



Private Practice in Public Hospitals

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1 Attachment



Submission to the Independent Review of Private Practice in Public Hospitals H Whelton.docx

Dear Mr Toomey,

Please find attached my personal submission for the review group examining Private Practice in Public Hospitals.

I believe that the proposed changes will have a detrimental effect on undergraduate education. I would be grateful if the group could put consideration of the impact on education and training of any changes to the current system on their agenda.

With best wishes,

Professor Helen Whelton

Submission to the Independent Review of Private Practice in Public Hospitals

Dear Dr de Butléir,

I write in response to your invitation to interested parties to comment on the proposal to separate private practice from the public hospital system as set out in the Sláintecare Report (May 2017). In particular I wish to draw your attention to the impact of this suggestion on recruitment and education in health care. My submission is made in a personal capacity but from my perspective as Head of the College of Medicine and Health in UCC and Chief Academic Officer to the SSWHG. Although made in a personal capacity, my submission is informed by discussion with UCC staff: the Deans of the School of Nursing and Midwifery and School of Medicine, Professor of Medicine as well as the Intern Coordinator for the region.

In our Colleges of Medicine and Health we prepare health care students for practice, they are prepared for the mixed economy of public and private practice. Education and training is focused on research based, evidence informed high quality care, regardless of the payment system. The current co location of public and private care provides a rich clinical training environment which allows students and trainees access to diverse routes to care and they learn to interact with patients from all sectors of society. Sectorization of health services in our clinical sites, based on whether patients do or do not have private health insurance, will have a deleterious effect on education and training across the hospital sector. Healthcare provision will become even more polarised, and exposures for students will not necessarily be reflective of universal health and disease. Since UCC has very few voluntary hospitals and our main teaching hospital is a statutory HSE institution we would have a mammoth task in hand in the event of this becoming a reality to create and realign existing manpower and infrastructure resource to manage the changes. Universal high quality health care based on need, not based on ability to pay provides the most appropriate experience for trainees and students. Creation of separate tiers will benefit neither our patients nor our students.

In practical terms for education of our clinical health professionals

Privatization can expect to limit clinical learning placements due to private sector offering a more limited/select scope of services (assuming that the private sector is open to having students on placement).

The provision of clinical supervision/clinical learning support staff (as is the case in nursing) is likely to be less since the private sector is unlikely to invest in this.

Placement capacity may become problematic because the public sector is likely to see an increase in more complex and longer stay cases (the private being driven by 'for-profit' model and therefore selective) which in fact would reduce the number of students that could be placed (keeping in mind that nursing students spend a number of weeks at a time on placement working alongside qualified nurse). The ratio of students to qualified nurse complement on a ward/unit varies according to complexity/dependency of caseloads.

The knock-on effect is that the quota of student intakes may have to be reduced which in turn reduces the number of graduates and as a consequence further adds to the growing workforce shortages; the net effect being unsafe staffing levels to provide high quality and safe care.

My second concern is the unknown impact of the proposed public/private separation on recruitment of consultants who are prepared to teach our students, we are very dependent on their cooperation.

Changes to the system must factor in the need to train and recruit and retain high quality staff to deliver care and maintain the current world class training in the full spectrum of care currently enjoyed by our students and trainees.

In terms of evidence to support arguments, there seems little literature/evidence available re implications of educating future health professionals within context of public vs private and so this must be approached with due caution to avoid unintended and unfavourable consequences.

I would respectfully request that the review consider the impact of any separation of systems on the clinical training of our future health care workforce.

Professor Helen Whelton BDS PhD MDPH FFD FPPHM Dip TLHE

09 February 2018