



Medical Council

Summary of the Medical Workforce Intelligence Report 2021



Comhairle na nDochtúirí Leighis
Medical Council

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



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



21,680

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



Doctors who retained their place on the Medical Council's 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

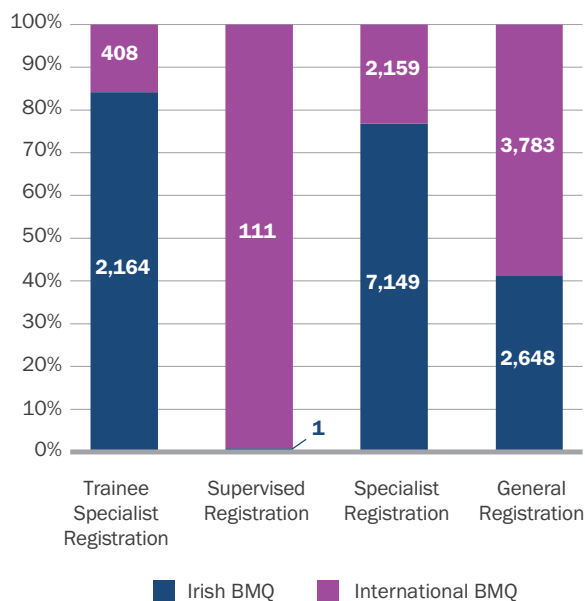
Supervised Registration

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 Ireland¹



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.

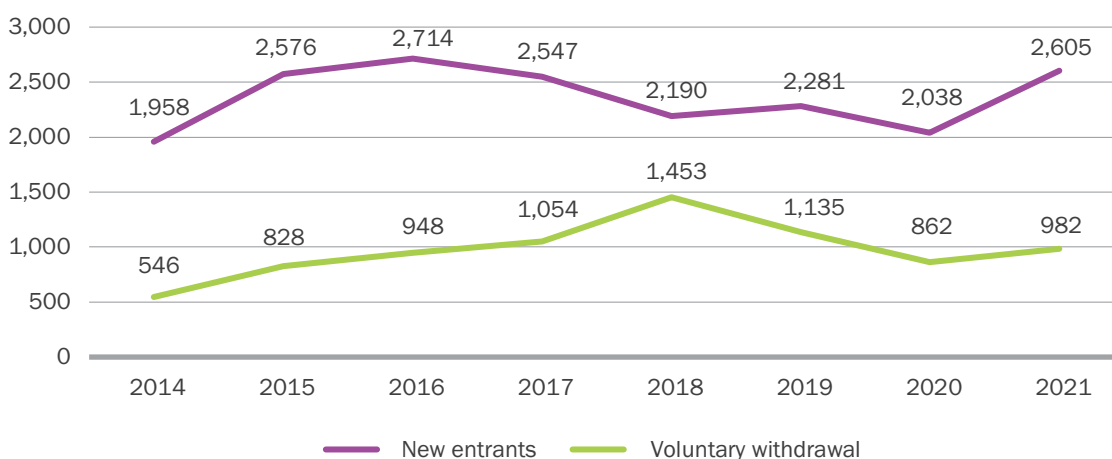
Doctors from countries outside of the EU cumulatively contributed more new entrants to the Irish register of medical practitioners than doctors from Ireland.

- ▶ 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.

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.

Figure 2. Voluntary Withdrawals and new entrants to the Medical Council register 2014-2021²



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

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.



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