public / private review
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to:
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From: "Creedon, Brian" <[redacted]>
To: "'IRGPrivatePublic@health.gov.ie'" <IRGPrivatePublic@health.gov.ie>
History: This message has been replied to.

To Whom It May Concern,

In response to a request for submissions I have appended brief combined comments relating to the following themes:

Recruitment and retention of personnel
&
Practical approaches to removing private practise from public hospitals including timeframe and phasing

Declared interest: I am employed by the HSE as a consultant and have no private practice (2008 Type A consultants contract)

Given Slaintecare's commitment to separating public and private practice, I propose that consultants working in the public system would have an opportunity to private practice outside the public system.

This would be possible through a contract which facilitated a graduated (potentially based on years service) clear contractual commitment in hours per week (or sessions of 3 hours). Obviously public remuneration (& pension calculation) would be dependent on actual service. There would be a contracted responsibility on the consultant to clearly inform their employer of the quantum/weekly schedule of off-site practice (i.e. not on the public site). This system would allow consultants to opt to work 40/35/30/27 etc hours a week for the state and participate with on-call commitments, and practice for a specified maximum number of hours of private practice. Consultants may be afforded the opportunity (based on years service) to decrease the weekly contracted public service hours and work an increased number of hours in private practice. Indeed an opportunity may arise for consultants who practice exclusively in the private sector to engage with public work on a sessional basis (individual service requirements permitting) and participate in on-call arrangements, thus solving some of the current recruitment challenges.

A new consultant contract will be needed with explicit detailed accountability/governance. A regular (2 to 3 yearly) review of each consultants role to be facilitated (with clinical director, dept head etc) and agreed changes made to role, hours to be worked and service commitments etc. Whilst a controversial view, an option would be to offer consultants non-permanent employment but with a proviso of renewed contracts being issued on 5 yearly basis dependent on fulfilling previously contractual agreed commitments and agreeing to a new contract based on the current/anticipated service requirements. Given the high cost of remuneration of consultants, this proposal would ensure value for the state. It must be borne in mind that medicine, not unlike many other professions, is an international commodity and therefore the remuneration must reflect this.

I share a vision of many to have an international recognised quality healthcare service with excellent patient outcomes which will attract the highest calibre of staff.

Sincerely,

Brian Creedon

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