Comhairle na nDochtúirí Leighis
Medical Council

Doctors Leaving the Register in 2024

Supplementary Workforce Report

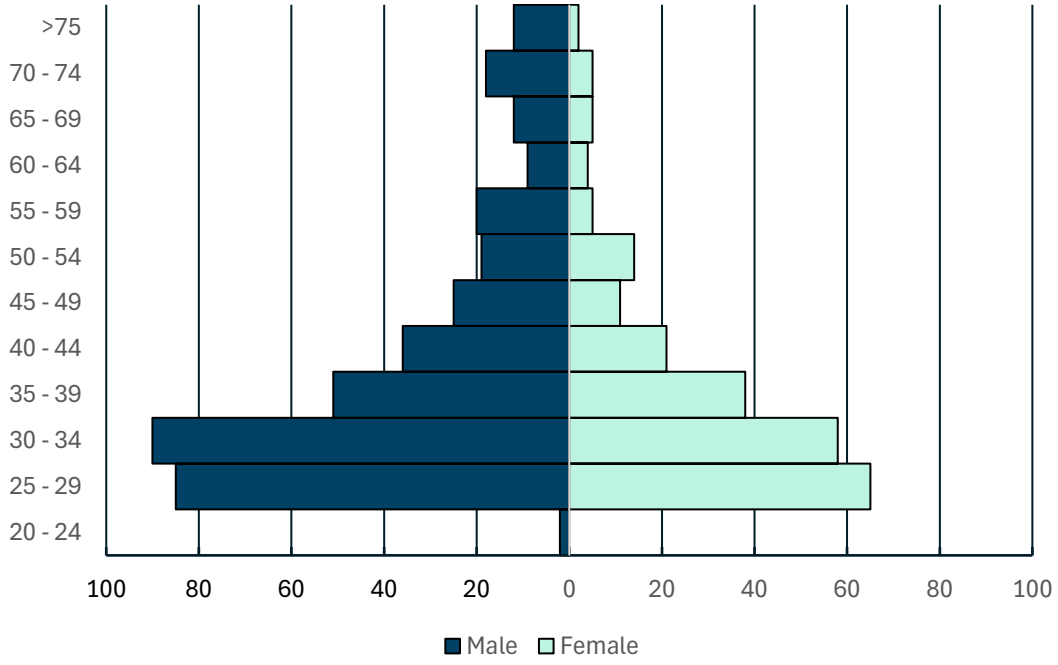
Introduction

This supplementary workforce report provides a description of doctors who left the Medical Council's Register in 2024. This includes doctors who were removed for not renewing their registration and paying the relevant fee during the annual retention period, and doctors who voluntarily withdrew during the 2024 calendar year. These two cohorts comprise a total of 1,632 doctors. An overview of both cohorts can be found in the content that follows.[1]

Doctors Removed from the Register

In 2024, 607 doctors were removed from the Register for non-payment of registration fees.[2] There was a higher proportion of males (*n* = 379, 62.4%) than females (*n* = 228, 37.6%). The average age was 39.7 years (SD = 13.8 years), and almost half (*n* = 300, 49.4%) were 34 years of age and younger (Figure 1).

Figure 1. Population Pyramid of Removed Doctors



[1] Additional detail on reasons for leaving the Register is provided for those who voluntarily withdrew as this is collected as part of the withdrawal request. This detail is not collected from doctors who were removed.
[2] In order to practise medicine in the Republic of Ireland doctors must complete the annual retention process and pay the relevant fee to maintain their name on the Medical Council's Register in May/June each year. If a doctor does not complete this process they are removed from the Register. More detail on this process is outlined in the Workforce Intelligence Report.

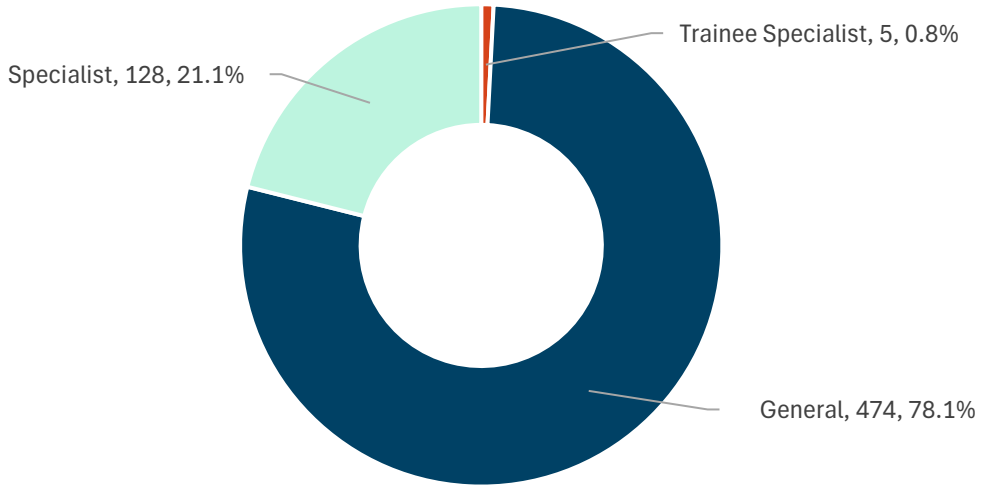
Just over one quarter of doctors (*n* = 161, 26.5%) had obtained their basic medical qualification in Ireland (Table 1).

Table 1. Basic Medical Qualification Category of Removed Doctors

	n	%
Graduates of Irish medical schools	161	26.5
Graduated from a medical school in the EU or UK	165	27.2
International graduates from a medical school outside the EU, UK and Ireland	281	46.3
Total	**607**	**100.0**

Slightly over three quarters of doctors removed (*n* = 474, 78.1%) were registered on the General Division (Figure 2).

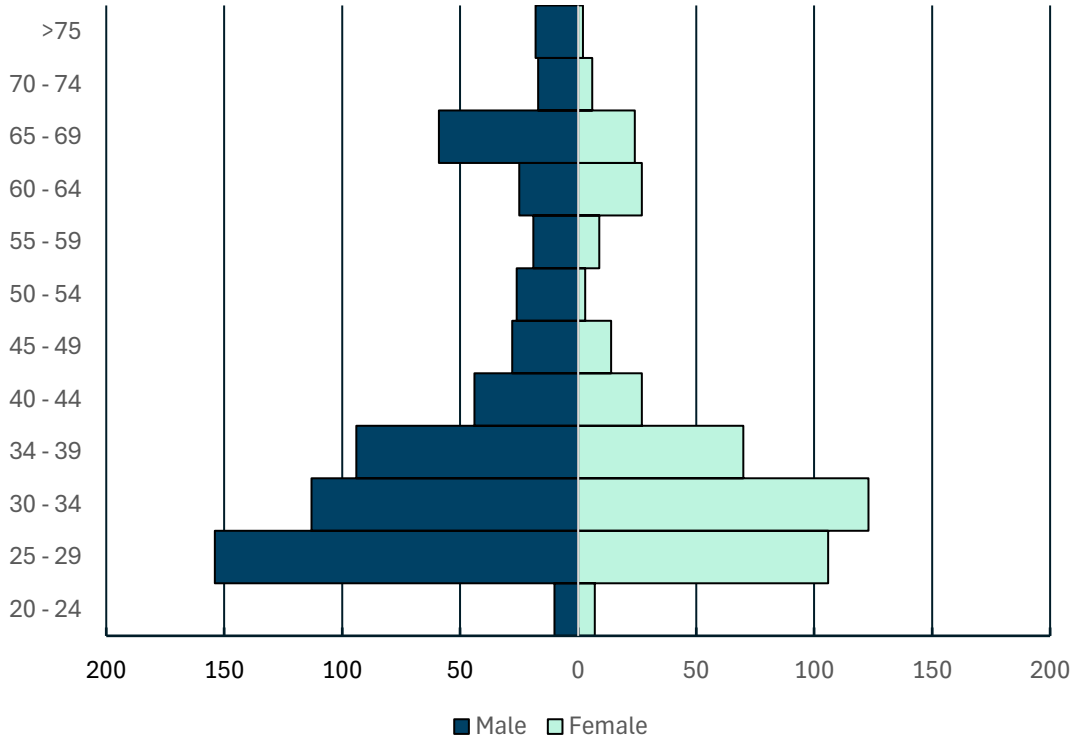
Figure 2. Division of the Register of Removed Doctors



Voluntary Withdrawals from the Register

In 2024, 1,025 doctors voluntarily withdrew their registration from the Medical Council, which is very similar to the numbers in 2023 (*N* = 1,018). Within this cohort, 59.2% (*n* = 607) were male, and 40.8% (*n* = 418) were female. The mean age of this cohort was 40.0 years (SD = 14.6 years) and half of this cohort were aged 34 and younger (*n* = 513, 50.0%). A more detailed breakdown of age and gender is shown below in Figure 3.

Figure 3. Population Pyramid of Doctors who Voluntarily Withdrew



Of those who voluntarily withdrew, 352 (34.3%) obtained their basic medical qualification in Ireland, whereas 172 (16.8%) were graduates from medical schools in the EU or UK and 501 (48.9%) were international medical graduates from a medical school outside the EU, UK or Ireland (see Table 2).

Table 2. Basic Medical Qualification Category of Doctors who Voluntarily Withdrew

Qualification Category	n	%
Graduates of Irish medical schools	352	34.3
Graduated from a medical school in the EU or UK	172	16.8
International graduates from a medical school outside the EU, UK and Ireland	501	48.9
Total	**1,025**	**100.0**

In terms of the division from which they voluntarily withdrew their registration, the majority of doctors were registered on the General Division (*n* = 677, 66.0%), and 255 (24.9%) were registered on the Specialist Division (Table 3).

Table 3. Division of the Register of Doctors who Voluntarily Withdrew

Division	n	%
Intern	47	4.6
Trainee Specialist	29	2.8
Supervised	17	1.7
General	677	66.0
Specialist	255	24.9
Total	**1,025**	**100.0**

The demographics of doctors voluntarily withdrawing from each division differed. Doctors on the Specialist Division tended to be on average older, and this division had the lowest proportion of females (Table 4).

Table 4. Age and Gender by Division of the Register of Doctors who Voluntarily Withdrew

Division	Mean Age in Years	Standard Deviation	% Female
Intern	25.3	1.9	51.1
Trainee Specialist	33.0	3.0	51.7
Supervised	34.8	4.0	52.9
General	35.5	10.7	40.2
Specialist	56.0	13.9	38.4
Total	**40.0**	**14.6**	**40.8**

Reason for Withdrawal

When doctors voluntarily withdraw, they are asked to provide their primary reason and can choose from the following options: wishing to practise abroad, wishing to stop practising medicine, and having some other reason for making the request. This question is mandatory as part of the voluntary withdrawal process and provides a good overview of doctors' reasons for leaving the Register.

The majority of doctors, 58.8% (*n* = 603) indicated that they wished to practise medicine in another country. A further 14.5% (*n* = 149) wished to stop practising medicine and just over one quarter (*n* = 273, 26.6%) reported having some other reason for voluntarily withdrawing. This varied depending on division, with the majority of doctors leaving the General Division wishing to practise medicine abroad and the majority of doctors leaving the Specialist Division wishing to stop practising medicine (Figure 4).

Figure 4. Pie Chart of Reasons Doctors on the General and Specialist Division were Voluntarily Withdrawing

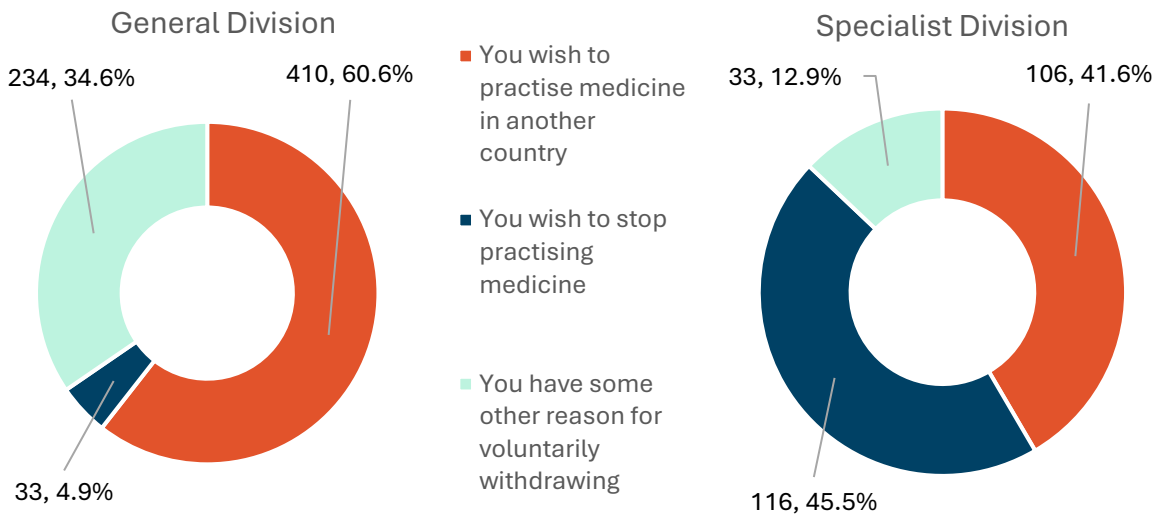


Table 5. Withdrawal Request Reason by Additional Options Breakdown

	You wish to practise medicine in another country		You wish to stop practising medicine		You have some other reason for voluntarily withdrawing		Total	
	n	%	n	%	n	%	n	%
I am changing to a role that doesn't require me to be registered	53	9.4	8	5.4	5	1.8	66	6.7
I am expected to carry out too many non-core tasks	3	0.5	2	1.3	0	0.0	5	0.5
I am not respected by senior colleagues	2	0.4	0	0.0	0	0.0	2	0.2
I am retiring	1	0.2	126	84.6	9	3.3	136	13.8
I do not have flexible training options	7	1.2	0	0.0	0	0.0	7	0.7
I feel I can earn more abroad	21	3.7	0	0.0	0	0.0	21	2.1
I have family/personal reasons for making a voluntary withdrawal	169	30.0	7	4.7	97	35.7	273	27.7
My employer does not support me in my work	5	0.9	0	0.0	1	0.4	6	0.6
My workplace is understaffed	9	1.6	2	1.3	1	0.4	12	1.2
The quality of training available to me here is poor	7	1.2	0	0.0	0	0.0	7	0.7
The working hours expected of me here are too long	22	3.9	1	0.7	0	0.0	23	2.3
There are limited career progression opportunities available	71	12.6	0	0.0	8	2.9	79	8.0
I have some other reason for making a voluntary withdrawal	194	34.4	3	2.0	151	55.5	348	35.3
Total	**564**	**100.0**	**149**	**100.0**	**272**	**100.0**	**985**	**100.0**

Note. To facilitate comparison of values, columns with percentages are shaded with gradations. The darker the tone, the higher the value within the column.

Note. 40 doctors did not provide additional detail and are excluded from this table.

The second optional question allows all doctors who voluntarily withdrew the option to provide additional qualitative detail in an open text box and over half provided some detail here (*n* = 577, 56.3%). Interns were less likely to provide additional detail, while over half of doctors on all other divisions voluntarily withdrawing provided this detail (Table 6).

Table 6. Number of Doctors on Each Division Providing Additional Details

	Provided Additional Detail		No Additional Detail		Total
	n	%	n	%	n
Intern	19	40.4	28	59.6	47
Trainee Specialist	22	75.9	7	24.1	29
Supervised	10	58.8	7	41.2	17
General	395	58.4	282	41.7	677
Specialist	131	51.4	124	48.6	255
Total	**577**	**56.3**	**448**	**43.7**	**1,025**

Doctors with General Registration who Voluntarily Withdrew

The primary reason doctors on the General Division voluntarily withdrew was that they wished to practise medicine in another country (*n* = 410, 60.6%). Furthermore, a very small proportion wished to stop practising medicine (*n* = 33, 4.9%) and just over one third had some other reason for voluntarily withdrawing (*n* = 234, 34.6%).

Over half of these doctors provided qualitative feedback explaining their reasons further, and these were thematically analysed (*n* = 395, 58.4%). As expected, practising abroad was a very strong theme, and the top three countries referenced were the UK, Australia and Pakistan.

Some doctors simply stated they were practising abroad and where, while others provided some basis for this. While there are many associated themes which will be discussed in detail below, these doctors appear to fall into two distinct groups. Firstly, there were doctors who were working here and have relocated or are planning to relocate abroad for a period of time, and these doctors expressed being open to returning to Ireland. Secondly there were doctors from abroad who registered in Ireland but did not enter the health system here, who have continued to practise abroad and have withdrawn their registration from the Medical Council. Sub-themes for doctors practising abroad include: professional development, lack of job opportunities, favourable conditions abroad, and family abroad. Another strong theme was stopping medical practice, either permanently or temporarily, and the associated sub-themes include: retirement, leaving clinical roles, family requirements, and personal reasons.

Theme 1: Practising Abroad

Subtheme: Professional Development

Many doctors shared that they had moved abroad for specialist training and the UK was by far the most frequently cited destination. A proportion of the doctors in this cohort expressed a desire to return to Ireland to practise in the future. Some of these doctors had not been able to access training here and felt it was too expensive to continue to pay their registration fees while working abroad. These doctors indicated that career progression was the primary motivating factor for withdrawing.

"Going for further training abroad. Will come back in the future."

"I am training in the UK , the cost to retain registration is too high for me"

"I love Ireland and the people of Ireland and would have loved to continue serve its people and the country. But unfortunately there were no career progression opportunities for me. I wish the training HST is open to all."

Some doctors were moving abroad for fellowship training and shared that it was not financially feasible to maintain registration here while practising abroad. In certain instances, doctors were pursuing fellowships not available in Ireland. A variety of countries were cited; however, Australia and the UK were the most common.

> *"I am completing a fellowship abroad and wish to return to Ireland to practice medicine once I've completed my fellowship."*

Subtheme: Lack of Job Opportunities

International doctors described registering with the Medical Council with the intention of obtaining employment and moving here, however, several were disappointed that after months, and in some cases years they were unsuccessful in securing employment. These doctors never practised in Ireland and usually had financial constraints preventing them from continuing their registration.

> *"I had been waiting to get a job in Ireland for the past 1.5 years, however I have failed to secure a job or even land an interview. I had spent all my savings paying for registration fee and other necessary fees required for this application. I am unhappy and wish to not wait further and would like to seek other better opportunities in my current living country. I also thought that I will have better chance or better life in Ireland, but unfortunately it took a different turn."*

> *"I can't afford to pay the fee without having a job over there. It is very expensive if I pay from here. I will definitely apply for restoration once I get a job offer."*

There was a sense that employers were looking for too much experience for junior posts and in some cases, doctors were withdrawing until they found employment or gained more experience.

> *"The employers are looking for over experienced staff for a junior post, causing distress to junior doctors because of unavailability of jobs."*

Subtheme: Favourable Conditions Abroad

Advantageous conditions abroad was another motivating factor for doctors. Doctors described situations where they were working very long hours in understaffed situations, without sufficient senior support and where remuneration was not sufficient. This led to a few doctors sharing feelings of burnout in the Irish healthcare system.

"The decision to practice in another country was due to multiple factors - better working conditions, less hours, better staffing, more supportive senior colleagues, and better fairer pay. In Ireland it was common that myself or my colleagues would not be paid correctly and it was very difficult to advocate for ourselves with admin staff."

"Pay is low, specialty understaffed, hours too long, I am burnt out. I have moved to Australia"

Lack of flexible training and frequent rotations were other disincentives for doctors.

Subtheme: Family Abroad

Family being based abroad was another reason doctors were choosing to voluntarily withdraw, with some accompanying family members moving abroad and others returning home to practise after a period of working in Ireland.

"Ireland is an excellent option to practice medicine. But due to family preferences, I am withdrawing the license for the moment with an intention that I might restore it in future."

"I am done with my fellowship training and going back to my country"

Miscellaneous

There were additional reasons cited by a minority of doctors that were motivating them to practise abroad. These reasons included their specialty or training not being recognised here, difficulties obtaining indemnity, only registering here as a backup option if their current situation disimproved or frustration over the recognition of training for anaesthesia trainees.

"The Irish Medical Council has unilaterally, without consultation, made a decision about the career potential of anaesthetists that could have significant detrimental effects on the care of critically ill patients in Ireland."

"I have never worked in Ireland but wanted a backup should things get worse in South Africa, but I won't be practising in Ireland soon"

Theme 2: Cease Medical Practise

Subtheme: Retirement

Some doctors were retiring from medical practice after a long career. Doctors described feeling rewarded but exhausted, at the age where it was appropriate and where they were unable to continue on a part-time basis due to the expense and CPD requirements, particularly the clinical/practice audit element.

"I have had a 40 year in medicine and for the most part have enjoyed it. I'm now mentally exhausted and have retired from practice. At this point in time, I cannot see myself practising medicine again."

"Registration fee of 605 eu is much too expensive for a retired doctor"

Subtheme: Leave Clinical Role

Other doctors were leaving their clinical role to take up a non-clinical position on a permanent or temporary basis. Some had been working in this role for a period of time and were now making the decision to withdraw.

"I am taking up a temporary role in public service and not feasible to meet work and CME demands this year"

"I actually just don't need to be registered with the IMC. I never did need to be for my current role. I work in the pharmaceutical industry and I just don't see a reason to stay on the register any more."

Subtheme: Family Requirements and Personal Reasons

Family care requirements was another common reason cited by doctors withdrawing. Doctors shared that the current structure of fees was very costly and offers little flexibility to take time off for family reasons. Restrictions of shift lengths in hospitals was another factor impacting doctors' ability to work.

"I have a family care requirement that is temporarily prevents me from working as care is full time 24/7. As cost of IMC membership is 605 euro, and cost of CPD with RCPI (and I have no other alternatives) is 250 euro, it is prohibitively expensive, and there is no flexibility to take time for personal/family reasons."

Doctors also described extending their maternity leave and caring for children and taking a break from practice as a result.

> *"I am taking some time out from work after the end of my maternity leave to spend with my child"*

Various unspecified personal reasons and health issues were also cited by doctors withdrawing. These were often noted to be temporary with an intention to rejoin the Register after a period of time.

Miscellaneous

Other doctors were temporarily stopping their practice of medicine as they were completing masters programmes, preparing for exams or taking a break to go travelling. In these cases, there was always an intention to return to practice after a period of time.

Doctors with Specialist Registration who Voluntarily Withdrew

The primary reason doctors on the Specialist Division were voluntarily withdrawing was that they wished to stop practising medicine (*n* = 116, 45.5%). A further 41.6% (*n* = 106) wished to practise medicine abroad and 12.9% (*n* = 33) had some other reason for voluntarily withdrawing (See Figure 5). Among the qualitative feedback provided retirement, practising abroad, personal and financial reasons and working conditions were strong themes. All themes are discussed below with the associated subthemes and illustrative quotes.

Theme 1: Retirement

Many doctors on the Specialist Division were leaving the Register as they were retiring. Various reasons were provided for this but the most common were age, unrealistic requirements and health and wellbeing.

Subtheme: Age

Many doctors were simply retiring due to their age and often felt that they had worked long enough.

"I'm really sad to be doing this--but I'm 66, I've had a wonderful career, have loved (almost) every minute--but now it's time to let "the younger crowd" take over!"

"Hospital practice for 47 years is enough"

Subtheme: Unrealistic Requirements

Doctors who were retiring felt that the continuing professional development requirements, cost of indemnity and cost of retention fees were too high if only keeping up some part-time work.

"I believe I could continue practicing, as I've done for nearly 50 years, but cost of indemnity and requirement of [CPD] audit, as retiree, are prohibitive."

"Remaining registered requires payment of fees including for CME and I am unlikely to carry out sufficient clinical practice in the coming years to make that worth while."

One doctor in particular felt the fee was too high when aged in their late 60's and that the reduced fee for doctors over 70 should apply.

> *"I would have opted to stay registered if lower fee (ie for 70 years old applied)? age discrimination"*

Subtheme: Health Grounds

Other doctors shared that they were retiring for health reasons and one doctor shared that this was worsened by a very stressful, and protracted complaint process.

> *"I have found the management of the recently dismissed complaint against me extremely stressful and difficult. This process has taken five and a half years from the initial complaint to conclusion. In my opinion this time frame for managing any complaints is unacceptable and unfair on any doctor."*

Theme 2: Practising Abroad

As with doctors on the General Division, many doctors simply stated that they would be or were already practising abroad. Common countries cited included the UK, Australia and some European countries such as Spain.

Subtheme: Professional Development Opportunities

Some doctors were going abroad to complete a fellowship and further their experience. These doctors planned to return and were sometimes travelling as these opportunities were not available here.

> *"I have moved to New Zealand for fellowship. I plan to return in 1-2 years"*

> *"There is no Fellowship (further training) available for my specialty in Ireland, so I have to travel abroad for 1-2 years."*

Some doctors had also travelled here for their fellowships and were now returning to their home countries to continue their career.

> *"I enjoyed my fellowship in Ireland and I thank you all for this experience."*

Doctors also shared that they were moving abroad to gain further skills and experience. Some doctors described a limited availability of appropriate jobs in their specialty with both Irish and international graduates feeling as if it was difficult to gain a permanent consultant post.

"I have decided to withdraw from the register because I believe it will provide me with better career prospects and opportunities that align more closely with my professional goals and personal circumstances. Additionally, I feel that the healthcare system in the country where I plan to move offers more advanced training and development opportunities, which will allow me to further specialise in my field and contribute to the medical community in a more impact way."

Subtheme: Family Reasons

Many doctors were returning to their home country or moving abroad for family reasons. These doctors did not plan to work in Ireland for the next few years and were withdrawing as a result.

"I do not intend on working in Ireland for at least the next few years, I will be instead living and working in Australia for family/personal reasons. It is not in my interest to continue to pay the yearly registration fee."

"I'm Spanish and all my family is living in Spain due that I'm only going to work in Spain presumably for a long time, thanks for the opportunity of been working in this country."

Subtheme: Maintaining while not Active in Ireland

A small proportion of doctors explained that they had maintained their name on the Register for a period of time, sometimes more than 10 years, even though they were not working here. These doctors, along with those moving abroad for a limited period expressed an opinion that they might benefit from a different level of the Register that doctors who were not clinically active could avail of, for a reduced fee.

"I have maintained registration for 10 years despite not living or practising in Ireland. You have not come up with a cheaper option to remain registered and not practising"

"There is no option to keep the registration without license to practice and pay a reduced fee so I can apply for just license to practice if I return to Ireland."

Theme 3: Personal and Financial Reasons

Doctors shared that personal reasons or financial constraints often motivated them to withdraw from the Register. Some doctors shared that they were on maternity leave or a career break to care for young children.

> *"I have taken a 3 year career break to raise my baby."*

Many doctors shared that they were withdrawing for health reasons. Physical illnesses were most commonly shared but one doctor also referenced burnout.

> *"ill health undergoing treatment and will no longer be able to practice."*

Other doctors shared that their contract was financially untenable or that there was an excessive tax burden associated with practising medicine which led to them withdrawing.

> *"Excessive tax burden, no infrastructure and massive cost of living. The Irish people don't deserve that."*

Theme 4: Working Conditions

A minority of doctors on the Specialist Division were withdrawing due to poor working conditions. These doctors described an understaffed and disorganised workplace, excessive time spent on non-core work and poor treatment by other staff members.

> *"Hospital is understaffed, disorganized, close to bad practice and, over all, I have felt discrimination."*

> *"The non core work of a GP is ridiculous. I would spend up to 2 hours per day on paperwork, writing reports, reading letters, updating scripts, etc. this is unsustainable. Lack of an integrated system depends on individual efforts of doctors particularly gps to prop up the system."*

Doctors with Internship, Trainee Specialist or Supervised Registration who Voluntarily Withdrew

The numbers of doctors voluntarily withdrawing with internship, trainee specialist and supervised registration were lower and as such there was more limited feedback. A brief summary of reasons provided by these cohorts is provided below.

Internship Registration

The majority of this cohort were withdrawing in order to move abroad for experience. These doctors often cited Australia and the UK.

> *"I am going to practise medicine in Australia for 1-2 years to gain new clinical experience"*

Some doctors stated that they never received an internship post and were withdrawing to obtain their refund of fees.

> *"I did not receive an intern post and have to withdraw before the reserve list expires in order to have my registration fee refunded"*

Trainee Specialist Registration

The vast majority of this cohort shared that they were relocating abroad for a fellowship to countries including Canada, the US, the UK and Australia. These doctors generally conveyed an intention to return.

> *"I am going on a surgical fellowship for 1-2 years to the US. Then will re-instate on my return."*

> *"I am commencing a clinical fellowship in the UK so will be working under the governing body of the General Medical Council in the UK. I will re-register with the Irish Medical Council before I return to Ireland to practise in the future."*

Supervised Registration

All these doctors providing feedback had completed their training and were now returning to their home country.

"I have completed my international fellowship with RCPI and returned to back to my home country"

Conclusion

In 2024, 1,632 doctors left the Medical Council's Register. The majority of these doctors voluntarily withdrew (*n* = 1,025, 62.8%), and the remainder were removed for not renewing their registration (*n* = 607, 37.2%).

Doctors providing details on leaving the Register were often moving abroad for professional development, better working conditions, and family reasons. Furthermore, many other doctors stopped their medical practice, either permanently or temporarily due to retirement, leaving clinical roles, or personal, financial and health reasons.

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