NCHD emigration crisis and the need for consultant-delivered care

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Abstract:

Well-trained and motivated medical staff are essential to a functioning health system. However, Ireland is struggling in this regard. As has been highlighted in numerous studies and reports over the years, Irish non-consultant hospital doctors (NCHDs) are demoralised and dissatisfied with working conditions in Ireland and are leaving in increasing numbers[1-5]. The other side of the coin is Irelandâ s growing reliance on overseas-trained doctors[6], despite the successful scaling-up of numbers of EU (and therefore Irish) entrants to medical schools[7].

In 2011, according to the HSE5, only one-third of NCHDs were compliant with the European Working Time Directive (EWTD), which restricts the hours doctors are allowed to work. Over three-quarters of NCHDs reported in 2012 that the EWTD had not been implemented[1]. Half of NCHDs reported being dissatisfied with their current posts in Irish hospitals[1,2]. In addition, 32% told the Irish Medical Organisation (IMO) Benchmark Survey in 2011 that they would not choose medicine again if they had a choice[2]. This backs up findings from the Career Tracking Survey (CTS) of 2005, which found that only70% of Irish graduates would train as a doctor again[5]. These figures compare poorly with corresponding responses from junior doctors in the UnitedKingdom[8]: in 2012, 82% of graduates from 2006 in the UK had a very strong or strong desire to practice medicine, and less than 1% regretted becoming a doctor[8].

Career Progression
The most important factor that would encourage emigrant Irish doctors to return to Ireland was the availability of consultant posts[5]. Only 16.4% of NCHDs surveyed in 2012 thought their chances of obtaining a consultant post in Ireland were "good" or "excellent", while almost half thought their chances were"poor"[1]. Young people enter medical school in order to become a doctor, and to have a good chance of reaching a position within a reasonable time-frame where they can practice with a degree of autonomy and responsibility that befits their experience and skills. The prospect of facing years in a junior post with only an uncertain prospect of becoming a specialist is not appealing. As a result we lose many of the doctors whose education we invest in to other countries where they feel their training is more valued.

Solutions
It is 10 years since the publication of the â Report of the National Task Force on Medical Staffingâ (Hanly Report)[9] which called for a move away from a consultant-led care system to a consultant-delivered one. These recommendations have been echoed by the â Report of the Postgraduate Medical Education and Training Groupâ (Buttimer Report)[3]. In clinical directorates, consultants and NCHDs work in teams to provide care, in place of each consultantâ s post being supported by a team of NCHDs. However, there has been limited progress on this. Many NCHDs remain in registrar posts once they have completed their training, partly because the base of the pyramid is too wide and the ratio of NCHDs to consultants too high.

If implemented, the Hanly report recommendations would go along way towards solving some of the fundamental medical workforce problems that still face the health services. These include a demoralised and diminishing NCHD workforce, and a poorly organised public sector acute hospital system where patients rely heavily on NCHDs for care, rather than having access to a consultant-delivered system where the majority of decisions are made by appropriately trained doctors in a timely manner. It is widely believed that patients are put at risk because of the dangerously long hours many NCHDs currently work10. When patients are treated primarily by NCHDs, many of whom are in non-training posts, they are not receiving the best quality care our profession can provide.

These reforms require a change in culture. In order to end dangerous working hours, haphazard training and a poorly structured medical workforce, the profession must accept changes in how doctors and consultants practice. The concept of clinical autonomy will change in the context of consultant teams. This means growing accustomed to consultants working in teams, more flexible working hours including providing 24 hour cover on site, and more streamlined training.

Correlates in General Practice
Team-based medicine is already taught in our medical schools and is well established in general practice, where the hierarchy that predominates in hospital medicine is far less pronounced. GPs often work in teams with other GPs alongside other health professionals. They provide 24 hour on-call services around the country to cover each otherâ s practices. GP training schemes focus primarily on training NCHDs, not on merely using them to provide services. Trainees are supervised by GP trainers, and upon completion of the scheme are able to work as independent, fully-trained clinicians. The new 24 hours is enough grassroots campaign by NCHDs makes clear that Irish NCHDs are fed up and dissatisfied with the current system. The talk amongst medical students and junior doctors now is not so much if you plan to leave, but rather when and where you plan on going. A long-term future in Ireland is â for many â not on the table anymore.

The Hanly report sets out four options to address the EWTD problem: 1) take no action â which is not feasible; 2) increase NCHD numbers to meet the EWTD â however, this would not address a primary concern of NCHDs, alack of career progression; 3) create a new â non consultant career gradeâ postâ but this would not ensure the highest quality of care for the Irish publicand would hold little attraction for Irish NCHDs who see more attractive options in other countries; and 4) develop a consultant-delivered service, as described above. Because of the benefits to patients, the health service and doctors, this is the preferred option. Reducing the hours NCHDs work in isolation will not stop the exodus of Irish doctors. We must also provide a career path and sense of professional fulfilment, and allow the health system to benefit from the skills and talents of graduates from Irish medical schools, rather than letting Australia, New Zealand, the US and other countries take our best and brightest.

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