set out in Table 5. The profile which emerges from the distribution of posts by health board area is influenced by a number of factors:

- ▶ A number of national/supra-regional specialist units and services are located in Dublin hospitals, and to a lesser extent in hospitals in Cork.
- ▶ The majority of posts with sub-specialty interests have been developed in Dublin hospitals.
- ▶ Three of the five medical schools, and related joint service/academic appointments, are in Dublin. The remaining two medical schools are located in Cork and Galway.
- ▶ Traditional referral patterns to Dublin hospitals for both secondary and tertiary care is reflected in activity levels, funding and consultant staffing in Dublin.

TABLE 5 APPROVED CONSULTANT POSTS BY SPECIALTY, SUB-SPECIALTY AND HEALTH BOARD AREA 1st JANUARY, 2004

Specialty s.i. = Sub-specialty Interest	ERHA East Coast	ERHA North	ERHA South West	Mid-West	Mid-land	North East	North West	South East	South West	West	Total
ANAESTHESIA											
Anaesthesia	24	36	35	19	12	17	16	21	32	27	239
s.i. Intensive Care	1	2	3	2	0	1	1	1	2	2	15
s.i. Paediatric Anaesthesia	0	8	8	0	0	0	0	0	0	0	16
s.i. Pain Management	1	1	0	0	0	0	0	0	0	0	2
Intensive Care	0	1	0	0	0	0	0	0	0	0	1
Total Anaesthesia	26	48	46	21	12	18	17	22	34	29	273
EMERGENCY MEDICINE											
Emergency Medicine	3	9	9	3	3	4	4	5	6	5	51
MEDICINE											
Cardiology	4	9	6	1	0	0	0	0	5	4	29
Clinical Pharmacology & Therapeutics	0	1	2	0	0	0	0	0	1	0	4
Dermatology	2	3	3	1	0	2	1	1	2	2	17
s.i. Paediatric Dermatology	0	1	1	0	0	0	0	0	0	0	2
Total	2	4	4	1	0	2	1	1	2	2	19
General Medicine	1	2	2	4	3	4	3	4	3	5	31
s.i. Cardiology	1	2	2	2	3	2	2	3	1	0	18
Gastroenterology	3	5	6	2	1	1	1	2	5	2	28
s.i. Liver Disease	1	0	2	0	0	0	0	0	1	1	5
Endocrinology/Diabetes Mellitus	3	6	4	1	0	2	0	3	4	2	25
Nephrology	1	4	2	2	1	1	0	2	2	2	17
Respiratory Medicine	4	6	5	1	1	2	1	0	3	3	26
s.i. Cystic Fibrosis	1	0	0	0	0	0	0	0	0	0	1
s.i. Lung Transplantation	0	1	0	0	0	0	0	0	0	0	1
s.i. Tuberculosis	0	0	1	0	0	0	0	0	0	0	1
Rheumatology	3	6	2	1	0	1	1	3	2	1	20
Total	18	32	26	13	9	13	8	17	21	16	173
Genito-Urinary Medicine	0	0	1	0	0	0	1	0	0	0	2
Geriatric Medicine	3	6	6	4	2	5	4	8	6	5	49
Infectious Diseases	0	2	2	0	0	0	0	0	1	1	6
Medical Genetics	0	0	3	0	0	0	0	0	0	0	3
Medical Oncology	2	3	4	1	1	0	2	3	2	1	19
Neurology	2	5	2	0	0	0	0	0	3	2	14
Neurophysiology (Clinical)	1	1	0	0	0	0	0	0	1	0	3
Palliative Medicine	2	2	3	2	0	1	1	2	2	1	16
Rehabilitation Medicine	5	0	0	0	0	0	0	0	0	0	5
Total Medicine	39	65	59	22	12	21	17	31	44	32	342
OBSTETRICS & GYNAECOLOGY											
Obstetrics & Gynaecology	11	13	16	5	6	8	6	9	9	11	94
s.i. Gynaecological Oncology	0	0	0	1	0	0	0	0	1	0	2
s.i. Maternal Foetal Medicine	1	0	0	0	0	1	0	0	0	0	2
Total Obstetrics & Gynaecology	12	13	16	6	6	9	6	9	10	11	98

Specialty	s.i. = Sub-specialty Interest	ERHA East Coast	ERHA North	ERHA South West	Mid- West	Mid- land	North East	North West	South East	South	West	Total
PAEDIATRICS												
General Paediatrics		0	0	2	3	4	4	4	9	5	8	39
s.i. Community Child Health		0	0	1	1	2	2	2	0	1	2	11
s.i. Developmental		0	1	0	0	0	0	0	0	0	0	1
s.i. Endocrinology		0	0	2	0	0	0	0	0	0	0	2
s.i. Gastroenterology		0	0	2	0	0	0	0	0	1	0	3
s.i. Infectious Diseases		0	0	1	0	0	0	0	0	0	0	1
s.i. Learning Disability		0	0	0	0	0	0	0	0	0	1	1
s.i. Metabolic Diseases		0	3	0	0	0	0	0	0	0	0	3
s.i. Physical Handicap		1	1	0	0	0	0	0	0	0	0	2
s.i. Respiratory Medicine		0	1	3	0	0	0	0	0	0	0	4
s.i. Rheumatology		0	0	1	0	0	0	0	0	0	0	1
Total		1	6	12	4	6	6	6	9	7	11	68
Neonatology		3	3	4	2	0	2	0	0	2	1	17
Paediatric Cardiology		0	0	5	0	0	0	0	0	0	0	5
Paediatric Nephrology		0	2	2	0	0	0	0	0	0	0	4
Paediatric Neurology		0	2	2	0	0	0	0	0	1	0	5
Paediatric Oncology		0	0	2	0	0	0	0	0	0	0	2
Total Paediatrics		4	13	27	6	6	8	6	9	10	12	101
PATHOLOGY												
Biochemistry		1	1	2	0	0	0	0	0	1	1	6
Chemical Pathology		0	1	2	0	0	0	0	0	0	0	3
s.i. Paediatric		0	1	0	0	0	0	0	0	0	0	1
Total		0	2	2	0	0	0	0	0	0	0	4
Haematology		3	4	8	2	1	1	2	2	3	3	29
s.i. Paediatric		0	1	3	0	0	0	0	0	0	0	4
s.i. Transfusion Medicine		0	0	4	0	0	0	0	0	2	0	6
Total		3	5	15	2	1	1	2	2	5	3	39
Histopathology		6	14	11	2	2	5	3	3	9	9	64
s.i. Cytology		2	0	2	1	0	0	1	1	1	1	9
s.i. Neuropathology		0	2	0	0	0	0	0	0	2	0	4
s.i. Ocular Pathology		1	0	0	0	0	0	0	0	0	0	1
s.i. Oral Pathology		0	0	1	0	0	0	0	0	0	0	1
s.i. Paediatric		0	1	2	0	0	0	0	0	0	0	3
s.i. Perinatal		1	0	0	0	0	0	0	0	0	0	1
Total		10	17	16	3	2	5	4	4	12	10	83
Immunology		0	2	1	0	0	0	0	0	0	1	4
Microbiology		4	6	6	1	0	1	1	2	4	2	27
s.i. Virology		1	0	1	0	0	0	0	0	0	0	2
Total		5	6	7	1	0	1	1	2	4	2	29
Total Pathology		19	33	43	6	3	7	7	8	22	17	165

Specialty	s.i. = Sub-specialty Interest	ERHA East Coast	ERHA North	ERHA South West	Mid- West	Mid- land	North East	North West	South East	South	West	Total
PSYCHIATRY												
Child Psychiatry		7	9	12	4	2	4	2	4	3	4	51
s.i. Substance Misuse		0	0	1	0	0	0	0	0	0	0	1
Total		7	9	13	4	2	4	2	4	3	4	52
Forensic Psychiatry		5	0	0	0	0	0	0	0	0	0	5
General Adult Psychiatry		14	23	19	11	8	12	10	16	23	17	153
s.i. Liaison		1	2	2	1	0	0	0	0	1	0	7
s.i. Forensic		0	0	0	1	0	0	0	0	0	0	1
s.i. Rehabilitation		0	2	1	1	0	0	0	0	0	1	5
s.i. Substance Misuse		1	2	2	0	1	0	0	0	0	0	6
Total		16	29	24	14	9	12	10	16	24	18	172
Psychiatry of Learning Disability												
Adult		1	6	5	1	1	2	2	1	1	1	21
Child		0	1	0	2	1	0	0	2	3	1	10
Total		1	7	5	3	2	2	2	3	4	2	31
Psychiatry of Old Age		1	2	2	2	2	3	2	4	1	2	21
Total Psychiatry		30	47	44	23	15	21	16	27	32	26	281
RADIOLOGY												
General Radiology		10	16	17	6	8	9	10	12	16	18	122
s.i. Breast		3	3	0	0	0	2	0	0	1	1	10
s.i. Musculo-skeletal		0	1	0	0	0	0	0	0	0	0	1
s.i. Nuclear		2	2	1	0	0	0	0	0	0	0	5
s.i. Paediatric		0	3	4	1	0	0	0	0	1	0	9
s.i. Interventional		0	0	2	1	0	0	0	1	1	0	5
s.i. Vascular		0	0	0	0	0	0	0	0	1	0	1
Total		15	25	24	8	8	11	10	13	20	19	153
Neuroradiology		0	3	0	0	0	0	0	0	2	0	5
Radiation Oncology		7	0	0	0	0	0	0	0	2	1	10
s.i. Paediatric		1	0	0	0	0	0	0	0	0	0	1
Total		8	0	0	0	0	0	0	0	2	1	11
Total Radiology		23	28	24	8	8	11	10	13	24	20	169
SURGERY												
Cardio-thoracic Surgery		1	1	3	0	0	0	0	0	2	0	7
s.i. Paediatric		0	1	1	0	0	0	0	0	0	0	2
s.i. Transplantation		0	2	0	0	0	0	0	0	0	0	2
Total		1	4	4	0	0	0	0	0	2	0	11
General Surgery		4	3	5	4	3	3	2	8	8	9	49
s.i. Breast / Endocrine Surgery		3	1	3	1	0	2	1	2	2	1	16
s.i. Colo-rectal		1	2	1	0	0	0	0	0	0	0	4
s.i. Gastro-intestinal		0	4	2	2	4	6	2	2	3	3	28
s.i. Hepato-biliary		3	1	0	0	0	0	0	0	0	0	4
s.i. Paediatric		0	0	0	0	0	1	0	0	0	0	1
s.i. Urology		0	0	0	1	0	0	1	0	0	0	2
s.i. Vascular		3	6	5	3	0	1	0	1	3	2	24
Total		14	17	16	11	7	13	6	13	16	15	128
Neurosurgery		0	5	0	0	0	0	0	0	3	0	8
s.i. Paediatric		0	1	0	0	0	0	0	0	0	0	1
Total		0	6	0	0	0	0	0	0	3	0	9
Ophthalmic Surgery		9	4	0	3	0	0	2	2	4	3	27
s.i. Medical Ophthalmology		1	0	0	0	0	0	0	0	0	0	1
s.i. Neuro-ophthalmic		0	1	0	0	0	0	0	0	0	0	1
s.i. Paediatric		1	0	0	0	0	0	0	0	0	0	1
s.i. Vitreo-retinal		1	2	0	0	0	0	0	1	1	0	5
Total		12	7	0	3	0	0	2	3	5	3	35

Specialty s.i. = Sub-specialty Interest	ERHA East Coast	ERHA North	ERHA South West	Mid- West	Mid- land	North East	North West	South East	South	West	Total
Oral & Maxillofacial	0	0	3	2	0	0	0	0	0	1	6
Orthopaedic Surgery	4	11	7	6	4	6	6	6	8	8	66
s.i. Paediatric	0	3	3	0	0	0	0	0	0	1	7
s.i. Spinal	1	2	0	0	0	0	0	0	0	0	3
Total	5	16	10	6	4	6	6	6	8	9	76
Otolaryngology	4	6	4	3	3	0	2	3	4	3	32
s.i. Paediatric	0	2	1	0	0	0	0	0	0	0	3
Total	4	8	5	3	3	0	2	3	4	3	35
Paediatric Surgery	0	1	3	0	0	0	0	0	0	0	4
s.i. Paediatric Urology	0	0	1	0	0	0	0	0	0	0	1
Total	0	1	4	0	0	0	0	0	0	0	5
Plastic Surgery	2	4	4	0	0	0	0	0	3	3	16
Urology	3	2	4	1	0	0	0	0	3	3	16
s.i. Transplantation/ Urology	0	6	0	0	0	0	0	0	0	0	6
s.i. Paediatric	0	0	1	0	0	0	0	0	0	0	1
Total	3	8	5	1	0	0	0	0	3	3	23
Total Surgery	41	71	51	26	14	19	16	25	44	37	344
TOTAL (All specialties)	200	328	315	121	79	118	99	149	226	189	1,824

Notes:

The statistical format used in Table 5 does not attempt to indicate whether a sub-specialty or special interest is practised on a full-time or part-time basis.

The report is a statistical summary rather than a list of individual posts. The proportion of time devoted to the sub-specialty interest and the specialty is dependent on a number of factors including service demands, volume of workload, size of hospital, nature of specialty and sub-specialty, work patterns and interests of the individual consultants and their colleagues.

6. DISTRIBUTION BY MANAGEMENT TYPE

6.1 The distribution of consultant staffing between hospitals under different types of management is set out in Table 6 as follows:-

**TABLE 6. DISTRIBUTION OF CONSULTANT POSTS BY MANAGEMENT TYPE
AT 1st JANUARY, 2004**

Hospital Management Type	Filled	Vacant Approved	Unprocessed	Under Consideration	Consultant Establishment
Health Board Only	720	135	21	5	881 (48%)
Voluntary Only	254	26	4	2	286 (16%)
Joint Appointment*	461	63	8	3	535 (29%)
Joint Med. School/Hosp**	96	25	1	0	122 (7%)
Total	1,531	249	34	10	1,824 (100%)

Notes:

* Joint appointments, as categorised above, include only posts which are shared by two or more hospital authorities and do not include posts which are shared between two health board hospitals in the same health board area.

About 57% of consultant posts are based in one hospital, 28% are based in two hospitals and 8% in three or more hospitals. About 7% of posts are joint medical school/hospital appointments.

** 94 posts are classified as “full-time” academic consultant appointments. There are also about 30 “part-time” academic posts which have formal sessions at medical schools. As defined by the Revised Contract for Academic Consultant Medical Staff, 1999 such “full-time” academic posts usually comprise of academic / university commitments ranging from 2 sessions to 8 sessions, with the remainder of the sessions based in hospitals and paid for by the health sector. This group of academic posts in Ireland, extremely small by international comparisons, features a wide range of different contractual arrangements between the health service and educational partners.

The number of “full-time” academic posts attached to each medical school is identified below;

Medical School	Number of posts
NUI, Galway	12
RCSI	27
TCD	18
UCC	20
UCD	17

7. DISTRIBUTION BY CONTRACT TYPE

7.1 Table 7 and Figure 3 give the breakdown of consultant posts by contract type and by health board area.

TABLE 7. DISTRIBUTION OF CONSULTANT POSTS BY CONTRACT TYPE AT 1st JANUARY, 2004

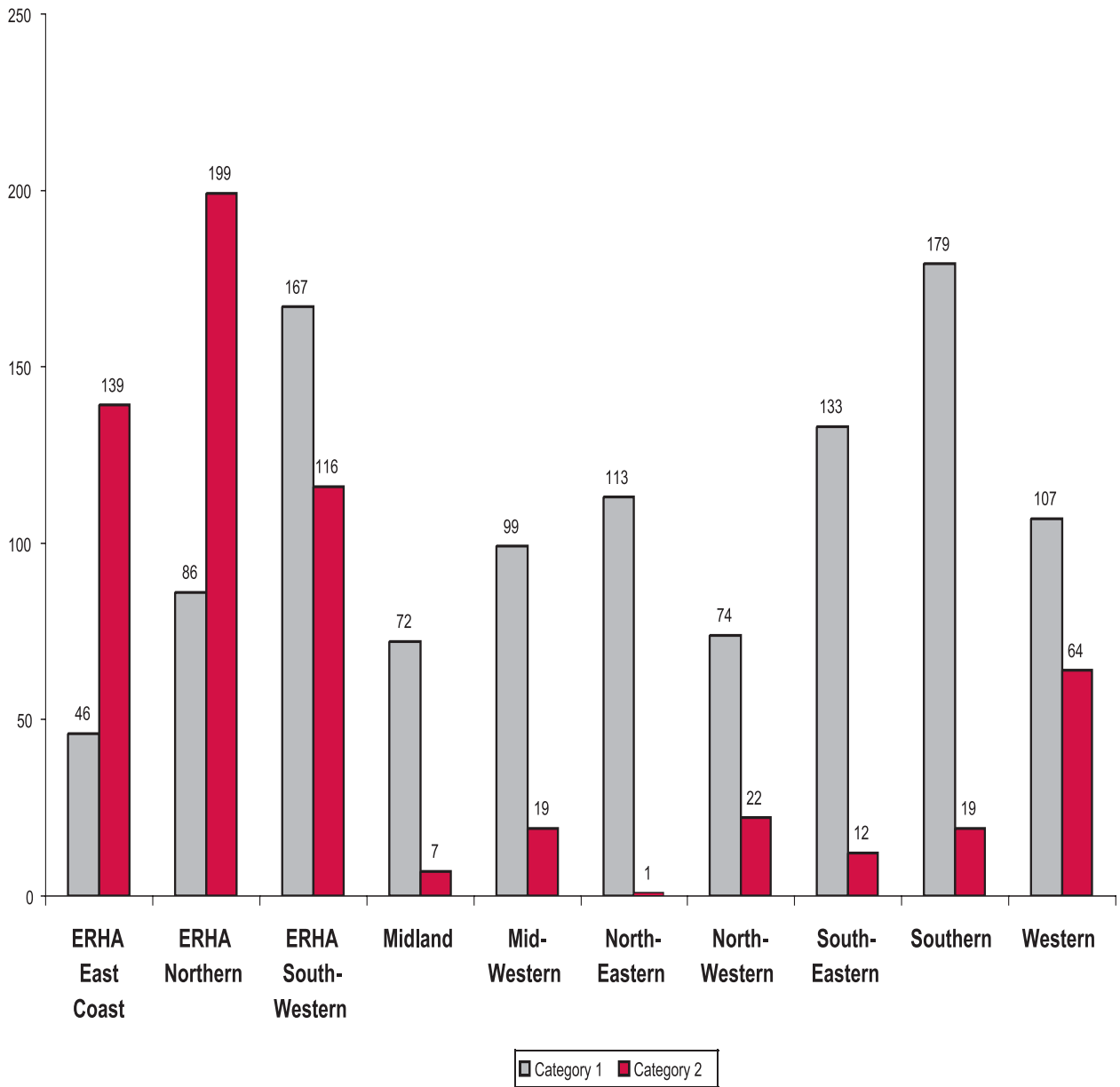
Health Board Area	Category 1		Category 2		Geographical Wholetime Without Fees		Fulltime Academic*		Other**		Totals
	No.	%	No.	%	No.	%	No.	%	No.	%	No.
ERHA East Coast	46	23.4	139	70.6	2	1	9	4.6	1	0.5	197
ERHA Northern	86	26.3	199	60.9	11	3.4	29	8.9	2	0.6	327
ERHA South Western	167	52.4	116	36.4	8	2.5	24	7.5	4	1.3	319
Midland	72	91.1	7	8.9	0	0	0	0	0	0	79
Mid-Western	99	81.8	19	15.7	2	1.7	1	0.8	0	0	121
North Eastern	113	95.8	1	0.8	4	3.4	0	0	0	0	118
North Western	74	74.7	22	22.2	3	3	0	0	0	0	99
South Eastern	133	89.3	12	8.1	4	2.7	0	0	0	0	149
Southern	179	79.2	19	8.4	8	3.5	19	8.4	1	0.4	226
Western	107	56.6	64	33.9	5	2.6	12	6.3	1	0.5	189
Total	1,076	59	598	32.8	47	2.6	94	5.2	9	0.5	1,824

* 80 of the Fulltime Academic posts are Category 1 and 14 are Category 2.

** A small number of consultants, including Top Grade Biochemists, do not hold the Consultants' Contract 1997.

7.2 34% of consultants in public hospitals hold Category 2 contracts which allow for private practice off-site in private hospitals. About 66% have Category 1 or geographical wholetime contracts which confine private practice to the public hospital(s) in which they are employed. There are notable variations between health board areas and specialties in the distribution of contract types.

FIGURE 3 CATEGORY 1 & 2 DISTRIBUTION BY HEALTH BOARD AREA AT 1st JANUARY, 2004

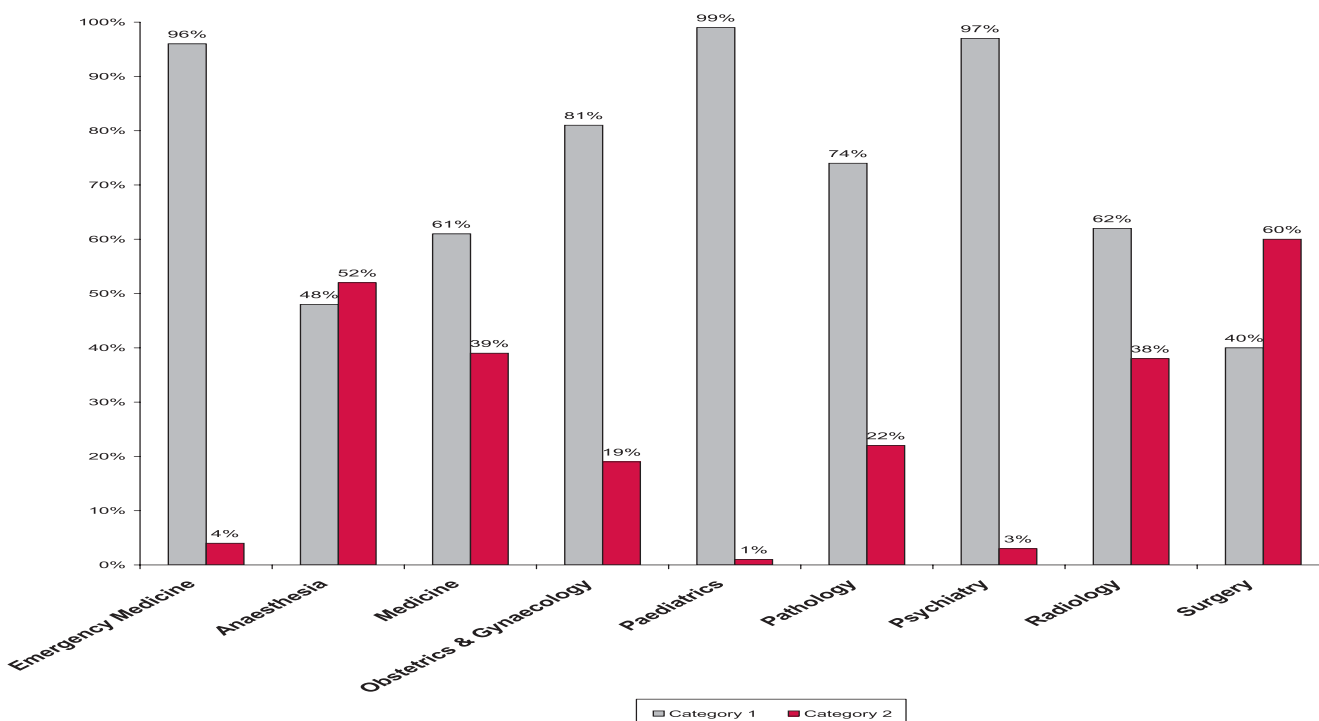


7.3 Tables 7A, 7B and 7C and the accompanying graphs illustrate the contractual distribution of consultant posts by specialty nationally; in the ERHA area; and in the remainder of the country, respectively.

TABLE 7A – CONTRACTUAL DISTRIBUTION OF CONSULTANT POSTS BY SPECIALTY AT 1ST JANUARY 2004

Specialty	Category 1		Category 2	
Emergency Medicine	49	96%	2	4%
Anaesthesia	130	48%	143	52%
Medicine	209	61%	133	39%
Obstetrics & Gynaecology	79	81%	19	19%
Paediatrics	100	99%	1	1%
Pathology	122	74%	37	22%
Psychiatry	272	97%	7	3%
Radiology	104	62%	64	38%
Surgery	139	40%	205	60%
Total	1,204	66%	611	34%

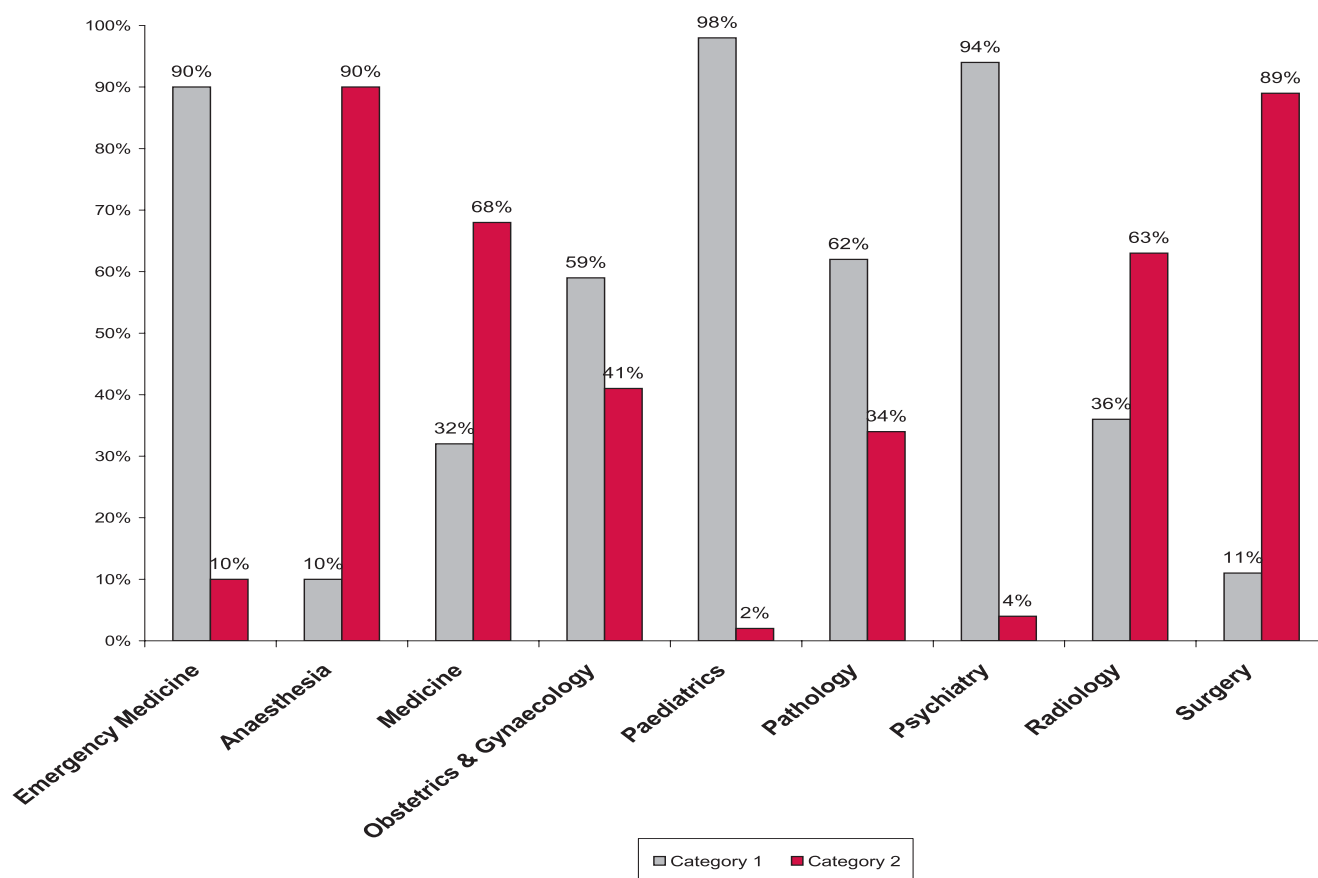
FIGURE 4 CONTRACTUAL DISTRIBUTION OF CONSULTANT POSTS BY SPECIALTY AT 1ST JANUARY 2004



**TABLE 7B – CONTRACTUAL DISTRIBUTION OF CONSULTANT POSTS
BY SPECIALTY AT 1ST JANUARY 2004 (ERHA AREA)**

Specialty	Category 1		Category 2	
Emergency Medicine	19	90%	2	10%
Anaesthesia	12	10%	108	90%
Medicine	52	32%	111	68%
Obstetrics & Gynaecology	24	59%	17	41%
Paediatrics	43	98%	1	2%
Pathology	59	62%	32	34%
Psychiatry	114	94%	5	4%
Radiology	27	36%	47	63%
Surgery	18	11%	145	89%
Total	368	44%	468	56%

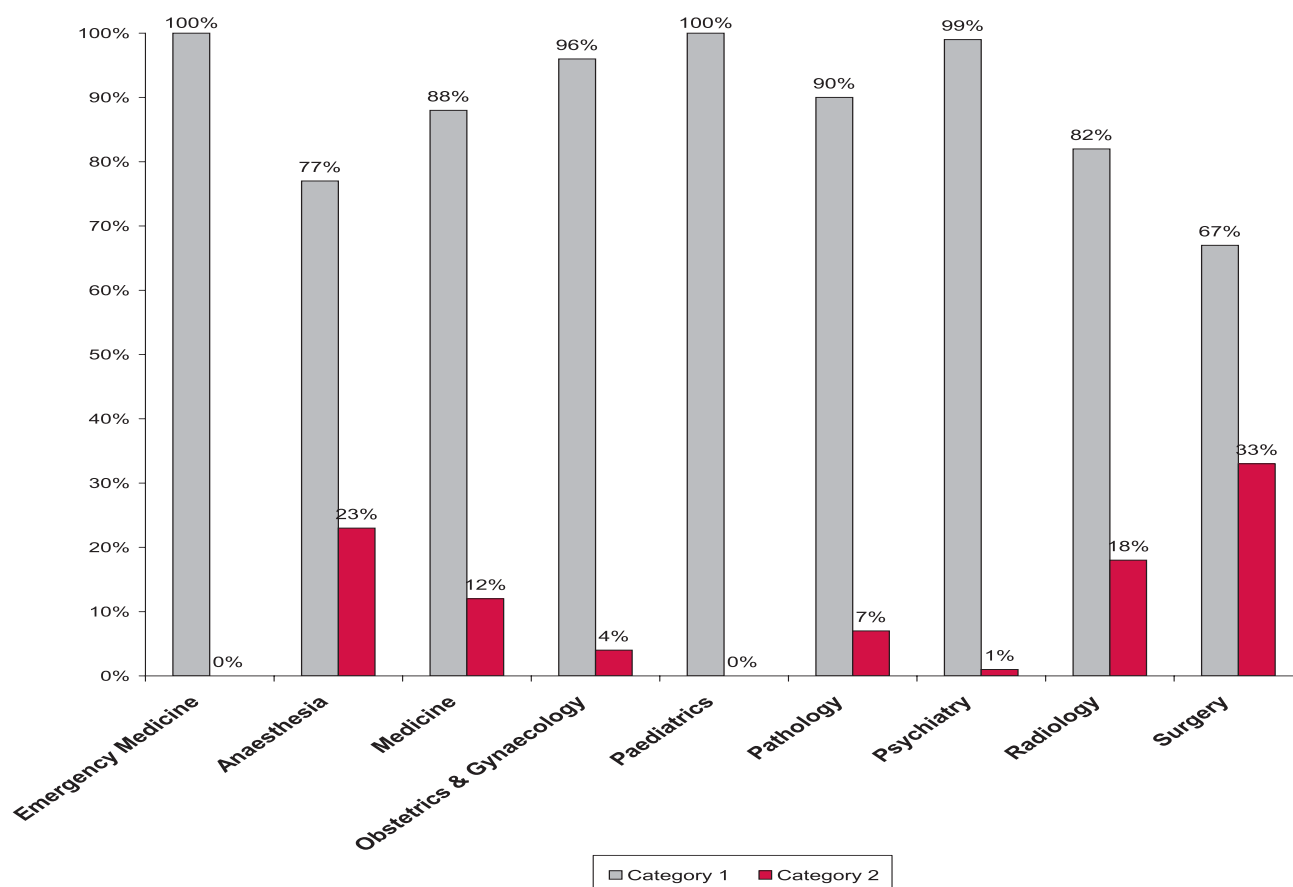
**FIGURE 5 CONTRACTUAL DISTRIBUTION OF CONSULTANT POSTS BY SPECIALTY
AT 1ST JANUARY 2004 (ERHA AREA)**



**TABLE 7C – CONTRACTUAL DISTRIBUTION OF CONSULTANT POSTS
BY SPECIALTY AT 1ST JANUARY 2003 (OUTSIDE ERHA)**

Specialty	Category 1		Category 2	
Emergency Medicine	30	100%	0	0%
Anaesthesia	118	77%	35	23%
Medicine	157	88%	22	12%
Obstetrics & Gynaecology	55	96%	2	4%
Paediatrics	57	100%	0	0%
Pathology	63	90%	5	7%
Psychiatry	158	99%	2	1%
Radiology	77	82%	17	18%
Surgery	121	67%	60	33%
Total	836	85%	143	15%

**FIGURE 6 CONTRACTUAL DISTRIBUTION OF CONSULTANT POSTS
BY SPECIALTY AT 1ST JANUARY 2004 (OUTSIDE ERHA)**



8. CONSULTANTS IN PERMANENT POSTS

8.1 Age Structure

Table 8 shows the age structure of consultants in permanent posts. A detailed breakdown by specialty and anticipated year of retirement is set out in Section 12.

TABLE 8 – AGE STRUCTURE OF CONSULTANTS IN PERMANENT POSTS

	35 or Under	36 - 40	41 - 45	46 - 50	51 - 55	56 - 60	61 - 65
Number of Consultants	44	285	357	268	246	207	124
% of Total	3%	19%	23%	18%	16%	14%	8%

8.2 Death / resignations / retirements

Based on the number of consultants in practice, the death rate was 0.07% (1) and the resignation rate was 0.6% (9) while the retirement rate was 1.76% (27). A further 1.2% (18) of consultants resigned on appointment to alternative consultant posts.

8.3 New consultants

During 2003, 106 doctors have been identified as taking up duty for the first time as permanent consultants in Ireland. The corresponding figures for earlier years were 105 in 2002, 108 in 2001, 97 in 2000, 88 in 1999, 57 in 1998 and 74 in 1997.

8.4 Age of new consultants

The average age on taking up duty in 2003 was 39 years - within an age profile ranging from 31 to 52 years. The average age was 39 in 2002, 39 in 2001 and had been 38 for many years prior to that.

8.5 Permanent part-time and job-sharing consultants

Of the 1,824 permanent consultant posts, 29 are part-time posts. Table 8A outlines these posts by specialty and health board area.

TABLE 8A – PERMANENT PART-TIME CONSULTANT POSTS BY SPECIALTY

	ECAHB	NAHB	SWAHB	MWHB	MHB	NEHB	NWHB	SEHB	SHB	WHB	TOTAL
Anaesthesia	0	0	0	0	0	0	4	0	0	0	4
Medicine	0	2	0	0	0	0	1	1	0	0	4
Obstetrics & Gynaecology	0	1	2	0	0	0	0	0	0	0	3
Pathology	0	2	0	0	0	0	0	0	0	0	2
Psychiatry	6	4	0	2	0	2	0	0	0	0	14
Radiology	1	0	0	0	0	0	0	0	0	0	1
Surgery	1	0	0	0	0	0	0	0	0	0	1
Total	8	9	2	2	0	2	5	1	0	0	29

There are also 10 full-time permanent posts where the postholder is working on a part-time basis, with a locum consultant in the remainder of the post.

9. NON-PERMANENT CONSULTANTS

- 9.1 It should be noted in relation to Table 1A, Table 3, Table 3A and Table 6 that while posts are referred to as being vacant approved, under consideration or unprocessed, this does not necessarily mean that they are unoccupied. In most cases, posts are filled in a temporary capacity pending the submission of an application for the replacement post by the employing authority and the making of a permanent appointment through the usual selection procedures. In a small but growing number of cases, advance replacements are under consideration or approved.
- 9.2 In November 1998, Comhairle na nOspidéal issued a circular reminding employing authorities of the statutory role of Comhairle and the legal obligations on employing authorities to abide by the directives and decisions of Comhairle in respect of non-permanent consultant appointments.
- 9.3 As at 31st December 2003, there were 289 non-permanent consultant appointments approved by Comhairle na nOspidéal, 4 less than last year. 159 of these related to approved vacant permanent posts in the process of being filled; 29 to unprocessed posts / posts under consideration; 61 were acting as locums for permanent consultants on leave; 40 were additional temporary appointments associated mainly with the Waiting List Initiative and the Winter Initiative. Table 9 sets out the position in detail in respect of approved non-permanent posts.
- 9.4 Responses from employing authorities to a survey carried out recently by Comhairle officials have identified about 40 non-permanent consultant appointments which have not been approved by Comhairle na nOspidéal.

TABLE 9 APPROVED NON-PERMANENT CONSULTANT POSTS BY SPECIALTY AND BY HEALTH BOARD AREA AT 31st DECEMBER, 2003.

Specialty	ERHA East Coast	ERHA North	ERHA South West	Mid- West	Mid- land	North East	North West	South East	South	West	Total
Anaesthesia	5	4	9	4	2	5	2	3	2	8	44
Emergency Medicine	0	3	3	1	3	3	0	0	1	2	16
Medicine	3	5	8	5	2	4	1	12	7	3	50
Obstetrics & Gynaecology	0	2	2	1	2	6	0	3	4	1	21
Pathology	2	5	3	2	0	1	0	0	1	1	15
Paediatrics	1	2	5	0	2	2	1	1	2	6	22
Psychiatry	5	10	6	4	7	3	0	7	6	5	53
Radiology	4	3	1	2	1	2	1	0	4	2	20
Surgery	2	5	10	5	1	9	2	4	3	7	48
Total	22	39	47	24	20	35	7	30	30	35	289

10. MALE/FEMALE DISTRIBUTION OF CONSULTANTS

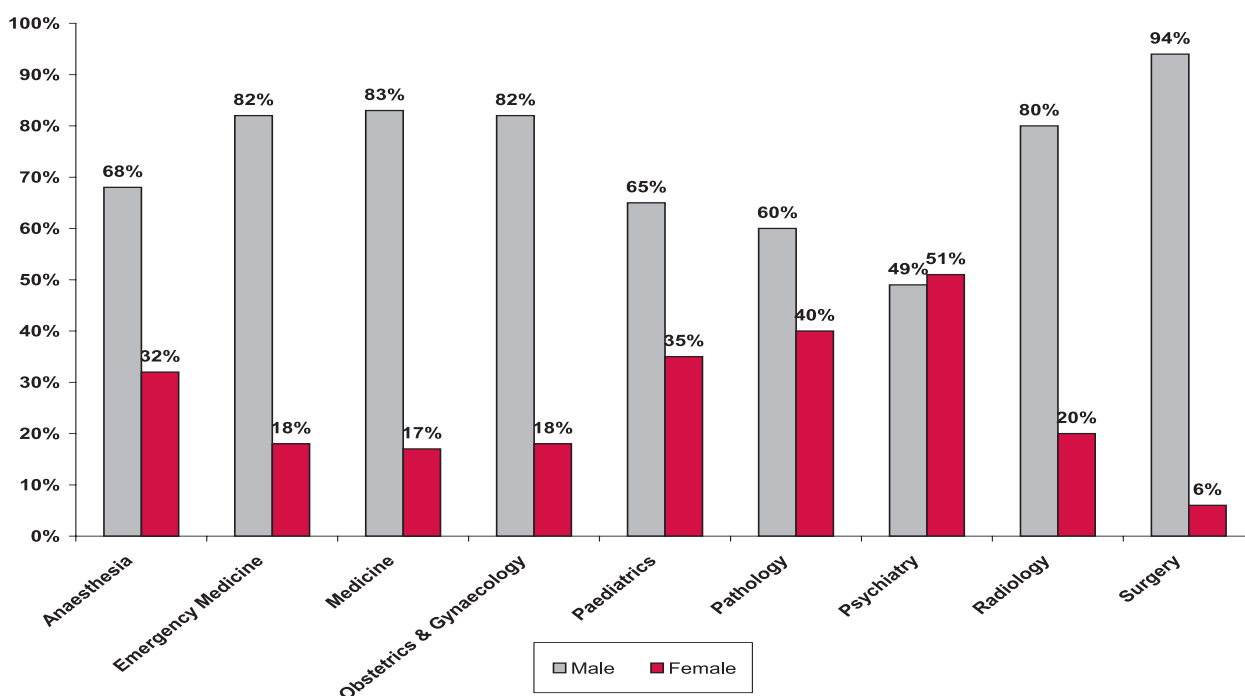
10.1 Permanent Consultants by Gender

Of the 1,531 permanent consultants in practice at 1st January 2004, 1,139 (74%) were male and 392 (26%) were female. A breakdown by specialty is given in Table 10.

TABLE 10 MALE/FEMALE DISTRIBUTION OF PERMANENT CONSULTANTS AT 1ST JANUARY 2004

Specialty	Male		Female		Total
	No.	%	No.	%	
Anaesthesia	164	68%	78	32%	242
Emergency Medicine	23	82%	5	18%	28
Medicine	244	83%	49	17%	293
Obstetrics & Gynaecology	68	82%	15	18%	83
Paediatrics	54	65%	29	35%	83
Pathology	83	60%	55	40%	138
Psychiatry	112	49%	115	51%	227
Radiology	113	80%	29	20%	142
Surgery	278	94%	17	6%	295
Total	1,139	74%	392	26%	1,531

FIGURE 7 PERCENTAGE OF PERMANENT CONSULTANTS AT 1st JANUARY 2004 BY SPECIALTY AND GENDER

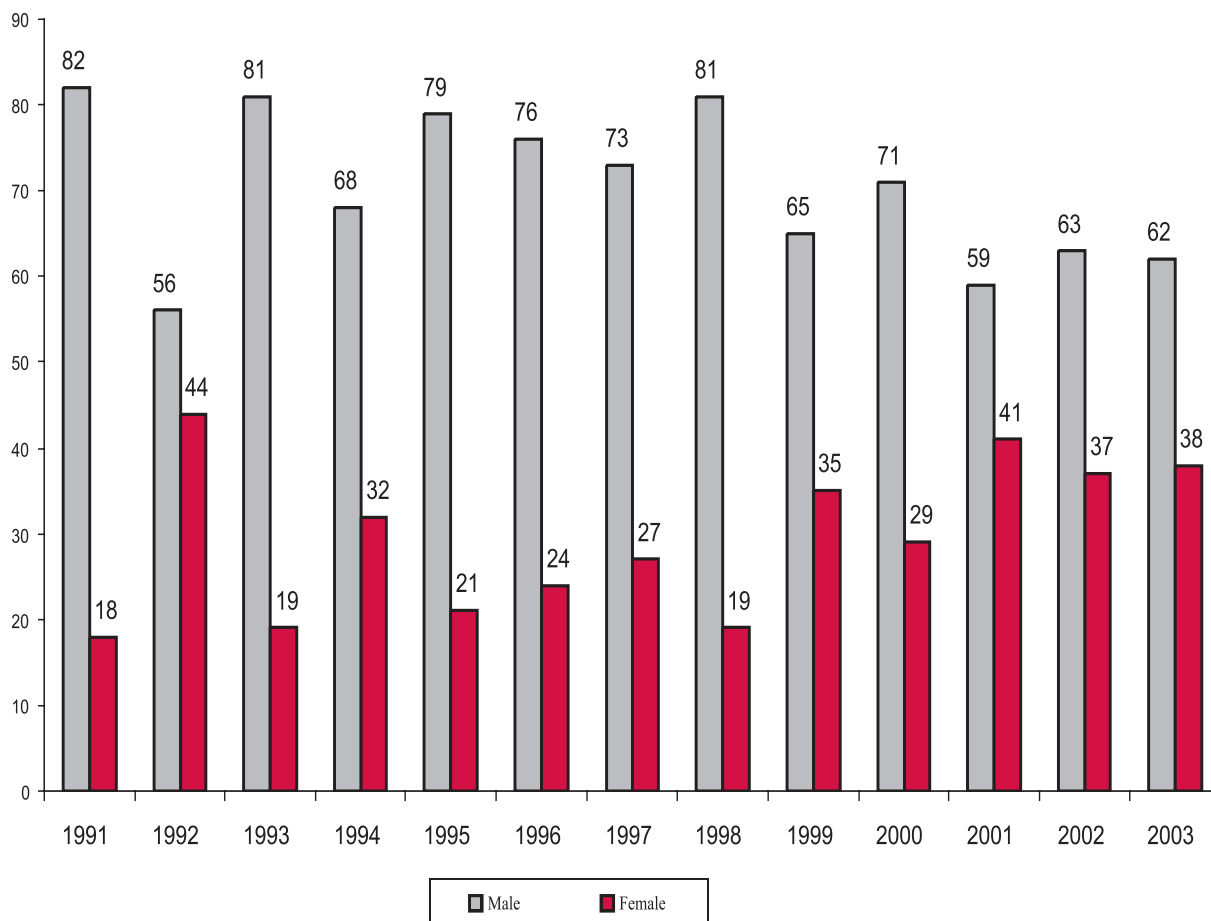


10.2 The male/female distribution of new consultants has varied a lot over recent years - see Table 10A and Figure 9. Of the 106 new consultants who have taken up duty since January 2003, 66 (62%) were men and 40 (38%) were women.

TABLE 10A PERCENTAGE MALE / FEMALE DISTRIBUTION OF NEW CONSULTANTS, 1991-2003

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
% Male	82%	56%	81%	68%	79%	76%	73%	81%	65%	71%	59%	63%	62%
% Female	18%	44%	19%	32%	21%	24%	27%	19%	35%	29%	41%	37%	38%

FIGURE 8 PERCENTAGE INTAKE TO PERMANENT CONSULTANT POSTS BY GENDER 1992 - 2003



10.3 The distribution by specialty and gender of new consultants who took up duty in 2003 is set out in table 10B.

TABLE 10B NEW CONSULTANTS BY GENDER AND SPECIALTY, 2003

	Male No.	%	Female No.	%	Total
Anaesthesia	4	33%	8	67%	12
Emergency Medicine	3	75%	1	25%	4
Medicine	21	72%	8	28%	29
Obstetrics & Gynaecology	2	67%	1	33%	3
Paediatrics	3	43%	4	57%	7
Pathology	7	70%	3	30%	10
Psychiatry	12	55%	10	45%	22
Radiology	5	63%	3	37%	8
Surgery	9	82%	2	18%	11
Total	66	62%	40	38%	106

10.4 Non-Permanent Consultants by Gender

In relation to the 289 approved non-permanent consultant appointments, 198 were occupied in December 2003. 66% (130) were filled by men and 34% (68) by women. Table 10c shows the male/female distribution of these appointments by specialty.

TABLE 10C NON-PERMANENT CONSULTANTS BY SPECIALTY AND GENDER

	Male No.	%	Female No.	%	Total
Anaesthesia	24	71%	10	29%	34
Emergency Medicine	9	82%	2	18%	11
Medicine	22	67%	11	33%	33
Obstetrics & Gynaecology	10	71%	4	29%	14
Paediatrics	9	64%	5	36%	14
Pathology	4	44%	5	56%	9
Psychiatry	14	38%	23	62%	37
Radiology	9	75%	3	25%	12
Surgery	29	85%	5	15%	34
Total	130	66%	68	34%	198

11. SPECIALISTS IN PRIVATE PRACTICE

11.1 Information relating to specialists in private practice (i.e. those who are not contracted to public hospitals) is presented in Table 11. Appointments in this category are not subject to regulation by Comhairle na nOspidéal or any other agency. While efforts have been made to ensure as much accuracy and comprehensiveness as possible in compiling the data on private specialists, the reliability of the data is less than that relating to the public sector data. According to the information available, there are about 200 doctors engaged as specialists in private practice in private hospitals or clinics who are not employed as permanent consultants or NCHDs in public hospitals. About half of these work in the ERHA region and one-third in the SHB area. This does not include about 600 consultants in public hospitals who hold Category 2 contracts and are entitled to also work in private hospitals. Consultants, over the age of 65, who have retired from public sector appointments and who continue to work in private hospitals are not counted either. A small number of specialists in private practice also occupy temporary and locum consultant appointments in the public sector. Many specialists in private practice work in more than one private hospital and in some cases in different health board areas. About 70 NCHDs are also employed by private hospitals. Almost half of the population of the state now hold private medical insurance.

TABLE 11 SPECIALISTS IN PRIVATE PRACTICE

Specialty	ERHA East Coast	ERHA North	ERHA South West	Mid- West	Mid- land	North East	North West	South East	South	West	Total
Anaesthesia	0	1	0	0	3	0	0	1	9	2	16
Medicine	16	11	2	0	3	0	0	3	14	4	53
Obstetrics/Gynaecology	4	0	2	0	2	0	0	1	6	1	16
Paediatrics	2	0	0	0	0	0	0	0	4	0	6
Pathology	1	1	0	0	0	0	0	0	4	0	6
Psychiatry	7	2	14	0	0	0	0	0	2	2	27
Radiology	2	0	0	0	0	0	0	1	6	0	9
Surgery	15	11	2	1	7	0	0	7	16	5	64
Totals	47	26	20	1	15	0	0	13	61	14	197

12. RETIREMENTS DUE

The information set out in the tables in this section is intended to assist the Department of Health and Children / ERHA, health boards, voluntary hospitals and agencies, training bodies and Comhairle na nOspidéal itself in consultant workforce planning. The statistics in the following pages are intended to assist employing authorities to begin the process of replacing permanent consultants up to two years in advance of due retirement date so that the new appointee can take up the permanent position as soon as the present consultant retires. It should also be useful to aspiring consultants in planning their future careers. It should be noted that these tables are based on consultants retiring on reaching 65 years of age. However, it is recognised that many consultants now avail of historic rest days (up to one year) prior to retirement and also that some consultants retire before reaching 65.

TABLE 12.1 RETIREMENTS DUE IN ANAESTHESIA

Year Due	ERHA East Coast	ERHA North	ERHA South West	Mid- West	Mid- land	North East	North West	South East	South West	West	Total
2004	0	0	0	0	0	0	0	0	1	0	1
2005	0	0	0	1	0	0	0	0	0	1	2
2006	1	1	0	1	0	1	0	1	1	0	6
2007	0	0	1	0	0	0	0	0	1	0	2
2008	1	0	0	0	0	0	0	2	0	2	5
2009	1	1	0	0	0	1	1	0	3	1	8
2010	0	0	1	0	0	1	0	1	2	0	5
2011	2	1	1	2	0	0	0	0	2	0	8
2012	0	1	2	0	1	0	0	0	0	0	4
2013	0	0	1	0	1	0	0	0	1	0	3
2014	0	3	1	0	1	1	0	0	0	0	6
2015	1	2	2	1	1	1	1	1	3	0	13
2016	2	5	2	2	0	0	0	0	2	1	14
2017	1	0	1	0	0	0	0	1	1	0	4
2018	0	0	0	0	1	0	0	1	3	1	6
2019	1	0	3	1	0	0	1	2	0	0	8
2020	1	2	2	1	0	0	1	1	0	1	9
2021	0	3	4	1	0	0	0	0	0	0	8
2022	1	2	0	1	1	0	0	0	1	2	8
2023	3	1	3	0	0	4	0	2	0	2	15
2024	3	2	0	3	0	1	3	2	0	2	16
2025	1	1	2	2	0	1	3	0	0	0	10
2026	0	2	4	2	2	3	1	1	1	2	18
2027	0	3	1	1	0	0	1	0	2	0	8
2028	0	2	2	0	2	0	0	1	0	1	8
2029	1	5	1	0	0	0	0	0	5	0	12
2030	0	2	1	0	0	0	1	3	2	2	11
2031	0	4	5	0	1	0	0	0	0	2	12
2032	1	2	0	0	0	1	0	0	0	1	5
2033	0	0	2	0	0	0	0	2	0	1	5
2034	0	0	0	0	0	0	0	0	1	1	2
2035	0	0	0	0	0	0	0	0	0	0	0
2036	0	0	0	0	0	0	0	0	0	0	0

12.2 RETIREMENTS DUE IN EMERGENCY MEDICINE

Year Due	ERHA East Coast	ERHA North	ERHA South West	Mid- West	Mid- land	North East	North West	South East	South	West	Total
2004	0	0	0	0	0	0	0	0	0	0	0
2005	0	0	0	0	0	0	0	0	0	0	0
2006	0	0	0	0	0	0	0	0	0	0	0
2007	0	0	0	0	0	0	0	0	0	0	0
2008	0	0	1	0	0	0	0	0	0	0	1
2009	0	1	0	0	0	0	0	0	0	0	1
2010	0	0	1	0	0	0	0	0	0	0	1
2011	0	0	0	0	0	0	0	0	0	0	0
2012	0	0	0	0	0	0	0	0	0	0	0
2013	1	0	0	1	0	0	0	0	0	0	2
2014	0	0	0	0	0	0	0	0	0	0	0
2015	0	0	0	0	0	0	0	0	0	0	0
2016	0	1	0	0	0	0	0	0	0	1	2
2017	0	0	0	0	0	0	0	0	0	0	0
2018	0	0	0	0	0	0	0	0	0	0	0
2019	0	0	0	0	0	0	0	0	0	0	0
2020	1	0	1	0	0	0	0	0	0	0	2
2021	0	0	1	0	0	0	0	1	0	0	2
2022	0	0	0	0	0	0	0	0	0	0	0
2023	0	0	1	0	0	0	0	0	1	0	2
2024	0	0	0	0	0	0	0	0	1	0	1
2025	1	0	0	0	0	0	0	0	0	0	1
2026	0	0	0	0	0	0	1	0	0	0	1
2027	0	0	1	0	0	0	1	0	1	0	3
2028	0	1	0	0	0	1	0	0	0	0	2
2029	0	0	1	0	0	0	0	0	0	0	1
2030	0	1	0	0	0	0	0	0	1	0	2
2031	0	1	0	0	0	0	0	0	0	1	2
2032	0	0	0	0	0	0	0	0	0	1	1
2033	0	0	0	0	0	0	0	0	1	0	1
2034	0	0	0	0	0	0	0	0	0	0	0
2035	0	0	0	0	0	0	0	0	0	0	0
2036	0	0	0	0	0	0	0	0	0	0	0

TABLE 12.3 RETIREMENTS DUE IN MEDICINE

Year Due	ERHA East Coast	ERHA North	ERHA South West	Mid- West	Mid- land	North East	North West	South East	South	West	Total
2004	0	1	0	0	0	0	0	0	1	0	2
2005	0	0	0	0	0	0	1	0	0	0	1
2006	2	0	4	0	0	0	0	0	2	0	8
2007	1	1	0	0	0	2	1	0	2	2	9
2008	0	2	0	1	0	0	0	1	1	1	6
2009	2	1	0	0	0	0	0	0	1	1	5
2010	1	0	1	1	0	0	1	0	1	0	4
2011	1	3	5	1	0	0	0	0	1	0	11
2012	0	3	1	0	1	1	0	0	1	0	7
2013	0	0	0	0	0	1	1	2	4	1	9
2014	3	0	1	0	1	2	0	1	0	1	9
2015	0	1	2	1	1	1	1	0	0	1	8
2016	1	1	1	1	0	0	0	2	0	1	7
2017	1	1	1	1	1	1	1	0	1	0	8
2018	0	3	1	0	0	0	1	0	2	0	7
2019	3	1	3	1	0	0	0	2	0	1	11
2020	2	2	1	1	0	0	1	1	0	0	8
2021	2	1	2	1	0	0	0	0	1	1	8
2022	1	2	4	1	1	0	1	1	2	0	13
2023	1	3	2	1	0	1	0	0	1	0	9
2024	1	7	1	0	0	0	0	4	0	1	14
2025	3	3	6	1	1	1	0	0	2	1	18
2026	4	5	3	1	0	1	0	0	2	5	21
2027	0	4	1	0	0	0	0	0	1	2	8
2028	1	2	0	2	0	0	2	1	4	2	14
2029	0	2	3	0	0	1	1	1	3	0	11
2030	2	3	0	2	2	0	0	2	2	0	13
2031	1	0	4	0	0	1	0	4	1	4	15
2032	1	4	2	0	0	1	0	2	2	2	14
2033	1	1	3	0	0	1	1	0	2	0	9
2034	1	1	0	0	1	0	1	0	1	0	5
2035	0	0	0	0	0	0	1	0	0	0	1
2036	0	0	0	0	0	0	0	0	0	0	0

TABLE 12.4 RETIREMENTS DUE IN OBSTETRICS & GYNAECOLOGY

Year Due	ERHA East Coast	ERHA North	ERHA South West	Mid- West	Mid- land	North East	North West	South East	South	West	Total
2004	0	0	0	0	0	0	0	0	0	0	0
2005	0	0	0	0	0	0	0	0	0	0	0
2006	0	1	3	0	1	0	0	0	0	0	5
2007	1	0	0	0	0	0	2	1	0	0	4
2008	0	0	0	0	0	0	0	0	1	1	2
2009	0	0	0	0	0	0	0	1	1	1	3
2010	0	0	2	0	0	0	1	0	1	1	5
2011	0	1	0	1	1	0	0	1	0	0	4
2012	0	0	0	0	0	1	0	0	0	0	1
2013	1	0	0	0	0	0	0	0	0	0	1
2014	1	0	1	0	0	0	0	0	0	0	2
2015	1	2	0	0	0	0	0	0	0	0	3
2016	0	0	1	0	1	0	0	0	0	0	2
2017	1	0	0	0	0	0	0	1	0	0	2
2018	0	0	0	0	0	0	1	0	0	2	3
2019	0	0	0	0	1	0	0	0	0	2	3
2020	0	2	1	0	0	0	0	0	0	0	3
2021	0	0	1	1	0	0	0	0	0	0	2
2022	0	1	1	0	0	0	0	1	0	0	3
2023	2	0	1	1	0	1	1	1	1	0	8
2024	0	0	0	1	0	1	1	0	2	0	5
2025	1	1	0	0	0	0	0	1	0	0	3
2026	3	1	0	0	0	0	0	0	0	2	6
2027	0	1	1	0	0	0	0	1	0	0	3
2028	0	0	3	0	0	0	0	0	0	1	4
2029	0	0	0	1	0	0	0	0	1	0	2
2030	0	0	0	0	0	0	0	0	0	0	0
2031	0	1	0	0	1	0	0	1	0	1	4
2032	0	0	0	0	0	0	0	0	0	0	0
2033	0	0	0	0	0	0	0	0	0	0	0
2034	0	0	0	0	0	0	0	0	0	0	0
2035	0	0	0	0	0	0	0	0	0	0	0
2036	0	0	0	0	0	0	0	0	0	0	0

TABLE 12.5 RETIREMENTS DUE IN PAEDIATRICS

Year Due	ERHA East Coast	ERHA North	ERHA South West	Mid- West	Mid- land	North East	North West	South East	South	West	Total
2004	0	0	0	0	0	0	0	0	0	0	0
2005	0	0	0	0	0	0	0	1	0	0	1
2006	0	0	0	0	0	0	0	0	0	0	0
2007	0	0	0	0	0	0	0	0	1	0	1
2008	0	1	1	0	0	0	0	0	1	0	3
2009	1	1	0	0	1	0	0	0	0	0	3
2010	0	1	1	0	0	0	0	0	0	1	3
2011	1	0	1	0	1	0	1	1	2	1	8
2012	0	0	1	1	0	0	0	0	1	0	3
2013	1	1	2	0	1	0	0	0	0	0	5
2014	0	0	0	0	0	0	0	0	0	0	0
2015	0	1	1	1	0	0	0	1	0	0	4
2016	0	0	1	0	0	0	1	1	0	0	3
2017	0	1	1	1	0	0	0	0	0	0	3
2018	0	0	0	0	0	0	0	2	0	0	2
2019	0	0	1	0	0	0	0	0	1	1	3
2020	0	1	1	0	0	0	1	1	0	3	7
2021	0	0	2	0	0	0	0	0	0	0	2
2022	0	0	2	0	0	0	1	0	0	0	3
2023	0	0	0	0	0	1	0	0	0	0	1
2024	0	1	0	0	0	1	0	0	0	0	2
2025	0	1	3	0	0	1	0	0	0	0	5
2026	0	1	1	0	0	0	0	0	0	0	2
2027	0	1	0	0	1	1	0	0	0	0	3
2028	0	0	0	0	0	0	0	1	0	0	1
2029	0	0	0	1	0	0	0	0	1	0	2
2030	0	0	2	0	0	0	0	0	0	0	2
2031	1	0	0	0	1	1	0	1	0	0	4
2032	0	0	1	1	0	0	0	0	0	0	2
2033	0	0	0	0	0	1	0	0	0	0	1
2034	0	1	0	0	0	0	0	0	1	1	3
2035	0	0	0	1	0	0	0	0	0	0	1
2036	0	0	0	0	0	0	0	0	0	0	0

TABLE 12.6 RETIREMENTS DUE IN PATHOLOGY

Year Due	ERHA East Coast	ERHA North	ERHA South West	Mid- West	Mid- land	North East	North West	South East	South	West	Total
2004	0	0	0	0	0	0	0	0	0	0	0
2005	0	0	0	0	0	0	0	1	1	0	2
2006	0	1	1	0	0	0	0	0	0	2	4
2007	0	0	1	0	0	0	0	1	0	1	3
2008	0	0	1	0	2	0	0	0	0	0	3
2009	1	0	0	1	0	0	0	0	1	1	4
2010	0	1	1	0	0	1	0	0	0	0	3
2011	1	1	3	0	0	0	0	1	0	1	7
2012	0	0	0	0	0	0	0	0	3	0	3
2013	0	2	0	0	0	0	0	0	0	1	3
2014	2	1	0	0	0	1	0	0	1	1	6
2015	1	1	0	0	0	0	1	1	1	0	5
2016	0	2	1	0	0	0	0	0	1	1	5
2017	0	0	1	0	0	0	0	0	1	0	2
2018	0	1	2	0	0	0	1	0	0	0	4
2019	0	1	0	0	0	0	0	0	0	0	1
2020	0	1	1	0	0	0	0	1	2	0	5
2021	1	1	0	0	0	2	1	0	0	1	6
2022	2	1	1	0	0	0	0	1	1	0	6
2023	0	1	4	1	0	0	0	0	0	1	7
2024	3	1	2	0	0	0	0	0	1	1	8
2025	1	3	2	0	0	1	0	0	0	0	7
2026	0	1	1	0	0	1	0	0	0	0	3
2027	1	2	2	0	1	0	0	1	0	1	8
2028	0	1	3	0	0	0	0	0	1	0	5
2029	1	1	3	0	0	0	1	0	1	1	8
2030	0	4	0	1	0	0	1	0	0	0	6
2031	1	1	1	1	0	0	1	1	0	1	7
2032	0	0	4	0	0	0	0	0	0	0	4
2033	0	0	0	0	0	0	0	0	1	0	1
2034	0	0	1	0	0	0	0	0	0	0	1
2035	0	0	1	0	0	0	0	0	0	0	1
2036	0	0	0	0	0	0	0	0	0	0	0

TABLE 12.7 RETIREMENTS DUE IN PSYCHIATRY

Year Due	ERHA East Coast	ERHA North	ERHA South West	Mid- West	Mid- land	North East	North West	South East	South	West	Total
2004	0	0	0	0	0	0	0	0	0	0	0
2005	1	0	0	0	0	3	0	0	0	1	5
2006	0	0	0	0	0	0	0	0	0	0	0
2007	1	1	1	0	0	0	0	0	2	2	7
2008	1	1	0	0	0	0	1	0	0	0	3
2009	0	0	1	0	0	0	0	0	0	0	1
2010	0	0	0	0	0	0	0	2	2	0	4
2011	0	1	1	0	0	0	0	0	0	2	4
2012	0	2	2	3	0	0	0	0	0	0	7
2013	0	1	1	1	0	1	1	0	0	0	5
2014	2	1	3	0	1	0	2	2	3	2	16
2015	1	3	0	0	0	0	0	0	0	0	4
2016	1	3	1	0	0	0	1	2	0	2	10
2017	0	2	0	1	0	1	1	2	1	0	8
2018	0	1	2	2	0	0	0	0	0	1	6
2019	0	1	0	2	0	2	0	0	0	0	5
2020	2	2	5	1	0	0	0	4	1	0	15
2021	3	2	2	0	2	0	0	0	1	1	11
2022	2	2	4	1	0	1	0	0	3	2	15
2023	1	1	0	2	1	1	1	1	2	1	11
2024	1	1	2	0	3	2	1	0	4	1	15
2025	2	2	0	2	0	0	2	0	2	0	10
2026	0	2	2	0	0	0	0	2	1	1	8
2027	1	2	0	0	0	0	1	1	2	2	9
2028	2	4	5	0	2	0	0	1	1	0	15
2029	1	0	0	3	0	0	1	1	0	1	7
2030	2	2	1	0	0	1	1	3	0	0	10
2031	0	0	0	1	0	1	1	1	1	2	7
2032	0	1	1	1	0	1	0	0	1	1	6
2033	0	0	0	0	0	1	0	0	1	0	2
2034	0	0	0	0	0	0	0	0	1	0	1
2035	0	0	0	0	0	0	0	0	0	0	0
2036	0	0	0	0	0	0	0	0	0	0	0

TABLE 12.8 RETIREMENTS DUE IN RADIOLOGY

Year Due	ERHA East Coast	ERHA North	ERHA South West	Mid- West	Mid- land	North East	North West	South East	South	West	Total
2004	0	0	0	0	0	0	0	0	0	0	0
2005	0	0	0	0	0	0	0	0	0	0	0
2006	0	2	0	0	0	1	0	0	0	1	4
2007	1	0	0	0	1	1	0	0	1	0	4
2008	2	0	0	0	0	0	0	2	1	2	7
2009	0	1	0	0	0	0	0	0	1	1	3
2010	0	0	0	0	0	0	1	0	0	0	1
2011	0	3	1	0	0	0	0	0	1	0	5
2012	0	0	0	0	0	0	0	1	3	2	6
2013	0	1	3	0	0	1	1	0	0	0	6
2014	0	1	0	0	0	1	0	1	0	0	3
2015	3	0	2	0	0	0	0	0	0	2	7
2016	0	1	0	0	1	0	0	0	0	0	2
2017	1	2	0	0	0	0	2	0	1	0	6
2018	0	1	2	1	0	0	1	0	1	0	6
2019	0	0	0	0	0	0	0	0	0	0	0
2020	1	0	0	0	0	0	0	0	0	0	1
2021	3	0	1	0	2	2	1	0	0	0	9
2022	1	1	1	0	0	0	0	0	1	1	5
2023	0	2	2	0	0	0	0	0	2	0	6
2024	3	1	0	1	0	0	0	1	0	1	7
2025	1	1	3	0	0	0	0	1	0	2	8
2026	0	0	0	0	0	1	1	2	1	0	5
2027	1	3	1	1	0	0	0	1	0	0	7
2028	0	1	1	2	0	0	0	1	0	2	7
2029	1	1	0	0	0	1	0	1	1	0	5
2030	0	1	0	1	1	0	0	0	2	0	5
2031	1	1	1	0	0	0	1	0	1	2	7
2032	1	0	0	0	0	0	0	0	3	0	4
2033	0	0	0	0	0	0	0	0	0	1	1
2034	0	0	1	0	0	0	0	2	0	0	3
2035	0	0	1	0	0	0	0	0	0	0	1
2036	0	0	0	0	0	1	0	0	0	0	1

TABLE 12.9 RETIREMENTS DUE IN SURGERY

Year Due	ERHA East Coast	ERHA North	ERHA South West	Mid- West	Mid- land	North East	North West	South East	South	West	Total
2004	2	0	0	0	0	0	0	0	0	0	2
2005	2	2	1	0	0	0	0	0	1	1	7
2006	0	2	2	0	0	1	0	0	1	0	6
2007	2	1	0	1	0	0	2	2	1	1	10
2008	0	0	2	2	1	0	0	0	3	1	9
2009	2	1	1	0	0	0	0	1	1	0	6
2010	2	2	2	1	0	0	0	3	1	0	11
2011	0	2	1	0	0	1	0	1	1	1	7
2012	2	1	1	1	0	0	0	1	0	0	6
2013	3	2	1	3	2	2	0	3	1	0	17
2014	4	3	1	0	0	0	1	1	1	2	13
2015	1	3	2	1	2	0	0	0	4	2	15
2016	2	4	2	0	0	0	2	1	2	0	13
2017	0	2	0	0	1	0	1	0	1	2	7
2018	2	0	1	2	0	0	0	0	0	3	8
2019	1	3	2	1	0	0	0	1	3	1	12
2020	0	3	3	1	1	0	0	1	1	1	11
2021	2	8	0	2	1	3	4	2	0	3	25
2022	1	2	4	0	0	1	1	1	2	1	13
2023	2	2	2	1	0	0	0	0	2	3	12
2024	0	2	1	1	2	1	1	0	3	0	11
2025	1	0	1	2	0	0	0	1	2	0	7
2026	2	3	2	1	0	1	0	0	2	2	13
2027	0	5	4	0	0	0	1	1	1	0	12
2028	1	2	4	0	0	0	0	1	0	1	9
2029	2	3	0	0	0	1	1	0	1	1	9
2030	2	2	2	0	2	0	0	2	3	1	14
2031	0	1	0	0	0	0	0	1	0	0	2
2032	1	0	0	0	0	0	0	1	1	0	3
2033	1	0	0	0	0	0	0	0	1	0	2
2034	0	2	0	0	0	0	0	0	1	0	3
2035	0	0	0	0	0	0	0	0	0	0	0
2036	0	0	0	0	0	0	0	0	0	0	0

TABLE 12.10 RETIREMENTS DUE IN ALL SPECIALITIES

Year Due	ERHA East Coast	ERHA North	ERHA South West	Mid- West	Mid- land	North East	North West	South East	South	West	Total
2004	2	1	0	0	0	0	0	0	2	0	5
2005	3	2	1	1	0	3	1	2	2	3	18
2006	3	7	10	1	1	3	0	1	4	3	33
2007	6	3	3	1	1	3	5	4	8	6	40
2008	4	4	5	3	3	0	1	5	7	7	39
2009	7	6	2	1	1	1	1	2	8	5	34
2010	3	4	9	1	0	2	3	6	7	2	37
2011	5	12	13	4	2	1	1	4	7	5	54
2012	2	7	7	5	2	2	0	2	8	2	37
2013	6	7	8	5	4	5	3	5	6	2	51
2014	12	9	7	0	3	5	3	5	5	6	55
2015	8	13	9	4	4	2	3	3	8	5	59
2016	6	17	9	3	2	0	4	6	5	6	58
2017	4	8	4	3	2	2	5	4	6	2	40
2018	2	6	8	5	1	0	4	3	6	7	42
2019	5	6	9	5	1	2	1	5	4	5	43
2020	7	13	15	4	1	0	3	9	4	5	61
2021	11	15	13	5	5	7	6	3	2	6	73
2022	8	11	17	3	2	2	3	4	10	6	66
2023	9	10	15	6	1	8	2	4	9	7	71
2024	11	15	6	6	5	6	6	7	11	6	79
2025	11	12	17	7	1	4	5	3	6	3	69
2026	9	15	13	4	2	7	3	5	7	12	77
2027	3	21	11	2	2	1	4	5	7	5	61
2028	4	13	18	4	4	1	2	6	6	7	65
2029	6	12	8	5	0	3	4	3	13	3	57
2030	6	15	6	4	5	1	3	10	10	3	63
2031	4	9	11	2	3	3	3	9	3	13	60
2032	4	7	8	2	0	3	0	3	7	5	39
2033	2	1	5	0	0	3	1	2	6	2	22
2034	1	4	2	0	1	0	1	2	5	2	18
2035	0	0	2	1	0	0	1	0	0	0	4
2036	0	0	0	0	0	1	0	0	0	0	1

13. SPECIALIST REGISTRAR / SENIOR REGISTRAR POSTS APPROVED BY COMHAIRLE NA NOSPIDÉAL

Specialty/Sub Specialty	No. of Comhairle approved SpR/SR* posts
Anaesthesia	85
Emergency Medicine	9
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	5
Medical Oncology	7
Nephrology	12
Neurology	10
Palliative Medicine	10
Rehabilitation Medicine	4
Respiratory Medicine	26
Rheumatology	8
Total Medicine (excl. paediatrics)	<i>Up to</i> 252
Obstetrics & Gynaecology	<i>Up to</i> 25
Paediatrics	75
Pathology	
Chemical Pathology	5
Haematology	14
Histopathology	53
Immunology	2
Microbiology	18
Total Pathology	<i>Up to</i> 92
Psychiatry Senior Registrars*	
Child & Adolescent	16
General Adult	25
Learning Disability	2
Liaison	1
Old Age	7
Rehabilitation	1
Substance Misuse	1
Forensic	2
Total Psychiatry	55
Radiology	70
Radiation Oncology	6
Total Radiology	76
Surgery	
Cardiothoracic	6
General	43
Neurosurgery	9
Oral & Maxillofacial	1
Ophthalmic	8
Otolaryngology	8
Orthopaedic	43
Paediatric	6
Plastic	10
Urology	9
Total Surgery	143
Overall Total	Up to 812

* Unlike other specialties, psychiatry has not moved to use the term Specialist Registrar (SpR) and continues to use the term Senior Registrar (SR)

