Medical Workforce Intelligence Report: Summary document

2018 Annual Registration Retention & Voluntary Registration Withdrawal Surveys

Comhairle na nDochtúirí Leighis
Medical Council

About the Medical Council

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

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

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

Acknowledgments

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

Presentation of this data is aligned with the Medical Council's mission to set, monitor and promote professional standards that support the delivery of high quality, safe patient care and best patient outcomes. This is sustained by a vision of safe, high-quality patient care, public confidence in the medical profession and leadership in healthcare. It is informed by values including advocating for patients and supporting medical practitioners in a changing healthcare environment; acting with independence, fairness and integrity; being open and transparent; building trust and respect between medical practitioners, patients and the Medical Council; leading and influencing healthcare; and taking accountability for our decisions and actions.

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

Introduction

Ireland's education and training of doctors is internationally recognised. Recruiting and retaining our pool of highly qualified Irish trained doctors is continuing to prove challenging. More attractive working conditions and increased opportunities to get onto training programmes leads 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.

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

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. Ireland has been replacing the doctors in the system rather than changing the system itself, which is notable through the feedback received from doctors leaving the register. A year-on-year decrease in applicants to the register has been observed between 2016 and 2018. Simultaneously, the number of those who voluntarily withdrew their registration between 2014 and 2018 increased year-on-year, with a net slowing in growth on the register. Comprehensive and co-ordinated workforce planning is necessary to determine requirements to put the right doctors in the right place with the right qualifications.

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

Summary figures

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

New entrants to the register

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

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 invited to retain, with 7,800 on the register, an increase of 6.6% since 2017. 46.1% of NCHDs were in training, while the remaining 53.9% were in non-training posts.

Choosing to retain registration

- 20,109 doctors with an average age of 44.5 years retained their registration.
- 86.9% of these doctors were on the General and Specialist Divisions of the register.
- The majority of those retaining their registration were male (58%, N=11,702) and were Irish graduate doctors with 84.7% reporting working in a fulltime capacity.
- Just under one quarter of all doctors reported working in a GP role.

It was also self-reported that for every two hospital consultants there were three NCHDs on the register. 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 (28.6%). 57.2% of doctors retaining held Irish Basic Medical Qualifications.

Non-retention of registration

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

Focus: Voluntary Withdrawal

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

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

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

In total, 320 doctors (29% of respondents) reported leaving the Irish register of medical practitioners due to family or personal reasons.

- International graduates from a medical school outside the EU and Ireland made up half (50.6%) of this group;
- medical practitioners who graduated in a medical school in the EU and are EU Nationals made up an additional quarter (25.3%) of this group;
- The majority of respondents leaving due to family/personal reasons were leaving the General Division of the register (73.8%);
- One in five doctors leaving the register for these reasons were specialist registrants.

Family members and their care across the lifespan was a strong theme that emerged from the qualitative data reported, from maternity leave to care for elderly parents. Supporting spouses in their careers was also cited by respondents as a challenge. The demands of balancing both home and medical professional practice was made explicit by one respondent, noting the challenges that the long working hours present.

Across the register, for those who left due to workplace issues, resourcing and lack thereof was a difficulty cited, however, the lack of appreciation and value placed on the work and perseverance of

doctors in such circumstances was impactful. The consequent personal impact of excessive hours and lack of support also raised significant challenges not just to morale but also patient safety.

The introduction of medical indemnity in 2018 as a requirement for registration was raised as a barrier to continuing practice and retaining on the register for financial and practical reasons for retiring doctors. It was recognised by retirees that there were legislative reasons for increased mandatory disclosures for registration purposes, but a sense of disappointment with this system was communicated by some. The idea of a dual register or ability to retain a level of registration while not in practice was posited by some as a solution to this, recognising the contribution of a doctor following a lifetime of practice.

Doctors reporting changing to a role that doesn't require registration with the Medical Council cited similar challenges. The expense of maintaining dual registration when working abroad was too financially onerous on many in this group and an overseas register or one for doctors not in active practice in Ireland for a reduced fee was suggested by some. Working in research, development and technology roles and not in clinical practice was another reason for a subset of doctors leaving the register. A register or one for doctors not in active clinical practice in Ireland for a reduced fee was suggested by one of these doctors also.

Doctors who left the register for reasons of training quality and flexibility strongly wanted to retain and train in Ireland. Links formed with the Irish health system made some wish to retain a level of registration with the Irish Medical Council. The model of registration employed by the General Medical Council in the UK was cited as one that was favoured by respondents to retain a link with Irish practice. The majority of registrants leaving due to limited career progression planned to pursue this aim abroad. In particular, the UK was cited as a jurisdiction welcoming of doctors and willing to support and train them. Getting on to a specialist training scheme was a significant barrier to career progression described by IMG rdoctors withdrawing from the register. The standards set for access to schemes was described and perceived as variable by respondents who left for this reason, compared to their experiences in the international context. For those educated internationally, or possessing international experience, gaining employment at the Specialist Division, at consultant level in Ireland, posed a significant challenge, reflecting the recruitment and retention challenges at the most experienced level of the medical career trajectory.

Conclusions

Ireland has been replacing doctors in the system rather than changing the system itself, which is notable through the feedback received from doctors leaving the register. The ability to continue replacing doctors is no longer sustainable.

- A decrease in first time applicant medical practitioners in Ireland received at year-end has been observed between 2016 and 2018, while the number of those who voluntarily withdrew their registration between 2014 and 2018 increased year-on-year. An emerging trend of slowing growth in end-of-year figures on the register can be observed and is of concern.
- Through the data, providing training for doctors and providing opportunities for progression are key incentives for Irish-trained doctors to remain in Ireland and stay on the register.
- The current limitations on access to higher specialist training, through provisions of the Medical Practitioners Act, is seen as a deterrent to doctors seeking to come to Ireland and to stay long-term. To address this, the Regulated Professions (Health and Social Care) (Amendment) Bill 2019 will remove the requirement to have the equivalence of a certificate of experience for registration in the Trainee Specialist Division will open access to doctors who are appropriately qualified and suitable for training, but without initial Irish basic medical training.
- Continued increases in the number of training posts in national training programmes by conversion of suitable non-training posts would provide more positions for doctors to stay in Ireland. An increased number of consultant posts would mean there would be positions appropriate for these trainee doctors to aspire to working in, in a modern, consultant-led and delivered healthcare environment.
- Poorly resourced and staffed work environments, and the prospect of a better work-life balance are all key motivating factors for trainee specialists who are considering practicing medicine abroad, as reported in Your Training Counts 2017. A third of Irish trainee doctors are still working hours that significantly exceed the recommendations of the European Working Time Directive. The connection between patient safety and doctors' working hours is concerning and acknowledgment of this must be at the centre of future policy innovations concerning doctors' weekly working hours. Making sweeping workforce configuration and allocating appropriate resourcing to implement this is imperative to effect change in practice.

- The Workforce Planning Programme (3.1) and Culture Change and New Ways of Working Programme (3.3) of Sláintecare, when fully operationalised, will ensure that the right teams are available, at the right time, to deliver on the clinical and service objectives reform. It is set out that effective short, medium, and long-term workforce planning will be undertaken to ensure that new Models of Care are properly planned in order to deliver integrated care. Targeted recruitment and retention initiatives will also be scoped and commenced, which is to be welcomed when data contained herein is considered.
- The Fottrell report (2006) targets have been met, however recruitment of IMGs still outweighs that of Irish graduates in the system. It is timely that this document is reviewed in light of substantial workforce change, with both the current and projected healthcare context in mind to build a pool of future doctors well-supported and appropriate to our country's growing needs.
- The Hanly report (2003) is no longer reflective of the landscape of the medical workforce in Ireland and also warrants re-examination.

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

Recommendations

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

Comhairle na nDochtúirí Leighis
Medical Council

Medical Council
Kingram House
Kingram Place
Dublin 2
D02 XY88

www.medicalcouncil.ie