Medical Council

Medical Workforce Intelligence Report 2021

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 practise 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.

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Acknowledgements

This report was prepared by the Research Team at the Medical Council. We wish to extend special thanks to the Registration Team of the Medical Council's executive for their support. This research report was made possible by the feedback and input of every one of the 24,285 doctors who either registered for the first time or retained registration in 2021. Additionally, we would like to thank the 848 doctors in 2021 who generously gave their time and feedback as to why they had voluntarily withdrawn from the register. We hope that through their contributions, this report can help further strengthen and develop a supported and resourced medical workforce that provides quality and safe healthcare in Ireland.

Foreword

The function of the Medical Council, as stated 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.

The Medical Council's vision is to provide leadership to doctors in enhancing good professional practise in the interests of patient safety (Statement of Strategy, 2019-2023).

This report analyses and presents data provided by all doctors who have registered or retained registration with the Medical Council and those who have exited the register throughout 2021. The quantitative and qualitative data on registration and divisional status, working arrangements, including work role, hours worked, training status and county of practise is crucial to informing recruitment and retention strategies, medical education and training development and health policy in Ireland.

The data describe a worrisome pattern of attrition that points to retention issues, continued over-reliance on Non-Consultant Hospital Doctors (NCHDs) along with inadequate training opportunities, poor working conditions and work hours that exceed European Working Time Directive (EWTD).

The Medical Council is concerned about the patient safety impact of issues such as breaching EWTD, inadequate training and resourcing, and doctor well-being. Research clearly indicates that these challenges can compromise doctors' delivery of safe, high-quality patient-centred care. These pressures are affecting doctors' willingness to stay and work in Ireland despite initial intentions to remain, as described in Your Training Counts 2019-2020.

Ireland must develop a medical workforce strategy, as an integral part of a wider healthcare workforce strategy, that positions and enables the Irish health service to provide high quality, sustainable, patient-centred care. This should consider and address the recruitment, retention and distribution of a trained, skilled and experienced medical workforce.

This requires strategic workforce planning to establish the number of specialists, trainees and generalists matched with quality of training and education to ensure that the health system has the right doctors in the right place and at the right time.

Attention must be given to progressing the resolution of long-standing problems such as lack of compliance with EWTD, burnout and retention, which have become even more significant in the context of the COVID-19 pandemic. There is an urgent requirement to address the systemic issues impacting doctors' provision of safe, timely quality care, and to support not only our medical workforce, but all teams working in the health sector.

Mr. Leo Kearns
CEO

Dr Suzanne Crowe
President

Glossary

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

Executive Summary

This report presents an analysis of the Medical Council's registration data, focusing on demographics of those retaining and withdrawing from the register. It is not standalone; these data are contextualised with national and international research findings.

This report sets out the critical risks to patient safety emerging from the data analyses and key strategic actions necessary to support the development of a medical workforce strategy. The fundamental criteria driving a coordinated stakeholder approach is patient safety. This is the common denominator for all involved in the education, training, recruitment and lifelong learning of the medical workforce in Ireland.

The report describes the continued trend of a growing register, predominately in the General Division, and an over-reliance on Non-Consultant Hospital Doctors (NCHDs) to deliver care, attrition resulting from lack of access to training, poor working conditions, excessive work hours, work-life balance challenges and natural retirement. Previous iterations of Workforce Intelligence reports and more recently Your Training Counts 2019-2020 have documented these ongoing challenges. Recruitment and retention issues across service posts have been clearly documented by the Irish Medical Organisation (IMO), Irish Hospital Consultants Association (IHCA) and HSE National Doctors Training and Planning (NDTP). The NDTP project that a 42% increase in consultants may be required to meet future service delivery demands, supported by a 38% increase in trainees over the next 5 years (HSE NDTP, 2021), along with a forecasted potential 42% increase in the number of GPs to respond to the universal free GP care policy.

Delivery of medical education and training is an essential component of an adequately resourced medical workforce, and crucial to providing quality patient care. Doctor shortages, especially at consultant level, result in insufficient supervision and training for trainees and junior doctors. From the Medical Council perspective, if doctors do not receive appropriate education and training, patient and professional safety issues arise. Doctors' well-being is paramount and excessive work hours and burnout can have a significant detrimental impact on doctor well-being. These are significant challenges, not just to morale but directly impacting doctors' ability to deliver safe, quality patient care.

As the role of the Medical Council involves supporting doctors and protecting the public, we are deeply concerned about the impact of these issues on patient safety. Feedback from recent consultative processes has highlighted that these concerns are shared amongst our key stakeholders, with the current workforce challenges acting as barriers to improving the quality of the workplace learning environment.

A healthcare workforce strategy is required to address recruitment, retention, distribution and supply challenges. A framework for medical workforce planning should strategically consider and identify actions that will improve doctors' working conditions, resulting in a fit-for-purpose medical workforce that ensures high-quality patient care and safety. Effective and strategic workforce planning can only be achieved through concerted collaborative working amongst policymakers, educators, planners and employers, including the Department of Health, the HSE, the Forum of Irish Postgraduate Medical Training Bodies and Medical Schools.

As the regulator of the medical profession, the Council has a duty to ensure that issues which compromise patient safety are addressed and rectified. The key risks identified from the data analyses and proposed actions set out in this report are designed to support effective planning and development of a strong and sustainable medical workforce that can provide safe, high-quality sustainable patient care.

WORKFORCE INTELLIGENCE REPORT 2021 IN NUMBERS

Doctors who registered with the Medical Council for the first time in 2021

2,605
No. of Doctors who registered with the Medical Council

14% Increase on 2020

34.8% (N=886) of new entrants to the register entered the intern division

99.3% of Irish graduates who were new entrants to the register were interns

49.6%
registered on the General Division

888 Irish graduates

1,717 international graduates

first registered with the Medical Council in 2021

3/4
of international graduates joined the General Division

while **16%** joined the Specialist Division

278
new entrants registered on the Specialist Division

Doctors who retained their place on the Medical Council's register in 2021

21,680
doctors who retained their place on the Medical Council register in 2021

18,424 (84.9%)
doctors reported being clinically active

Gender of clinically active doctors

53% Male

47% Female

The largest percentage of doctors reported working in Dublin
7,636 (35.2%)

89.3%
of clinically active doctors (16,461) practised within the Republic of Ireland only

7,492
were Non-Consultant Hospital Doctors

Of these NCHDs
3,758 were in training
3,734 were not in training

21.6%
were international graduates from a medical school outside the EU and Ireland

28.9% reported working more than 48 hours on average a week

61.8% reported working 40 hours or more

2,572
Trainee Specialist Registration

9,308
Specialist Registration

6,432
General Registration

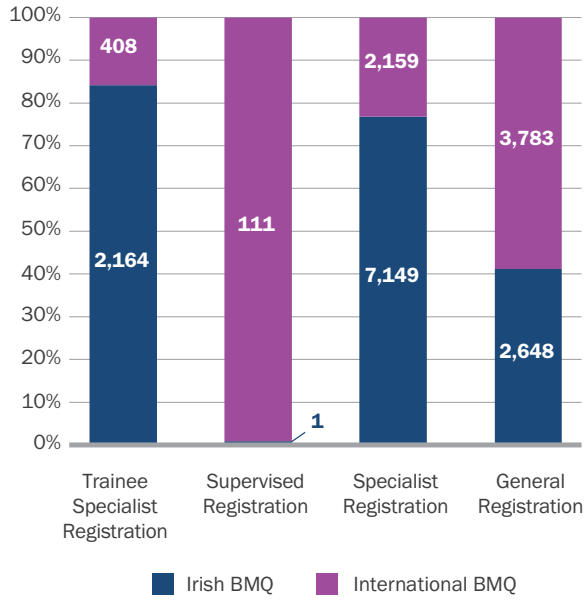
112
Supervised Registration

Snapshot of Registration Data

Retention of Registration Findings

In 2021, 23,402 doctors were offered retention, with 21,680 doctors retaining their place on the register, 39.4% on the General and 48.1% on the Specialist Divisions of the register. The average age was 44.51 years and 84.9% (N=18,424) reported being clinically active in Ireland. While most doctors who retained were clinically active; working in Ireland; and Irish graduates, over one in five of these doctors in 2021 were graduates of basic medical programmes completed outside the EU (21.6%, N=6,461) and 64.9% (N=11,962) of doctors retaining and clinically active in Ireland held Irish Basic Medical Qualifications.

Figure 1. Divisional status of Irish BMQ holders and IMGs retaining on the register in 2021, reporting being clinically active and working in Ireland[1]



Growing General Division

The analyses point to a continuing increase in the number of doctors on the General Division of the register. In addition, Non-Consultant Hospital Doctors (NCHDs) were the most prevalent group of registered and clinically active doctors retaining in Ireland, with 7,492 in the system in 2021, representing an increase of 252 from 2020.

A total of 49.8% of NCHDs occupied non-training posts, while the remaining 50.2% were in designated training posts.

Table 1. Self-reported employment role of doctors retaining on the register in 2021, reporting being clinically active and working in Ireland

	Frequency	Percent
Community Health Doctor	206	1.1%
General practitioner	4,461	24.2%
Healthcare related management and administration	59	0.3%
Hospital Consultant	4,569	24.8%
Non-consultant hospital doctor, in training	3,758	20.4%
Non-consultant hospital doctor, not in training	3,734	20.3%
Other	389	2.1%
Other Consultant or Specialist	633	3.4%
Public Health Doctor	190	1.0%
Unreported	425	2.3%
Total	**18,424**	**100%**

1 OECD 2022, https://data.oecd.org/healthres/medical-graduates.htm
One clinically active doctor on the General Division of the register was not recorded.

New Entrants to Register

Each year, a cohort of doctors enter the register for the first time. These include trainees, overseas doctors, and doctors returning to the register. In 2021, 2,605 doctors registered with the Medical Council for the first time. The average age of entrants was 31.6 years, with a range of 22-72 years. The primary growth reported was in the General Division of the register, by doctors educated outside of Ireland and the EU.

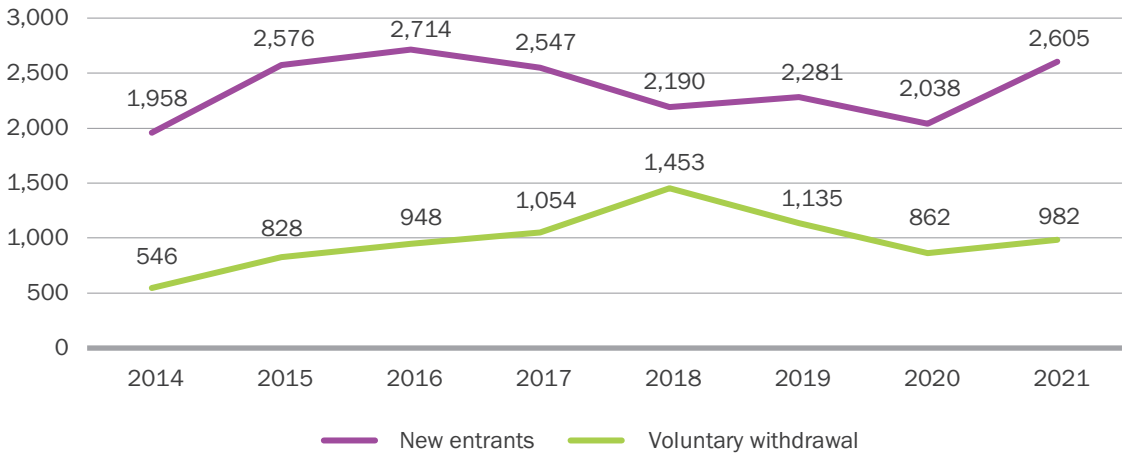
Doctors from countries outside of the EU cumulatively contributed more new entrants to the Irish register of medical practitioners than doctors from Ireland.

Voluntary Withdrawal from Register 2021

In 2021, there were 982 voluntary withdrawals recorded, representing a 13.3% increase on 2020 data. Of these, 848 practitioners, 86.4% response rate, completed the voluntary withdrawal form which provides quantitative and qualitative feedback regarding doctors' reasons for voluntarily withdrawing.

- 306 doctors who left the Irish register of medical practitioners in 2021 were graduates of Irish medical schools. This group was made up of slightly more female (51%) than male doctors.
- 68.4% withdrew from the General Division, 25.4% left the Specialist Division and 3.4% left the Intern Division.
- 25.5% of doctors cited family/personal as reasons for withdrawing from the register, and 17% withdrew because of limited career progression opportunities.
- Doctors also cited workplace issues, resourcing, lack of appreciation, personal impact arising from excessive work hours and lack of support (management and clinical supervision) as reasons for withdrawing from the register. These were emphasised as significant challenges to doctor morale and also to doctors' capacity to deliver safe, quality patient care, compromising patient safety.
- Retirement, costs of professional indemnity and registration, inflexible registration model and health reasons associated with the COVID-19 pandemic also contributed to the decision to withdraw from the Register.

Figure 2. Voluntary Withdrawals and new entrants to the Medical Council register 2014-2021[2]



2 OECD 2022, https://data.oecd.org/healthres/medical-graduates.htm

Summary of Registration Data

Indicator	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total number of doctors registered at year-end (annual % change)	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%)	24,732 (+5%)	25,864 (+4.6%)
% practising in Ireland only	79.8%	78.9%	77.3%	74.9%	71.8%	72.6%	73.7%	74.9%	76.2%
Total number of voluntary withdrawals	N/A	546	828 (+51.6%)	948 (+14.5%)	1,054 (+11.1%)	1,453 (+37.9%)	1,135 (-21.9%)	862 (- 24.1%)	982 (+13.3%)
Total number of new entrants	1,576	1,958	2,576	2,714	2,547	2,190	2,281	2,038	2,605
Annual % change in number of specialists	+2.8%	+2.6%	+6.6%	+5.9%	+3.6%	+2.7%	+3.2%	+3.9%	+4.4%
% of register who are international medical graduates	34.3%	35.7%	37.9%	39%	42%	42.8%	42.4%	42.3%	41.8%
% practising less than full-time	16.1%	16.7%	14.7%	14.2%	14.9%	15.3%	14.4%	14.6%	14%
% retaining registration who are female	41.3%	41.2%	41.1%	41.2%	41.1%	42%	42.4%	43.2%	43.7%
% retaining registration aged 55 years and older	21.4%	23.3%	22.7%	22.4%	22.3%	22.4%	22.7%	22.1%	23%
Specialist Division: General Division: Trainee Specialist Division ratio	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	4: 3.3:1

Summary of Key Risks

A number of salient risks to patient safety have been identified, based on analyses of registration data. These risks are resultant of the absence of strategic workforce planning, arising from inadequate supervision and training opportunities, gaps in supply and demand of consultants/specialists, increasing attrition and excessive work hours:

- **General Division**
  The General Division was created as a transition for doctors progressing from internship to the Specialist Division, and as such does not offer specialist training. Yet in 2021, 39.4% (n=8541) of all doctors retaining registration remained on the General Division, and 34.9% of those who are clinically active in Ireland are on the General Division. The Council believes this presents an unacceptable risk to patient safety, as the number of doctors on the General Division is increasing while consultant/specialist posts are not being adequately filled. There is a lack of appropriate supervision and training opportunities available to doctors on the General Division.

- **Non-Consultant Hospital Doctors (NCHDs)**
  Immense over-reliance on NCHDs to deliver care has implications for patient safety. There are doctors registered as NCHDs who are required to perform the duties of hospital consultants, but who are not on the Specialist Division, and in 2021 over half of doctors on the General Division were NCHDs. The high proportion of non-training NCHDs relative to both trainees and consultants/specialists has implications for delivery of safe patient care.

- **Reliance on International Medical Graduates (IMGs)**
  The majority of NCHDs are doctors who have trained overseas and have not been able to access specialist training in Ireland. Irish health services are heavily reliant on posts filled by overseas doctors not in training on the General Division, who report being over-worked, undervalued, experiencing discrimination and unable to access specialist training. Current training and working conditions for IMGs pose serious implications for patient safety.

- **Non-Compliance with European Working Time Directive (EWTD)**
  In 2021, over one-quarter of doctors reported working more than 48 hours on average a week, in contravention of the EWTD. Excessive work hours are demonstrably associated with attrition, stress, burnout, lower compassion satisfaction and are predictive of adverse event involvement (Humphries, 2021), which can hinder patient safety.

- **Attrition**
  In 2021, doctors cited family and personal issues, lack of training opportunities, inadequate resourcing and work conditions as reasons for withdrawing. Acute doctor shortages within the Irish health system, especially at the skilled and experienced consultant level, affect quality of care and undermine patient safety.

Proposed Actions

In cooperation with all stakeholders, the Council intends to fully engage in the development and implementation of a strategic workforce framework for doctors, as an integral part of a wider healthcare workforce strategy.

The proposed strategy should not be developed in isolation, and health reforms and policies that are underway, including Sláintecare, Healthy Ireland, national clinical programmes, need to be considered.

The Council proposes strategic actions to address the critical risks to patient safety emerging from the data:

- Establishment of a National Planning and Advisory Group to explore and plan the workforce strategy to ensure all relevant parties are engaged, respective to their remit, in a collaborative and coordinated way.

- Identify priority workforce issues and contributing factors, determined by research and consultation. This involves,
  - Collating existing research to establish key workforce priorities, issues, and challenges
  - Conducting national consultation with individuals, patient groups and medical stakeholders to assist in formulation of the workforce strategy

- Explore the impact and feasibility of proposed approaches to ensure a fit-for-purpose and prioritised implementation.

Introduction

This report presents the analyses of the medical registration data gathered by the Medical Council through its annual retention of the registration process, carried out in June 2021. It draws on existing registration data to provide a cross-sectional overview of the registered doctors, new entrants and voluntary withdrawals in 2021.

The Medical Council's remit is to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training, and competence among registered medical practitioners. This is translated into the Council's Statement of Strategy vision of safe, high-quality patient care, public confidence in the medical profession and leadership in healthcare.

The COVID-19 pandemic has had a significant impact on the health sector from both a health service delivery and medical workforce perspective. The Council responded by implementing medical regulatory changes to align with Government policy and action, and by providing professional conduct and ethical guidance, in addition to reducing the monitoring and maintenance of professional competence requirements. It also established a COVID register, which at year-end 2021 had 277 doctors.

As the regulator of the medical profession, the Council has a duty to ensure that issues which compromise patient safety are addressed and rectified. The key risks identified from the data analyses and proposed actions set out in this report are designed to support effective planning and development of a strong and sustainable medical workforce that can provide safe, high quality patient care.

The Medical Register – Its Value

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. The cornerstone of the Medical Council's work in protecting the public is establishing and maintaining a register of doctors. Under Irish law, no one 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. In accordance with Directive 2005/36/EC of the European Parliament, completion of Basic Medical Training is required for registration. This is the combination of both a Basic Medical Qualification (BMQ), obtained on graduation from a medical degree programme, with an accompanying certificate, if specified. In Ireland, the accompanying certificate is the Certificate of Experience, gained through satisfactory completion of an internship.

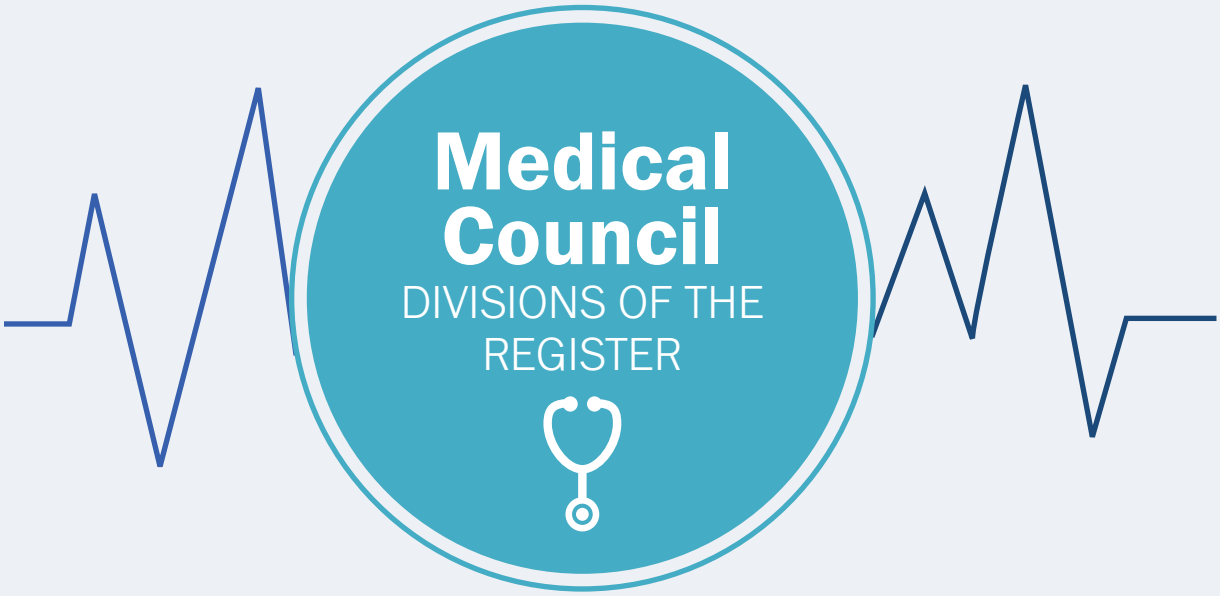
All doctors are obliged to renew their registration if practising medicine in Ireland on an annual basis. Failure to complete this process can ultimately result in a doctor being removed from the register, following a warning and notification of potential removal.

Throughout the year, doctors enter and leave the Medical Council's register. The registration data describe the number of registered doctors, identifies the division on which they are registered, including General, Supervised, Trainee and Specialist, any specialties achieved, country of passport and BMQ, demographic information along with self-reported data on area of practise, working role, hours worked, trainer status, county of practise and clinical practise status.

The annual retention process is available through each doctor's personal online registration account. Doctors must submit a completed annual retention application form (ARAF) along with the relevant fee. Since 2012, the Medical Council has incorporated questions into the ARAF to provide a more comprehensive picture of registered doctors' work practises. This data has been analysed against basic information about the doctors' age, gender, graduating medical school and specialist credentials.

This report builds on previous reporting, identifying patterns and recurring issues. The register of medical practitioners is a "living" database as doctors are entered on, removed from or transferred between the Divisions of the register. For this reason, comparison between reports based on registration data must take account of this "living" nature of the database. For example, the calendar year-end totals reflect any registration activity, including doctors entering or leaving the register, between June and 31st of December 2021. Totals taken at year-end differ slightly from the 'retention of registration' data, which was collected in June.

The annual retention process does not include doctors who have just completed their first year of postgraduate training or 'internship' year, since these doctors apply to the Medical Council to transfer registration rather than retain existing registration. Doctors who hold Visiting EEA registration are similarly not required to apply to retain registration with the Medical Council. The divisions of the register are described overleaf.



Internship registration

Allows a doctor to carry out internship training in a hospital recognised by the Medical Council. These posts are allocated by the Health Service Executive (HSE).

Trainee specialist registration

Doctors with trainee specialist registration are on recognised training programmmes and practise solely within the confines of posts allocated by the Health Service Executive (HSE), in conjunction with the national postgraduate training bodies (PGTBs).

Supervised registration

Is granted to doctors who have been offered a post that has been approved by the national Health Service Executive (HSE), which has specific supervisory arrangements.

General registration

Doctors with general registration may practise independently without supervision but may not represent themselves as being specialists.

Visiting EEA registration

European Union citizens who are fully established to practise medicine in another European Union member state may practise medicine in Ireland on a temporary and occasional basis without having to take out registration.

Specialist registration

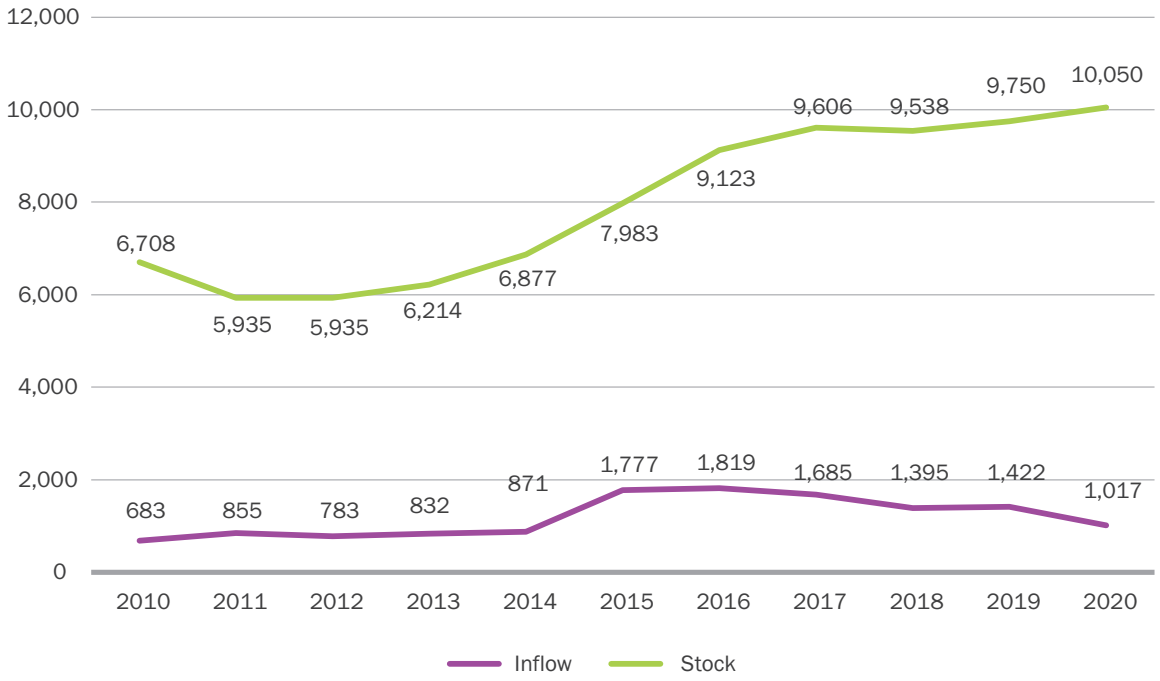
Doctors with specialist registration may practise independently, without supervision and may represent themselves as specialists.

Key Literature Findings

OECD Medical Graduate Data

The Organisation for Economic Co-operation and Development (OECD) note that in 2020, there were 3.5 doctors per 1,000 inhabitants in Ireland, with 2.9 hospital beds per 1,000 inhabitants, ranking them 28th of 36 OECD countries. Ireland placed 9th amongst OECD countries in terms of government health spending, with an average of $5604 per capita. Ireland had the highest level of medical graduates in the OECD, with 24.8 new graduates per 100,000 of population.

Figure 3. Irish medical graduate supply internationally 2010-2020, OECD 2022[3]



Internationally, Canadian supply of Irish graduate doctors increased by 2.4% while Australian supply decreased by 9.8% between 2018 and 2019. International supply of Irish graduate doctors also decreased between 2019 and 2020 in the UK by 8 people.

3 OECD 2022, https://data.oecd.org/healthres/medical-graduates.htm

Figure 4. Irish medical graduate supply internationally 2010-2020[4]

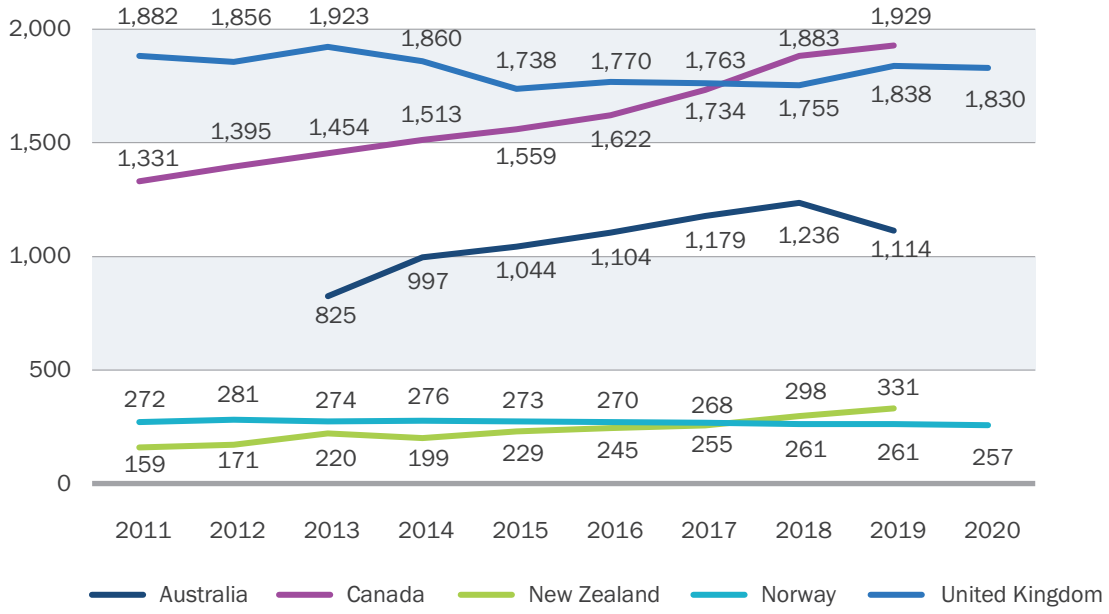
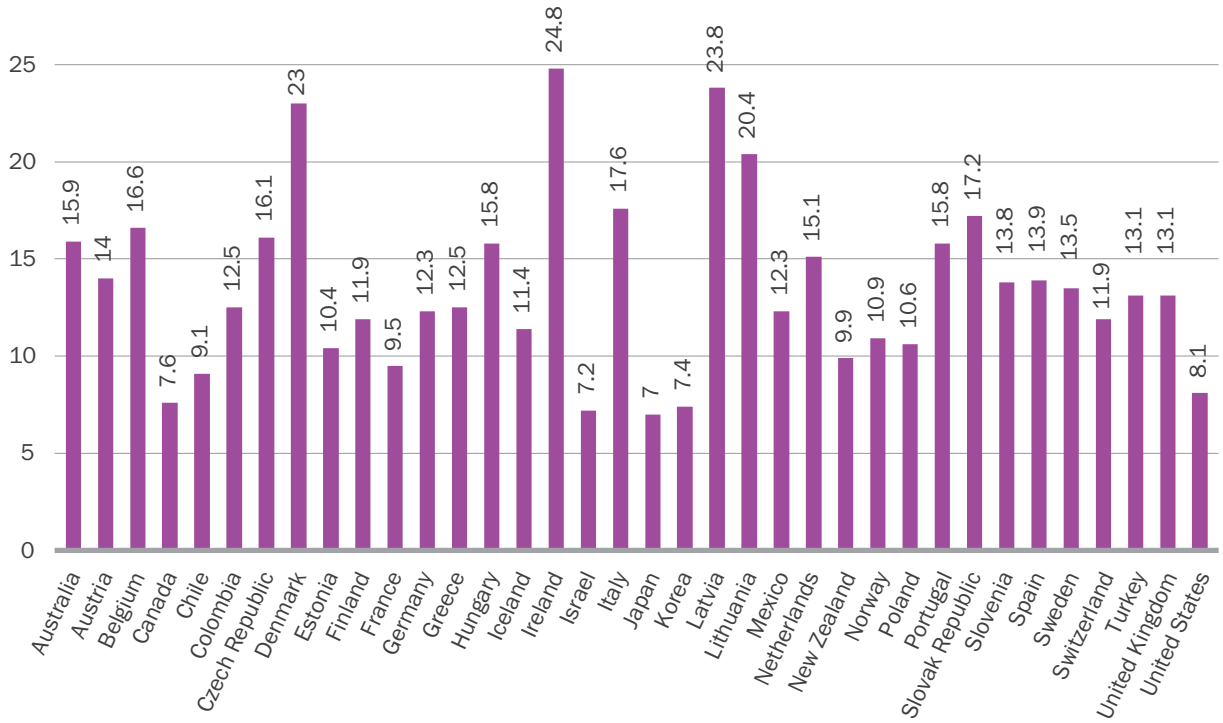


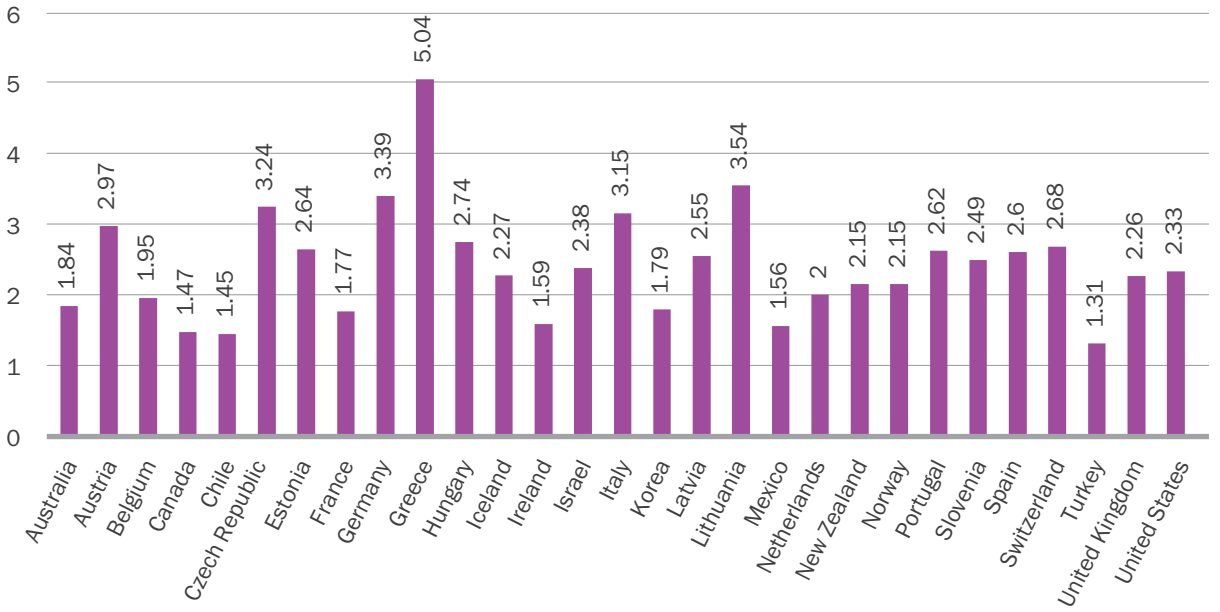
Figure 5. Medical graduates per 100,000 of population across OECD countries 2020[5]



4 OECD 2022, https://data.oecd.org/healthres/medical-graduates.htm

5 OECD 2022, https://data.oecd.org/healthres/medical-graduates.htm

Figure 6. Specialist doctors per 1,000 of OECD country population[6]



Migration

Ireland has the highest level of medical graduates in the OECD, with 24.8 new graduates per 100,000 of population. Despite this, hospital doctor emigration from Ireland has increased significantly in recent years (Byrne et al., 2021). Challenging working conditions and poor work–life balance, are frequently cited as being predictive of emigration in Irish doctors (Humphries et al., 2020), while dissatisfaction with training and prospective career opportunities have been raised as predictors of emigration in this population (Clarke et al., 2017). In 2019, Heffron and Socha-Dietrich detailed 'The Irish Paradox', which dealt with the doctor shortages in Ireland, despite high numbers of domestic and foreign medical graduates. Heffron and Socha-Dietrich (2019) acknowledged that Ireland provided initial medical education to many Irish and international students, noting that half of Irish medical graduates were international students, with many leaving the country post-graduation. A proportion of international students come to Ireland with the intention of obtaining their medical degree, with the ultimate plan of returning to their home country to commence training. However, a number of these students would be interested in staying to complete their internship if this option were available to them.

Previously, Humphries et al., (2019) detailed that the deterioration in medical job quality and the normalisation of extreme working in Ireland were key in driving doctor emigration. Through a series of interviews conducted with Irish trained doctors who had relocated to Australia, Humphries et al., (2019) relayed detailed descriptions of workplaces that were under-resourced in terms of staff and equipment, while also being embedded in a working environment where long hours were expected and accepted as the norm (Humphries et al., 2019). Following this, Byrne et al., (2021) proposed that working in this context can create an environment in which doctors will either flourish or attempt to escape from. In a separate series of interviews with Irish trained hospital doctors who emigrated to Australia, Byrne et al., (2021) determined that, in the main, these doctors emigrated to access high quality positions and were increasingly likely to remain abroad once they had secured such roles for themselves. The findings from these studies remain relevant today.

6 OECD 2022, https://data.oecd.org/healthres/medical-graduates.htm

Your Training Counts 2019-2020 indicated that 86.5% of intern and trainee respondents wish to either remain in Ireland or return to Ireland after a period abroad, while 11.7% of respondents reported that it was their intention to practise abroad and not return to Ireland. In a sample of 1,148 junior hospital doctors working in Ireland, Brugha et al., (2021) observed that 45% planned to remain in Ireland, while 35% indicated that they intended to leave and return later. A further 17% indicated that they intended to leave and not return while 3% expressed the intention to leave medicine altogether. The above compares with a similar survey of final year medical students conducted two years prior, where Cronin et al., (2019) observed that 36% intended to remain in Ireland after their internship, 57% intended to leave but return later and 7% intended to leave permanently. Both studies presented that respondents were more likely to remain if they had experienced improvements in supervision and training costs while the opposite was true for those who had emigrated, who cited negative experiences in training and working as factors that predicted their leaving Ireland (Brugha et al., 2021; Cronin et al., 2019)). This led Brugha et al., (2021) to conclude that Ireland's doctor retention strategy has not addressed the root causes of poor training and working experiences in Irish hospitals. Positive training experiences combined with capacity for international medical graduates to complete their intern year in Ireland provides a solution to increase medical workforce supply as these are proven retention strategies (Cronin et al., 2019).

Cronin et al., (2019) argued that improvements in working experiences, perceptions of training and protection of well-being are essential in the goal of retaining doctors. This echoed Byrne et al., (2021), who determined that the retention of hospital doctors is as much about the quality of the work experience as it is about the quantity and composition of the workforce. They continue, adding that managing emigration in doctors is critical for ensuring sustainable workplace planning (Byrne et al., 2021). Furthermore, Byrne et al., (2021) argued that hospital doctor emigration was shaped by the strained working conditions observed, which were themselves shaped by doctor emigration and the subsequent impact on the workforce. These observations, framed within the current climate of international competition for medical staff, show that retaining hospital doctors requires an understanding of the organisation of work within health systems, with Byrne et al., (2021) concluding that an effective retention policy necessitates investigating and understanding the types of work contexts in which doctors thrive, survive, or seek to exit.

Well-Being

While the ongoing COVID-19 pandemic may have impacted world travel somewhat, the issues that predicted migration in doctors remained and, in fact, have been exacerbated. Prior to the onset of the pandemic, Humphries et al., (2020) observed that hospital doctors, at all levels of seniority, were reporting experiencing work overload. Doctors cited the long and unpredictable working hours as well as the intensity of their work as having a detrimental impact on their well-being (Humphries et al., 2019). Your Training Counts 2019-2020 highlights that across the register at retention, over half of those on the Trainee Specialist Division reported working over 48 hours on average per week in 2019, while this figure was slightly under half among Your Training Counts (YTC) 2020 respondents. Just over one quarter (27.2%) of YTC 2019 respondents reported working 60 hours or more in a typical week. Statistically significant differences were observed between hours worked per week and presentation of perceived stress, burnout, compassion satisfaction, secondary traumatic stress and perceived organisational support.

The COVID-19 pandemic presented an additional challenge to the physical and mental well-being of doctors, with Ireland being among one of many countries to introduce changes to health service provision in order to suppress the spread of the virus. Through a series of interviews with hospital doctors who worked in Ireland between March and May 2020, Humphries et al., (2020) observed that most experienced a decline in their mental well-being due to anxiety, emotional exhaustion, guilt, isolation and poor support. The authors highlighted that the respondent doctors were not only weighed down by the double burden of managing their work commitments and the increased risks associated with same in light of the pandemic, but they also encountered the same societal changes as everyone else (Humphries et al., 2020). Concerns with contracting COVID-19 caused further anxiety for the doctors and their families, while the existing stresses over health system strain, burnout and work-life balance were amplified by the pandemic (Humphries et al., 2020).

More recently, the Irish Medical Organisation (IMO) conducted a survey of doctors' mental health and well-being between the 21st of December 2020 to the 18th of January 2021, at the beginning of the third wave of the COVID-19 pandemic in Ireland. The IMO (2021) reported that, while over 80% of respondents had a strong desire to practise medicine, 39% stated that they were not where they wanted to be professionally or fully satisfied with their career choice. They reported that 90% of doctors had experienced some form of depression, anxiety, stress, emotional stress or other mental health condition related to or aggravated by work, compared to 79% who reported that their mental health deteriorated as a result of the ongoing COVID-19 pandemic.

Doctors also expressed concerns about pre-existing staffing shortages and the growing backlog of patient waiting lists and the impact of these on personal health and well-being (IMO, 2021). It was further observed that 82% of respondents believed there was a perceived stigma or self-stigma around mental health in doctors, while 36% reported that there were insufficient well-being resources, supports and information available for the doctors (IMO, 2021). The issue of support for doctors was addressed by Byrne et al. (2021), who argued that there were few suitable resources in place that afforded doctors the space and time to appropriately decompress from the practical and emotional toll of working through a global pandemic.

Spotlight on the General Division

The data describe the continued trend of a growing General Division. In 2021, 41.6% of 23,402 doctors offered retention were on the General Division of the register. These doctors were invited to retain their registration providing specialist care without having a specialist qualification in their area of practise.

Doctors who are clinically active on the General Division are aged between 24 and 92 (Mean = 39.03, Standard Deviation = 11.1). 58.8% of doctors on this division are international graduates (N=3,783), compared to 41.2% Irish graduates (N=2,648). Doctors from countries outside of the EU cumulatively comprise more new entrants to the Irish register of medical practitioners than those from Ireland.

The trend of a growing General Division represents a risk to patient safety. Medical Council data indicates that complaints about doctors in the General Division comprise over a quarter of all complaints received, whereas just over 1% of all complaints relate to NCHDs who practice under supervision in the Trainee Specialist or Supervised Division.

Table 2. Proportion of Irish and International BMQ Doctors, clinically active and working in Ireland on the General Division of the register 2021

General Division	Frequency	Percent
Irish BMQ	2,648	41.2%
International BMQ	3,783	58.8%
Total	**6,431**	**100%**

The General Division was created as a temporary transition for doctors progressing from internship and those temporarily registered while waiting to join the Specialist Division. However, the data show that a proportion of doctors remain on this division for varying periods of time. The greatest proportion of doctors from all categories spent between 0 and 5 years on the General Division. 49.1% of international graduates spent 6 years or more on the General Division, and 21.7% spent between 11 and 35 years on the General Division, as below.

Table 3. Years spent on General Register per Category

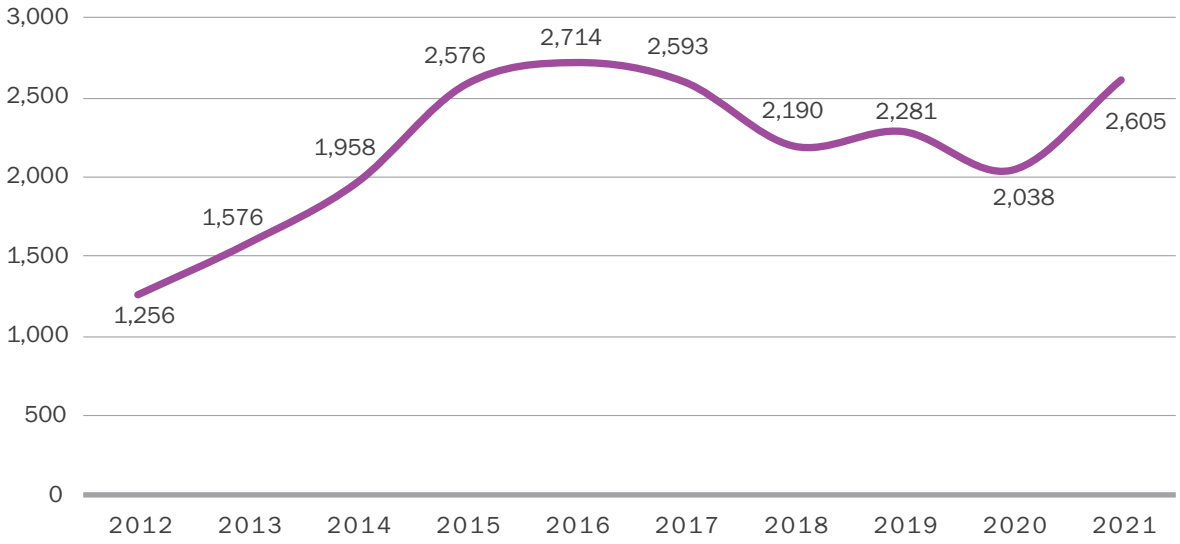
Years	Category 1. Graduates of Irish medical schools	Category 2. Medical Practitioners who graduated from a medical school in the EU and are EU Nationals	Category 3. Graduated from a medical school in the EU (and they are not an EU National)	Category 4. International graduates from a medical school outside the EU and Ireland
	Frequency (Percent)	Frequency (Percent)	Frequency (Percent)	Frequency (Percent)
0-5	419 (45.4%)	97 (65.1%)	66 (41.8%)	438 (50.9%)
6-10	237 (25.7%)	36 (24.2%)	89 (56.3%)	235 (27.3%)
11-15	86 (9.3%)	8 (5.4%)	1 (.6%)	94 (10.9%)
16-20	33 (3.6%)	5 (3.4%)	2 (1.3%)	78 (9.1%)
21-25	33 (3.6%)	1 (.7%)	-	12 (1.4%)
26-30	38 (4.1%)	-	-	1 (.1%)
31-35	30 (3.3%)	1 (.7%)	-	2 (.2%)
36-40	33 (3.6%)	1 (.7%)	-	-
40+	14 (1.5%)	1 (.7%)	-	-

The data describe a strong cohort of NCHDs. In 2021, 40.7% (N=7492) of doctors clinically active reported their employment role as NCHDs (20.4% in training, 20.3% not in training). Table 8 in this report provides a breakdown of the employment roles of all clinically active doctors in the General Division.

Doctors newly registered, 2021

2,605 doctors registered with the Medical Council for the first time in 2021.

Figure 7. Doctors registered with the Medical Council for the first time, 2021



This group had an average age of 31.6 years (between 22 and 72 years) (SD=8.1 years). Most new entrants registered on the General Division of the register (N=1293, 49.6%). Just over one third of new entrants registered on the Intern Division (N=886, 34.8%), and slightly over one in ten new registrants registered on the Specialist Division (N=235, 10.7%).

Table 4. Age profile of new entrants to the register in 2021

	Irish BMQ	International BMQ
Mean age	26.29	34.35
Median age	25	32
Std. Deviation (years)	4.01	8.31
Minimum age	22	24
Maximum age	67	70

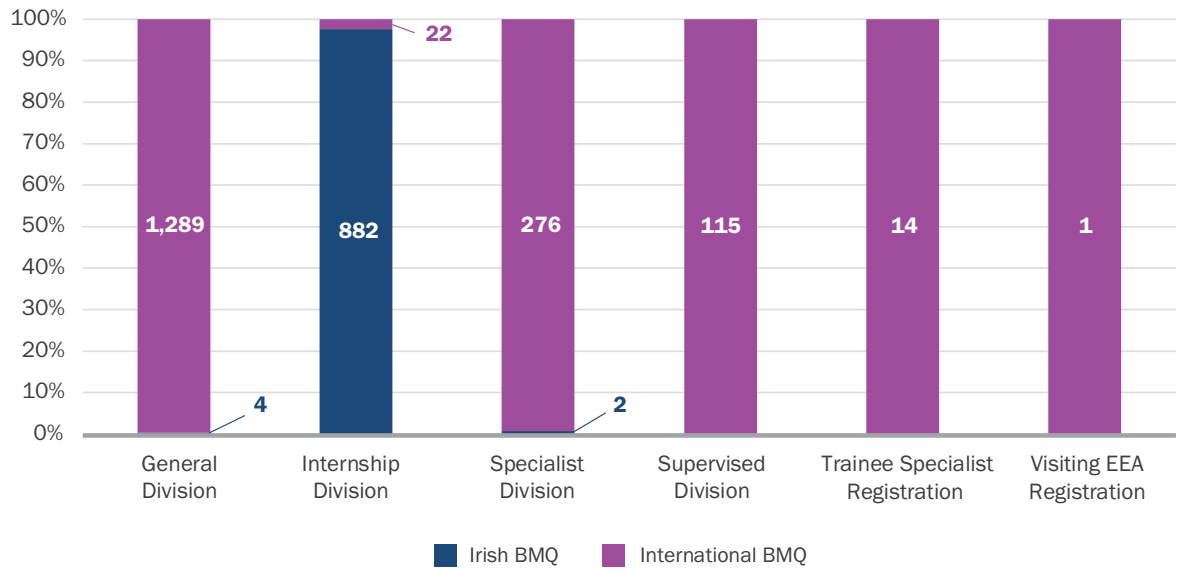
Close to one-third of new entrants to the register were Irish medical graduates. International graduates from a medical school outside the EU and Ireland category represented the highest percentage of new registrants, in keeping with trends of previous years.

Table 5. New registrant doctors 2021 according to region in which BMQ was obtained

	Frequency	Percent
Category 1. Graduates of Irish medical schools	888	34.1%
Category 2. Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	373	14.3%
Category 3. Graduated in a medical school in the EU (and they are not an EU National)	132	5.1%
Category 4. International graduates from a medical school outside the EU and Ireland	1,212	46.5%
Total	**2,605**	**100%**

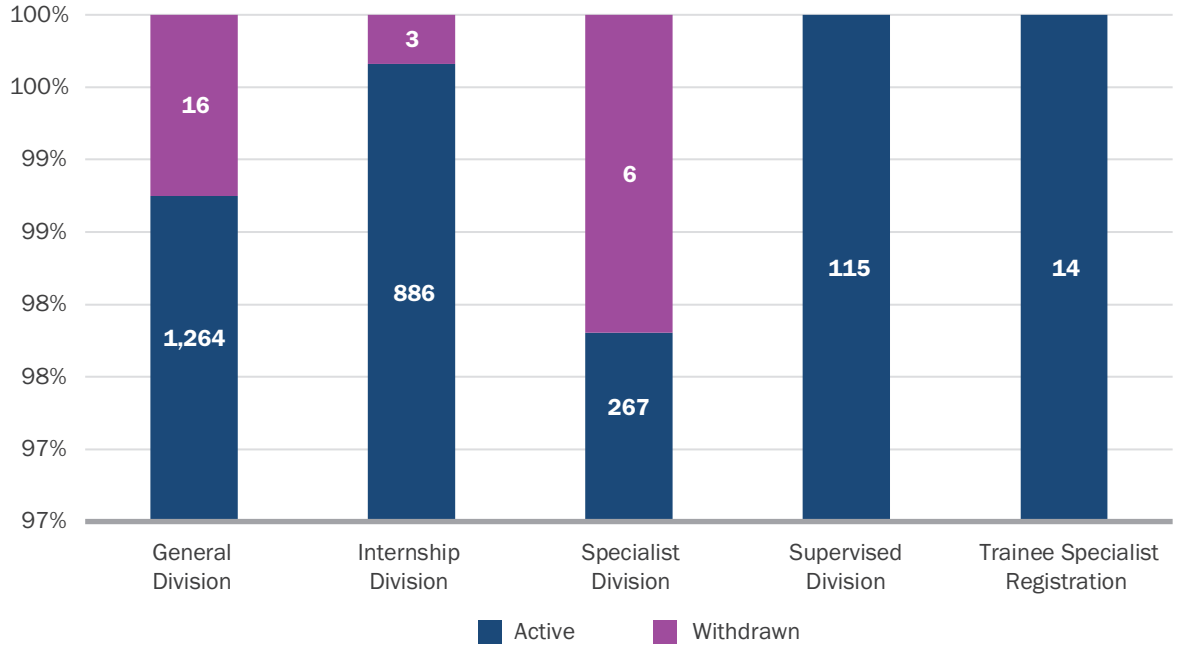
As with previous years, there was a large gap between international and Irish graduates joining the register in 2021. 99.3% of Irish graduates who were new entrants to the register were interns, while most international graduates who were new to the register joined the General Division of the Medical Council's register (75.1%).

Figure 8: Divisional and BMQ status of new registrants 2021 (see Table I, Appendix)



By year-end 2021, 97.7% (N=2546) of new entrants were still active on the register while 1% (N=25) had already withdrawn. The majority of those who withdrew were initially registered on the General Division (N=16).

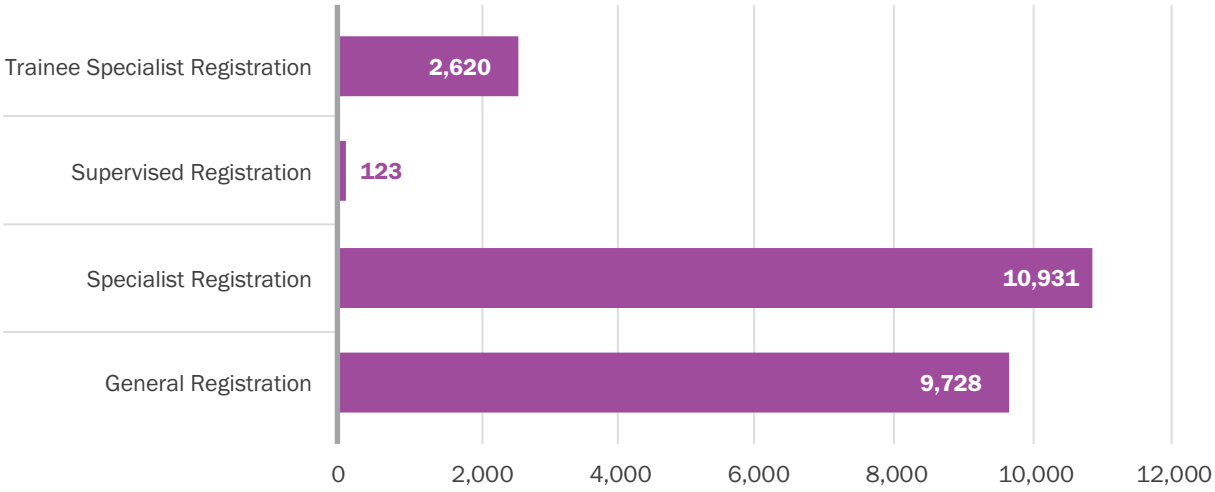
Figure 9. New registrants status at year-end 2021 (See Table II, Appendix)



Doctors offered retention, 2021

In total, 23,402 registered medical practitioners were offered retention of their registration with the Medical Council in 2021. The majority of this group were male (N=13,173, 56.3%) and had an average age of 44.70 years (SD=12.433 years), with an age range of 23 to 97 years. Registrants had been on the register up to 41 years with an average length of time since first registration of 13.22 years (SD=11.241 years). 21,680 of this group retained their registration (92.6%), with an exit rate of 7.4%.

Figure 10. Divisional status of doctors offered retention in 2021



At retention, Specialist and General Division registrants cumulatively comprised the majority of those offered retention in 2021 (88.3%).

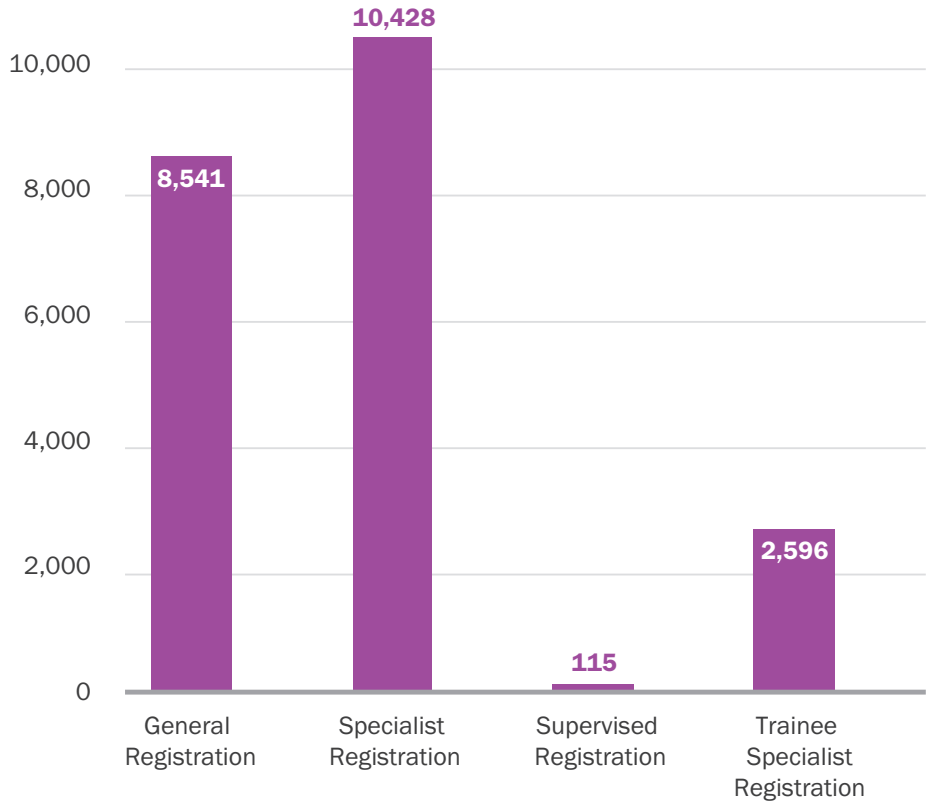
Table 6. Category of registrants offered retention of their registration in 2021 according to region of BMQ obtained

	Frequency	Percent
Category 1. Graduates of Irish medical schools	13,279	56.7%
Category 2. Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	2,775	11.9%
Category 3. Graduated in a medical school in the EU (and they are not an EU National)	896	3.8%
Category 4. International graduates from a medical school outside the EU and Ireland	6,449	27.6%
Unreported	3	0.0%
Total	**23,402**	**100%**

Doctors retaining registration, 2021

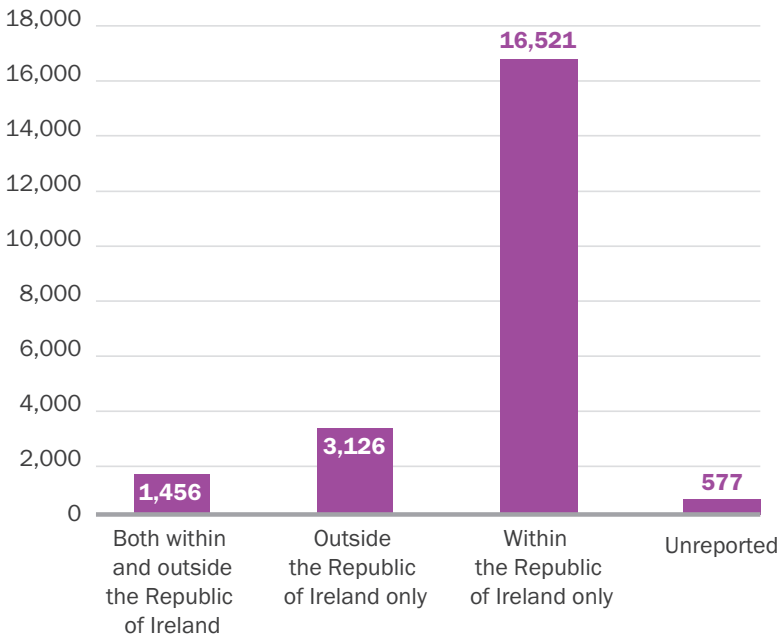
In June 2021, 21,680 doctors chose to retain their place on the Medical Council's register. These doctors were aged between 24 and 97 years with an average age of 44.75 years (SD=12.231 years). Male registrants made up the majority of retaining doctors on the register (N=12037, 56.8%). Specialist Division registrants represent (N=10428, 48.1%) of the register.

Figure 11. Divisional status of doctors who retained their place on the Irish register of medical practitioners 2021 (See Table III, Appendix)



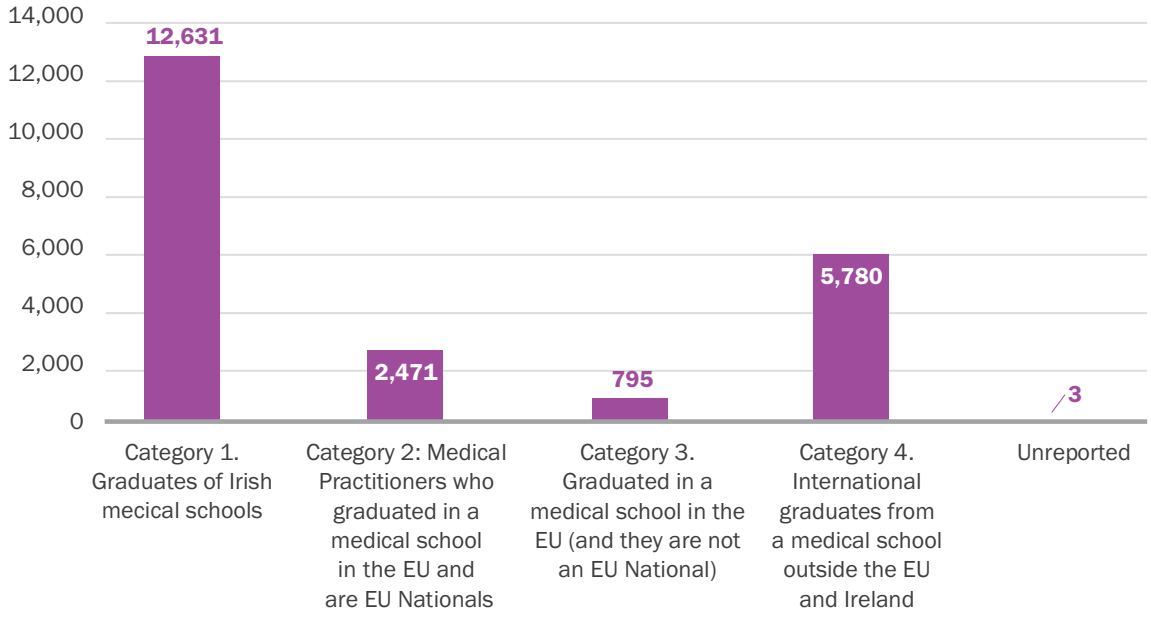
The majority of respondents who retained reported practised within the Republic of Ireland (N=16,521, 76.2%).

Figure 12. Region of practice of doctors who retained their place on the Irish register of medical practitioners 2021 (See Table IV, Appendix)



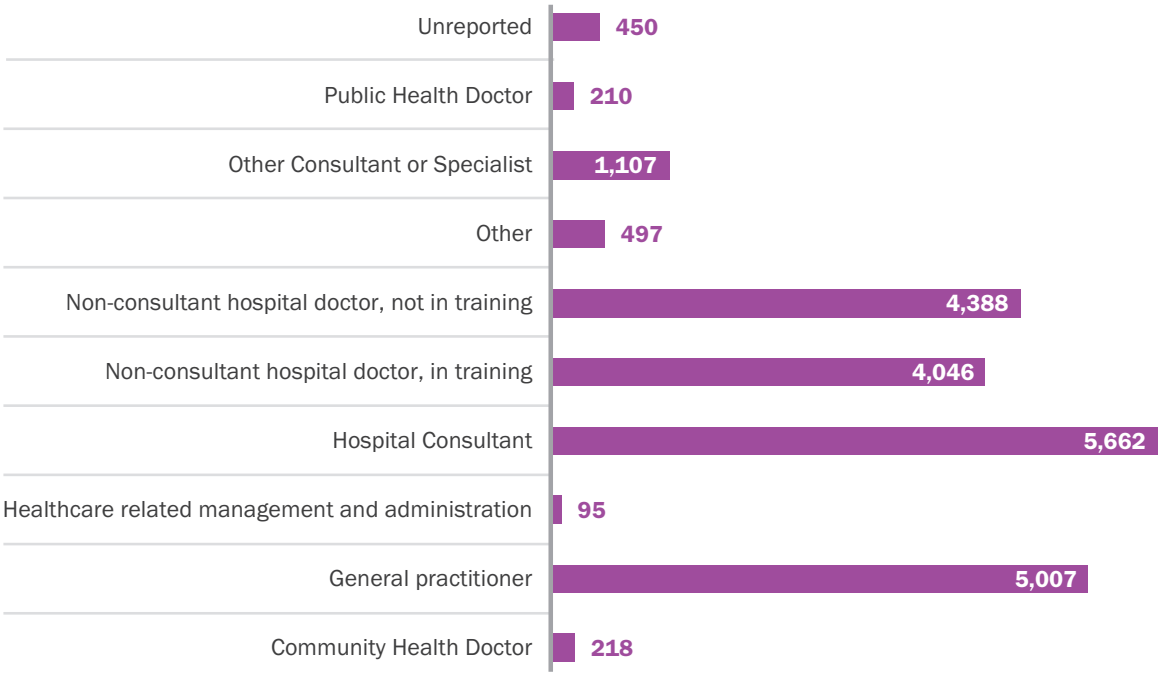
The majority of those who retained were graduates of Irish Medical schools (N=12,631, 58.3%), set out in Figure 13, while over one quarter were international graduates from outside the EU and Ireland (N=5780, 26.7%).

Figure 13. Category of region of BMQ obtained by doctors who retained their place on the Irish register of medical practitioners 2021 (See Table V, Appendix).



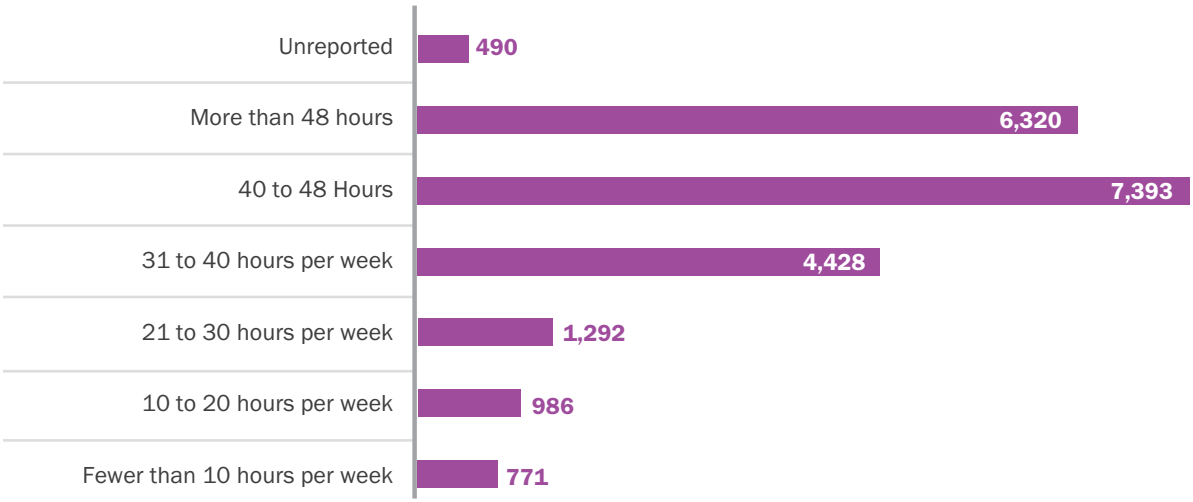
Hospital Consultants represent 26.1% of this cohort (N=5662), while 23.1% of respondents self-reported as being General Practitioners (N=5007), 20.2% were NCHDs not in training (N=4388) and 18.7% were NCHDs in training (N=4046), as below.

Figure 14. Self-reported role of doctors who retained their place on the Irish register of medical practitioners 2021 (See Table VI, Appendix)



Just under one in every three respondents reported working in excess of 48 hours a week (N=6320, 29.2%).

Figure 15. Average weekly working hours self-reported by doctors who retained their place on the Irish register of medical practitioners 2021 (See Table VII, Appendix)



Doctors retaining on the register, clinically active and working in Ireland, 2021

Of the 21,680 doctors who retained their registration, 84.9% (N=18,424) reported being clinically active in Ireland. These doctors were aged between 24 and 97 years, with an average age of 44.51 years (SD=12.384 years). The majority practised solely in Ireland 89.3%, while male doctors represented just over half of the total in 2021.

Figure 16. Region of practice of doctors retaining on the register in 2021, reporting being clinically active and working in Ireland (See Table X, Appendix)

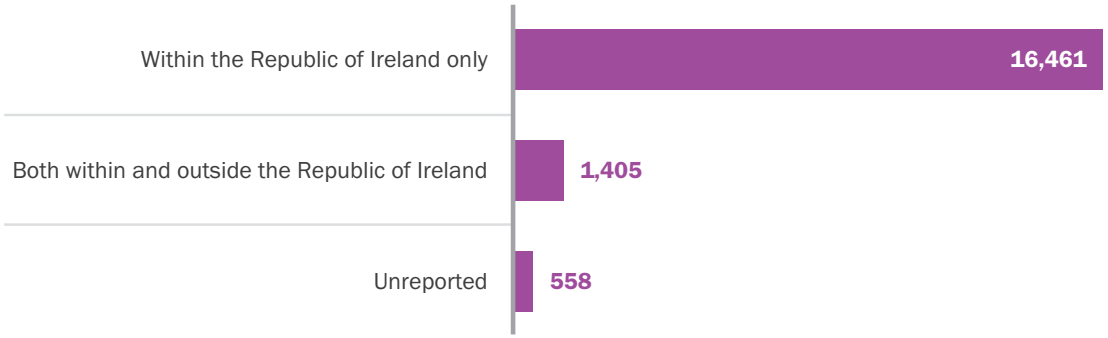
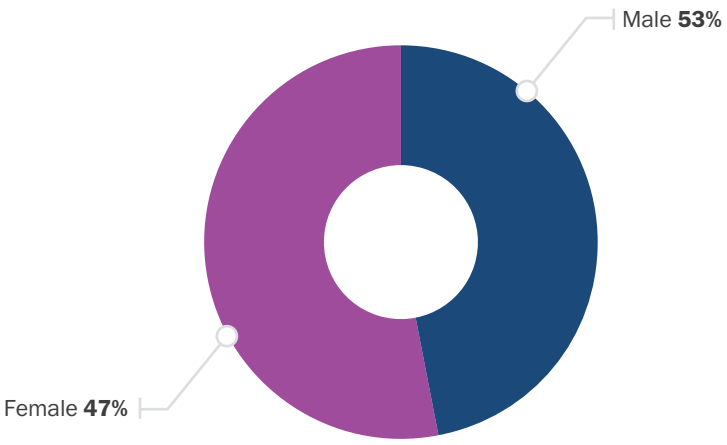


Figure 17. Gender of doctors retaining on the register in 2021, reporting being clinically active and working in Ireland (See Table XI, Appendix)



Just under 50% of doctors reported working in General Practice or in hospital consultant positions. One in five reported working as NCHDs, not in training. The majority reported providing services in the public health sector, but the mix of public/private was quite high. Almost 60% reported having either a formal or informal training function. Over 60% self-reported working greater than 40 hours per week. The largest percentage of doctors reported practising in Dublin (41%).

Figure 18. Divisional status of doctors retaining on the register in 2021, reporting being clinically active and working in Ireland (See Table XII, Appendix)

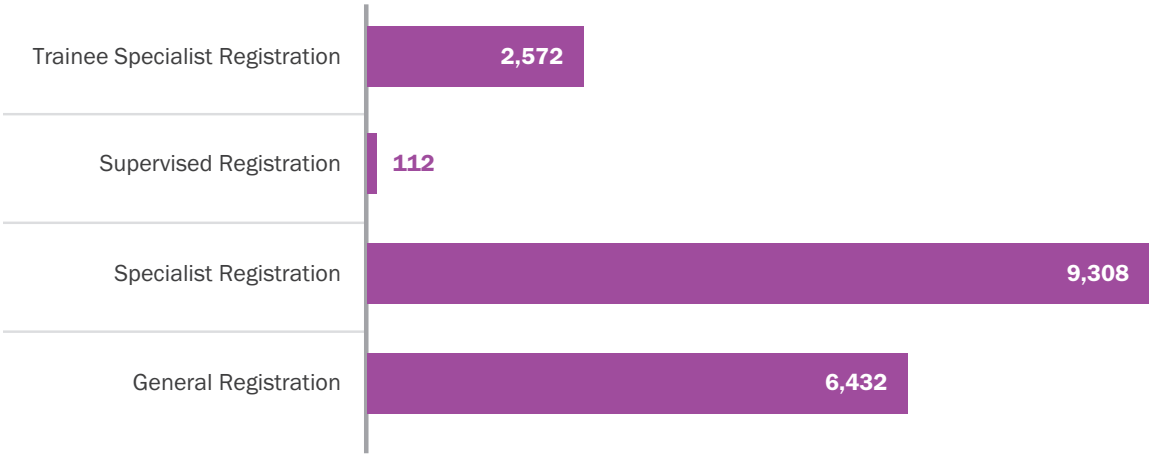


Table 7. Self-reported employment role of doctors retaining on the register in 2021, reporting being clinically active and working in Ireland

	Frequency	Percent
Community Health Doctor	206	1.1%
General practitioner	4,461	24.2%
Healthcare related management and administration	59	0.3%
Hospital Consultant	4,569	24.8%
Non-consultant hospital doctor, in training	3,758	20.4%
Non-consultant hospital doctor, not in training	3,734	20.3%
Other	389	2.1%
Other Consultant or Specialist	633	3.4%
Public Health Doctor	190	1.0%
Unreported	425	2.3%
Total	**18,424**	**100%**

Table 8. Breakdown of Divisional Status and self-declared Employment role of doctors reporting being clinically active and working in Ireland in 2021

Division	Employment Role	Frequency	Percent
General Registration	Community Health Doctor	105	1.6%
	General practitioner	882	13.7%
	Healthcare related management and administration	30	0.5%
	Hospital Consultant	203	3.2%
	Non-consultant hospital doctor, in training	1,182	18.4%
	Non-consultant hospital doctor, not in training	3,375	52.5%
	Other	230	3.6%
	Other Consultant or Specialist	82	1.3%
	Public Health Doctor	66	1%
	Undeclared	277	4.3%
	Total	**6,432**	**100%**
Specialist Registration	Community Health Doctor	98	1.1%
	General practitioner	3,504	37.6%
	Healthcare related management and administration	29	0.3%
	Hospital Consultant	4,366	46.9%
	Non-consultant hospital doctor, in training	168	1.8%
	Non-consultant hospital doctor, not in training	191	2.1%
	Other	136	1.5%
	Other Consultant or Specialist	549	5.9%
	Public Health Doctor	123	1.3%
	Undeclared	144	1.5%
	Total	**9,308**	**100%**
Supervised Registration	Non-consultant hospital doctor, in training	95	84.8
	Non-consultant hospital doctor, not in training	15	13.4%
	Other	1	0.9%
	Other Consultant or Specialist	1	0.9%
	Total	**112**	**100%**
Trainee Specialist Registration	Community Health Doctor	3	0.1%
	General practitioner	75	2.9%
	Non-consultant hospital doctor, in training	2,313	89.9%
	Non-consultant hospital doctor, not in training	153	5.9%
	Other	22	0.9%
	Other Consultant or Specialist	1	0.0%
	Public Health Doctor	1	0.0%
	Undeclared	4	0.2%
	Total	**2,572**	**100%**

Table 9. Trainer role self-reported by doctors retaining on the register in 2021, reporting being clinically active and working in Ireland

	Frequency	Percent
Yes, but it's not a formal part of my role to train other doctors	4,956	26.9%
Yes, it's part of my role to train other doctors	6,063	32.9%
No, I do not train other doctors	7,267	39.4%
Unreported	138	0.7%
Total	**18,424**	**100%**

Table 10. Model of services provided as self-reported by doctors retaining on the register in 2021, reporting being clinically active and working in Ireland

	Frequency	Percent
Provision of privately funded services only	1,002	5.4%
Provision of publicly and privately funded services	6,870	37.3%
Provision of publicly funded services only	7,897	42.9%
Unreported	2,655	14.4%
Total	**18,424**	**100%**

In 2021, 5,331 clinically active, retaining doctors working in Ireland self-reported working over 48 hours per week on average. This represented 28.9% of all clinically active doctors reporting to work in Ireland, retaining on the register in 2021.

Table 11. Average self-reported hours worked by doctors retaining on the register in 2021, reporting being clinically active and working in Ireland

	Frequency	Percent
Fewer than 10 hours per week	686	3.7%
10 to 20 hours per week	874	4.7%
21 to 30 hours per week	1,169	6.3%
31 to 40 hours per week	3,836	20.8%
40 to 48 Hours	6,067	32.9%
More than 48 hours	5,331	28.9%
Unreported	461	2.5%
Total	**18,424**	**100%**

A breakdown of the divisional status of doctors reporting to work over 48 hours weekly on average is presented in figure 19 below. Just over half (53.3%) of all clinically active, retaining Trainee Specialist Division doctors working in Ireland in 2021 self-reported working over 48 hours per week on average. 27.9% of all clinically active, General Division doctors, retaining registration and working in Ireland in 2021 self-reported working over 48 hours per week on average. Just under one quarter (23.8%) of all clinically active, retaining Specialist Division doctors working in Ireland and 19.6% of all clinically active, retaining Supervised Division doctors working in Ireland in 2021 self-reported working in a similar pattern.

Figure 19. Breakdown by divisional status of doctors self-reporting working over 48 hours on average weekly, retaining on the register in 2021, clinically active and working in Ireland

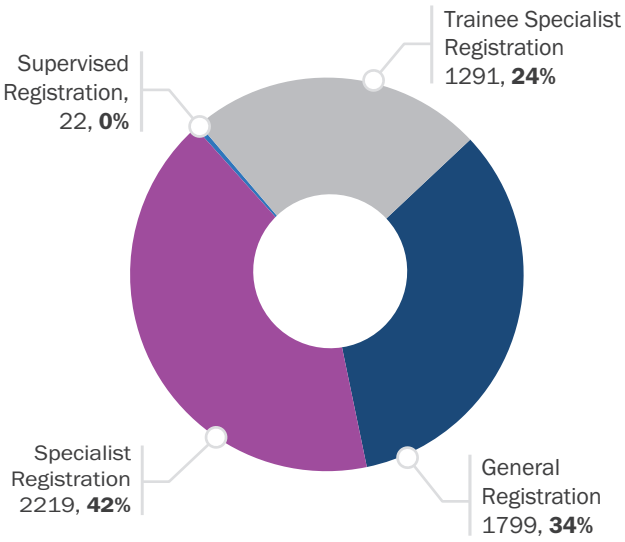
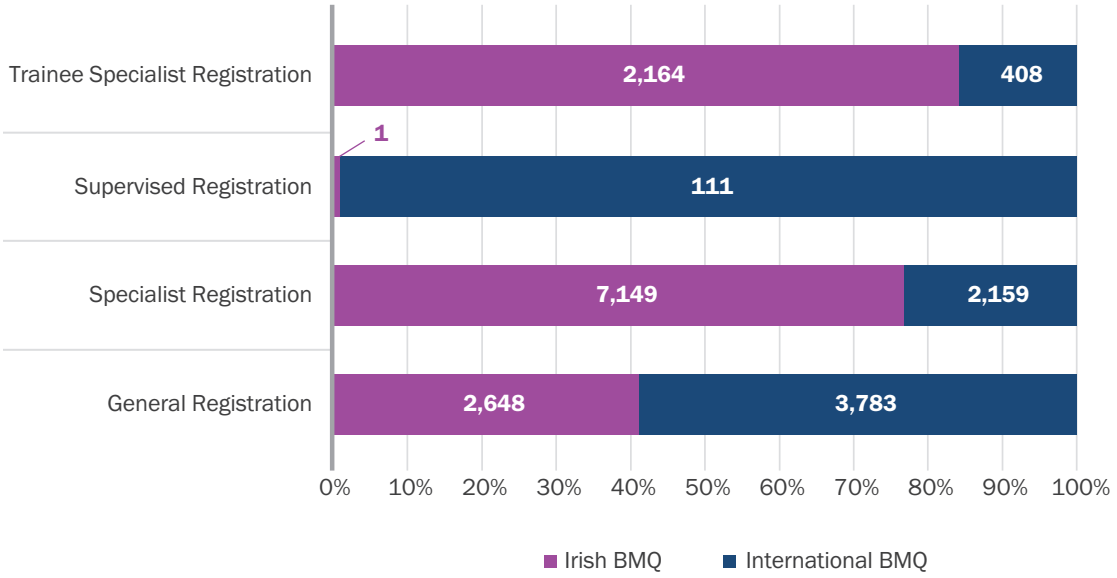


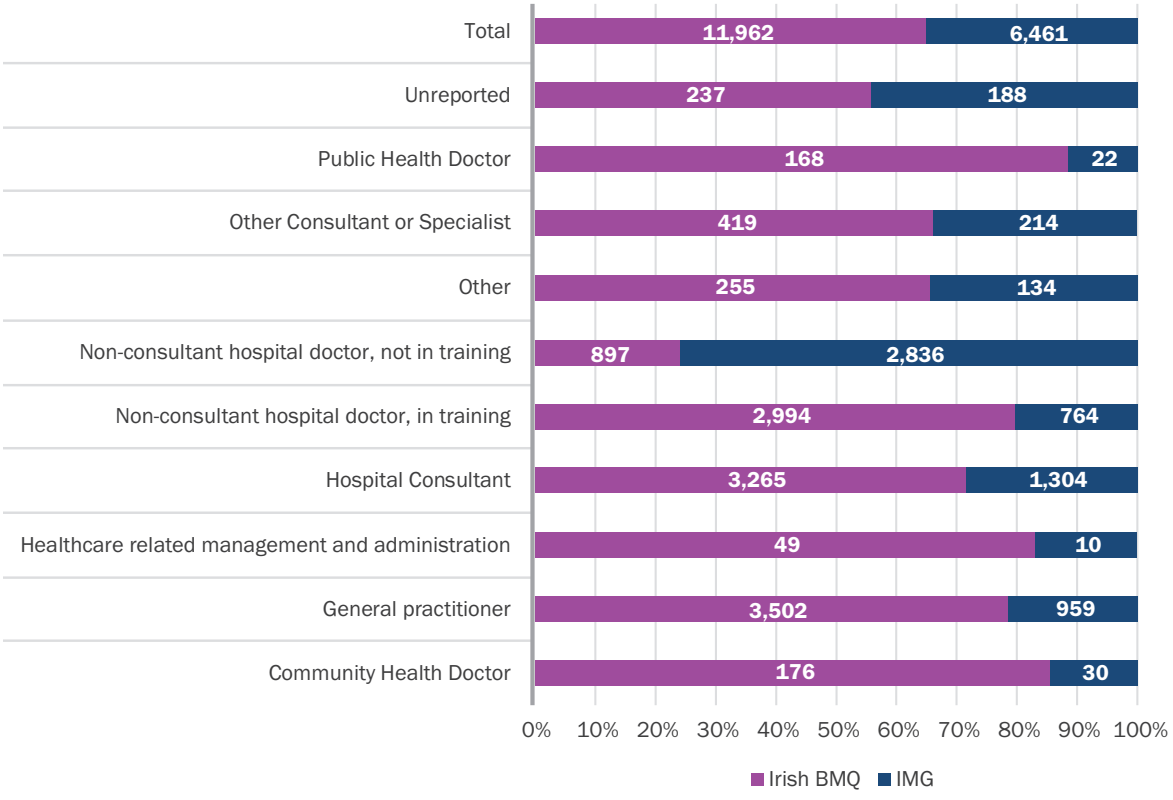
Figure 20. Divisional status of Irish BMQ holders and IMGs retaining on the register in 2021, reporting being clinically active and working in Ireland



35.2% of the register retaining and clinically active, working in Ireland in 2021 were IMGs. Over half of those on the General Division were IMGs (58.8%), a slight increase since 2020. 84.1% of those on the Trainee Specialist Division were Irish graduates, another increase since 2020. 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% of NCHD in training roles consisting 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%).

Figure 21. Self-reported employment role of Irish BMQ holders and IMGs retaining on the register in 2021, reporting being clinically active and working in Ireland

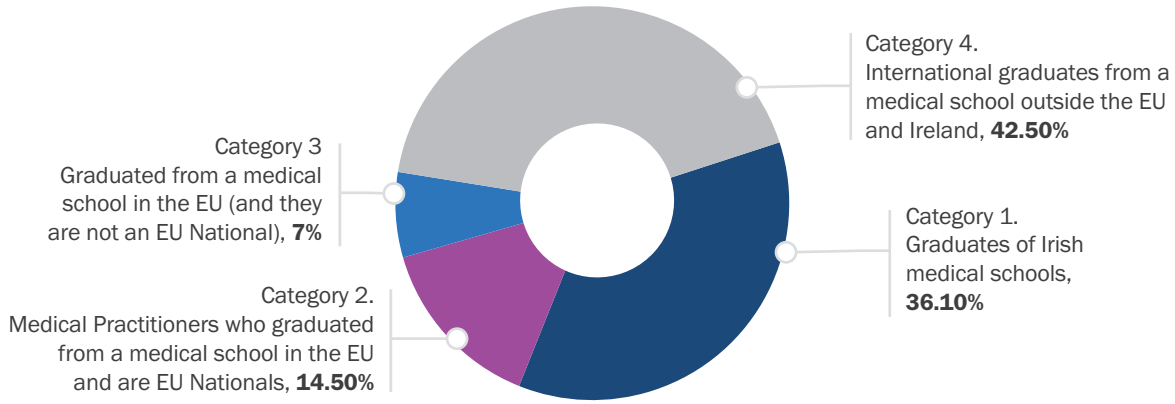


Voluntary Withdrawals 2021

In 2021, 982 doctors voluntarily withdrew their registration from the Medical Council's register at year-end (December 31st). Voluntary withdrawals from the register are manually processed by the executive of the Medical Council and these are recorded daily. Of these, 848 completed the voluntary withdrawal survey, an astounding response rate of 86.4%.

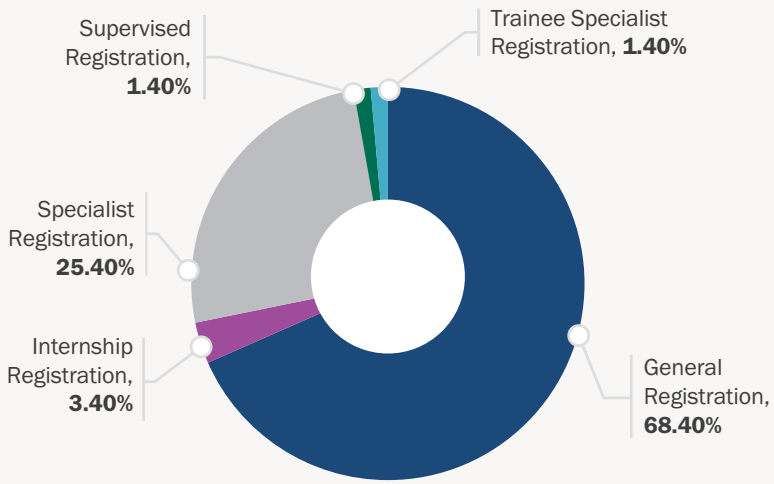
Doctors choosing to voluntarily withdraw from the register were aged between 23 and 81 years, with a mean age of 39.19 years (median age of 40.57 years, SD=12.84). International graduates from a medical school outside the EU and Ireland accounted for 42.5% of voluntary withdrawals and over one third (36.1%) of all registrants leaving on a voluntary basis were graduates of Irish medical schools.

Figure 22. Category of registrants according to region of BMQ that withdrew from the register in 2021 (See Table XXII, Appendix)



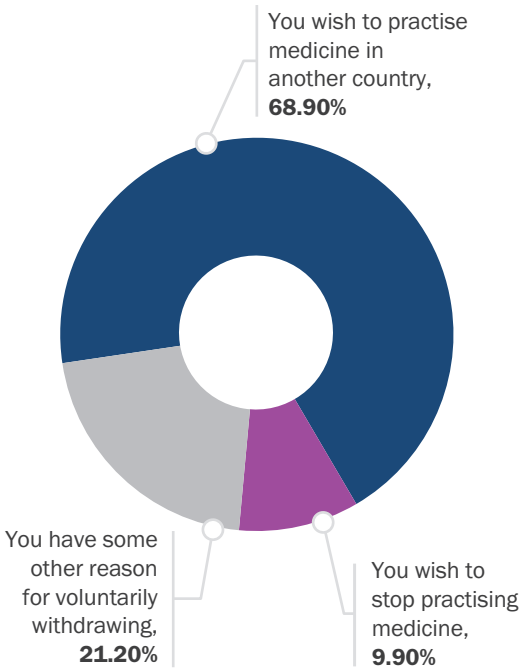
The majority of those who left the register were on the General Division of the register (68.4%) and just over one quarter (25.4%) left the Specialist Division of the register.

Figure 23. Division of the register from which doctors withdrew in 2021 (See Table XXIII, Appendix)



The majority of respondents leaving the register wished to practise medicine in another country (N= 584, 68.9%). An additional 9.9% (N=84) of those leaving the register reported wishing to stop practising medicine altogether, while 180 doctors had some other reason for leaving the register (21.2%).

Figure 24. Reasons for withdrawal from the register in 2021 (See Table XXIV, Appendix)



The UK (N=269) and Australia (N=96) were the most frequently cited destinations for those who withdrew. Of those citing wishing to practise in 'Another destination', South Africa (N=25) and Saudi Arabia (N=13) were most commonly selected.

The majority of those who withdrew from the register cited family/personal reasons for withdrawal (N=216, 25.5%). Elsewhere, limited opportunities for career progression were cited (N=146, 17.2%), while a total of 76 doctors (9%) withdrew due to retirement.

Figure 25. Next destination for those who withdrew citing wishing to practise medicine in another country in 2021 (See Table XXV, Appendix)

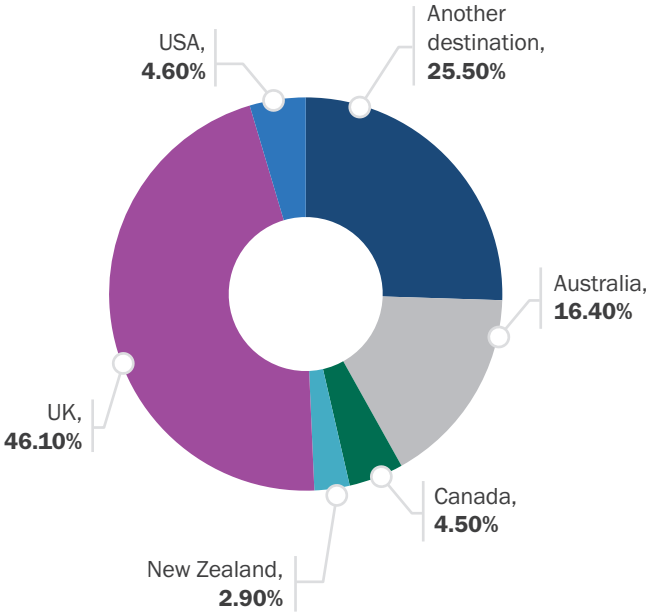
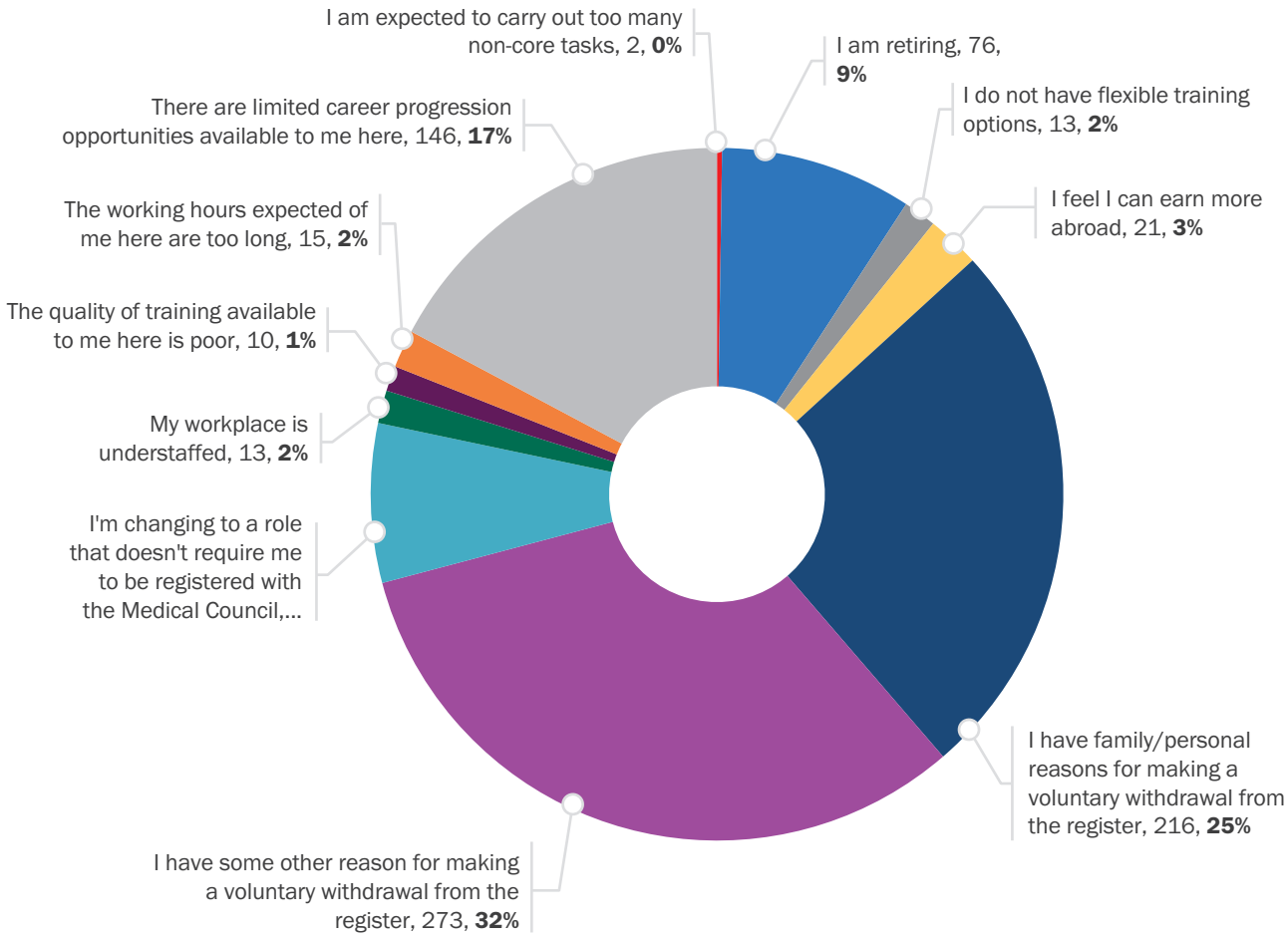


Table 12. Reasons cited for Voluntary Withdrawal in 2021

Primary reasons for VW cited	Frequency	Percent	Cumulative Percent
I am expected to carry out too many non-core tasks	2	0.2%	0.2%
I am retiring	76	9.0%	9.2%
I do not have flexible training options	13	1.5%	10.7%
I feel I can earn more abroad	21	2.5%	13.2%
I have family/personal reasons for making a voluntary withdrawal from the register	216	25.5%	38.7%
I have some other reason for making a voluntary withdrawal from the register	273	32.2%	70.9%
I'm changing to a role that doesn't require me to be registered with the Medical Council	63	7.4%	78.3%
My workplace is understaffed	13	1.5%	79.8%
The quality of training available to me here is poor	10	1.2%	81%
The working hours expected of me here are too long	15	1.8%	82.8%
There are limited career progression opportunities available to me here	146	17.2%	100%
Total	**584**	**100%**	

Figure 26. Reasons cited for voluntary withdrawal in 2021



Category 1. Graduates of Irish medical schools

Over one-third of doctors who left the Irish register of medical practitioners in 2021 were graduates of Irish medical schools (N=306, 36.1%). This group was made up of slightly more female (N=156, 51%) than male (N=150, 49%) doctors, aged between 24 and 81 years (Mean = 40.85 years, SD=16.24). Most of these doctors reported leaving the General Division of the register (N=169, 55.2%), while 31.7% (N=97) the Specialist Division. Interns represented 9.5% of this group leaving the register (N=29).

The majority of these doctors planned to practise medicine in another country (N=191, 62.4%), while 64 doctors planned to stop practising altogether. The remaining 51 doctors, representing 16.7% of this group, had another unspecified reason for withdrawing, captured through qualitative feedback and explored later in the report.

Table 13. Intentions post withdrawal reported by graduates of Irish medical school

Primary reasons for VW cited	Frequency	Percent	Cumulative Percent
You have some other reason for voluntarily withdrawing	51	16.7%	16.7%
You wish to practise medicine in another country	191	62.4%	79.1%
You wish to stop practising medicine	64	20.9%	100%
Total	**306**	**100%**	

Australia (N = 89, 47%) was the most commonly selected next jurisdiction for this cohort. Doctors who reported “another destination” cited Bahrain, Botswana, Germany, Malaysia, Saudi Arabia and Switzerland as their next jurisdiction of practise.

Figure 27. Next reported jurisdiction of practise for graduates of Irish medical schools

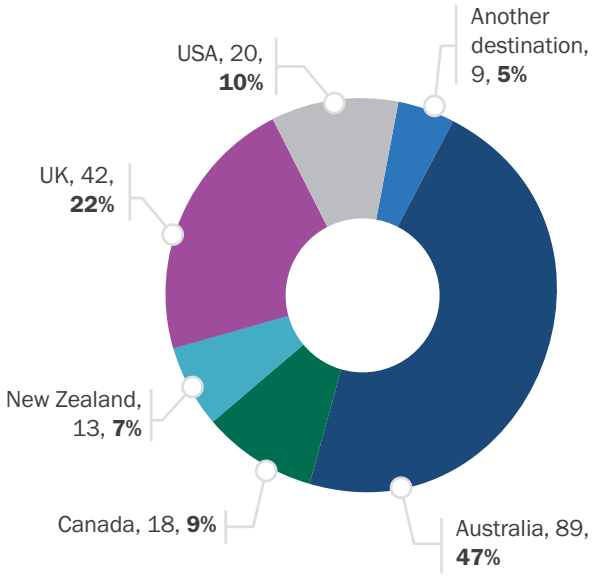


Table 14. Reasons reported by graduates of Irish medical schools for leaving the register

Primary reasons for VW cited	Frequency	Percent	Cumulative Percent
I am expected to carry out too many non-core tasks	2	.7%	.7%
I am retiring	59	19.3%	19.9%
I do not have flexible training options	4	1.3%	21.2%
I feel I can earn more abroad	12	3.9%	25.2%
I have family/personal reasons for making a voluntary withdrawal from the register	44	14.4%	39.5%
I have some other reason for making a voluntary withdrawal from the register	97	31.7%	71.2%
I'm changing to a role that doesn't require me to be registered with the Medical Council	35	11.4%	82.7%
My workplace is understaffed	12	3.9%	86.6%
The quality of training available to me here is poor	5	1.6%	88.2%
The working hours expected of me here are too long	15	4.9%	93.1%
There are limited career progression opportunities available to me here	21	6.9%	100%
Total	**306**	**100%**	

Category 2. Medical Practitioners who graduated from a medical school in the EU and are EU Nationals

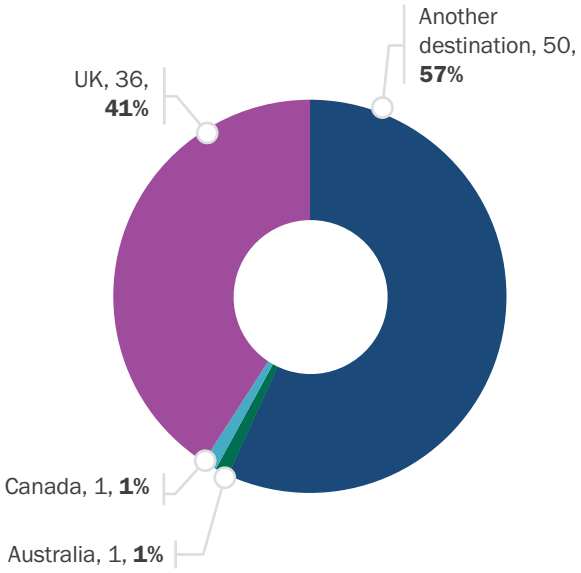
There were 123 medical practitioners who graduated from a medical school in the EU and are EU nationals who voluntarily withdrew from the register in 2021. This group had a gender split of 47 female doctors and 76 male doctors aged between 23 and 73 years (M=42.07 years, SD=10.65). Just under two thirds of this group (N=77, 62.6%) were leaving the Specialist Division and the remainder (N=46, 37.4%) of this group were leaving the General Division of the register. The majority of these doctors left with a view to practise in another jurisdiction (N=88, 71.5%), while six left to stop practising outright. Under one quarter of the overall group had another reason for leaving (N=29, 23.6%), documented through qualitative responses.

Table 15. Intentions post withdrawal from the register reported by EU nationals who graduated from medical schools in the EU

Primary reasons for VW cited	Frequency	Percent	Cumulative Percent
You have some other reason for voluntarily withdrawing	29	23.6%	23.6%
You wish to practise medicine in another country	88	71.5%	95.1%
You wish to stop practising medicine	6	4.9%	100%
Total	**123**	**100%**	

The UK (N=36) was the most commonly selected next region of practise in this cohort. Of those who selected 'other' as their next destination, Greece (N=7), Spain (N=7), Germany (N=5) were most frequently cited.

Figure 28. Reported next jurisdiction of practise for medical practitioners who graduated in a medical school in the EU and are EU Nationals



Family/personal reasons or other reasons specified through qualitative answers cumulatively accounted for almost half (N=61, 49.6%) of reasons reported by this group for making a voluntary withdrawal from the register.

Table 16. Reasons for leaving the register reported by medical practitioners who graduated from a medical school in the EU and are EU Nationals

Primary reasons for VW cited	Frequency	Percent	Cumulative Percent
I am retiring	4	3.3%	3.3%
I do not have flexible training options	3	2.4%	5.7%
I feel I can earn more abroad	2	1.6%	7.3%
I have family/personal reasons for making a voluntary withdrawal from the register	61	49.6%	56.9%
I have some other reason for making a voluntary withdrawal from the register	29	23.6%	80.5%
I'm changing to a role that doesn't require me to be registered with the Medical Council	10	8.1%	88.6%
My workplace is understaffed	1	.8%	89.4%
The quality of training available to me here is poor	2	1.6%	91.1%
There are limited career progression opportunities available to me here	11	8.9%	100%
Total	123	100%	

Category 3. Graduated from a medical school in the EU (and they are not an EU National)

In total, 59 graduates of medical schools in the EU (who are not EU Nationals) voluntarily withdrew from the register in 2021. This group was aged between 25 and 61 years (Mean=34.8 years, SD=7.82 years) (N=36, 61%) were male. The majority of these respondents (N=51, 86.4%) were leaving the General Division of the register, while the remainder consisted of six doctors withdrawing from the Specialist Division and two doctors leaving the Trainee Specialist Division. A total of 38 respondents left the register with a view to practise in another country (64.4%), while 20 doctors (33.9%) had another reason for voluntarily withdrawing, captured through qualitative data.

Table 17. Intentions post withdrawal from the register reported by graduates of a medical school in the EU (and they are not an EU national)

Primary reasons for VW cited	Frequency	Percent	Cumulative Percent
You have some other reason for voluntarily withdrawing	20	33.9%	33.9%
You wish to practise medicine in another country	38	64.4%	98.3%
You wish to stop practising medicine	1	1.7%	100%
Total	**59**	**100%**	

Of those who wished to practise abroad, the most commonly cited destination was the UK (N=20, 52.6%). Other destinations that were selected included Germany, India, Spain and Pakistan.

Figure 29. Reported next jurisdiction of practise for medical practitioners who graduated in a medical school in the EU and not EU Nationals

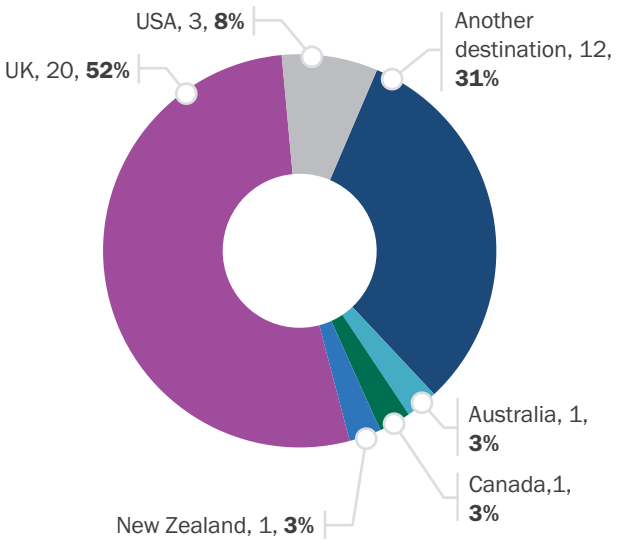


Table 18. Reasons for leaving the register reported by graduates of a medical school in the EU (and they are not an EU national)

Primary reasons for VW cited	Frequency	Percent	Cumulative Percent
I am retiring	1	1.7%	1.7%
I do not have flexible training options	2	3.4%	5.1%
I have family/personal reasons for making a voluntary withdrawal from the register	9	15.3%	20.3%
I have some other reason for making a voluntary withdrawal from the register	31	52.5%	72.9%
I'm changing to a role that doesn't require me to be registered with the Medical Council	2	3.4%	76.3%
There are limited career progression opportunities available to me here	14	23.7%	100%
Total	**59**	**100%**	

Category 4. International graduates from a medical school outside the EU and Ireland

In total, 360 international graduates from a medical school outside the EU and Ireland left the Irish register of medical practitioners in 2021. These doctors were aged between 24 and 78 years of age, with an average age of 39.68 years (SD=10.5). Over two-thirds of this group were male (N=247), while 83% were on the General Division of the register (N=278). Thirty-seven of this group of doctors left the Specialist Division of the register, while the remaining 20 doctors left the Supervised Division of the register.

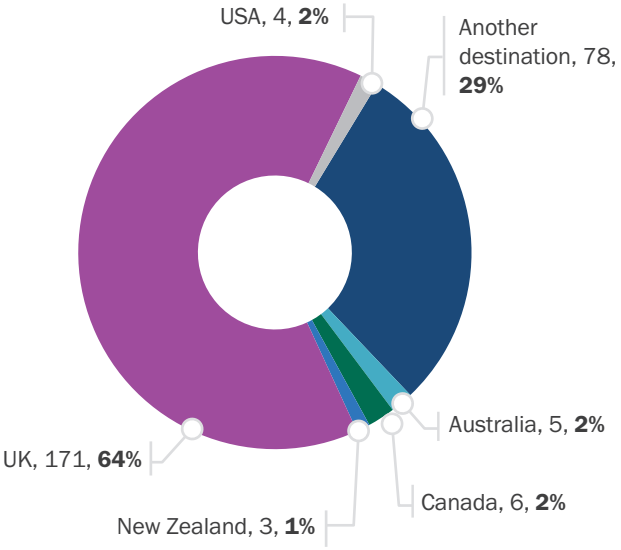
Just under three quarters (N=267, 74.2%) of these respondents left to practise medicine in another country (N=205, 61.2%), while just under one quarter (N=80, 22.2%) reported leaving for another reason. Thirteen respondents left with a view to cease practise.

Table 19. Intentions post withdrawal from the register reported by international graduates from a medical school outside the EU and Ireland

Primary reasons for VW cited	Frequency	Percent	Cumulative Percent
You have some other reason for voluntarily withdrawing	80	22.2%	22.2%
You wish to practise medicine in another country	267	74.2%	96.4%
You wish to stop practising medicine	13	3.6%	100%
Total	**360**	**100%**	

In particular, 64% noted the UK as their next jurisdiction of practise. of all international graduates from a medical school outside the EU and Ireland leaving the register in 2021. Of those who selected 'other', South Africa (N=25), Saudi Arabia (N=13) and Pakistan (N=9) were most frequently cited as their next jurisdiction.

Figure 30. Reported next jurisdiction of practise for medical practitioners who graduated in a medical school outside the EU and Ireland



Cumulatively, 60.5% of this group cited leaving the register for family/personal reasons or some other (unspecified) reason. Information regarding this was captured qualitatively and explored categorically later within the report.

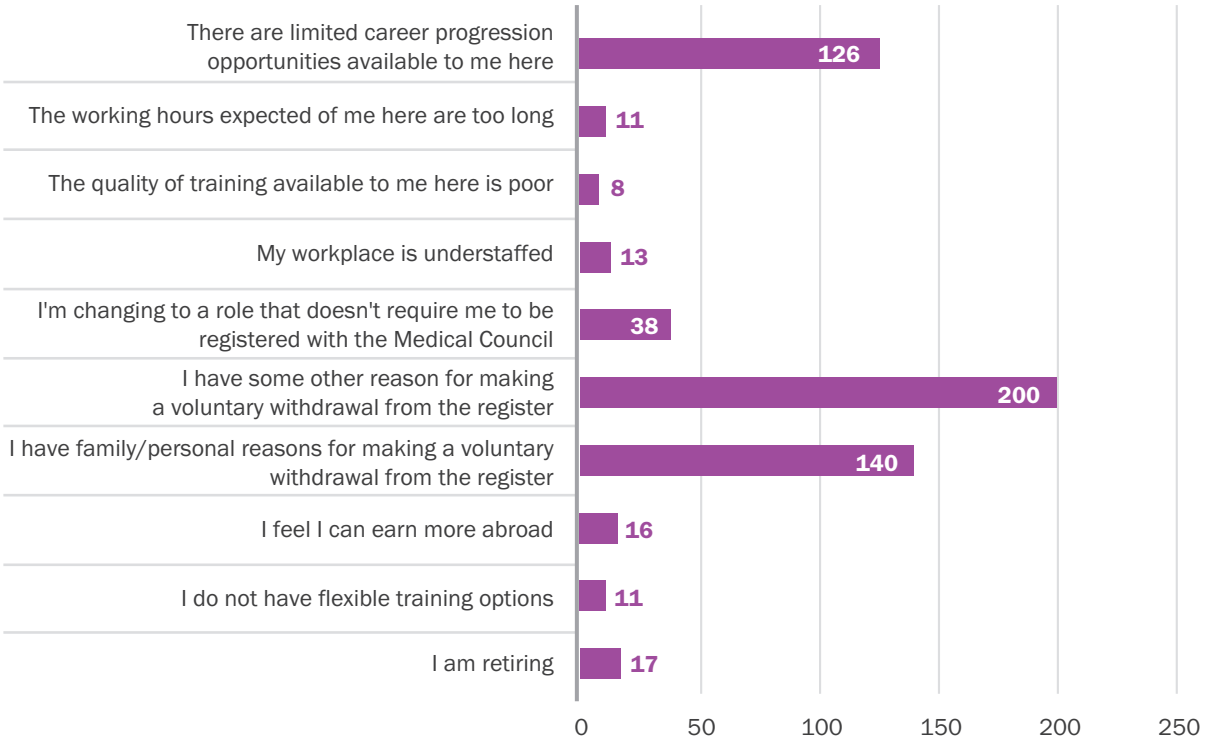
Table 20. Reasons cited by international graduates from a medical school outside the EU and Ireland for leaving the register in 2021

Primary reasons for VW cited	Frequency	Percent	Cumulative Percent
I am retiring	12	3.3%	3.3%
I do not have flexible training options	4	1.1%	4.4%
I feel I can earn more abroad	7	1.9%	6.4%
I have family/personal reasons for making a voluntary withdrawal from the register	102	28.3%	34.7%
I have some other reason for making a voluntary withdrawal from the register	116	32.2%	66.9%
I'm changing to a role that doesn't require me to be registered with the Medical Council	16	4.4%	71.4%
The quality of training available to me here is poor	3	.8%	72.2%
There are limited career progression opportunities available to me here	100	27.8%	100%
Total	**360**	**100%**	

Voluntary withdrawals from the General Division

A total of 580 Doctors withdrew from the General Division. When reasons for leaving the General Division in 2021 were examined, the 3 most identifiable reasons cited were, 'some other reason' followed by family/personal reasons, and limited career progression opportunities. The qualitative data provided on the survey form helps us better understand this.

Figure 31. Reasons for leaving the General Division of the Irish register cited by doctors 2021



'Workplace and training issues'

The following quantitative responses relating to challenges in the workplace were grouped to form the theme of "workplace issues and training issues",

- The working hours expected of me here are too long
- My workplace is understaffed
- I do not have flexible training options
- The quality of training available to me here is poor

In total, 43 respondents reported leaving the General Division due to challenges with their workplace or training conditions, with a mean age of 29.84 years. The breakdown of this is included in Figure 32 below.

Figure 32. Breakdown of reasons for those reporting leaving the register primarily due to workplace issues

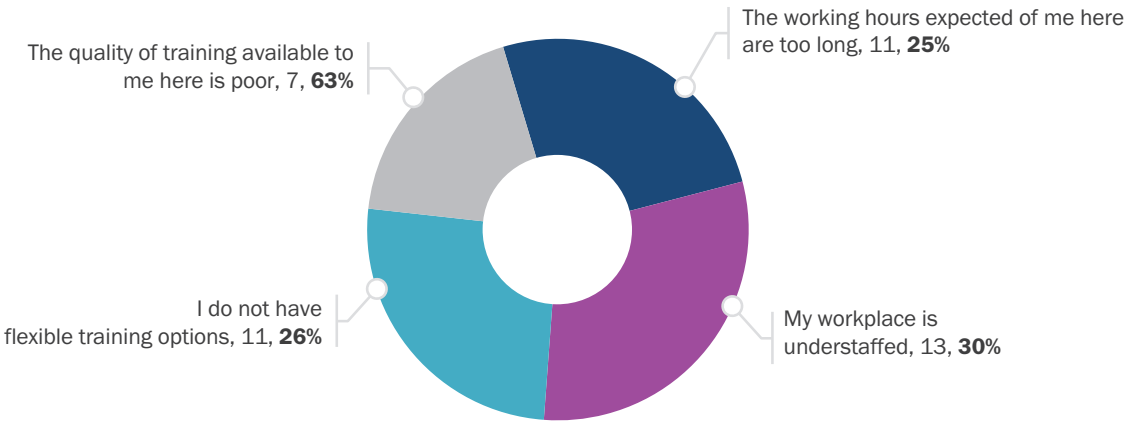
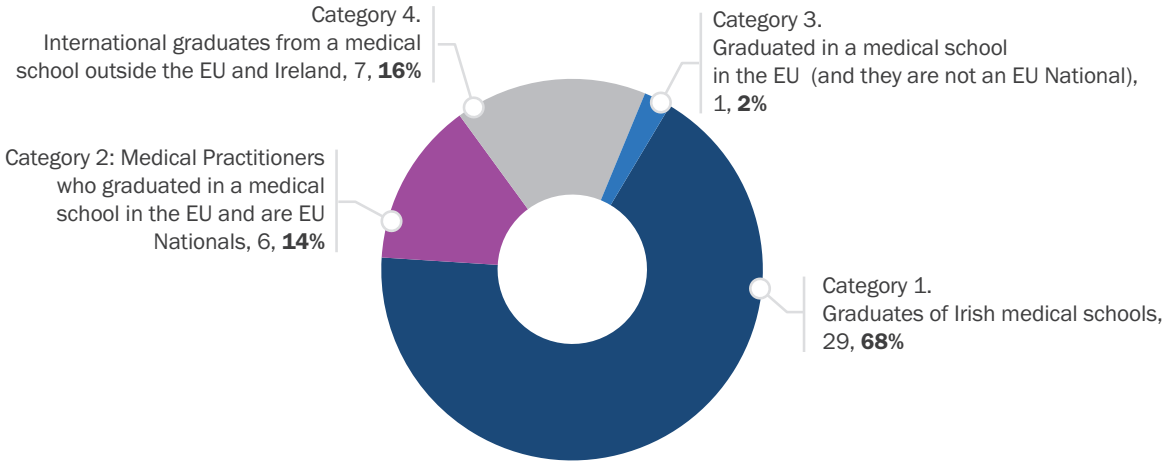
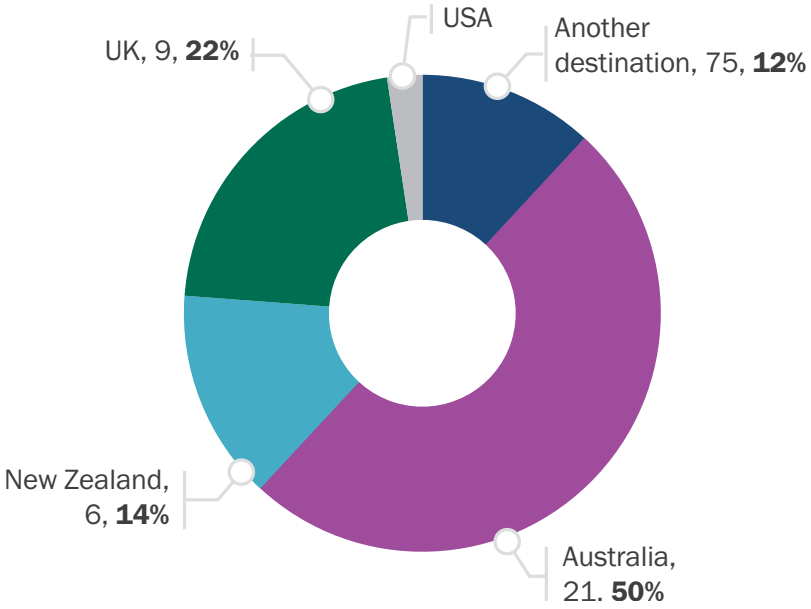


Figure 33. Breakdown of doctors who reported leaving the register primarily due to workplace and training issues by region in which BMQ was obtained



Of those who withdrew due to workplace and training issues, 42 wished to practise medicine in another country. Just under two-thirds of those wished to practise in either Australia or New Zealand.

Figure 34. Next jurisdiction of practice for doctors withdrawing due to workplace and training issues



A number of respondents detailed issues with access to training as their reason for withdrawal:

'No training opportunities for training available to non-EU doctors. Despite working in Ireland and having a great CV - I did not even qualify for higher specialty training. Using my Irish experience, I got directly onto higher training in the UK on my first attempt. The treatment of foreign doctors in Ireland is appalling despite the country relying on us so heavily.'

'Actually, I recently moved to UK for training purposes and in Ireland it's very difficult or nearly impossible for out sider to get training post. Moving to the UK to try my luck.'

Some respondents detailed negative experiences in the workplace as their reason for withdrawal:

'All of the above reasons. Workplace was understaffed, unsupported, stressful, chaotic and litigious/blame culture/environment. What is the IMC doing to support quality post graduate training?'

'In short, I felt overworked and undervalued.'

Through the qualitative responses received, it was observed that the majority of respondents described withdrawing in order to pursue a more agreeable work-life balance elsewhere:

'My decision to relocate has been largely influenced by a desire to get experience in a different country and a desire for a greater work-life balance.'

'There are few reasons for my withdrawal I would like to state here: having a family it is impossible to maintain good work personal life balance working in the Irish health system especially being on the training scheme.'

Maternity leave and familial duties were frequently cited as a reason for withdrawing from the register:

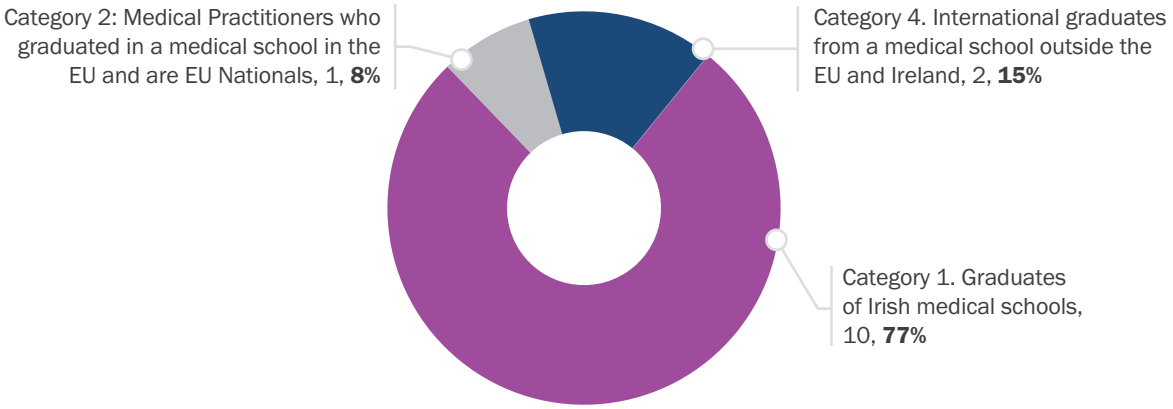
'I am taking a career break as I have recently had a baby and I am looking after her.'

'I am on maternity leave and not practicing medicine. I will look to re-register prior to returning to work.'

'Retirement'

A total of 17 doctors reported leaving the General Division in 2021 due to retirement. This group of doctors were aged between 50 and 69 years (mean=) 63.1, SD= 5.4 years).

Figure 35. Category of BMQ obtained by doctors leaving the register due to retirement



The majority of respondents detailed retiring due to health issues:

'Associated Health Reasons'

'I have [illness] with multiple relapses and remissions yet, I was still able to work full time in the same place over 13 years, unfortunately we got a new consultant who was forcing me to work for three consultants, as a result I had a significant relapse of my auto immune condition and had no choice but to apply for an early retirement. I would like to keep my registration active to be able to re write my own prescriptions that I get regularly from my doctors in Iraq and UAE,'

Two respondents used the opportunity to highlight issues with the cost of registration:

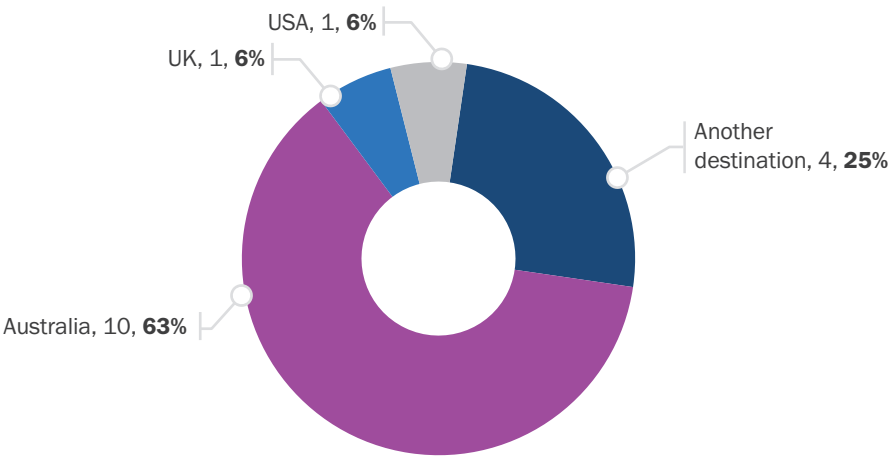
'I am retiring I have already paid annual retention fees I'll be most grateful if you kindly reimburse my payment.'

'I would potentially like to remain on the register to do some occasional work, but the costs are such that I cannot justify this. There is not just the registration fee but also the medical protection and the cost of being on a professional competence scheme. The latter is a bit much when I have been practising for 40 years. It means that all of a sudden experience counts for nothing.'

'I feel I can earn more abroad'

Sixteen doctors who withdrew from the General Division felt that they could earn more abroad. Of these, 62.5% (N=10) were Irish graduates. They had an average age of 36.8 years (SD=10.96). Australia was the most popular next destination.

Figure 36. Next jurisdiction of practice for doctors who felt that they could earn more abroad



Very few qualitative responses were received from this group. Two respondents specifically cited withdrawing due to the perception of more favourable conditions abroad:

'Better working hours abroad. Better work life balance. Have to undertake less work that is not my role.'

'I moved to Australia, the working conditions, the pay and training are better here in Australia.'

A number of these respondents expressed the desire to return to Ireland in future:

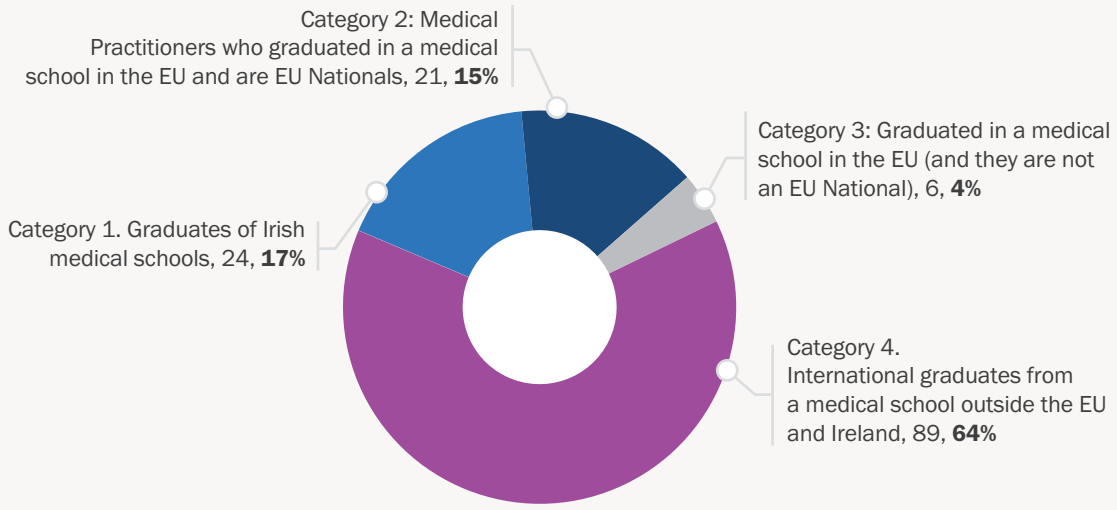
'I wish to spend a year living abroad with my partner. I plan to return to Ireland to complete my BST in a year or two.'

'I have just become a Permanent resident here and intend to complete my postgraduate training here. I hope at some point to be able to return home.'

'I have family/personal reasons for making a voluntary withdrawal from the register'

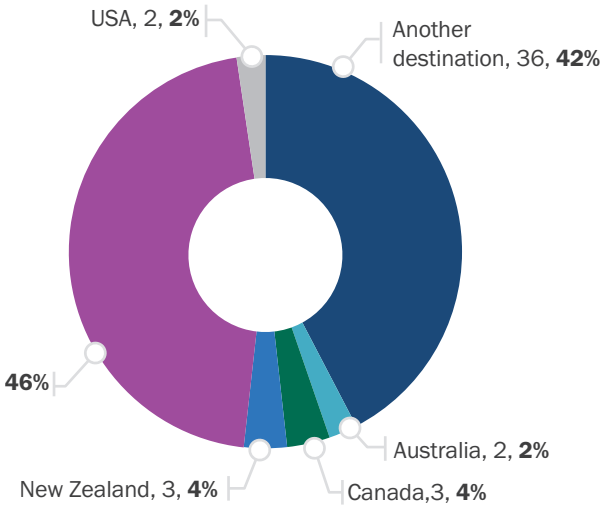
In total, 140 doctors reported leaving the General Division of the register of medical practitioners due to family or personal reasons. The majority of respondents withdrawing were international medical graduates (N=89) and had an average age of 39.8 years (SD=10.4).

Figure 37. Breakdown of those reporting leaving the register due to family/personal reasons by region in which BMQ was obtained



Of those who withdrew due to family/personal reasons, 85 wished to practise abroad. The UK was the most commonly selected next jurisdiction of practise for this group.

Figure 38. Next jurisdiction of practice for doctors withdrawing the due to family/personal reasons



Relocating was presented as a reason for withdrawing:

'Unexpected circumstances regarding my family are unfortunately causing me to relocate back home to Germany.'

'I am currently getting married in South Africa and therefore will be working here for a while. Although I am considering working in Ireland in the future.'

'I had to move to UK to join my husband. I am currently practising medicine in UK.'

The ongoing Covid-19 situation was frequently cited as reason for withdrawal:

'I live in Canada and won't be practicing medicine in Ireland in the upcoming year. Due to COVID-19 my financial situation does not allow me to pay the renewal fees. Will reapply if and when I plan to practise in Ireland'.

'I live in South Africa, and with the Covid pandemic it is unlikely that I will be working in Ireland in the next year or two. With the exchange rate, paying the fee in ZAR is very expensive, especially if the registration is not being used at present. Once things revert to 'normal' I will re-assess and apply for restoration to the register if I decide to work in Ireland.'

'Due to COVID travel restrictions I decided to move back home but would like to work in Ireland in the future again'.

'I am currently working in South Africa. Due to Covid my plans to come to Ireland have been put on hold since I can't leave my family behind in these uncertain times. I still want to come to Ireland and will then apply for re-admission. Due to financial reasons, I cannot pay registration fees when I am not able to come to Ireland and I must pay registration fees in South African also.'

It was common for those withdrawing to detail positive experiences of working and training within the Irish system:

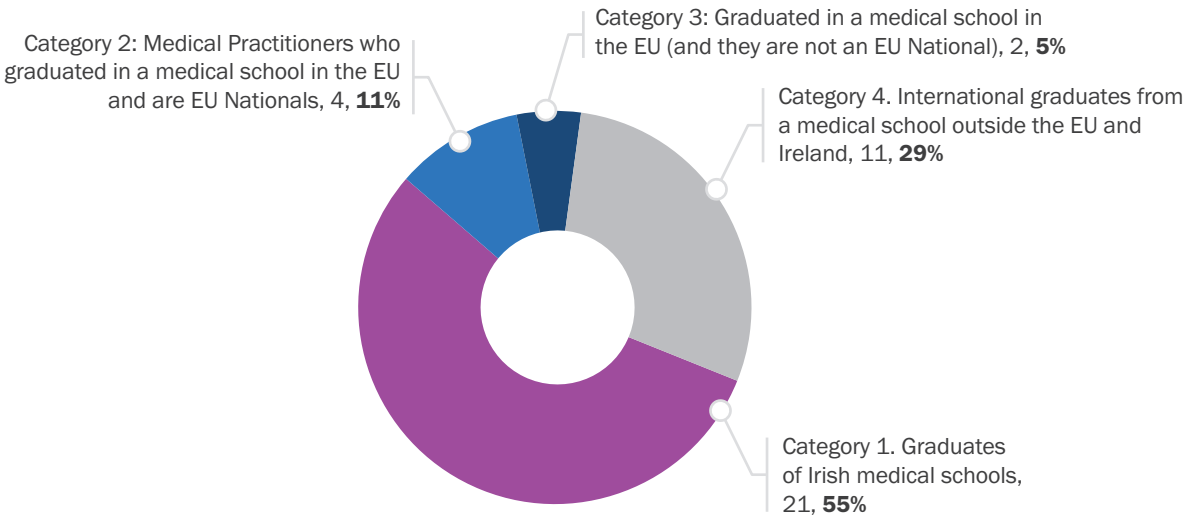
'I have very much enjoyed the learning opportunities provided by the (Training Body redacted) professional Competence Scheme and hope to return to Ireland at some point in the future.'

'I have enjoyed being registered and working under the Medical Council. I have had a lot of learning in one of the best health systems. Thank you, MC, I will always respect you'.

'I'm changing to a role that doesn't require me to be registered with the Medical Council'

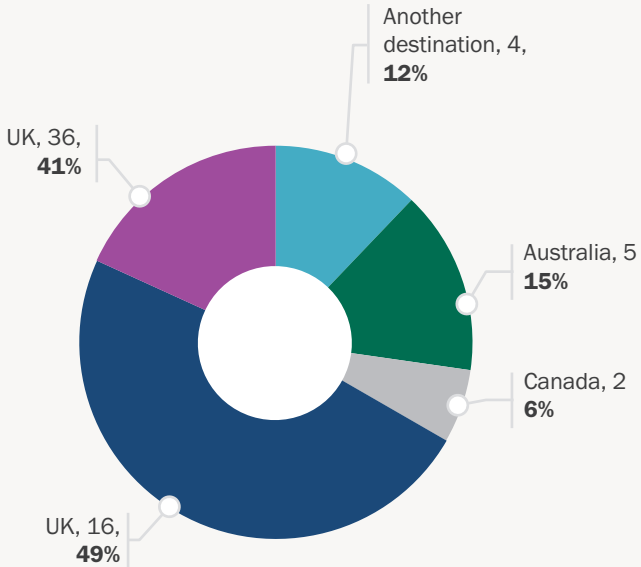
In total 38 doctors reported withdrawing from the General Division of the Register due to taking up a role that did not require them to be registered with the Medical Council. The average age of those who withdrew was 34.8 years (SD=8.3).

Figure 39. Breakdown of those reporting leaving the register due to changing to a role that doesn't require Medical Council registration by region in which BMQ was obtained



Of these 38 doctors, 33 wished to practise in another country. Of those who wished to practise abroad, the UK was the next most commonly selected jurisdiction of practise.

Figure 40. Next jurisdiction of practice of those reporting leaving the register due to changing to a role that doesn't require Medical Council registration



Responses primarily cited relocation for work purposes as their main reason for withdrawing:

'I am continuing to work in Emergency Medicine in Australia only.'

'I am taking time out of my training in Ireland to gain experience working in Psychiatry services in Australia. I will commence a post with Royal Melbourne Health on August 2nd, 2021. I will return to Ireland in the future to continue my training and at this point I will register with the Medical council in Ireland again.'

Frequently cited as a reason for withdrawal by this cohort was the pursuit of academic and training opportunities:

'I am currently pursuing a Master of Public Health in the United States this year.'

'I am to begin residency in Paediatrics in the USA'

The pursuit of fellowships was often cited:

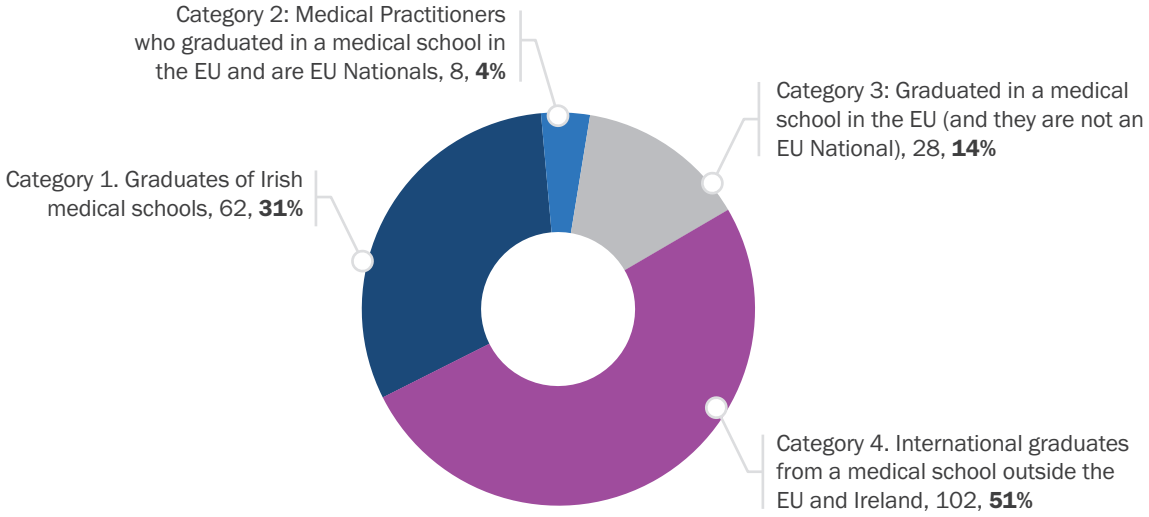
'I am on fellowship in Boston to further my education and skillset.'

'I am in my final year of Higher Specialist Training in Medical Oncology and am moving to London to undertake a Clinical Research Fellowship in Sarcoma.'

'There are limited career progression opportunities available to me here'

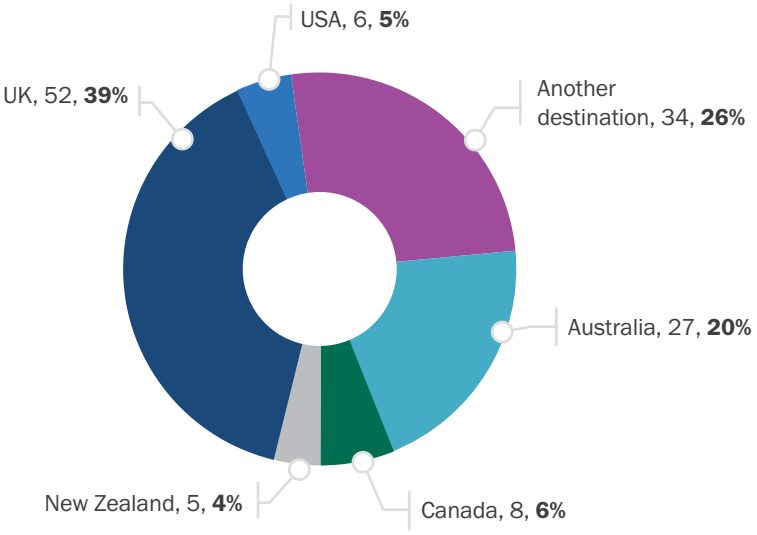
In total, 200 doctors reported withdrawing from the General Division of the Register due to limited career progression opportunities available. The majority of respondents withdrawing were International medical graduates (N=102) and had an average age of 34.9 years (SD=8.3).

Figure 41. Breakdown of those reporting leaving the register due to reported limited career progression by region in which BMQ was obtained



Of those who withdrew due to reported limited career progression, 74 wished to practise in another country. Of those who wished to practise abroad, the UK was the most commonly selected next jurisdiction of practise.

Figure 42. Next jurisdiction of practice for those wishing to withdraw due to limited career progression



As in previous years, respondents highlighted perceived lack of opportunities for career advancement. The majority of these were non-Irish and non-EU citizens:

'There are few clinical fellowship posts in Ireland available for trainees who have completed their general specialty training in Ireland and need to go on and do their subspecialty training. There is more opportunity for clinical fellowships / subspecialty training in the UK'

'Being a category 4 immigrant, I had no options to get on a structured training programme in my field (haematology). Thus, have moved to UK for training. But miss Ireland a lot.

'Would rather stay here but sadly that isn't possible due to lack of job availability.'

'I can't find a Radiology job in Ireland, so I decided to try my chances elsewhere.'

'I am non-EU and non-EU trained, which makes it near impossible to enter a training programme in Ireland.'

'I applied for numerous SHO jobs with sufficient qualifications for over 6 months using agencies, websites, you name it but only got called for 2 interviews and after I wasn't given any reason why I wasn't given the job. I decided to pursue career progression elsewhere. I hope things get better for IMGs in future.'

Dissatisfaction with workforce planning and training/ employment opportunities was highlighted by some respondents:

'Foreign nationals make up a significant percentage of the workforce in the HSE, it is shocking the lengths we have to go through to get a chance at further training. The recent opening up of certain application barriers only meant more people applying for the same if not slightly increased number of jobs, and foreign nationals were still at the bottom rung. It is a very demoralizing experience that I sadly would have to warn my fellow friends considering moving here, career stagnation'

'I am registered with IMC for 5 years and looking for a work with acceptable experience from theoretical, practical, academic aspects. However, the recruitment system in Ireland is totally flawed/ corrupted, especially with the inclusion of agency-hospital-consultant-hr relationships. From my perspective, the system will suffer a lot due to this faulty mechanism or more corrupted in the near future.'

'I came to Ireland in 2016 with the hope to get medical training. IMGs are not treated fairly in Irish hospitals. IMGs are just used to fill the rota gaps with nobody caring about their career at all. I lived in the country for almost 5 years and loved it. But unfortunately had to leave for the UK as they would not only count my previous experience which I gained in Ireland (Irish training system will not count my Irish experience - what a paradox) but also give me formal training post.'

'At my last place of employment, I was not able to progress despite meeting their requirements. And then an Irish doctor was given a role I wanted (despite being vocal about leaving for Australia and despite not meeting requirements I was told were needed). He's great, but I also want a chance to grow.'

'The job market depends on relationships instead of qualifications. I hope the best for Ireland.'

A number of the above respondents detailed relocating for opportunities abroad:

'I have joined a training programme in Gastroenterology in UK. I am hoping to re-join IMC register after getting CCT.'

'Because I have got an ED registrar job in UK which allow me to progress in my career. I can say also, there is no need to pay for IMC renewal while I'm not practicing medicine in Ireland.'

'Fellowship abroad.'

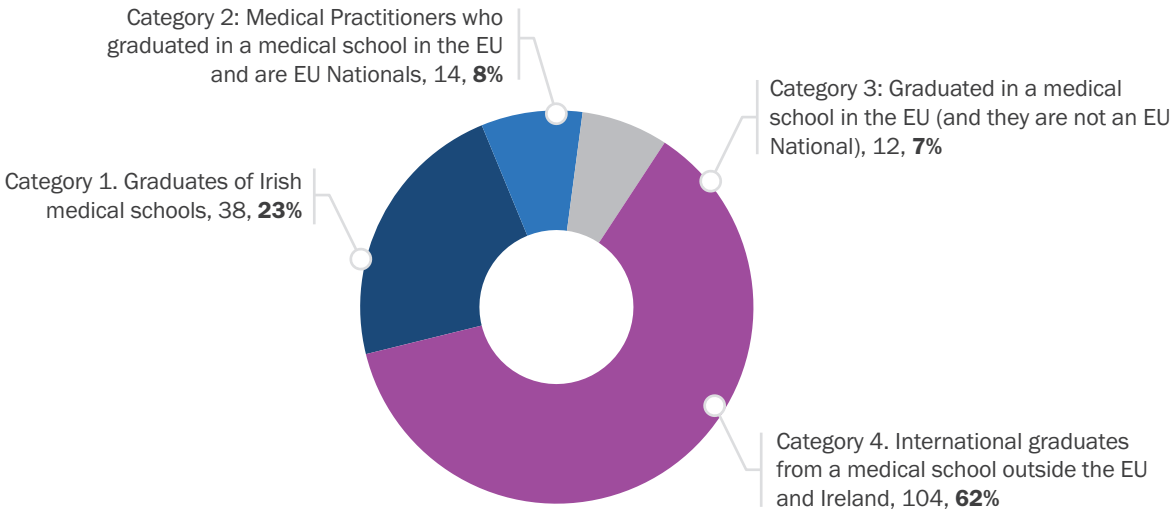
'Both my husband and I have been offered consultancy posts in Scotland.'

'I am undertaking further training abroad. This specialized training is not available in Ireland.'

'I have some other reason for making a voluntary withdrawal from the register'

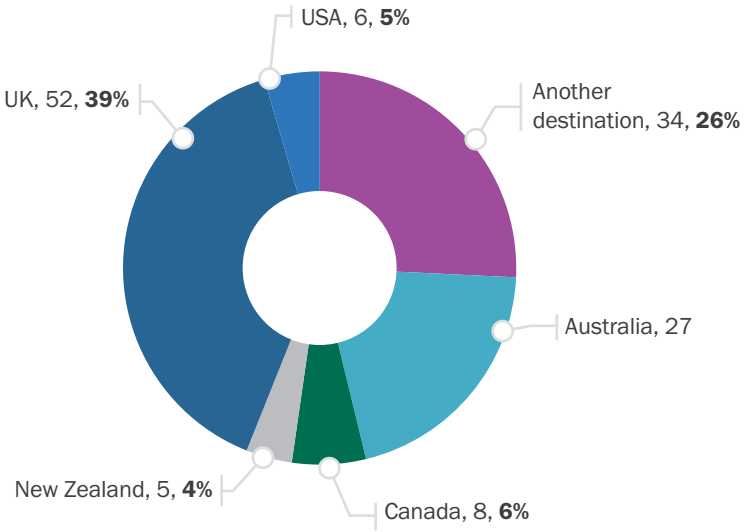
In total, 168 doctors reported leaving the General Division of medical practitioners due to some other reason. The majority of respondents withdrawing were International medical graduates (N=104) and had an average age of 36 years (SD=9.8).

Figure 43. Breakdown of those reporting leaving the register due to other reasons by region in which BMQ was obtained



Of those who withdrew due to reported limited career progression, 93 wished to practise in another country. Of those who wished to practise abroad, the UK was the most commonly selected next jurisdiction of practise.

Figure 44. Next jurisdiction of practice for those reporting leaving the register due to other reasons



As in other instances described previously, respondents frequently cited withdrawing to pursue vocational and educational opportunities overseas, along with the experience of travel:

'I got a job offer for 3 years duration in the UK.'

'Abroad in Australia for 1 year.'

'Commencing training scheme in the USA for professional and personal reasons.'

'Currently I am working overseas and there is no plan to work in Ireland next year.'

'Emigrated to New Zealand Feb 2020.'

'Fellowship'.

The ongoing COVID-19 pandemic was frequently cited as a reason for withdrawal by this cohort:

'Due to COVID and my job in Pakistan, it will be difficult for me to travel to Ireland and practise medicine at the moment. The fees to maintain name at register is too high. I have been paying the dues regularly from the start.'

'Due to COVID travel restrictions, I will not be able to do general practitioner locums in Ireland for the next 12 to 18 months. After this I would like to restore my name to the register.'

'Due to Covid-19, I have been facing financial challenges and as I am not currently practicing in Ireland, I would like to voluntarily withdraw from the register for now.'

The cost of registration was also featured in the responses as a reason for withdrawal:

'I cannot afford to maintain my Irish Registration.'

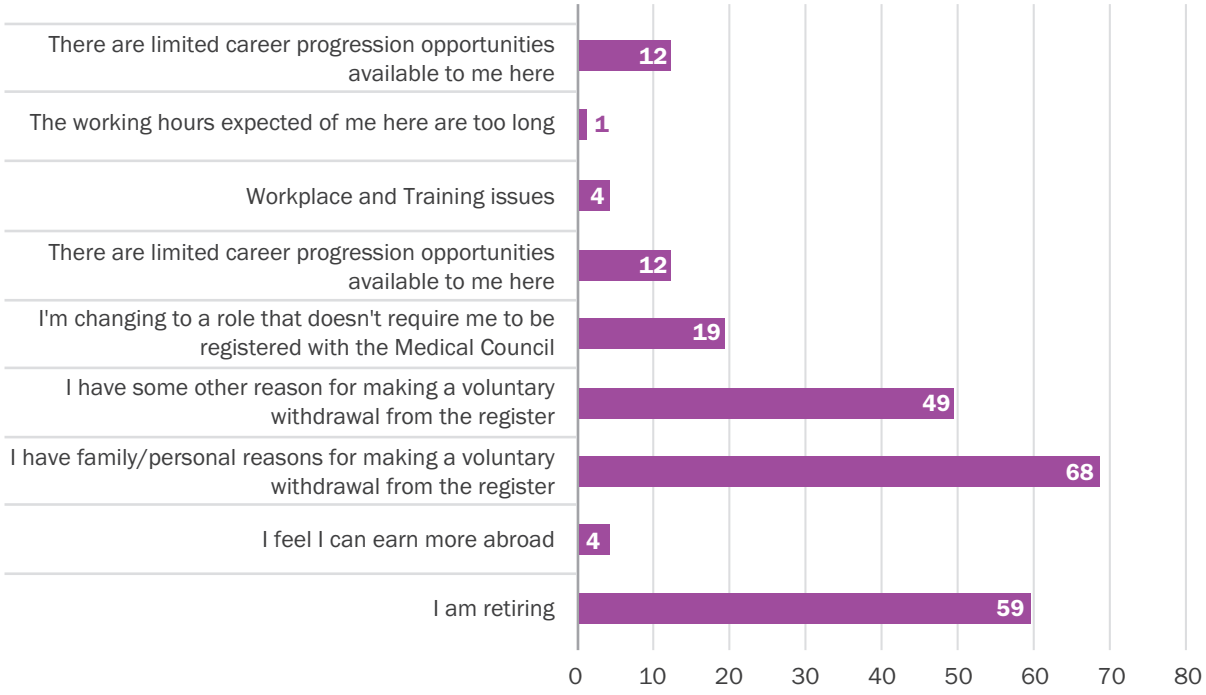
'Cannot afford to keep Irish registration.'

'It is unaffordable to retain this registration annually because it's too expensive.'

Voluntary withdrawal from the Specialist Division

A total of 215 respondents withdrew from the Specialist Division of the Register. When reasons for leaving the Specialist Division in 2021 were examined, family/personal reasons, retirement or other reasons provided through qualitative feedback were most commonly cited:

Figure 45. Reasons for leaving the Specialist Division cited by doctors 2021



'Workplace and training issues'

In total, 4 respondents reported leaving the Medical Council Specialist Division due to challenges with their workplace and training conditions, with a mean age of 44.5 years (SD=13.33). Two qualitative responses were received:

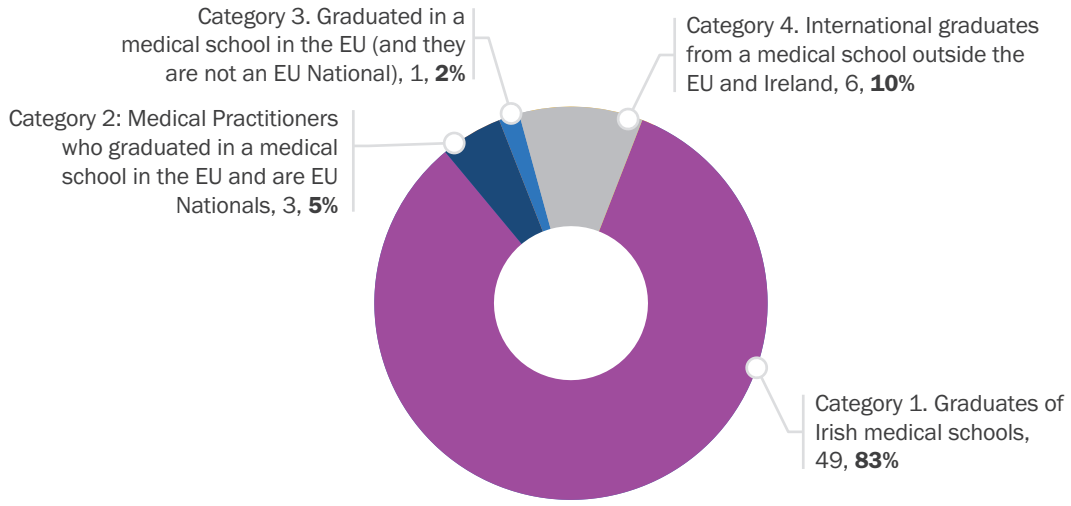
'I feel I have no alternative as it is too difficult to maintain CME. It's a pity as I might have remained available should the situation with Covid escalate.'

'I have moved to Australia to complete a two-year sub-specialty fellowship in a specific area not currently available in Ireland to the degree to which training is required.'

'Retirement'

There were 59 doctors who reported leaving the Specialist Division in 2021 due to retirement. Most retirees were Irish graduates (N= 49, 83.1%). This group of doctors had a mean age of 68.27 years (SD= 6.29).

Figure 46. Category of BMQ obtained by doctors leaving the Specialist Division due to retirement



As expected, the ongoing Covid-19 situation featured prominently as a reason for withdrawal. A number of respondents used the questionnaire free-text space to report their age or length of practise as a reason for leaving the register:

'I went back on the register to help if needed with the corona virus crisis. I was able to assist a local GP with vaccinations, but this has now been completed. Should the situation change, I would be willing to help again but I do not wish to engage in medical practise in the future.'

'I re-registered because of COVID but found it impossible to get medical indemnity.'

'I retired from my core medical practise at the end of 2019. I returned to work in public health in response to the campaign against Covid 19. I am now re-retiring at the end of June 2021.'

Health issues were also cited as reasons for withdrawal from the Specialist Division:

'I have had 2 strokes, one in 2012 and another in 2014.'

'Due to a critical illness, I am unable to return to work.'

'Unfortunately, I fell sick since January 2020, after one year sick leave my health still not good to enable me to go back to my work so I filed for retirement and there is no point to keep my registration.'

'I have retired in December 2020, and I have health issues that make working difficult at present.'

It was common for participants to cite their age when detailing their retirement, while a number added that they wished to enjoy their retirement after a career in medicine:

'I am retiring as I have reached the age of 65 and am no longer in active medical practise.'

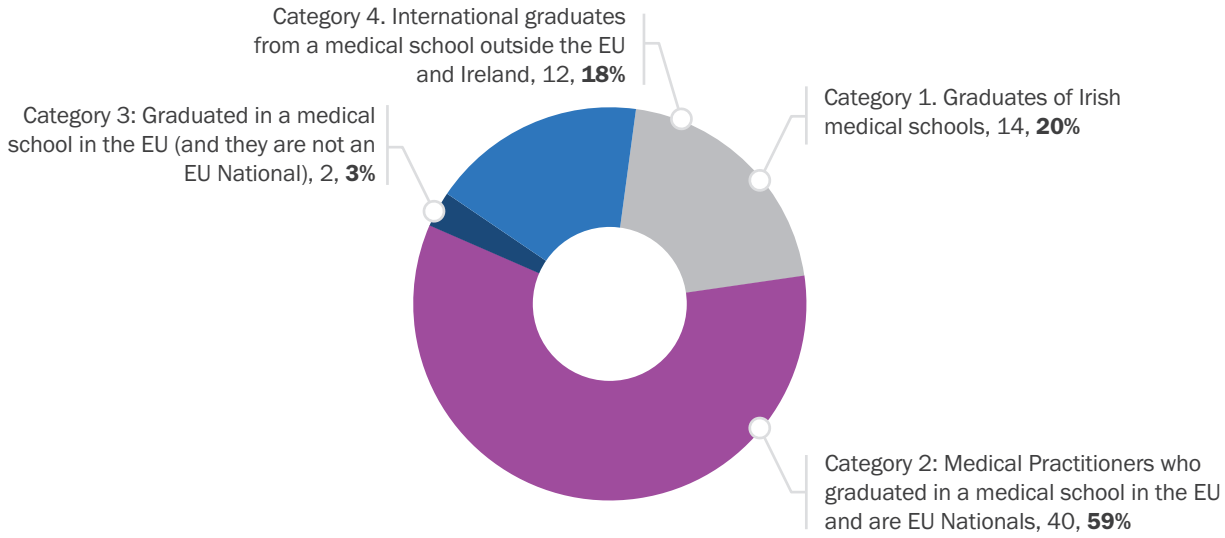
'I joined the register in 1978. Now 66 years old, I am happy to retire.'

'I have been practising medicine for the past 43 years - I graduated in 1978. Recently I have found that the day-to-day job is becoming more stressful, and I am 67yrs old. I think it is time to hang up my stethoscope and enjoy life a bit more.'

'I have family/personal reasons for making a voluntary withdrawal from the register'

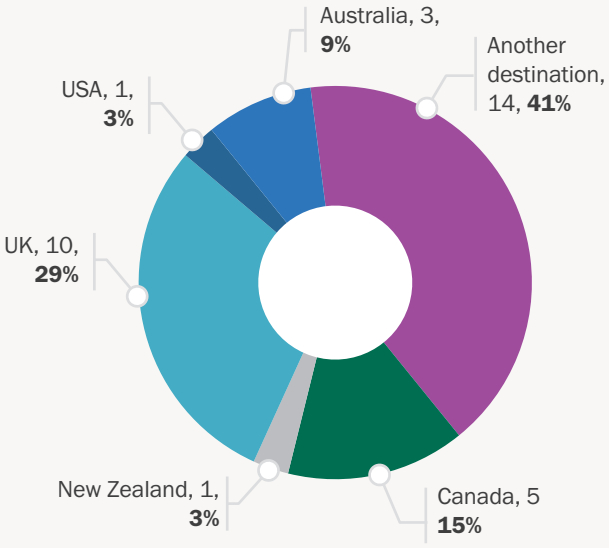
In total, 68 doctors reported leaving the Specialist Division of medical practitioners due to family or personal reasons. Over half (58.8%) of those withdrawing due to personal or family reasons were practitioners who graduated in a medical school in the EU and are EU nationals. This group had an average age of 46.42 years (SD=10.35).

Figure 47. Breakdown of those reporting leaving the register due to family/personal reasons by region in which BMQ was obtained



Of those who withdrew due to family/personal reasons, 46 wished to practise abroad. Almost one third (29%) of intend to practise abroad in the UK.

Figure 48. Next jurisdiction of practice for reporting leaving the register due to family/ personal reasons



Once again, the impact of Covid-19 featured prominently in the responses:

'At present I cannot afford to keep an Irish license. The Pandemic has led to limited work opportunities for me.'

'Because of Covid 19 restrictions, I was not able to take any jobs in Ireland. Currently I am practicing and having a full-time job in England.'

'Currently, the complexity of Covid and family issues mean I am not able to realistically work in medicine at the moment but may well wish to return in the future.'

'Due to the effects of Covid and also family commitments, I am unable to practise medicine currently. It may well be that I can return in the future so may look at restoring my position in the future'

'I live and work in Spain I registered a year ago with the intention of emigrating to Ireland to practise there, but for personal reasons and the pandemic we have postponed it until probably the end of 2022, so it was not worth keeping me registered with the Medical Council.'

The needs of family members emerged from the qualitative data, as would be expected in this category:

'I do have family reasons (my sister in Canada) which temporarily oblige me to be closer to her!'

'The reasons to withdraw my registration are entirely personal - I came here with my son who is 18 years old, and he could not settle in Ireland. We are going back to Bulgaria.'

'For now, my family would like me to remain practicing in the UK.'

Maternity leave was referenced specifically in responses:

'Currently on maternity leave'

'Maternity Leave. Will not be returning to practise until at least Jan 2022.'

A number of respondents used the opportunity to detail positive experiences of working in Ireland:

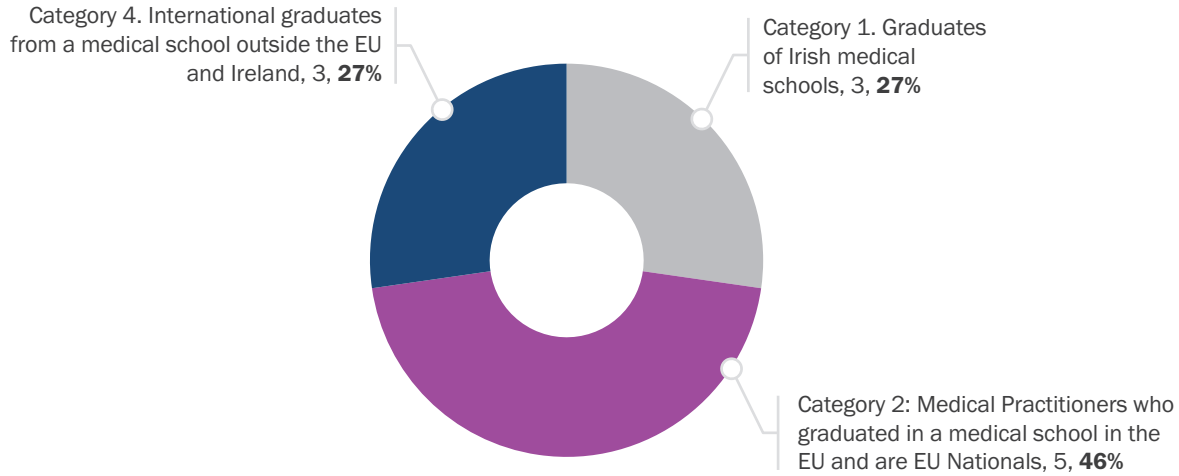
'I liked very much my work in the hospital and the colleagues.'

'I appreciate the time spent in Ireland. I met great doctors and the patients. I've learned a lot and I'd be happy to come as a locum from time to time.'

'There are limited career progression opportunities available to me here'

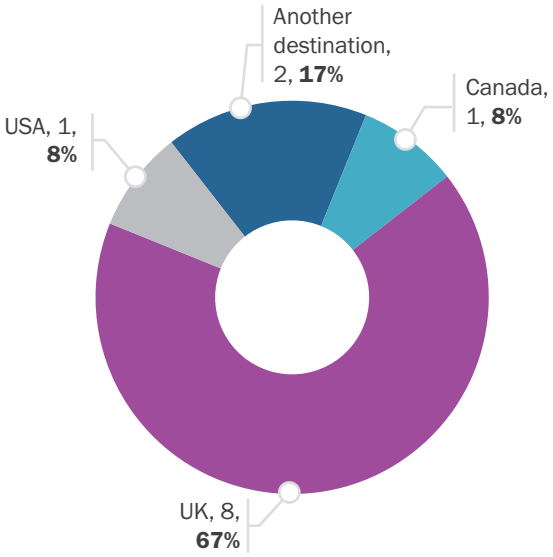
In total, 12 doctors reported withdrawing from the Specialist Division of medical practitioners due to limited career progression opportunities available. Respondents withdrawing were Irish graduates (N=10) and had an average age of 41.5 years (SD=6.1).

Figure 49. Breakdown of those reporting leaving the register due to reported limited career progression by region in which BMQ was obtained



Predictably, all of these respondents wished to practise in another country. The UK (N=8) was the most popular destination among these respondents.

Figure 50. Next jurisdiction of practice for those leaving the register due to reported limited career progression



Respondents indicated that they are relocating due to a lack of opportunities available to them in Ireland:

'I met many wonderful people and I learnt from them a lot. I am grateful, but I found it difficult sometimes to be considered as the same level professional as my Irish colleagues. I worked for less money, more than they and sometimes it felt like exploitation. During Covid period I rarely saw Irish consultant intubating people, everything left for the trainees and specialist registrars. I wanted to work in more fair conditions, and I do.'

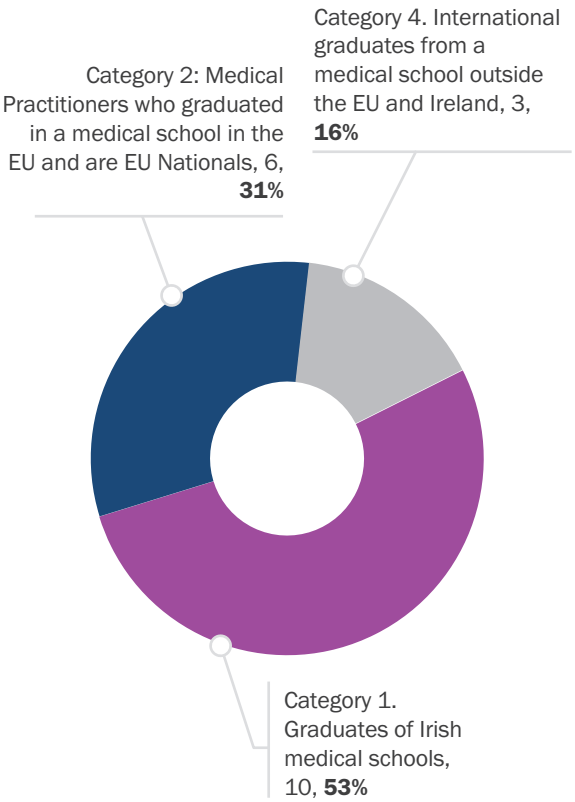
'I tried hard to expand and work totally in private practise but there are unfair, biased politicized polarized connection that make it impossible to practise in Ireland. I don't feel supported by the system, I am worried about the lack of fairness, and the inability to get justice. I worry about the future of my children in such an atmosphere. I hope that this changes at some stage. I love living in Ireland, I will return to practise in Ireland when I feel I will work in a supportive & fair workplace.'

'Ireland is not open to foreign consultants.'

'I'm changing to a role that doesn't require me to be registered with the Medical Council'

In total, 19 doctors reported withdrawing from the Specialist Division of medical practitioners due to taking up a role that did not require them to be registered with the Medical Council. The majority of respondents withdrawing were Irish graduates (N=10) and had an average age of 48.26 years (SD=8.58).

Figure 51. Breakdown of those reporting leaving the register due to changing to a role that doesn't require Medical Council registration by region in which BMQ was obtained



Of those withdrawing due to changing role, eleven wished to practise abroad. The UK (N = 6) was once again the most popular destination for this cohort.

Respondents cited taking up non-practising roles as their reason for withdrawal:

'Fellowship in the UK for 12 months.'

'I am travelling abroad for an educational role for 2 years.'

'Since 2017 I have been in a non-clinical role with the State Claims Agency. I don't anticipate in the near future returning to clinical practise.'

As expected, the majority of respondents withdrew due to taking up a position outside of the Republic of Ireland:

'I have accepted a consultant job in Northern Ireland and will be registered with GMC.'

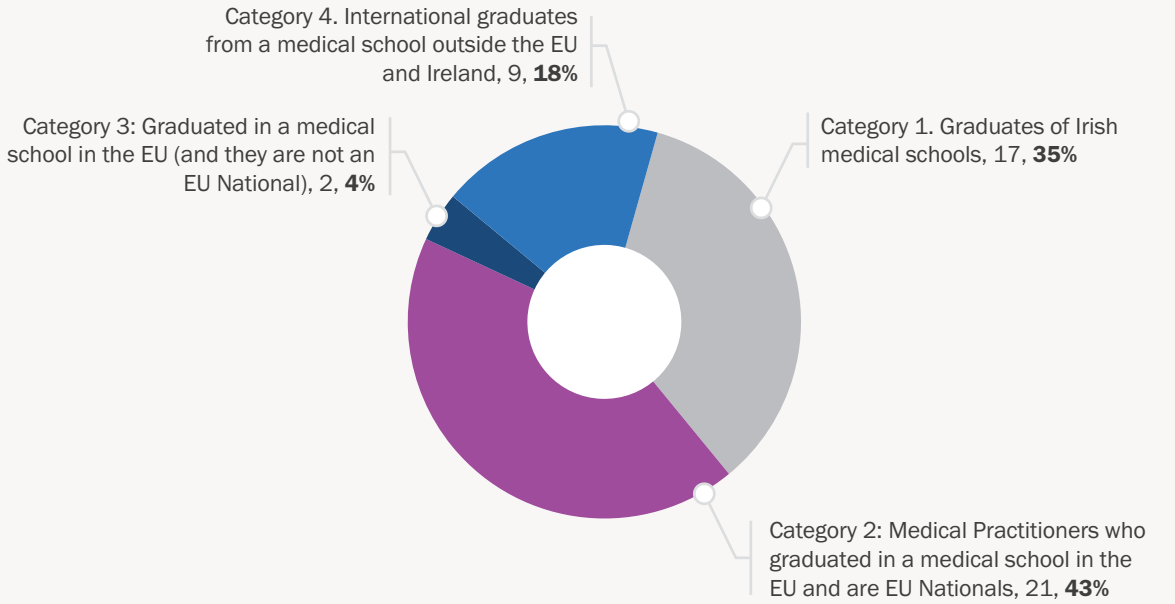
'I am working full time in the UK.'

'I have joined the Government of Ireland in Sept 2020 as Head of (Redacted), where I am entirely nonclinical. So, I have decided to voluntarily withdraw from the register for now.'

'I have some other reason for making a voluntary withdrawal from the register'

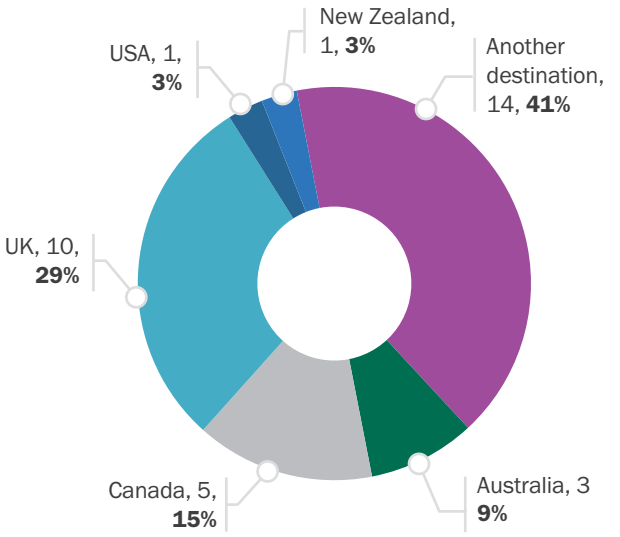
In total, 49 doctors reported leaving the Specialist Division of the register of medical practitioners due to some other reason. The majority of respondents withdrawing were EU graduates from the EU and had an average age of 46.02 years (SD=9.53).

Figure 52. Breakdown of those reporting leaving the register due to other reasons by region in which BMQ was obtained



Of those withdrawing due to other reasons, 34 wished to practise abroad. The most commonly selected destination was the UK (N=10, 29%).

Figure 53. Next jurisdiction of practice for those withdrawing from the register due to other reasons



Respondents most frequently detailed relocating and consequently no longer maintaining their registration as their reason for withdrawal:

'Continuing to practise medicine abroad following securing permanent post in UK.'

'I have a permanent consultant job in Athens, Greece since 2018. Being very busy here, I find it quite unlikely to work in Ireland again, even as a locum.'

'I have been working in United Kingdom for several years, I do not believe that I will return to Ireland any time soon, therefore I think it's best to withdraw from the register at this time.'

A number of respondents specifically referenced undertaking fellowships as their reason for withdrawal:

'I am going for fellowship training abroad for 2 to 2.5 years and will be back.'

'I am going on fellowship to UK as is expected as part of my training.'

'I have commenced a fellowship abroad.'

Once again, COVID-19 and travel restrictions were referenced as a reason for withdrawal:

'The outbreak of Covid-19 forced me to move back to my homeland, Greece. I am working in Greece at the moment, and I am planning to return to Ireland when I feel safer to travel and work abroad.'

'Due to COVID-19 pandemic I needed to stay and practise medicine in Hungary to support my colleagues and my country. Unfortunately, without practicing medicine in Ireland I am unable to do the Annual Retention process and have no other option than to withdraw my name from the register.'

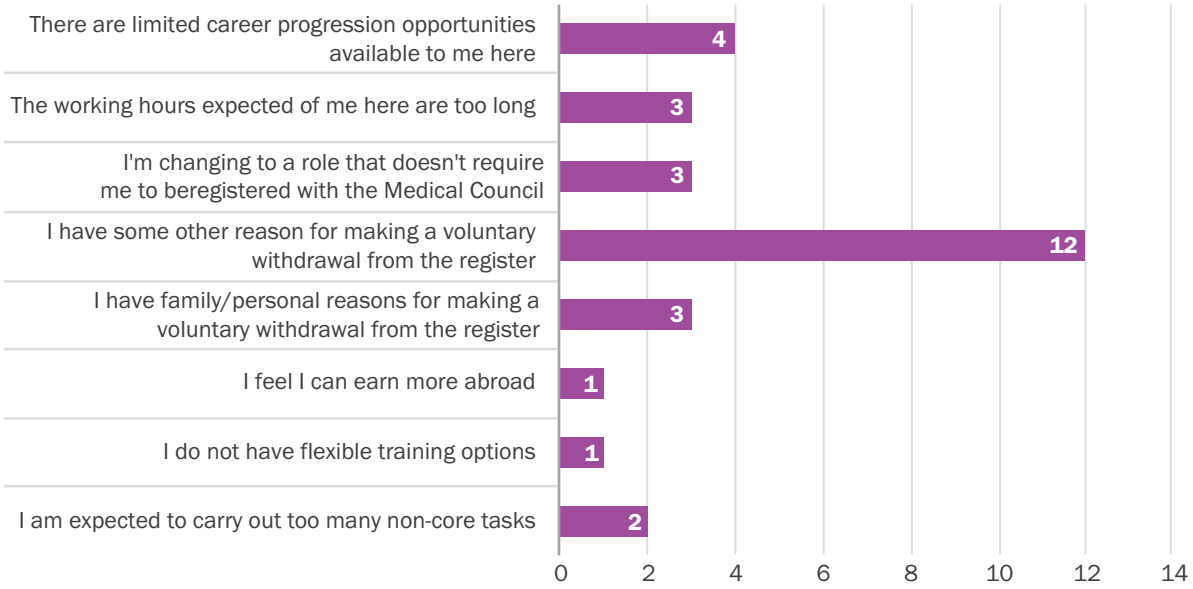
'Pandemic situation.'

'Last year, prior to the COVID 19 pandemic, we planned on returning to Ireland from the USA. However, the outlook for employment in Ireland has changed for my husband who is not in the medical field and it is better for us to remain in the US for now.'

Voluntary withdrawal from the Intern Division

A total of 29 respondents withdrew from the Intern Division. When reasons for leaving the Intern Division in 2021 were examined, relocation and seeking career progression was most commonly cited:

Figure 54. Reasons for leaving the Intern register cited by doctors 2021



The majority of respondents cited withdrawing because they wished to travel:

'I have always wanted to spend some time working in hospitals abroad, but I do intend to return to Ireland to work permanently within the next few years.'

'I have not been accepted for internship in Ireland this year.'

'Wish to travel to gain experience. Expect to register again in future on my return to Ireland'.

Australia was commonly cited as the next destination for those wishing to withdraw:

'I am going to Australia to work for a year and will be registering with the IMC again upon my return'

'I plan to work within the Australian healthcare system for one year in order to gain clinical experience and knowledge within another healthcare system. I wish to return to Ireland and to complete my training in Ireland following this.'

Also included in responses were descriptions of workplace issues that prompted withdrawal:

'Frustrating system to work in as patient care is consistently grossly neglected as a result of the numerous failures in the healthcare system. Too many non-core tasks, understaffing, and significant lack of support from the employer when raising red flag issues. Would love to return one day but the past year has caused significant burnout. Hope changes can be implemented for the sake of patients.'

'I am withdrawing from the register because I want to travel before I commit to a scheme in Ireland. In addition to this, the working hours, staffing and faults within the Irish Medical system have made me feel overworked and underappreciated this year and I feel as though a change of pace will be beneficial'.

Voluntary withdrawal from the Supervised Division

A total of 12 respondents withdrew from the Supervised Division of the register in 2021. When reasons for voluntarily withdrawing were examined, family/personal reasons or other reasons provided through qualitative feedback were most commonly cited.

Figure 55. Reasons for leaving the Supervised register cited by doctors 2021

The majority of respondents detailed withdrawing in order to pursue additional training:

'I am planning to go for further training purposes abroad to progress my career and upgrade myself.'

'I want to move to the UK. I wish to continue my CESR program in Emergency medicine.'

'Being a non-EU doctor, I will have to do the whole 6 years of training in Ireland to become a consultant Anaesthetics in Ireland there are more options of training in UK.'

'I was here on 2 years CPSP/HSE program and despite completing 2 years of it I am still not eligible to apply for HST training. I previously had 3.5 years postgraduate training experience in Pakistan as well so in total I had 5.5 years of training in Medicine and still I was not able to apply in HST training. So, I believe I have better career progression opportunities in UK and abroad. Ireland is a wonderful place to live and work and I wish I can work here on a long-term basis.'

Elsewhere, some respondents cited returning home post-training as their reason for withdrawal:

'I worked in Ireland for 2 years under supervised division and completed my fellowship programme, I returned back home to continue practicing medicine. Thank you for your support and understanding.'

'This is the end of my Scholarship programme in Ireland (HSE/SMSB Scholarship programme). I am returning home to take my final exam with the SMSB.'

Voluntary withdrawals from the Trainee Specialist Division

A total of 12 respondents withdrew from the Trainee Specialist Division. This is of note when compared with their colleagues' rate of withdrawal from the General Division. When reasons for leaving the Trainee Specialist Division in 2021 were examined, family/personal reasons or other reasons provided through qualitative feedback were cited most.

Figure 56. Reasons for leaving the Trainee Specialist Division cited by doctors 2021

The majority of respondents cited going on maternity leave as their reason for withdrawal:

'Currently on maternity leave until next June 2022. Spoke to staff at IMC who informed me I could voluntarily withdraw and re-join again next year when I recommence employment. Doing this to reduce cost/expense.'

Elsewhere, the other most cited reason for withdrawal was the pursuit of fellowships:

'I am leaving to pursue a post training fellowship in Canada.'

Discussion

Analysis of registration data identifies several salient risks to patient safety. Of note is the continuing increase in the General Division of the register and our immense reliance on NCHDs. Attrition across all divisions remains prominent, particularly among general practitioners and specialists/consultants, arising from lack of access to training and limited career opportunities, poor working conditions, excessive working hours in contravention of the EWTD, personal and family reasons and natural retirement. Our health services are overly reliant on service posts filled by non-training doctors and doctors trained in other jurisdictions, many of whom cannot access adequate training. These issues, resultant of the absence of strategic workforce planning, have direct implications on maintaining patient safety.

General Division

The General Division was created as a transition division for doctors progressing from internship to the Specialist Division, and as such does not offer specialist training. Yet in 2021 39.4% (n=8541) of all doctors retaining registration remained on the General Division, and 34.9% of those who are clinically active in Ireland are on the General Division. The Council believes this presents an unacceptable risk to patient safety, as not only is this division increasing but consultant/specialist posts are not being adequately filled, leading to gaps in training and supervision of less experienced and qualified doctors.

Non-Consultant Hospital Doctors

Reliance on NCHDs continues to be a feature of the Irish healthcare system. In 2021, over half of doctors on the General Division were NCHDs. The high proportion of non-training NCHDs relative to both trainees and consultants/specialists has implications for delivery of high quality and safe patient care. It is still being reported that doctors not on the Specialist Division are continuing to fill consultant posts. This is a direct failure to adhere to the HSE's consultant appointment policy.

Irish Medical Graduates

The majority of NCHDs are doctors who have trained overseas. Irish health services are heavily reliant on posts filled by overseas doctors not in training on the General Division, who report being over-worked, undervalued, experiencing discrimination and unable to access appropriate training. Current training, supervision and working conditions of NCHDs pose serious implications for patient and professional safety.

Non-Compliance with European Working Time Directive (EWTD)

In 2021, over one-quarter of doctors reported working more than 48 hours on average a week, in contravention of the EWTD. Your Training Counts 2019-2020 points to a correlation between hours worked per week and presentation of perceived stress, burnout, compassion satisfaction secondary traumatic stress and perceived organisational support. Excessive work hours are demonstrably associated with attrition, stress, burnout and are predictive of adverse event involvement (Humphries, 2021), which can undermine patient safety.

Attrition

In 2021, there were 982 VWs recorded, representing a 13.3% increase on 2020's figure. Respondents cited family and personal issues, lack of training opportunities, inadequate resourcing and work conditions as reasons for withdrawing. Ireland's inability to retain experienced and highly competent doctors affects quality of care and undermines patient safety. The UK emerges as the main beneficiary of Ireland's shortcomings as it is the destination of preference for most of those withdrawing from the Irish register. Doctors report that they can access training programmes, and this has been facilitated by the experience they gained practising in Ireland. Improvements in working conditions, perceptions of training and support of well-being are essential to retaining doctors (Cronin et al., 2019). Ensuring the system is safe and attractive to stay and work in is crucial to producing and maintaining a sustainable workforce into the future.

The Irish health system cannot continue to operate without considerable and perilous effects on the health and well-being of doctors and their capacity to provide safe, quality patient care. Ad-hoc and reactive supports such as increasing the number of training posts are not sufficient to ensure safe levels of service provision in the short or longer term. Although recent changes to the application of EU/EEA Community Preference to postgraduate medical training programmes by the Postgraduate Medical Training Bodies are to be welcomed, working conditions and quality of training must be significantly improved if non-EU/EEA doctors are to be encouraged to remain working in Ireland.

Piecemeal and reactive solutions fall short of addressing the profound challenges within our healthcare system in the absence of a comprehensive and coherent approach to healthcare workforce planning. As the regulator of the medical profession, the Council has a duty to ensure that issues which compromise patient safety are addressed and rectified. The key risks identified from the data analyses, comparable national research, and proposed actions set out in this report are designed to support effective planning and development of a strong and sustainable medical workforce that can provide safe, high quality sustainable patient care.

Proposed Actions

It is the Medical Council's position that Ireland must develop a vision for the healthcare workforce, and this should include carefully considering how doctors can be best employed to provide quality and sustainable patient care. The profound risks to patient safety and doctor well-being emphasised by the findings presented in this and prior iterations of the Workforce Intelligence Report necessitate a comprehensive workforce framework. The adverse impact of the COVID-19 pandemic on the Irish healthcare system, in conjunction with pre-existing workforce issues, have compounded the need for the development of an integrated healthcare workforce strategy.

With the co-operation of all our stakeholders, the Council is willing to play an engaging and supportive role in the development and implementation of a strategic workforce framework for doctors, as an integral part of a wider healthcare workforce strategy. As the regulatory body for doctors, the Council has a statutory role in protecting the public and ensuring patient safety by promoting the highest professional standards amongst doctors practising in the Republic of Ireland. The issues highlighted in this report indicate possible risk to and undermining of patient safety.

The Council recognises that it has a responsibility to protect patient safety and support the medical profession in a transparent, respectful and fair manner. Through the application of right touch regulation, the Council can and will influence required changes within the health system to support provision of safe quality health care.

Context and Driving Factors

Healthcare workforce planning is multi-faceted, and within this strategic plan, accountabilities will be divided between stakeholders. Commitment and buy-in from Government will be required to ensure that the necessary infrastructural supports and investment are available. It is imperative that all health reform activities consider workforce as a priority from the early stages of development. A coordinated approach to broad reform will allow for significant and lasting change.

The NDTP methodological framework for workforce planning, NDTP Health Workforce Planning Ireland: A Simple Stepwise Approach (HSE NDTP, 2016) and Department of Health's, Working Together for Health: A National Strategic Framework for Health and Social Care Workforce Planning (DOH, 2017), provide a useful structure to support a proposed healthcare workforce strategy. This workforce strategy should act on the following:

- Commence coordination and collaboration across all key stakeholders, including the Department of Health, HSE/NDTP, clinical programmes, primary care, mental health division, acute hospitals, Community Health Care Organisations (CHOs), Forum of Irish Postgraduate Medical Training Bodies, Medical Schools, Central Statistics Office (CSO), private healthcare/hospitals and patient representative groups.
- Task a Planning and Advisory Group to explore and plan the workforce strategy. This Group will advise on development of strategic priorities and associated action plans, including identifying areas for priority investment. It will have oversight of the development, implementation, approval and monitoring of this strategic framework.
- Carry out a national consultation with individuals, patient groups and medical stakeholders to identify key priorities, issues and challenges. This scoping exercise will also include analysis of available data and relevant literature. Analysis of data by the Medical Council in this report and elsewhere, along with the NDTP's analysis of supply and demand of doctors across specialities in Ireland are vital in the process of formulating a workforce strategy.

- Identify priority workforce issues and contributing factors. Priority issues will be determined by consultation and research, and given the outcomes of this research, are likely to include issues relating to retention and recruitment of doctors and doctor well-being. Each priority will be assigned actions and details, involving various stakeholders. The connection between data, planning and coordination will be essential when exploring priorities and actions.
- Explore the impact and feasibility of proposed approaches. Evaluating and adapting will ensure a fit-for-purpose approach, for example, implementing evidence-based well-being supports for doctors to address burnout, including stress mitigation techniques and improved rostering. The assigned role of stakeholders will be key in this regard. Workforce planning should be guided by Government policies such as moving patient care into communities, progressing towards self-sufficiency in producing medical graduates in Ireland, and reducing the ratio of NCHDs to consultants/specialists.

The healthcare workforce needs to be considered within context, taking account of multidisciplinary models and team-based care, for example, whereby doctors work with other health professionals. The proposed strategy will not be developed in isolation, and health reforms and policies that are underway, including Sláintecare, Healthy Ireland, national clinical programmes, will be considered.

Significant drivers of change to the workforce will also need to be explored, and this includes population ageing and epidemiology, current levels of service utilisation, current unmet demand, and technology and e-health.

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Appendix

Table I. Divisional status of new registrant graduates of Irish and international medical schools 2021 (See Figure 8)

		Frequency	Percent
Irish BMQ	General Division	4	0.5%
	Internship Division	882	99.3%
	Specialist Division	2	0.2%
	Total	**888**	**100%**
International BMQ	General Division	1,289	75.1%
	Internship Division	22	1.3%
	Specialist Division	276	16.1%
	Supervised Division	115	6.7%
	Trainee Specialist Registration	14	0.8%
	Visiting EEA Registration	1	0.1%
	Total	**1,717**	**100%**

Table II. New registrants status at year-end 2021 according to initial Divisional status (See Figure 9)

		Frequency	Percent
Active	General Registration	1,264	49.6%
	Internship Registration	886	34.8%
	Specialist Registration	267	10.5%
	Supervised Registration	115	4.5%
	Trainee Specialist Registration	14	0.5%
	Total	**2,546**	**100%**
Withdrawn	General Registration	16	64%
	Internship Registration	3	12%
	Specialist Registration	6	24%
	Total	**25**	**100%**

This table does not include figures relating to newly registered doctors in the following categories: Application under review (N=2), Closed (N=16), Removed (N=15) and Restoration Awaiting Review (N=1).

Table III. Divisional status of doctors who retained their place on the Irish register of medical practitioners 2021 (See Figure 11)

	Frequency	Percent
General Registration	8,541	39.4%
Specialist Registration	10,428	48.1%
Supervised Registration	115	0.5%
Trainee Specialist Registration	2,596	12.0%
Total	**21,680**	**100%**

Table IV. Region of practice of doctors who retained their place on the Irish register of medical practitioners 2021 (See Figure 12)

	Frequency	Percent
Both within and outside the Republic of Ireland	1,456	6.7%
Outside the Republic of Ireland only	3,126	14.4%
Within the Republic of Ireland only	16,521	76.2%
Unreported	577	2.7%
Total	**21,680**	**100%**

Table V. Category of region of BMQ obtained by doctors who retained their place on the Irish register of medical practitioners 2021 (See Figure 13)

	Frequency	Percent
Category 1. Graduates of Irish medical schools	12,631	58.3%
Category 2: Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	2,471	11.4%
Category 3. Graduated in a medical school in the EU (and they are not an EU National)	795	3.7%
Category 4. International graduates from a medical school outside the EU and Ireland	5,780	26.7%
Unreported	3	0.0%
Total	**21,680**	**100%**

Table VI. Self-reported role of doctors who retained their place on the Irish register of medical practitioners 2021 (See Figure 14)

	Frequency	Percent
Community Health Doctor	218	1.0%
General practitioner	5,007	23.1%
Healthcare related management and administration	95	0.4%
Hospital Consultant	5,662	26.1%
Non-consultant hospital doctor, in training	4,046	18.7%
Non-consultant hospital doctor, not in training	4,388	20.2%
Other	497	2.3%
Other Consultant or Specialist	1,107	5.1%
Public Health Doctor	210	1.0%
Unreported	450	2.1%
Total	**21,680**	**100%**

Table VII. Average weekly working hours self-reported by doctors who retained their place on the Irish register of medical practitioners 2021 (See Figure 15)

	Frequency	Percent
Fewer than 10 hours per week	771	3.5%
10 to 20 hours per week	986	4.5%
21 to 30 hours per week	1,292	6%
31 to 40 hours per week	4,428	20.4%
40 to 48 Hours	7,393	34.1%
More than 48 hours	6,320	29.2%
Unreported	490	2.3%
Total	**21,680**	**100%**

Table VIII. Self-reported county of practice of doctors who retained their place on the Irish register of medical practitioners 2021

	Frequency	Percent
Carlow	68	0.3%
Cavan	261	1.2%
Clare	141	0.7%
Cork	2,048	9.4%
Donegal	487	2.2%
Dublin	7,636	35.2%
Galway	1,421	6.6%
Kerry	441	2.0%
Kildare	361	1.7%
Kilkenny	324	1.5%
Laois	233	1.1%
Leitrim	26	0.1%
Limerick	961	4.4%
Longford	43	0.2%

	Frequency	Percent
Louth	501	2.3%
Mayo	395	1.8%
Meath	289	1.3%
Monaghan	70	0.3%
Offaly	246	1.1%
Roscommon	111	0.5%
Sligo	422	1.9%
Tipperary	319	1.5%
Waterford	593	2.7%
Westmeath	329	1.5%
Wexford	310	1.4%
Wicklow	177	0.8%
Unreported	3,467	16.0%
Total	**21,680**	**100%**

Table IX. Self-reported area of practice of doctors who retained their place on the Irish register of medical practitioners 2021

	N	%
Anaesthesiology	1,440	6.6%
Cardiology	385	1.8%
Cardiothoracic Surgery	123	0.6%
Chemical Pathology	23	0.1%
Child & Adolescent Psychiatry	285	1.3%
Clinical Genetics	19	0.1%
Clinical Neurophysiology	13	0.1%
Clinical Pharmacology & Therapeutics	34	0.2%
Dermatology	208	1.0%
Emergency Medicine	1,090	5.0%
Endocrinology & Diabetes Mellitus	252	1.2%
Gastroenterology	338	1.6%
General (Internal) Medicine	1,679	7.7%
General Practise	5,333	24.6%
General Surgery	981	4.5%
Genito-Urinary Medicine	29	0.1%
Geriatric Medicine	452	2.1%
Haematology (Clinical & Laboratory)	230	1.1%
Histopathology	288	1.3%
Immunology (Clinical & Laboratory)	21	0.1%
Infectious Diseases	109	0.5%
Intensive Care Medicine	159	0.7%
Medical Oncology	221	1.0%
Microbiology	150	0.7%
Military Medicine	14	0.1%
Neonatology	116	0.5%
Nephrology	175	0.8%
Neurology	192	0.9%

	N	%
Neuropathology	5	0.0%
Neurosurgery	88	0.4%
Obstetrics & Gynaecology	856	3.9%
Occupational Medicine	173	0.8%
Ophthalmic Surgery	150	0.7%
Ophthalmology	196	0.9%
Oral & Maxillo-Facial Surgery	40	0.2%
Otolaryngology	208	1.0%
Paediatric Cardiology	61	0.3%
Paediatric Surgery	49	0.2%
Paediatrics	1,060	4.9%
Palliative Medicine	144	0.7%
Pharmaceutical Medicine	70	0.3%
Plastic, Reconstructive and Aesthetic Surgery	201	0.9%
Psychiatry	1,220	5.6%
Psychiatry of Learning Disability	57	0.3%
Psychiatry of Old Age	120	0.6%
Public Health Medicine	347	1.6%
Radiation Oncology	103	0.5%
Radiology	649	3.0%
Rehabilitation Medicine	50	0.2%
Respiratory Medicine	308	1.4%
Rheumatology	162	0.7%
Sports & Exercise Medicine	42	0.2%
Trauma & Orthopaedic Surgery	635	2.9%
Tropical Medicine	9	0.0%
Urology	204	0.9%
Vascular Surgery	113	0.5%
Unreported	1	0.0%
Total	**21,680**	**100%**

Table X. Region of practice of doctors retaining on the register in 2021, reporting being clinically active and working in Ireland (See Figure 16)

	Frequency	Percent
Both within and outside the Republic of Ireland	1,405	7.6%
Within the Republic of Ireland only	16,461	89.3%
Unreported	558	3.0%
Total	**18,424**	**100%**

Table XI. Gender of doctors retaining on the register in 2021, reporting being clinically active and working in Ireland (See Figure 17)

	Frequency	Percent
Female	8,653	47%
Male	9,771	53%
Total	**18,424**	**100%**

Table XII. Divisional status of doctors retaining on the register in 2021, reporting being clinically active and working in Ireland (See Figure 18)

	Frequency	Percent
General Registration	6,432	34.9%
Specialist Registration	9,308	50.5%
Supervised Registration	112	0.6%
Trainee Specialist Registration	2,572	14%
Total	**18,424**	**100%**

Table XIII. County of practice of doctors retaining on the register in 2021, reporting being clinically active and working in Ireland

	Frequency	Percent	Per 1,000 population
Carlow	65	0.4%	1.14
Cavan	258	1.4%	3.39
Clare	141	0.8%	1.19
Cork	2,021	11.0%	3.72
Donegal	477	2.6%	3.00
Dublin	7,549	41.0%	5.61
Galway	1,403	7.6%	5.44
Kerry	429	2.3%	2.90
Kildare	361	2.0%	1.62
Kilkenny	320	1.7%	3.22
Laois	229	1.2%	2.70
Leitrim	26	0.1%	0.81
Limerick	949	5.2%	4.87
Longford	43	0.2%	1.05
Louth	499	2.7%	3.87
Mayo	389	2.1%	2.98
Meath	288	1.6%	1.48
Monaghan	69	0.4%	1.12
Offaly	241	1.3%	3.09
Roscommon	109	0.6%	1.69
Sligo	415	2.3%	6.33
Tipperary	315	1.7%	1.97
Waterford	585	3.2%	5.04
Westmeath	325	1.8%	3.66
Wexford	304	1.7%	2.03
Wicklow	176	1.0%	1.24
Unreported	438	2.4%	-
Total	**18,424**	**100%**	**3.87**

Table XIV. County of practice self-reported by GPs offered retention of registration 2021

	Frequency	Percent	Per 1,000 population
Carlow	53	1.1%	0.93
Cavan	63	1.3%	0.83
Clare	89	1.9%	0.75
Cork	590	12.3%	1.1
Donegal	172	3.6%	1.1
Dublin	1,448	30.1%	1.1
Galway	309	6.4%	1.2
Kerry	146	3.0%	0.99
Kildare	172	3.6%	0.77
Kilkenny	74	1.5%	0.75
Laois	68	1.4%	0.8
Leitrim	22	.5%	0.69
Limerick	233	4.8%	1.2
Longford	36	.7%	0.88
Louth	118	2.5%	0.92
Mayo	120	2.5%	0.92
Meath	125	2.6%	0.64
Monaghan	41	.9%	0.67
Offaly	64	1.3%	0.82
Roscommon	50	1.0%	0.77
Sligo	91	1.9%	1.39
Tipperary	128	2.7%	0.8
Waterford	144	3.0%	1.24
Westmeath	105	2.2%	1.2
Wexford	116	2.4%	0.77
Wicklow	133	2.8%	0.93
Unreported	96	2.0%	-
Total	**4,806**	**100%**	**0.99**

Table XV. Area of practice self-reported by doctors, retaining on the register in 2021, reporting being clinically active and working in Ireland

	N	%
Anaesthesiology	1,195	6.5%
Cardiology	294	1.6%
Cardiothoracic Surgery	96	0.5%
Chemical Pathology	21	0.1%
Child & Adolescent Psychiatry	258	1.4%
Clinical Genetics	15	0.1%
Clinical Neurophysiology	12	0.1%
Clinical Pharmacology & Therapeutics	27	0.1%
Dermatology	179	1.0%
Emergency Medicine	868	4.7%
Endocrinology & Diabetes Mellitus	212	1.2%
Gastroenterology	273	1.5%
General (Internal) Medicine	1,341	7.3%
General Practise	4,806	26.1%
General Surgery	779	4.2%
Genito-Urinary Medicine	28	0.2%
Geriatric Medicine	419	2.3%
Haematology (Clinical & Laboratory)	200	1.1%
Histopathology	240	1.3%
Immunology (Clinical & Laboratory)	19	0.1%
Infectious Diseases	93	0.5%
Intensive Care Medicine	95	0.5%
Medical Oncology	192	1.0%
Microbiology	132	0.7%
Military Medicine	13	0.1%
Neonatology	98	0.5%
Nephrology	139	0.8%
Neurology	158	0.9%
Neuropathology	5	0.0%
Neurosurgery	65	0.4%
Obstetrics & Gynaecology	722	3.9%
Occupational Medicine	146	0.8%
Ophthalmic Surgery	125	0.7%
Ophthalmology	162	0.9%
Oral & Maxillo-Facial Surgery	30	0.2%
Otolaryngology	170	0.9%
Paediatric Cardiology	53	0.3%
Paediatric Surgery	33	0.2%
Paediatrics	924	5.0%
Palliative Medicine	126	0.7%
Pharmaceutical Medicine	61	0.3%
Plastic, Reconstructive and Aesthetic Surgery	153	0.8%
Psychiatry	1,081	5.9%
Psychiatry of Learning Disability	54	0.3%
Psychiatry of Old Age	112	0.6%
Public Health Medicine	328	1.8%
Radiation Oncology	87	0.5%
Radiology	503	2.7%
Rehabilitation Medicine	42	0.2%
Respiratory Medicine	270	1.5%
Rheumatology	143	0.8%
Sports & Exercise Medicine	33	0.2%
Trauma & Orthopaedic Surgery	524	2.8%
Tropical Medicine	5	0.0%
Urology	169	0.9%
Vascular Surgery	95	0.5%
Unreported	1	0.0%
Total	**18,424**	**100%**

Table XVI. Most recent speciality achieved by doctors, retaining on the register in 2021, reporting being clinically active and working in Ireland

	Frequency	Percent
Anaesthesiology	85	.4%
Cardiology	104	0.6%
Cardiothoracic Surgery	35	0.2%
Chemical Pathology	13	0.1%
Child and Adolescent Psychiatry	135	0.7%
Clinical Genetics	7	0.0%
Clinical Neurophysiology	13	0.1%
Clinical Pharmacology and Therapeutics	3	0.0%
Dermatology	79	0.4%
Emergency Medicine	148	0.8%
Endocrinology and Diabetes Mellitus	7	0.0%
Gastroenterology	13	0.1%
General	1	0.0%
General (Internal) Medicine	351	1.9%
General Practise	3,743	20.3%
General Surgery	290	1.6%
Genito-Urinary Medicine	8	0.0%
Geriatric Medicine	158	0.9%
Haematology	15	0.1%
Haematology (Clinical and Laboratory)	81	0.4%
Histopathology	172	0.9%
Immunology (Clinical and Laboratory)	9	0.0%
Infectious Diseases	38	0.2%
Intensive Care Medicine	57	0.3%
Medical Oncology	63	0.3%
Microbiology	94	0.5%
Military Medicine	1	0.0%
Neonatology	2	0.0%
Nephrology	62	0.3%
Neurology	77	0.4%
Neuropathology	5	0.0%
Neurosurgery	31	0.2%
None	9,137	49.6%
Obstetrics and Gynaecology	275	1.5%
Occupational Medicine	84	0.5%
Ophthalmic Surgery	66	0.4%
Ophthalmology	132	0.7%
Oral and Maxillo-Facial Surgery	17	0.1%
Otolaryngology	85	.4%
Paediatric Cardiology	5	0.0%
Paediatric Surgery	11	0.1%
Paediatrics	360	2.0%
Palliative Medicine	61	0.3%
Pharmaceutical Medicine	11	0.1%
Plastic, Reconstructive and Aesthetic Surgery	65	0.4%
Psychiatry	422	2.3%
Psychiatry of Learning Disability	49	0.3%
Psychiatry of Old Age	106	0.6%
Public Health Medicine	118	0.6%
Radiation Oncology	43	0.2%
Radiology	374	2.0%
Rehabilitation Medicine	16	0.1%
Respiratory Medicine	140	0.8%
Rheumatology	76	0.4%
Sports and Exercise Medicine	29	0.2%
Trauma and Orthopaedic Surgery	224	1.2%
Urology	83	0.5%
Vascular Surgery	6	0.0%
Total	**18,424**	**100%**

Table XVII. Region of BMQ obtained by doctors retaining on the register in 2021, reporting being clinically active and working in Ireland

	Frequency	Percent
Category 1. Graduates of Irish medical schools	11,962	64.9%
Category 2. Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	1,877	10.2%
Category 3. Graduated in a medical school in the EU (and they are not an EU National)	601	3.3%
Category 4. International graduates from a medical school outside the EU and Ireland	3,983	21.6%
Unreported	1	0.0%
Total	**18,424**	**100%**

Table XVIII. Country of BMQ of doctors retaining on the register in 2021, reporting being clinically active and working in Ireland

	Frequency	Percent
Bangladesh	28	0.2%
Bulgaria	88	0.5%
China	33	0.2%
Croatia	49	0.3%
Czech Republic	115	0.6%
Egypt	270	1.5%
Germany	65	0.4%
Hungary	216	1.2%
India	318	1.7%
Iraq	96	0.5%
Ireland	11,971	65.0%
Italy	62	0.3%
Latvia	51	0.3%
Libyan Arab Jamahiriya	91	0.5%
Lithuania	49	0.3%
Netherlands	29	0.2%
Nigeria	148	0.8%
Pakistan	1,406	7.6%
Poland	202	1.1%
Romania	514	2.8%
Russian Federation	41	0.2%
Slovakia	73	0.4%
South Africa	337	1.8%
Spain	86	0.5%
Sudan	802	4.4%
Syrian Arab Republic	32	0.2%
Ukraine	28	0.2%
United Kingdom	692	3.8%

Countries making up <0.1% of doctors retaining registration on the Medical Council register in 2021 and reporting being clinically active, working in Ireland, by respective jurisdiction of basic medical qualification obtained included: Albania; Algeria; Antigua and Barbuda; Argentina; Armenia; Austria; Bahrain; Belarus; Belgium; Bolivia; Brazil; Canada; Cayman Islands; Chile; Colombia; Congo; Costa Rica; Cuba; Curacao; Denmark; Dominica; Dominican Republic; Ecuador; El Salvador; Ethiopia; Finland; France; Georgia; Ghana; Greece; Grenada; Haiti; Honduras; Iceland; Indonesia; Islamic Republic of Iran; Jordan; Kazakhstan; Kenya; Kuwait; Kyrgyzstan; Lebanon; Malawi; Malaysia; Malta; Mauritius; Mexico; Myanmar; Nepal; Netherlands Antilles; New Zealand; Oman; Palestinian Territory; Panama; Peru; Philippines; Portugal; Republic of Moldova; Saint Kitts and Nevis; Saint Lucia; Saudi Arabia; Serbia; Singapore; Slovenia; Sri Lanka; Switzerland; The Republic of Macedonia; Trinidad and Tobago; Turkey; United Arab Emirates; United Republic of Tanzania; United States of America; Uruguay; Uzbekistan; Bolivarian Republic of Venezuela; Yemen; Yugoslavia; Zambia; Zimbabwe.

Table XIX. Country of passport held by doctors retaining on the register in 2021, reporting being clinically active and working in Ireland

	Frequency	Percent
Australia	85	.4%
Bahrain	21	.1%
Bangladesh	40	.2%
Belgium	20	.1%
Botswana	19	.1%
Bulgaria	60	.3%
Canada	182	.8%
Croatia	70	.3%
Czech Republic	32	.1%
Czechoslovakia	12	.1%
Egypt	294	1.4%
France	43	.2%
Germany	122	.6%
Greece	77	.4%
Hong Kong	11	.1%
Hungary	90	.4%
India	406	1.9%
Iran, Islamic Republic of	22	.1%
Iraq	102	.5%
Ireland	12,914	60%
Italy	110	.5%
Jordan	41	.2%
Kuwait	17	.1%
Lebanon	11	.1%
Libyan Arab Jamahiriya	72	.3%
Lithuania	52	.2%
Malaysia	387	1.8%
Mauritius	53	.2%
Netherlands	45	.2%
New Zealand	19	.1%
Nigeria	325	1.5%
Norway	15	.1%
Oman	17	.1%
Pakistan	1,637	7.6%
Palestinian Territory	22	.1%
Poland	191	.9%
Portugal	56	.3%
Romania	248	1.2%
Saudi Arabia	45	.2%
Singapore	33	.2%
Slovakia	27	.1%
South Africa	596	2.8%
Spain	85	.4%
Sri Lanka	53	.2%
Sudan	1,065	4.9%
Sweden	14	.1%
Syrian Arab Republic	47	.2%
Trinidad and Tobago	27	.1%
Turkey	12	.1%
United Arab Emirates	20	.1%
United Kingdom	966	4.5%
United States of America	153	.7%
Zimbabwe	20	.1%

Countries making up <0.1% of doctors retaining registration on the Medical Council register in 2021 and reporting being clinically active, working in Ireland, by respective jurisdiction of passport held included: Afghanistan; Albania; Algeria; Angola Antigua; Barbuda; Argentina; Austria; Barbados; Belarus; Bolivia; Brazil; Brunei Darussalam; Burundi; Cameroon; China; Colombia; Cuba; Cyprus; Denmark; Dominican Republic; Ecuador; El Salvador; Ethiopia; Finland; Georgia; Ghana; Guyana; Haiti; Honduras; Indonesia; Isle of Man; Israel; Jamaica; Japan; Kenya; Kiribati; Latvia; Lesotho; Liberia; Macedonia; Maldives; Malta; Mexico; Mongolia; Morocco; Myanmar; Namibia; Nepal; Northern Ireland; Panama; Paraguay; Peru; Philippines; Qatar Republic of Moldova; Russian Federation; Serbia; Seychelles; Slovenia; Somalia; South Korea; Switzerland; Taiwan; Thailand; Tunisia; U.S.S.R; Uganda; Ukraine; United Republic of Tanzania; Uzbekistan; Venezuela (Bolivarian Republic of); Vietnam; Yemen and Zambia.

Table XX. Registered country of address of doctors retaining on the register in 2021, reporting being clinically active and working in Ireland

	Frequency	Percent
Australia	125	.6%
Bahrain	11	.1%
Bulgaria	19	.1%
Canada	176	.8%
Croatia	27	.1%
Czech Republic	27	.1%
Egypt	39	.2%
France	20	.1%
Germany	39	.2%
Greece	37	.2%
Hong Kong	13	.1%
Hungary	39	.2%
India	52	.2%
Ireland	17,699	82.2%
Italy	40	.2%
Jordan	11	.1%
Kuwait	15	.1%
Lithuania	22	.1%
Malaysia	53	.2%
Netherlands	15	.1%
New Zealand	21	.1%
Nigeria	21	.1%
Northern Ireland	238	1.1%
Oman	57	.3%
Pakistan	382	1.8%
Poland	48	.2%
Portugal	22	.1%
Qatar	30	.1%
Romania	90	.4%
Saudi Arabia	286	1.3%
Singapore	23	.1%
South Africa	421	2%
Spain	94	.4%
Sudan	176	.8%
United Arab Emirates	123	.6%
United Kingdom	703	3.3%
United States of America	151	.7%

Countries making up <0.1% of doctors retaining registration on the Medical Council register in 2021 and reporting being clinically active, working in Ireland, by respective jurisdiction of registered address included: Angola; Austria; Bangladesh; Belarus; Belgium; Botswana; Brazil; Brunei Darussalam; Cayman Islands; Chile; Colombia; Curacao; Cyprus; Denmark; Finland; Gibraltar; Grenada; Iceland; Iran; Iraq; Isle of Man; Israel; Jamaica; Japan; Kenya; Latvia; Lebanon; Libyan Arab Jamahiriya; Maldives; Malta; Mauritius; Namibia; Norway; Palestinian Territory; Republic of Moldova; Senegal; Seychelles; Slovakia; Slovenia; Sri Lanka; Sweden; Switzerland; Taiwan; Thailand; Trinidad and Tobago; Turkey; Uganda; Ukraine; West Indies and Zimbabwe.

Table XXI. Area of practice of Irish BMQ holders and IMGs retaining on the register in 2021, reporting being clinically active and working in Ireland

	Irish BMQ holders		International BMQ holders	
	Frequency	Percent	Frequency	Percent
Anaesthesiology	369	3.1%	237	3.7%
Cardiology	70	.6%	34	.5%
Cardiothoracic Surgery	20	.2%	15	.2%
Chemical Pathology	7	.1%	6	.1%
Child & Adolescent Psychiatry	97	.8%	38	.6%
Clinical Genetics	5	.0%	2	.0%
Clinical Neurophysiology	12	.1%	1	.0%
Clinical Pharmacology and Therapeutics	3	.0%	-	-
Dermatology	65	.5%	14	.2%
Emergency Medicine	114	1%	34	.5%
Endocrinology and Diabetes Mel	4	.0%	3	.0%
Gastroenterology	9	.1%	4	.1%
General (Internal) Medicine	223	1.9%	128	2%
General Practise	3,152	26.4%	591	9.1%
General Surgery	174	1.5%	116	1.8%
Genito-Urinary Medicine	7	.1%	1	.0%
Geriatric Medicine	149	1.2%	9	.1%
Haematology	11	.1%	4	.1%
Haematology (Clinical and Laboratory)	63	.5%	18	.3%
Histopathology	140	1.2%	32	.5%
Immunology (Clinical and Laboratory)	7	.1%	2	.0%
Infectious Diseases	30	.3%	8	.1%
Intensive Care Medicine	52	.4%	5	.1%
Medical Oncology	52	.4%	11	.2%
Microbiology	72	.6%	22	.3%
Military Medicine	1	.0%	-	-
Neonatology	2	.0%	-	-
Nephrology	50	.4%	12	.2%
Neurology	58	.5%	19	.3%
Neuropathology	4	.0%	1	.0%
Neurosurgery	21	.2%	10	.2%
None	4,829	40.4%	4,307	66.7%
Obstetrics and Gynaecology	144	1.2%	131	2%
Occupational Medicine	69	.6%	15	.2%
Ophthalmic Surgery	62	.5%	4	.1%
Ophthalmology	90	.8%	42	.7%
Oral and Maxillo-Facial Surgery	15	.1%	6	.1%
Otolaryngology	63	.5%	151	2.3%
Paediatric Cardiology	5	.0%	-	-
Paediatric Surgery	5	.0%	6	.1%
Paediatrics	209	1.7%	151	2.3%

	Irish BMQ holders		International BMQ holders	
	Frequency	Percent	Frequency	Percent
Palliative Medicine	55	.5%	6	.1%
Pharmaceutical Medicine	9	.1%	2	.0%
Plastic, Reconstructive and Ae	50	.4%	15	.2%
Psychiatry	325	2.7%	97	1.5%
Psychiatry of Learning Disability	38	.3%	11	.2%
Psychiatry of Old Age	99	.8%	7	.1%
Public Health Medicine	107	.9%	11	.2%
Radiation Oncology	29	.2%	14	.2%
Radiology	294	2.5%	80	1.2%
Rehabilitation Medicine	13	.1%	3	.0%
Respiratory Medicine	111	.9%	29	.4%
Rheumatology	61	.5%	15	.2%
Sports and Exercise Medicine	22	.2%	7	.1%
Trauma and Orthopaedic Surgery	158	1.3%	66	1%
Urology	56	.5%	27	.4%
Vascular Surgery	1	.0%	5	.1%
Total	**11,962**	**100%**	**6,461**	**100%**

Table XXII. Category of registrants according to region of BMQ that withdrew from the register in 2021 (See Figure 22)

Eligibility Category	Frequency	Percent	Cumulative Percent
Category 1. Graduates of Irish medical schools	306	36.1%	36.1%
Category 2. Medical Practitioners who graduated from a medical school in the EU and are EU Nationals	123	14.5%	50.6%
Category 3. Graduated from a medical school in the EU (and they are not an EU National)	59	7%	57.5%
Category 4. International graduates from a medical school outside the EU and Ireland	360	42.5%	100%
Total	**848**	**100%**	

Table XXIII. Division of the register from which doctors withdrew in 2021 (See Figure 23)

Divisional Status	Frequency	Percent	Cumulative Percent
General Registration	580	68.4%	68.4%
Internship Registration	29	3.4%	71.8%
Specialist Registration	215	25.4%	97.2%
Supervised Registration	12	1.4%	98.6%
Trainee Specialist Registration	12	1.4%	100%
Total	**848**	**100%**	

Table XXIV. Reasons for withdrawal from the register in 2021 (See Figure 24)

Reason for withdrawal	Frequency	Percent	Cumulative Percent
You wish to practise medicine in another country	584	68.9%	68.9%
You wish to stop practicing medicine	84	9.9%	78.8%
You have some other reason for voluntarily withdrawing	180	21.2%	100%
Total	**848**	**100%**	

Table XXV. Next destination for those who withdrew citing wishing to practise medicine in another country in 2021 (See Figure 25)

Primary reasons for VW	Frequency	Percent	Cumulative Percent
Another destination	149	25.5%	25.5%
Australia	96	16.4%	41.9%
Canada	26	4.5%	46.4%
New Zealand	17	2.9%	49.3%
UK	269	46.1%	95.4%
USA	27	4.6%	100%
Total	**584**	**100%**	

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