Medical Workforce Intelligence Report

A Report on the 2018 Annual Registration Retention & Voluntary Registration Withdrawal Surveys

Comhairle na nDochtúirí Leighis
Medical Council

About the Medical Council

The Medical Council is the regulatory body for doctors. It has a statutory role in protecting the public by promoting the highest professional standards amongst doctors practising in the Republic of Ireland.

The Council has a majority of non-medical members. The 25 member Council consists of 13 non-medical members and 12 medical members. The Council receives no State funding and is funded primarily by doctors' registration fees.

The Medical Council maintains the Register of Medical Practitioners - the Register of all doctors who are legally permitted to carry out medical work in Ireland. The Council also sets the standards for medical education, training and lifelong learning of registered medical practitioners in Ireland. It is charged with promoting good medical practice and provides professional and ethical guidance. The Medical Council is also where the public, profession and services may make a complaint against a registered medical practitioner.

ACKNOWLEDGEMENTS

This report could not have been produced without the participation of the 20,101 doctors who retained registration with the Medical Council in 2018. Additionally, we would like to thank the 1,110 doctors who voluntarily withdrew from the register but generously gave their time and feedback as to why they withdrew. We hope that through their contributions, this report can help further strengthen and develop a medical workforce that provides quality and safe healthcare in Ireland.

FOREWORD

The Medical Council has a dual remit of protecting patients and supporting doctors. Following the 2016-2017 Workforce Intelligence Report launched in April this year, this report takes a deep-dive into another year of data, describing demographics of those retaining and withdrawing from the register of medical practitioners in 2018. This is with a view to informing workforce planning and ultimately improved patient care and safety in Ireland.

Ireland's education and training of doctors is internationally recognised, however, recruiting and retaining our pool of highly qualified Irish-trained doctors continues to prove challenging. The 2018 data reveals that year-on-year applications to the register have decreased, while instances of voluntarily withdrawals continue to rise. The reasons why doctors choose to stay in practice in Ireland and more significantly the reasons why they opt to leave in the numbers they do are explored, and these include personal and family reasons, challenges in the Irish workplace, lack of flexible training options and inadequate access to training. Better work life balance abroad is attractive to Irish doctors, while limited career progression, and issues relating to the European Working Time Directive and the hours expected to work here at home are a deterrent to remaining in practice in Ireland.

There is a continued overreliance on foreign-trained doctors. Our reliance on overseas-trained doctors is escalating, evidenced by the continued increase in the General Division. The practical and cultural challenges within the Irish health system need to be addressed, in tandem with an increase of appropriate health practitioner supply. Otherwise, retention will remain a growing issue.

We wish to thank all respondent medical practitioners for their contribution and express our gratitude to those who withdrew from the register but offered us an insight as to why they decided to do so. Through evidence-based, data-driven reporting, we can provide this continuing national picture of the medical workforce in Ireland, identify trends, highlight areas of concern and make suggestions on how to address issues. This report contains continued trends and concerning insights, which need to be addressed collaboratively by policymakers, educators, planners and employers to effect change.

GLOSSARY:
Abbreviations & acronyms

ARAF	Annual Retention Application Form
BMQ	Basic Medical Qualification
CAO	Central Applications Office
CoGS	Certificate of Good Standing
CPD	Continuing Professional Development
CPSP	College of Physicians and Surgeons Pakistan
ESRI	The Economic and Social Research Institute
EWTD	European Working Time Directive
GMS	General Medical Services
HIPE	Hospital In-Patient Enquiry
HSE	Health Service Executive
IMG	International Medical Graduate
IMGTI	International Medical Graduate Training Initiative
MPA	Medical Practitioners Act
MPC	Maintenance of Professional Competence
NCHD	Non-Consultant Hospital Doctor
NDTP	National Doctors Training and Planning
OECD	Organisation for Economic Co-operation and Development
PCS	Professional Competence Scheme
PGTB	Post Graduate Training Body
PRES	Pre-Registration Examination System
RCPI	Royal College of Physicians in Ireland
RCSI	Royal College of Surgeons in Ireland
RMP	Registered Medical Practitioner
VW	Voluntary Withdrawal
WHO	World Health Organisation
YTC	Your Training Counts

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EXECUTIVE SUMMARY

Ireland's medical education and training is internationally recognised. Recruiting and retaining our pool of highly qualified Irish-trained doctors is proving challenging. To guarantee substantial, high-quality workforce recruitment and retention, both short-term and long-term we need more attractive working conditions and increased opportunities to enter medical training programmes. This is a key planning consideration and must be addressed through collaborative working amongst policymakers, educators, planners and employers.

Following on from the 2016-2017 report, this report takes a deep-dive into the demographics of those retaining and withdrawing from the register, with a view to informing workforce planning and ultimately improved patient safety in Ireland. Because the Medical Council's register is a valid and complete list of doctors who are legally permitted to practise medicine in the State, it is a comprehensive source of medical workforce intelligence.

The research findings establish that while we train a significant number of doctors, this needs to increase to ensure we have a sustainable medical workforce into the future. Ireland has been replacing the doctors in the system rather than changing the system itself, which is notable through the feedback received from doctors leaving the register. A year-on-year decrease in applicants to the register has been observed between 2016 and 2018. Simultaneously, the number of those who voluntarily withdrew their registration between 2014 and 2018 increased year-on-year, with a net flattening impact on the register. Comprehensive and co-ordinated workforce planning is necessary to determine requirements to put the right doctors in the right place with the right qualifications.

Our recruitment and retention challenges have now filtered right through from service posts to retention of consultants in the Irish context. Examining retention is crucial to producing a sustainable, self-sufficient workforce into the future. We currently know that we are experiencing doctor shortages. This is being managed through high-cost interventions, for example the use of locum services, which impacts the continuity and quality of patient care.

New entrants to the register

In 2018, there were 2,190 doctors who enrolled on the Medical Council register for the first time. The average age of entrants was 32.39 years, with a range of 22-71 years. The primary growth reported was in the General Division of the register. Most new entrants to the register were on the General Division and educated outside of Ireland. Doctors from countries outside of the EU cumulatively contributed more new entrants to the Irish register of medical practitioners than Ireland.

Doctors invited to retain registration

The majority of doctors invited to retain their registration were employed by publicly funded services, with a large proportion providing both public and private services. NCHDs were the most prevalent group of doctors registered, with 7,800 on average in the system, an increase of 6.6% since 2017. 46.1% of NCHDs were in training, while the remaining 53.9% occupied non-training posts.

Choosing to retain registration

20,109 doctors with an average age of 44.5 years retained their registration. 86.9% of these doctors were on the General and Specialist Divisions of the register. The majority of those retaining their registration were male (58%, N=11,702) and were Irish graduates. 84.7% reported working in a fulltime capacity. Just under one quarter of all doctors reported working in a GP role. It was also self-reported that for every two hospital consultants there were three NCHDs on the register. While the majority of doctors were Irish graduates, over one quarter of all doctors on the register were graduates of basic medical programmes completed outside the EU (28.6%). 57.2% of doctors retaining held Irish Basic Medical Qualifications.

Non-retention of registration

Around 70% of non-retaining doctors were aged 44 or under. Three-quarters of non-retainers were on the General Division and 24% were on the Specialist Division.

Focus: Voluntary Withdrawal

Voluntary withdrawals (VWs) from the register are manually processed by the executive of the Medical Council and these are recorded daily. In 2018, there were 1,453 voluntary withdrawals recorded, representing a 37.9% increase on 2017's figure. 1,110 practitioners, representing a 76.4% response rate, completed the VW form which provides quantitative and qualitative feedback regarding doctors' reasons for voluntarily withdrawing.

One-third of doctors who left the Irish register of medical practitioners in 2018 were graduates of Irish medical schools.

- This group was made up of slightly more female (52%) than male doctors;
- Most of these doctors reported leaving the General Division of the register;
- 29% left the Specialist Division;
- Interns represented 11.9% of this group leaving the register;
- The majority of these doctors planned to practice medicine in another country (N=257, 69.6%), while 66 doctors planned to stop practising altogether.

For those who left due to workplace issues, resourcing and lack thereof was a difficulty cited, however, the lack of appreciation and value placed on the work and perseverance of doctors in such circumstances was also highlighted as a factor. The consequent personal impact of excessive hours and lack of support also raised significant challenges not just to morale but also to patient safety.

The introduction of medical indemnity in 2018 as a registration requirement was raised as an issue that posed a barrier to continuing practice and retaining on the register for retiring doctors for financial and practical reasons. It was recognised by retirees that there were legislative reasons for increased mandatory disclosures for registration purposes, but a sense of disappointment with this system was communicated by some. The idea of a dual register or the ability to retain a level of registration while not in practice recognising a doctor's contribution following a lifetime of service was posited by some as a solution to this. . Doctors reporting changing to a role that doesn't require registration with the Medical Council cited similar challenges. The expense of maintaining dual registration while working abroad was too financially onerous on this group and some suggested the creation of an overseas register or one for doctors not in active practice in Ireland for a reduced fee. Due to the changing field of medicine, the area of working in research, development and technology also emerged as a subset of doctors leaving the register. One such doctor suggested the creation of a register for doctors not in active practice in Ireland for a reduced fee.

Doctors who left the register for reasons of training quality and flexibility strongly wanted to retain and train in Ireland and had formed links that made them want to maintain a level of registration with the Medical Council. The model of registration employed by the General Medical Council in the UK was cited as one that was favoured by respondents to retain a link with Irish practice. The majority of registrants leaving due to limited career progression planned to pursue this aim in the UK. In particular, the UK was cited as a jurisdiction that welcomed doctors and was willing to support and train them. Respondents described getting on to a training scheme as a significant barrier to career progression. The standards set for access to schemes was seen as changeable, compared to the international context. For those educated internationally, or possessing international experience, gaining employment at the specialist division, at consultant level in Ireland, was seen as a significant challenge also. This reflected recruitment and retention challenges at the experienced level of the medical career trajectory.

In total, 320 doctors reported leaving the Irish register of medical practitioners for family or personal reasons. International graduates from a medical school outside the EU and Ireland made up half (50.6%) of this group, while medical practitioners who graduated from a medical school in the EU and were EU Nationals made up an additional quarter (25.3%) of this group. The majority of respondents leaving due to family/personal reasons were leaving the General Division of the register (73.8%). However, just over one in five doctors leaving the register for these reasons were specialist registrants.

Family members and their care across the lifespan was a strong theme that emerged from the qualitative data reported, as would be expected in this category. In particular, maternity leave was cited ten times in the data. The demands of balancing both home and medical professional practice was made explicit by one respondent, who noted the challenges that the long working hours present. Supporting spouses in their careers was also cited as a reason for leaving the register by respondents.

Recommendations for action:

The Fottrell (2006) and Hanly (2003) reports warrant re-examination and reform, reflective of the changed landscape of the medical workforce in Ireland 13-16 years on.

Innovative approaches to bolstering doctor wellbeing and supporting workforce retention adopted in other countries must be assessed and explored for use in an Irish context to facilitate cultural change and consequent retention. Appropriate solutions must be both identified and implemented.

Truly supporting all doctors to self-care, reflect and access supports to bolster their wellbeing in a system that often challenges it, can only serve to support doctors, promoting quality care and patient safety.

A move to more consultant-delivered care must be put in place. These consultants should be on the specialist division of the register.

Progression of the Regulated Professions (Health and Social Care) (Amendment) Bill 2019 will improve equality within the system for international medical graduates in NCHD non-training service roles, impacting directly on the accessibility of formal training for those who have completed their basic medical training in contexts outside of the Irish system.

Systemic, meaningful change for doctors will not be truly felt without challenging current models and structures in healthcare, through the vision and action of Sláintecare reform. This can only be achieved through collaborative working, reflective of stakeholder responsibility. The Medical Council's role in supporting doctors and protecting patients is central to this.

Summary figures

Indicator	2012	2013	2014	2015	2016	2017	2018
Total number of doctors registered at year-end (annual % change)	18,184 (-3.3%)	18,160 (-0.1%)	19,049 (+4.9%)	20,473 (+7.5%)	21795 (+6.5%)	22,649 (+3.9%)	23,007 (+1.6%)
% practising in Ireland only	74.4%	79.8%	78.9%	77.3%	74.9%	71.8%	72.6%
Total number of voluntary withdrawals	N/A	N/A	546	828 (+51.6%)	948 (+14.5%)	1054 (+11.1%)	1453 (+37.9%)
Exit rate, all doctors	8.0%	6.8%	5.6%	6.4%	13.1%	8.9%	9.1%
Total number of new entrants	1,256	1,576	1,958	2576	2,714	2,547	2,190
Annual % change in number of specialists	+7.4%	+2.8%	+2.6%	+6.6%	+5.9%	+3.6%	+2.7%
% of register who are international medical graduates	34.9%	34.3%	35.7%	37.9%	39%	42%	42.8%
% who are clinically inactive doctors	7.2%	4.0%	2.9%	2.9%	3.6%	4%	4.6%
% practising less than full-time	17.0%	16.1%	16.7%	14.7%	14.2%	14.9%	15.3%
% retaining registration who are female	40.3%	41.3%	41.2%	41.1%	41.2%	41.1%	42%
% retaining registration aged 55 years and older	22.5%	21.4%	23.3%	22.7%	22.4%	22.3%	22.4%
Specialist Division: General Division: Trainee Specialist Division ratio	3.6: 3.4: 1	3.9: 3.5: 1	4.0: 3.6: 1	4.1: 3.7: 1	4.5: 3.5: 1	3.8: 3.4: 1	3.7: 3.2: 1

WORKFORCE INTELLIGENCE REPORT 2018:

INTRODUCTION

THE CONTEMPORARY CONTEXT OF WORKFORCE PLANNING IN IRELAND

Introduction

Purpose of the report

The purpose of this report is to provide intelligence about the medical workforce in Ireland to enhance patient safety and better support good professional practice among doctors. Strong, sustainable and fair health systems, responsive to the needs and expectations of the public, are essential to the health and wellbeing of a population. Through this report, the Medical Council presents data that can be used to support effective planning, developing and retaining a strong and sustainable medical workforce. Informed planning ensures we have the right doctors in the right place, at the right time, with doctors fulfilling their potential in the provision of safe, quality healthcare. This is aligned with the Medical Council's mission to set, monitor and promote professional standards that support the delivery of high quality, safe patient care and best patient outcomes. This is sustained by a vision of safe, high-quality patient care, public confidence in the medical profession and leadership in healthcare, informed by values including advocating for patients and supporting medical practitioners in a changing healthcare environment; acting with independence, fairness and integrity; being open and transparent; building trust and respect between medical practitioners, patients and the Medical Council; leading and influencing healthcare; and taking accountability for our decisions and actions. This report is based on analyses of data gathered by the Medical Council through its annual retention of registration process, carried out in June 2018. It also draws on existing registration data to provide a cross-sectional overview of the registered doctors at the end of 2018 and new entrants during 2018.

The national regulatory context

The cornerstone of the Medical Council's work in protecting the public is establishing and maintaining a register of doctors. Under Irish law, nobody can practise medicine in Ireland unless they are registered as a doctor with the Medical Council. Doctors register in one of five Divisions of the register, depending on the training they have completed, or are currently undertaking, and this should be commensurate with their status within the workforce.

In accordance with the EC Directive 2005/36/EC, completion of Basic Medical Training is required for registration. This is the combination of both a Basic Medical Qualification (BMQ), obtained on graduation from a medical degree programme, with an accompanying certificate, if specified. In Ireland, the

accompanying certificate is the certificate of experience, gained through satisfactory completion of an internship. To achieve and then maintain registration as a doctor, standards set by the Medical Council must be met and upheld on an ongoing basis. Throughout the year, doctors enter and leave the Medical Council's register. Because the Medical Council's register is a valid and complete list of doctors who are permitted under Irish law to practise medicine in the State, it is a comprehensive source of medical workforce intelligence.

Doctors are required to renew registration on an annual basis. All doctors are obliged to renew their registration if practising medicine in Ireland. Failure to complete this process can ultimately result in a doctor's name being removed from the register. The annual retention process is available through each doctor's personal online registration account. Doctors must submit a completed annual retention application form (ARAF) along with the relevant fee. Since 2012 the Medical Council incorporated the ARAF to collect and analyse data on registered doctors' work practices to inform planning in Medical Intelligence Reports. This data has been analysed against basic information about the doctors' age, gender, graduating medical school and specialist credentials. The 2017 report was a more contextual piece than previously reported, with an aim to meaningfully impact and inform workforce planning in Ireland. This report builds on this, with figures from across the register in 2018.

The register of medical practitioners is a "living" database. Each working day doctors are entered on, removed from or transferred between the Divisions of the register. For this reason comparison between reports based on registration data must take account of this "living" nature of the database. For example the calendar year-end totals reflect any registration activity, including doctors entering or leaving the register, between June and 31st December of 2018. Totals taken at year-end differ slightly from the 'retention of registration' data, which was collected in June. The divisions of the register are described overleaf. The annual retention process does not include doctors who have just completed their first year of postgraduate training or 'internship' year, since these doctors apply to the Medical Council to transfer registration rather than retain existing registration. Doctors who hold Visiting EEA registration are similarly not required to apply to retain registration with the Medical Council. Overall trends and themes that emerge from analysis of registration data remain generally robust and stable. For this sixth Workforce Intelligence Report, 2018 data are presented. However, the Medical Council does not present these as trends and urges caution against over-interpretation of year-on-year changes in information. It is hoped that the areas addressed in this report can provide feedback into medical stock/flow workforce planning through informing the process with data from the register.

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DIVISIONS OF THE REGISTER

Internship registration

allows a doctor to carry out internship training in a hospital recognised by the Medical Council. These posts are allocated by the Health Service Executive (HSE).

Supervised registration

is granted to doctors who have been offered a post that has been approved by the national Health Service Executive (HSE), which has specific supervisory arrangements.

Visiting EEA registration

European Union citizens who are fully established to practise medicine in another European Union member state may practise medicine in Ireland on a temporary and occasional basis without having to take out registration.

TRAINEE SPECIALIST REGISTRATION

Doctors with trainee specialist registration are on recognised training programmes and practise solely within the confines of posts allocated by the Health Service Executive (HSE), in conjunction with the national postgraduate training bodies.

General registration

Doctors with general registration may practise independently without supervision but may not represent themselves as being specialists.

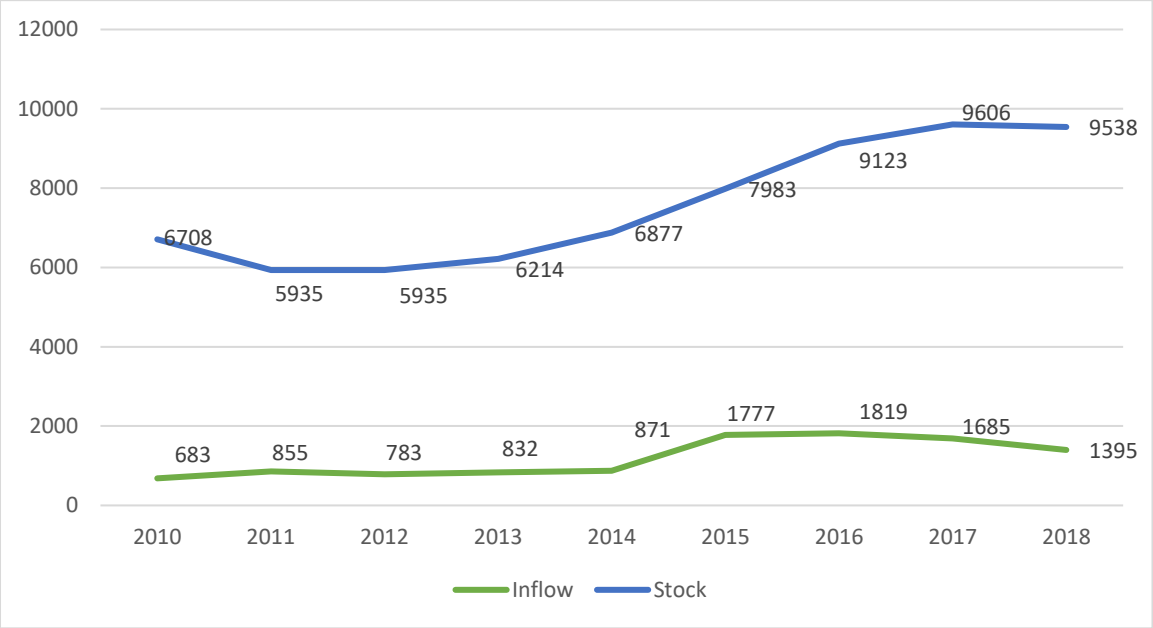
Specialist registration

Doctors with specialist registration may practise independently, without supervision and may represent themselves as specialists.

The context of education and practice in Ireland 2018-2019

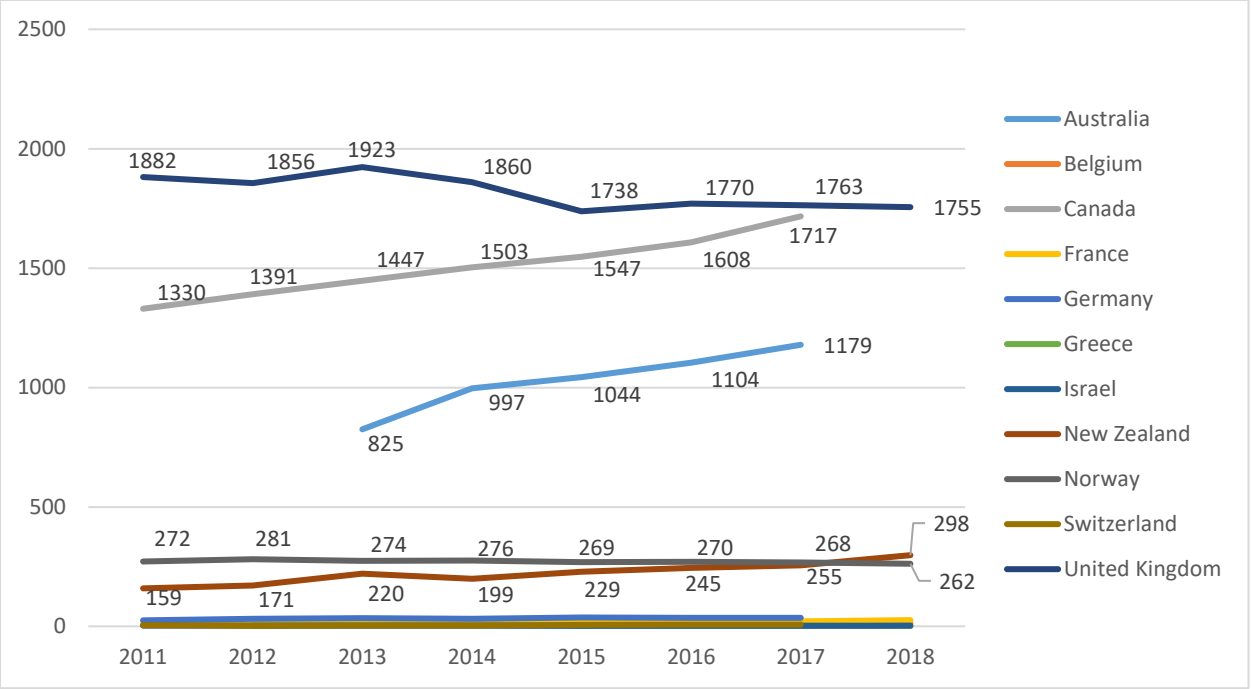
The Organisation for Economic Co-operation and Development (OECD) note that in 2018, there were 3.2 doctors per 1,000 inhabitants in Ireland, with 3 hospital beds per 1,000 inhabitant, 20th of 36 OECD countries. Ireland placed 14th amongst OECD countries in terms of government health spending, with an average of $3,583 per capita. However, Ireland also had the second highest level of medical graduates in the OECD, with 24.9 new graduates per 100,000 of population, in line with previous figures, placing Ireland just behind Belgium at 28.8 graduates per 100,000 of population. However, the stock and flow of international medical graduates in practice in Ireland is levelling out and slightly decreasing, as reported by the OECD (2019).

Figure 1. International medical graduate inflow and stock in Ireland 2010-2018 (OECD, 2019)



Internationally, Australian and Canadian stock of Irish graduate doctors increased by 6.8% between 2016 and 2017, while international stock of Irish graduate doctors remains highest in the UK.

Figure 2. Irish medical graduate stock internationally 2010-2018 (OECD, 2019)



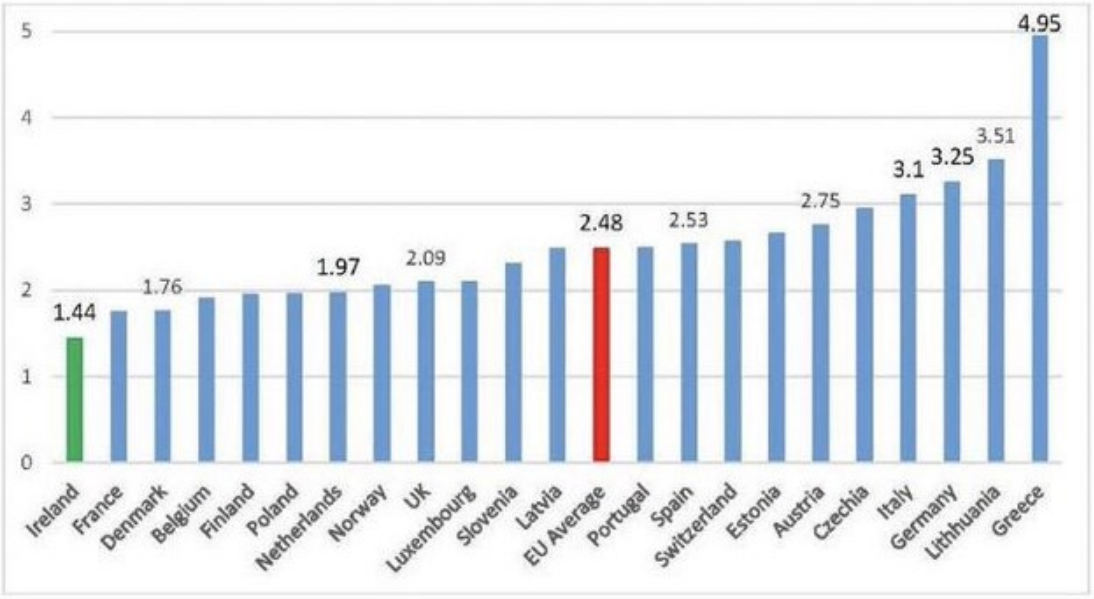
This phenomenon was delved into and described in detail in a case study entitled "The Irish Paradox: Doctor shortages despite high numbers of domestic and foreign medical graduates" undertaken by Heffron and Socha-Dietrich as part of an OECD investigation into trend in international migration of doctors, nurses and medical students (2019), noting that half of Irish medical graduates are international students. The "paradox" explored describes Ireland providing initial medical education to a large number of Irish and international students, with many leaving the country after graduation and the consequent Irish reliance on international recruitment of doctors to meet domestic needs. As part of this project, the researchers approached and met with the Department of Health; the Higher Education Authority (HEA); the National Doctors Training and Planning unit (NDTP) of the Health Service Executive (HSE); the Postgraduate training bodies; The Forum of Postgraduate Training Bodies: the Medical Council; medical schools and individual hospitals/hospital groups. Following this the key questions remaining unaddressed were:

- Desirability of a large number of international students enrolled in a first medical degree if most of them will not have the opportunity to complete their education and training in Ireland.
- The role of state funding of medical education to help balance this was also queried.

- Planning to retain some of the international graduates of Irish medical schools, who are already acquainted with the Irish health system.
- Increasing the number of internship places without compromising the quality of the training to give greater opportunities for international students to complete their medical education and training in Ireland.
- Providing foreign-trained doctors with better access to specialist training.

The context of practice in Ireland 2018-2019

These concerns about the current situation in medical education and training and the related implications for the medical labour market are well recognised and shared among key policy stakeholders in Ireland. Figures from the HSE show that 16% of consultant posts are now unfilled, including 25 vacancies in emergency medicine (HSE, 2019). Specialities with the highest number of vacancies include 59 in general medicine, 45 in anaesthesia, 35 in paediatrics, and 109 in psychiatry, including 19 in child and adolescent psychiatry. Cancer services are also impacted, with 50 vacancies in radiology, while 25 posts in obstetrics/gynaecology are unfilled. In the area of psychiatry of learning disability, 24 posts are empty. Almost one-third of consultant posts advertised in recent years remained unfilled, and more than one third of posts advertised received zero or just one application. This is confirmed by OECD figures, with the OECD reporting that Ireland has the lowest number of specialists per 1,000 of the population in the EU.



While recruitment in the first place is a challenge, the context of practice for consultants who do take up posts is impacted by this. The Irish Hospital Consultants Association (IHCA) surveyed more than 900 consultant members, finding that three quarters of respondent consultants reported deterioration in waiting times over the past year due to vacant consultant posts (IHCA, 2019). Overall, more than half of respondents (54%) were not confident that a consultant vacancy in their specialty would be filled with a suitability qualified candidate. 54% of respondents agreed that due to excessive workload the number of inpatients that they were expected to provide care to is more than the recommended norm for their specialty, with this exceeding two thirds of the respondents (67%) for outpatient care. In the key diagnostic services, half of respondents confirmed that the number of patient scans they are required to report on is in excess of recommended norms.

The vast majority of consultants were working in excess of their contracted hours, with over three quarters doing so 'often' or 'very often'. 90% of respondents described their current workload as unmanageable, and for a third of consultants their workload has increased over the past year. Over the past 12 months more than three quarters of all consultants (77%) were required to work additional hours on weekends and public holidays in addition to their normal working week. More than a quarter (28%) worked 5 hours or more per day on those weekends and public holidays, as well as being called into their hospitals throughout the rest of the day and night to provide emergency care to patients. 70% of consultants reported a reduction in morale, while a majority of consultants (55%) also indicated that they felt unwell as a result of work-related stress in the past 12 months.

Additionally, in January 2019 there were 161 doctors working as consultants in public hospitals without fulfilling the criteria to be described as a specialist or consultant. 44% of the consultants working in the mental health services in the Midlands were non-specialists, while in South Tipperary General Hospital, 31% of consultant positions were filled by doctors who had not fulfilled the necessary criteria to be described as a consultant. An additional 13% of consultants working in the Midlands Regional Hospital in Tullamore and 12% at University Hospital Kerry do not have specialist qualifications. In Sligo University Hospital, the figure is 11%, while in University Hospital Waterford it is 7% (RTE, January 2019).

At the primary care level, in 2018, the Irish College of General Practitioners (ICGP) reported that 2,500 more GPs will be required within the next seven years to guarantee existing levels of service. This is presented in a context of over 660 GPs due to retire in the next seven years and the current GP recruitment and retention challenges, with felt impact on patients, some of whom are already finding themselves

without a GP as retirements occur. Crucially, ICGP note that there is an inability to invest in new equipment in existing practices. They also argue that medical card lists are not economically viable for new entrant GPs and patients are dispersed without notice to larger urban centres. In 2019, "Finding a Future Path", a survey of GP trainees and recent GP graduates, ICGP found that 35.1% of current GP trainees are considering emigration. The proportion of GP trainees who are considering emigration has risen by 5.1% since the previous report from 2017, while 9.7% of recent graduates are already abroad. The number of recent graduates abroad has however declined since the previous report (18.1% in 2017). Recent graduates currently report spending on average almost three hours per day on administrative tasks. Quality of life and concerns regarding the viability of general practice were cited as reasons for emigration by both trainees and recent graduates. Service impact described by ICGP currently includes GP teams closing their practices to new patients due to manpower and capacity pressures, patients having to wait weeks to see individual GPs in urban and rural areas, and GP inability to find replacements for holiday cover, illness cover or retirement.

In response to this, the costly option of agency or locum staffing has been pursued to fill staffing gaps. The Health Service Executive has reportedly spent an average of €900,000 a day on agency staff in hospitals and community healthcare organisations in the first five months of 2019 (Irish Times, 2019). In mental health over the past five years, the HSE has reportedly spent €242m on locum staff, €115m over budgeted allowances (Irish Examiner, 2019). In 2018, the HSE spent €114.5 million on medical locums in 2018 (Irish Times, 2019). In primary care, almost €3 million of this was spent on employing GMS GP locums, employing at least 11 GMS GP locums in 2018 nationally as part of efforts to provide cover for 22 vacant GMS GP panels (Medical Independent, 2019).

On the 10th June, the IHCA (2019) launched a social media campaign to highlight lack of patient access to acute hospital care, aptly titled #CareCantWait. The campaign, which is currently actively running across social media, is intended to highlight patients' continuing lack of access to acute hospital care and increasing waiting times for consultant appointments and/or the commencement of treatment. The IHCA has called for the Government to act to address consultant shortages across the Irish health services, taking action to ensure that Ireland is an attractive place to have a medical career.

While clear challenges already exist, the demand for healthcare is expected to grow significantly across the primary, acute and social care settings in the next 15 years as a result of demographic and non-demographic change in Ireland. This is projected to include up to a 46% rise in demand for primary care and a 24% increase in non-elective inpatient episodes in public hospitals (HSE, 2018). The baseline forecast

is for a sharp rise in the capacity needed across all sectors by 2031 to meet forecast demand, including a 37% rise in the primary care workforce to meet this demand. In their pre-budget submission this year, the IMO (2019) has highlighted the urgency of dealing with these issues, describing the current recruitment and retention challenges in practice in Ireland, capacity and the projected impact of this increasing service need.

This Workforce Intelligence Report 2018 again takes a deep-dive into the demographics of those retaining and withdrawing from the register, in the context of service challenges presented, with a view to informing workforce planning and ultimately improved patient safety in Ireland.

Doctors first registered in 2018

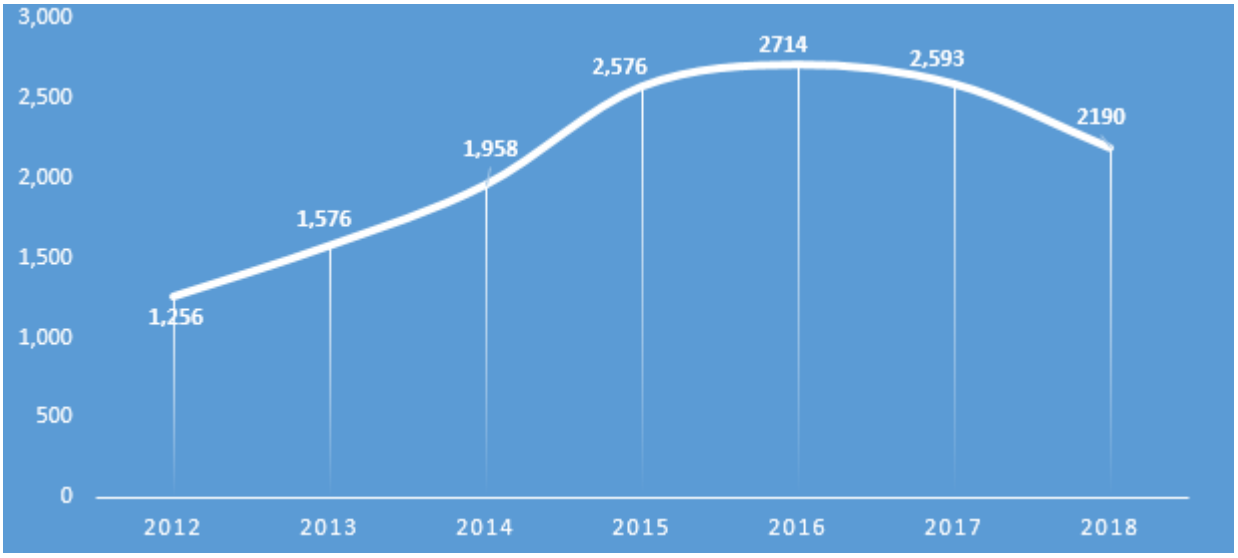
- 2,190 doctors registered with the Medical Council for the first time in 2018. This is lower than the number of doctors first registering in the previous three years.
- The majority of new entrants registered on the General Division of the register. Just over one-third of new entrants registered on the Intern Division.
- Just over one-third of new entrants to the register were Irish medical graduates while international graduates from a medical school outside the EU and Ireland comprised more new registrants than Irish graduates did.
- For every Irish graduate registering with the Medical Council, 1.84 international graduates also registered in 2018.
- Over three-quarters of international medical graduates who were new entrants to the register joined the General Division.
- The majority of international graduate new entrants to the register were graduates from a medical school outside the EU and Ireland.
- By year end, 94.3% (N=2,065) of new entrants were still active on the register while 2.6% (N=56) had already withdrawn. The majority of those who were no longer registered by year-end were initially registered on the General Division (N=81, 65%).

2018-2019

Doctors first registered in 2018

2,190 doctors registered with the Medical Council for the first time in 2018. This is lower than the number of doctors first registering in previous two years, a trend that is of interest in the context of a challenging retention landscape for the medical workforce.

Figure 4. Doctors registered with the Medical Council for the first time, 2012-2018

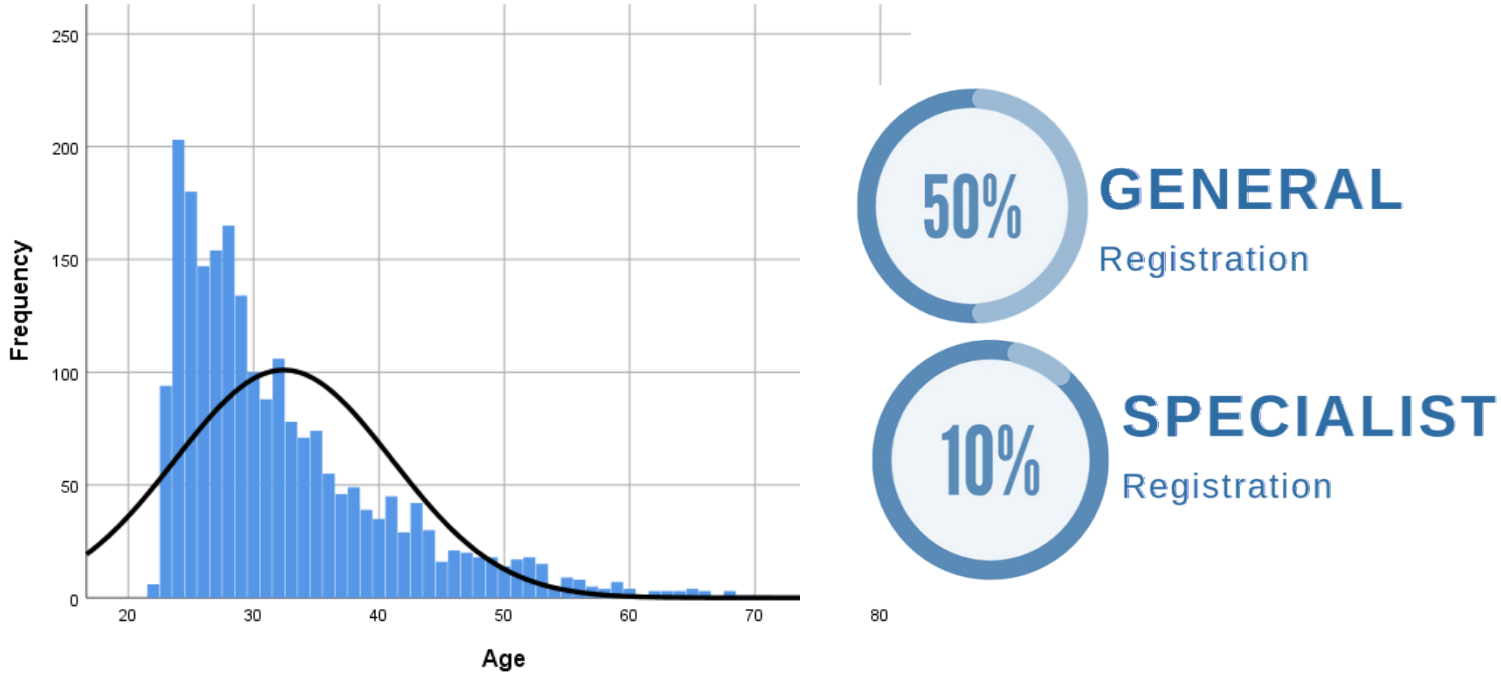


This group had an average age of 32.39 years and were aged between 22 and 71 years (SD=8.65years). The majority of new entrants registered on the General Division of the register. Just over one third of new entrants registered on the Intern Division. One in ten new registrants registered on the Specialist Division.

Table 1. New entrant doctors according to divisional registration 2018

Divisional registration	Frequency	Percent	Cumulative Percent
General Registration	1098	50.1%	50.1%
Internship Registration	749	34.2%	84.3%
Specialist Registration	223	10.2%	94.5%
Supervised Registration	74	3.4%	97.9%
Trainee Specialist Registration	23	1.1%	98.9%
Visiting EEA Registration	23	1.1%	100%
Total	2190	100%	

Figure 5. Age profile of new entrants to the register 2018



Just over one-third of new entrants to the register were Irish medical graduates while international graduates from a medical school outside the EU and Ireland comprised more new registrants than Irish graduates did.

Table 2. New registrant doctors 2018 according to region BMQ was obtained

Category of region of BMQ obtained	Frequency	Percent	Cumulative Percent
Category 1: Graduates of Irish medical schools	771	35.2%	35.2%
Category 2: Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	389	17.8%	53.0%
Category 3: Graduated in a medical school in the EU (and they are not an EU National)	105	4.8%	57.8%
Category 4: International graduates from a medical school outside the EU and Ireland	925	42.2%	100%
Total	2190	100%	

Table 3. Category 1: New registrant graduates of Irish medical schools 2018

Divisional status of registration	Frequency	Percent	Cumulative Percent
General Registration	12	1.6%	1.6%
Internship Registration	741	96.1%	97.7%
Specialist Registration	6	0.8%	98.4%
Trainee Specialist Registration	9	1.2%	99.6%
Visiting EEA Registration	3	0.4%	100%
Total	771	100%	

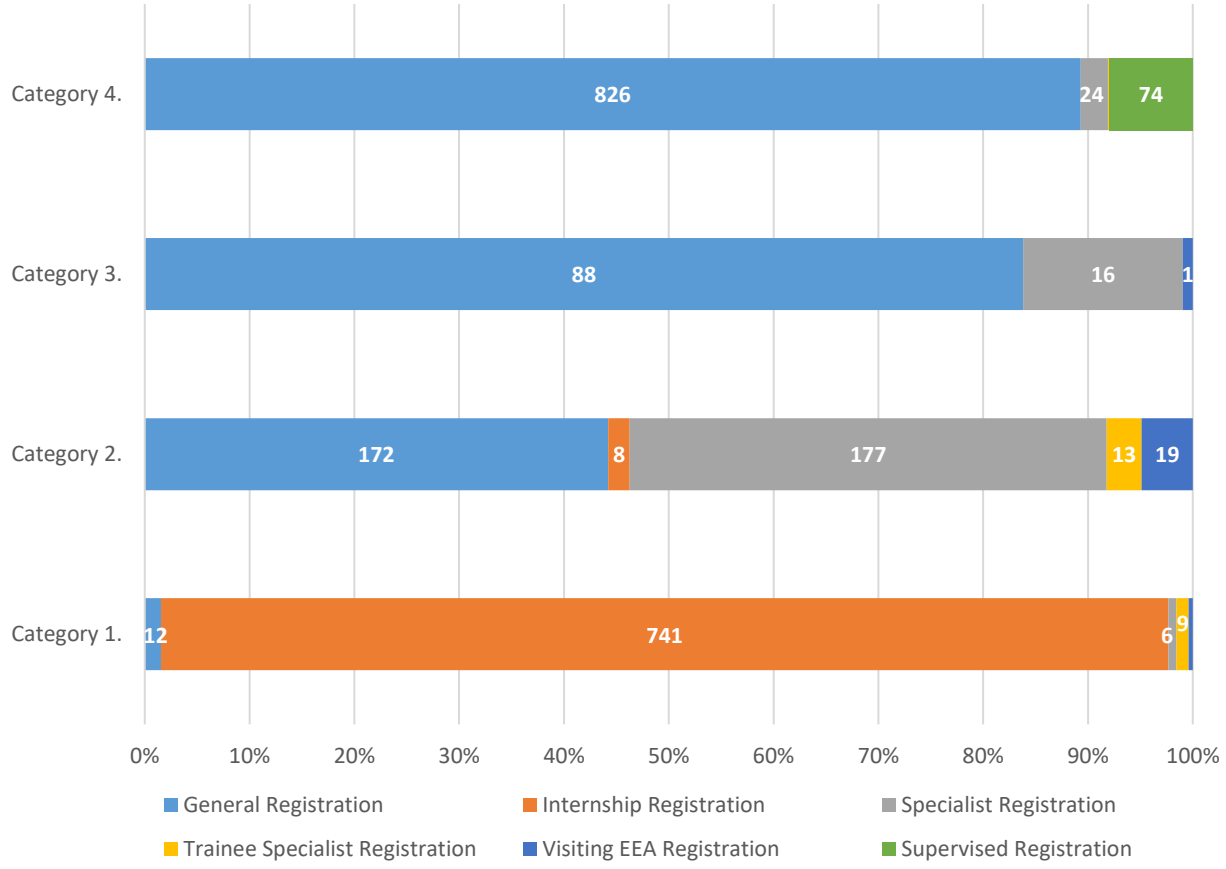
96.1% of Irish graduates who were new entrants to the register were interns, while 89.3% of international graduates from a medical school outside the EU and Ireland who were new to the register joined the General Division of the Medical Council's register. For every Irish graduate registering with the Medical Council, 1.84 international graduates also registered in 2018. Over three-quarters of international medical graduates who were new entrants to the register joined the General Division.

Table 4. New registrant graduates of international medical schools 2018

Divisional status of registration	Frequency	Percent	Cumulative Percent
General Registration	1086	76.5%	76.5%
Internship Registration	8	0.6%	77.1%
Specialist Registration	217	15.3%	92.4%
Supervised Registration	74	5.2%	97.6%
Trainee Specialist Registration	14	1.0%	98.6%
Visiting EEA Registration	20	1.4%	100%
Total	1419	100%	

The majority of international graduate new entrants to the register were Category 4. Doctors, i.e. International graduates from a medical school outside the EU and Ireland.

Figure 6. New entrants 2018 according to categorised region of BMQ and division on the register

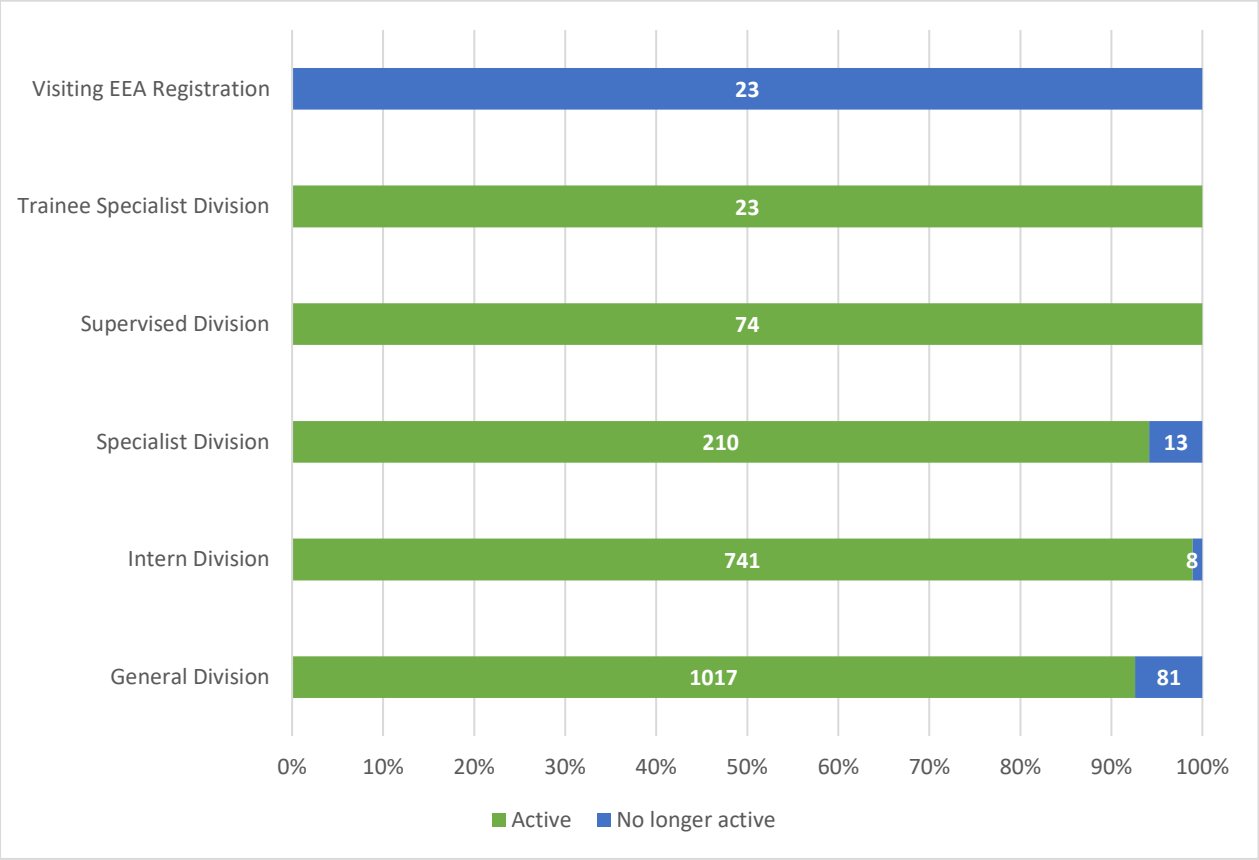


By year end, 94.3% (N=2065) of new entrants were still active on the register while 2.6% (N=56) had already withdrawn. All of those who joined the register on a visiting EEA registration basis were no longer registered by year-end. The majority of those who were no longer registered by year-end were initially registered on the General Division (N=81, 65%).

Table 5. New registrants in 2018 and activity on the register at year end.

Activity status at year end	Frequency	Percent	Cumulative Percent
Active	2065	94.3%	94.3%
Removed	39	1.8%	96.1%
Withdrawn	56	2.6%	98.7%
Other	30	1.3%	100%
Total	2190	100%	

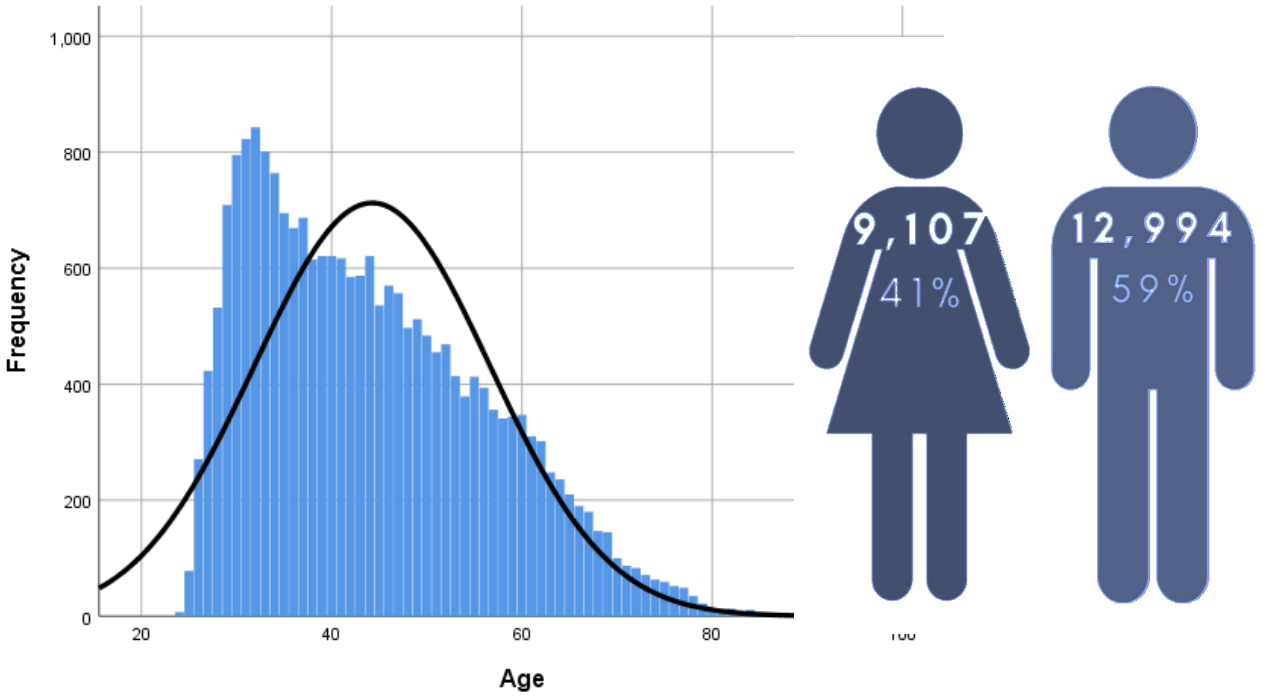
Figure 7. New entrants according to categorised Division on the register and activity on the register at year end



Registered medical practitioners offered retention with the Medical Council, 2018.

In total, 22,101 registered medical practitioners were offered retention of their registration with the Medical Council in 2018. The majority of this group were male (59%) and had an average age of 44.25 years (SD=12.372 years), with an age range of 24 to 94 years. 20,109 of this group retained their registration (90.99%), with an exit rate of 9.1%.

Figure 8. Age range and gender of those offered retention on the Medical Council register 2018



A breakdown of decisions made by medical practitioners regarding retaining their place and/or status on the register is presented in the table overleaf.

Table 6. Doctors offered retention on the Medical Council register June 2018

Activity status on the register at year end	Frequency	Percent	Cumulative Percent
Retained registration	20109	91.0%	91.0%
Removed	912	4.1%	95.1%
Withdrawn	1043	4.7%	99.8%
Other	37	0.2%	100%
Total	22101	100%	

Figure 9. Doctors offered retention on the Medical Council register June 2018 by category of region of basic medical qualification obtained

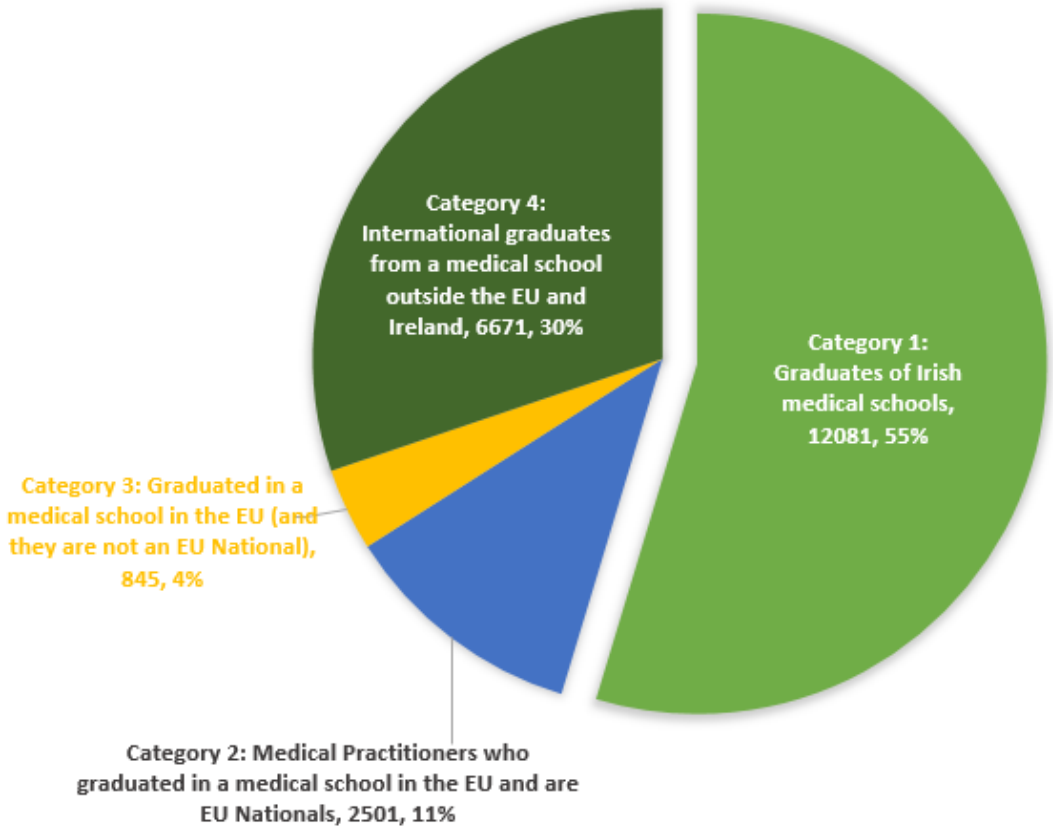


Table 7. Doctors offered retention in 2018 by country of passport, BMQ and country of address

Country	Country of Passport		Country of BMQ		Registered country of address	
	N	%	N	%	N	%
Australia	123	0.6%	120	0.5%	195	0.9%
Bangladesh	43	0.2%	49	0.2%		<0.2%
Bulgaria	64	0.3%	136	0.6%		<0.2%
Canada	165	0.7%		<0.2%		<0.2%
China		<0.2%	51	0.2%		<0.2%
Croatia	85	0.4%	91	0.4%		<0.2%
Czech Republic		<0.2%	126	0.6%		<0.2%
Egypt	505	2.3%	610	2.8%	101	0.5%
France	37	0.2%		<0.2%		<0.2%
Germany	124	0.6%	103	0.5%	39	0.2%
Greece	110	0.5%	60	0.3%	62	0.3%
Hungary	106	0.5%	301	1.4%	59	0.3%
India	481	2.2%	465	2.1%	58	0.3%
Iraq	131	0.6%	174	0.8%		<0.2%
Ireland	12226	55.3%	12044	54.5%	17238	78.0%
Italy	130	0.6%	130	0.6%	49	0.2%
Jordan	49	0.2%		<0.2%		<0.2%
Kuwait		<0.2%		<0.2%	43	0.2%
Latvia		<0.2%	68	0.3%		<0.2%
Libyan Arab Jamahiriya	73	0.3%	115	0.5%		<0.2%
Lithuania	59	0.3%	68	0.3%		<0.2%
Malaysia	405	1.8%		<0.2%	65	0.3%
Mauritius	84	0.4%		<0.2%		<0.2%
Netherlands	47	0.2%	38	0.2%		<0.2%
Oman		<0.2%		<0.2%	84	0.4%
Pakistan	1950	8.8%	2147	9.7%	497	2.2%
Poland		<0.2%		<0.2%	79	0.4%
Portugal	47	0.2%		<0.2%		<0.2%
Romania		<0.2%	761	3.4%	163	0.7%
Russian Federation		<0.2%	49	0.2%		<0.2%
Saudi Arabia	49	0.2%		<0.2%		<0.2%
Slovakia	34	0.2%	73	0.3%		<0.2%
South Africa	707	3.2%	744	3.4%	526	2.4%
Spain	169	0.8%	111	0.5%	96	0.4%
Sri Lanka	63	0.3%		<0.2%		<0.2%
Sudan	1184	5.4%	1337	6.0%	140	0.6%
Syrian Arab Republic	63	0.3%	69	0.3%		<0.2%
Ukraine		<0.2%	45	0.2%		<0.2%
United Arab Emirates	35	0.2%	12	0.1%	187	0.8%
United Kingdom	908	4.1%	760	3.4%	811	3.7%
United States of America	163	0.7%	42	0.2%	186	0.8%
Total	22101	100%	22101	100%	22101	100%

Table 8. Doctors offered retention in 2018 and self-reported county of practice

County of practice	Frequency	Percent	Cumulative Percent	N per 1,000 of population
Carlow	71	0.3%	0.3%	1.25
Cavan	288	1.3%	1.6%	3.78
Clare	132	0.6%	2.2%	1.11
Cork	1856	8.4%	10.6%	3.42
Donegal	435	2.0%	12.6%	2.73
Dublin	6775	30.7%	43.2%	5.03
Galway	1277	5.8%	49.0%	4.95
Kerry	404	1.8%	50.8%	2.74
Kildare	333	1.5%	52.4%	1.50
Kilkenny	293	1.3%	53.7%	2.95
Laois	232	1.0%	54.7%	2.74
Leitrim	25	0.1%	54.8%	0.78
Limerick	831	3.8%	58.6%	4.26
Longford	45	0.2%	58.8%	1.10
Louth	476	2.2%	61.0%	3.69
Mayo	373	1.7%	62.6%	2.86
Meath	240	1.1%	63.7%	1.23
Monaghan	72	0.3%	64.1%	1.17
Offaly	234	1.1%	65.1%	3.00
Roscommon	98	0.4%	65.6%	1.52
Sligo	411	1.9%	67.4%	6.27
Tipperary	316	1.4%	68.9%	1.98
Waterford	536	2.4%	71.3%	4.61
Westmeath	313	1.4%	72.7%	3.53
Wexford	282	1.3%	74.0%	1.88
Wicklow	156	0.7%	74.7%	1.10
Unreported	5597	25.3%	100.0%	
Total	22101	100%		

Table 9. Jurisdiction of practice of all doctors offered retention 2018

Jurisdiction of practice	Frequency	Percent
Both within and outside the Republic of Ireland	1668	7.5%
Outside the Republic of Ireland only	3387	15.3%
Within the Republic of Ireland only	14653	66.3%
Unreported	2393	10.8%
Total	22101	100%

Table 10. Self-reported hours worked by all doctors offered retention 2018

Self-reported hours worked	Frequency	Percent	Cumulative Percent
10 to 20 hours per week	994	4.5%	4.5%
21 to 30 hours per week	1238	5.6%	10.1%
31 to 40 hours per week	5555	25.1%	35.2%
Fewer than 10 hours per week	801	3.6%	38.9%
More than 40 hours per week	11150	50.5%	89.3%
Unreported	2363	10.7%	100%
Total	22101	100%	

Table 11. Self-reported role of doctors in practice and offered retention in 2018

Self-reported role	Frequency	Percent	Cumulative Percent
Community Health Doctor	204	0.9%	0.9%
General practitioner	4827	21.8%	22.8%
Healthcare related management and administration	85	0.4%	23.1%
Hospital Consultant	5062	22.9%	46.1%
Non-consultant hospital doctor, in training	3599	16.3%	62.3%
Non-consultant hospital doctor, not in training	4201	19.0%	81.3%
Other	535	2.4%	83.8%
Other Consultant or Specialist	1102	5.0%	88.8%
Public Health Doctor	162	0.7%	89.5%
Unreported	2324	10.5%	100%
Total	22101	100%	

Table 12. Model of services provided and offered retention in 2018

Model of services self-reported	Frequency	Percent	Cumulative Percent
Provision of privately funded services only	1413	6.4%	6.4%
Provision of publicly and privately funded services	7017	31.7%	38.1%
Provision of publicly funded services only	8337	37.7%	75.9%
Unreported	5334	24.1%	100%
Total	22101	100%	

Table 13. Area of practice of doctors self-reported by doctors offered retention in 2018

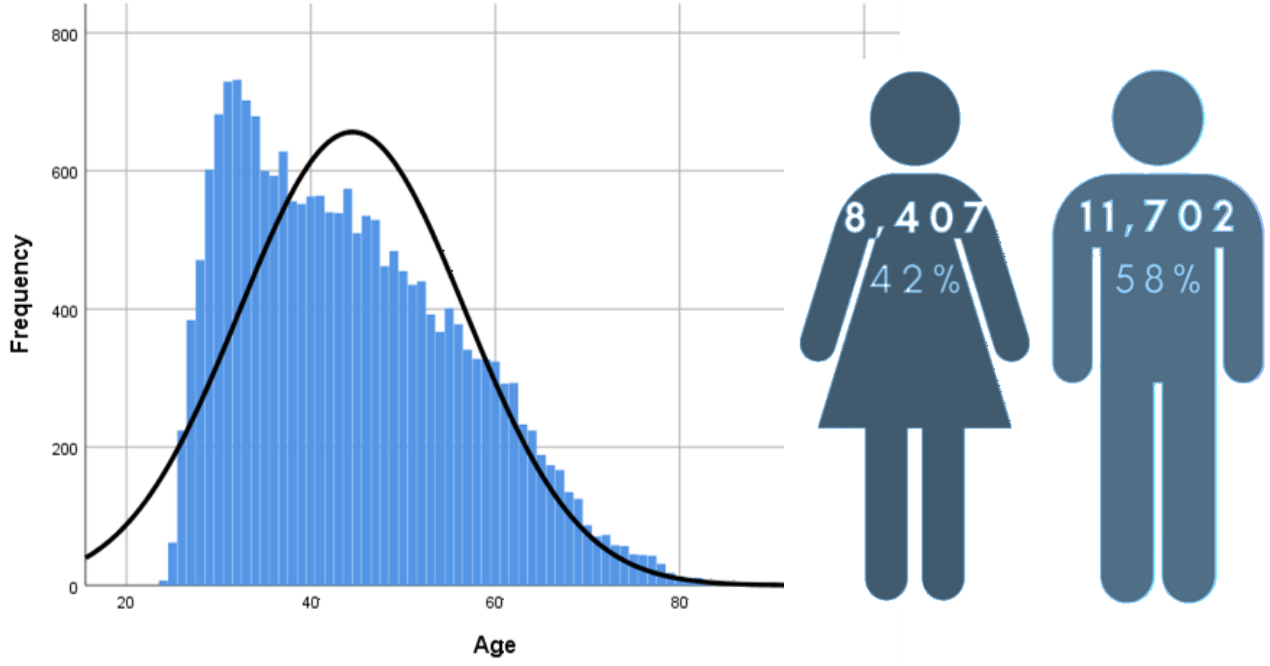
Area of practice	Frequency	Percent	Cumulative Percent
Anaesthesia	1484	6.7%	6.7%
Cardiology	357	1.6%	8.3%
Cardiothoracic Surgery	127	0.6%	8.9%
Chemical Pathology	22	0.1%	9.0%
Child & Adolescent Psychiatry	245	1.1%	10.1%
Clinical Genetics	16	0.1%	10.2%
Clinical Neurophysiology	15	0.1%	10.3%
Clinical Pharmacology & Therapeutics	19	0.1%	10.3%
Dermatology	183	0.8%	11.2%
Emergency Medicine	993	4.5%	15.7%
Endocrinology & Diabetes Mellitus	234	1.1%	16.7%
Gastroenterology	301	1.4%	18.1%
General (Internal) Medicine	1576	7.1%	25.2%
General Practice	4998	22.6%	47.8%
General Surgery	1162	5.3%	53.1%
Genito-Urinary Medicine	27	0.1%	53.2%
Geriatric Medicine	361	1.6%	54.8%
Haematology (Clinical & Laboratory)	212	1.0%	55.8%
Histopathology	275	1.2%	57.0%
Immunology (Clinical & Laboratory)	22	0.1%	57.1%
Infectious Diseases	76	0.3%	57.5%
Medical Oncology	196	0.9%	58.4%
Microbiology	131	0.6%	59.0%
Nephrology	174	0.8%	59.8%
Neurology	163	0.7%	60.5%
Neuropathology	6	0.0%	60.5%

Area of practice (continued)	Frequency	Percent	Cumulative Percent
Neurosurgery	73	0.3%	60.8%
Obstetrics & Gynaecology	824	3.7%	64.6%
Occupational Medicine	161	0.7%	65.3%
Ophthalmic Surgery	155	0.7%	66.0%
Ophthalmology	182	0.8%	66.8%
Oral & Maxillo-Facial Surgery	37	0.2%	67.0%
Otolaryngology	205	0.9%	67.9%
Paediatric Cardiology	58	0.3%	68.2%
Paediatric Surgery	52	0.2%	68.4%
Paediatrics	1081	4.9%	73.3%
Palliative Medicine	127	0.6%	73.9%
Pharmaceutical Medicine	70	0.3%	74.2%
Plastic, Reconstructive and Aesthetic Surgery	176	0.8%	75.0%
Psychiatry	1134	5.1%	80.1%
Psychiatry of Learning Disability	55	0.2%	80.4%
Psychiatry of Old Age	108	0.5%	80.9%
Public Health Medicine	282	1.3%	82.1%
Radiation Oncology	91	0.4%	82.6%
Radiology	639	2.9%	85.4%
Rehabilitation Medicine	48	0.2%	85.7%
Respiratory Medicine	270	1.2%	86.9%
Rheumatology	144	0.7%	87.5%
Sports & Exercise Medicine	42	0.2%	87.7%
Trauma & Orthopaedic Surgery	600	2.7%	90.4%
Tropical Medicine	10	0.0%	90.5%
Urology	183	0.8%	91.3%
Unreported	1919	8.7%	100%
Total	22101	100%	

Medical practitioners retention decisions in 2018

In June 2018, 20,109 doctors chose to retain their place on the Medical Council's register. Of these, 58% were male while 42% were female. Retaining doctors were aged between 24 and 94 years, with an average age of 44.5 years (SD=12.22 years).

Figure 10. Retained doctors on the Medical Council register: age and gender



The majority of doctors retaining on the register were practising in Ireland only, while 16.2% reported practising outside of Ireland only.

Table 14. Region of practice of doctors who retained their place on the Irish register of medical practitioners 2018

Region of practice self-reported	Frequency	Percent	Cumulative Percent
Unreported	619	3.1%	3.1%
Both within and outside the Republic of Ireland	1627	8.1%	11.2%
Outside the Republic of Ireland only	3255	16.2%	27.4%
Within the Republic of Ireland only	14608	72.6%	100%
Total	20109	100%	

The majority of retaining doctors were on the Specialist Division of the register (N= 9,315, 46.3%), followed closely by doctors on the General Division (N=8,143, 40.5%). Trainee Specialists represented 12.5% of retaining doctors (N=2,513), while the remaining 138 doctors retained their place on the Supervised Division.

Table 15. County of practice of doctors who retained their place on the Irish register of medical practitioners 2018

Self-reported county of practice	Frequency	Percent	Valid Percent	Cumulative Percent
Carlow	70	0.3%	0.4%	0.4%
Cavan	286	1.4%	1.7%	2.2%
Clare	132	0.7%	0.8%	3.0%
Cork	1845	9.2%	11.2%	14.2%
Donegal	432	2.1%	2.6%	16.9%
Dublin	6731	33.5%	41.0%	57.9%
Galway	1271	6.3%	7.7%	65.6%
Kerry	402	2.0%	2.5%	68.1%
Kildare	331	1.6%	2.0%	70.1%
Kilkenny	289	1.4%	1.8%	71.8%
Laois	231	1.1%	1.4%	73.3%
Leitrim	25	0.1%	0.2%	73.4%
Limerick	825	4.1%	5.0%	78.4%
Longford	45	0.2%	0.3%	78.7%
Louth	472	2.3%	2.9%	81.6%
Mayo	372	1.8%	2.3%	83.9%
Meath	240	1.2%	1.5%	85.3%
Monaghan	72	0.4%	0.4%	85.8%
Offaly	232	1.2%	1.4%	87.2%
Roscommon	98	0.5%	0.6%	87.8%
Sligo	409	2.0%	2.5%	90.3%
Tipperary	315	1.6%	1.9%	92.2%
Waterford	533	2.7%	3.2%	95.4%
Westmeath	312	1.6%	1.9%	97.3%
Wexford	438	2.2%	2.7%	100%
Total	16408	81.6%	100%	
Unreported	3701	18.4%		
Total	20109	100%		

Table 16. County of practice of GPs who retained their place on the register 2018

Self-reported county of practice	Frequency	Valid Percent	GPs per 1,000 of population	Cumulative Percent
Carlow	62	1.5%	1.09	1.5%
Cavan	54	1.3%	0.71	2.7%
Clare	79	1.8%	0.66	4.6%
Cork	552	12.9%	1.02	17.5%
Donegal	152	3.6%	0.95	21.0%
Dublin	1297	30.3%	0.96	51.4%
Galway	275	6.4%	1.07	57.8%
Kerry	146	3.4%	0.99	61.2%
Kildare	154	3.6%	0.69	64.8%
Kilkenny	62	1.5%	0.62	66.3%
Laois	65	1.5%	0.77	67.8%
Leitrim	18	0.4%	0.56	68.2%
Limerick	196	4.6%	1.01	72.8%
Longford	35	0.8%	0.86	73.6%
Louth	108	2.5%	0.84	76.1%
Mayo	113	2.6%	0.87	78.8%
Meath	121	2.8%	0.62	81.6%
Monaghan	43	1.0%	0.70	82.6%
Offaly	61	1.4%	0.78	84.0%
Roscommon	48	1.1%	0.74	85.2%
Sligo	72	1.7%	1.1	86.9%
Tipperary	122	2.9%	0.76	89.7%
Waterford	130	3.0%	1.12	92.7%
Westmeath	90	2.1%	1.01	94.9%
Wexford	220	5.1%	1.45	100%
Total	4275	100%	0.90	
Unreported	509			
Total	4784			

At the heart of Sláintecare is development of a more population-based and integrated approach to service planning and care delivery which will facilitate “the right care, in the right place, at the right time, by the right person”. The Sláintecare Report called for the establishment of regional bodies based on the alignment of current Community Healthcare Organisation (CHO) and Hospital Group structures. These boundaries were decided following detailed analysis of patient service usage patterns across the country.

The Sláintecare team propose to work with the HSE and current CHOs and Hospital Groups in the planning of services and organisational structures at regional level and in the interim to put in place processes for improved collaboration and integrated performance management at a regional level. This new system should be in place by 2021. The new regional health areas include the splitting of county regions in four in six cases. In the case of areas D and F, whole county groups will be included. The reported role of retaining doctors in both of these health areas are described below.

Table 17. Reported role of doctors retaining their place on the register 2018, working in planned heath areas D and F

	Regional Health Area D- All of CHO 4	Regional Health Area F- All of CHO2; Part of CHO 1 [Sligo, Leitrim, Donegal]
N inhabitants total (Census 2016, rounded)	690,000	710,000
Community Health Doctor	N= 36 (0.05 per 1,000 inhabitants)	N= 39 (0.05 per 1,000 inhabitants)
General practitioner	N= 698 (1.01 per 1,000 inhabitants)	N= 678 (0.95 per 1,000 inhabitants)
Non-consultant hospital doctor, in training	N= 375 (0.54 per 1,000 inhabitants)	473 (0.67 per 1,000 inhabitants)
Non-consultant hospital doctor, not in training	N= 433 (0.63 per 1,000 inhabitants)	N= 600 (0.85 per 1,000 inhabitants)
Hospital Consultant	N= 572 (0.83 per 1,000 inhabitants)	N= 662 (0.93 per 1,000 inhabitants)
Other Consultant or Specialist	N= 70 (0.1 per 1,000 inhabitants)	N= 81 (0.11per 1,000 inhabitants)
Public Health Doctor	N= 22 (0.03 per 1,000 inhabitants)	N= 18 (0.025 per 1,000 inhabitants)
All doctors	N= 2247 (3.26 per 1,000 inhabitants)	2607 (3.67 per 1,000 inhabitants)

Table 18. Model of services provided, reported by doctors who retained on the register 2018

Self-reported model of services provided	Frequency	Percent	Cumulative Percent
Unreported	3517	17.5%	17.5%
Provision of privately funded services only	1390	6.9%	24.4%
Provision of publicly and privately funded services	6971	34.7%	59.1%
Provision of publicly funded services only	8231	40.9%	100%
Total	20109	100%	

Table 19. Self-reported working hours of doctors who retained their place on the Irish register of medical practitioners 2018

Self-reported hours worked	Frequency	Percent	Valid Percent	Cumulative Percent
10 to 20 hours per week	987	4.9%	5.1%	5.1%
21 to 30 hours per week	1221	6.1%	6.3%	11.3%
31 to 40 hours per week	5500	27.4%	28.2%	39.5%
Fewer than 10 hours per week	785	3.9%	4.0%	43.5%
More than 40 hours per week	11026	54.8%	56.5%	100%
Total	19519	97.1%	100%	
Unreported	590	2.9%		
Total	20109	100%		

Table 20. Category of doctors according to region of BMQ who retained their place on the Irish register of medical practitioners 2018

Category of doctors according to region of BMQ obtained	Frequency	Percent	Cumulative Percent
Unreported	3	0.0%	0.0%
Category 1: Graduates of Irish medical schools	11506	57.2%	57.2%
Category 2: Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	2114	10.5%	67.7%
Category 3: Graduated in a medical school in the EU (and they are not an EU National)	725	3.6%	71.4%
Category 4: International graduates from a medical school outside the EU and Ireland	5761	28.6%	100%
Total	20109	100%	

Table 21. 2018 retaining doctors' area of practice 2018

Self-reported area of practice	Frequency	Percent	Cumulative Percent
Anaesthesia	1465	7.3%	7.3%
Cardiology	354	1.8%	9.0%
Cardiothoracic Surgery	122	0.6%	9.7%
Chemical Pathology	22	0.1%	9.8%
Child & Adolescent Psychiatry	243	1.25	11.0%
Clinical Genetics	16	0.1%	11.0%
Clinical Neurophysiology	15	0.1%	11.1%
Clinical Pharmacology & Therapeutics	19	0.1%	11.2%
Dermatology	180	0.9%	12.1%
Emergency Medicine	970	4.8%	16.9%
Endocrinology & Diabetes Mellitus	232	1.2%	18.1%
Gastroenterology	295	1.5%	19.6%
General (Internal) Medicine	1542	7.7%	27.2%
General Practice	4957	24.7%	51.9%
General Surgery	1142	5.7%	57.6%
Genito-Urinary Medicine	27	0.1%	57.7%
Geriatric Medicine	360	1.8%	59.5%
Haematology (Clinical & Laboratory)	212	1.1%	60.5%
Histopathology	274	1.4%	61.9%
Immunology (Clinical & Laboratory)	22	0.1%	62.0%
Infectious Diseases	76	0.4%	62.4%
Medical Oncology	193	1.0%	63.3%
Microbiology	130	0.6%	64.0%
Nephrology	169	0.8%	64.8%
Neurology	163	0.8%	65.6%
Neuropathology	6	0.0%	65.7%
Neurosurgery	73	0.4%	66.0%
Obstetrics & Gynaecology	814	4.0%	70.1%
Occupational Medicine	160	0.8%	70.9%
Ophthalmic Surgery	154	0.8%	71.6%
Ophthalmology	181	0.9%	72.5%
Oral & Maxillo-Facial Surgery	37	0.2%	72.7%
Otolaryngology	202	1.0%	73.7%
Paediatric Cardiology	58	0.3%	74.0%
Paediatric Surgery	50	0.2%	74.3%
Paediatrics	1067	5.3%	79.6%
Palliative Medicine	126	0.6%	80.2%
Pharmaceutical Medicine	70	0.3%	80.65
Plastic, Reconstructive and Aesthetic Surgery	175	0.9%	81.4%
Psychiatry	1130	5.6%	87.0%
Psychiatry of Learning Disability	55	0.3%	87.3%
Psychiatry of Old Age	108	0.5%	87.9%
Public Health Medicine	282	1.4%	89.3%
Radiation Oncology	91	0.5%	89.7%
Radiology	627	3.1%	92.8%
Rehabilitation Medicine	48	0.2%	93.1%
Respiratory Medicine	268	1.3%	94.4%
Rheumatology	144	0.7%	95.1%
Sports & Exercise Medicine	42	0.2%	95.3%
Trauma & Orthopaedic Surgery	591	2.9%	98.3%
Tropical Medicine	10	0.0%	98.3%
Urology	181	0.9%	99.2%
Unreported	159	0.8%	100%
Total	20109	100%	

Table 22. Self-reported role in practice of doctors who retained their place on the Irish register of medical practitioners 2018

Self-reported role	Frequency	Percent	Cumulative Percent
Community Health Doctor	203	1.0%	1.0%
General practitioner	4784	23.8%	24.8%
Healthcare related management and administration	84	0.4%	25.2%
Hospital Consultant	5029	25.0%	50.2%
Non-consultant hospital doctor, in training	3546	17.6%	67.9%
Non-consultant hospital doctor, not in training	4141	20.6%	88.5%
Other	524	2.6%	91.1%
Other Consultant or Specialist	1083	5.4%	96.4%
Public Health Doctor	161	0.8%	97.2%
Unreported	554	2.8%	100%
Total	20109	100%	

Table 23. Self-reported role in practice by divisional status of doctors who retained their place on the Irish register of medical practitioners 2018

Self-reported role	General Registration	Specialist Registration	Trainee Specialist Registration	Supervised Registration	Totals
Community Health Doctor	118 (58.1%)	85 (41.9%)	0	0	203 (100%)
General practitioner	1363 (28.5%)	3337 (69.8%)	84 (1.8%)	0	4784 (100%)
Healthcare related management and administration	42 (50%)	41 (48.8%)	1 (1.2%)	0	84 (100%)
Hospital Consultant	687 (13.7%)	4342 (86.3%)	0	0	5029 (100%)
Non-consultant hospital doctor, in training	1187 (33.5%)	219 (6.2%)	2075 (58.5%)	65 (1.8%)	3546 (100%)
Non-consultant hospital doctor, not in training	3610 (87.2%)	209 (5.0%)	302 (7.3%)	20 (0.5%)	4141 (100%)
Public Health Doctor	55 (34.2%)	95 (59.0%)	11 (6.8%)	0	161 (100%)
Other Consultant	434 (40.1%)	646 (59.6%)	2 (0.2%)	1 (0.1%)	1083 (100%)
Other	325 (62.0%)	161 (30.7%)	31 (5.9%)	7 (1.3%)	524 (100%)
Unreported	322 (58.1%)	180 (32.5%)	7 (1.3%)	45 (8.1%)	554 (100%)

Table 24. Doctors retaining registration in 2018 by country of passport, country of BMQ and country of address

Country	Country of passport		Country of BMQ		Registered country of address	
	N	%	N	%	N	%
Australia	107	0.5%	106	0.5%	159	0.8%
Bangladesh	38	0.2%	43	0.2%		<0.2%
Bulgaria	55	0.3%	114	0.6%		<0.2%
Canada	141	0.7%		<0.2%	175	0.9%
China		<0.2%	42	0.2%		<0.2%
Croatia	64	0.3%	70	0.3%		<0.2%
Czech Republic		<0.2%	109	0.5%		<0.2%
Egypt	412	2.0%	509	2.5%	74	0.4%
France	31	0.2%		<0.2%		<0.2%
Germany	106	0.5%	88	0.4%		<0.2%
Greece	82	0.4%	48	0.2%	44	0.2%
Hungary	89	0.4%	241	1.2%	37	0.2%
India	427	2.1%	418	2.1%	48	0.2%
Iraq	112	0.6%	157	0.8%		<0.2%
Ireland	11635	57.9%	11473	57.1%	16381	81.5%
Italy	110	0.5%	107	0.5%	37	0.2%
Jordan	41	0.2%		<0.2%		<0.2%
Latvia		<0.2%	57	0.3%		<0.2%
Libyan Arab Jamahiriya	69	0.3%	109	0.5%		<0.2%
Lithuania	52	0.3%	56	0.3%		<0.2%
Malaysia	371	1.8%		<0.2%	55	0.3%
Mauritius	69	0.3%		<0.2%		<0.2%
Netherlands	38	0.2%	31	0.2%		<0.2%
Northern Ireland		<0.2%		<0.2%	210	1.0%
Nigeria	335	1.7%	252	1.3%		<0.2%
Oman		<0.2%		<0.2%	68	0.3%
Pakistan	1694	8.4%	1873	9.3%	351	1.7%
Poland	205	1.0%	253	1.3%	63	0.3%
Portugal	32	0.2%		<0.2%		<0.2%
Qatar		<0.2%		<0.2%	36	0.2%
Romania	261	1.3%	642	3.2%	111	0.6%
Russian Federation		<0.2%	45	0.2%		<0.2%
Saudi Arabia	38	0.2%		<0.2%	333	1.7%
Sri Lanka	55	0.3%	65	0.3%		<0.2%
South Africa	623	3.1%	652	3.2%	447	2.2%
Spain	128	0.6%	84	0.4%	60	0.3%
Sudan	1002	5.0%	1119	5.6%	99	0.5%
Syrian Arab Republic	58	0.3%	62	0.3%		<0.2%
Ukraine		<0.2%	40	0.2%		<0.2%
United Arab Emirates		<0.2%		<0.2%	148	0.7%
United Kingdom	806	4.0%	700	3.5%	603	3.0%
United States of America	144	0.7%	37	0.2%	154	0.8%
Total	20109	100%	20109	100%	20109	100%

Table 25. Specialty of doctors retaining registration in 2018

Country	Frequency	Percent	Cumulative Percent
Unreported	10800	53.7%	53.7%
Anaesthesia	699	3.5%	57.2%
Cardiology	173	0.9%	58.0%
Cardiothoracic Surgery	44	0.2%	58.3%
Chemical Pathology	11	0.1%	58.3%
Child and Adolescent Psychiatry	138	0.7%	59.0%
Clinical Genetics	9	0.0%	59.0%
Clinical Neurophysiology	5	0.0%	59.1%
Clinical Pharmacology and Therapeutics	15	0.1%	59.1%
Dermatology	80	0.4%	59.5%
Emergency Medicine	127	0.6%	60.2%
Endocrinology and Diabetes Mellitus	97	0.5%	60.7%
Gastroenterology	148	0.7%	61.4%
General (Internal) Medicine	468	2.3%	63.7%
General Practice	3650	18.2%	81.9%
General Surgery	334	1.7%	83.5%
Genito-Urinary Medicine	8	0.0%	83.6%
Geriatric Medicine	13	0.1%	83.6%
Haematology	15	0.1%	83.7%
Haematology (Clinical and Laboratory)	82	0.4%	84.1%
Histopathology	188	0.9%	85.1%
Immunology (Clinical and Laboratory)	10	0.0%	85.1%
Infectious Diseases	10	0.0%	85.2%
Medical Oncology	65	0.3%	85.5%
Microbiology	103	0.5%	86.0%
Nephrology	24	0.1%	86.1%
Neurology	83	0.4%	86.5%
Neuropathology	2	0.0%	86.5%
Neurosurgery	27	0.1%	86.7%
Obstetrics and Gynaecology	285	1.4%	88.1%
Occupational Medicine	59	0.3%	88.4%
Ophthalmic Surgery	118	0.6%	89.0%
Ophthalmology	97	0.5%	89.4%
Oral and Maxillo-Facial Surgery	21	0.1%	89.6%
Otolaryngology	101	0.5%	90.1%
Paediatric Cardiology	4	0.0%	90.1%
Paediatric Surgery	14	0.1%	90.1%
Paediatrics	339	1.7%	91.85
Palliative Medicine	46	0.2%	92.1%
Pharmaceutical Medicine	9	0.0%	92.1%
Plastic, Reconstructive and Aesthetic Surgery	74	0.4%	92.5%
Psychiatry	546	2.7%	95.2%
Psychiatry of Learning Disability	6	0.0%	95.2%
Psychiatry of Old Age	16	0.1%	95.3%
Public Health Medicine	90	0.4%	95.7%
Radiation Oncology	46	0.2%	96.0%
Radiology	431	2.1%	98.1%
Rehabilitation Medicine	17	0.1%	98.2%
Respiratory Medicine	19	0.1%	98.3%
Rheumatology	20	0.1%	98.4%
Sports and Exercise Medicine	19	0.1%	98.5%
Trauma and Orthopaedic Surgery	222	1.1%	99.6%
Urology	80	0.4%	100%
Vascular Surgery	2	0.0%	100%
Total	20109	100%	

Retention 2018: focus on gender

- In 2018 there were 11,702 male and 8,407 female doctors retaining on the register. For every female doctor retaining, there were 1.39 male doctors retaining.
- There were more female than male Trainee Specialist retainers on the register.
- Men retaining on the register were more likely to be in consultant or NCHD not in a training role, while women were more often in a GP, community health, public health or NCHD in training role.
- For every female reporting Trauma and Orthopaedic Surgery as their area of practice, there were 9.9 male reporting working in the area. Other areas of challenge in this regard included Cardiology; Cardiothoracic Surgery; Neurosurgery; General Surgery; Sports & Exercise Medicine and Urology. Conversely, the areas of Child and Adolescent Psychiatry, Clinical Genetics, Clinical Pharmacology & Therapeutics, Dermatology, Genito-Urinary Medicine, Obstetrics & Gynaecology, Paediatrics, Pharmaceutical Medicine and Public Health Medicine were largely female-dominated areas of practice.
- For every female Trauma and Orthopaedic Surgery on the Specialist Division, there were almost 13 male specialists. A similar pattern is seen in other specialties including Neurosurgery and Urology. Palliative Medicine, Public Health Medicine and Genito-Urinary Medicine were primarily female dominated as specialties.
- 1,704 (20.27%) female and 1,289 (11.02%) male retaining doctors report working less than full-time hours.
- There were 2,865 more male than female international graduates from a medical school outside the EU and Ireland.

2018-2019

Medical practitioners' retention decisions in 2018: focus on gender

In November 2017, WHO established the Global Health Workforce Network which includes a Data and Evidence Hub and a Gender Equity Hub, which both bring together key stakeholders for strengthening data and evidence and supporting gender transformative actions. Analysis of data from over 104 countries from 2000 to 2018 found that women form 67% of workers in the health and social sector globally. However in the European Region, women made up 53% of the physician workforce. On average, women work 4.2 hours less per week than men among physicians. Analysis based on median wages from Labour Force Survey data from 21 countries showed health workers face gender-related gaps in pay, with female health workers earning, on average, 28% less than males. Using data from European countries, the analysis showed that male physicians are more than twice as likely as females to be in the highest income category.

In the Irish context, in 2018 there were 11,702 male and 8,407 female doctors retaining on the Medical Council's register. For every female doctor retaining, there were 1.39 male doctors retaining on the register. The average age for female doctors was lower than that of male doctors and is described in the table below.

Table 26. Age of male and female doctors retaining on the register

	Female	Male
N	8407	11702
Mean age	41.73	46.49
Median age	40.00	45.00
Std. Deviation (years)	10.931	12.705
Minimum age	24	24
Maximum age	90	94

There were more female than male Trainee Specialist retainers on the register. Reflecting this, proportionately, within each gender group, women were more prevalent on the Specialist Division (47.5%) than men did (45.5%).

Table 27. Male and Female doctors retaining on the register according to Division

Division of registration	Female		Male	
	Frequency	Percent	Frequency	Percent
General Registration	2934	34.9%	5209	44.5%
Specialist Registration	3996	47.5%	5319	45.5%
Supervised Registration	61	0.7%	77	0.7%
Trainee Specialist Registration	1416	16.8%	1097	9.4%
Total	8407	100%	11702	100%

Role with regard to gender was also examined and men retaining on the register are more likely to be in consultant or NCHD not in a training role, while women were more likely to be in a GP, community health, public health or NCHD in a training role.

Figure 11. Self-reported role of male and female doctors retaining on the register 2018

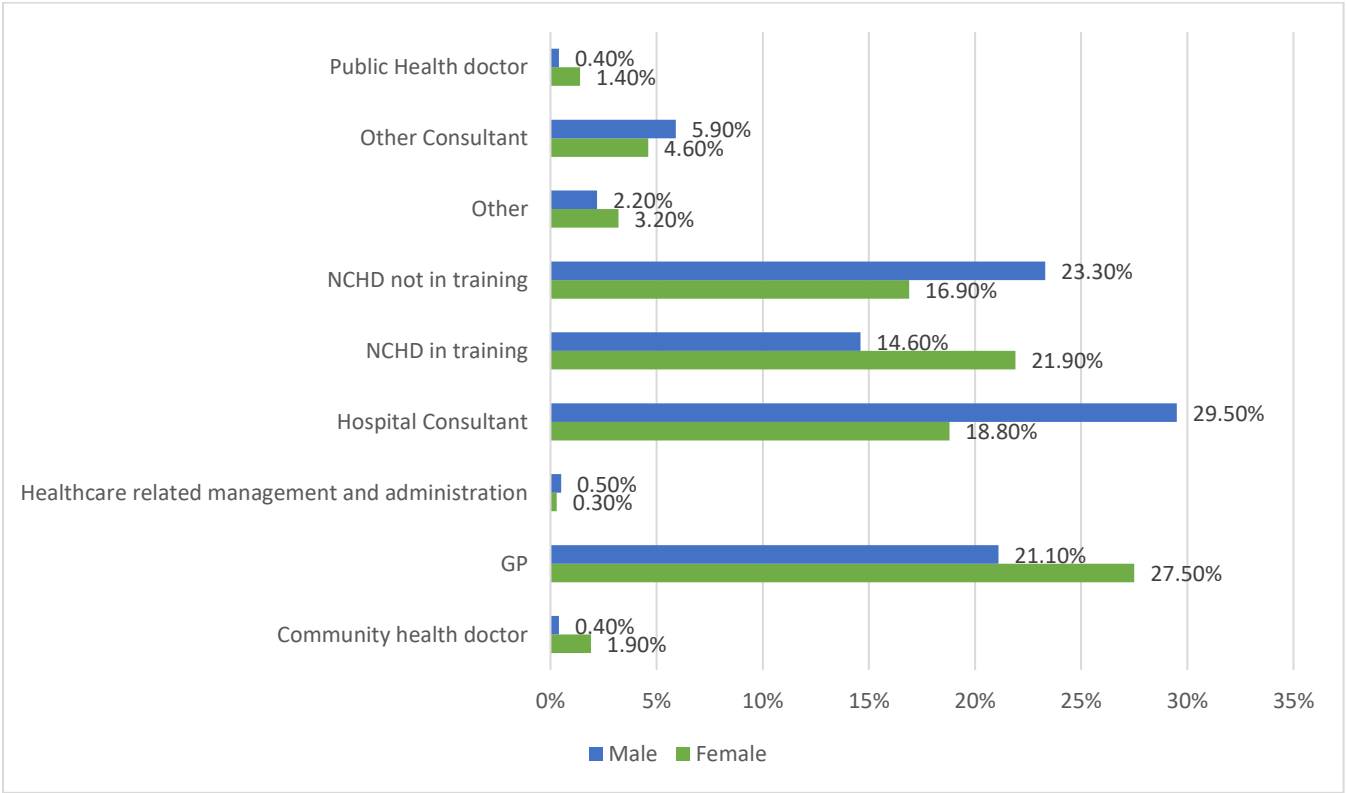


Table 28. Male and female doctors retaining on the register

Self-reported role	Female		Male	
	Frequency	Percent	Frequency	Percent
Community health doctor	159	1.9%	44	0.4%
GP	2314	27.5%	2470	21.1%
Healthcare related management and administration	27	0.3%	57	0.5%
Hospital Consultant	1580	18.8%	3449	29.5%
NCHD in training	1842	21.9%	1704	14.6%
NCHD not in training	1420	16.9%	2721	23.3%
Other	272	3.2%	252	2.2%
Other Consultant	388	4.6%	695	5.9%
Public Health doctor	115	1.4%	46	0.4%
Unreported	290	3.4%	264	2.3%
Total	8407	100%	11702	100%

Challenges have been acknowledged specifically in the area of gender and retention of women in surgery in Ireland. While more than 50% of medical graduates are female, just one third of surgical trainees are women, and less than 7% of consultant surgeons are women (RCSI, 2017). RCSI, with responsibility for delivering surgical education and training, investigated gender equality in surgery and published this in their report compiled by their Gender Diversity Short Life Working Group.

Key recommendations of this report included:

- Encouraging female medical students considering a career in surgery through better promotion of surgical careers to schools and young women;
- Building a culture supporting female surgical trainees including mentoring and improving fellowship options for women;
- Consideration of the needs of trainees who are parents to ensure training time is flexible and evaluation of trainee wellbeing during pregnancy;
- Encouraging diversity through part-time surgical appointment options, specific programmes for female Fellows and research funding ring-fenced for female fellows.

More recently, Bellini et al (2019) surveyed 464 3rd-5th year medical students from the RCSI Dublin, Perdana and Penang in Malaysia regarding their intentions to undertake surgical training and factors that may influence this. Almost 40% (n=185) were male and 60% (n=279) were female. Males were significantly more influenced by remuneration than females towards a choice of surgical career. Females were significantly more influenced in their choice of surgical career by part-time work, parental leave, working

hours and length of residency. During surgical attachments, female students were significantly more likely to admit feeling intimidated than males, with males more likely to report feeling confident. Ninety-six per cent of students felt they would be more likely to pursue a career in which they had identified a positive role model, with female medical students three times more likely to have identified a female role model than males.

While contemporary student perceptions in Ireland towards surgical training and careers is gendered, challenges also still exist amongst surgeons in practice. Cronin et al (2019) surveyed 81 female members of the Association of Surgeons of Great Britain and Ireland (42% response rate based on Facebook group membership), with 88% (n=71) perceiving surgery as a male-dominated field. Over half had experienced discrimination (59%, n=47), while 22% (n=18) perceived a 'glass ceiling' in surgical training. Orthopaedics was reported as the most sexist surgical specialty by 53% (n=43). Accounts of gendered language in the workplace were reported by 59% (n=47), with 32% (n=25) of surveys participants having used it. Overall, a lack of formal mentorship, inflexibility towards part-time careers, gender stereotypes and poor work–life balance were the main perceived barriers for women in surgical careers, mirroring the findings of Bellini et al (2019) at the student level.

When area of practice of retaining doctors is broken down by gender, reflecting the findings of Cronin et al, Trauma and Orthopaedic Surgery was reported by 54 (0.6%) female registrants as their area of practice, while it was reported by 537 (4.6%) male registrants. Strikingly, for every female reporting this as their area of practice, there were 9.9 male reporting working in the area, confirming its male dominance in practice.

Other areas of challenge in this regard included Cardiology (female N=69 [0.8%], male N=285 [2.4%]); Cardiothoracic Surgery (female N=22 [0.3%], male N=100 [0.9%]); Neurosurgery (female N=9 [0.1%], male N-=64 [0.5%]); General Surgery (female N= 214 [2.5%], male N=928 [7.9%]) Sports & Exercise Medicine (female N=5 [0.1%], male N=37 [0.3%]) and Urology (female N=27 [0.3%], male N=154 [1.3%]). Conversely, the areas of Child and Adolescent Psychiatry, Clinical Genetics, Clinical Pharmacology & Therapeutics, Dermatology, Genito-Urinary Medicine, Obstetrics & Gynaecology, Paediatrics, Pharmaceutical Medicine and Public Health Medicine are largely female-dominated areas of practice.

Table 29. Male and Female doctors retaining on the register according to area of practice

Area of practice	Female		Male		Female:Male
	Frequency	Percent	Frequency	Percent	Ratio
Anaesthesia	465	5.5%	1000	8.5%	1: 2.15
Cardiology	69	0.8%	285	2.4%	1: 4.13
Cardiothoracic Surgery	22	0.3%	100	0.9%	1: 4.54
Chemical Pathology	10	0.1%	12	0.1%	1: 1.20
Child & Adolescent Psychiatry	151	1.8%	92	0.8%	1: 0.61
Clinical Genetics	10	0.1%	6	0.1%	1: 0.60
Clinical Neurophysiology	4	0.0%	11	0.1%	1: 2.75
Clinical Pharmacology & Therapeutics	11	0.1%	8	0.1%	1: 0.73
Dermatology	119	1.4%	61	0.5%	1: 0.51
Emergency Medicine	296	3.5%	674	5.8%	1: 2.28
Endocrinology & Diabetes Mellitus	90	1.1%	142	1.2%	1: 1.58
Gastroenterology	98	1.2%	197	1.7%	1: 2.01
General (Internal) Medicine	587	7.0%	955	8.2%	1: 1.63
General Practice	2457	29.2%	2500	21.4%	1: 1.02
General Surgery	214	2.5%	928	7.9%	1: 4.34
Genito-Urinary Medicine	20	0.2%	7	0.1%	1: 0.35
Geriatric Medicine	170	2.0%	190	1.6%	1: 1.12
Haematology (Clinical & Laboratory)	108	1.3%	104	0.9%	1: 0.96
Histopathology	144	1.7%	130	1.1%	1: 0.90
Immunology (Clinical & Laboratory)	12	0.1%	10	0.1%	1: 0.83
Infectious Diseases	40	0.5%	36	0.3%	1: 0.90
Medical Oncology	90	1.1%	103	0.9%	1: 1.14
Microbiology	87	1.0%	43	0.4%	1: 0.49
Nephrology	59	0.7%	110	0.9%	1: 1.86
Neurology	56	0.7%	107	0.9%	1: 1.91
Neuropathology	4	0.0%	2	0.0%	1: 0.50
Neurosurgery	9	0.1%	64	0.5%	1: 7.11
Obstetrics & Gynaecology	505	6.0%	309	2.6%	1: 0.61
Occupational Medicine	74	0.9%	86	0.7%	1: 1.16
Ophthalmic Surgery	53	0.6%	101	0.9%	1: 1.91
Ophthalmology	98	1.2%	83	0.7%	1: 0.85
Oral & Maxillo-Facial Surgery	6	0.1%	31	0.3%	1: 5.16
Otolaryngology	47	0.6%	155	1.3%	1: 3.30
Paediatric Cardiology	32	0.4%	26	0.2%	1: 0.81
Paediatric Surgery	18	0.2%	32	0.3%	1: 1.78
Paediatrics	611	7.3%	456	3.9%	1: 0.75
Palliative Medicine	91	1.1%	35	0.3%	1: 0.38
Pharmaceutical Medicine	43	0.5%	27	0.2%	1: 0.63
Plastic, Reconstructive and Aesthetic Surgery	58	0.7%	117	1.0%	1: 2.02
Psychiatry	525	6.2%	605	5.2%	1: 1.15
Psychiatry of Learning Disability	30	0.4%	25	0.2%	1: 0.83
Psychiatry of Old Age	56	0.7%	52	0.4%	1: 0.93
Public Health Medicine	205	2.4%	77	0.7%	1: 0.38
Radiation Oncology	42	0.5%	49	0.4%	1: 0.86
Radiology	205	2.4%	422	3.6%	1: 2.06
Rehabilitation Medicine	19	0.2%	29	0.2%	1: 1.53
Respiratory Medicine	85	1.0%	183	1.6%	1: 2.15
Rheumatology	54	0.6%	90	0.8%	1: 1.67
Sports & Exercise Medicine	5	0.1%	37	0.3%	1: 7.40
Trauma & Orthopaedic Surgery	54	0.6%	537	4.6%	1: 9.94
Tropical Medicine	5	0.1%	5	0.0%	1: 1.00
Urology	27	0.3%	154	1.3%	1: 5.70
Unreported	57	0.7%	102	0.9%	1: 1.79
Total	8407	100%	11702	100%	1:1.39

Table 30. Male and Female doctors retaining on the register according to specialty

Specialty	Female		Male		Female:Male
	Frequency	Percent	Frequency	Percent	Ratio
Anaesthesia	231	2.7%	468	4.0%	1: 2.03
Cardiology	22	0.3%	151	1.3%	1: 6.86
Cardiothoracic Surgery	7	0.1%	37	0.3%	1: 5.29
Chemical Pathology	3	0.0%	8	0.1%	1: 2.67
Child and Adolescent Psychiatry	94	1.1%	44	0.4%	1: 0.47
Clinical Genetics	4	0.0%	5	0.0%	1: 1.25
Clinical Neurophysiology	0	0%	5	0.0%	N/A
Clinical Pharmacology and Therapeutics	7	0.1%	8	0.1%	1: 1.14
Dermatology	53	0.6%	27	0.2%	1: 0.51
Emergency Medicine	30	0.4%	97	0.8%	1: 3.23
Endocrinology and Diabetes Mellitus	29	0.3%	68	0.6%	1: 2.34
Gastroenterology	41	0.5%	107	0.9%	1: 2.61
General (Internal) Medicine	155	1.8%	313	2.7%	1: 2.02
General Practice	1937	23.0%	1713	14.6%	1: 0.88
General Surgery	39	0.5%	295	2.5%	1: 7.56
Genito-Urinary Medicine	6	0.1%	2	0.0%	1: 0.33
Geriatric Medicine	4	0.0%	9	0.1%	1: 2.25
Haematology	6	0.1%	9	0.1%	1: 1.50
Haematology (Clinical and Laboratory)	39	0.5%	43	0.4%	1: 1.10
Histopathology	92	1.1%	96	0.8%	1: 1.04
Immunology (Clinical and Laboratory)	4	0.0%	6	0.1%	1: 1.50
Infectious Diseases	8	0.1%	2	0.0%	1: 0.25
Medical Oncology	25	0.3%	40	0.3%	1: 1.60
Microbiology	66	0.8%	37	0.3%	1: 0.56
Nephrology	4	0.0%	20	0.2%	1:5
Neurology	29	0.3%	54	0.5%	1: 1.86
Neuropathology	1	0.0%	1	0.0%	1:1
Neurosurgery	2	0.0%	25	0.2%	1: 12.5
Obstetrics and Gynaecology	131	1.6%	154	1.3%	1: 1.18
Occupational Medicine	21	0.2%	38	0.3%	1: 1.81
Ophthalmic Surgery	39	0.5%	79	0.7%	1: 2.03
Ophthalmology	55	0.7%	42	0.4%	1: 0.76
Oral and Maxillo-Facial Surgery	1	0.0%	20	0.2%	1: 20
Otolaryngology	22	0.3%	79	0.7%	1: 3.59
Paediatric Cardiology	1	0.0%	3	0.0%	1: 3
Paediatric Surgery	2	0.0%	12	0.1%	1: 6
Paediatrics	165	2.0%	174	1.5%	1: 1.05
Palliative Medicine	36	0.4%	10	0.1%	1: 0.28
Pharmaceutical Medicine	4	0.0%	5	0.0%	1: 1.25
Plastic, Reconstructive and Aesthetic Surgery	19	0.2%	55	0.5%	1: 2.89
Psychiatry	268	3.2%	278	2.4%	1: 1.04
Psychiatry of Learning Disability	2	0.0%	4	0.0%	1: 2
Psychiatry of Old Age	7	0.1%	9	0.1%	1: 0.86
Public Health Medicine	69	0.8%	21	0.2%	1: 0.30
Radiation Oncology	17	0.2%	29	0.2%	1: 1.71
Radiology	145	1.7%	286	2.4%	1: 1.97
Rehabilitation Medicine	8	0.1%	9	0.1%	1: 1.13
Respiratory Medicine	3	0.0%	16	0.1%	1: 5.33
Rheumatology	10	0.1%	10	0.1%	1:1
Sports and Exercise Medicine	3	0.0%	16	0.1%	1:5.33
Trauma and Orthopaedic Surgery	16	0.2%	206	1.8%	1: 12.88
Urology	7	0.1%	73	0.6%	1: 10.43
Vascular Surgery	1	0.0%	1	0.0%	1:1
Total	3990	47.5%	5320	45.5%	1: 1.33
Non-specialist doctors	4417	52.5%	6382	54.5%	1: 1.44
Total	8407	100%	11702	100%	1: 1.39

While doctors who report their areas of practice appear to experience working in areas with particular gender dominance, this is across all levels of practice and experience. At the specialist level, gender disparities are more pronounced. In the example of Trauma and Orthopaedic Surgery (female N=16 [0.2%], male N=206 [1.8%]), for every female specialist, there were almost 13 male specialists. A similar pattern is seen in other specialties including Neurosurgery (female N= 2 [0.0%], male N= 25[0.2%], female:male ratio of 1: 12.5) and Urology (female N= 7 [0.1%], male N= 73 [0.6%], female:male ratio of 1: 10.43). Conversely, Palliative Medicine (male N= 10 [0.1%], female N= 36 [0.4%] 1: 3.6), Public Health Medicine (male N= 21 [0.2%], female N= 69 [0.8%] 1: 3.29) and Genito-Urinary Medicine (male N= 2 [0.0%], female N= 6 [0.1%] 1: 3) were primarily female dominated as specialties, but by a lower factor.

While ratios and figures of individual registrants' reporting are presented, they do not necessarily represent doctors acting in whole-time equivalent roles. When work hours were examined, 1,704 (20.27%) female and 1,289 (11.02%) male retaining doctors report working less than full-time hours.

Table 31. Male and female doctors retaining on the register 2018 according to hours worked

Self-reported hours worked	Female		Male	
	Frequency	Percent	Frequency	Percent
10 to 20 hours per week	558	6.9%	429	3.8%
21 to 30 hours per week	810	10.0%	411	3.6%
31 to 40 hours per week	2525	31.2%	2975	26.0%
Fewer than 10 hours per week	336	4.2%	449	3.9%
More than 40 hours per week	3866	47.8%	7160	62.7%
Total	8095	100%	11424	100%
Unreported	312		278	
Total including unreported	8407		11702	

Table 32. Male and female doctors retaining on the register 2018 according to county of practice

Self-reported county of practice	Female		Male	
	Frequency	Percent	Frequency	Percent
Carlow	28	0.4%	42	0.5%
Cavan	97	1.3%	189	2.1%
Clare	51	0.7%	81	0.9%
Cork	856	11.7%	989	10.8%
Donegal	147	2.0%	285	3.1%
Dublin	3276	44.9%	3455	37.9%
Galway	573	7.9%	698	7.7%
Kerry	143	2.0%	259	2.8%
Kildare	149	2.0%	182	2.0%
Kilkenny	102	1.4%	187	2.1%
Laois	95	1.3%	136	1.5%
Leitrim	9	0.1%	16	0.2%
Limerick	344	4.7%	481	5.3%
Longford	19	0.3%	26	0.3%
Louth	196	2.7%	276	3.0%
Mayo	138	1.9%	234	2.6%
Meath	110	1.5%	130	1.4%
Monaghan	33	0.5%	39	0.4%
Offaly	88	1.2%	144	1.6%
Roscommon	39	0.5%	59	0.6%
Sligo	171	2.3%	238	2.6%
Tipperary	109	1.5%	206	2.3%
Waterford	213	2.9%	320	3.5%
Westmeath	113	1.6%	199	2.2%
Wexford	190	2.6%	248	2.7%
Total	7289	100%	9119	100%

Table 33. Male and Female doctors retaining on the register in 2018 according to self-reported model of services provided

Self-reported model of services provided	Female		Male	
	Frequency	Percent	Frequency	Percent
Unreported	1621	19.3%	1896	16.2%
Provision of privately funded services only	449	5.3%	941	8.0%
Provision of publicly and privately funded services	2838	33.8%	4133	35.3%
Provision of publicly funded services only	3499	41.6%	4732	40.4%
Total	8407	100%	11702	100%

Table 34. Male and Female doctors retaining on the register acting in a training role

Self-reported trainer status	Female		Male	
	Frequency	Percent	Frequency	Percent
Unreported	135	1.6%	150	1.3%
No, I do not train other doctors	3810	45.3%	4296	36.7%
Yes, but it's not a formal part of my role to train other doctors	2240	26.6%	3212	27.4%
Yes, it's part of my role to train other doctors	2222	26.4%	4044	34.6%
Total	8407	100%	11702	100%

When region of BMQ was examined, there was relative parity between the number of Irish male and female graduates retaining their place on the register. However, there were 2,865 more male than female international graduates from a medical school outside the EU and Ireland.

Table 35. Male and Female doctors retaining on the register according to region of BMQ

Category of doctors according to region of BMQ	Female		Male	
	Frequency	Percent	Frequency	Percent
Category 1. Graduates of Irish medical schools	5745	68.3%	5761	49.2%
Category 2: Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	970	11.5%	1144	9.8%
Category 3. Graduated in a medical school in the EU (and they are not an EU National)	244	2.9%	481	4.1%
Category 4. International graduates from a medical school outside the EU and Ireland	1448	17.2%	4313	36.9%
Unreported	0	0%	3	0%
Total	8407	100%	11702	100%

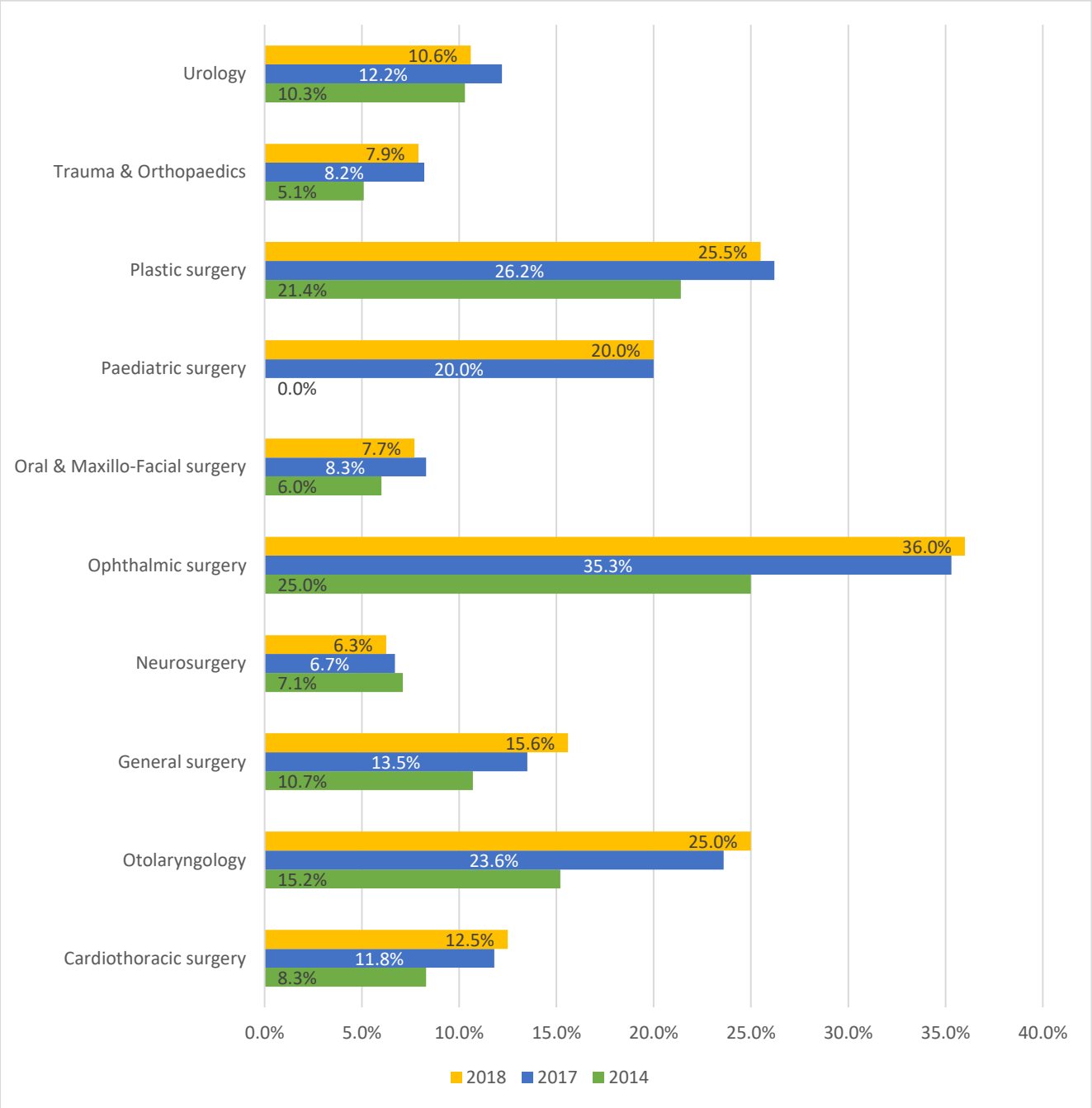
When country of BMQ was examined further, male doctors from Pakistan (N=1441), Sudan (N=812), South Africa (N=433) and (Egypt N=475) cumulatively made up 73.3% of all male doctors with a category 4 BMQ retaining on the register and 27% of all male doctors retaining on the register.

Table 36. Male and Female doctors retaining on the register according to country of BMQ

Country of BMQ	Female		Male	
	Frequency	Percent	Frequency	Percent
Australia	31	0.4%	75	0.6%
Bangladesh	9	0.1%	34	0.3%
Bulgaria	43	0.5%	71	0.6%
China	9	0.1%	33	0.3%
Croatia	34	0.4%	36	0.3%
Czech Republic	42	0.5%	67	0.6%
Egypt	34	0.4%	475	4.1%
Germany	48	0.6%	40	0.3%
Greece	14	0.2%	34	0.3%
Hungary	102	1.2%	139	1.2%
India	104	1.2%	314	2.7%
Iraq	39	0.5%	118	1.0%
Ireland	5745	68.3%	5728	48.9%
Italy	33	0.4%	74	0.6%
Latvia	16	0.2%	41	0.4%
Libyan Arab Jamahiriya	21	0.2%	88	0.8%
Lithuania	29	0.3%	27	0.2%
Netherlands	9	0.1%	22	0.2%
Nigeria	63	0.7%	189	1.6%
Pakistan	432	5.1%	1441	12.3%
Poland	117	1.4%	136	1.2%
Romania	288	3.4%	354	3.0%
Russian Federation	13	0.2%	32	0.3%
Slovakia	26	0.3%	39	0.3%
South Africa	219	2.6%	433	3.7%
Spain	42	0.5%	42	0.4%
Sudan	307	3.7%	812	6.9%
Syrian Arab Republic	7	0.1%	55	0.5%
Ukraine	13	0.2%	27	0.2%
United Kingdom	304	3.6%	396	3.4%
United States of America	11	0.1%	26	0.2%
Total	8407	100%	11702	100%

RCSI, in their 2017 report compiled by their Gender Diversity Short Life Working Group, noted the proportion of female doctors active, retaining their place on the register, with an Irish BMQ, in practice in Ireland in the specialities of Cardiothoracic surgery; Otolaryngology; General surgery; Neurosurgery; Ophthalmic surgery; Oral & Maxillo-Facial surgery; Paediatric surgery; Plastic surgery; Trauma & Orthopaedics and Urology at retention in 2014. The proportion of doctors in this category in 2017 and 2018, during the two years of this project, are presented in the figure below.

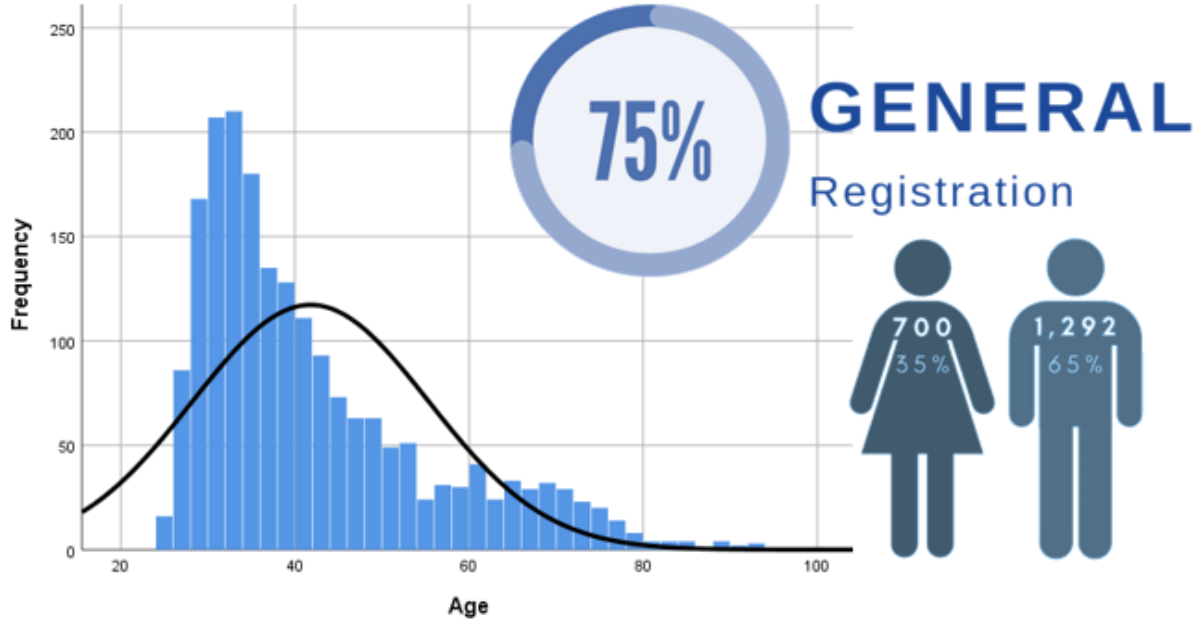
Figure 12. Female doctors active, retaining their place on the register, with an Irish BMQ, in practice in Ireland



Doctors who did not retain their Medical Council registration in 2018

In June 2018, 1,992 doctors chose to not retain their place on the Medical Council register. The majority of non-retainers were male (65%), while the average age of non-retaining doctors was 41.79 years (SD=13.553 years).

Figure 13. Non-retaining doctors in 2019: age and gender



Three quarters of non-retaining doctors were on the General Division of the register. Just under one-in-four non-retaining doctors were on the Specialist Division of the register, reflective of trends identified in non-retaining doctors in 2016 and 2017 data (Medical Council, 2019).

Figure 14. Divisional status of non-retaining doctors in 2018

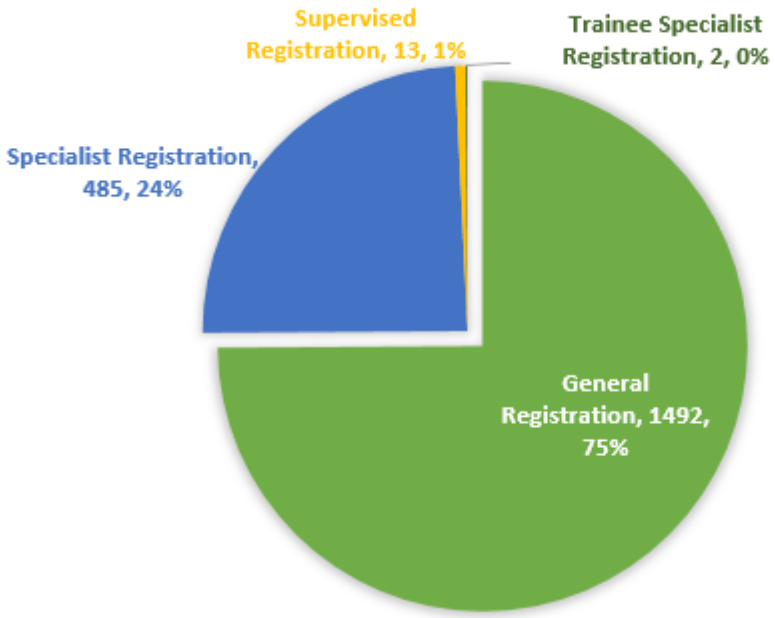
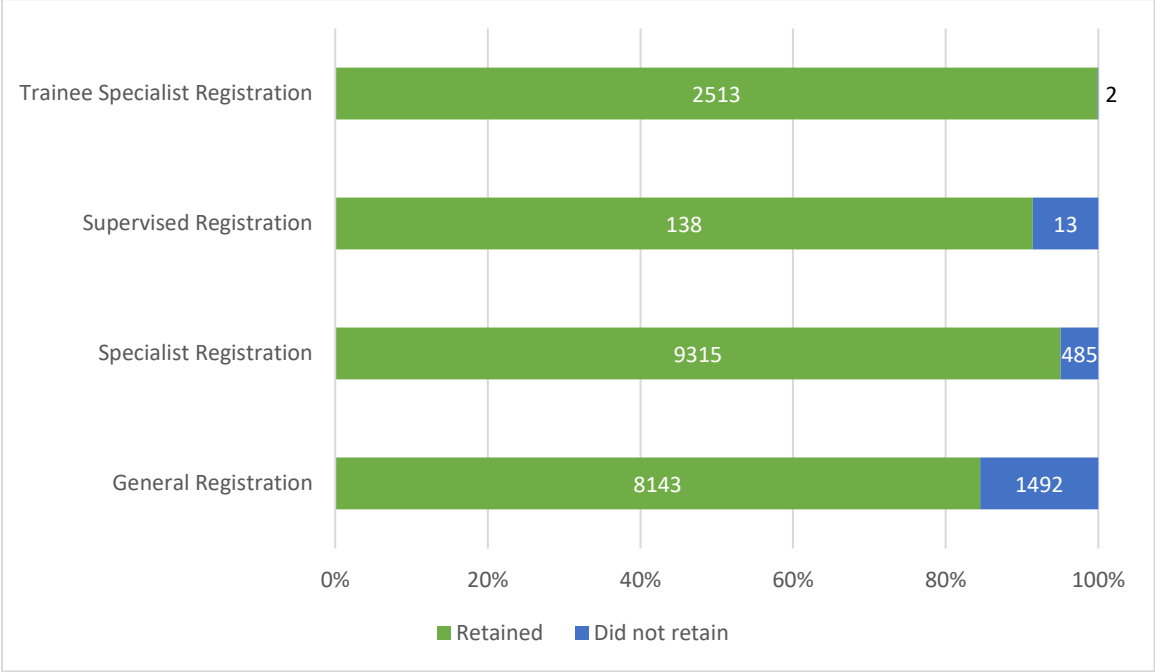


Figure 15. Divisional status of retaining and non-retaining doctors in 2018



Due to the self-report nature of additional questions at retention, the majority of non-retaining doctors do not complete this portion of the questionnaire.

Table 37. Region of practice report by doctors not retaining on the Irish Medical Council's register 2018

Self-reported jurisdiction of practice	Frequency	Percent	Valid Percent	Cumulative Percent
Unreported	1774	89.1%	89.1%	89.1%
Both within and outside the Republic of Ireland	41	2.1%	2.1%	91.1%
Outside the Republic of Ireland only	132	6.6%	6.6%	97.7%
Within the Republic of Ireland only	45	2.3%	2.3%	100%
Total	1992	100%	100%	

Figure 16. County of practice reported by doctors not retaining on the Irish Medical Council's register 2018

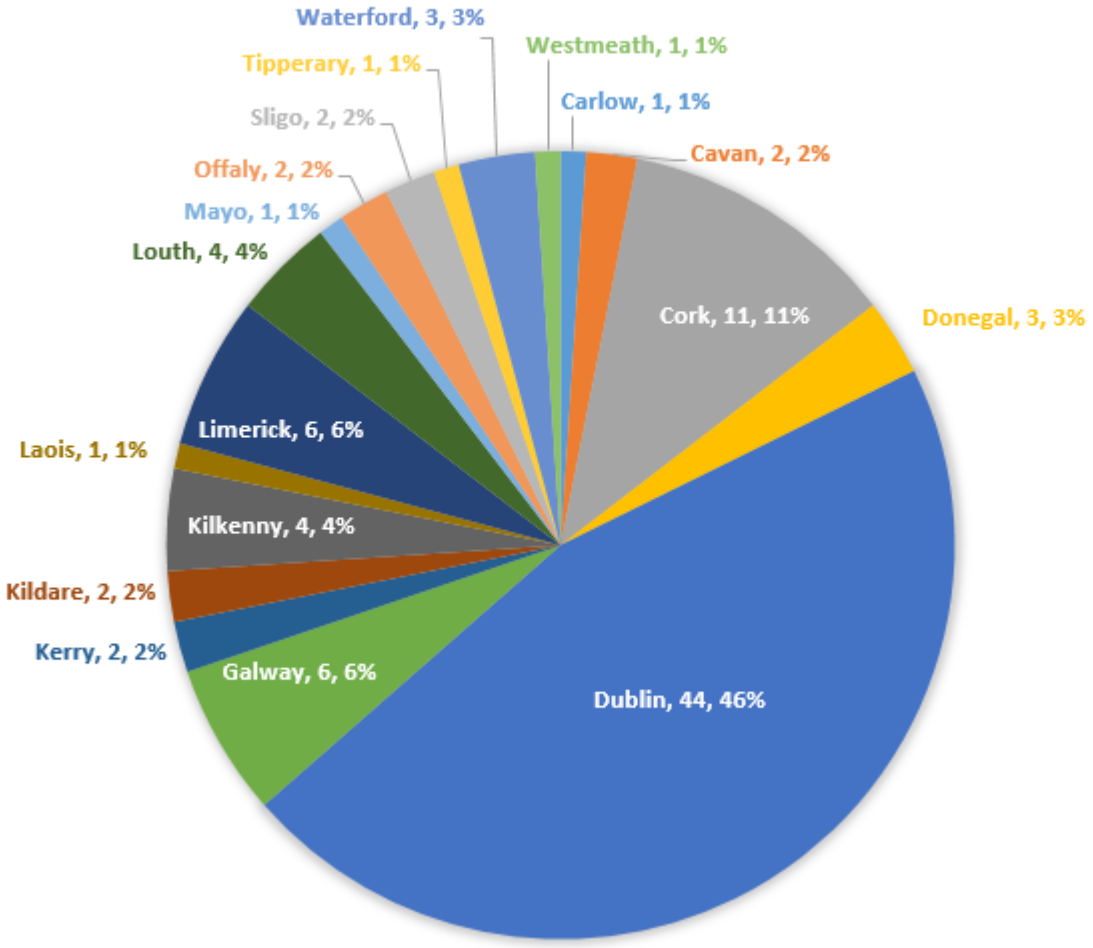


Table 38. Self-reported hours worked by doctors not retaining on the Irish Medical Council's register 2018

Self-reported hours worked	Frequency	Percent	Valid Percent
10 to 20 hours per week	7	0.4%	3.2%
21 to 30 hours per week	17	0.9%	7.8%
31 to 40 hours per week	55	2.8%	25.1%
Fewer than 10 hours per week	16	0.8%	7.3%
More than 40 hours per week	124	6.2%	56.6%
Total	219	11.0%	100%
Unreported	1773	89.0%	
Total	1992	100%	

Table 39. Training role reported by doctors not retaining on the Irish Medical Council's register 2018

Self-reported trainer status	Frequency	Percent	Valid Percent	Cumulative Percent
Unreported	1764	88.6%	88.6%	88.6%
No, I do not train other doctors	110	5.5%	5.5%	94.1%
Yes, but it's not a formal part of my role to train other doctors	62	3.1%	3.1%	97.2%
Yes, it's part of my role to train other doctors	56	2.8%	2.8%	100%
Total	1992	100%	100%	

Table 40. Funding model of services provided, reported by doctors not retaining on the Irish Medical Council's register 2018

Self-reported model of services provided	Frequency	Percent	Cumulative Percent
Unreported	1817	91.2%	91.2%
Provision of privately funded services only	23	1.2%	92.4%
Provision of publicly and privately funded services	46	2.3%	94.7%
Provision of publicly funded services only	106	5.3%	100%
Total	1992	100%	

Table 41. Area of practice reported by doctors not retaining on the Irish Medical Council's register 2018

Self-reported area of practice	Frequency	Percent	Cumulative Percent
Anaesthesia	19	1.0%	1.0%
Cardiology	3	0.2%	1.1%
Cardiothoracic Surgery	5	0.3%	1.4%
Child & Adolescent Psychiatry	2	0.1%	1.5%
Dermatology	3	0.2%	1.6%
Emergency Medicine	23	1.2%	2.8%
Endocrinology & Diabetes Mellitus	2	0.1%	2.9%
Gastroenterology	6	0.3%	3.2%
General (Internal) Medicine	34	1.7%	4.9%
General Practice	41	2.1%	6.9%
General Surgery	20	1.0%	7.9%
Geriatric Medicine	1	0.1%	8.0%
Histopathology	1	0.1%	8.0%
Medical Oncology	3	0.2%	8.2%
Microbiology	1	0.1%	8.2%
Nephrology	5	0.3%	8.5%
Obstetrics & Gynaecology	10	0.5%	9.0%
Occupational Medicine	1	0.1%	9.0%
Ophthalmic Surgery	1	0.1%	9.1%
Ophthalmology	1	0.1%	9.1%
Otolaryngology	3	0.2%	9.3%
Paediatric Surgery	2	0.1%	9.4%
Paediatrics	14	0.7%	10.1%
Palliative Medicine	1	0.1%	10.1%
Plastic, Reconstructive and Aesthetic Surgery	1	0.1%	10.2%
Psychiatry	4	0.2%	10.4%
Radiology	12	0.6%	11.0%
Respiratory Medicine	2	0.1%	11.1%
Trauma & Orthopaedic Surgery	9	0.5%	11.5%
Urology	2	0.1%	11.6%
Unreported	1760	88.4%	100.0%
Total	1992	100%	

Table 42. Category of doctor according to region of BMQ earned, not retaining on the Irish Medical Council's register 2018

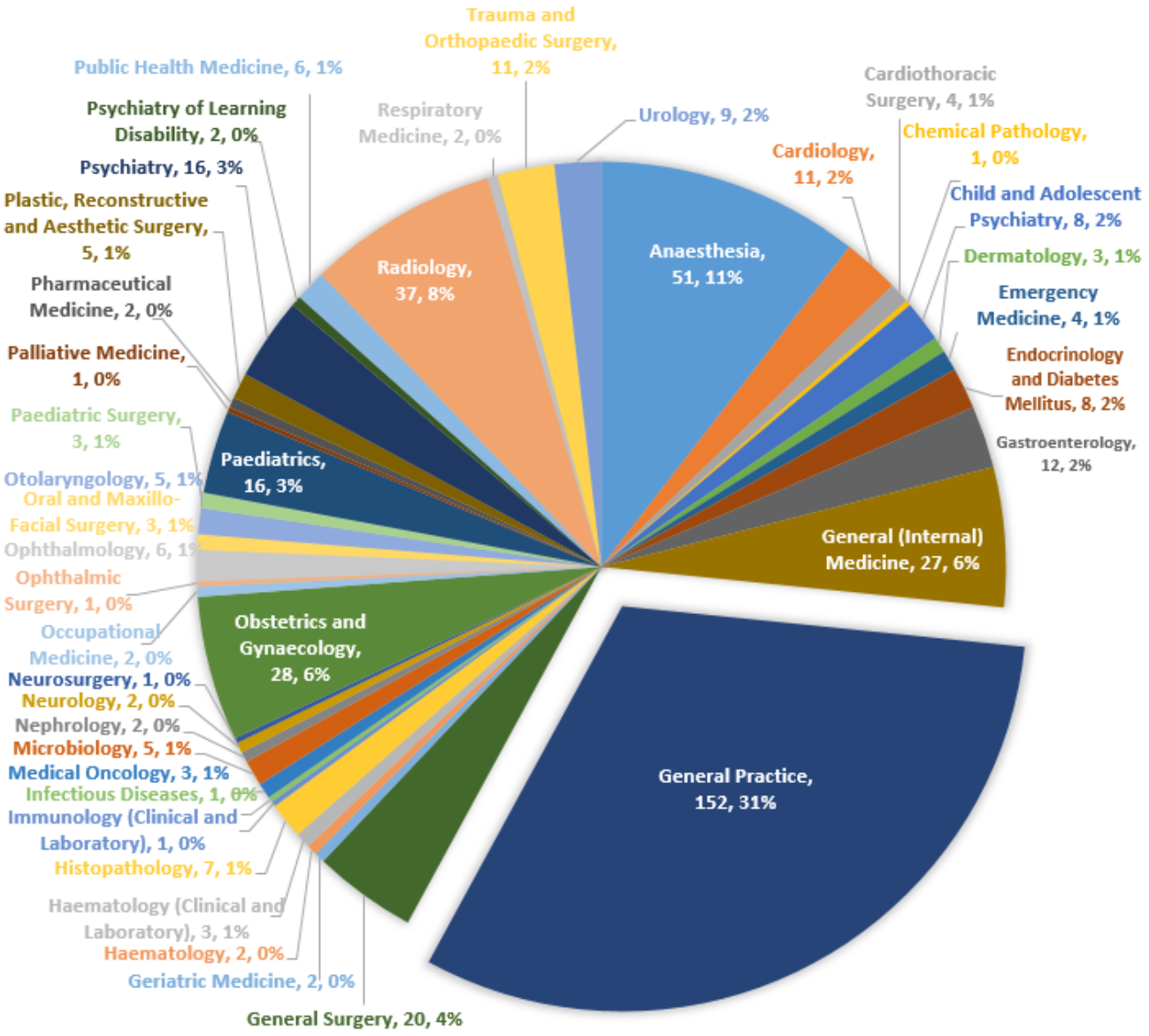
Category of region of BMQ earned	Frequency	Percent	Cumulative Percent
Category 1: Graduates of Irish medical schools	575	28.9%	28.9%
Category 2: Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	387	19.4%	48.3%
Category 3: Graduated in a medical school in the EU (and they are not an EU National)	120	6.0%	54.3%
Category 4: International graduates from a medical school outside the EU and Ireland	910	45.7%	100%
Total	1992	100%	

Table 43. Doctors not retaining on the Irish Medical Council's register 2018 according to country of BMQ and country of passport

Country	Country of BMQ		Country of passport	
	Frequency	Percent	Frequency	Percent
Armenia	3	0.2%		<0.2%
Australia	14	0.7%	16	0.8%
Bangladesh	6	0.3%	5	0.3%
Bulgaria		<0.2%	9	0.5%
Canada		<0.2%	24	1.2%
China	9	0.5%		<0.2%
Croatia	21	1.1%	21	1.1%
Cuba	4	0.2%		<0.2%
Czech Republic	17	0.9%		<0.2%
Egypt	101	5.1%	93	4.7%
France	7	0.4%	6	0.3%
Germany	15	0.8%	18	0.9%
Ghana		<0.2%	4	0.2%
Greece	12	0.6%	28	1.4%
Hungary	60	3.0%	17	0.9%
India	47	2.4%	54	2.7%
Iraq	17	0.9%	19	1.0%
Ireland	571	28.7%	591	29.7%
Israel		<0.2%	3	0.2%
Italy	23	1.2%	20	1.0%
Jordan	3	0.2%	8	0.4%

Country (continued)	Country of BMQ		Country of passport	
	Frequency	Percent	Frequency	Percent
Kuwait		<0.2%	5	0.3%
Kyrgyzstan	3	0.2%		<0.2%
Latvia	11	0.6%	4	0.2%
Lebanon		<0.2%	3	0.2%
Libyan Arab Jamahiriya	6	0.3%	4	0.2%
Lithuania	12	0.6%	7	0.4%
Malaysia		<0.2%	34	1.7%
Mauritius		<0.2%	15	0.8%
Netherlands	7	0.4%	9	0.5%
New Zealand	6	0.3%	5	0.3%
Nigeria	65	3.3%	72	3.6%
Norway		<0.2%	3	0.2%
Oman	6	0.3%	6	0.3%
Pakistan	274	13.8%	256	12.9%
Poland	35	1.8%	29	1.5%
Portugal	11	0.6%	15	0.8%
Romania	119	6.0%	61	3.1%
Russian Federation	4	0.2%		<0.2%
Saudi Arabia	3	0.2%	11	0.6%
Serbia	5	0.3%		<0.2%
Singapore		<0.2%	4	0.2%
Slovakia	8	0.4%	7	0.4%
Slovenia		<0.2%	3	0.2%
South Africa	92	4.6%	84	4.2%
Spain	27	1.4%	41	2.1%
Sri Lanka		<0.2%	8	0.4%
Sudan	218	10.9%	182	9.1%
Sweden		<0.2%	3	0.2%
Switzerland	3	0.2%		<0.2%
Syrian Arab Republic	7	0.4%	5	0.3%
Turkey		<0.2%	4	0.2%
Ukraine	5	0.3%		<0.2%
United Arab Emirates		<0.2%	5	0.3%
United Kingdom	60	3.0%	102	5.1%
United States of America	5	0.3%	19	1.0%
Yemen	6	0.3%	6	0.3%
Total	1992	100%	1992	100%

Figure 17. Area of practice of doctors not retaining on the Medical Council register in 2018



End of year: doctors active on the register

At year end, 31st December 2018, there were 23,007 doctors active on the register, representing the highest number of doctors active on the Medical Council's register of medical practitioners. These doctors ranged in age from 22-94 years (Mean= 42.75, SD=12.618). The register on this date was made up of primarily specialist (N=9,581, 41.6%) and general (N= 9,319, 40.5%) registrants.

Figure 18. Number of doctors registered at year end, 31st December, 2008-2018

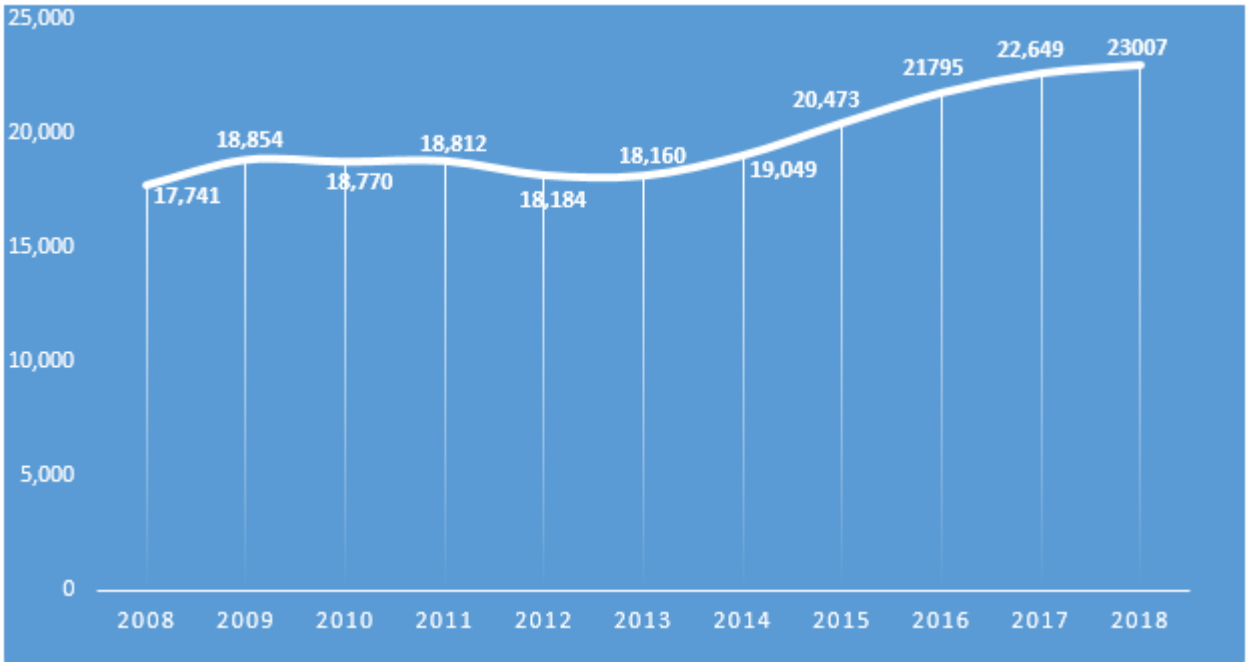


Table 44. Doctors active on the register at year end 2018 by divisional status

Divisional status of registration	Frequency	Percent	Cumulative Percent
General Registration	9319	40.5%	40.5%
Internship Registration	1166	5.1%	45.6%
Specialist Registration	9581	41.6%	87.2%
Supervised Registration	207	0.9%	88.1%
Trainee Specialist Registration	2734	11.9%	100%
Total	23007	100%	

Table 45. Doctors active on the register at year end 2018 by region of BMQ earned

Category of doctor according to region of BMQ earned	Frequency	Percent	Cumulative Percent
Category 1: Graduates of Irish medical schools	13426	58.4%	58.4%
Category 2: Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	2393	10.4%	68.8%
Category 3: Graduated in a medical school in the EU (and they are not an EU National)	807	3.5%	72.3%
Category 4: International graduates from a medical school outside the EU and Ireland	6376	27.7%	100%
None	5	0.0%	100%
Total	23007	100%	

Table 46. Irish and international medical graduate doctors active on the register at year end 2018 by divisional status

Divisional status of registration	Irish Medical Graduates		International Medical Graduates	
	Frequency	Percent	Frequency	Percent
General Registration	3082	23.0%	6235	65.1%
Internship Registration	1147	8.5%	19	0.2%
Specialist Registration	6960	51.8%	2619	27.3%
Supervised Registration	1	0.0%	206	2.2%
Trainee Specialist Registration	2236	16.7%	497	5.2%
Total	13426	100%	9576	100%

Training in Ireland: trainees and trainers

Trainers educating and supervising trainee specialists and interns in practice in Ireland face the challenge of combining service provision with training delivery. The role of the Trainer is key in the development of our future doctors. Not only are they ensuring that trainees meet the required learning objectives, they are the role models that trainees set themselves against and where attitudes around professionalism are formed, shaping the culture of the future workforce.

The Medical Council recognises the importance of the Trainer role in its mission in promoting patient safety and has committed to exploring how Trainers are recognised and supported. To profile this group, 2018 registration data was filtered and presented according to those active, retained, on the Specialist Division, working in Ireland, in a formal training role. Trainees were drawn from the Trainee Specialist Division of the register.

Table 47. Trainees and trainer age range 2018

		Trainees	Trainers
	Valid	2513	3781
	Missing	0	0
Mean		31.79	49.79
Std. Deviation		4.386	8.308
Minimum		24	30
Maximum		56	85

Figure 19. Proportion of male and female trainees, trainers and doctors across the register 2018

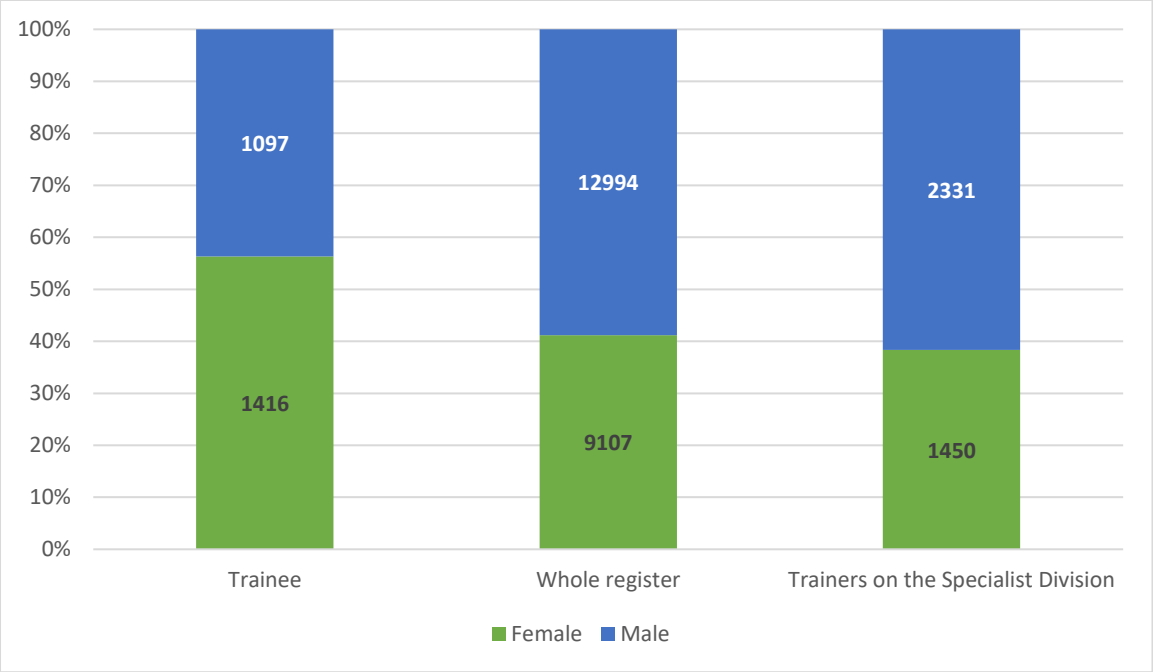


Table 48. Self-reported role of doctors providing and in receipt of training in Ireland 2018

Self-reported role	Trainee Specialists		Trainers on the Specialist Division	
	Frequency	Percent	Frequency	Percent
Community Health Doctor	0	0.0%	4	0.1%
General practitioner	84	3.3%	586	15.5%
Healthcare related management and administration	1	0.0%	9	0.2%
Hospital Consultant	0	0.0%%	2848	75.3%
Non-consultant hospital doctor, in training	2075	82.6%	53	1.4%
Non-consultant hospital doctor, not in training	302	12.0%	38	1.0%
Other	31	1.2%	26	0.7%
Other Consultant or Specialist	2	0.1%	164	4.3%
Public Health Doctor	11	0.4%	53	1.4%
Undeclared	7	0.3%	0	0.0%
Total	2513	100%	3781	100%

Table 49. County of practice of doctors providing and in receipt of training in Ireland 2018

County of practice	Trainee Specialists		Trainers on the Specialist Division	
	Frequency	Percent	Frequency	Percent
Carlow	1	0.0%	4	0.1%
Cavan	31	1.2%	39	1.0%
Clare	8	0.3%	27	0.7%
Cork	290	11.5%	464	12.3%
Donegal	39	1.6%	96	2.5%
Dublin	1262	50.2%	1768	46.8%
Galway	200	8.0%	304	8.0%
Kerry	33	1.3%	74	2.0%
Kildare	37	1.5%	50	1.3%
Kilkenny	17	0.7%	51	1.3%
Laois	13	0.5%	30	0.8%
Leitrim	1	0.0%	7	0.2%
Limerick	126	5.0%	185	4.9%
Longford	1	0.0%	7	0.2%
Louth	62	2.5%	105	2.8%
Mayo	35	1.4%	62	1.6%
Meath	15	0.6%	40	1.1%
Monaghan	5	0.2%	15	0.4%
Offaly	33	1.3%	47	1.2%
Roscommon	1	0.0%	20	0.5%
Sligo	68	2.7%	84	2.2%
Tipperary	13	0.5%	45	1.2%
Waterford	94	3.7%	132	3.5%
Westmeath	38	1.5%	52	1.4%
Wexford	42	1.7%	72	1.9%
Total	2465	98.1%	3781	100%
Unreported	48	1.9%	0	0.0%
Total	2513	100.0	3781	100%

Table 50. Area of practice reported by trainee specialists and specialist trainers

Area of practice	Trainee Specialists		Trainers on Specialist Division	
	Frequency	Percent	Frequency	Percent
Anaesthesia	214	8.5%	373	9.9%
Cardiology	43	1.7%	94	2.5%
Cardiothoracic Surgery	9	0.4%	19	0.5%
Chemical Pathology	1	0.0%	7	0.2%
Child & Adolescent Psychiatry	25	1.0%	88	2.3%
Clinical Genetics	1	0.0%	5	0.1%
Clinical Neurophysiology	0	0.0%	3	0.1%
Clinical Pharmacology & Therapeutics	0	0.0%	7	0.2%
Dermatology	18	0.7%	47	1.2%
Emergency Medicine	167	6.6%	97	2.6%
Endocrinology & Diabetes Mellitus	38	1.5%	56	1.5%
Gastroenterology	44	1.8%	87	2.3%
General (Internal) Medicine	274	10.9%	92	2.4%
General Practice	230	9.2%	575	15.2%
General Surgery	122	4.9%	211	5.6%
Genito-Urinary Medicine	1	0.0%	5	0.1%
Geriatric Medicine	79	3.1%	94	2.5%
Haematology (Clinical & Laboratory)	25	1.0%	67	1.8%
Histopathology	48	1.9%	87	2.3%
Immunology (Clinical & Laboratory)	5	0.2%	6	0.2%
Infectious Diseases	16	0.6%	18	0.5%
Medical Oncology	35	1.4%	44	1.2%
Microbiology	13	0.5%	48	1.3%
Nephrology	35	1.4%	41	1.1%
Neurology	23	0.9%	53	1.4%
Neuropathology	1	0.0%	4	0.1%
Neurosurgery	11	0.4%	18	0.5%
Obstetrics & Gynaecology	149	5.9%	176	4.7%
Occupational Medicine	2	0.1%	25	0.7%
Ophthalmic Surgery	20	0.8%	36	1.0%
Ophthalmology	12	0.5%	29	0.8%
Oral & Maxillo-Facial Surgery	1	0.0%	10	0.3%
Otolaryngology	26	1.0%	56	1.5%
Paediatric Cardiology	14	0.6%	8	0.2%
Paediatric Surgery	5	0.2%	10	0.3%
Paediatrics	200	8.0%	214	5.7%
Palliative Medicine	23	0.9%	37	1.0%
Pharmaceutical Medicine	1	0.0%	6	0.2%
Plastic, Reconstructive and Aesthetic Surgery	30	1.2%	33	0.9%
Psychiatry	237	9.4%	269	7.1%
Psychiatry of Learning Disability	7	0.3%	16	0.4%
Psychiatry of Old Age	19	0.8%	56	1.5%
Public Health Medicine	15	0.6%	60	1.6%
Radiation Oncology	24	1.0%	26	0.7%
Radiology	54	2.1%	173	4.6%
Rehabilitation Medicine	4	0.2%	9	0.2%
Respiratory Medicine	56	2.2%	73	1.9%
Rheumatology	27	1.1%	41	1.1%
Sport & Exercise Medicine	0	0.0%	6	0.2%
Trauma & Orthopaedic Surgery	77	3.1%	116	3.1%
Tropical Medicine	0	0.0%	1	0.0%
Urology	30	1.2%	49	1.3%
Undeclared	2	0.1%	0	0.0%
Total	2513	100%	3781	100%

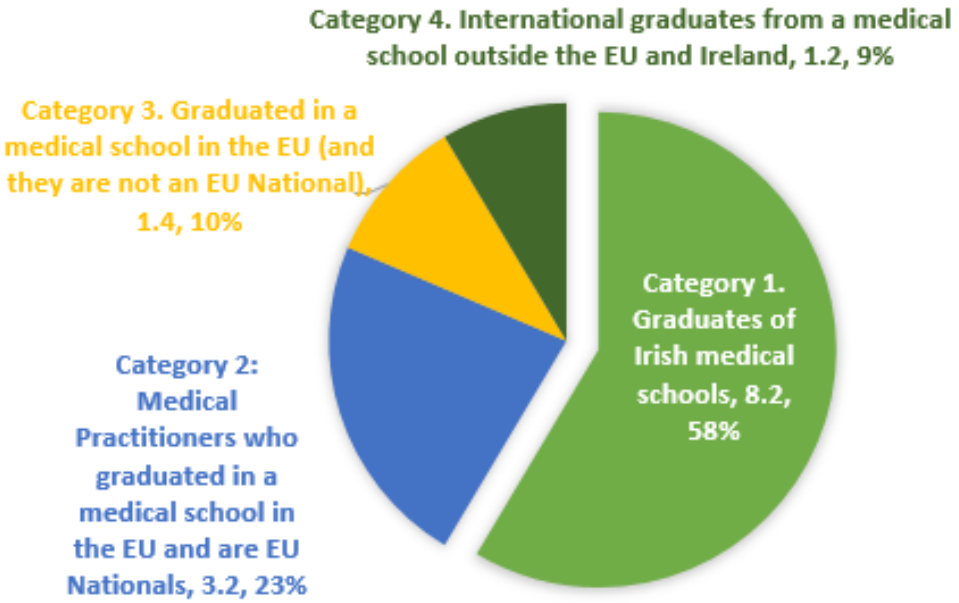
Table 51. Hours worked by trainees and specialist trainers

Self-reported hours worked	Trainee Specialists		Trainers on Specialist Division	
	Frequency	Percent	Frequency	Percent
10 to 20 hours per week	20	0.8%	106	2.8%
21 to 30 hours per week	31	1.2%	171	4.5%
31 to 40 hours per week	380	15.1%	988	26.1%
Fewer than 10 hours per week	31	1.2%	53	1.4%
More than 40 hours per week	2043	81.3%	2463	65.1%
Unreported	8	0.3%	0	0.0%
Total	2513	100%	3781	100%

Table 52. Model of services provided by trainees and specialist trainers

Self-reported model of services	Trainee Specialists		Trainers on Specialist Division	
	Frequency	Percent	Frequency	Percent
Unreported	399	15.9%	1	0.0%
Provision of privately funded services only	17	0.7%	137	3.6%
Provision of publicly and privately funded services	364	14.5%	2319	61.3%
Provision of publicly funded services only	1733	69.0%	1324	35.0%
Total	2513	100%	3781	100%

Figure 20. Trainer registration category



WORKFORCE INTELLIGENCE REPORT 2018:

VOLUNTARY WITHDRAWALS

THE CONTEMPORARY CONTEXT OF WORKFORCE PLANNING IN IRELAND

Voluntary withdrawals

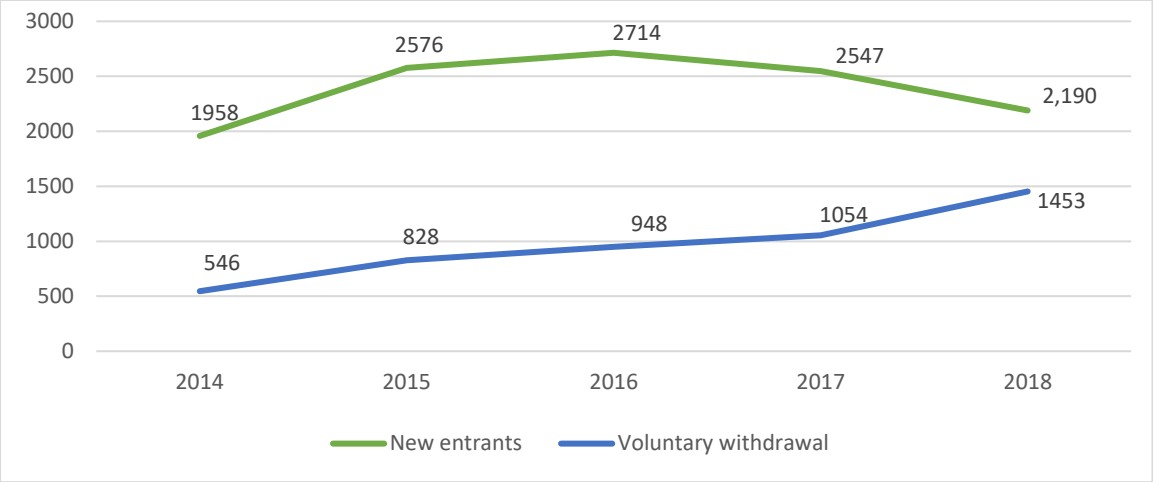
Profiles of doctors invited to retain registration, choosing to retain registration and those choosing to decline retention on the register have been described in the previous sections. However, every year, doctors choose to voluntarily withdraw from the Medical Council register. Since 2014, data has been captured to build a profile of this group and to gain an insight into why those who voluntarily withdraw registration do so and if and where they plan to practice medicine following voluntary withdrawal.

A small minority of respondents (69 doctors, representing 6% of respondents) reported retirement and stopping practice altogether as their reason for voluntarily withdrawing from the register. Other reasons for voluntary withdrawal were explored. These include:

- being expected to carry out too many non-core tasks;
- Lack of respect by senior colleagues;
- Lack of flexible training options;
- Earning more abroad;
- Family/personal reasons for making a voluntary withdrawal from the register;
- Changing to a role that doesn't require being registered with the Medical Council;
- Lack of employer support in my work;
- Workplace understaffing;
- Perceived poor quality training available;
- Working hours expected too long;
- Limitations in career progression opportunities available.

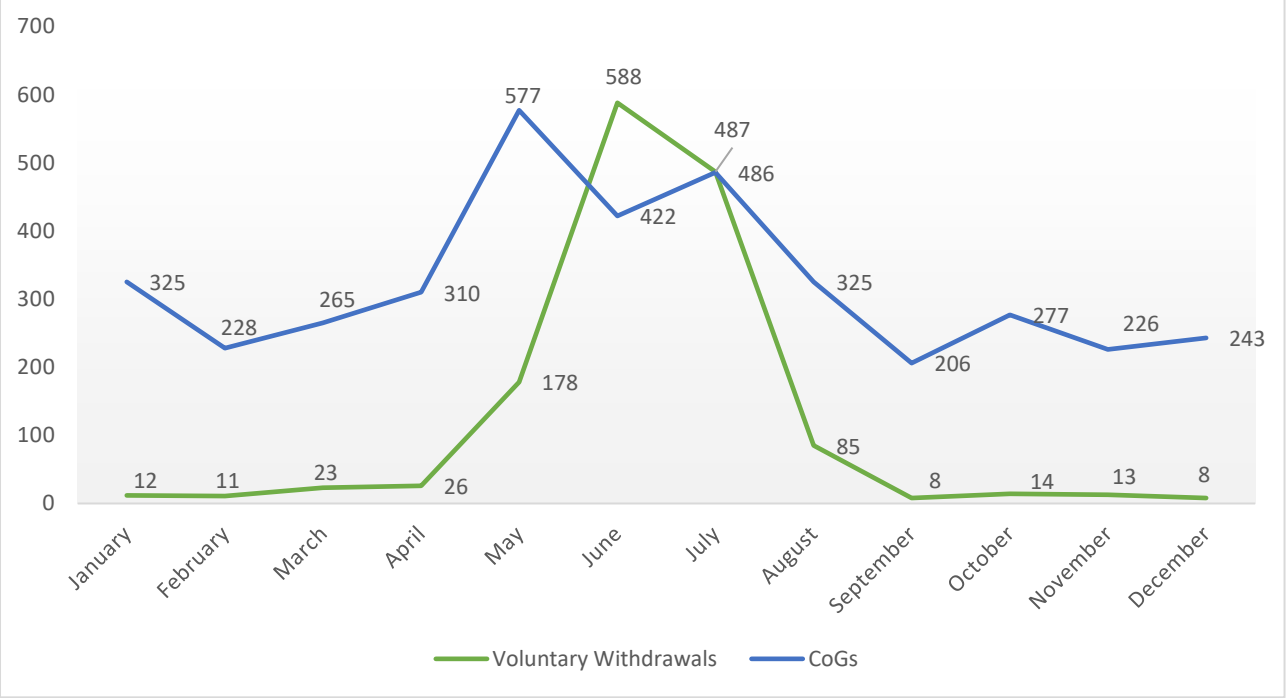
In 2018, 1,453 doctors voluntarily withdrew their registration from the Medical Council's register. This represents a 37.9% increase in voluntary withdrawals, from 1,054 in 2017. Voluntary withdrawals from the register are manually processed by the executive of the Medical Council and these are recorded daily.

Figure 21. Voluntary Withdrawals from and new entrants to the Medical Council register 2014-2018



The figures for 2018 are mapped in figure 22 below according to month of withdrawal from the register, with an average of 121.08 medical practitioners leaving the register on a voluntary basis every month. However, 86.2% of all of those who made a voluntary withdrawal from the register did so in May, June and July, during the retention of registration period.

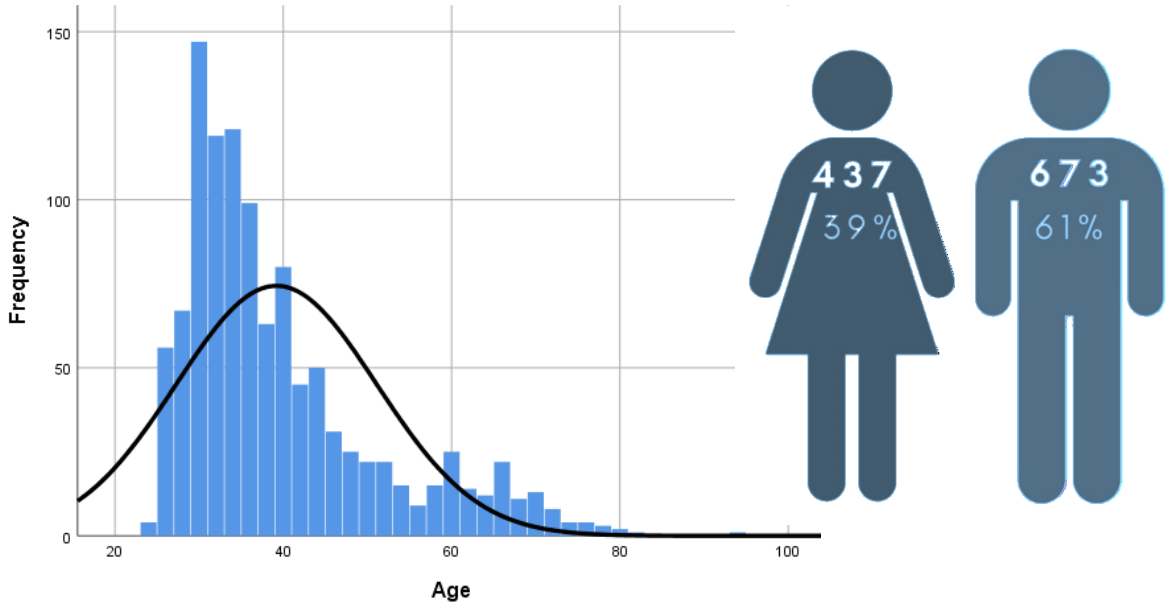
Figure 22. Voluntary Withdrawal from and Certificate of Good Standing applications to the Medical Council register 2018



Doctor migration from Ireland is not currently formally measured. To migrate from Ireland and work as a medical practitioner in another jurisdiction, doctors must have their registration on the Irish register of medical practitioners verified by the Medical Council prior to migration. Certificates of Good Standing (CoGS) are issued directly by the Medical Council to another authority, which reduces the requirement to verify their authenticity. This is an imperfect measure of migration as it represents a potential intent to emigrate rather than actual migration. However, it is the only available indicator of a doctor's intention to migrate from Ireland from our records currently. On average, there were 324.17 applications for a CoGS per month in 2018, with 3,890 received in total. The month of May was the month in which most applications were received (N= 577, 14.8% of all applications), immediately preceding the month of June, in which the most voluntary withdrawals from the register were made (N= 588, 40.5% of all voluntary withdrawals from the register).

Following voluntary withdrawal from the register, medical practitioners are routinely emailed a brief questionnaire to explore the reasons for leaving the register. In 2018, 1,110 practitioners responded to this, a response rate of 76.4%. This group of doctors reported an age range of 24-93 years and a mean age of 39.19 years (median age of 35 years, SD=11.903).

Figure 23. Doctors voluntarily withdrawing from the register: age and gender



Doctors choosing to voluntarily withdraw from the register were aged between 24 and 93 years, with an average age of 39.19 years (SD=11.903 years). The majority of those who left the register were on the General Division of the register (71.4%), however just under one quarter (23.7%) left the Specialist Division of the register. One third of all registrants leaving on a voluntary basis were Irish graduates.

Table 53. Division of the register that doctors withdrew from in 2018

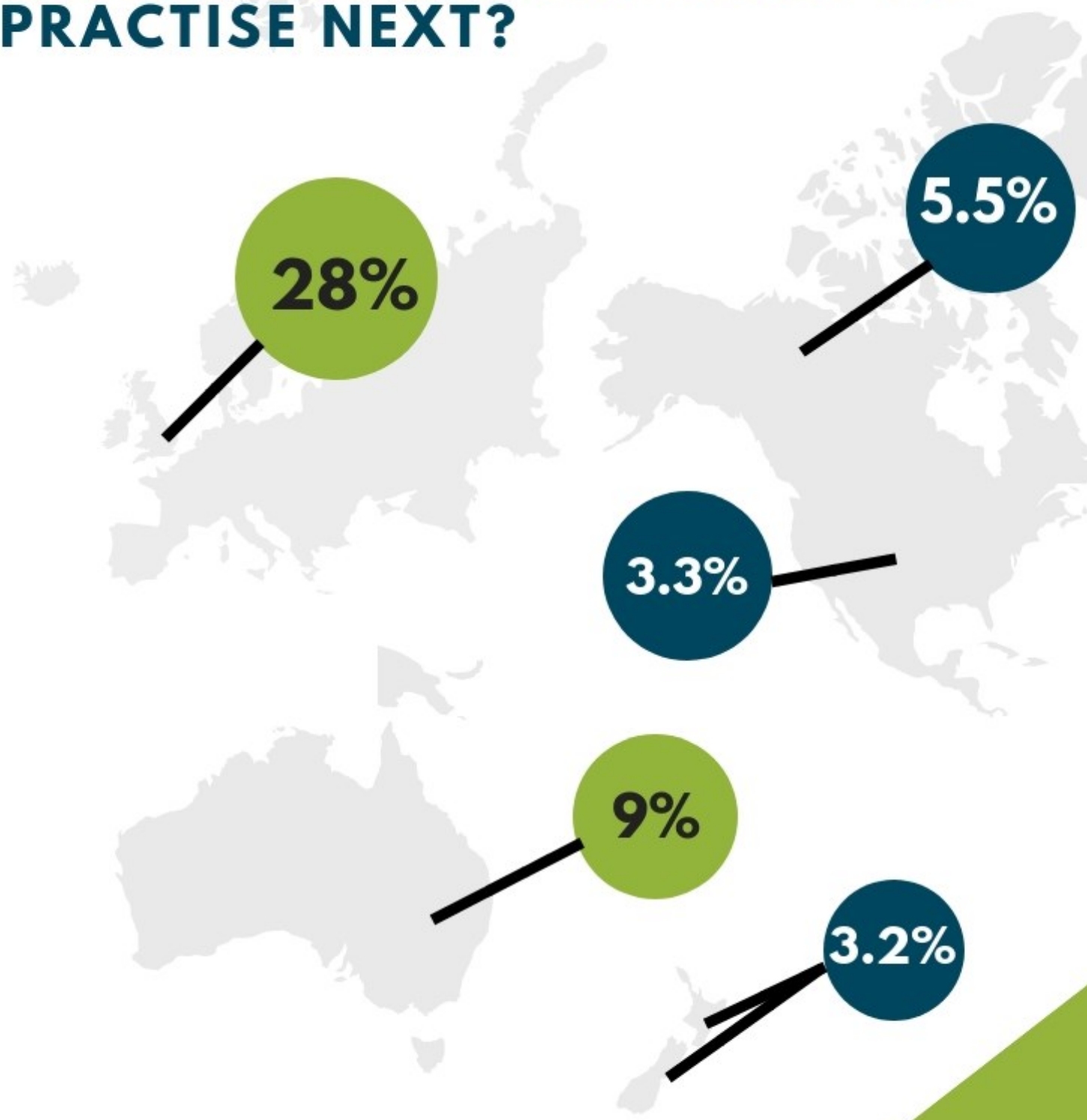
Divisional status	Frequency	Percent	Cumulative Percent
General Registration	793	71.4%	71.4%
Internship Registration	44	4.0%	75.4%
Specialist Registration	263	23.7%	99.1%
Supervised Registration	7	0.6%	99.7%
Trainee Specialist Registration	3	0.3%	100%
Total	1110	100.0%	

Table 54. Category of registrants according to region of BMQ that withdrew from the register in 2018

Category of doctor according to region of BMQ earned	Frequency	Percent	Cumulative Percent
Category 1. Graduates of Irish medical schools	369	33.2%	33.2%
Category 2: Medical Practitioners who graduated in a medical school in the EU and are EU National	217	19.5%	52.8%
Category 3. Graduated in a medical school in the EU (and they are not an EU National)	49	4.4%	57.2%
Category 4. International graduates from a medical school outside the EU and Ireland	475	42.8%	100%
Total	1110	100%	

The majority of those leaving the register wished to practise medicine in another country (N= 749, 67.5%). An additional 7.2% (N=80) of those leaving the register reported wishing to stop practising medicine altogether, while 281 doctors had some other reason for leaving the register (25.3%).

WHERE DO DOCTORS WANT TO PRACTISE NEXT?



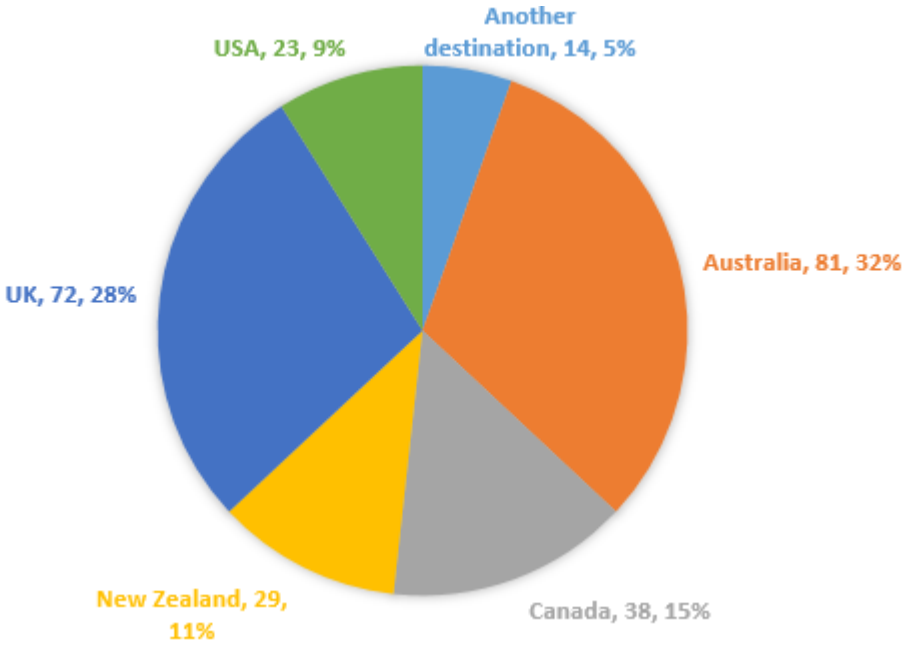
- 539 of 1,110 respondents (48.6%) reported that they planned to practise in the UK, Australia, New Zealand, the USA, or Canada.
- 210 (19%) respondents reported planning to practice in "another" jurisdiction. Cumulative, 4.9% planned to practise in South Africa and Pakistan

Category 1. Graduates of Irish medical schools

One-third of doctors who left the Irish register of medical practitioners in 2018 were graduates of Irish medical schools. This group was made up of slightly more female (N=192, 52%) than male (N=177, 48%) doctors, aged between 24 and 93 years (Mean= 40.28 years, SD=15.771). Most of these doctors reported leaving the General Division of the register (N=216, 58.5%), while just under three in ten left the Specialist Division (N=107, 29%). Interns represented 11.9% of this group leaving the register (N=44)

The majority of these doctors planned to practice medicine in another country (N=257, 69.6%), while 66 doctors planned to stop practising altogether. The remaining 46 doctors, representing one in eight of this group, had another unspecified reason for withdrawing, captured through qualitative feedback and explored later in the report.

Figure 24. Next reported jurisdiction of practice for graduates of Irish medical schools leaving the register in 2018



Doctors who reported “another destination” cited: Cyprus; France; Germany; Hong Kong; Italy; Malaysia; Poland; Singapore; Sudan and Switzerland.

Of note, compared to other categories of doctor leaving the register, a higher proportion of Irish graduate doctors reported leaving due to retirement (N=59, 16%).

Table 55. Reasons reported by Irish medical graduates for leaving the register 2018

Primary reasons for VW cited	Frequency	Percent	Cumulative Percent
I am expected to carry out too many non-core tasks	9	2.4%	2.4%
I am retiring	59	16.0%	18.4%
I do not have flexible training options	2	0.5%	19.0%
I feel I can earn more abroad	26	7.0%	26.0%
I have family/personal reasons for making a voluntary withdrawal from the register	53	14.4%	40.4%
I have some other reason for making a voluntary withdrawal from the register	96	26.0%	66.4%
I'm changing to a role that doesn't require me to be registered with the Medical Council	32	8.7%	75.1%
My employer does not support me in my work	5	1.4%	76.4%
My workplace is understaffed	14	3.8%	80.2%
The quality of training available to me here is poor	12	3.3%	83.5%
The working hours expected of me here are too long	13	3.5%	87.0%
There are limited career progression opportunities available to me here	48	13.0%	100%
Total	369	100%	

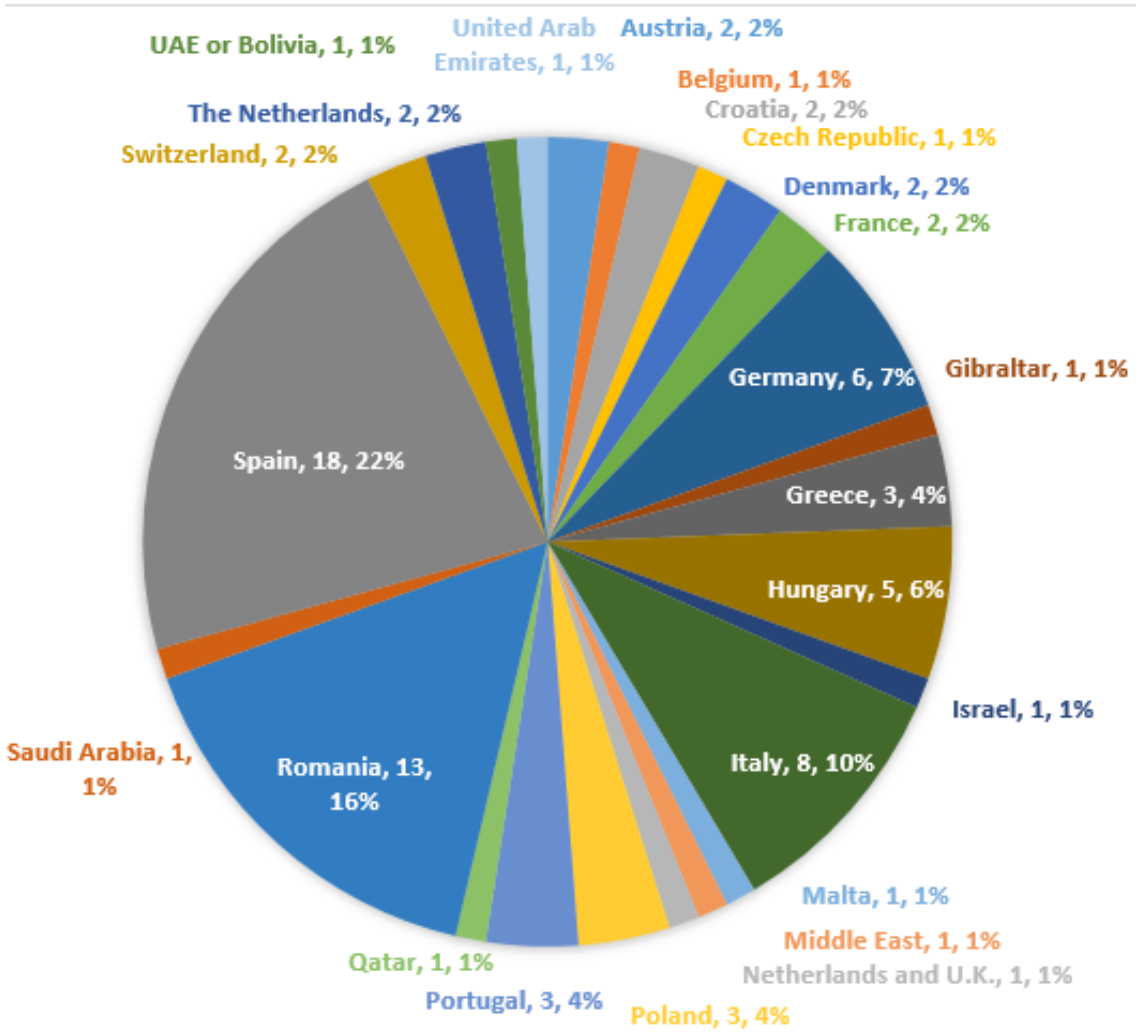
Category 2: Medical Practitioners who graduated in a medical school in the EU and are EU Nationals

There were 217 medical practitioners who graduated in a medical school in the EU and are EU nationals who voluntarily withdrew from the register in 2018. This group had an even gender split and was made up of 109 female doctors and 108 male doctors aged between 26 and 65 years (mean= 38.91 years, SD= 9.529). Just over half of this group (N=115, 53%) were leaving the General Division while just under one half of this group was leaving the Specialist Division of the register. Only one EU national who was graduate from an EU medical school outside of Ireland and on the Trainee Specialist Division left the register in 2018. The majority of these doctors left with a view to practise in another jurisdiction (N=154, 71%), while eight left to stop practice outright. One quarter of the overall group had another reason for leaving, documented through qualitative responses.

Table 56. Reported next jurisdiction of practice for medical practitioners who graduated in a medical school in the EU and are EU Nationals

Reported next jurisdiction of practice	Frequency	Percent	Cumulative Percent
Unreported	63	29.0%	29.0%
Another destination	83	38.2%	67.3%
Australia	2	0.9%	68.2%
Canada	2	0.9%	69.1%
New Zealand	1	0.5%	69.6%
UK	63	29.0%	98.6%
USA	3	1.4%	100%
Total	217	100%	

Figure 25. Reported next jurisdiction of practice for medical practitioners who graduated in a medical school in the EU and are EU Nationals and reported "another destination"



Family/personal reasons or other reasons specified through qualitative answers cumulatively accounted for 67.3% of reasons reported by this group for making a voluntary withdrawal from the register.

Table 57. Reasons for leaving the register reported by medical practitioners who graduated in a medical school in the EU and are EU Nationals

Primary reasons for VW cited	Frequency	Percent	Cumulative Percent
I am not respected by senior colleagues	2	0.9%	0.9%
I am retiring	6	2.8%	3.7%
I do not have flexible training options	3	1.4%	5.1%
I feel I can earn more abroad	3	1.4%	6.5%
I have family/personal reasons for making a voluntary withdrawal from the register	81	37.3%	43.8%
I have some other reason for making a voluntary withdrawal from the register	65	30.0%	73.7%
I'm changing to a role that doesn't require me to be registered with the Medical Council	24	11.1%	84.8%
My employer does not support me in my work	4	1.8%	86.6%
My workplace is understaffed	1	0.5%	87.1%
The quality of training available to me here is poor	4	1.8%	88.9%
There are limited career progression opportunities available to me here	24	11.1%	100%
Total	217	100%	

Category 3. Graduated in a medical school in the EU (and they are not an EU National)

In total only 49 graduates of medical schools in the EU (and are not an EU National) voluntarily withdrew from the register in 2018. This group was aged between 25 and 48 years (mean= 33.1 years, SD= 4.669 years) and the majority were male (N=30, 61.2%). Almost nine in ten of these respondents were leaving the General Division of the register (N=44, 89.8%), while the remaining five doctors left the Specialist Division. Most respondents left the register with a view to practising in another country (N=29, 59.2%), while the remaining 20 doctors had another plan for voluntarily withdrawing, captured through qualitative data. As with other groups of doctors, this group reported family/personal reasons or other reasons unspecified but explored through qualitative data as the primary reasons for withdrawing (N=45, 91.9%).

Table 58. Reasons for leaving the register reported by graduates of a medical school in the EU (and they are not an EU national)

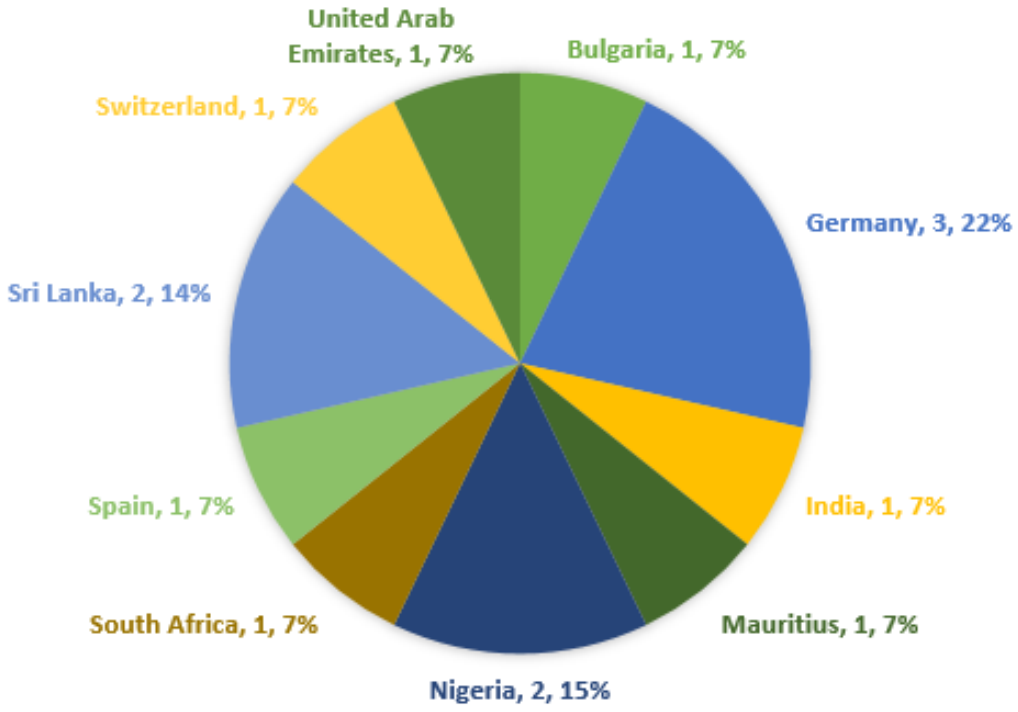
Primary reasons for VW cited	Frequency	Percent	Cumulative Percent
I have family/personal reasons for making a voluntary withdrawal from the register	24	49.0%	49.0%
I have some other reason for making a voluntary withdrawal from the register	21	42.9%	91.8%
There are limited career progression opportunities available to me here	4	8.2%	100%
Total	49	100%	

For this group of doctors, there was a particularly diverse range of countries reported as next destination of practice. The UK was the most popular next destination, with 20.4% reporting this.

Table 59 Reported next jurisdiction of practice for graduates of a medical school in the EU (and they are not an EU national)

Next jurisdiction of practice	Frequency	Percent	Cumulative Percent
Unreported	20	40.8%	40.8%
Another destination	14	28.6	69.4%
Australia	2	4.1%	73.5%
Canada	1	2.0%	75.5%
New Zealand	1	2.0%	77.6%
UK	10	20.4%	98.0%
USA	1	2.0%	100%
Total	49	100%	

Figure 26. Reported next jurisdiction of practice for graduates of a medical school in the EU (and they are not an EU national) who reported "another destination" of practice



Category 4. International graduates from a medical school outside the EU and Ireland

In total 475 international graduates from a medical school outside the EU and Ireland left the Irish register of medical practitioners in 2018. These doctors were aged between 25 and 71 years of age, with an average age of 39.08 years (SD= 9.487). Three quarters of this group were male (N=358), while 88% were on the General Division of the register (N=418). Fifty of those leaving from this group of doctors left the Specialist Division of the register, while the remaining seven doctors left the Supervised Division of the register. Just under two-thirds of these respondents left to practise medicine in another country (N=309, 65.1%), while just over one-third (N=160, 33.7%) reported leaving for another reason. Six respondents left with a view to stopping practice altogether. Cumulatively, 71.6% of this group cited leaving the register for family/personal reasons or some other (unspecified) reason for making a voluntary withdrawal from the register. Information regarding this was captured qualitatively and explored categorically later within the report.

Table 60. Reasons cited by international graduates from a medical school outside the EU and Ireland for leaving the register in 2018

Primary reasons for VW cited	Frequency	Percent	Cumulative Percent
I am retiring	4	0.8%	0.8%
I do not have flexible training options	14	2.9%	3.8%
I feel I can earn more abroad	12	2.5%	6.3%
I have family/personal reasons for making a voluntary withdrawal from the register	162	34.1%	40.4%
I have some other reason for making a voluntary withdrawal from the register	178	37.5%	77.9%
I'm changing to a role that doesn't require me to be registered with the Medical Council	16	3.4%	81.3%
My workplace is understaffed	1	0.2%	81.5%
The quality of training available to me here is poor	7	1.5%	82.9%
The working hours expected of me here are too long	2	0.4%	83.4%
There are limited career progression opportunities available to me here	79	16.6%	100%
Total	475	100%	

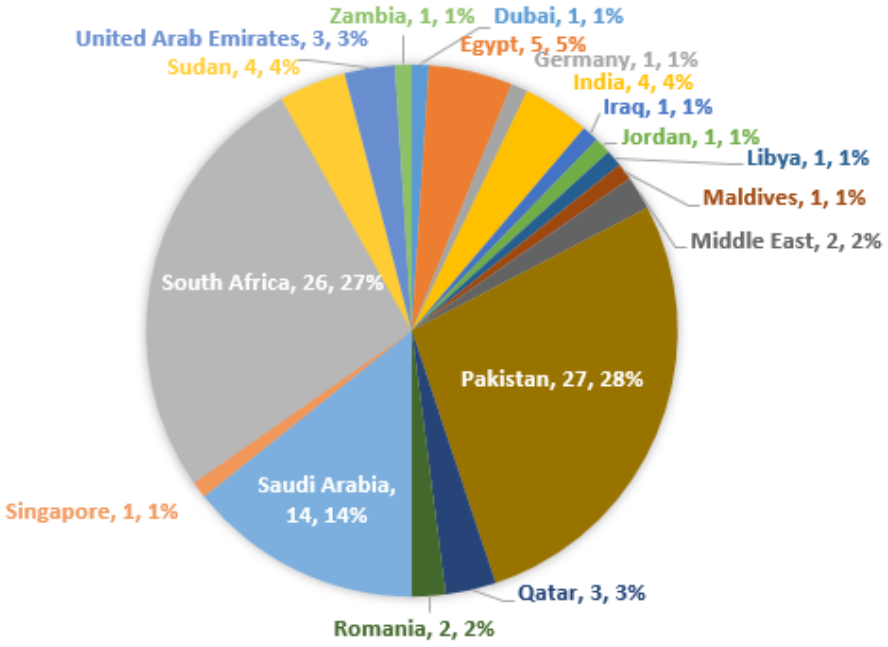
In particular, the UK was an extremely attractive next jurisdiction of practice, representing the next planned destination for over one third of all international graduates from a medical school outside the EU and Ireland leaving the register in 2018.

Table 61. Next planned country of practice for international graduates from a medical school outside the EU and Ireland leaving the register in 2018

Next jurisdiction of practice	Frequency	Percent	Valid Percent	Cumulative Percent
Unreported	166	34.9	34.9	34.9
Another destination	99	20.8	20.8	55.8
Australia	14	2.9	2.9	58.7
Canada	20	4.2	4.2	62.9
New Zealand	5	1.1	1.1	64.0
UK	161	33.9	33.9	97.9
USA	10	2.1	2.1	100.0
Total	475	100.0	100.0	

98 of the 99 respondents who reported “another destination” of practice provided a next destination. The most popular jurisdictions included Pakistan, South Africa and Saudi Arabia.

Figure 27. Reported next jurisdiction of practice for international graduates from a medical school outside the EU and Ireland that reported “another destination”



Medical practitioners leaving the register according to Division 2018

Data regarding doctors voluntarily withdrawing from the register in 2018 was broken down by divisional status of doctors and is described in tables 62-67.

Table 62. Age of doctors leaving the register in 2018 according to divisional status 2018

Divisional status of registration	N	Mean	Std. Deviation	Minimum	Maximum
General Registration	793	36.99	10.358	25	93
Internship Registration	44	27.25	3.111	24	37
Specialist Registration	263	47.97	12.369	30	82
Supervised Registration	7	35.71	12.539	29	64
Trainee Specialist Registration	3	31.33	5.859	27	38

Table 63. Regional category of BMQ of doctors leaving the register in 2018 according to divisional status 2018

Regional category of BMQ obtained	General Registration		Internship Registration		Specialist Registration		Supervised Registration		Trainee Specialist Registration	
	N	%	N	%	N	%	N	%	N	%
Category 1. Graduates of Irish medical schools	216	27.2%	44	100%	107	40.7%	0	N/A	2	66.7%
Category 2: Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	115	14.5%	0	N/A	101	38.4%	0	N/A	1	33.3%
Category 3. Graduated in a medical school in the EU (and they are not an EU National)	44	5.5%	0	N/A	5	1.9%	0	N/A	0	N/A
Category 4. International graduates from a medical school outside the EU and Ireland	418	52.7%	0	N/A	50	19%	7	100%	0	N/A
Total	793	100%	44	100%	263	100%	7	100%	3	100%

Table 64. Plans for practice post-withdrawal from the Irish register according to divisional status 2018

Practice plans	General Division	Internship Division	Specialist Division	Supervised Division	Trainee Specialist Division
You have some other reason for voluntarily withdrawing	222 (28.0%)	4 (9.1%)	52 (19.8%)	2 (28.6%)	1 (33.3%)
You wish to practise medicine in another country	540 (68.1%)	40 (90.9%)	162 (61.6%)	5 (71.4%)	2 (66.7%)
You wish to stop practising medicine	31 (3.9%)	0	49 (18.6%)	0	0
Total	793 (100%)	44 (100%)	263 (100%)	7 (100%)	3 (100%)

Table 65. Reasons for leaving the register according to divisional status 2018

Primary reasons for VW cited	General Division	Internship Division	Specialist Division	Supervised Division	Trainee Specialist Division
I am expected to carry out too many non-core tasks	7 (0.9%)	2 (4.5%)	0	0	0
I am not respected by senior colleagues	2 (0.3%)	0	0	0	0
I am retiring	22 (2.8%)	0	47 (17.9%)	0	0
I do not have flexible training options	19 (2.4%)	0	0	0	0
I feel I can earn more abroad	17 (2.1%)	9 (20.5%)	15 (5.7%)	0	0
I have family/personal reasons for making a voluntary withdrawal from the register	236 (29.8%)	9 (20.5)	72 (27.4%)	1 (14.3%)	2 (66.7%)
I have some other reason for making a voluntary withdrawal from the register	280 (35.3%)	11 (25%)	66 (25.1%)	3 (42.9%)	0
I'm changing to a role that doesn't require me to be registered with the Medical Council	46 (5.8%)	2 (4.5%)	24 (9.1%)	0	0
My employer does not support me in my work	2 (0.3%)	1 (2.3%)	6 (2.3%)	0	0
My workplace is understaffed	12 (1.5%)	2 (4.5%)	2 (0.8%)	0	0
The quality of training available to me here is poor	21 (2.6%)	1 (2.3%)	1 (0.4%)	0	0
The working hours expected of me here are too long	8 (1.0%)	6 (13.6%)	0	0	1 (33.3%)
There are limited career progression opportunities available to me here	121 (15.3%)	1 (2.3%)	30 (11.4%)	3 (42.9%)	0
Total (100%)	793	44	263	7	3

Table 66. Next destination of practice according to divisional status 2018

Next jurisdiction of practice	General Division	Intern Division	Specialist Division	Supervised Division	Trainee Specialist Division
Unreported	253 (31.9%)	4 (9.1%)	101 (38.4%)	2 (28.6%)	1 (33.3%)
Another destination	150 (18.9%)	4 (9.1%)	52 (19.8%)	3 (42.9%)	1 (33.3%)
Australia	61 (7.7%)	27 (61.4)	10 (3.8%)	0	1 (33.3%)
Canada	37 (4.7%)	1 (2.3%)	23 (8.7%)	0	0
New Zealand	28 (3.5%)	5 (11.4)	3 (1.1%)	0	0
UK	232 (29.3%)	2 (4.5%)	70 (26.6%)	2 (28.6%)	0
USA	32 (4.0%)	1 (2.3%)	4 (1.5%)	0	0
Total	793 (100%)	44 (100%)	263 (100%)	7 (100%)	3 (100%)

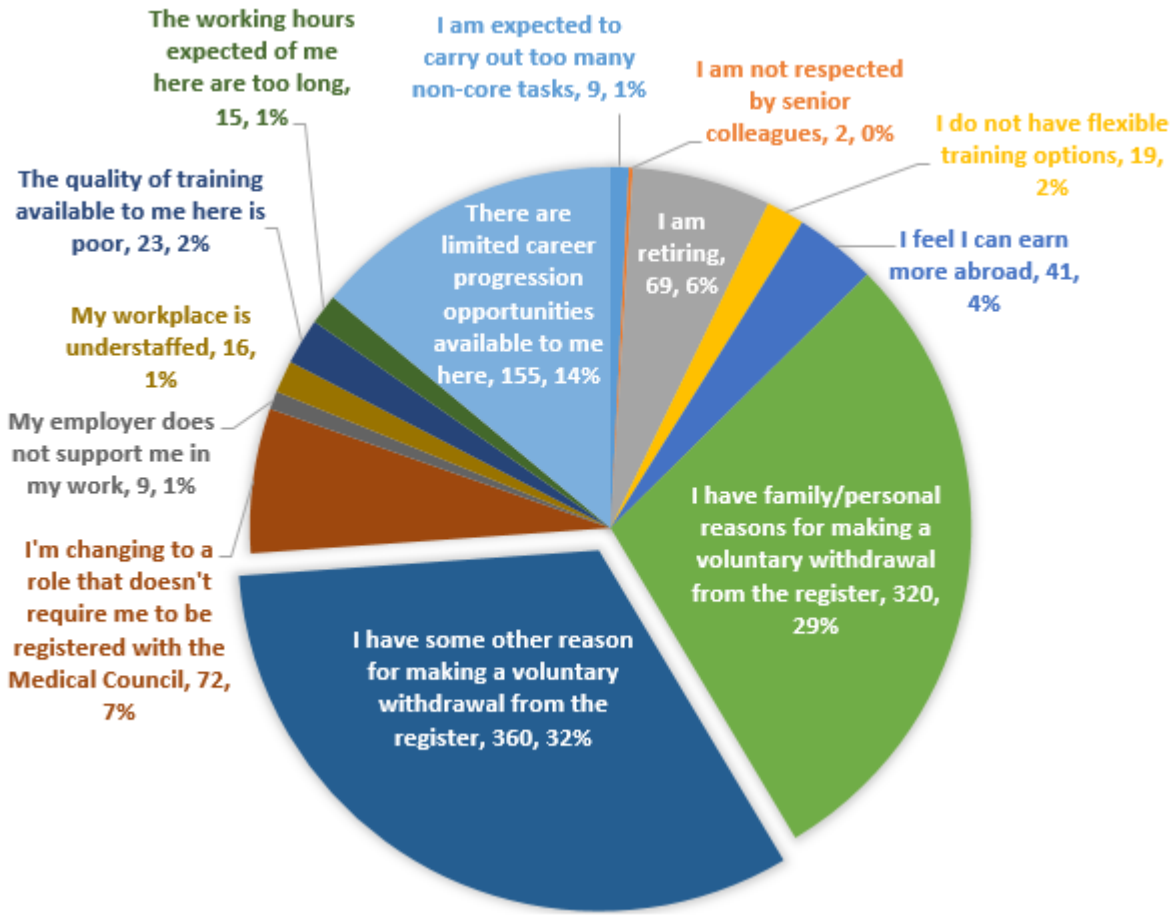
Table 67. Countries/regions of next practice for those who reported "another destination" 2018

Country of next practice planned	General Registration	Internship Registration	Specialist Registration	Supervised Registration	Trainee Specialist Registration
Reported in above table	646 (81.4%)	40 (90.9%)	211 (80.2%)	4 (57.1%)	2 (66.7%)
Austria	1 (0.1%)	0	0	0	1 (33.3%)
Belgium	0	0	1 (0.4%)	0	0
Bulgaria	1 (0.1%)	0	0	0	0
Croatia	0	0	2 (0.8%)	0	0
Cyprus	1 (0.1%)	0	0	0	0
Czech Republic	1 (0.1%)	0	0	0	0
Denmark	2 (0.3%)	0	0	0	0
Dubai	1 (0.1%)	0	0	0	0
Egypt	5 (0.6%)	0	0	0	0
France	1 (0.1%)	0	2 (0.8%)	0	0
Germany	5 (0.6%)	1 (2.3%)	3 (1.2%)	0	0
Gibraltar	1 (0.1%)	0	0	0	0
Greece	0	0	3 (1.2%)	0	0
Hong Kong	1 (0.1%)	1 (2.3%)	0	0	0
Hungary	3 (0.4%)	0	2 (0.8%)	0	0
India	4 (0.5%)	0	1 (0.4%)	0	0
Iraq	1 (0.1%)	0	0	0	0
Israel	1 (0.1%)	0	0	0	0
Italy	5 (0.6%)	1 (2.3%)	3 (1.2%)	0	0
Jordan	1 (0.1%)	0	0	0	0
Libya	1 (0.1%)	0	0	0	0
Malaysia	3 (0.4%)	0	0	0	0
Maldives	1 (0.1%)	0	0	0	0
Malta	0	0	1 (0.4%)	0	0
Mauritius	1 (0.1%)	0	0	0	0
Middle East	0	0	3 (1.2%)	0	0
Nigeria	2 (0.3%)	0	0	0	0
Pakistan	24 (2.9%)	0	1 (0.4%)	2 (28.6%)	0
Poland	1 (0.1%)	1 (2.3%)	2 (0.8%)	0	0
Portugal	2 (0.3%)	0	1 (0.4%)	0	0
Qatar	2 (0.3%)	0	2 (0.8%)	0	0
Romania	10 (1.2%)	0	5 (1.9%)	0	0
Saudi Arabia	12 (1.6%)	0	2 (0.8%)	0	0
Singapore	2 (0.3%)	0	1 (0.4%)	0	0
South Africa	27 (3.4%)	0	0	0	0
Spain	6 (0.7%)	0	13 (4.9%)	0	0
Sri Lanka	2 (0.3%)	0	0	0	0
Sudan	5 (0.6%)	0	0	0	0
Switzerland	3 (0.4%)	0	1 (0.4%)	0	0
The Netherlands	1 (0.1%)	0	1 (0.4%)	0	0
UAE or Bolivia	1 (0.1%)	0	0	0	0
United Arab Emirates	3 (0.4%)	0	1 (0.4%)	1 (14.3%)	0
Zambia	1 (0.1%)	0	0	0	0
Total	793 (100%)	44 (100%)	263 (100%)	7 (100%)	3 (100%)

Feedback according to responses

When reasons for leaving the register in 2018 were examined, family/personal reasons or other reasons provided through qualitative feedback were cited most commonly.

Figure 28. Reasons for leaving the Irish register cited by doctors 2018



Quantitative options for doctors choosing to leave the register were used to frame and organise the qualitative reporting from doctors. This is examined below according to the following categories:

Workplace issues; Retirement; Training quality and flexibility; "I feel I can earn more abroad"; Family/personal reasons for making a voluntary withdrawal from the register; Changing to a role that

Voluntary withdrawal primary reason: Workplace issues

- In total, 49 respondents reported leaving the Medical Council register primarily due to challenges with their workplace/employment conditions. This group were aged on average 31.8 years (range= 25-61 years, SD=8.949) and a slight majority were female (N=26, 53.1%).
- The vast majority (91.8%) were planning to work in another jurisdiction, with only one respondent planning to leave practice altogether.
- The majority of this respondent group were Irish graduates (N= 41, 83.7%) and on the General Division of the register (N=29, 59.2%)
- The region of Australia and New Zealand was the most attractive to this group, with 68% favouring this area for location of next practice.
- Resourcing and lack thereof was a difficulty cited, however, the lack of appreciation and value placed on the work and perseverance of doctors in such circumstances was impactful.
- In particular, challenges and encounters with HR departments were cited as a difficulty by doctors encountered in their time practising in Ireland.
- The consequent personal impact of these hours and lack of support also raised significant challenges to not just morale but also patient safety.

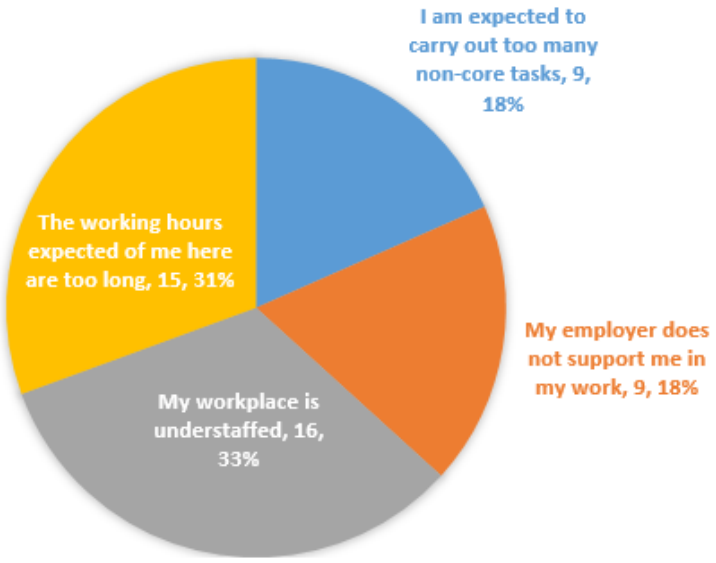
Workplace issues

The following quantitative responses relating to challenges in the workplace were grouped to form the theme of "workplace issues":

- I am expected to carry out too many non-core tasks;
- My employer does not support me in my work;
- My workplace is understaffed;
- The working hours expected of me here are too long.

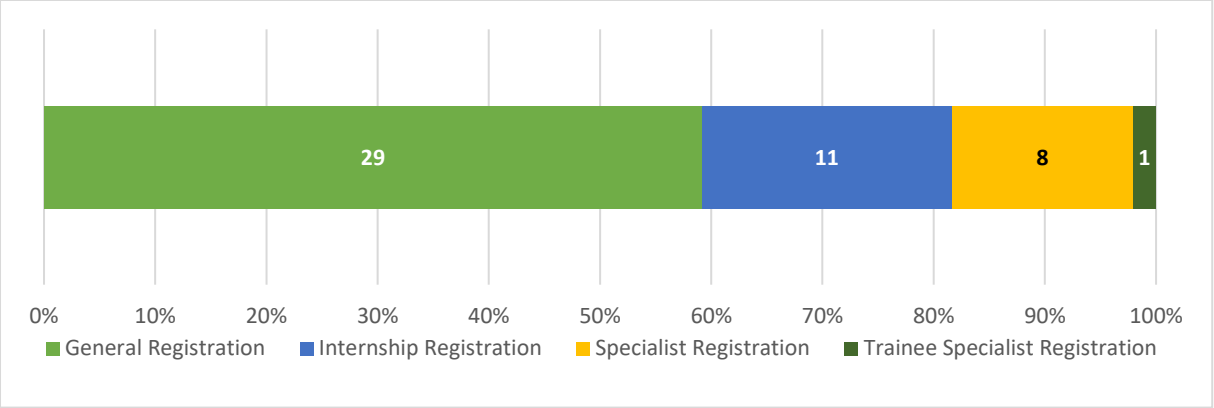
The breakdown of this is included in Figure 24 below.

Figure 29.Breakdown of reasons for those reporting leaving the register primarily due to workplace issues



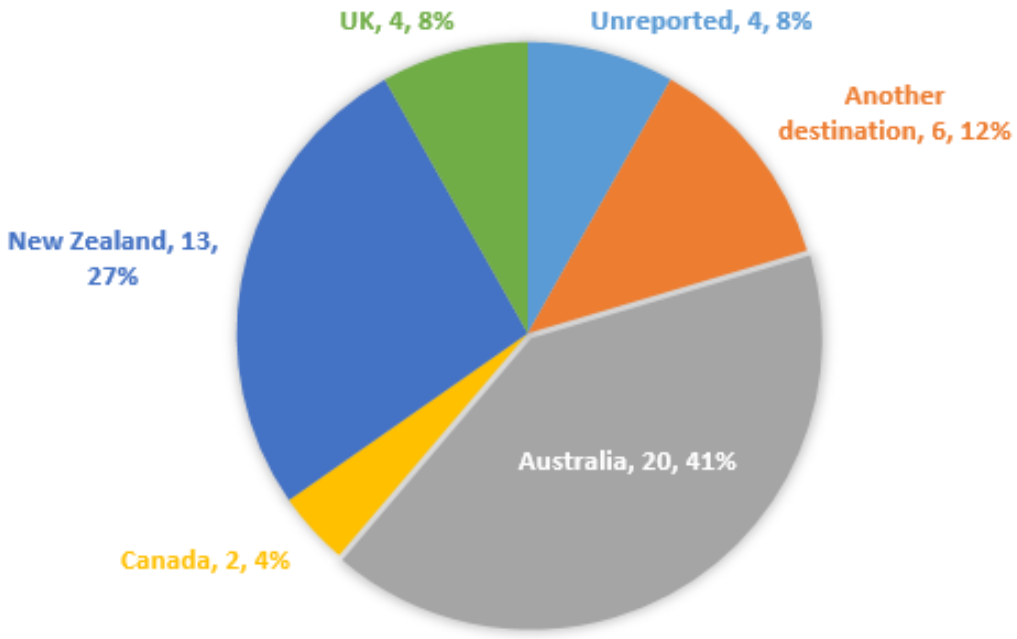
In total, 49 respondents reported leaving the Medical Council register primarily due to challenges with their workplace/employment conditions. This group were aged on average 31.8 years (range= 25-61 years, SD=8.949) and a slight majority were female (N=26, 53.1%). The vast majority (91.8%) were planning to work in another jurisdiction, with only one respondent planning to leave practice altogether. The majority of this respondent group were Irish graduates (N= 41, 83.7%) and on the General Division of the register (N=29, 59.2%)

Figure 30. Divisional status of those reporting leaving the register primarily due to workplace issues



The region of Australia and New Zealand was the most attractive to this group, with 68% favouring this area for location of next practice.

Figure 31. Next jurisdiction of practice for those reporting leaving the register primarily due to workplace issues



For those who reported “another destination”, they detailed that these countries/regions included Greece; the Middle East; Saudi Arabia; Spain; Sudan and Switzerland.

When the qualitative responses from doctors citing workplace challenges was examined, it was clear that these conditions were impacting negatively on and repelling those even in their earliest professional working experiences of the Irish health system.

“I am withdrawing my registration, not as a protest or as a statement, but due to the unfortunate fact that Ireland is not a desirable, safe or fulfillng place to practise medicine. The majority of the list of reasons given on this website have contributed to my decision. I enjoyed my intern year but it is plain to see that Ireland is not able to retain it's doctors, even after only 1 year of working within the system. The medical council must be central to solutions going forward.”

“All of the above influences really apply (except retiring/personal circumstances). I came to New Zealand for one year after internship and the working lifestyle for Doctors here is alot more appealing than Ireland unfortunately. I would like to go home eventually due to family but at the minute New Zealand is a better place to work for work-life balance, appropriate pay, good training, well resourced hospitals, well supported by seniors.”

Resourcing and lack thereof was a difficulty cited, however, the lack of appreciation and value placed on the work and perseverance of doctors in such circumstances was impactful. In particular, challenges and encounters with HR departments were cited as a difficulty by doctors encountered in their time practising in Ireland.

“I do not feel supported here in Ireland as a junior doctor. I have worked in several hospitals arund the midwest and NCHDs are completely over worked. HR departments treat us like slaves without rights. I have had instances of working over 70 or 80 hours weeks as medical manpower refuse to hire other locum doctors to cover when there only 4 NCHDs to cover 24 hour call 7 days a week. Our contactual agreements are not honoured, we are not paid properly and we do not feel appreciated.”

“[named hospital] was understaffed, at times unsafe, and many had pay rows with HR. Morale was very low. I did not feel valued, there was very little positive feedback and little retribution for colleagues who were unsafe or unprofessional. I felt unsupported and am now burnt out. I cannot continue doing 24+ hour

shifts and wish to work somewhere wher my partner and I can have a work-life balance and live together without at least one of us having to move every 6 months."

The consequent personal impact of these hours and lack of support also raised significant challenges not just to morale but also patient safety.

"The exception of doctors in Ireland from the EU working time directive is unsafe and impractical. Also delivering substandard care like 8 week waiting lists for chemo and 4 year waiting lists for outpatient clinics s and >1 year waiting lists for investigations is draining and unsatisfying."

Unfortunately, mirroring the findings of inspection reports and the recently published "Your Training Counts" report, the issue of bullying and harassment was raised by one respondent, directly impacting on their decision to leave the register.

"For many years I have been working as [identifying information redacted] achieving excellent results (mortality below 1%). Unfortunately I have been exposed to long term bullying and harassment because I have a courage to raise a concerns about non specialist Consultant. Finally have no choice but to make a protective disclosure last July. Infortunately I still been harassed by employer."

Despite these experiences and acknowledging the untenable nature of the working conditions, treatment and resourcing described, there was hope for implementing change. Looking to the international context in which registrants hoped to practice was seen as an opportunity to learn and impart knowledge for change.

"I have moved to New Zealand to practise for 6 months to 1 year. Poor work conditions in Ireland ;poor staffing, a lack of teaching, a failure of the transfer of tasks and a bad work environment due to fatigue and burn out have led me to seek experience in a healthier work environment. I plan to return to Ireland next year to commence training in a scheme. I hope to bring back some ideas from New Zealand in order to create a more positive work environment."

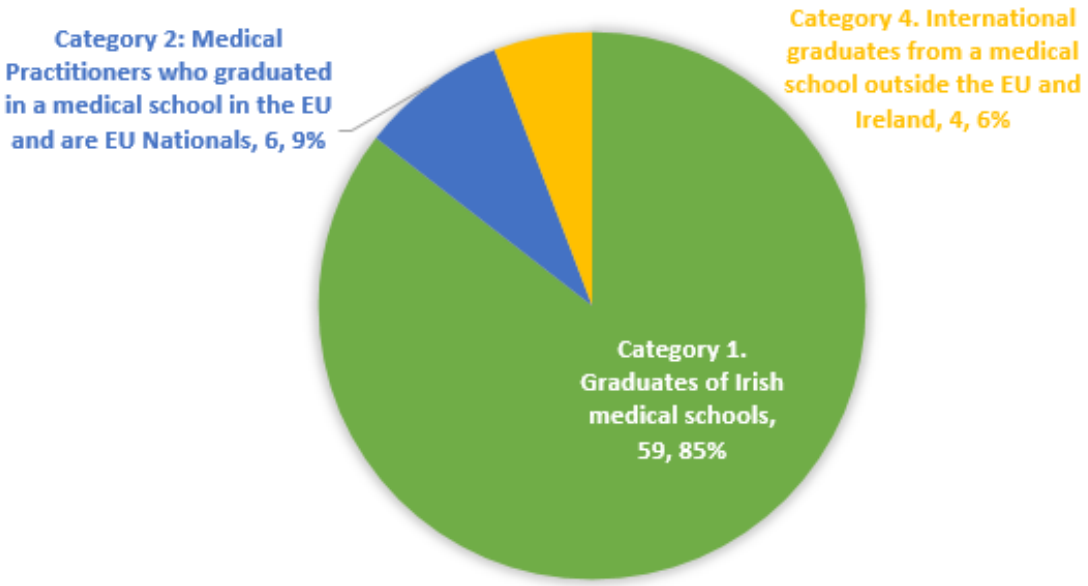
Voluntary withdrawal primary reason: Retirement

- There were 69 doctors who reported leaving the register in 2018 due to retirement. The majority of retirees left the Specialist Division (N=47, 68.1%), while all other retirees left the General Division (N=22, 31.9%).
- Most retirees were male (N=47, 68.1%) and Irish graduates (N=59, 85.5%).
- This group of doctors were aged between 57 and 79 years (mean age= 67.38, SD= 5.021 years).
- The introduction of medical indemnity in 2018 as a requirement for registration was raised as an issue that posed a barrier to continuing practice and retaining on the register for financial and practical reasons for this group.
- There was a sense of regret in some of these answers received, including those that pertained to more mandatory disclosures required for registration purposes. Legislative reasons for these changes were recognised, but a sense of disappointment with this system was communicated by some at this.
- The idea of a dual register or ability to retain a level of registration while not in practice was posited as some as a solution to this, recognising the contribution of a doctor following a lifetime of practice.

Retirement

There were 69 doctors who reported leaving the register in 2018 due to retirement. The majority of retirees left the Specialist Division (N=47, 68.1%), while all other retirees left the General Division (N=22, 31.9%). Most retirees were male (N=47, 68.1%) and Irish graduates (N=59, 85.5%). This group of doctors were aged between 57 and 79 years (mean age= 67.38, SD= 5.021 years).

Figure 32. Category of BMQ obtained by doctors leaving the register due to retirement



For some respondents, the questionnaire free-text space was utilised by retired doctors to report their age or length of practice as a reason for leaving the register

"I have reached the mandatory retirement age of 65."
"Coming up for 67 years of age so retiring."
"After 49 years in practice .I am now retiring from practice."

Some doctors used this opportunity to report planning to enjoy an active retirement to expand on personal interests outside of medicine.

"retired clinical practice 2010,stopped PIAB work Nov 2017 Insurance work feb 2018, finished term [named committee] April 2018, now about to improve golf, travel and get a life"

In one case, the perceived increasing risk in practice due to resourcing challenges was a push-factor to take the opportunity to retire and live the register.

"I have taken early retirement, I am fortunately in a position whereby I can afford it financially. The increasingly difficult and risk-laden working environment due to overcrowding and lack of resources has been a major factor in my decision."

The introduction of medical indemnity in 2018 as a requirement for registration was raised as an issue that posed a barrier to continuing practice and retaining on the register for financial and practical reasons for this group.

"I have decided to withdraw from the register because of the new medical indemnity requirment to remain on it as the costs of same would be to high for me."

"The Council have made it impossible to remain on the register with unreasonable imdemnity requirements for doctors who might wish to carry out some practice but not full time. A weath of experience is being lost by not allowing partially retired doctors to remain on the register. I wish to withdraw at the end of this month March 2018."

"I would have liked to remain on the register to see a small limited number of patients, but the requirements for the maintenance of minimum medical indemnity in private practice and also the requirements for maintaining professional competence, are both too onerous at this stage of my life."

There was a sense of regret in some of these answers received, including those that pertained to the increasing mandatory disclosures required for registration purposes.

"Though I am retiring I would prefer to remain on the register but I am informed by [Medical Council Director of Professional Competence and Research] that unless I maintain my PCS credits I am unable to so do and therefore I must withdraw my name."

"Since I have retired from practice I am unable to fulfill the CME requirements and am forced to voluntarily withdraw. I would have liked to retain prescribing powers for my family but this doesn't seem possible under the present registration system."

It was recognised by retirees that there were legislative reasons for these changes, but a sense of disappointment with this system was communicated by some at this.

"I would have wanted to maintain my registration with the Medical Council, even after retirement, but recent changes in the legislation have forced me to withdraw my name from the register. After a lifetime in GP practice, I am very disappointed."

"I would have prefered to remain on the Medical Register but I am retiring from clinical medcine and feel that the necessity to complete full CME would be too much of an ask for me. I have read what the Medical Council has requested as necessary for retirees who wish to retain their name on the Register and to feel that is too much to ask from retirees. I understand the legal requirement."

In particular, doctors' ability to write prescriptions for themselves and close family members was a keenly felt loss at this time of transition.

"I have been retired since 31 December 2014 with only an occasional prescription renewal since then, but not in active practice. I am not happy with the regulations of the Medical Council which prevents me, after over forty years service, from issuing an occasional prescription or seeing an occasional patient without paying exorbitant medical insurance."

"semi retired since 2010, GP LOCUM work since, 1-2 sessions/week. Would like to stay on Register and do some " low risk " locums and be able to write self and wife's scritps ! for another year. No complaints or medico-legal cases to date, but will take [Former Medical Council President's] advice and fully retire. Thank you all."

The idea of a dual register or ability to retain a level of registration while not in practice was posited as some as a solution to this, recognising the contribution of a doctor following a lifetime of practice.

"I am retired from professional practice. You should have some facility to allow doctors to retain registration while not practicing medicine. After a lifetime of medical practice without a single complaint I feel i have earned that."

"i would have liked if one could have an affiliate registration for retired doctors for a fee such as for over 70s."

Voluntary withdrawal primary reason: Training quality and flexibility

- In total, 42 respondents cited this as their primary reason for leaving the register.
- The majority of these respondents were male (N=27, 64.3%) and on the General Division of the register (N=40, 95.2%).
- One third of this group earned their BMQ in Ireland, while half were international graduates from a medical school outside the EU and Ireland.
- Nine in ten of this group planned to practise medicine in another country upon withdrawal from the Irish register.
- Of the 38 doctors who hoped to work in another jurisdiction, over half hoped to practice in the UK next.
- Within this group of doctors, a subset reported that they were travelling to pursue fellowships and subspecialties not available in Ireland, couched in the challenging work hours cited by those previously.
- While this category related to quality and flexibility of training, doctors who ticked this category primarily had issues with access to training.
- This group strongly wanted to retain and train in Ireland and had formed links that made them want to retain a level of registration with the Medical Council. Maintaining a form of registration to retain a link with Irish practice was favoured.

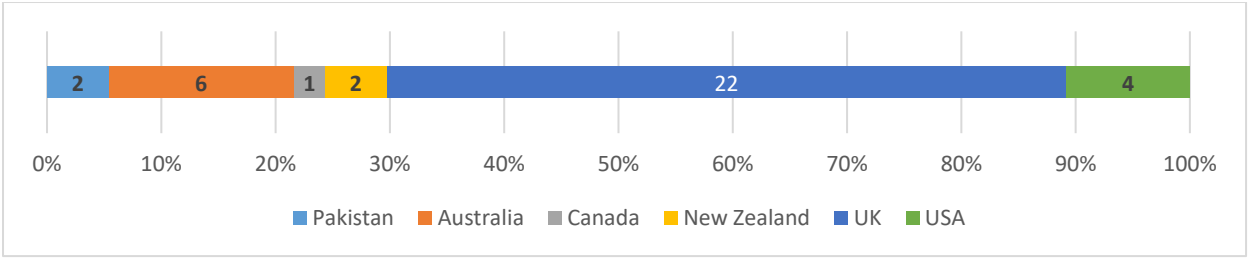
Training quality and flexibility

Two categories of response were merged to form the category of training quality and flexibility: "I do not have flexible training options" and "The quality of training available to me here is poor". In total, 42 respondents cited this as their primary reason for leaving the register. The majority of these respondents were male (N=27, 64.3%) and on the General Division of the register (N=40, 95.2%). One third of this group earned their BMQ in Ireland, while half were international graduates from a medical school outside the EU and Ireland. The remaining seven doctors who left the left the register due to training quality and flexibility were graduates of medical schools in the EU and are EU Nationals. Nine in ten of this group planned to practise medicine in another country upon withdrawal from the Irish register.

Figure 33. Breakdown of training quality and flexibility as a reported reason for leaving the register 2018

Of the 38 doctors who hoped to work in another jurisdiction, over half hoped to practice in the UK next.

Figure 34. Next jurisdiction of practice for doctors reporting poor training quality and flexibility leaving the register in 2018



Within this group of doctors, a subset reported that they were travelling to pursue fellowships and subspecialties not available in Ireland, couched in the challenging work hours cited by those previously.

"I'm moving to complete a 3 year subspecialty fellowship that is not available to me in Ireland"

"Lack of subspecialisation training options in paediatrics. Excessive hours, poor flexibility with post location for family reasons"

While this category related to quality and flexibility of training, doctors who ticked this category primarily had issues with access to training.

"No access the training opportunities for non EU doctors."

"it is not allowed for me as an egyptian to enter the training schem eventhough you allowed me to work as service job with no promotion . i got higher speciality training job in uk and i have to move forward to be promoted"

This group strongly wanted to retain and train in Ireland and had formed links that made them want to retain a level of registration with the Medical Council. The model of registration employed by the General Medical Council in the UK was cited as one that was favoured by respondents to retain a link with Irish practice.

"I AM NOT PRACTICING MEDICINE IN IRELAND AT THE MOMENT. IMC HAS NO OPTION TO KEEP NAME ON REGISTER WITHOUT LICENCE TO PRACTICE. GMC HAS THIS OPTION WHICH IS GREAT. MY SUGGESTION TO IMC IS TO USE THIS OPTION BY THIS WAY BOTH IMC AND DOCTORS NOT PRACTICING IN IRELAND FOR SOMETIME BENEFIT."

"There is no option for me to keep my IMCregistration number as an overseas member!!!!!! I would happily do that if it will be possible!!!!"

Voluntary withdrawal primary reason: I feel I can earn more abroad

- This group was made up primarily of male registrants (N= 30, 73.2%) and was aged between 24 and 61 years (Mean= 35.05, SD= 10.363 years).
- The majority were graduates of Irish medical schools (N=26, 63.4%).
- The majority of this group left the General Division of the register (N=17, 41.5%), over a third left the Specialist Division (N=15, 36.6%), while just over one in five were interns (N=9, 22%). The most popular next destination of practice was Australia.
- For some of this group, a move to practice in another jurisdiction had already been made and respondents were taking the opportunity to discontinue dual registration and come off the Irish register.
- In particular, internationally-based doctors working in locum roles were finding the UK an increasingly more attractive prospect than Ireland to work in.

"I feel I can earn more abroad"

Unsurprisingly, all of this group (N= 41) wished to practise medicine in another country. This group was made up primarily of male registrants (N= 30, 73.2%) and was aged between 24 and 61 years (Mean= 35.05, SD= 10.363 years). The majority were graduates of Irish medical schools (N=26, 63.4%).

Table 68. Category of BMQ obtained by doctors who felt that they could earn more abroad

Category of region of BMQ obtained	Frequency	Percent	Valid Percent	Cumulative Percent
Category 1. Graduates of Irish medical schools	26	63.4%	63.4%	63.4%
Category 2: Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	3	7.3%	7.3%	70.7%
Category 4. International graduates from a medical school outside the EU and Ireland	12	29.3%	29.3%	100%
Total	41	100%	100%	

The majority of this group left the General Division of the register (N=17, 41.5%), over a third left the Specialist Division (N=15, 36.6%), while just over one in five were interns (N=9, 22%). The most popular next destination of practice was Australia.

Table 69. Next jurisdiction of practice for doctors who felt that they could earn more abroad

Next jurisdiction of practice planned	Frequency	Percent	Cumulative Percent
Another destination	4	9.8%	9.8%
Australia	19	46.3%	56.1%
Canada	5	12.2%	68.3%
New Zealand	2	4.9%	73.2%
UK	9	22.0%	95.1%
USA	2	4.9%	100%
Total	41	100%	

Those who reported "another destination" noted regions including the Middle East; Qatar; Romania and South Africa.

For some of this group, a move to practice in another jurisdiction had already been made and respondents were taking the opportunity to discontinue dual registration and come off the Irish register.

"I am already practicing outside the ROI since Nove 2014. I am comfortable in my current job and would like to continue in it. I don't plan to practice in ROI in the near future."

"I am working in the uk for last 2 and a half years and would like to withdraw ."

"I completed my training in the USA. and now I got a job there."

In particular, internationally-based doctors working in locum roles were finding the UK an increasingly more attractive prospect than Ireland to work in.

"I am self-employed as a locum and the locum market is more developed in UK with more opportunities here."

"I was planning to work as a locum but the Irish health authorities imposed maximum of 90 euros per hour from 95 euros. Also there is no subsidy for accommodation. I live in the UK and with all the expenses in Ireland (transport, accommodation, etc) and a rate much higher in the UK Â£101.04 hr without the costs, I've decided to work in the UK. It would help if Ireland did not reduce the hourly and made it more cost effective (eg accommodation subsidies)"

Voluntary withdrawal primary reason:I have family/personal reasons for making a voluntary withdrawal from the register

- In total, 320 doctors reported leaving the Irish register of medical practitioners due to family or personal reasons.
- International graduates from a medical school outside the EU and Ireland made up half (50.6%) of this group, while medical practitioners who graduated in a medical school in the EU and are EU Nationals made up an additional quarter (25.3%) of this group.
- An additional 53 (16.6%) were graduates of Irish medical schools, and graduates of EU medical schools (and are not EU Nationals) made up an additional 7.5%.
- The majority of respondents leaving due to family/personal reasons were leaving the General Division of the register (N=236, 73.8%). However, just over one in five doctors leaving the register for these reasons were specialist registrants (N=72, 22.5%).
- Family members and care of them across the lifespan was a strong theme that emerged from the qualitative data reported, as would be expected in this category. Maternity leave was explicitly cited ten times.
- The demands of balancing both home and medical professional practice was made explicit by respondents, noting the challenges that long working hours present.

I have family/personal reasons for making a voluntary withdrawal from the register

In total, 320 doctors reported leaving the Irish register of medical practitioners due to family or personal reasons. International graduates from a medical school outside the EU and Ireland made up half (50.6%) of this group, while medical practitioners who graduated in a medical school in the EU and are EU Nationals made up an additional quarter (25.3%) of this group. An additional 53 (16.6%) were graduates of Irish medical schools, and graduates of EU medical schools (and are not EU Nationals) made up an additional 7.5%. This group were aged between 25 and 69 years, with an average age of 38.26 years (SD= 8.707 years). The majority of respondents leaving due to family/personal reasons were leaving the General Division of the register (N=236, 73.8%). However, just over one in five doctors leaving the register for these reasons were specialist registrants (N=72, 22.5%).

Table 70. Divisional status of doctors leaving the register due to family/personal reasons

Divisional status of registration	Frequency	Percent	Cumulative Percent
General Registration	236	73.8%	73.8%
Internship Registration	9	2.8%	76.6%
Specialist Registration	72	22.5%	99.1%
Supervised Registration	1	0.3%	99.4%
Trainee Specialist Registration	2	0.6%	100%
Total	320	100%	

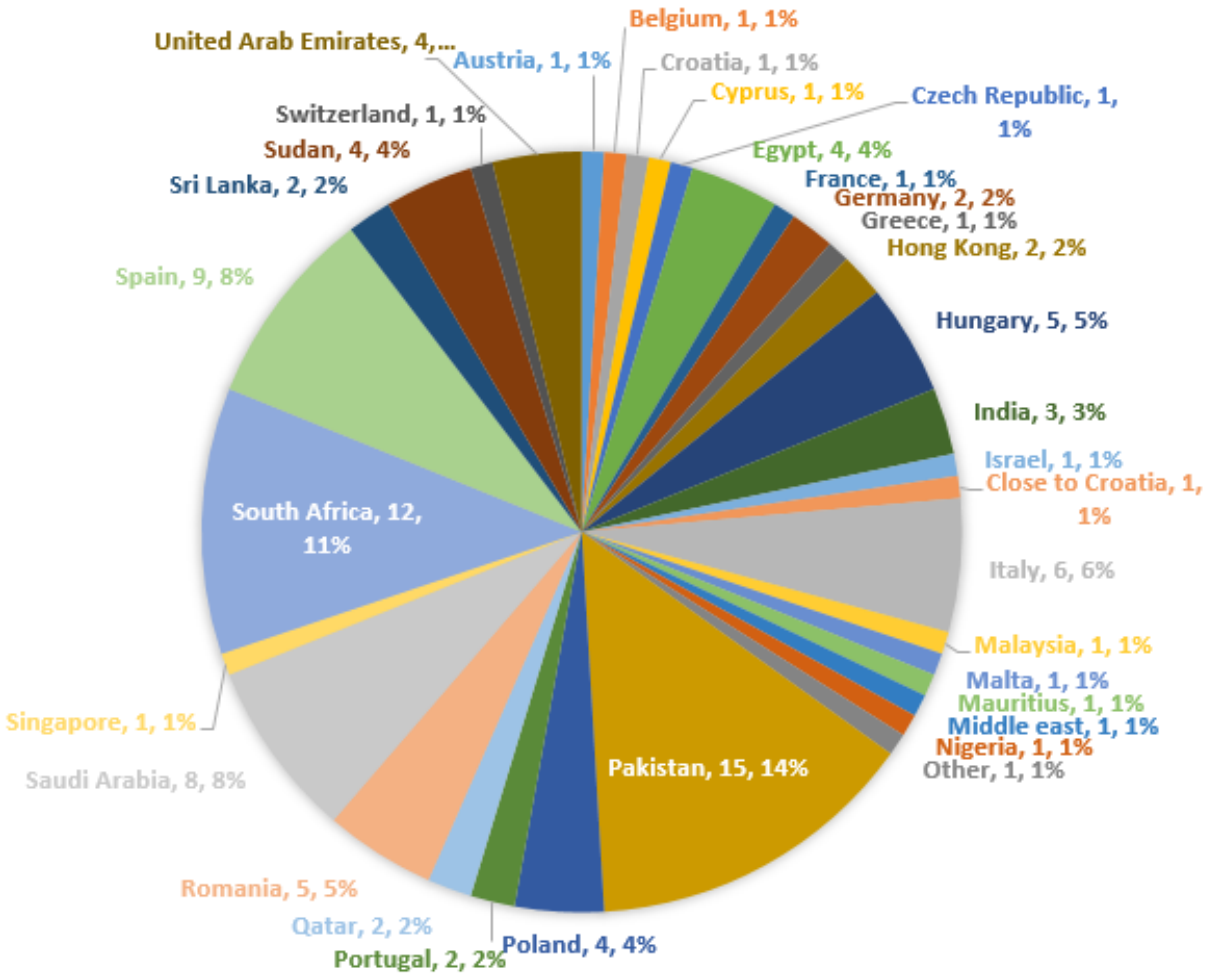
Table 71. Plans/reasoning of doctors leaving the register due to family/personal reasons

Plans for practice	Frequency	Percent	Cumulative Percent
You have some other reason for voluntarily withdrawing	98	30.6%	30.6%
You wish to practise medicine in another country	218	68.1%	98.8%
You wish to stop practising medicine	4	1.3%	100%
Total	320	100%	

Table 72. Next jurisdiction of practice for doctors leaving the register due to family/personal reasons

Next jurisdiction of practice	Frequency	Percent	Cumulative Percent
Unreported	102	31.9%	31.9%
Another destination	106	33.1%	65.0%
Australia	16	5.0%	70.0%
Canada	14	4.4%	74.4%
New Zealand	3	0.9%	75.3%
UK	71	22.2%	97.5%
USA	8	2.5%	100%
Total	320	100%	

Figure 35. Next jurisdiction of practice of doctors leaving the register due to family/personal reasons citing "another destination"



Family members and their care across the lifespan was a strong theme that emerged from the qualitative data reported, as would be expected in this category. In particular, Maternity leave was cited ten times in the data.

"I am pregnant and on maternity leave. I will not be practising medicine for a period of time"

"I am pregnant in my third trimester and I will stay home with the baby so I will not be able to work the following year."

"I am staying home with my children at the moment. And planing to go back to work in relatively near future."

"Looking after elderly parents"

"My kids are very young for me to start job"

The demands of balancing both home and medical professional practice was made explicit by one respondents, noting the challenges that the long working hours present.

"I took a small break from work as i got married but things got prolonged, now want to withdraw because I am expecting and wants to give some time to home as it is impossible with long working hours of the job and I am also preparing for the exams (mrcp). I am planning to come back to work next year. Thanks for understanding and i apologise for any inconvenience."

Supporting spouses in their careers was also cited by respondents.

"I am spending a year in Australia with my husband (who is undertaking a medical fellowship in Australia) and children. As such, I will not be practicing medicine during the time period Feb 2018 - Feb 2019."

"Husband on fellowship in Canada for next 2-3years."

Voluntary withdrawal primary reason:Changing to a role that doesn't require registration with the Medical Council

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- The majority of this group were male (N= 47, 65.3%) and were aged between 25 and 82 years (mean= 41 years, SD= 13.113).
- While this group were primarily leaving the General Division (N=46, 63.9%), of note, one third left the Specialist Division.
- The majority of those leaving the register in this group were international medical graduates.
- The UK was the most popular next destination of practice for doctors in this position.
- For some of this group, travelling to work or pursue fellowships was a theme that ran through reasons cited for leaving the register.
- Other roles in non-clinical practice and taking a career break presented challenges with maintaining CPD and indemnity.
- The expense of maintaining dual registration was too financially onerous on this group and an overseas register or one for doctors not in active practice in Ireland for a reduced fee was suggested. This was supported by doctors working in research, development and technology roles also.

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Changing to a role that doesn't require registration with the Medical Council

In total, 72 respondents reported leaving the Medical Council register due to changing to a role that didn't require retaining registration. The majority of this group were male (N= 47, 65.3%) and were aged between 25 and 82 years (mean= 41 years, SD= 13.113). While this group were primarily leaving the General Division (N=46, 63.9%), of note, one third left the Specialist Division. Two interns also left for this reason. The majority of those leaving the register in this group were international medical graduates.

Table 73. Regional category of BMQ obtained by doctors leaving the register as they were changing to a role that doesn't require registration with the Medical Council

Regional category of BMQ obtained	Frequency	Percent	Valid Percent	Cumulative Percent
Category 1. Graduates of Irish medical schools	32	44.4%	44.4%	44.4%
Category 2: Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	24	33.3%	33.3%	77.8%
Category 4. International graduates from a medical school outside the EU and Ireland	16	22.2%	22.2%	100%
Total	72	100%	100%	

Most respondents in this category hoped to practice in another country (N=52, 72.2%), while eight doctors wished to stop practice. The remaining 12 doctors cited another reason for withdrawing. The UK was the most popular next destination of practice for doctors in this position.

Table 74. Next destination of practice for those changing to a role that doesn't require registration with the Medical Council

Next jurisdiction of practice	Frequency	Percent	Cumulative Percent
Unreported	20	27.8%	27.8%
Another destination	12	16.7%	44.4%
Australia	8	11.1%	55.6%
Canada	1	1.4%	56.9%
New Zealand	3	4.2%	61.1%
UK	26	36.1%	97.2%
USA	2	2.8%	100%
Total	72	100%	

For some of this group, travelling to work or pursue fellowships was a theme that ran through reasons cited for leaving the register.

"I will be working in New Zealand for the coming year so I do not intend on practicing medicine in Ireland within the next 12 months. It is my intention to recommence training in Ireland in July 2019 so I hope to restore my name to the Register at that time."
"Fellowship in Radiology, Paris, France"
"Going for fellowship to UK for 1 year. Wont be practisisng in Ireland for that time being."

Other roles in non-clinical practice and taking a career break in practice or travel were also cited, due to the challenges with maintaining CPD and indemnity in this time.
"I've been appointed [to a senior non-clinical role] and the role is full time. I'm due to retire in 5 years time, when the present appointment ends and so I have no need to remain registered. In addition, I would be unable to keep up CPD - especially internal."
"I will be relocating back to Hungary next year and I do not plan to practice medicine until then."

The expense of maintaining dual registration when working abroad was too financially onerous on this group and some suggested an overseas register or one for doctors not in active practice in Ireland for a reduced fee.
"The registration fee is too expensive to maintain my name on the register becuase I am now practicing medicine in another country. It would be helpful for the college to offer an option to remain on the register without a license to practice like the U.K. at a reduced fee."
"Fees are too high for someone who mainly practice overseas. Please consider re-introducing an overseas category. Or something similar with the UK GMC where a doctor can remain register without having a current license."
"The registration fee is too expensive to maintain my name on the register becuase I am now practicing medicine in another country. It would be helpful for the college to offer an option to remain on the register without a license to practice like the U.K. at a reduced fee."

The World Health Assembly Resolution on Digital Health unanimously approved by WHO Member States in May 2018 demonstrated a collective recognition of the value of digital technologies to contribute to advancing universal health coverage and other health aims of the Sustainable Development Goals. Subsequently, they issued recommendations on ways that countries can use digital health technology, accessible via mobile phones, tablets and computers, to improve people's health and essential services (WHO, 2019). In the UK context, the Topol Review (2019) sets out recommendations for preparing the NHS

healthcare workforce to deliver this digital future. In Ireland, this will be necessary as Sláintecare sets out clear goals for the eHealth agenda to both digitally connect the health service and digitally connect the citizen to health. Reflecting this evolution in practice, the theme of working in research, development and technology roles also emerged for a subset of doctors leaving the register for this reason. A register for doctors not in active practice in Ireland for a reduced fee was suggested by one of these doctors also.

"I am now the co-founder and CEO of a medical technology company"

"I will be working in a non-clinical research role for the next year. After this I will return to clinical practice"

"I am currently working in medical innovation. My focus is on research around technology. Unfortunately the medical council does not seem to be open to membership for people interested in focusing on technology or administration. I would be delighted to be able to continue to be on the register if this is something I can do."

"There are limited career progression opportunities available to me here"

In total, 155 doctors reported leaving the Medical Council register due to feeling that there were limited career progression opportunities available. The majority of this group were male (N=106, 68.4%) and respondents were aged between 27 and 62 years (mean= 35.72 years, SD= 6.617). Due to the reason for leaving cited, it is not surprising to note that the majority of this group reported wishing to practise medicine in another country (N=139, 89.7%). The majority of these doctors were international medical graduated leaving the General Division of the register.

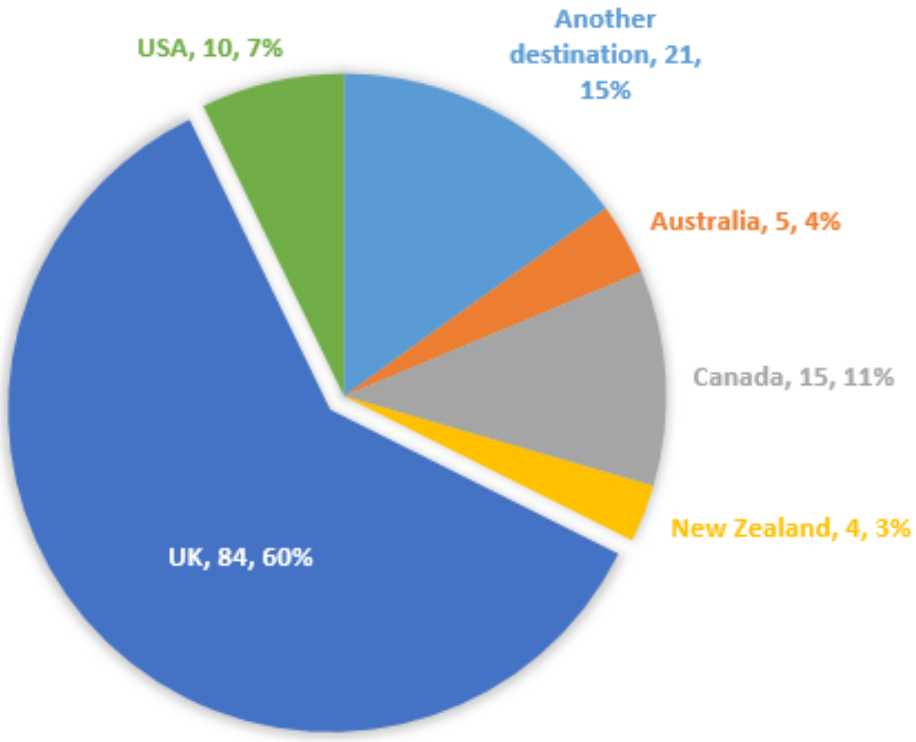
Table 76. Divisional status of registrants leaving due to limited career progression

Divisional status of registration	Frequency	Percent	Valid Percent	Cumulative Percent
General Registration	121	78.1%	78.1%	78.1%
Internship Registration	1	0.6%	0.6%	78.7%
Specialist Registration	30	19.4%	19.4%	98.1%
Supervised Registration	3	1.9%	1.9%	100%
Total	155	100%	100%	

Table 75. Categorical region of BMQ earned by registrants leaving due to limited career progression

Regional category of BMQ obtained by doctors	Frequency	Percent	Valid Percent	Cumulative Percent
Category 1. Graduates of Irish medical schools	48	31.0%	31.0%	31.0%
Category 2: Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	24	15.5%	15.5%	46.5%
Category 3. Graduated in a medical school in the EU (and they are not an EU National)	4	2.6%	2.6%	49.0%
Category 4. International graduates from a medical school outside the EU and Ireland	79	51.0%	51.0%	100%
Total	155	100%	100%	

Figure 36. Next country of practice for registrants leaving due to limited career progression 2018



The majority of registrants leaving due to limited career progression planned to pursue this aim in the UK. 21 respondents who reported planning to work in another destination noted the following jurisdictions as their next destination of practice: Denmark; Dubai; France; Germany; Greece; Iraq; Italy; Libya; Malaysia; Romania; Saudi Arabia; Singapore; South Africa; Spain and Switzerland.

In particular, the UK was cited as a jurisdiction welcoming of doctors and willing to support and train them.

"Chances for training posts are available in UK. Better chance for career progression"
"Couldn't get a training post in Ireland. Obtained Numbered training SpR job in UK."

Getting on to a training scheme was a significant barrier to career progression described by respondents.
"I was not accepted onto an Irish training scheme. I was accepted onto my first choice training scheme in the UK."
"I was not accepted to the basic surgical training scheme in Ireland."

The standards set for access to schemes was seen as variable, compared to the international context.
"I have completed the required basic surgical training schemes, and yet [named training body] have in their wisdom decided to move the goal posts for training progression yet again. I have completed my post graduate exams and also completed a Masters. Yet I was not shortlisted for interview based on a technicality of previous interview opportunities. This is why I have left this jurisdiction, to train in a country where my attributes are respected and valued and taken at face value."
"I have been trying to get into the Higher training in Ireland after successfully completing my BST [with named training body]. I believe, and have been told by many senior consultants that I have done very well to get in. In fact, I've been informed that I ranked in the top 4 nationally and yet wasn't offered a place. As a result, I decided to move to the UK, and by working there for only 2 months, I was offered 2 training programs in very reputable centres in (Wales and England)."

For those educated internationally, or possessing international experience, gaining employment at the specialist division, at consultant level in Ireland, was a significant challenge also, reflecting the recruitment and retention challenges at the experienced level of the medical career trajectory.
" I am registered in specialist division with full training in EU country. It is unlikely to apply and occupy a counsultant post in Ireland."
"I am a specialist qualified from France, yet I was not able to register as so and had to register under general division. I firstly apply to work as a registrar to understand and get to know the Irish system more. It was very easy for me to get a job as a registrar, however I was under the impression that it would have been much more difficult to get hire as a consultant despite being qualified for it at home . The NMBI would also not register my husband whom is a registered nurse from the US."

WORKFORCE INTELLIGENCE REPORT 2018:

CONCLUSIONS

THE CONTEMPORARY CONTEXT OF WORKFORCE PLANNING IN IRELAND

Conclusions

Ireland has been replacing the doctors in the system rather than changing the system itself, which is notable through the feedback received from doctors leaving the register. A year-on-year decrease in of first time applicant medical practitioners in Ireland received at year-end has been observed between 2016 and 2018. Simultaneously, the number of those who voluntarily withdrew their registration between 2014 and 2018 increased year-on-year, with a slowing in growth on the register. The ability to continue replacing doctors is no longer sustainable. The Fottrell report (2006) targets have been met, however recruitment of IMGs still outweighs that of Irish graduates in the system. While the pressures and changes in the Irish healthcare system over time have been examined, the report itself has not been. It is timely that this document is reviewed in light of substantial workforce change, with both the current and projected healthcare context in mind to build a pool of future doctors well-supported and appropriate to our country's growing needs.

There is an extreme reliance on non-training posts and doctors trained in other jurisdictions, with little opportunity for progression for these doctors, feeding into the cycle of poor retention. While doctors will always travel for the sake of travel and to gain experience, the Irish health system needs to be an attractive prospect to return to. The current limitations on access to higher specialist training, through provisions of the Medical Practitioners Act, is seen as a deterrent to doctors seeking to come to Ireland and to stay long-term. The Council has actively pursued a change to this practice, with a view that registration on the General Division should be the benchmark for being able to apply to a higher specialist training programme.

The Regulated Professions (Health and Social Care) (Amendment) Bill 2019 amends the five health professional regulatory Acts, including the Medical Practitioners Act 2007 (the Act). This is currently before Dáil Éireann, at Third Stage, and contains a key amendment to address some of these concerns in Section 87: Medical practitioners to be registered in Trainee Specialist Division. This replaces the current section 48 (Medical practitioners to be registered in Trainee Specialist Division) of the Act. A medical practitioner is registered in the Trainee Specialist Division if the medical practitioner meets the requirements of section 45 (Registration of medical practitioners — general); has a general or specialist qualification; and has a training post which has been approved by the Council for medical specialist training. This new provision will remove the requirement to have the equivalence of a certificate of experience for registration in the

Trainee Specialist Division and opens access to doctors who are appropriately qualified and suitable for training, but without initial Irish basic medical training. It is hoped that through this, doctors in long-term service roles will have the opportunity to access further postgraduate education, professional development and progression within the Irish health system, rather than having to leave the jurisdiction to do so, as currently reported in the voluntary withdrawal data. This will also place value on and reward the work done by this often under-represented group of doctors that ensure the function of the Irish health service in partnership with their colleagues daily.

Through the data, providing training for doctors and providing opportunities for progression are key incentives for Irish-trained doctors to remain in Ireland and stay on the register. Continued increases in the number of training posts in national training programmes by conversion of suitable non-training posts would provide more positions for doctors to stay in Ireland. The increased number of consultant posts would mean there would be positions appropriate for these trainee doctors to aspire to working in, in a modern, consultant-led and delivered healthcare environment.

Increasing consultant numbers and extending consultant presence outside of core working hours could be achieved through conversion of non-training posts into consultant posts as more consultant-delivered models of care are introduced into the health service to meet this need. An increase in consultant-delivered healthcare could also improve training resources and support for trainees, modelling professionalism in a modern health service and providing appropriate scaffolding to growth within SPR roles.

These figures, while disheartening, will not be a surprise to many involved in planning, regulating and providing healthcare delivery in Ireland, reflecting findings of the 2016-2017 report. In response to these challenges the government has sought to address workforce challenges through Sláintecare, the ten-year programme to transform our health and social care services. “Strategic Action 9: Building a sustainable, resilient workforce that is supported and enabled to deliver the Sláintecare vision” in particular is very relevant in directly addressing the concerns within this report. This strategic action would see increased career and role flexibility, adaptability, mobility and more efficient training. “Workstream 3: Teams of the Future” as part of the implementation plan will be particularly impactful if supported appropriately in practice. This workstream is centred on planning, building and supporting a health and social care workforce which can deliver on the Sláintecare reform programme, as well as initiatives which promote innovation, participation and the creation of a supportive work environment. It is intended that the workforce planning framework will be progressed with a focus on engagement with the education sector

and training bodies, to agree new ways of training multidisciplinary teams. The Workforce Planning Programme (3.1) and Culture Change and New Ways of Working Programme (3.3), when fully operationalised, will ensure that the right teams are available, at the right time, to deliver on the clinical and service objectives of Sláintecare reform. It is set out that effective short, medium, and long-term workforce planning will be undertaken to ensure that new Models of Care are properly planned in order to deliver integrated care. Targeted recruitment and retention initiatives will also be scoped and commenced, which is to be welcomed when data contained herein is considered.

For those who wish to gain experience of the Irish health system, continued development and expansion of the IMGTI programme is to be welcomed as it is in line with Working Together for Health: A National Strategic Framework for Health and Social Care Workforce Planning (Department of Health, 2017), grounded in the WHO Global Code. Systemic, meaningful change for both doctors and patients will not be truly felt without challenging current models and cultural structures in healthcare.

Poorly resourced and staffed work environments, and the prospect of a better work-life balance are all key motivating factors for trainee specialists who are considering practicing medicine abroad, as reported in Your Training Counts. A third of Irish trainee doctors are still working hours that significantly exceed the recommendations of the European Working Time Directive. The negative implications for healthcare delivery are clear – a far higher percentage of these trainee specialists also reported involvement in an adverse event than their colleagues who worked less hours. The connection between patient safety and doctors' working hours is concerning and acknowledgment of this must be at the centre of future policy innovations concerning trainee specialists' weekly working hours. Making sweeping workforce configuration and allocating appropriate resourcing to implement this is imperative to effect change in practice.

The evidence-base mirrors comments and opinions that the Medical Council is receiving from trainee specialists at the coalface of hospital medicine, and the research being undertaken by partner organisations on similar issues. These findings should therefore act as a basis for the Council and other bodies' increased policy focus on wellbeing related issues in Irish medicine. While these practical workforce issues can be tackled, the human nature of doctors as health caregivers and people with identities external to their professional identity must be acknowledged, supported and encouraged. Supporting doctors to self-care, reflect and access supports to bolster their wellbeing in a system that currently often challenges it is a key activity that can only serve to support doctor and patient safety and is mutually beneficial to all stakeholders in the Irish health service.

Recommendations

- The Fottrell (2006) and Hanly (2003) reports warrant re-examination and reform, reflective of the changed landscape of the medical workforce in Ireland 13-16 years on.
- A move to more consultant-delivered care must be put in place. These consultants should be on the specialist division of the register.
- Progression of the Regulated Professions (Health and Social Care) (Amendment) Bill 2019 will improve equality within the system for international medical graduates in NCHD non-training service roles, impacting directly on the accessibility of formal training for those who have completed their basic medical training in contexts outside of the Irish system.
- Innovative approaches to bolstering doctor wellbeing and supporting workforce retention adopted in other countries must be assessed and explored for use in an Irish context to facilitate culture change and consequent retention. Appropriate solutions must be both identified and implemented.
- Truly supporting all doctors to self-care, reflect and access supports to bolster their wellbeing in a system that currently often challenges can only serve to support doctors, promoting quality and patient safety.
- Systemic, meaningful change for doctors will not be truly felt without challenging current models and structures in healthcare. This can only be achieved through collaborative working, reflective of stakeholder responsibility. The Medical Council's role in supporting doctors and protecting patients is central to this.

2018-2019

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