

Medical Workforce Intelligence Report



Comhairle na nDochtúirí Leighis
Medical Council

A report on the Annual Registration Retention Survey, 2013

ACKNOWLEDGEMENTS

This report was prepared by Simon O'Hare, Research, Monitoring and Evaluation Manager at the Medical Council of Ireland.

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Thanks to Michelle Navan who assisted in finalising the report for publication.

Finally, this report could not have been produced without the participation of the 17,378 doctors who were invited to retain registration with the Medical Council in 2013. We are grateful and hope that through each individual's contribution, this report can help further strengthen the medical workforce in Ireland.

PRESIDENT'S FOREWORD

The “good doctor” is a simple but important idea. When we are ill, and even when we are well, we all rightly expect safe and appropriate care from good doctors. The Medical Council exists to ensure good professional practice among doctors for the benefit of patients.

Safe and appropriate care, however, requires more than good doctors.

A strong and effective healthcare system depends on the right doctors being in the right place at the right time providing the right care. Good doctors need to work together with other healthcare professionals to put patients first. Motivated and skilled healthcare teams must be supported to reach their potential in providing safe and appropriate care by properly resourced, organised and managed systems of healthcare. For this reason, if the fundamental public expectation of safe and appropriate care from a good doctor is to be met, the health system must have capacity and capability to intelligently design and oversee a fit-for-purpose medical workforce. This requirement is especially important at a time of health system reorganization, if opportunities for improving the public's health are to be realised through effective and sustainable strategic policy reform.

I am pleased, with my fellow Medical Council Members, to present this second Medical Workforce Intelligence Report.


The Medical Council strives to provide leadership to doctors in enhancing good professional practice in the interests of patient safety. This leadership requires us to focus effectively on our role in promoting standards for individual doctors' education, training and practice.

However, good leadership is also about recognising when you need to inform and involve others to achieve your goal. In our work over the coming years, the Medical Council is committed to enhancing patient safety through insightful research and greater engagement.

The public's experience of the patient-doctor relationship is underpinned by doctors' knowledge, skills and attitudes. But it is also powerfully shaped by the healthcare team, the settings where doctors learn and practise, and the wider framework of legislation and strategic policies which set direction for the health system.

A rich and detailed understanding of the evolving medical workforce is set out in this report. This understanding better enables the Medical Council to provide leadership for good professional practice among doctors through our work in education and training, registration, and oversight of continuing practice. In addition, we are sharing this understanding through our second Medical Workforce Intelligence Report so that we can better inform the individuals and organisations with whom we work across the wider health system. In this way, our collective efforts to plan, develop and manage the medical workforce can be strengthened and aligned with our common interest – a good patient-doctor relationship.

This report will be of value to everyone who shapes the patient-doctor relationship: individual patients and doctors, bodies involved in medical education and training, patient and doctor representative bodies, organisations involved in planning and delivering healthcare and legislators and policy-makers. I look forward to engaging widely with all these individuals and organisations to discuss the themes emerging so that we can further promote good professional practice among doctors and ensure safe and appropriate care for patients.



Prof. Freddie Wood
President

CHIEF EXECUTIVE'S INTRODUCTION

Healthcare and health system reform remains high on the public's agenda. While there is understandable debate about how we fund the health system, how we ensure fair and timely access to healthcare, what new technology and medicines should be prioritised, and how we consistently assure the public that the care they will receive is safe, it is important that we do not overlook the healthcare professionals at the heart of the health system and the critical role they play in the public's experience of healthcare. As Dr Jong-Wook Lee, former Director-General of the World Health Organisation said *"people are a vital ingredient in the strengthening of health systems"*.

I am pleased to introduce this second Medical Workforce Intelligence Report, which is based on information collected by the Medical Council through our annual registration retention process. It builds on last year's report, which was warmly welcomed as a key resource by a range of individuals and organisations involved in shaping the patient-doctor relationship.

Rich and detailed medical workforce intelligence informs the Medical Council in its role in the regulation of medical education, training and practice. However, it is also a resource to everyone involved in planning, developing and shaping the medical workforce in Ireland. Organisations like the World Health Organisation, the European Commission and the Organisation for Economic Cooperation and Development have identified human resources for health as a policy priority, and have rightly pointed to the importance of high quality workforce intelligence as a requirement for improving the design and delivery of effective strategic health system reform.

Through sharing medical workforce intelligence, we are pleased to support capacity and capability within the health system in Ireland to improve strategic planning for a strong and sustainable medical workforce. This medical workforce intelligence programme takes forward our strategic objective of enhancing patient safety through insightful research and greater engagement. Along with other work, like our recent "Talking About Good Professional Practice" report, it enables us to lead discussion on the patient-doctor relationship in a way which recognises that good care requires good doctors, but it also requires motivated and skilled healthcare teams, settings for medical practice and training which foster medical professionalism, and a legislative and strategic policy framework which supports the patient-doctor relationship.

There have been a number of developments since we published our first Medical Workforce Intelligence Report. It is positive that structures for enhanced medical workforce planning and forecasting are being developed between the HSE Medical Education and Training Unit and the Department of Health. We have been pleased to contribute to these developments through sharing detailed and focussed analyses of our medical workforce intelligence. In 2013, the Minister for Health launched a Strategic Review of Medical Training and Career Structure with the aims of improving graduate retention in the public health system, planning for future service needs, and realising maximum benefit from investment in medical education and training. We welcomed the opportunity to contribute and subsequently participate in this review. It is important that the voice of medical regulation is present in policy debate on the professional lives of doctors since the Medical Council brings to this discussion a unique perspective on protecting patients and supporting doctors. We will monitor and appropriately support the implementation of the policy recommendations which have emerged from this review and particularly welcome the identification of two key programmes of ongoing research at the Medical Council as frameworks for evaluating progress: the medical workforce intelligence programme and annual trainee experience surveys, which we launched in 2014. Commitments to improve medical workforce planning and development must be fulfilled and monitoring progress through publicly available information helps ensure accountability for progress.

This year's report follows the structure we used last year in reporting on the medical workforce in Ireland. We have enhanced our information through inviting doctors to respond to new questions and this year we have a new section in the report which focuses on skill mix and models of care. In conjunction with last year's report, it is possible to discern some emerging trends. While early detection of trends is important, in general, we urge caution against over interpretation of year-on-year changes. We intend to comprehensively report and comment on trends once data collection has reached the 5-year point.

Within this report, a number of key points are identified, and we have extracted a set of high-level medical workforce indicators.

It is positive that the age-structure and aggregate number of doctors engaged in the practice of medicine appears sustainable compared with other countries.

However, the detailed insights enabled through the workforce intelligence presented in this report continue to highlight a number of key challenges:

- The exit rate among younger doctors who have graduated from Irish medical schools remains relatively high and has increased between 2012 and 2013, which, in the context of increasing numbers of medical graduates, points to an urgent need to focus on graduate retention;
- The reliance on international medical graduates within the medical workforce in Ireland remains high and patterns in terms of registration status, role, and area of practice indicate that their experience of medical practice in Ireland is different to doctors who have graduated from Irish medical schools;
- Specialisation continues to grow, however, growth across specialities is variable;
- The skill mix and models of care supported by the medical workforce in Ireland vary significantly across areas of practice;
- Many doctors registered with the Medical Council are not in practice or are practising outside the state, which presents particular issues for the design and operation of oversight effective systems;
- Feminisation of the medical workforce in Ireland continues, with clear gender patterns observable in terms of role, practice arrangements and area of practice;
- Practice arrangements of doctors vary by gender and specialty, which may represent choice, but which require further evaluation to ensure that all doctors are supported to contribute with their full potential to patient care.

Through sharing information about these challenges, the Medical Council looks forward to working with all individuals and bodies that shape the professional lives of doctors to ensure that the design, development and oversight of the medical workforce in Ireland continues to foster good professional practice in Ireland. People are the vital ingredient in any health system, and if the potential for strong patient-doctor relationships is to be realised, our collective vision for good professional practice among doctors must be designed into ongoing efforts to reform and strengthen the health system in Ireland.



Ms Caroline Spillane
Chief Executive

TABLE OF CONTENTS

MEDICAL WORKFORCE AT A GLANCE	6
INTRODUCTION	7
THE ROLE OF THE MEDICAL COUNCIL.....	8
METHODS.....	9
PURPOSE OF THIS REPORT.....	9
STRUCTURE OF THIS REPORT	10
PROFILE OF THE MEDICAL WORKFORCE: DOCTORS RETAINED IN THE MEDICAL COUNCIL REGISTER 2013	11
NUMBER OF DOCTORS REGISTERED.....	12
GENDER AND AGE CHARACTERISTICS OF DOCTORS RETAINED ON THE REGISTER	12
WORLD REGION OF GRADUATION OF REGISTERED DOCTORS	16
DIVISION STATUS OF DOCTORS ON THE REGISTER	16
SPECIALTY AREAS OF DOCTORS ON THE REGISTER.....	17
MEDICAL PRACTITIONER DENSITY IN IRELAND	19
DOCTORS EXITING THE REGISTER 2013	24
CHARACTERISTICS OF DOCTORS EXITING THE REGISTER	25
EXIT RATES AND DIVISION OF REGISTRATION	27
DOCTORS ENTERING THE REGISTER 2013	28
PROFILE OF DOCTORS ENTERING THE REGISTER.....	29
NEW SPECIALISTS	30
GLOBALISATION OF MEDICAL PRACTICE IN IRELAND.....	35
INTERNATIONALLY-QUALIFIED DOCTORS RETAINING REGISTRATION.....	36
PROFILE OF INTERNATIONALLY-QUALIFIED DOCTORS	37
DIVISION STATUS AND ROLE OF DOCTORS WHO QUALIFIED OUTSIDE IRELAND	38
AREA OF PRACTICE	39
SKILL MIX AND MODELS OF CARE	40
ROLES OF DOCTORS RETAINING REGISTRATION	41
DIVISIONAL STATUS AND ROLE.....	41
DIVISIONAL STATUS AND AREA OF PRACTICE.....	42
ROLE AND AREA OF PRACTICE	43
DOCTORS' PARTICIPATION IN PRACTICE IN IRELAND	44
INACTIVE DOCTORS	45
COUNTRY OF MEDICAL PRACTICE	46
FULL-TIME / PART-TIME WORKING	47
CHANGING SCOPE OF PRACTICE	48
WOMENS' PARTICIPATION IN MEDICAL PRACTICE	49
PROFILE OF FEMALE DOCTORS	50
FEMALE SPECIALISTS AND AREAS OF PRACTICE	52
PRACTICE ARRANGEMENTS OF FEMALE DOCTORS	53

MEDICAL WORKFORCE AT A GLANCE

Indicator		2012	2013
1	Total number of doctors registered at year end (annual % change)	18,184 (-3.3% per annum)	18,160 (-0.1% per annum)
2	% women doctors (annual % change)	40.3% (2.0% per annum)	41.3% (2.5% per annum)
3	% doctors aged 55 years and older	22.5%	21.4%
4	Specialist Division: General Division: Trainee Specialist Division ratio	3.6: 3.4: 1	3.9: 3.5: 1
5	Exit rate, all doctors	8.0%	6.8%
6	Exit rate, graduates of Irish medical schools aged under 30 years	6.4%	7.9%
7	Total number of new entrants	1,256	1,576
8	Annual % change in proportion of specialists	7.4% per annum	2.8% per annum
9	% of international medical graduates	34.9%	34.3%
10	% clinically inactive doctors	7.2%	4.0%
11	% practising in Ireland only	74.4%	79.8%
12	% practising less than full time	17.0%	16.1%

INTRODUCTION

Key Points

- The Medical Council oversees standards for good professional practice among doctors in Ireland.
- It establishes and maintains a register of doctors who may, under law, practise medicine in Ireland.
- Each year, it invites doctors to retain registration and, since 2012, has invited doctors to complete a survey which gathers up-to-date information about their practice arrangements.
- This information is used to develop the Medical Workforce Intelligence Report.
- Medical workforce intelligence underpins the work of the Medical Council in setting and monitoring standards for doctors.
- The Medical Council shares this report to enhance the capacity and capability to effectively plan, develop and maintain a strong and sustainable medical workforce that responds to a changing healthcare landscape and better enables doctors to fulfil their potential to meet the public's health needs

THE ROLE OF THE MEDICAL COUNCIL

The Medical Council sets standards for good professional practice among doctors in Ireland. It monitors standards of practice and can take action if proper standards are not met.

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 their status within the workforce. The five Divisions of the Register are the Trainee Specialist Division (which includes internship registration and trainee specialist registration), the Specialist Division, the General Division, the Supervised Division and the visiting EEA Practitioners Division (See **Figure 1**). To achieve and maintain registration as a doctor, standards set by the Medical Council must be met and upheld on an ongoing basis. Through the year, doctors enter and leave the Medical Council's register.

Figure 1: Structure of the Medical Council 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 the single definitive source of medical workforce intelligence. Since 2012 the Medical Council posed additional questions to doctors seeking to retain their registration, to allow data to be gathered on their work practices. The data has been analysed against basic information about the doctors' age, gender, graduating medical school and specialist credentials. Under its Statement of Strategy 2014-2018, the Medical Council seeks to enhance patient safety through the generation of better research evidence, the provision of information and effective communication with patients, doctors and partner organisations (Strategic Objective 4).¹ This second Medical Workforce Intelligence Report is presented in line with that objective.

¹ Medical Council Statement of Strategy 2014 – 2018. <https://www.medicalcouncil.ie/News-and-Publications/Publications/Strategy-Statement-of-Strategy-2014-2018/Statement-of-Strategy-2014-2018-.pdf>

METHODS

This report is based on analysis of data gathered by the Medical Council through its annual retention of registration process, carried out in June 2013.

Each year, the Medical Council invites registered doctors to retain registration. Doctors seeking retention of registration complete a statutory declaration regarding their current professional standing and pay the appropriate fee. While most doctors retain registration with the Medical Council each year, some do not and may voluntarily withdraw from the Register; others are removed; sadly, each year some doctors' registration is not retained because they have died.

Since 2012, the Medical Council has invited doctors to respond to additional questions about their current practice arrangements; in 2013, the workforce survey included questions asked in the previous year and some new questions which were designed in consultation with key stakeholders. The responses to these questions were reconciled by the Medical Council to the doctor's unique registration records, which contained basic information about the doctor such as age, gender, graduating medical school and specialist credentials. Most doctors responded to the invitation to provide additional information through the annual retention of registration process. Percentages quoted in the report are based on response rates for each individual question, as some doctors omitted to respond to some of the additional non-statutory declaration questions; however, the proportion was small and only impacts significantly on the overall quality of the data analysed where data is presented for small numbers of doctors.

The report also draws on existing registration data to provide a cross sectional overview of the registered doctors at the end of 2013 and new entrants during 2013. Totals taken at year end differ slightly from the 'retention of registration' data, which was collected in June. Year-end totals reflect any registration activity – doctors entering or leaving the Register – between June and the end of the year. 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. In addition, a small number of doctors who entered the Register for the first time from May 1st 2013 were automatically retained by the Medical Council for the period July 2013 to June 2014 without having to complete an application to retain registration. However, the report contains information on new entrants during 2013, which provides an overview of these groups of doctors.

The register of medical practitioners is a "living" database. Each working day at the Medical Council offices, doctors are entered in the Register, are removed from the Register and transferred between its divisions. Comparison between reports based on registration data must take account of this "living" nature of the database, which means that reports produced can refer to different totals. Nevertheless, overall trends and themes that emerge from analysis of registration data remain generally robust and stable.

For this second Medical Workforce Report, information presented in the first report has been re-presented with updated data for 2013. Information from the additional questions included in the 2013 survey has been included. Some comparisons between 2012 and 2013 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. A 5-year trend will be presented once consecutive years' data is available. At this stage, valid commentary on trends can and will be made.

PURPOSE OF THIS REPORT

The purpose of this report is to enhance patient safety and better support good professional practice among doctors through generating and providing intelligence about the medical workforce in Ireland. This information underpins the work of the Medical Council in setting and monitoring standards for 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, high quality medical workforce intelligence is shared with policy-makers, health planners, healthcare providers, medical education and training bodies, doctors and their representative groups, and the public and patient representative groups. In this way, the Medical Council aims to enhance the capacity and capability

to effectively plan, develop and maintain a strong and sustainable medical workforce that responds to a changing healthcare landscape and better enables doctors to fulfil their potential to meet the public's health needs.

STRUCTURE OF THIS REPORT

The findings of the report are presented under eight thematic headings:

- Profile of the Medical Workforce: Doctors Retained in the Medical Council Register 2013
- Medical Practitioner Density in Ireland – Estimates and Comparisons
- Doctors Exiting the Register 2013
- Doctors Entering the Register 2013
- Globalisation of the Medical Practice in Ireland
- Skill-mix and models of care
- Doctors' Participation in Practice in Ireland
- Womens' Participation in Medical Practice

PROFILE OF THE MEDICAL WORKFORCE: DOCTORS RETAINED IN THE MEDICAL COUNCIL REGISTER 2013

Key points

- 17,378 doctors were invited to retain registration for the period July 2013 to June 2014.
- 16,189 (93.2%) of doctors retained registration.
- The female: male ratio among doctors retaining registration was 4:6 and 21.4% were aged 55 years and older.
- 28.5% of specialists were aged 55 years and older; the proportion of older doctors varied across specialty and, Occupational Medicine (48.6%), Public Health Medicine (41.7%), Psychiatry (35.2%), General Surgery (34.9%), and General Practice (33.3%) were among the larger specialities with higher than average proportions of older doctors.
- 65.7% of doctors retaining registration with the Medical Council graduated from an Irish medical school.
- The specialist: general: trainee specialist division ratio among doctors retaining registration was 3.9:3.5:1.
- The top three areas most commonly reported by doctors as their current area of practice were General Practice, Anaesthesia and Psychiatry.

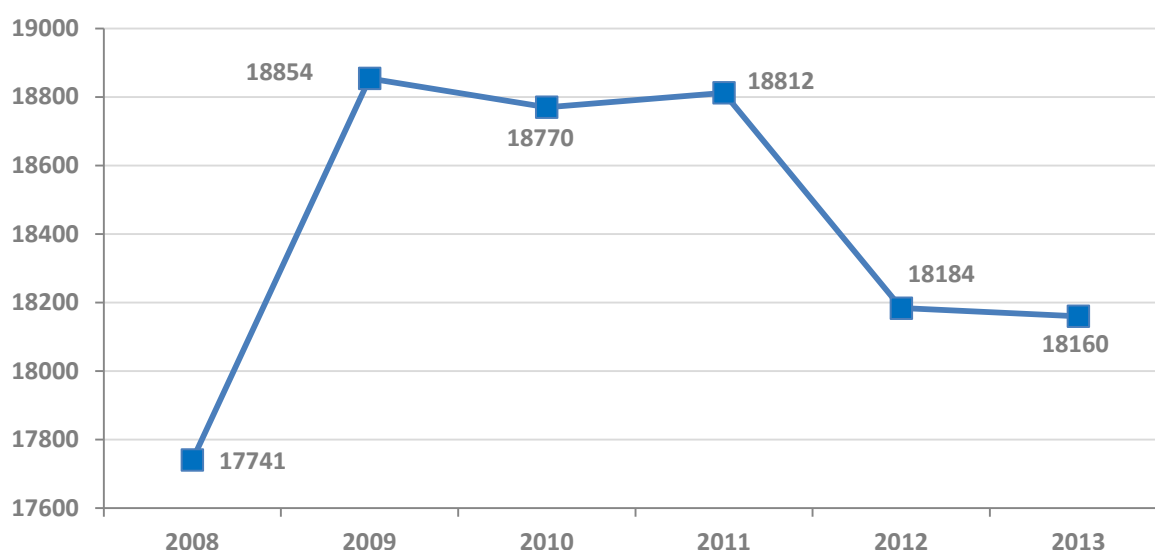
NUMBER OF DOCTORS REGISTERED

In June 2013 the Medical Council invited 17,378 doctors to retain registration for the period July 2013 to June 2014. 16,189 doctors retained registration (93.2% of all those invited to do so). 16,020 of those doctors also returned non-statutory declaration questions regarding their current practice arrangements (i.e. 99% of all doctors that retained registration). 1,189 doctors did not retain their registration, constituting an exit rate of 6.8% from the Register.

The year-end calculation for the total numbers of doctors registered differs slightly from the 'retention of registration' data, which was collected in June. Year-end totals reflect any registration activity – doctors entering or leaving the Register – between June and the end of the year. At the year-end 2013, 18,160 doctors were registered with the Medical Council.

The trend in total number of doctors registered at year-end for the last six years is shown in Figure 2.

Figure 2: Trend in total number of doctors registered at year end, 2008-2013



GENDER AND AGE CHARACTERISTICS OF DOCTORS RETAINED ON THE REGISTER

Table 1: Gender and age profile of doctors retained in the Register, 2013

Characteristic	%
Gender	
Female	40.5%
Male	59.5%
Age Category	
Under 25	0.4%
25-34	24.8%
35-44	29.6%
45-54	23.7%
55-64	14.9%
65 and over	6.5%

Figure 3: Gender of doctors retained in the Register, 2013

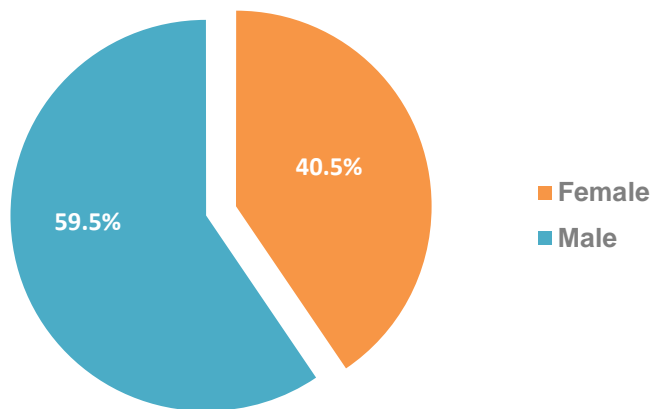


Figure 4: Age profile of doctors retained in the Register, 2013

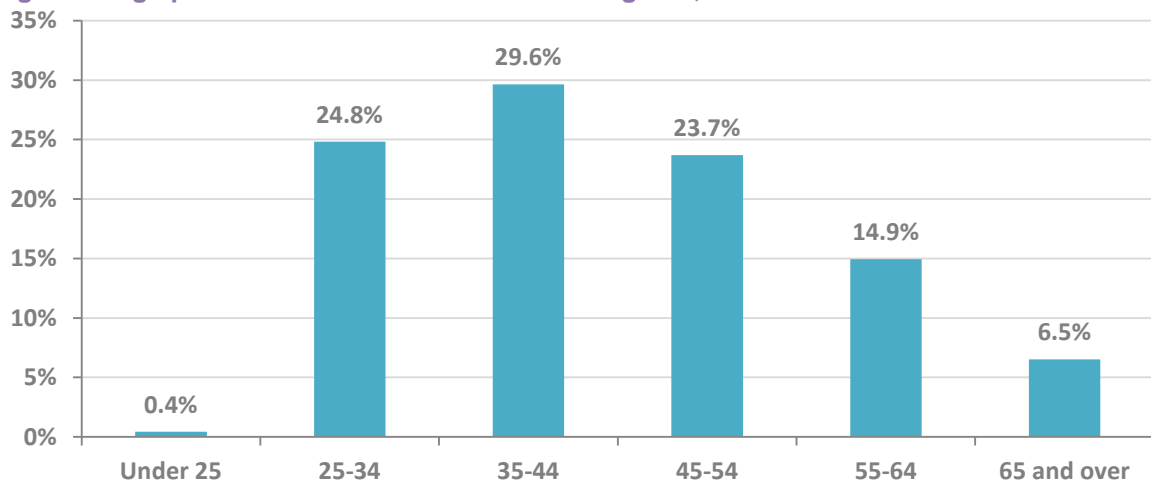


Figure 5: Population pyramid, all doctors retained in the Register, 2013

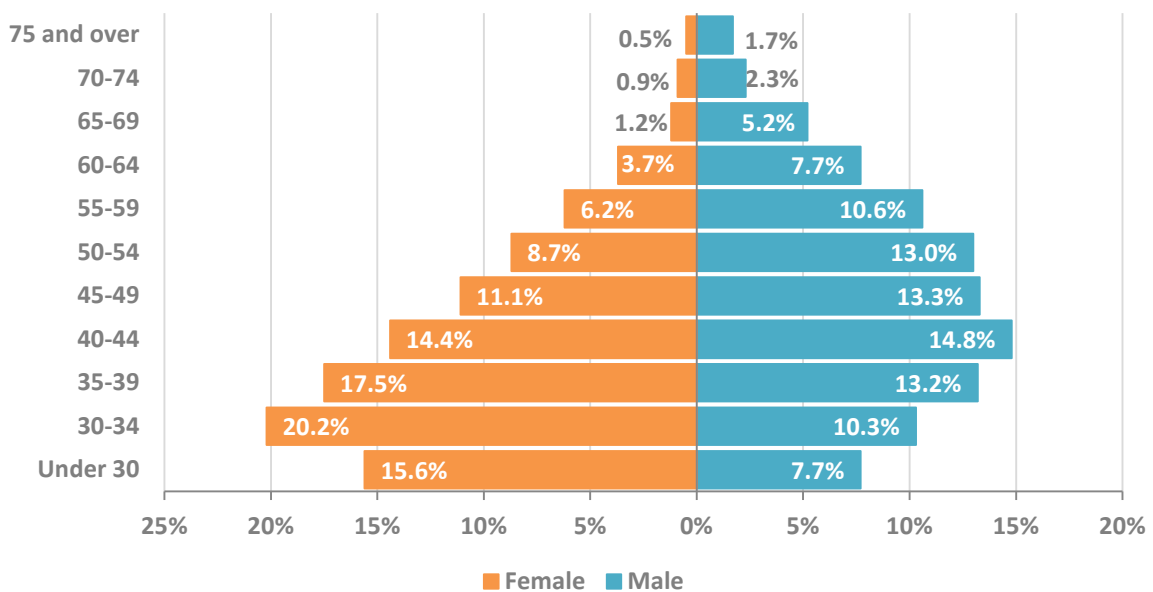


Figure 6: Population pyramid, all doctors who graduated from Irish medical schools retained in the Register, 2013

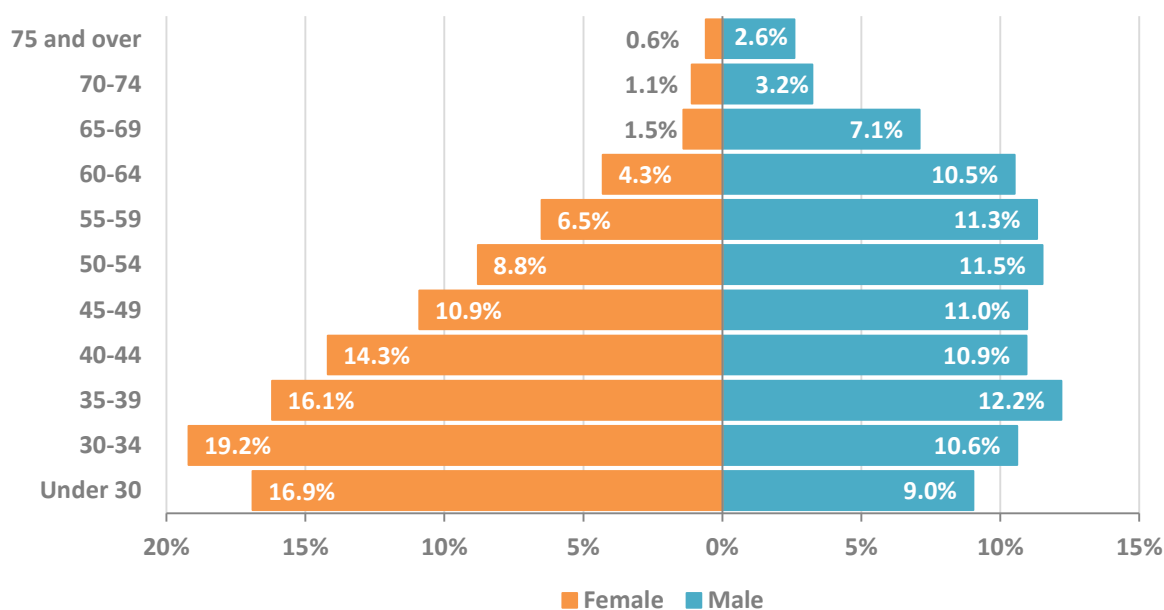


Figure 7: Proportions of doctors aged 55 and over by specialty*

Speciality	Number of doctors aged 55 years and over	% of Speciality aged 55 years and over
Anaesthesia	121	22.1%
Cardiology	22	20.2%
Cardiothoracic Surgery	4	12.1%
Chemical Pathology	2	22.2%
Child and Adolescent Psychiatry	25	21.6%
Clinical Genetics	0	0%
Clinical Neurophysiology	1	14.3%
Clinical Pharmacology and Therapeutics	2	22.2%
Dermatology	12	21.4%
Emergency Medicine	13	14.3%
Endocrinology and Diabetes Mellitus	10	33.3%
Gastroenterology	12	18.8%
General (Internal) Medicine	85	22.4%
General Practice	929	33.3%
General Surgery	99	34.9%
Genito-Urinary Medicine	2	33.3%
Geriatric Medicine	6	11.8%
Haematology	0	0%
Haematology (Clinical and Laboratory)	16	20.5%
Histopathology	48	27.0%
Immunology (Clinical and Laboratory)	2	28.6%
Infectious Diseases	1	6.2%
Medical Oncology	8	15.4%
Microbiology	23	31.1%
Nephrology	5	13.5%

Speciality	Number of doctors	% aged 55 years and over
Neurology	8	13.6%
Neuropathology	2	66.7%
Neurosurgery	9	33.3%
Obstetrics and Gynaecology	70	29.4%
Occupational Medicine	36	48.6%
Ophthalmic Surgery	26	30.6%
Ophthalmology	34	29.6%
Oral and Maxillo-Facial Surgery	3	20.0%
Otolaryngology	20	23.3%
Paediatric Cardiology	1	33.3%
Paediatric Surgery	5	35.7%
Paediatrics	63	21.9%
Palliative Medicine	4	9.5%
Pharmaceutical Medicine	4	50.0%
Plastic, Reconstructive and Aesthetic Surgery	16	26.7%
Psychiatry	155	35.2%
Psychiatry of Learning Disability	7	46.7%
Psychiatry of Old Age	5	12.5%
Public Health Medicine	40	41.7%
Radiation Oncology	11	24.4%
Radiology	76	22.0%
Rehabilitation Medicine	5	33.3%
Respiratory Medicine	8	14.8%
Rheumatology	5	13.9%
Sports and Exercise Medicine	7	29.2%
Trauma and Orthopaedic Surgery	51	28.7%
Tropical Medicine	1	50.0%
Urology	16	27.1%
Total	2136	28.5%

*Specialties with less than average proportions of doctors aged 55+ within them are highlighted in green; specialties with higher than average proportions of doctors aged 55+ within them are highlighted in orange.

WORLD REGION OF GRADUATION OF REGISTERED DOCTORS

Figure 8: World region² of graduation (basic medical qualification) for doctors who retained registration, 2013

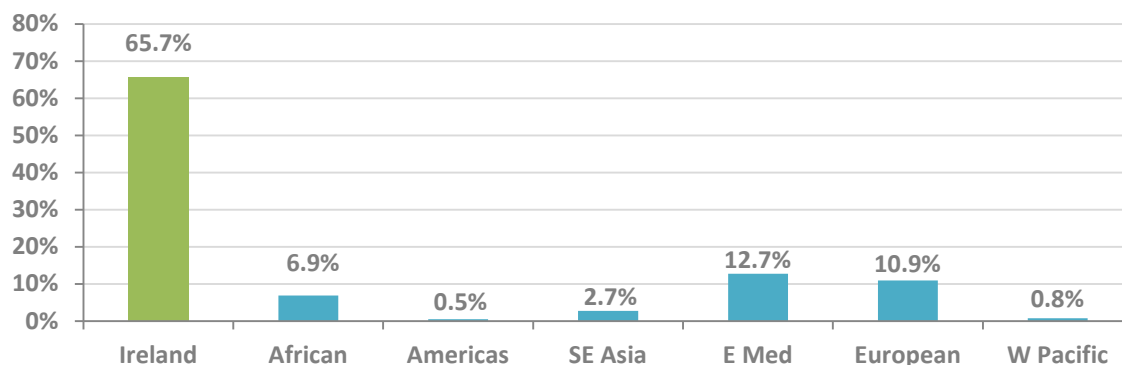
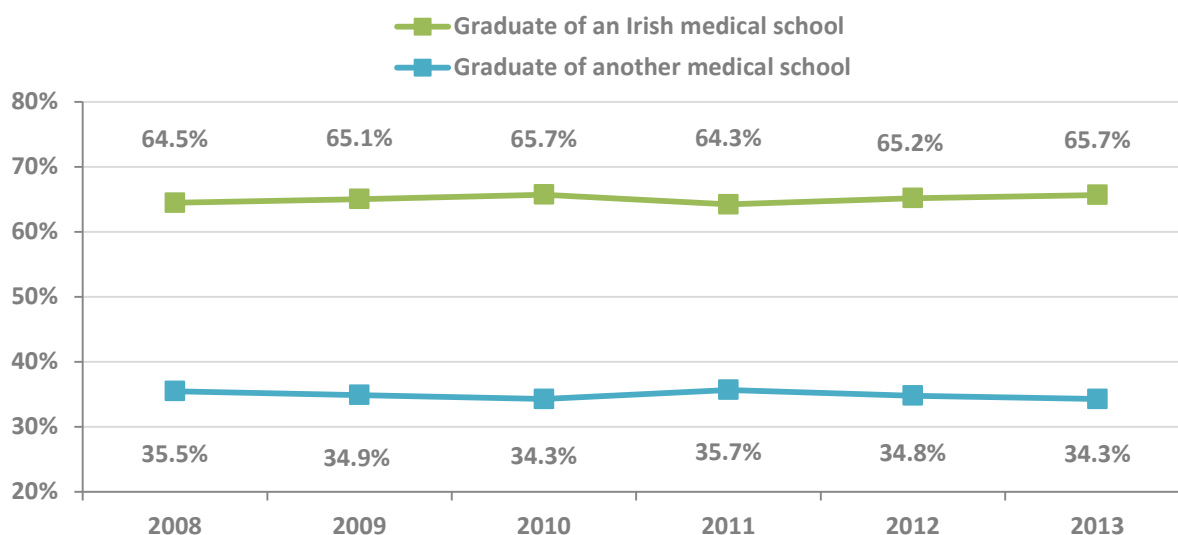
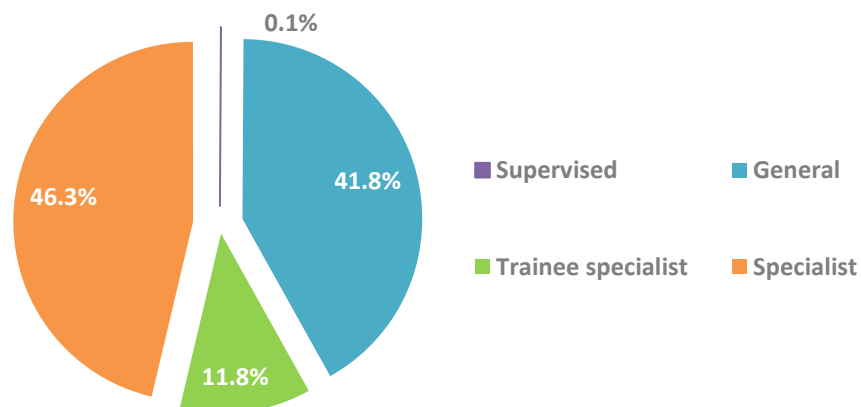


Figure 9: Trend in proportion of doctors by country of qualification (2008-2013)



DIVISION STATUS OF DOCTORS ON THE REGISTER

Figure 10: Division of registration for doctors who retained registration, 2013



² This report uses World Health Organisation world region classification which can be found here: <http://www.who.int/about/regions/en/index.html>

SPECIALTY AREAS OF DOCTORS ON THE REGISTER

Table 2: Recognised specialisations* of specialist division doctors retaining registration, 2013

Specialty Area	N	%
Anaesthesia	549	6.6%
Cardiology	134	1.6%
Cardiothoracic Surgery	33	0.4%
Chemical Pathology	10	0.1%
Child and Adolescent Psychiatry	124	1.5%
Clinical Genetics	6	0.1%
Clinical Neurophysiology	12	0.1%
Clinical Pharmacology and Therapeutics	14	0.2%
Dermatology	57	0.7%
Emergency Medicine	92	1.1%
Endocrinology and Diabetes Mellitus	75	0.9%
Gastroenterology	120	1.4%
General (Internal) Medicine	638	7.7%
General Practice	2826	34.0%
General Surgery	287	3.5%
Genito-Urinary Medicine	8	0.1%
Geriatric Medicine	107	1.3%
Haematology	3	0.0%
Haematology (Clinical and Laboratory)	80	1.0%
Histopathology	179	2.2%
Immunology (Clinical and Laboratory)	8	0.1%
Infectious Diseases	28	0.3%
Medical Oncology	54	0.6%
Microbiology	76	0.9%
Nephrology	57	0.7%
Neurology	61	0.7%
Neuropathology	6	0.1%
Neurosurgery	28	0.3%
Obstetrics and Gynaecology	239	2.9%
Occupational Medicine	101	1.2%
Ophthalmic Surgery	101	1.2%
Ophthalmology	141	1.7%
Oral and Maxillo-Facial Surgery	15	0.2%
Otolaryngology	87	1.0%
Paediatric Cardiology	4	0.0%
Paediatric Surgery	14	0.2%
Paediatrics	296	3.6%
Palliative Medicine	47	0.6%
Pharmaceutical Medicine	8	0.1%
Plastic, Reconstructive and Aesthetic Surgery	60	0.7%
Psychiatry	475	5.7%
Psychiatry of Learning Disability	33	0.4%
Psychiatry of Old Age	76	0.9%
Public Health Medicine	104	1.3%
Radiation Oncology	46	0.6%
Radiology	347	4.2%
Rehabilitation Medicine	15	0.2%
Respiratory Medicine	104	1.3%
Rheumatology	61	0.7%
Sports and Exercise Medicine	30	0.4%
Trauma and Orthopaedic Surgery	178	2.1%
Tropical Medicine	2	0.0%
Urology	61	0.7%

*Registered doctors may have more than one specialty so occurrences exceed total number of specialists.

Table 3: Area of practice* for doctors who retained registration, 2013

Area of practice	N	%
Anaesthesia	1066	7.0
Emergency Medicine	583	3.8
General Practice	4821	31.6
Medicine	2743	18.0
Obstetrics & Gynaecology	606	4.0
Occupational Medicine	147	1.0
Ophthalmology	184	1.2
Paediatrics	813	5.3
Pathology	566	3.7
Psychiatry	1267	8.3
Public Health Medicine	277	1.8
Radiology	610	4.0
Sports & Exercise Medicine	39	0.3
Surgery	1518	10.0
Total	15240	100.0

**Registered doctors are asked to identify one area of practice so total equals total number of respondents. 94.1% of doctors retaining registration responded to this question.*

MEDICAL PRACTITIONER DENSITY IN IRELAND

Key points

- At the end of 2013, there were 395.4 doctors per 100,000 people in Ireland. Taking only those who were working in Ireland, there were 300.4 doctors per 100,000 people in Ireland.
- Areas of practice with the highest density of specialists were General Practice (56.4 specialists per 100,000 population), General Internal Medicine (13.9 specialists per 100,000 population), Anaesthesia (12.0 specialists per 100,000 population), Psychiatry (10.3 specialists per 100,000 population) and Radiology (7.6 specialists per 100,000 population).
- Estimates for licensed to practise and professionally active doctors in Ireland are compared with a selection of OECD countries.

DENSITY OF MEDICAL PRACTITIONERS

Table 4: General & specialty-specific estimates of medical practitioner density in Ireland, 2013³

Specialty Area	Per 100,000 population – all doctors	Per 100,000 population – doctors who practise only in Ireland
Density of retained medical practitioners	352.5	267.8
Density of medical practitioners, end 2013	395.4	300.4
Density of retained specialists, by specialty		
Anaesthesia	12.0	9.6
Cardiology	2.9	2.0
Cardiothoracic Surgery	0.7	0.5
Chemical Pathology	0.2	0.2
Child and Adolescent Psychiatry	2.7	2.5
Clinical Genetics	0.1	0.1
Clinical Neurophysiology	0.3	0.2
Clinical Pharmacology and Therapeutics	0.3	0.2
Dermatology	1.2	1.1
Emergency Medicine	2.0	1.6
Endocrinology and Diabetes Mellitus	1.6	1.2
Gastroenterology	2.6	2.0
General (Internal) Medicine	13.9	10.3
General Practice	61.5	56.4
General Surgery	6.2	4.6
Genito-Urinary Medicine	0.2	0.2
Geriatric Medicine	2.3	2.0
Haematology	0.1	0.0
Haematology (Clinical and Laboratory)	1.7	1.5
Histopathology	3.9	2.8
Immunology (Clinical and Laboratory)	0.2	0.2
Infectious Diseases	0.6	0.4
Medical Oncology	1.2	0.9
Microbiology	1.7	1.3
Nephrology	1.2	0.8
Neurology	1.3	1.1
Neuropathology	0.1	0.1
Neurosurgery	0.6	0.5
Obstetrics and Gynaecology	5.2	3.9
Occupational Medicine	2.2	1.7
Ophthalmic Surgery	2.2	1.6
Ophthalmology	3.1	2.1
Oral and Maxillo-Facial Surgery	0.3	0.2
Otolaryngology	1.9	1.3
Paediatric Cardiology	0.1	0.0
Paediatric Surgery	0.3	0.2
Paediatrics	6.4	4.5
Palliative Medicine	1.0	0.9
Pharmaceutical Medicine	0.2	0.2
Plastic, Reconstructive and Aesthetic Surgery	1.3	0.7
Psychiatry	10.3	8.7
Psychiatry of Learning Disability	0.7	0.7
Psychiatry of Old Age	1.7	1.5

³ Estimates for the population of Ireland in 2013 were taken from

<http://www.cso.ie/en/releasesandpublications/er/pme/populationandmigrationestimatesapril2013>

Specialty Area	Per 100,000 population – all doctors who retained registration	Per 100,000 population – doctors who retained registration and practise only in Ireland
Public Health Medicine	2.3	2.0
Radiation Oncology	1.0	0.7
Radiology	7.6	5.6
Rehabilitation Medicine	0.3	0.2
Respiratory Medicine	2.3	1.7
Rheumatology	1.3	1.2
Sports and Exercise Medicine	0.7	0.4
Trauma and Orthopaedic Surgery	3.9	2.9
Tropical Medicine	0.0	0.0
Urology	1.3	1.0

Table 5: Estimates of medical practitioner density in Ireland by area of practice, 2013

Area of practice	Per 100,000 population – all retained doctors*	Per 100,000 population – retained doctors practising only in Ireland**
Anaesthesia	23.2	17.7
Emergency Medicine	12.7	8.6
General Practice	105.0	86.8
Medicine	59.7	44.7
Obstetrics & Gynaecology	13.2	9.6
Occupational Medicine	3.2	2.3
Ophthalmology	4.0	2.9
Paediatrics	17.7	13.2
Pathology	12.3	9.3
Psychiatry	27.6	22.9
Public Health Medicine	6.0	5.1
Radiology	13.3	8.9
Sports & Exercise Medicine	0.8	0.5
Surgery	33.0	23.6

**All doctors who retained registration

** Estimate of doctors who retained registration and who are currently in practice in Ireland only.

Table 6: Estimates of density of licensed to practise doctors from OECD countries.⁴

Country	Density per 1000 population of all licensed to practise physicians
Chile	1.74
Korea	2.56
Canada	2.68
New Zealand	3.22
Poland	3.56
United Kingdom	3.71
Ireland	3.95
Luxembourg	3.99
Australia	4.03
Portugal	4.10
Israel	4.14
Finland	4.87
Spain	4.89
Belgium	5.00
Hungary	5.00
Norway	5.55
Germany	5.71
Sweden	6.01
Italy	6.38
Iceland	7.05

⁴ Definition of 'licensed to practise doctors' and values for OECD Countries (2012, most current year) other than Ireland was taken from <http://stats.oecd.org/>

Licensed to practise physicians are practising and other (non-practising) physicians who are registered and entitled to practise as health care professionals, including:

- Physicians who provide services directly to patients;
- Physicians for whom their medical education is a prerequisite for the execution of the job;
- Physicians for whom their medical education is NOT a prerequisite for the execution of the job;
- Physicians licensed to practise but who due to various reasons are not economically active (e.g. unemployed or retired); and,
- Physicians working abroad.

Table 7: Estimates of density of professionally active doctors from OECD countries.⁵

Country	Density per 1000 population of all professionally active physicians
Turkey	1.73
Japan	2.36
Poland	2.41
Canada	2.50
Slovenia	2.64
Ireland	2.67
New Zealand	2.71
Luxembourg	3.12
Israel	3.17
Finland	3.29
France	3.32
Slovak Republic	3.36
Australia	3.51
Iceland	3.57
Switzerland	3.98
Spain	4.08
Italy	4.14
Germany	4.34
Norway	4.87

⁵ Definition of 'professionally active physicians' and data for OECD countries (2012, most current year) was taken from <http://stats.oecd.org/>

DOCTORS EXITING THE REGISTER 2013

Key points

- 6.8% of doctors exited the Register at the time of the annual retention process in 2013; the exit rate for graduates of Irish medical schools was 4.7%.
- The exit rate among males was higher than the rate among females (7.4% versus 6%).
- The exit rate was higher among younger doctors, 9.7% and 8.5% for doctors aged 25-29 years and 30-34 years respectively (all doctors); and an exit rate of 7.9% and 6.0% for doctors aged 25-29 years and 30-34 years respectively (graduates of Irish medical schools).
- Among graduates of Irish medical schools aged 25-29, there was a relative increase of 23% in the exit rate between 2012 and 2013 (6.4% in 2012 to 7.9% in 2013).
- Across the divisions of the Register, the highest exit rate was observed in the Supervised Division. Since registration in this Division is limited under law to a 2 year period, and given that a cohort of doctors entered in 2011, the high exit rate among doctors registered in the Supervised Division is expected.
- A relatively low exit rate was observed among doctors registered in the Specialist Division. However, a higher than average exit rate was observed among some specialties including Geriatric Medicine (12.1%), Urology (9.2%) and Child and Adolescent Psychiatry (7.2%).

CHARACTERISTICS OF DOCTORS EXITING THE REGISTER

Table 8: Exit rate 2013, across key demographic characteristics

Characteristic	Exit Rate (all doctors)	Exit Rate (graduates of Irish medical schools)
All doctors	6.8%	4.7%
Gender		
Male	7.4%	5.1%
Female	6.0%	4.3%
Age category		
Under 25	10.4%	9.5%
25-34	9.0%	6.9%
35-44	6.8%	3.9%
45-54	4.5%	1.7%
55-64	5.1%	3.1%
65 and over	10.7%	10.4%

Figure 11: Exit rate 2013 per age group (all doctors)

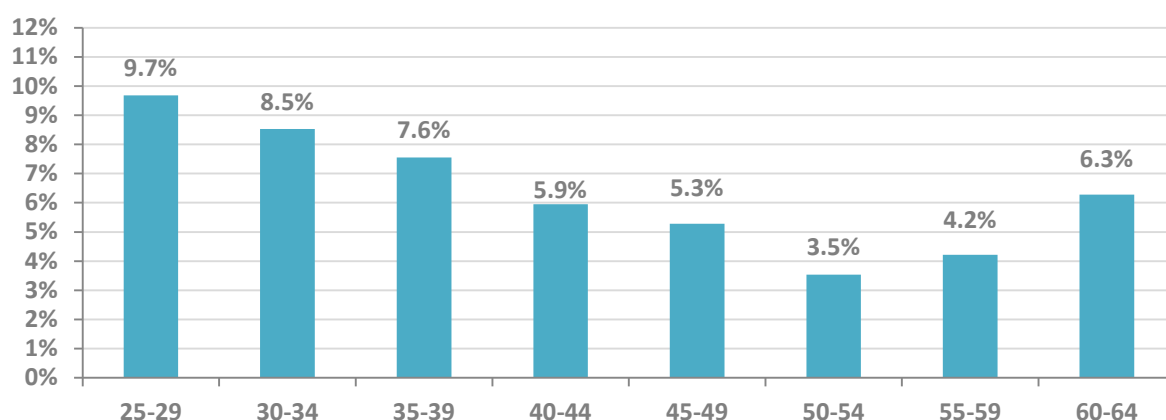


Figure 12: Exit rate 2013 per age group (doctors who graduated from Irish medical schools)

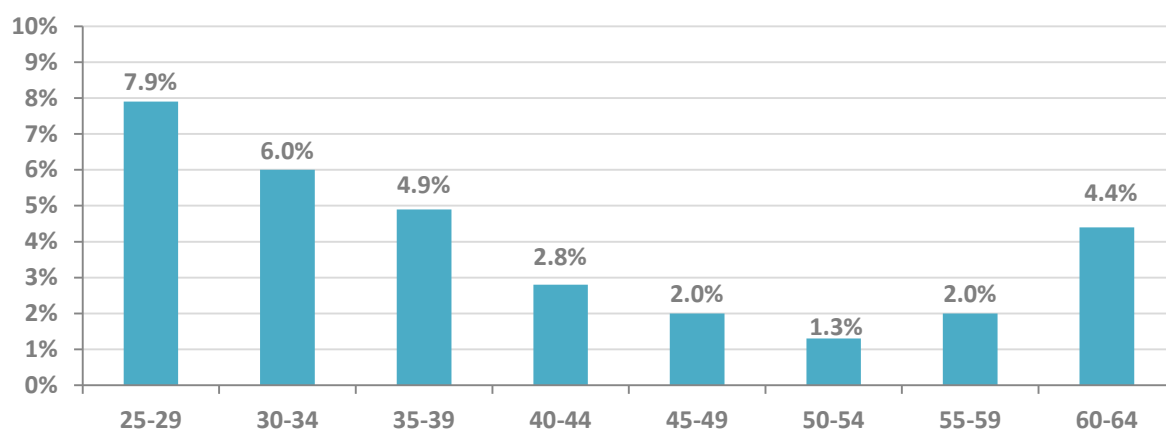


Figure 13: Exit rates for 2013 and 2012 per age group (graduates from Irish medical schools)

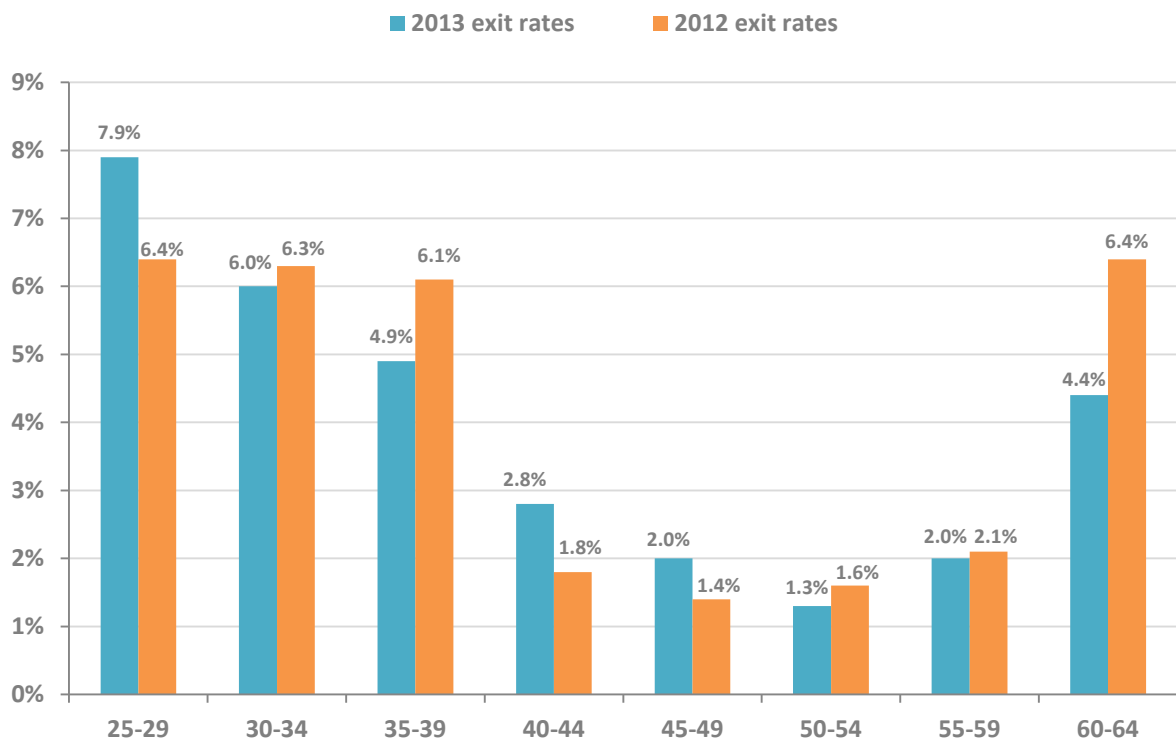
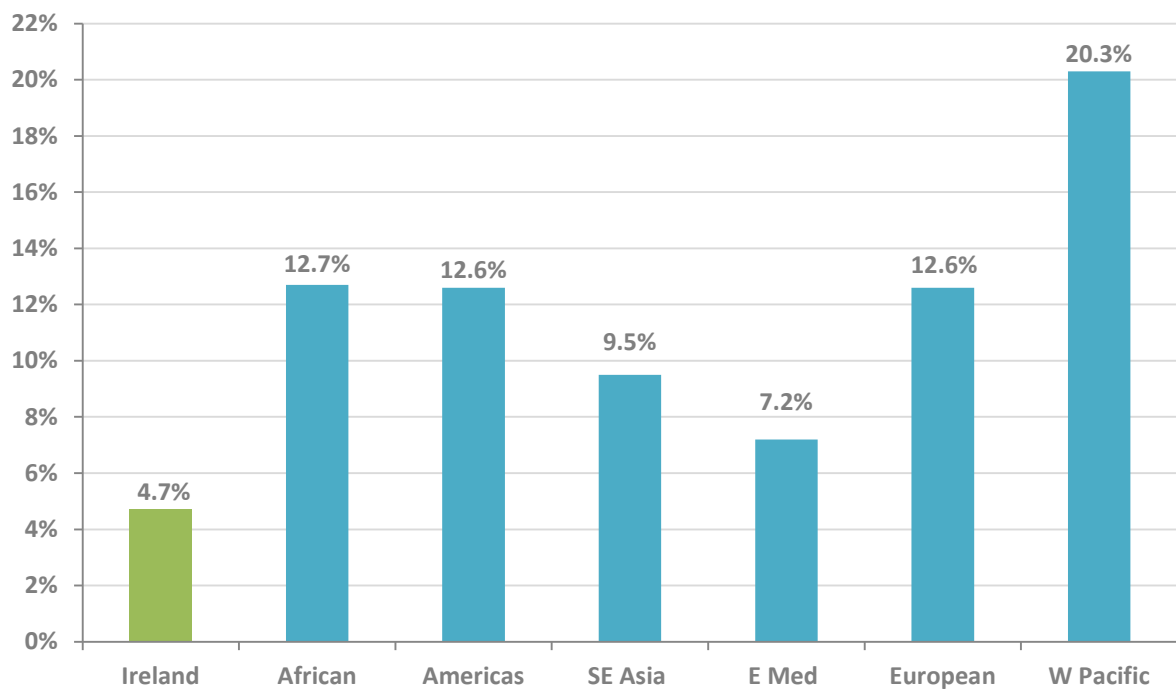


Figure 14: Exit rate 2013 by world region of basic medical qualification



EXIT RATES AND DIVISION OF REGISTRATION

Figure 15: Exit rate 2013 by registration division

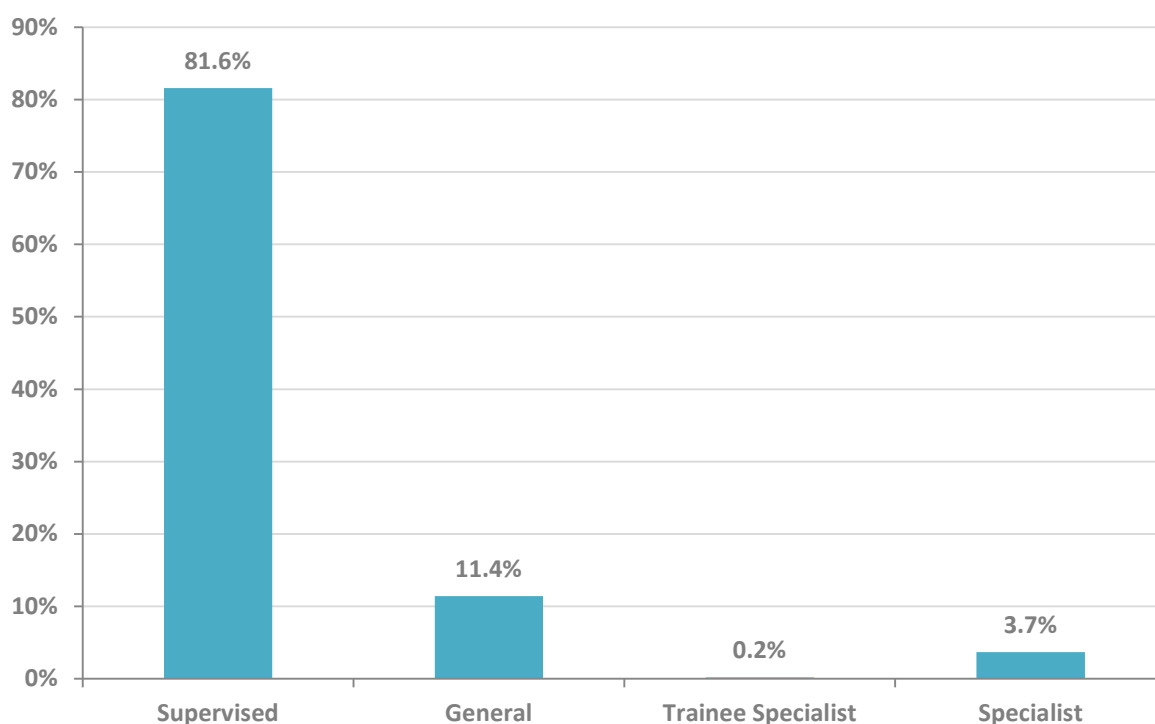


Table 9: Exit rate by specialty, specialists only*

Specialty	No. Exited	% of specialty
Anaesthesia	28	4.9%
Child and Adolescent Psychiatry	9	7.2%
Emergency Medicine	6	6.2%
General (Internal) Medicine	15	3.8%
General Practice	57	2.0%
General Surgery	13	4.4%
Geriatric Medicine	7	12.1%
Haematology (Clinical and Laboratory)	5	6.0%
Histopathology	7	3.8%
Obstetrics and Gynaecology	9	3.6%
Occupational Medicine	5	6.3%
Ophthalmology	5	4.2%
Paediatrics	20	6.5%
Psychiatry	20	4.3%
Radiology	24	6.5%
Urology	6	9.2%

*This table is limited to specialties where ≥ 5 doctors exited.

DOCTORS ENTERING THE REGISTER 2013

Key points

- During 2013, 1,576 doctors entered the Register for the first time.
- Over half (52.6%) of new entrants were aged under 30 years.
- The commonest registration type taken up by new entrants was General Division registration (47.2%), followed by Internship registration (40.9%).
- During 2013, 509 doctors entered the Specialist Division for the first time, bringing the proportion of doctors registered with the Medical Council who were specialist to 41.7%; this represents a relative increase of 30% in specialists registered with the Medical Council in the previous 5 year period.
- 65.4% of new specialists were aged 40 years or under at the time of entry to the Specialist Division; the age profile of new specialists varied across specialties.
- 57.0% of doctors with a new specialty were graduates of an Irish medical school and 56.3% had completed an Irish training programme.
- The relative growth in specialists from 2012-2013 was, on average, 2.8% and varied by specialty with some specialties experiencing greater than average growth and others experiencing less than average growth; eight specialties, experienced a relative reduction in the number of specialists in this period, with Psychiatry of Learning Disability and Oral and Maxillo-Facial Surgery experiencing the largest relative reduction.

PROFILE OF DOCTORS ENTERING THE REGISTER

During 2013, 1,576 doctors entered the Register for the first time.

Figure 16: Gender of doctors entering the Register in 2013

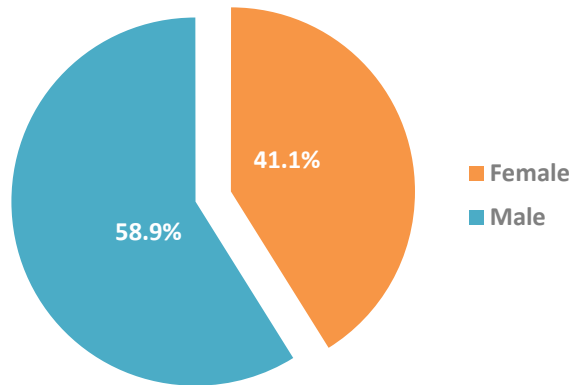


Figure 17: Age of doctors entering the Register in 2013

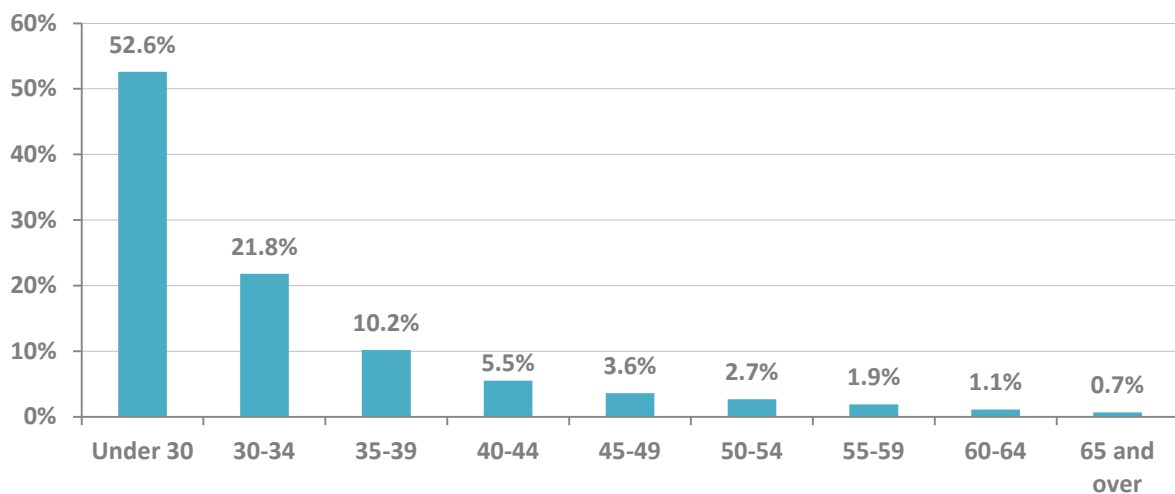
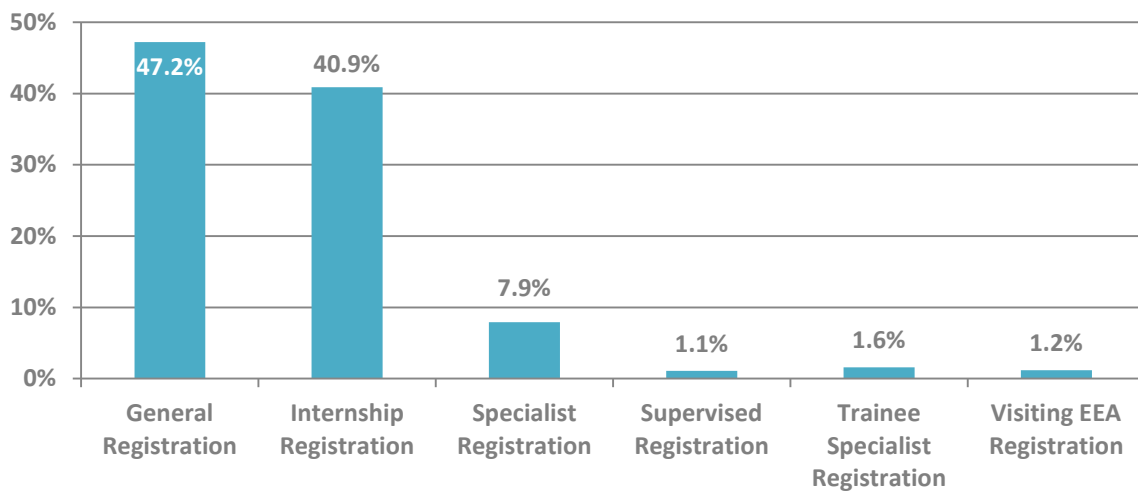


Figure 18: Type of registration for doctors new to the Register in 2013



NEW SPECIALISTS

In 2013, 509 doctors entered the Specialist division for the first time.

Figure 19: Proportion of doctors registered in the specialist division at year end, 2009-2013

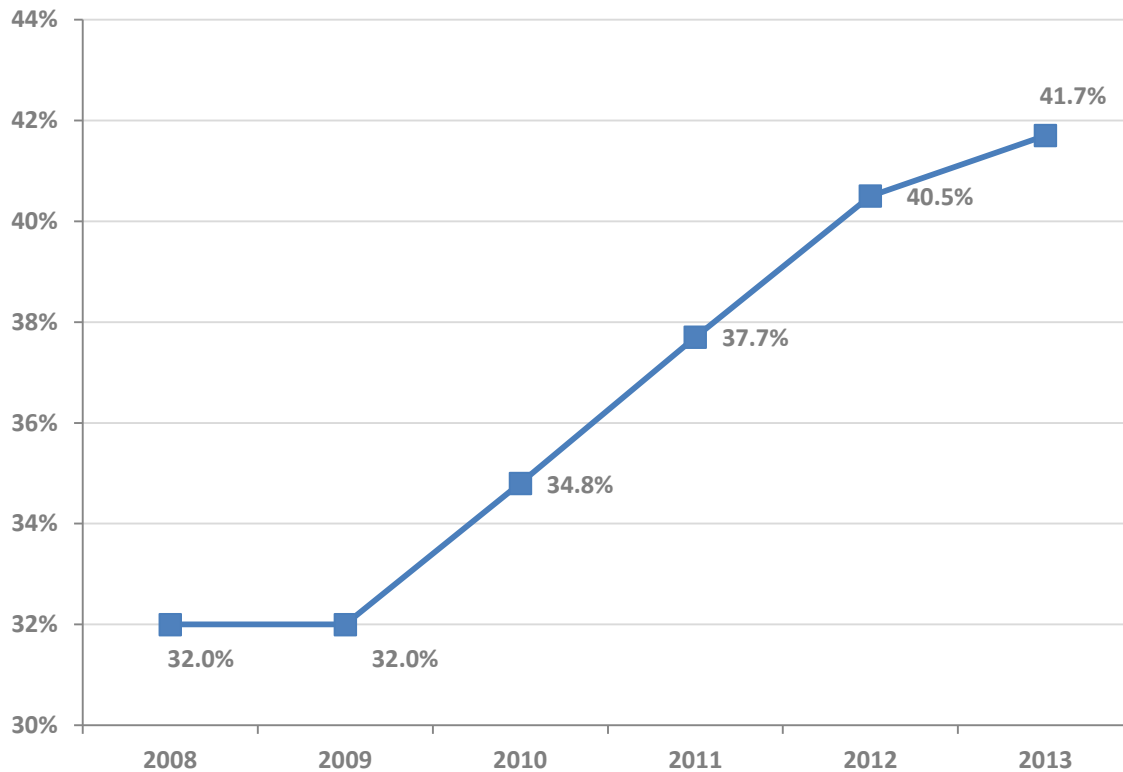


Table 10: Gender and age of new specialists in 2013

Characteristic	N	%
Gender		
Female	214	43.3%
Male	280	56.7%
Age Group		
Under 30	10	2.0%
30-34	145	28.5%
35-39	174	34.2%
40-44	80	15.7%
45-49	42	8.3%
50-54	30	5.9%
55-59	16	3.1%
60-64	5	1.0%
65 and over	7	1.4%
Total	509	100%

Table 11: New specialists in 2013 by specialty area and proportion of these who were less than 40 years of age*

Specialty	New specialists	New specialists aged under 40	
	N	N	%
Anaesthesia	33	15	45.5%
Cardiology	15	12	80.0%
Cardiothoracic Surgery	5	0	-
Child and Adolescent Psychiatry	8	7	87.5%
Clinical Genetics	2	0	-
Clinical Pharmacology and Therapeutics	1	0	-
Dermatology	1	0	-
Emergency Medicine	8	5	62.5%
Endocrinology and Diabetes Mellitus	6	5	83.3%
Gastroenterology	9	6	66.7%
General (Internal) Medicine	55	35	63.6%
General Practice	170	128	75.3%
General Surgery	17	5	29.4%
Genito-Urinary Medicine	1	1	100.0%
Geriatric Medicine	6	5	83.3%
Haematology	1	1	100.0%
Haematology (Clinical and Laboratory)	6	4	66.7%
Histopathology	18	7	38.9%
Immunology (Clinical and Laboratory)	1	1	100.0%
Infectious Diseases	5	5	100.0%
Medical Oncology	3	1	33.3%
Microbiology	7	5	71.4%
Nephrology	6	2	33.3%
Neurology	2	2	100.0%
Neuropathology	1	0	-
Neurosurgery	3	2	66.7%
Obstetrics and Gynaecology	25	13	52.0%
Occupational Medicine	2	1	50.0%
Ophthalmic Surgery	8	8	100.0%
Ophthalmology	13	11	84.6%
Otolaryngology	4	4	100.0%
Paediatric Surgery	1	1	100.0%
Paediatrics	25	7	28.0%
Palliative Medicine	2	1	50.0%
Plastic, Reconstructive and Aesthetic Surgery	9	9	100.0%
Psychiatry	23	14	60.9%
Psychiatry of Learning Disability	1	1	100.0%
Psychiatry of Old Age	1	1	100.0%
Public Health Medicine	1	1	100.0%
Radiation Oncology	2	0	-
Radiology	22	17	77.3%
Rehabilitation Medicine	3	2	66.7%
Respiratory Medicine	10	8	80.0%
Rheumatology	4	3	75.0%
Sports and Exercise Medicine	1	1	100.0%
Trauma and Orthopaedic Surgery	10	8	80.0%
Urology	6	3	50.0%
Total	563	368	65.4%

*Table 12 refers to specialties. A doctor may be entered to the specialist division with more than one specialty; hence the total in Table 12 is greater than the total in Table 11.

Table 12: Irish training status of new specialists in 2013, by specialty area.

Speciality	New Specialties	Irish Medical School Graduates		Completed an Irish training programme	
	N	N	%	N	%
Anaesthesia	33	12	36.4%	14	42.4%
Cardiology	15	6	40.0%	6	40.0%
Cardiothoracic Surgery	5	1	20.0%	0	0.0%
Child and Adolescent Psychiatry	8	4	50.0%	8	100.0%
Clinical Genetics	2	0	0.0%	0	0.0%
Clinical Pharmacology and Therapeutics	1	0	0.0%	0	0.0%
Dermatology	1	1	100.0%	0	0.0%
Emergency Medicine	8	6	75.0%	4	50.0%
Endocrinology and Diabetes Mellitus	6	6	100.0%	5	83.3%
Gastroenterology	9	3	33.3%	5	55.6%
General (Internal) Medicine	55	31	56.4%	38	69.1%
General Practice	170	126	74.1%	112	65.9%
General Surgery	17	6	35.3%	4	23.5%
Genito-Urinary Medicine	1	1	100.0%	1	100.0%
Geriatric Medicine	6	5	83.3%	5	83.3%
Haematology	1	1	100.0%	1	100.0%
Haematology (Clinical and Laboratory)	6	3	50.0%	3	50.0%
Histopathology	18	5	27.8%	4	22.2%
Immunology (Clinical and Laboratory)	1	1	100.0%	1	100.0%
Infectious Diseases	5	5	100.0%	5	100.0%
Medical Oncology	3	1	33.3%	1	33.3%
Microbiology	7	5	71.4%	4	57.1%
Nephrology	6	4	66.7%	3	50.0%
Neurology	2	2	100.0%	2	100.0%
Neuropathology	1	0	0.0%	0	0.0%
Neurosurgery	3	0	0.0%	3	100.0%
Obstetrics and Gynaecology	25	12	48.0%	12	48.0%
Occupational Medicine	2	1	50.0%	1	50.0%
Ophthalmic Surgery	8	5	62.5%	4	50.0%
Ophthalmology	13	4	30.8%	4	30.8%
Otolaryngology	4	2	50.0%	2	50.0%
Paediatric Surgery	1	0	0.0%	0	0.0%
Paediatrics	25	7	28.0%	5	20.0%
Palliative Medicine	2	1	50.0%	1	50.0%
Plastic, Reconstructive and Aesthetic Surgery	9	5	55.6%	4	44.4%
Psychiatry	23	11	47.8%	18	78.3%
Psychiatry of Learning Disability	1	0	0.0%	1	100.0%
Psychiatry of Old Age	1	1	100.0%	1	100.0%
Public Health Medicine	1	1	100.0%	0	0.0%
Radiation Oncology	2	0	0.0%	0	0.0%
Radiology	22	14	63.6%	12	54.5%
Rehabilitation Medicine	3	2	66.7%	2	66.7%
Respiratory Medicine	10	6	60.0%	7	70.0%
Rheumatology	4	2	50.0%	3	75.0%
Sports and Exercise Medicine	1	0	0.0%	0	0.0%
Trauma and Orthopaedic Surgery	10	9	90.0%	9	90.0%
Urology	6	3	50.0%	2	33.3%
Total	563	321	57.0%	317	56.3%

Table 13: Percentage change in number of specialists by specialty, 2012-2013

Speciality	% Change 2012-2013
Anaesthesia	0.4%
Cardiology	7.0%
Cardiothoracic Surgery	3.2%
Chemical Pathology	0.0%
Child and Adolescent Psychiatry	-3.9%
Clinical Genetics	33.3%
Clinical Neurophysiology	0.0%
Clinical Pharmacology and Therapeutics	7.7%
Dermatology	0.0%
Emergency Medicine	1.1%
Endocrinology and Diabetes Mellitus	2.7%
Gastroenterology	0.9%
General (Internal) Medicine	3.7%
General Practice	4.0%
General Surgery	0.0%
Genito-Urinary Medicine	14.3%
Geriatric Medicine	-0.9%
Haematology (Clinical and Laboratory)	0.0%
Histopathology	5.1%
Immunology (Clinical and Laboratory)	14.3%
Infectious Diseases	11.5%
Medical Oncology	3.8%
Microbiology	11.4%
Nephrology	7.5%
Neurology	-1.6%
Neuropathology	20.0%
Neurosurgery	12.0%
Obstetrics and Gynaecology	7.0%
Occupational Medicine	-2.0%
Ophthalmic Surgery	6.1%
Ophthalmology	4.3%
Oral and Maxillo-Facial Surgery	-6.3%
Otolaryngology	1.1%
Paediatric Cardiology	0.0%
Paediatric Surgery	0.0%
Paediatrics	1.3%
Palliative Medicine	2.2%
Pharmaceutical Medicine	0.0%
Plastic, Reconstructive and Aesthetic Surgery	5.1%
Psychiatry	0.4%
Psychiatry of Learning Disability	-10.8%
Psychiatry of Old Age	-2.6%
Public Health Medicine	-1.9%
Radiation Oncology	4.5%
Radiology	0.0%
Rehabilitation Medicine	33.3%
Respiratory Medicine	7.0%

Speciality	% Change 2012-2013
Rheumatology	5.0%
Sports and Exercise Medicine	3.3%
Trauma and Orthopaedic Surgery	2.3%
Tropical Medicine	0.0%
Urology	0.0%
Total	2.8%

*Rows highlighted in green have annual percentage growth $\geq 5\%$; rows highlighted in orange have annual percentage growth $\leq 0\%$.

GLOBALISATION OF MEDICAL PRACTICE IN IRELAND

Key points

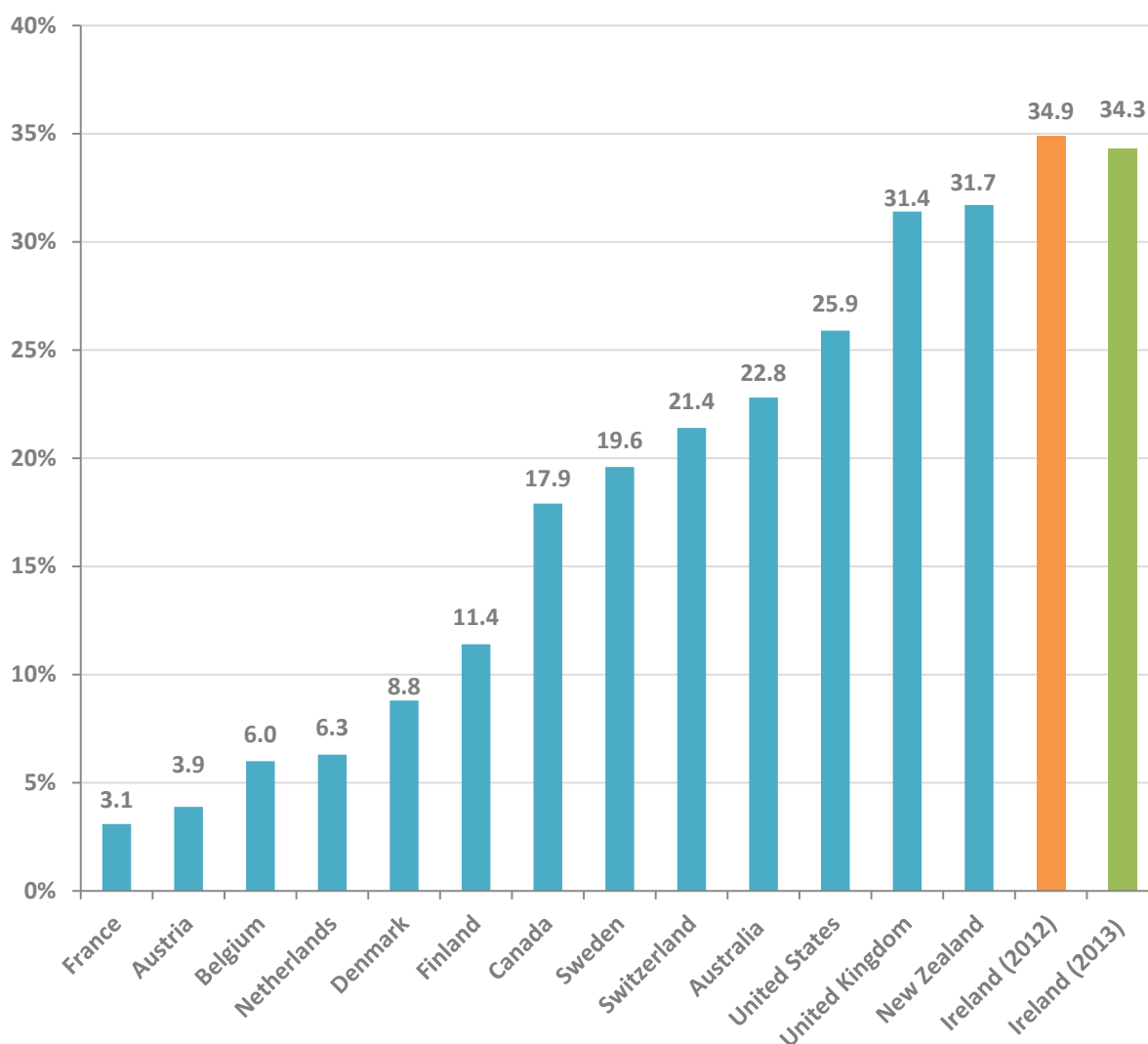
- In 2013, 34.3% of doctors retaining registration with the Medical Council graduated with a basic medical qualification from a medical school outside Ireland; this compares with 34.9% in 2012. Ireland's reliance on international medical graduates is among the highest compared with other OECD countries.
- The five leading countries of qualification for doctors who did not qualify in Ireland were Pakistan, South Africa, the United Kingdom, Sudan and India.
- The skill mix and roles of international medical graduates were different to Irish medical graduates. 30.6% of doctors who graduated from Irish medical schools are registered in the General Division, compared with 63.4% of international medical graduates; 74.1% of doctors who work as non-consultant hospital doctors and who were not in training were international medical graduates.
- The proportion of international graduates in the medical workforce varied across areas of practice; the leading areas of practice with high proportions of international medical graduates were Obstetrics and Gynaecology, Surgery and Emergency Medicine.

INTERNATIONALLY-QUALIFIED DOCTORS RETAINING REGISTRATION

Table 14: World region of basic medical qualification for doctors retaining registration, 2013

World region	N	%
Ireland	10624	65.7%
African	1111	6.9%
Americas	76	0.5%
SE Asia	430	2.7%
European (excluding Ireland)	1761	10.9%
E Med	2055	12.7%
W Pacific	125	0.8%

Figure 20: Proportion of international medical graduates in the workforce, OECD 2009⁶



⁶ OECD (2009), "Foreign-trained physicians", in Health at a Glance 2009: OECD Indicators, OECD Publishing. http://dx.doi.org/10.1787/health_glance-2009-27-en

PROFILE OF INTERNATIONALLY-QUALIFIED DOCTORS

Table 15: Country of basic medical qualification for doctors retained in the Register, 2013

Country	N	% of total
Pakistan	1086	19.5%
South Africa	672	12.1%
United Kingdom	588	10.6%
Sudan	549	9.9%
India	407	7.3%
Nigeria	385	6.9%
Romania	274	4.9%
Egypt	199	3.6%
Poland	175	3.1%
Hungary	146	2.6%
Australia	108	1.9%
Germany	92	1.7%
Iraq	87	1.6%
Libyan Arab Jamahiriya	74	1.3%
Czech Republic	69	1.2%
Latvia	50	.9%
Slovakia	47	.8%
Italy	46	.8%
Bulgaria	41	.7%
New Zealand	32	.6%
Spain	31	.6%
Lithuania	29	.5%
Syrian Arab Republic	25	.4%
Russian Federation	23	.4%
United States of America	23	.4%
Netherlands	20	.4%
France	18	.3%
Bangladesh	17	.3%
Ukraine	17	.3%
Belgium	14	.3%
Greece	13	.2%
Belarus	11	.2%
Haiti	11	.2%
Republic of Moldova	10	.2%
Jordan	9	.2%
Total	5398	96.9%

Doctors from the following countries were also employed in Ireland; in each case the number represents 0.1%, or less, of the total number of doctors registered:

Zambia, Philippines, The Islamic Republic of Iran, Ethiopia, Switzerland, Zimbabwe, Argentina, Canada, Malaysia, Malta, Mexico, Oman, Sweden, Austria, Brazil, China, Ghana, Kenya, Saudi Arabia, Sri Lanka, Trinidad and Tobago, Turkey, Croatia, Cuba, Portugal, United Arab Emirates, Yugoslavia, Albania, Armenia, Bahrain, Cayman Islands, Colombia, Denmark, Grenada, Myanmar, Northern Ireland, Peru, Slovenia, United Republic of Tanzania, Uzbekistan, Yemen, Algeria, Bolivia, Cameroon, Congo, Costa Rica, Finland, Lebanon, Morocco, Palestinian Territory, Panama, The Republic of Macedonia, and Uruguay.

DIVISION STATUS AND ROLE OF DOCTORS WHO QUALIFIED OUTSIDE IRELAND

Table 16: Country of qualification and division of the Register

Division	Graduates of Irish medical schools		Graduates of a medical school outside Ireland		% of division who graduated outside Ireland
	N	%	N	%	%
General Registration	3248	30.6%	3521	63.4%	52%
Specialist Registration	5928	55.8%	1570	28.2%	21%
Supervised Registration	0	0.0%	7	0.1%	100%
Trainee Specialist Registration	1448	13.6%	460	8.3%	24%

Table 17: Country of qualification and role

Role	Graduates of Irish medical schools		Graduates of a medical school outside Ireland		% of role graduating outside Ireland
	N	%	N	%	%
Community Health Doctor	168	1.7%	26	0.5%	13.4%
General practitioner	3422	34.0%	900	16.9%	20.8%
Healthcare related management and admin	43	0.4%	17	0.3%	28.3%
Hospital Consultant	2807	27.9%	1227	23.0%	30.4%
Non-consultant hospital doctor, in training	2250	22.4%	1155	21.7%	33.9%
Non-consultant hospital doctor, not in training	527	5.2%	1505	28.2%	74.1%
Other	269	2.7%	87	1.6%	24.4%
Other Consultant or Specialist	442	4.4%	396	7.4%	47.3%
Public Health Doctor	133	1.3%	18	0.3%	11.9%

AREA OF PRACTICE

Table 18: Area of practice and proportion of international graduates

Area of practice	% of doctors who graduated outside Ireland
Anaesthesia	48.4%
Emergency Medicine	50.4%
General Practice	20.2%
Medicine	35.3%
Obstetrics & Gynaecology	55.2%
Occupational Medicine	27.9%
Ophthalmology	27.7%
Paediatrics	42.7%
Pathology	29.7%
Psychiatry	38.2%
Public Health Medicine	9.7%
Radiology	32.3%
Sports & Exercise Medicine	23.1%
Surgery	51.2%

*Specialities where the proportion of international medical graduates is greater than average are highlighted.

SKILL MIX AND MODELS OF CARE

Key points

- The three most common roles identified by doctors who retained registration in 2013 were General Practitioner (28.1%), Hospital Consultant (26.2%) and Non-Consultant Hospital Doctor in Training (22.1%).
- Among doctors registered in the Specialist Division, the most common role was Hospital Consultant (48.6%) followed by General Practitioner (35.9%); among doctors registered in the General Division, the most common role was Non-Consultant Hospital Doctor Not in Training (28.0%) followed by General Practitioner (26.3%).
- While, in general, 46.3% of doctors were registered in the Specialist Division, the ratio of specialists to non-specialists varied across areas of practice. While some areas were predominantly delivered by specialists (e.g 64.1% of doctors working in Ophthalmology were specialists), other areas were predominantly delivered by non-specialists (e.g. only 17.2% of doctors working in Emergency Medicine were specialists).
- The blend of roles also varied across areas of practice with some areas, such as Emergency Medicine, Surgery and Obstetrics and Gynaecology having a higher than average proportion of Non-Consultant Hospital Doctors Not in Training.

ROLES OF DOCTORS RETAINING REGISTRATION

Table 19: Current roles of retained doctors⁷

Role	N	%
General Practitioner	4322	28.1%
Hospital Consultant	4035	26.2%
Non-consultant hospital doctor, in training	3408	22.1%
Non-consultant hospital doctor, not in training	2034	13.2%
Other Consultant or Specialist	839	5.4%
Other	356	2.3%
Community Health Doctor	194	1.3%
Public Health Doctor	151	1.0%
Healthcare related management and administration	60	0.4%
Total	15399	100

DIVISIONAL STATUS AND ROLE

Table 20: Distribution of retained doctors by role for each registration division*

Role	Specialist	Non-Specialist		Total
	Specialist Division	General	Training Specialist	
Community Health Doctor	0.7%	2.3%	0.0%	1.3%
General Practitioner	35.9%	26.3%	3.7%	28.1%
Healthcare related management and administration	0.2%	0.7%	0.1%	0.4%
Hospital Consultant	48.6%	8.2%	0.0%	26.2%
Non-consultant hospital doctor, in training	2.7%	25.4%	86.9%	22.1%
Non-consultant hospital doctor, not in training	1.7%	28.0%	7.5%	13.2%
Other	1.5%	3.5%	1.7%	2.3%
Other Consultant or Specialist	7.5%	4.7%	0.0%	5.4%
Public Health Doctor	1.2%	1.0%	0.1%	1.0%
Total	100%	100%	100%	100%

*Doctors registered in the Supervised Division were excluded since all these doctors are legally required to work in non-training posts in the HSE. These doctors are excluded from this and subsequent analyses.

⁷ 95.1% of retained doctors answered this question on current role

DIVISIONAL STATUS AND AREA OF PRACTICE

Table 21: Distribution of doctors who retained registration by division of registration for each area of practice*

Area of Practice	Specialist	Non-Specialist		
	Specialist Registration	General Registration	Trainee Specialist Registration	Supervised Registration
Anaesthesia	50.9%	36.6%	12.5%	-
Emergency Medicine	17.1%	65.9%	17.0%	-
General Practice	55.7%	37.8%	6.5%	-
Medicine	35.7%	44.8%	19.5%	-
Obstetrics & Gynaecology	37.8%	47.5%	14.5%	0.2%
Occupational Medicine	62.6%	34.0%	3.4%	-
Ophthalmology	64.1%	26.6%	9.2%	-
Paediatrics	36.5%	46.9%	16.6%	-
Pathology	62.4%	25.6%	12.0%	-
Psychiatry	48.1%	37.3%	14.4%	0.2%
Public Health Medicine	45.8%	52.7%	1.4%	-
Radiology	63.9%	25.2%	10.8%	-
Sports & Exercise Medicine	61.5%	38.5%	-	-
Surgery	39.0%	49.9%	11.1%	0.1%
Total	46.9%	41.2%	11.9%	0.0%

*Areas of practice in which 50% and over of doctors are registered in the Specialist Division are highlighted in green; areas of practice in which 40% and less doctors are registered in the Specialist Division are highlighted in orange; and areas of practice where less than 20% of doctors are registered in the Specialist Division are highlighted in red.

ROLE AND AREA OF PRACTICE

Table 22: Distribution of doctors who retained registration by role for each area of practice*

Area of Practice	Role (for all doctors who retained registration)								
	Community Health Doctor	General practitioner	Healthcare related management and administration	Hospital Consultant	Non-consultant hospital doctor, in training	Non-consultant hospital doctor, not in training	Other	Other Consultant or Specialist	Public Health Doctor
Anaesthesia	-	0.6%	-	51.5%	27.1%	17.5%	0.3%	3.1%	-
Emergency Medicine	-	2.9%	0.2%	20.3%	27.2%	46.4%	1.4%	1.4%	0.2%
General Practice	0.4%	90.7%	0.3%	0.1%	6.0%	0.6%	1.7%	0.1%	0.1%
Medicine	0.4%	1.1%	0.6%	34.6%	37.6%	17.5%	3.5%	4.4%	0.2%
Obstetrics & Gynaecology	0.2%	1.0%	0.3%	35.6%	32.1%	20.6%	1.4%	8.8%	-
Occupational Medicine	0.7%	8.6%	6.4%	5.0%	6.4%	1.4%	24.3%	47.1%	-
Ophthalmology	7.5%	-	1.2%	21.4%	20.8%	7.5%	4.0%	36.4%	1.2%
Paediatrics	8.6%	0.3%	0.1%	31.3%	32.5%	19.7%	3.6%	3.7%	0.3%
Pathology	-	0.2%	-	58.4%	24.8%	4.8%	3.1%	8.5%	0.2%
Psychiatry	0.2%	0.1%	0.2%	36.7%	31.0%	15.1%	2.0%	14.8%	-
Public Health Medicine	32.3%	0.8%	2.8%	-	1.6%	-	4.4%	4.0%	54.0%
Radiology	-	-	0.3%	64.9%	19.6%	3.2%	0.7%	11.3%	-
Sports & Exercise Medicine	-	16.2%	-	5.4%	2.7%	2.7%	21.6%	51.4%	-
Surgery	0.1%	0.4%	0.2%	38.3%	25.7%	28.6%	1.6%	5.1%	-
Total	1.3%	29.5%	0.4%	25.7%	21.8%	12.7%	2.4%	5.2%	1.0%

* Areas of practice in which a greater than 15% of doctors hold the role of Non-Consultant Hospital Doctor, not in training are highlighted in orange; and areas of practice greater than 40% of doctors hold the role of Non-Consultant Hospital Doctor, not in training are highlighted in red.

DOCTORS' PARTICIPATION IN PRACTICE IN IRELAND

Key points

- 4% of doctors who retained registration did not practise medicine in the previous 12 months; among doctors 65 years and older, 15.4% reported that they had not practised medicine in the last year.
- 79.8% of doctors who retained registration practised medicine in Ireland only; compared with doctors who graduated from an Irish medical school, a lower proportion of international medical graduates reported that they practised medicine in Ireland only.
- The proportion of doctors who reported that they practised medicine in Ireland only varied across area of practice; practice in Ireland only was higher than average in some areas, for example public health medicine, psychiatry and general practice, and lower than average in others, for example Sports and Exercise Medicine, Radiology and Emergency Medicine.
- 14.1% of doctors who retained registration reported that they practised medicine part-time. Compared with men, a higher proportion of women practised medicine part-time (9.9% versus 20.5%) and the proportion of doctors practising medicine part-time is greater among older doctors.
- Part-time practice of medicine was more common in some areas of practice, for example Public Health Medicine (33.6%) Sports & Exercise Medicine (29.7%) and General Practice (22.2%).
- Among doctors registered in the Specialist Division, 3% reported that they were practising in an area which was different to their registered specialty.

Doctors who retained registration were invited to identify if they had practised medicine in the previous 12 months, and if so, if they had practised in Ireland and if they had practised on a full-time basis.

Over 98% of doctors who retained registration with the Medical Council responded to this question.

INACTIVE DOCTORS

In total, 635 (4%) of respondents said that they had not practised medicine in the previous 12 months.

Table 23: Proportion of inactive doctors, by gender, age group, division and country of basic medical qualification

Characteristic	% Inactive
Gender	
Male	3.2%
Female	5%
Age Category	
25-34 years	4%
35-44 years	2.9%
45-54 years	2.7%
55-64 years	3.3%
65 years and older	15.4%
Division	
Supervised	40%
General	5.5%
Trainee Specialist	2.8%
Specialist	2.9%
Total	4%

Table 24: Proportion of inactive doctors by area of practice

Area of Practice	% Inactive
Anaesthesia	2.9%
Emergency Medicine	4.5%
General Practice	3.3%
Medicine	4.5%
Obstetrics & Gynaecology	4.6%
Occupational Medicine	5.4%
Ophthalmology	6.5%
Paediatrics	3.8%
Pathology	4.4%
Psychiatry	3.2%
Public Health Medicine	10.5%
Radiology	2.8%
Sports & Exercise Medicine	5.1%
Surgery	4.2%
Total	4%

COUNTRY OF MEDICAL PRACTICE

In total, 79.8% of respondents said that they practised medicine in Ireland only.

Table 25: Proportion of doctors practising inside and outside Ireland, by gender, age, division and WHO region of basic medical qualification

	In Ireland only	Outside Ireland only	Both in and outside Ireland
Gender			
Male	75.1%	15.6%	9.3%
Female	86.9%	8.8%	4.4%
Age			
Under 25	83.8%	11.8%	4.4%
25-34	84.0%	9.9%	6.1%
35-44	78.7%	13.6%	7.7%
45-54	76.9%	14.6%	8.5%
55-64	80.2%	12.6%	7.2%
65 and over	79.1%	15.3%	5.7%
Division			
Supervised	66.7%	0.0%	33.3%
General	69.2%	21.6%	9.2%
Trainee Specialist	95.2%	1.9%	2.9%
Specialist	85.2%	8.0%	6.8%
WHO region of Basic Medical Qualification			
Ireland	89.8%	6.9%	3.4%
African	38.5%	46.0%	15.4%
Americas	53.5%	28.2%	18.3%
SE Asia	74.6%	16.0%	9.3%
European (excluding Ireland)	66.0%	16.9%	17.7%
E Med	68.7%	17.7%	13.6%
W Pacific	29.8%	59.7%	10.5%
Total	79.8%	12.9%	7.3%

Table 26: Proportion of doctors practising inside and outside Ireland, by area of practice

Area of practice	In Ireland only	Outside Ireland only	Both in and outside Ireland
Anaesthesia	78.3%	13.0%	8.7%
Emergency Medicine	71.0%	17.6%	11.5%
General Practice	85.5%	10.0%	4.5%
Medicine	78.3%	14.2%	7.5%
Obstetrics & Gynaecology	75.8%	13.0%	11.2%
Occupational Medicine	75.0%	15.0%	10.0%
Ophthalmology	77.6%	14.9%	7.5%
Paediatrics	77.1%	13.9%	8.9%
Pathology	78.6%	13.9%	7.6%
Psychiatry	85.7%	8.2%	6.0%
Public Health Medicine	93.2%	6.0%	0.8%
Radiology	68.6%	22.3%	9.1%
Sports & Exercise Medicine	64.9%	16.2%	18.9%
Surgery	74.2%	16.0%	9.9%
Total	79.8%	12.9%	7.3%

FULL-TIME / PART-TIME WORKING

In total, 83.9% of respondents said that they practised medicine full-time.

Table 27: Proportion of doctors practising full-time and part-time, by gender, age, division and country of basic medical qualification

Characteristic	Full-time	Part-time	Other
Gender			
Male	88.3%	9.9%	1.8%
Female	77.5%	20.5%	2.0%
Age			
Under 25	92.6%	4.4%	2.9%
25-34	91.3%	7.2%	1.5%
35-44	85.9%	12.7%	1.4%
45-54	86.3%	12.4%	1.3%
55-64	80.3%	18.0%	1.8%
65 and over	39.6%	50.6%	9.8%
Division			
Supervised	100.0%		
General	81.6%	15.9%	2.6%
Trainee Specialist	96.2%	2.8%	1.1%
Specialist	82.9%	15.6%	1.6%
WHO region of Basic Medical Qualification			
Ireland	81.6%	16.5%	1.9%
African	91.3%	7.7%	0.9%
Americas	81.7%	15.5%	2.8%
SE Asia	91.4%	6.5%	2.2%
European (excluding Ireland)	90.9%	7.3%	1.8%
E Med	82.8%	14.1%	3.1%
W Pacific	85.5%	13.7%	0.8%
Total	83.9%	14.1%	1.9%

Table 28: Proportion of doctors practising full-time and part-time by area of practice

Area of Practice	Full-time	Part-time	Other
Anaesthesia	93.1%	6.3%	0.7%
Emergency Medicine	89.1%	7.9%	3.0%
General Practice	76.2%	22.2%	1.6%
Medicine	88.1%	10.0%	1.9%
Obstetrics & Gynaecology	89.6%	8.3%	2.1%
Occupational Medicine	82.9%	12.9%	4.3%
Ophthalmology	76.3%	22.0%	1.7%
Paediatrics	83.0%	13.6%	3.3%
Pathology	86.9%	11.5%	1.7%
Psychiatry	83.5%	13.5%	2.9%
Public Health Medicine	63.2%	33.6%	3.2%
Radiology	90.1%	8.8%	1.2%
Sports & Exercise Medicine	64.9%	29.7%	5.4%
Surgery	89.7%	8.5%	1.8%
Total	83.9%	14.1%	1.9%

CHANGING SCOPE OF PRACTICE

In total, 213 doctors (3%) registered in the Specialist division were practising in a specialty area which reflected a change in scope of practice.

Table 29: Proportion of doctors changing scope of practice by gender, age-group, and practice arrangements

Characteristic	% changed scope of practice	% scope stayed same
Total	3%	97%
Gender		
Female	3.3%	96.7%
Male	2.7%	97.3%
Age		
25-34	2.6%	97.4%
35-44	2.7%	97.3%
45-54	2.6%	97.4%
55-64	3.2%	96.8%
65 and over	5.1%	94.9%
Practice Arrangements		
Full-time	2.5%	97.5%
Part-time	5.0%	95.0%
Other	4.6%	95.4%

WOMENS' PARTICIPATION IN MEDICAL PRACTICE

Key points

- In total, at the end of 2013, 41.3% of registered doctors were women; this was a 12% relative increase versus 2008.
- 58.3% of doctors registered in the Trainee Specialist division were women. Among doctors aged under 35 years who graduated from an Irish medical school, 69.6% registered in the Specialist Division were women.
- The proportion of women working in different roles varied: 76.3% of Community Health doctors were women compared with 28.9% of Hospital Consultants; however, among Hospital Consultants aged under 35 years and who graduated from an Irish medical school 64.3% were women.
- Among specialists, gender patterning of specialisation was evident. In some specialties there was a higher than average proportion of women practising (e.g. Genito-Urinary Medicine, Public Health Medicine, and Psychiatry of Learning Disability) while in other specialties there was a lower than average proportion of women practising (for example, Neurosurgery, Trauma and Orthopaedic Surgery and Oral and Maxillo-Facial Surgery).
- The practice arrangements reported by women doctors were different to those of men.

PROFILE OF FEMALE DOCTORS

Figure 21: Trend in proportion of females registered with the Medical Council, 2009-2013

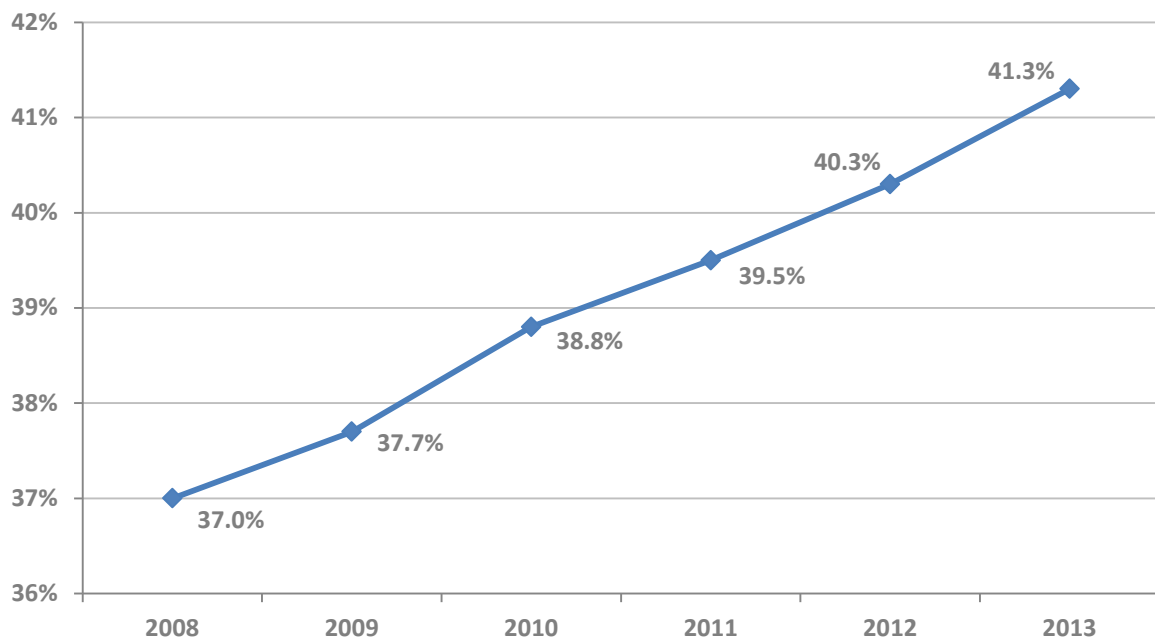


Figure 22: Proportion of doctors in each age group who are female

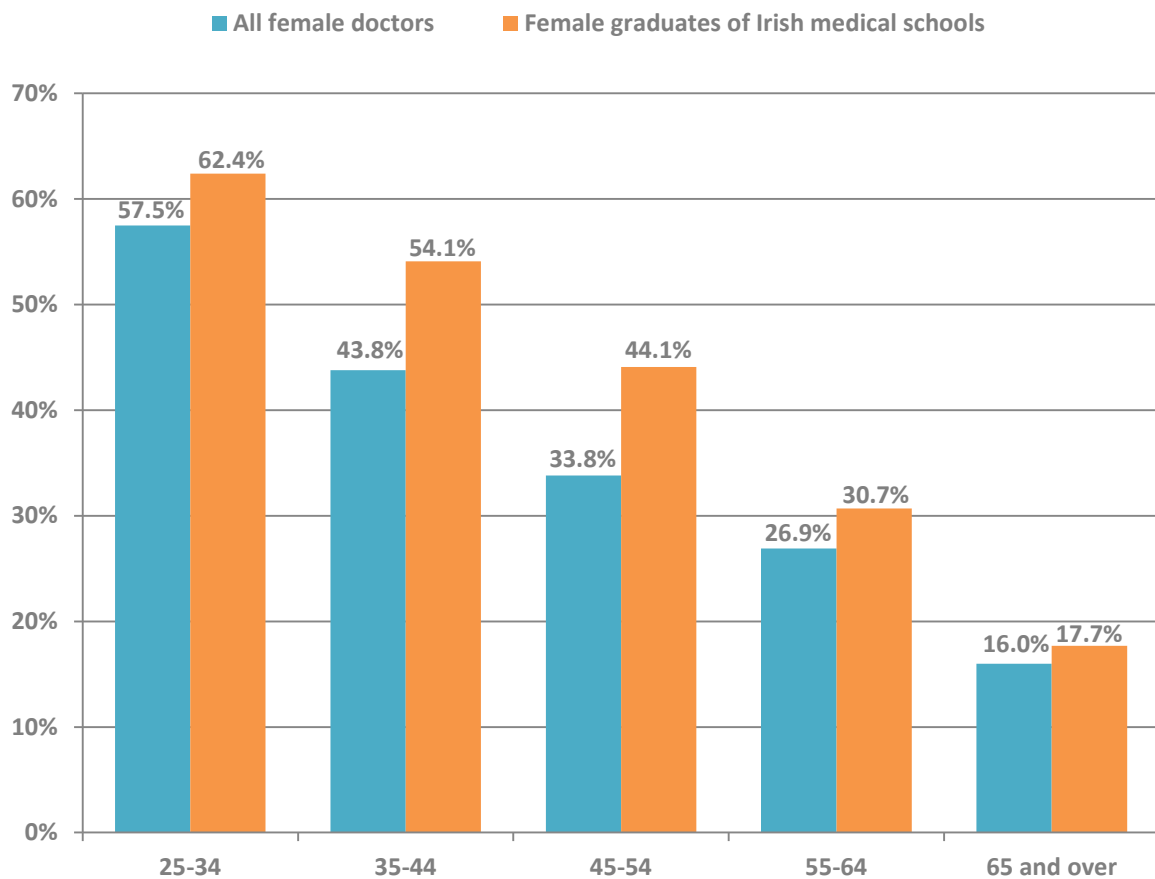


Table 30: Proportion of female doctors by division of the Register

Division	% Female	% Female *	% Female **
Supervised	14.3%	N/A	N/A
General	37.6%	49.2%	56.9%
Trainee Specialist	58.3%	62.6%	64.4%
Specialist	38.6%	42.6%	69.6%
Total	40.5%	47.4%	62.4%

* Graduates of Irish medical schools only

**Graduates of Irish medical schools under the age of 35 years only

Table 31: Proportion of female doctors by role

Role	% Female	% Female*	% Female**
Community Health Doctor	76.3%	82.1%	100%
General practitioner	43.2%	45.7%	72.2%
Healthcare related management & administration	30.0%	32.6%	N/A
Hospital Consultant	28.9%	35.1%	64.3%
Non-consultant hospital doctor, in training	52.6%	59.1%	61.3%
Non-consultant hospital doctor, not in training	30.7%	50.3%	50.7%
Other	49.4%	54.3%	71.2%
Other Consultant or Specialist	34.0%	45.5%	60.0%
Public Health Doctor	68.2%	72.9%	50.0%
Total	40.2%	47.1%	62.2%

* Graduates of Irish medical schools only

**Graduates of Irish medical schools under the age of 35 years only.

FEMALE SPECIALISTS AND AREAS OF PRACTICE

Table 32: Proportion of specialists who are female, for each speciality

Speciality	% Female	% Female*	% Female**
Anaesthesia	30.2%	37.6%	37.0%
Cardiology	10.4%	12.5%	12.3%
Cardiothoracic Surgery	12.1%	11.1%	15.4%
Chemical Pathology	20.0%	25.0%	33.3%
Child and Adolescent Psychiatry	66.1%	69.7%	73.6%
Clinical Genetics	50.0%	40.0%	66.7%
Clinical Neurophysiology	25.0%	27.3%	30.0%
Clinical Pharmacology and Therapeutics	50.0%	53.8%	50.0%
Dermatology	59.6%	63.8%	60.5%
Emergency Medicine	20.7%	20.7%	15.9%
Endocrinology and Diabetes Mellitus	30.7%	31.4%	35.4%
Gastroenterology	24.2%	28.2%	37.5%
General (Internal) Medicine	27.9%	32.0%	35.2%
General Practice	47.0%	47.3%	47.3%
General Surgery	7.7%	10.6%	11.0%
Genito-Urinary Medicine	75.0%	75.0%	85.7%
Geriatric Medicine	43.0%	45.1%	48.3%
Haematology	66.7%	66.7%	100.0%
Histopathology	40.8%	45.3%	50.5%
Immunology (Clinical and Laboratory)	37.5%	50.0%	50.0%
Infectious Diseases	50.0%	50.0%	50.0%
Medical Oncology	38.9%	39.0%	30.3%
Microbiology	55.3%	60.3%	62.7%
Nephrology	35.1%	38.8%	24.1%
Neurology	27.9%	27.1%	26.2%
Neuropathology	66.7%	80.0%	75.0%
Neurosurgery	3.6%	5.9%	7.7%
Obstetrics and Gynaecology	38.9%	42.3%	41.6%
Occupational Medicine	29.7%	33.3%	32.4%
Ophthalmic Surgery	25.7%	28.0%	29.7%
Ophthalmology	46.8%	54.3%	56.8%
Oral and Maxillo-Facial Surgery	6.7%	8.3%	9.1%
Otolaryngology	16.1%	15.8%	14.6%
Paediatric Cardiology	25.0%	25.0%	50.0%
Paediatric Surgery	7.1%	0.0%	0.0%
Paediatrics	44.6%	57.9%	59.9%
Palliative Medicine	61.7%	65.9%	68.4%
Pharmaceutical Medicine	25.0%	28.6%	28.6%
Plastic, Reconstructive and Aesthetic Surgery	23.3%	30.0%	23.1%
Psychiatry	49.1%	52.0%	53.5%
Psychiatry of Learning Disability	66.7%	67.7%	69.0%
Psychiatry of Old Age	61.8%	65.7%	64.6%
Public Health Medicine	71.2%	72.4%	71.4%
Radiation Oncology	28.3%	43.5%	45.0%
Radiology	32.0%	33.3%	32.0%
Rehabilitation Medicine	46.7%	54.5%	66.7%
Respiratory Medicine	19.2%	19.6%	18.3%
Rheumatology	37.7%	34.6%	37.0%
Sports and Exercise Medicine	10.0%	13.0%	11.8%
Trauma and Orthopaedic Surgery	4.5%	5.1%	4.4%
Urology	8.2%	9.1%	7.9%
Total	38.1%	41.5%	42.7%

* Graduates of Irish medical schools only **Graduates of Irish medical schools under the age of 35 years only
Specialties with greater than average proportions of women doctors are highlighted in green.

Table 33: Proportion of doctors in each area of practice who are female

Area of Practice	% who are Female	% Female*	% Female**
Anaesthesia	31.3%	39.8%	39.8%
Emergency Medicine	28.5%	33.6%	29.7%
General Practice	45.6%	48.4%	48.7%
Medicine	40.6%	48.0%	48.5%
Obstetrics & Gynaecology	53.0%	60.1%	62.1%
Occupational Medicine	33.3%	39.6%	40.0%
Ophthalmology	50.5%	55.6%	55.9%
Paediatrics	55.5%	68.2%	70.1%
Pathology	51.6%	58.5%	61.7%
Psychiatry	50.0%	57.3%	58.5%
Public Health Medicine	72.9%	74.4%	75.0%
Radiology	33.6%	39.0%	39.0%
Sports & Exercise Medicine	10.3%	13.3%	13.6%
Surgery	18.0%	26.3%	27.0%
Total	41.6%	48.3%	48.9%

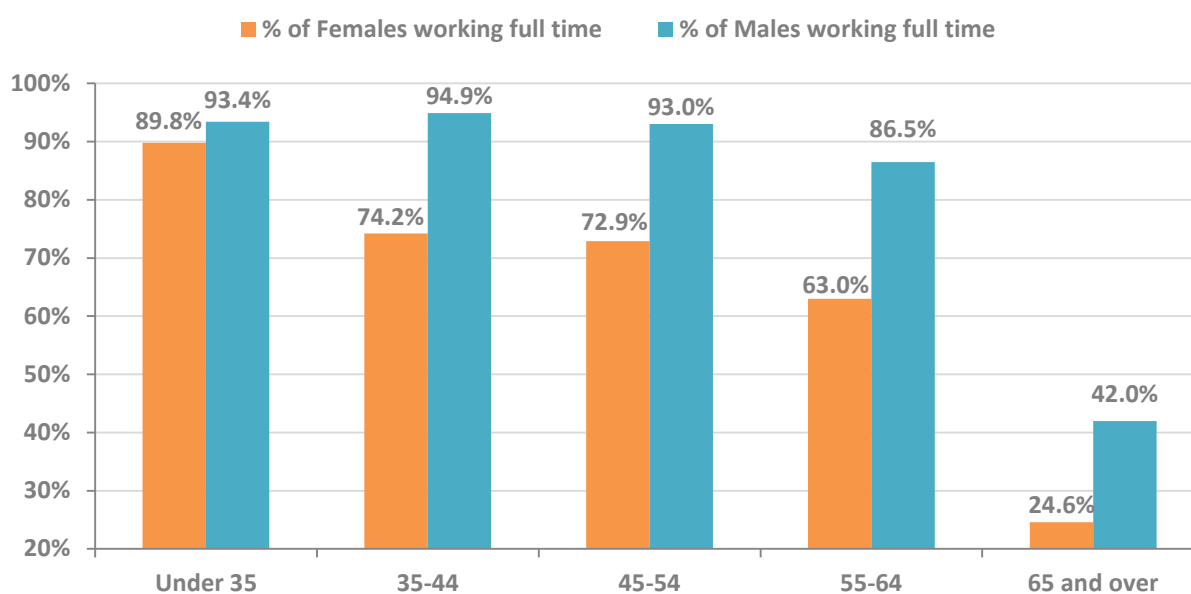
* Graduates of Irish medical schools only **Graduates of Irish medical schools under the age of 35 years only
Areas with greater than average proportions of women doctors are highlighted in green.

PRACTICE ARRANGEMENTS OF FEMALE DOCTORS

Table 34: Comparison of female and male doctors' working arrangements by age group'

Age categories	Female			Male		
	Full Time	Other	Part Time	Full Time	Other	Part Time
Under 35	89.8%	1.6%	8.6%	93.4%	1.3%	5.4%
35-44	74.2%	2.3%	23.6%	94.9%	0.7%	4.4%
45-54	72.9%	1.3%	25.8%	93.0%	1.3%	5.7%
55-64	63.0%	2.3%	34.8%	86.5%	1.6%	11.9%
65 and over	24.6%	11.0%	64.4%	42.0%	9.6%	48.4%
Total	77.4%	2.0%	20.6%	88.2%	1.9%	9.9%

Figure 23: Comparison of % of female and male doctors who work full time by age group



A report on the Annual Registration Retention Survey, 2013