Moving from 2019 through to working in Ireland during the COVID-19 pandemic:

Summary of the Medical Workforce Intelligence Report - 2019 & 2020

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

Acknowledgements

We would like to thank the 20,455 doctors who retained registration with the Medical Council in 2019 and 21,190 doctors in 2020 and who completed the retention form. The production of this report is derived from this data source.

We would also like to thank the 1,068 doctors in 2019 and 705 doctors in 2020 who voluntarily withdrew from the register but generously gave their time and feedback as to why they decided to withdraw. 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.

The registration and professional competence and research directorates of the Council are central to ensuring the registration process is effectively completed which in turn delivers a valid data source which is analysed and reported.

Foreword

The function of the Medical Council, as outlined in the Medical Practitioners Act (2007), is to protect the public in its dealings with medical practitioners by moving beyond the provision of registration controls to better ensure the education, training and competence of medical practitioners. Patient safety is fostered through the support of the profession.

In its 2019 – 2023 Statement of Strategy, in considering enhancing the functions of Council, the Medical Council articulated the support of medical practitioners in its values. The focus of this report is to present the data provided by all doctors when they register or retain registration with the Medical Council.

This report takes a deep dive into the Medical Council's retention of registration data. This is a vital source of medical workforce planning data which can be used to inform: medical education and training programme enhancements; recruitment and retention strategies; and policy relating to provision of health care in Ireland. From the Medical Council's perspective, the provision of safe patient medical care is primary to ensuring that the medical profession is supported through the provision of standards, resources, training, education and ongoing professional development as necessary to deliver a safe, quality health care service.

Throughout this report we provide quantitative and qualitative data on registration and divisional status, working arrangements, including self-reported work role, hours worked, training status and county of practice. It is a rich source of validated data combined with direct feedback from the registered medical profession.

It highlights ongoing trends of insufficient training places and continued reliance on overseas trained doctors who fill service posts. Retention is an ongoing issue and burnout remains prevalent. Joint action of all stakeholders is required to safeguard patient safety and retain our highly trained and experienced medical workforce.

Dr Rita Doyle
President

Philip Brady
Chief Executive Officer

MEDICAL WORKFORCE INTELLIGENCE REPORT 2019 & 2020 IN NUMBERS

23,558

No. of Registered Doctors at year end 2019

up from 23,007 in 2018

IN 2020

84.6%

of those retaining registration were active in Ireland

78%

of NCHD training roles held by Irish graduates

Doctors registered with the Medical Council for the first time in 2019

Reasons for withdrawals included a lack of support, excessive hours, resourcing

3/4

of those in NCHD non-training roles held international BMQs

For every four Irish graduates registering, seven international graduates also registered

DOWN 21.8% FROM 2018

1,135 Voluntary withdrawals from the register in 2019

21,190

Doctors chose to retain registration in 2020

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Medical Council

Glossary: Abbreviations & acronyms

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

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Introduction

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

Purpose of the report

The purpose of this report is to provide intelligence about the medical workforce in Ireland to enhance patient safety and better support good professional practice among doctors. Strong, sustainable and fair health systems, responsive to the needs of the public, are essential to the health and wellbeing of a population. Through this report, the Medical Council presents data that can be used to support effective planning to develop and retain a strong and sustainable medical workforce. Informed planning ensures we have the right doctors in the right place, at the right time, with doctors fulfilling their potential in the provision of safe, quality healthcare. This is aligned with the Medical Council's mission to set, monitor and promote professional standards that support the delivery of high quality, safe patient care and best patient outcomes. This is supported by a vision of safe, high-quality patient care, public confidence in the medical profession and leadership in healthcare.

This report is based on analyses of data gathered by the Medical Council through its annual retention of registration process, carried out in June 2019 and 2020. It also draws on existing registration data to provide a cross-sectional overview of new entrants during 2019.

Key Findings

The data describes the continued trend of a growing General Division and attrition resulting from lack of access to training, poor working conditions and natural retirement. While it also presents an increase in intern posts, as a direct result of COVID-19, it remains consistent in its messaging that collaborative efforts are required to support an under-resourced and highly-pressured health service. Doctors' wellbeing is paramount and as evidenced, burnout has a significant impact on patient safety.

This report highlights a number of issues of concern for the Medical Council (the Council). The primary role of the Council, as the regulatory body for the medical profession, is to protect the public in its dealings with medical practitioners. Doctors report burnout, bullying, working in excess of the EWTD, not returning to practice in Ireland due to poor working conditions in comparison to the country in which they are currently practicing, and well-qualified and experienced doctors cannot access training. These challenges impact directly on patient and professional safety.

Ireland's medical education and training is internationally recognised as superior and retaining the pool of highly qualified Irish-trained doctors is proving continuingly challenging. The attraction and pattern of working overseas continues, however doctors no longer return to Ireland in the same numbers. Doctors leaving the register explain that this is related to experiencing better working conditions abroad to what they experienced in Ireland. Evidence of this reported by doctors who withdraw from the register remains constant in data collected over the past four years.

This is the sixth Workforce Intelligence Report, which presents registration data relating to 2019 and 2020 data. Overall trends and themes that emerge from analysis of registration data remain generally robust and stable. However, the Medical Council does not present these as trends and urges caution against over-interpretation of year-on-year changes in information. It is hoped that the areas addressed in this report can provide feedback into medical stock/flow workforce planning through informing the process with data from the register.

Summary of registration data

Indicator	2012	2013	2014	2015	2016	2017	2018	2019	2020
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%)	21,795 (+6.5%)	22,649 (+3.9%)	23,007 (+1.6%)	23,558 (+2.4%)	Not recorded to date
% practising in Ireland only	74.4%	79.8%	78.9%	77.3%	74.9%	71.8%	72.6%	73.7%	74.9%
Total number of voluntary withdrawals	N/A	N/A	546	828 (+51.6%)	948 (+14.5%)	1054 (+11.1%)	1453 (+37.9%)	1135 (-21.9%)	Not recorded to date
Total number of new entrants	1,256	1,576	1,958	2,576	2,714	2,547	2,190	2,281	Not recorded to date
Annual % change in number of specialists	+7.4%	+2.8%	+2.6%	+6.6%	+5.9%	+3.6%	+2.7%	+3.2%	+3.9%
% of register who are international medical graduates	34.9%	34.3%	35.7%	37.9%	39%	42%	42.8%	42.4%	42.3%
% who are clinically inactive doctors	7.2%	4.0%	2.9%	2.9%	3.6%	4%	4.6%	1%	0.8%
% practising less than full-time	17.0%	16.1%	16.7%	14.7%	14.2%	14.9%	15.3%	14.4%	14.6%
% retaining registration who are female	40.3%	41.3%	41.2%	41.1%	41.2%	41.1%	42%	42.4%	43.2%
% retaining registration aged 55 years and older	22.5%	21.4%	23.3%	22.7%	22.4%	22.3%	22.4%	22.7%	22.1%
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	3.7: 3.1: 1	4.1: 3.5: 1

Doctors first registered in 2019

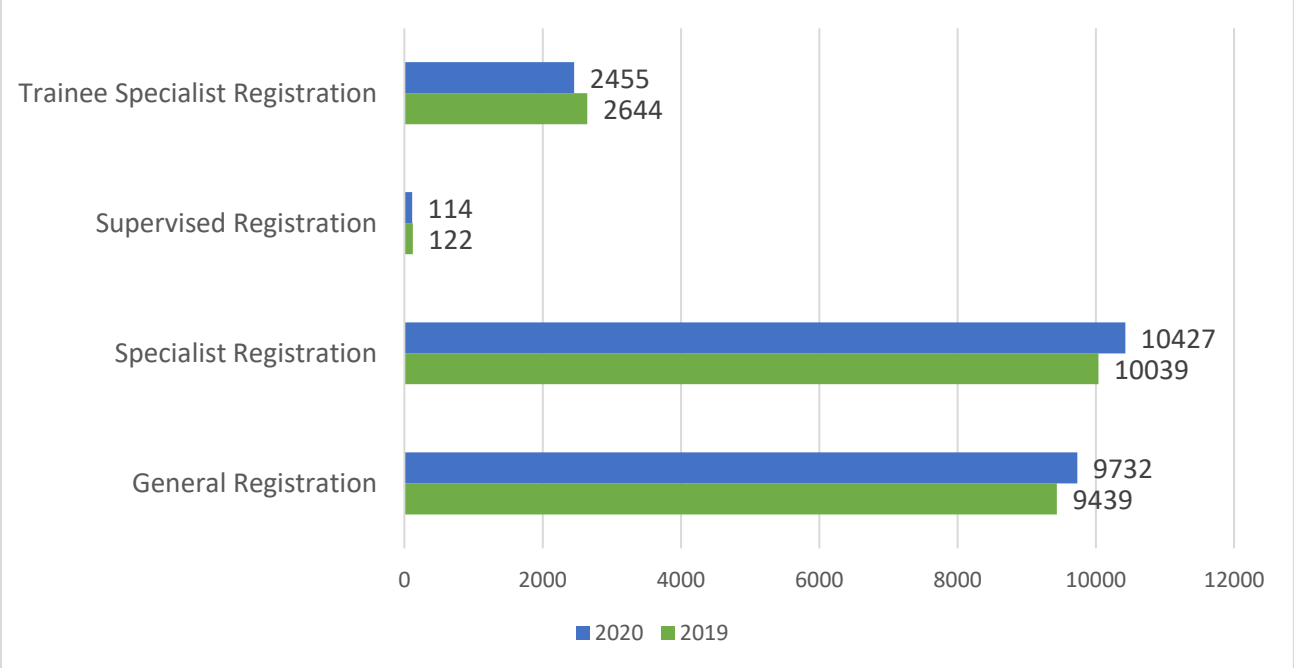
- 2,281 doctors registered with the Medical Council in 2019. This represents an increase from 2018;
- The majority of these registered on the General Division, while 91.8% of Irish entrants were Interns;
- Just over one third of new entrants to the register were Irish graduates. The majority of new entrants to the register were International graduates from a medical school outside of Ireland and the EU;
- Just under three quarters of International graduates who were new entrants to the register joined the General Division;
- By year end 2019, 94.2% (N=2,149) of new entrants were still active on the register while 5.8% (N=132) had already withdrawn;
- The majority of those who withdrew were initially registered on the General Division (N=59, 2.6%).

Registered medical practitioners offered retention with the Medical Council, 2019 and 2020.

In total, 22,244 registered medical practitioners were offered retention of their registration with the Medical Council in 2019. The majority of this group were male (58.1%) and had an average age of 44.42 years (SD=12.353 years), with an age range of 23 to 95 years. Registrants had been on the register up to 39 years with an average length of time since first registration of 12.82 years (SD= 11.121 years). 20,455 of this group retained their registration (92%), with an exit rate of 8%.

In 2020, 22,728 registered medical practitioners were offered retention of their registration with the Medical Council. The majority of this group were male (57.3%) and had an average age of 44.3 years (SD= 12.374 years), with an age range of 23 to 96 years. 21,190 of this group retained their registration (93.2%), with an exit rate of 6.8%. Registrants had been on the register up to 40 years, with an average length of time since first registration of 12.96 years (SD= 11.197 years).

Figure 1. Divisional status of doctors offered retention in 2019 and 2020



At retention, Specialist and General Division registrants cumulatively made up the majority of those offered retention in 2019 (87.6%) and in 2020 (93.2%). In 2020 more Specialist and General Division doctors were offered retention than in 2019, while the number of those on the Trainee Specialist and

Supervised Divisions fell in this period. Over two-thirds of doctors offered retention of registration in 2019 and 2020 self-reported to work solely in Ireland, with just over one in five reporting to work outside Ireland.

Table 1. Self-reported region of practice of doctors offered retention in 2019 and 2020

	2019		2020	
	Frequency	Percent	Frequency	Percent
Both within and outside the Republic of Ireland	1612	7.2%	1617	7.1%
Outside the Republic of Ireland only	3231	14.5%	3193	14.0%
Within the Republic of Ireland only	15075	67.8%	15880	69.9%
Unreported	2326	10.5%	2038	9.0%
Total	**22244**	**100%**	**22728**	**100%**

Table 2. Model of services self-reported to be provided by doctors offered retention in 2019 and 2020

	2019		2020	
	Frequency	Percent	Frequency	Percent
Provision of privately funded services only	1433	6.4%	1349	5.9%
Provision of publicly and privately funded services	7386	33.2%	7647	33.6%
Provision of publicly funded services only	8291	37.3%	8878	39.1%
Unreported	5134	23.1%	4854	21.4%
Total	**22244**	**100%**	**22728**	**100%**

Over half of doctors offered retention reported working in a training role, either formally or informally. Over two-thirds of those offered retention reported working either solely in a publicly funded services or a public-private mix of services in practice.

Just over one quarter of registrants reported to work over 48 hours weekly on average in both 2019 and 2020. There were also increases in the number of doctors reported to be in hospital consultant, non-consultant hospital doctor in training and non-consultant hospital doctor not in training roles between 2019 and 2020.

Table 3. Self-reported working hours of doctors offered retention in 2019 and 2020

	2019		2020	
	Frequency	Percent	Frequency	Percent
Fewer than 10 hours per week	744	3.3%	785	3.5%
10 to 20 hours per week	1002	4.5%	1015	4.5%
21 to 30 hours per week	1206	5.4%	1290	5.7%
31 to 40 hours per week	4264	19.2%	4550	20.0%
40 to 48 Hours	6643	29.9%	7266	32.0%
More than 48 hours	6125	27.5%	5848	25.7%
Unreported	2260	10.2%	1974	8.7%
Total	**22244**	**100%**	**22728**	**100%**

Table 4. Self-reported employment role of doctors offered retention, 2019 and 2020

	2019		2020	
	Frequency	Percent	Frequency	Percent
Community Health Doctor	216	1.0%	211	0.9%
General practitioner	4899	22.0%	4945	21.8%
Healthcare related management and administration	103	0.5%	100	0.4%
Hospital Consultant	5248	23.6%	5527	24.3%
Non-consultant hospital doctor, in training	3589	16.1%	3833	16.9%
Non-consultant hospital doctor, not in training	4226	19.0%	4437	19.5%
Other Consultant or Specialist	1087	4.9%	1081	4.8%
Public Health Doctor	163	0.7%	183	0.8%
Other	497	2.2%	470	2.1%
Unreported	2216	10%	1941	8.5%
Total	**22244**	**100%**	**22728**	**100%**

Table 5. Category of registrants offered retention of their registration in 2019 and 2020 according to region of BMQ obtained

	2019		2020	
	Frequency	Percent	Frequency	Percent
Category 1. Graduates of Irish medical schools	12330	55.4%	12710	55.9%
Category 2. Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	2500	11.2%	2657	11.7%
Category 3. Graduated in a medical school in the EU (and they are not an EU National)	835	3.8%	855	3.8%
Category 4. International graduates from a medical school outside the EU and Ireland	6576	29.6%	6503	28.6%
Unreported	3	0.0%	3	0.0%
Total	22244	100%	22728	100%

Retention 2019-2020: focus on clinically active practitioners

- In June 2019, 20,455 doctors chose to retain their place on the Medical Council's register. Of these, 83.8% (N=17,137) reported being clinically active in Ireland;
- In June 2020, 21,190 doctors chose to retain their place on the Medical Council's register. Of these, 84.6% (N=17,926) reported being clinically active in Ireland;
- The majority of this group were male. The majority of this group were on the Specialist Division of the Register (50.3%);
- Just under 50% of doctors reported working in General Practice or Hospital consultants;
- 20% reported working as NCHDs, not in training;
- Almost 60% reported having either a formal or informal training function;
- Close to 60% self-reported working greater than 40 hours per week.
- The largest percentage of doctors reported practice in Dublin (41%).

Medical practitioners retaining their place on the register 2019-2020

In June 2019, 20,455 doctors chose to retain their place on the Medical Council's register. Of these, 83.8% (N= 17,137) reported being clinically active in Ireland. These doctors were aged between 24 and 95 years, with an average age of 44.65 years (SD= 12.44 years). In June 2020, 21,190 doctors chose to retain their place on the Medical Council's register. Of these, 84.6% (N=17,926) reported being clinically active in Ireland. These doctors were aged between 24 and 96 years, with an average age of 44.24 years (SD= 12.412 years). The majority practised solely in Ireland (2019: 87.7%, 2020: 88.4%), while male doctors represented just over half of the total in both years.

Table 6. Region of practice of doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

	2019		2020	
	Frequency	Percent	Frequency	Percent
Both within and outside the Republic of Ireland	1582	9.2%	1593	8.9%
Within the Republic of Ireland only	15032	87.7%	15841	88.4%
Unreported	523	3.1%	492	2.7%
Total	17137	100%	17926	100%

The majority of this group were male and on the Specialist Division of the register (50.3%).

Table 7. Gender of doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

	2019		2020	
	Frequency	Percent	Frequency	Percent
Female	7768	45.3%	8244	46%
Male	9369	54.7%	9682	54%
Total	17137	100%	17926	100%

Just under 50% of doctors reported working in General Practice or in hospital consultant positions. 20% reported working as non-consultant hospital doctors, not in training. The majority provide services in the public health sector, but the mix of public/private is quite high. Almost 60% reported having either a formal or informal training function. Close to 60% self-reported working greater than 40 hours per week. The largest percentage of doctors reported practice in Dublin (41%).

Table 8. Divisional status of doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

	2019		2020	
	Frequency	Percent	Frequency	Percent
General Registration	5797	33.8%	6402	35.7%
Specialist Registration	8655	50.5%	9009	50.3%
Supervised Registration	90	0.5%	94	0.5%
Trainee Specialist Registration	2595	15.1%	2421	13.5%
Total	17137	100%	17926	100%

Figure 2. Self-reported employment role of doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

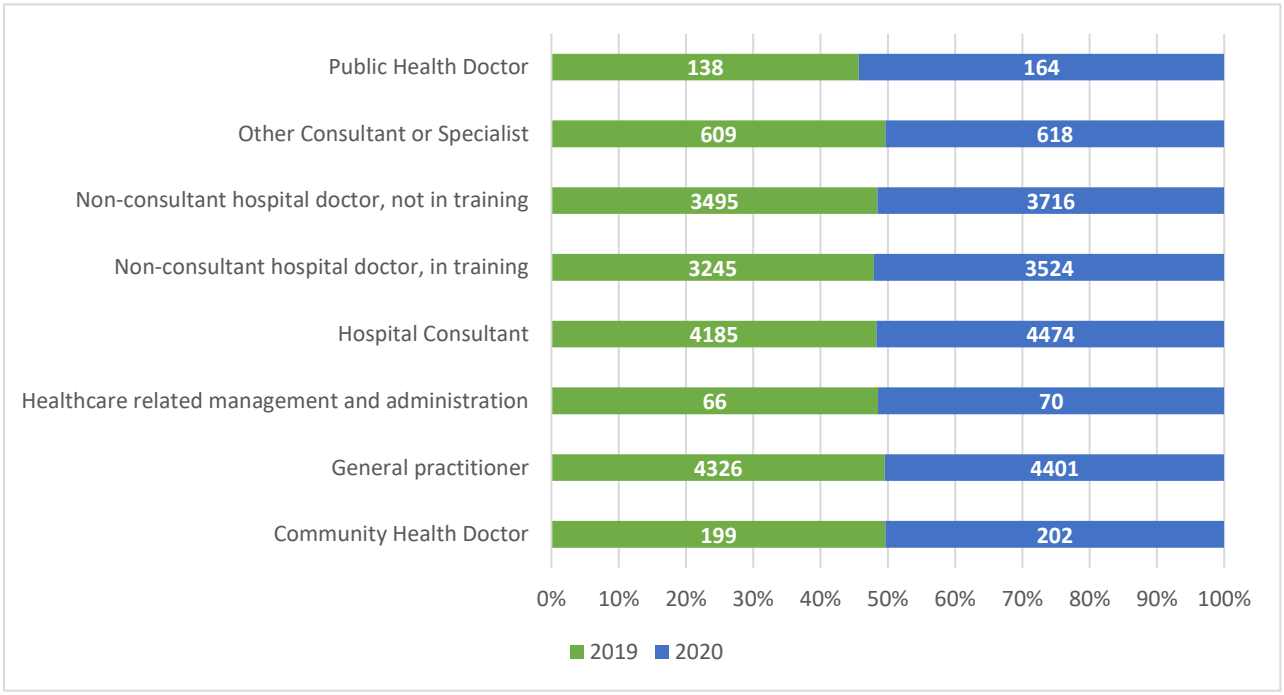


Table 9. Average self-reported hours worked by doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

	2019		2020	
	Frequency	Percent	Frequency	Percent
Fewer than 10 hours per week	668	3.9%	700	3.9%
10 to 20 hours per week	909	5.3%	914	5.1%
21 to 30 hours per week	1078	6.3%	1139	6.4%
31 to 40 hours per week	3693	21.5%	3971	22.2%
40 to 48 Hours	5245	30.6%	5850	32.6%
More than 48 hours	5099	29.8%	4925	27.5%
Unreported	668	3.9%	427	2.4%
Total	17137	100%	17926	100%

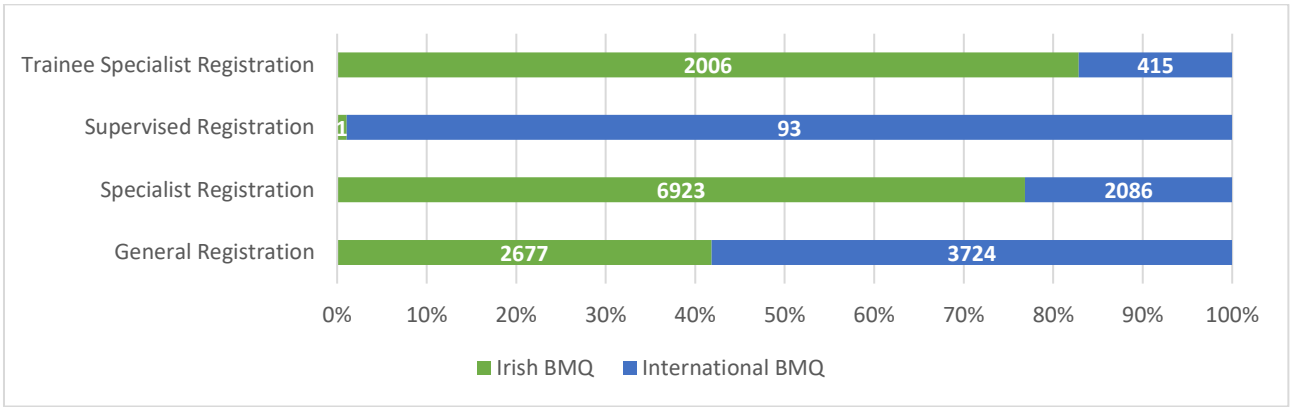
Table 10. Model of services provided as self-reported by doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

	2019		2020	
	Frequency	Percent	Frequency	Percent
Provision of privately funded services only	949	5.5%	901	5.0%
Provision of publicly and privately funded services	6587	38.4%	6896	38.5%
Provision of publicly funded services only	6815	39.8%	7383	41.2%
Unreported	2786	16.3%	2746	15.3%
Total	17137	100%	17926	100%

Table 11. Region of BMQ obtained by doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

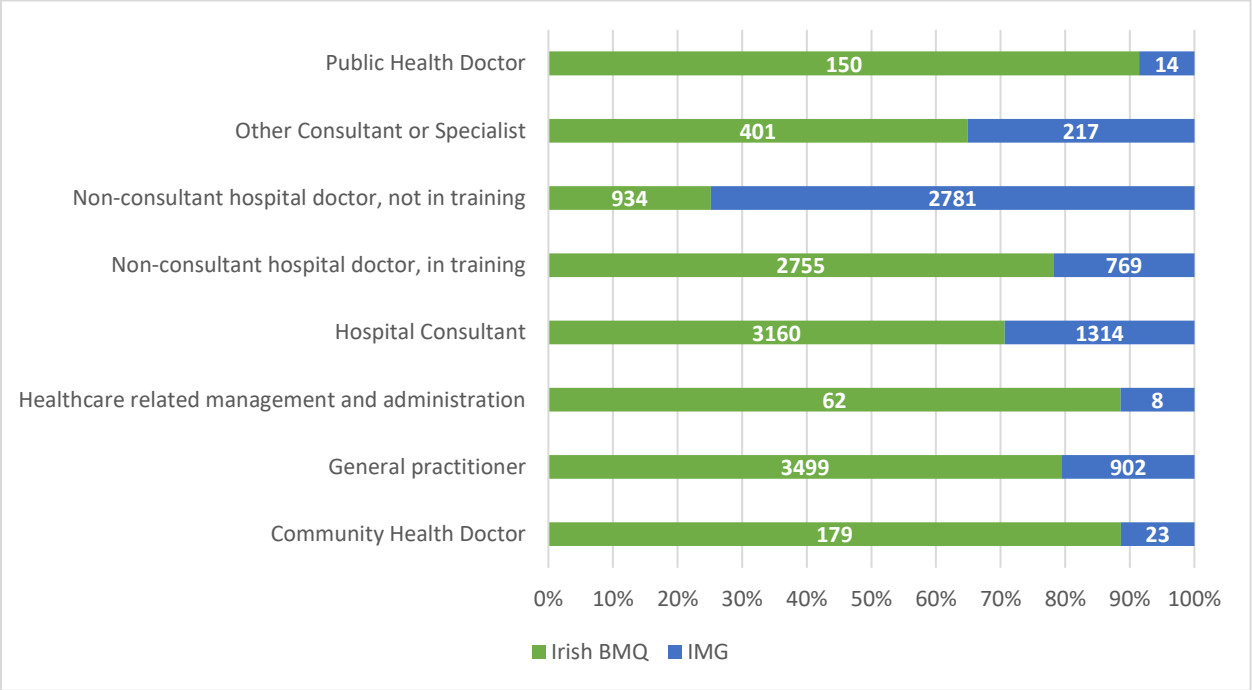
	2019		2020	
	Frequency	Percent	Frequency	Percent
Category 1. Graduates of Irish medical schools	11145	65.0%	11607	64.7%
Category 2. Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	1765	10.3%	1856	10.4%
Category 3. Graduated in a medical school in the EU (and they are not an EU National)	552	3.2%	577	3.2%
Category 4. International graduates from a medical school outside the EU and Ireland	3674	21.4%	3885	21.7%
Unreported	1	0.0%	1	0.0%
Total	17137	100%	17926	100%

Figure 3. Divisional status of Irish BMQ holders and IMGs retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland



While 35.2% of the register retaining and clinically active, working in Ireland in 2020 were IMGs, over half of those on the General Division were IMGs (58.2%), while 82.9% of those on the Trainee Specialist Division were Irish graduates. In terms of self-reported employment roles, this translated into three quarters of those in NCHD non-training roles holding international BMQs and 78.2% NCHD training roles being made up of Irish BMQ holders. The majority of those on the Specialist Division of the register were also Irish graduates, with over three quarters of those holding Specialist Division registration holding an Irish BMQ (76.8%). Consequently, 70.6% of all self-reported hospital consultants held an Irish BMQ.

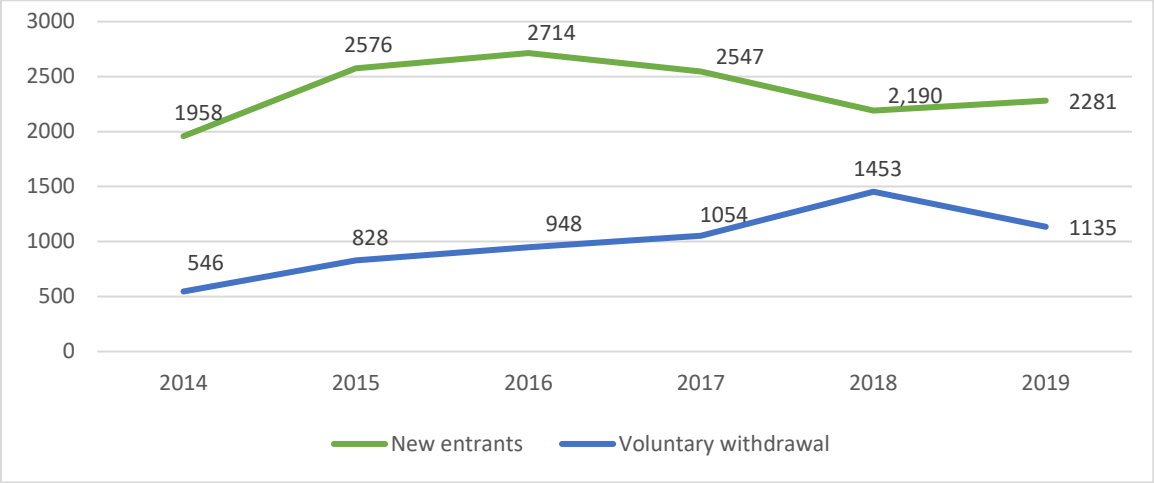
Figure 4. Self-reported employment role of Irish BMQ holders and IMGs retaining on the register in 2020, reporting being clinically active and working in Ireland



Voluntary Withdrawal from the register 2019 and 2020

In 2019, there were 1,135 voluntary withdrawals recorded, representing a 21.8% decrease on 2018's figure. 1,068 practitioners, representing a 94% response rate, completed the VW form which provides quantitative and qualitative feedback regarding doctors' reasons for voluntarily withdrawing.

Figure 5. Voluntary Withdrawals from and new entrants to the Medical Council register 2014-2019



The main reasons cited for Voluntary Withdrawal (VW) were resourcing, excessive working hours, lack of respect, personal and family reasons, retirement, costs of professional indemnity and registration, inflexibility of registration model and in 2020, health reasons associated with the COVID-19 pandemic.

- 382 doctors who left the Irish register of medical practitioners in 2019 were graduates of Irish medical schools. This group was made up of slightly more male (58.3%) than female General Division doctors;
- 25% left the Specialist Division while 6.2% left the Intern Division;
- The majority of these doctors planned to practise medicine in another country (N=746, 69.9%), while 100 doctors planned to stop practising altogether.

Those who left cited workplace issues, resourcing, lack of appreciation, personal impact arising from excessive hours and lack of support (management and clinical supervision). These were raised as significant challenges, not just to morale but also to patient safety.

The introduction of medical indemnity in 2018 as a registration requirement was identified as a barrier to continuing practice and retaining registration for retiring doctors for financial and practical reasons. While the legislative reasons for increased mandatory disclosures for registration purposes were

acknowledged, the process itself has not resolved the issue for doctors on the specialist register paying prohibitive indemnity rates when no longer in active clinical practice.

The expense of maintaining dual registration while working abroad and the changing field of medicine practice which includes research, development and technology were also reasons given for doctors leaving the register. The suggestion that a dual register or the ability to retain a level of registration while not practising in Ireland, in active clinical practice or retired was posited by doctors as a solution to address these registration issues. The concept of a flexible model of registration should be explored drawing on international examples including, but not limited to, Australia, New Zealand and the UK.

Respondents described getting on to a training scheme as a significant barrier to career progression in Ireland. The majority of registrants leaving due to limited career progression and access to training programmes planned to pursue this aim in the UK. The UK was cited as a jurisdiction that welcomed doctors and was willing to support and train them. The standards set for access to schemes was seen as changeable, compared to the international context. For those educated internationally, or possessing international experience, gaining access to the Specialist Division and working at consultant level in Ireland, was seen as a significant challenge also.

In total, 284 doctors reported leaving the Irish register of medical practitioners for family or personal reasons in 2019, with the majority of respondents leaving the General Division of the register (69.4%). However, just over one quarter of doctors leaving the register for these reasons were specialist registrants.

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

WHERE DO DOCTORS WANT TO PRACTICE NEXT?

- 746 of 1068 respondents (69.9%) reported that they wanted to practice in the UK, US, Canada, Australia or New Zealand
- The majority of those who left the register were International graduates from a medical school outside the EU and Ireland (44.4%). Over one third (35.8%) were Irish graduates.

Conclusion

The data describes the continued trend in a growing General Division, an attrition resultant from lack of access to training, poor working conditions and natural retirement. While it also presents an increase in intern posts, as a direct result of COVID-19, it remains consistent in its messaging that collaborative efforts are required to support an under resourced and highly pressured health service. Doctors' wellbeing is paramount and as evidenced, burnout has a significant impact on patient safety.

The picture painted by the medical registration data indicates that while we have a growing register, only 17,928 report they are clinically practising in Ireland. Health services are reliant on service posts filled by doctors not in training on the General Division, who report being over-worked, undervalued and discriminated against. Their self-reported working hours in many cases exceed the EWTD mandate and non-Irish/EU graduates are still unable to apply for training posts due to archaic medical legislation. This results in Ireland's inability to retain experienced and highly competent doctors.

In response to COVID-19, the number of interns as recommended by the Fottrell report (2006) has been superseded, with 1,038 placed on the register for the first time, a 41% increase in intern posts. With such a change in practice, it is timely that this document is reviewed, and the projected healthcare context is kept in mind to build a pool of future doctors well-supported and appropriate to our country's growing needs. Supporting this, an increased number of postgraduate training positions may also have significant workforce impact and will require monitoring going forward.

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

The Regulated Professions (Health and Social Care) (Amendment) Act 2020 amended the five health professional regulatory Acts, including the Medical Practitioners Act 2007 (the Act). This contains a key amendment to address some retention concerns. Section 100 of the Regulated Professions (Health and Social Care) (Amendment) Act 2020 amends section 48 of the Medical Practitioners Act: (Medical practitioners to be registered in Trainee Specialist Division). A medical practitioner is now eligible to

be registered on the Trainee Specialist Division if the medical practitioner meets the requirements of section 45 (Registration of medical practitioners — general); has a general or specialist qualification; and has a training post which has been approved by the Council for medical specialist training.

Eligibility for registration in the Trainee Specialist Division is a mandatory requirement when applying for entry to a postgraduate training programme. Many non- EU qualified doctors were unable to establish eligibility for registration in the Trainee Specialist Division as their internship was not considered to be the equivalent of an Irish internship and they were not deemed to have been granted the equivalent of a certificate of experience. This new provision will remove the requirement to have the equivalence of a certificate of experience for registration in the Trainee Specialist Division and opens access to doctors who are appropriately qualified and suitable for training, but without initial Irish/ EEA basic medical training. It is hoped that through this, doctors in long-term service roles will have the opportunity to access further postgraduate education, professional development and progression within the Irish health system, rather than having to leave the jurisdiction to do so, as currently reported in the voluntary withdrawal data. This will also place value on and reward the work done by this often under-represented group of doctors that ensure the function of the Irish health service in partnership with their colleagues daily.

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

Supply and Demand Forecast

In a report compiled by the HSE NDTP (2020), it was observed that there is a need for a considerable increase in the numbers of medical consultants/specialists and trainees across the health system. A potential increase of 42% to consultant and specialist numbers by 2028 is forecast to be required in order to meet the estimated demand. This estimation includes an increase of approximately 53% consultants working in acute hospital-based specialties. NDTP has proposed in their 2020 report, drawn from their stakeholder engagement, that increasing consultant numbers in line with projections and extending consultant presence outside of core working hours could be achieved through conversion of non-training posts into consultant posts as more consultant-delivered models of care are introduced into the health service to meet this need. An increase in consultant-delivered

healthcare could also improve training resources and support for trainees, modelling professionalism in a modern health service and providing appropriate scaffolding to growth within SPR roles.

These figures, while disheartening, will not be a surprise to many involved in planning, regulating and providing healthcare delivery in Ireland, reflecting findings of previous reports. In response to these challenges the government has sought to address workforce challenges through Sláintecare, the ten-year programme to transform our health and social care services. "Strategic Action 9: Building a sustainable, resilient workforce that is supported and enabled to deliver the Sláintecare vision" in particular is very relevant in directly addressing the concerns within this report. This strategic action would see increased career and role flexibility, adaptability, mobility and more efficient training. Targeted recruitment and retention initiatives will also be scoped and commenced, which is to be welcomed when data contained herein is considered.

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

Poorly resourced and staffed work environments, and the prospect of a better work-life balance are all key motivating factors for trainee specialists who are considering practising medicine abroad. The connection between patient safety and doctors' working hours is concerning and acknowledgment of this must be at the centre of future policy innovations concerning trainee specialists' weekly working hours. Making sweeping workforce configuration and allocating appropriate resourcing to implement this is imperative to effect change in practice.

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

Recommendations for action

- Increasing training numbers in a planned and considered way – reflecting findings of 2020 NDTP report.
- Looking after our doctors and their wellbeing by addressing systemic issues, poor resourcing, excessive working hours, bullying, task transfer and filling consultant vacancies are crucial to ensure patient and professional safety in practice.
- Exploring a flexible registration model that better reflects the practice of medicine and minimises unnecessary controls is imperative.
- The COVID-19 pandemic has forced rapid but positive practice change and developments including, but by no means limited to, widespread use of electronic prescriptions and the diverse practice of telemedicine. Building the foundations for this and supporting with appropriate guidance is necessary to protect patient and professional safety going forward.

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