



Medical Workforce Intelligence Report

A Report on the 2016 and 2017 Annual
Registration Retention & Voluntary
Registration Withdrawal Surveys

Summary Document

April 2019



Comhairle na nDochtúirí Leighis
Medical Council

ACKNOWLEDGEMENTS

This report could not have been produced without the participation of the over 22,000 doctors who retained registration with the Medical Council in 2016 and 2017. Additionally, we would like to thank the 1,846 doctors who voluntarily withdrew from the register but generously gave their time and their feedback as to why. We hope that through each individual's contribution, this report can help further strengthen and develop a medical workforce that provides quality and safer health care in Ireland.

Data sources

As the Medical Council's register is a valid and complete list of doctors who are permitted under Irish law to practise medicine in the State, it is a comprehensive source of medical workforce intelligence. This report is a compilation of information obtained from the Medical Council's varied data sources including registration data, Your Training Counts survey data, Irish Medical School annual returns data, complaints data, site inspection reports, accreditation reviews and other reports prepared by postgraduate training bodies, NDTP, HSE, Public Pay Commission, ESRI, OECD and WHO.

Abbreviations & acronyms

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

Introduction

Ireland's education and training of doctors is internationally recognised, however, recruiting and retaining our pool of highly qualified Irish trained doctors is proving challenging. There is also an overreliance on foreign trained doctors. Our reliance on overseas trained doctors is escalating, evidenced by the increase in the general register.

The reasons for voluntary withdrawal from the register vary, including being expected to carry out too many non-core tasks, lack of respect by senior colleagues, lack of flexible training options, ability to earn more abroad, lack of employer support, workplace understaffing and issues relating to the European Working Time Directive and the hours expected to work.

More attractive working conditions and increased opportunities to get onto training programmes would lead to substantial, high-quality workforce recruitment and retention, both short-term and long-term.

This is a key planning consideration and must be addressed through collaborative working amongst policymakers, educators, planners and employers.

The cultural challenges within the Irish health system need to be addressed, in tandem with an increase of health practitioner supply. Otherwise, retention will remain a growing issue.

This report takes a deep dive into the demographics of those retaining and withdrawing from the register, with a view to informing workforce planning and ultimately improved patient safety in Ireland.

WORKFORCE INTELLIGENCE REPORT IN NUMBERS



2,714

Doctors enrolled on the register for the first time in 2016



AVERAGE AGE
OF 32.74
YEARS

21,328 doctors offered retention

58%

Male



42%

Female



82.7%

reported working
in a full-time
capacity



172
doctors
registered on
the General
Division self-
reported
working in
consultant roles

Declaration of maintenance
of professional competence
2017-2018

98%

now compliant



2,830 voluntary withdrawals
recorded between 2015 and 2017

Next jurisdiction of practice

37% UK



19%
Australia



27% reporting
"another"
jurisdiction



Reasons cited

15% limited career progression

25% family/personal reasons

34% unspecified

53% wish to pursue medicine in
another jurisdiction



25%

of voluntary
withdrawals
were doctors on
the Specialist
Register

3

largest influences on trainee intent to leave
medical practice in Ireland were

82% under-staffing in the workplace

75% carrying out too many non-core
tasks

72% limited career progression
opportunities



Results

The research findings establish that while we train a significant number of doctors, this needs to increase to ensure we have a sustainable medical workforce into the future. Comprehensive and co-ordinated workforce planning is necessary to determine requirements. To achieve this, we must consider the following:

- What will the health workforce model look like;
- How many doctors are required;
- What type of doctors are required;
- How we select doctors;
- How we induct doctors;
- How we train doctors;
- How we support and resource trainees and trainers;
- A review of the service models;
- Reorientation of existing roles and exploration of new roles;
- Reconfiguration of health services to better reflect the community needs.

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

- We have qualified and ambitious doctors from abroad who cannot get onto training programmes due to legislative limitations. They use the experience gained in Ireland as a stepping stone to obtain a post on a UK programme. This is a loss of resources.
- The doctor pool is stretched across a large number of hospitals, combined with limited scope of skill, experience and training, which increases inefficiencies and risk of adverse events.
- We have a greater number of doctors reporting bullying and experiencing burnout in these over-stretched systems. Our medical workforce planning model is no longer fit for purpose and could be improved by modifying and embracing national and international models appropriate to Irish healthcare.

New entrants to the register

In 2016, there were 2,714 doctors who enrolled on the Medical Council Register for the first time. The average age of entrants was 32.74 years, with a range of 22-78 years. The primary growth reported was in the general division of the register. Most new entrants to the register were on the general division and educated outside of Ireland. Countries including Egypt, Sudan, Pakistan and Romania and the United Kingdom cumulatively contributed more new entrants to the Irish register of medical practitioners than Ireland did.

Choosing to retain registration

The majority of doctors invited to retain their registration were employed by publicly funded services, with a large proportion providing a mix of public and private services. NCHDs were the most prevalent group of doctors in the system, with 7,317 on average in the system (2016-2017). 50.8% of NCHDs were in training, while the remaining 49.2% were in non-training posts.

The majority of doctors offered retention of registration across 2017-2018 were Irish graduate doctors with 82.7% reporting working in a full-time capacity. One quarter of all doctors reported working in a GP role. It was also self-reported that for every two hospital consultants there were three NCHDs on the register. The majority of doctors were Irish graduates, however over one quarter of all doctors on the register were graduates of basic medical programmes completed outside the EU (29.3%). 19,600 doctors with an average age of 44.53 years retained their registration. 88.9% of these doctors were on the general and specialist divisions of the register. The majority of those who retained their registration were male (58.8%, N=10,259).

172 doctors registered on the General Division self-reported working in consultant roles in Ireland. 149 of these worked solely in publicly funded services. 59.60% of doctors self-reported not having a specialist qualification in area of practice. 16.6% of hospital consultants self-report not holding a specialist qualification in their area of practice. Doctors self-declare their area of practice, so there is potential for error in this, however this data points to over half of doctors invited for registration not having a specialist qualification in their area of practice.

58% of doctors invited to retain held Irish basic medical qualifications. As expected, around 90% completed their initial studies in Ireland. Two thirds of those qualified in another jurisdiction were from the UK, India, Sudan and Pakistan. Outside of Ireland, Malaysian doctors were the next most prevalent nationality of Irish BMQ holder. 79.3% of all NCHDs not in a training scheme were graduates of international medical schools.

Declaration of maintenance of professional competence 2017-2018

A collaborative effort between the Medical Council and postgraduate training bodies has resulted in increased enrolment rates, with approximately over 98% now being compliant.

Non-retention of registration

Around 70% of non-retaining doctors were aged 44 or under. 69.7% were on the general register and 25.4% on the specialist register.

Voluntary Withdrawal

Voluntary withdrawals from the register are manually processed by the executive of the Medical Council and these are recorded daily. Between 2015 and 2017, there were 2,830 voluntary withdrawals recorded. 1,846 practitioners (65.2%) have completed the voluntary withdrawals form which provides quantitative and qualitative feedback regarding doctors' reasons for voluntarily withdrawing.

- 53% of this group were aged 35 and under, with the majority male, on the General Division and wish to pursue medicine in another jurisdiction.
- 25% left the Specialist Division while 66% left General Division.
- 15% of those choosing to leave the register cited limited career progression; 25% family/personal reasons for withdrawal and 34% unspecified other reasons for doing so.

A minority of respondents reported retirement and stopping practice altogether as their reason from voluntarily withdrawing from the register.

Some of the reasons cited for voluntary withdrawals are:

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

37% reported the UK as their next jurisdiction of practice, followed by 27% reporting "another" jurisdiction and 19% specified Australia. The intern division cited leaving to travel and work in Australia (83%) for 1-2 years with a plan to return. While most wish to travel, short-term, for personal reasons, others reported disillusionment with the Irish health system or wish to train elsewhere due to perceived better opportunities and training.

The 3 largest influences on trainee intent to leave medical practice in Ireland were:

- understaffing in the workplace (82%);
- carrying out too many non-core tasks (75%) and
- limited career progression opportunities (72%).

Doctors in trainee positions built a complex picture of poor working conditions, teaching, employer support, training, lack of career progression routes, excessive working hours and non-core tasks, linked to frustration with the system and a powerlessness to contribute to

change. Patient safety was also an explicit and implicit element of answers, with questionable standards of patient care expressed by respondents. Gaining experience abroad was cited by some in order to bring home new skills. However, other reasons included resources, working hours and options, remuneration, progression, bullying and morale.

- Specialist doctors primarily withdraw from the register to practice in another country. The UK was the most popular next destination of practice reported by doctors leaving the specialist division of the register, with 121 doctors reporting this.
- Irish BMQ doctors comprised 786 doctors or 42.6% of all of those making a voluntary withdrawal. Most planned to practice in Australia, the UK, Canada, New Zealand and the USA. Reasons cited included moving abroad to do a fellowship, to support a partner undertaking a fellowship or to further their career. Financial reasons for not maintaining dual membership of medical regulatory organisations when working abroad, and maternity leave were also reported.
- For European qualified doctors, returning “home” was a key theme for this group, differing from the Irish qualified doctors by the nature of the register. One in four of these doctors returned to their home country to work and train. Difficulty gaining an appropriate post was one of the most frequently cited barriers to retaining registration.
- Graduates of EU medical schools that are not EU Nationals were primarily on the General Division of the register (93.9%). Obtaining appropriate work or getting on a training course was challenging for this group, with one in five unable to secure a post and consequently moving abroad to gain a place in a training post. Distance from family impacted on this group, highlighting the importance of factors other than remuneration in the medical workplace.
- International graduates from medical schools outside the EU were primarily on the General Register. One in five of these doctors could not obtain an appropriate post in Ireland. 21% cited a move to undertake training abroad or indeed fellowships abroad. Family reasons were cited by doctors with some specifying that they were returning to their “home country”.

Continuing trends

Unfortunately, the trends in this data are mirrored in more recent data held by the Medical Council, due to be published in mid-2019. By the end of 2018, there were 23,007 doctors on the Medical Council register of medical practitioners, 58% of whom were Irish medical graduates. While 2,190 doctors registered for the first time on the Medical Council’s register in 2018 only 35% of this group held an Irish BMQ. This subset was made up almost entirely

of interns (96%), while the remaining 1,533 doctors new to the registers were international medical graduates.

For every two hospital consultants retaining registration in 2018, there were three NCHDs retaining. Of note, 4,141 of the 7,687 NCHDs who retained in this period were not in a formal training scheme. By year end, there was a 1.1% disparity between registrant numbers on the General (40.5%) and Specialist (41.6%) Divisions of the register. In total 1,453 doctors voluntarily withdrew their registered status as a medical practitioner in 2018. On average, 121 doctors chose to leave the register per month voluntarily. 67.5% of doctors who responded to our voluntarily withdrawal questionnaire (N=1110) noted that they did so to practice medicine in another country, in particular the UK (28%). One in three of these were Irish graduates.

Recommendations for action:

- Long-pursued amendments to the Medical Practitioners Act 2007 will improve equality within the system for international medical graduates in NCHD non-training service roles, impacting directly on the accessibility of formal training for those who have completed their basic medical training in contexts outside of the Irish system.
- While the “Medical Education in Ireland: A New Direction” report by Fottrell (2006) set out medical targets that have now been met, recruitment of international medical graduates still outweighs that of Irish graduates in the system. It is timely that this pre-recessionary document is reviewed following substantial workforce change.
- To match international practice and move to a stronger model of healthcare delivery and leadership, a move to more consultant-delivered care must be put in place. These consultants should be on the specialist division of the register.
- Examination and consideration of the potentiality of a well-supported permanent doctor grade in the health service, in the context of extensive workforce change to include an emphasis on consultant delivered care, to replace the short-term contractual nature of non-training posts may effect significant change in the system.
- Innovative solutions which have been adopted in other countries must be assessed and explored for use in an Irish context to facilitate retention. Appropriate solutions must be both identified and implemented.
- Systemic, meaningful change for both doctors and patients will not be truly felt without challenging current models and cultural structures in healthcare. Truly supporting doctors to self-care, reflect and access supports to bolster their wellbeing in a system that currently often challenges it is a key activity that can only serve to support doctor and patient safety and is mutually beneficial to all stakeholders in the Irish health service.



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