

Good morning everyone,

I am delighted to join you all here today for our 35th annual conference.

I'd like to start with some words of welcome.

Firstly, to you, our members.

The nature of our job is such that we rarely get to meet as a collective, so the opportunity this day provides once a year is something we all look forward to.

Secondly, I'd like to thank our executive team, Annual Conference Committee, and Vice Presidents, Professors Gabrielle Colleran and Anne Doherty, for once again preparing a thoughtful and engaging programme for us this year.

It's a programme which includes a range of relevant, expert speakers who have given of their time over a weekend to contribute. We thank them and look forward to the insights they will bring us over the course of the day.

Our speaker line-up starts this morning with the leaders of two political parties, Deputy Mary-Lou McDonald from Sinn Féin and Deputy Ivana Bacik from the Labour Party. We welcome you both, thank you for your time and engagement, and look forward to your contributions.

I would like to thank Mr Michael Dowling, CEO, Northwell Health, New York, a highly respected leader in healthcare provision, who has recorded a video of his address for us. He had planned to join us in person, but this was not possible due to unforeseen circumstances.

Also, I thank our eight speakers in the sessions that follow at 11.30am and 2pm. We are delighted to have such a strong line-up of international and national speakers who will share with us their expertise on very important topics. We are also very pleased to have Dearbhail McDonald back again with us this year as Moderator.

Lived experience

I want to start today with a personal insight on the health system.

Over the summer, out of the blue one of my own adult children found himself suddenly requiring major surgery. We found ourselves in the waiting room as our son underwent over nine hours of surgery. He had a complicated post-operative course and was very ill for a number of days. We were, of course, majorly concerned.

In those moments, I was the parent, not the professional.

We went through those same experiences that so many people do when their loved-one's health is threatened. You find yourself in a place no one wants to be.

Why am I sharing this with you?

Through the prism of parent, experiencing the healthcare system is different. In moments like that, it can be scary. It underlined to me the trust that is placed in medical professionals every day, the pressure that comes with that for everyone involved, and the fine margins which are often a reality of medicine.

Through the prism of a health professional, you marvel at the skill and ingenuity on display, the expertise that is called upon in those key moments, the interdependency of allied healthcare professionals and hospital staff on every leg of the healthcare journey, and the real-time, innovative benefits digital health and modern technology brings.

Looking at it through the prism of Association President, I'm acutely conscious of the backdrop against which we are gathered today.

Each of us in this room chose medicine so that we could battle disease.

Yet all too often, it can feel that the battle we are fighting is with the system.

A battle for theatre and ICU time.

A battle for basic equipment.

A battle with antiquated systems.

A battle against the impacts of later patient presentations.

A battle to be heard.

A systemic battle.

Systemic challenges

I recently read a quote attributed to British theorist, Professor Stafford Beer which said the following:

"The purpose of a system is what it does, not what it claims to do. There is, after all, no point in claiming that the purpose of a system is to do what it constantly fails to do."

It's a quote that could easily be applied to our health system.

Every day, we see examples of health outcomes that transform peoples' lives. But the battle we often have to go through in pursuit of these outcomes is real.

The gap between the type of system we want versus the type of system we have feels like it's widening. And when the system falters, the impact is most keenly felt by those patients who depend upon it. The impact is particularly galling when it affects the most vulnerable among us, including our young people.

Evidence of this is all too evident.

In Child and Adolescent Mental Health Services (CAMHS), the publication of the Mental Health Commission reports revealed the scale and severity of the deficits faced in this vital service day-to-day. CAMHS serves, or at least should serve, as a lifeline for our young citizens and their families living with the challenges induced by moderate to severe mental health disorders. However, the very fact that our benchmarks for staffing and bed levels are rooted in a 17-year-old mental health policy exemplifies the lack of priority the system has given to addressing this issue for close on two decades.

More recently, other patients and their families who, for decades, have had to battle the system, are the focus of attention. The issues concerning spinal surgeries at Children's Health Ireland (CHI) at Temple Street could not be more serious. The matters under scrutiny have given rise to justifiable anguish for the children and families impacted. Children who may have undergone Spinal surgery or are waiting to do so need clarity and reassurance.

The external review being commissioned is of utmost importance, first and foremost for the patients concerned, but also for any patient, child or adult who is on a waiting list to have surgery in Ireland.

Getting the full facts is imperative for them. It is imperative too for those working in Temple Street, other CHI hospitals, and the hospital consultant community as a whole.

As consultants, we know that our profession is not just about having the skills to perform intricate procedures or the knowledge to diagnose complex medical conditions. It's about understanding the weight of the trust that patients place in our hands and the impact that our actions can have on their lives. Standards matter. Governance matters. We know this.

Systemic evaluation of the environment and resource limitations within which complex medical and surgical decisions are arrived at, consented to, and ultimately undertaken is key.

CHI was correct in commissioning this report. However, the manner in which it did so illustrates once again the vagaries of the health system we battle with.

We hear about the importance of a “no blame culture” in our hospitals. Regrettably, there was very little evidence of that in this instance.

This matters because the cultural and governing environment in which we function is critical to patient outcomes. When we are dealing with serious, highly complex situations, it matters even more. Nuance can exist. Multiple skills may be required. Patients, often in despair, who you have been battling on behalf of for months, look to us for outcomes.

To do the job our patients need us to do, consultants require the supports, structures, and resources that enable us to do so safely and effectively and in a timely fashion. Many consultants work in sub-optimal conditions with inadequate resources and structures yet are expected to perform to the very highest international standards. The new Children’s Hospital will clearly go a long way to addressing some of the structural deficits in paediatric care. But we need to think deeper than that.

Healthcare must always function in an environment where rigorous regulation and governance applies. Given what we do, the consultant will be leading the entire team, necessitating—as it rightly should—audit of decision-making and performance. But we do not operate in isolation. We operate within the system. And when, for years, we are pointing to the flaws in the system and battling on behalf of those who both depend upon it and work within it, then that system itself also must form part of any review.

This is especially the case now given the nature of how this issue is unfolding with new information emerging. Justifiable concerns have been raised regarding both the terms of reference and who the review is ultimately reporting to. It is not too late to allay these concerns. A systematic review, involving the system in full, with the authority to see any documentation and evidence available, cannot be allowed to report to itself. The Taoiseach and Minister need to grip this firmly and make the necessary adjustments to ensure this review does not fall over before it has even begun.

This is fundamental because how this review unfolds and what it concludes will influence how all hospitals approach complex care, innovation, risk evaluation and resourcing into the future.

We must have our eyes wide open to the consequences of a system which inhibits or at worst deters our medical specialists from taking on complex cases and advanced medical care.

Every day, patients in our hospitals benefit from medical innovations. The more complex the health solution, the more dependant the patient is on a consultant and hospital who are prepared to help.

It would be a disservice to our patients and our profession to undermine this. And, as I experienced in that waiting room during the summer, it would be a disservice to parents too.

Thank you.

ENDS