Medical Workforce Intelligence Report

A Report on the 2019 and 2020 Annual Registration Retention & Voluntary Registration Withdrawal Surveys

Comhairle na nDochtúirí Leighis
Medical Council

About the Medical Council

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

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

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

MAINTAINING THE REGISTER OF DOCTORS

SAFEGUARDING EDUCATION QUALITY FOR DOCTORS

GOOD PROFESSIONAL PRACTICE in the interest of patient safety and high quality care

SETTING STANDARDS FOR DOCTORS' PRACTICE

RESPONDING TO CONCERNS ABOUT DOCTORS

Acknowledgements

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

We would also like to thank the 1,068 doctors in 2019 and 705 doctors in 2020 who voluntarily withdrew from the register but generously gave their time and feedback as to why they decided to withdraw. We hope that through their contributions, this report can help further strengthen and develop a medical workforce that provides quality and safe healthcare in Ireland.

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

Foreword

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

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

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

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

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

Dr Rita Doyle
President

Philip Brady
Chief Executive Officer

Glossary: Abbreviations & acronyms

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

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EXECUTIVE SUMMARY

THE CONTEMPORARY CONTEXT OF WORKFORCE PLANNING IN IRELAND

Executive Summary

This report presents an analysis of the Medical Council's registration data, focusing on doctors retaining registration and those exiting the register. This provides a unique dataset that can be used by government and other key stakeholders to inform future health and medical workforce policy and programmes.

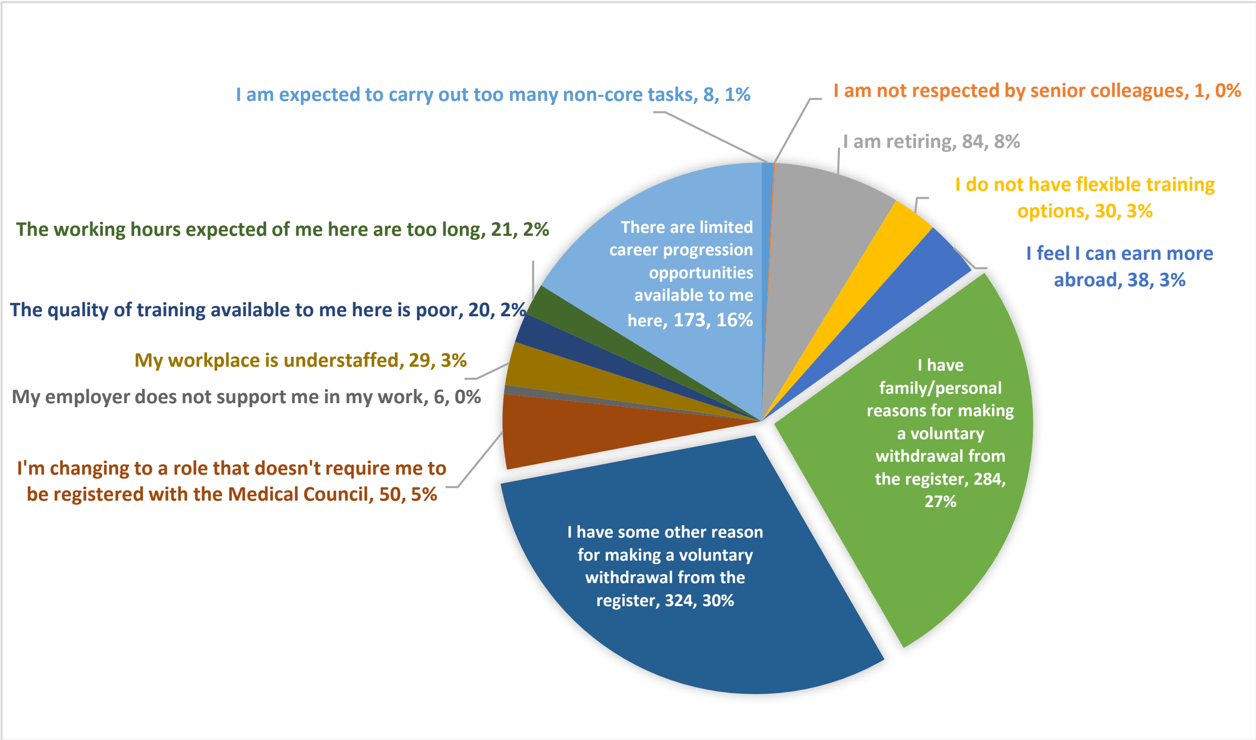
The data describes the continued trend of a growing General Division and attrition resulting from lack of access to training, poor working conditions and natural retirement. While it also presents an increase in intern posts, as a direct result of COVID-19, it remains consistent in its messaging that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

The picture painted by the medical registration data indicates we have a growing register, but of that only 17,928 report clinically practicing in Ireland. The OECD reports that Ireland produces the highest number of medical graduates in the OECD, with 24.9 new graduates per 100,000 of population, but has the lowest number of specialists in the EU. Irish health services are reliant on service posts filled by overseas doctors not in training on the General Division, who report being over-worked, undervalued and experiencing discrimination. The reported hours worked exceed the EWTD mandate and non-Irish/EU are still, at the time of drafting this report, unable to apply for training posts due to anarchic medical legislation. This impacts on Ireland's inability to retain experienced and highly competent doctors with the UK, Australia and Canada being the main beneficiaries of Ireland's retention shortcomings.

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

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

Figure A. Reasons cited for voluntarily withdrawing from the register 2019



To guarantee substantial, high-quality workforce recruitment and retention, both short-term and long-term attention is required to improve working conditions, fill critical consultant vacancies, increase training places and open up opportunities to enter medical training programmes. Alongside this, addressing systemic issues relating to, timely access to diagnostics, ensuring patients have a safe referral path between services and reducing working hours are all critical to providing safe quality health care. It is imperative that these issues are considered and addressed through collaborative working amongst policymakers, educators, planners and employers.

Reviewing sections of the Medical Practitioners Act (2007) is vital to also improve regulatory efficiency. This includes exploring the model of registration that accommodates the myriad of medical practice in Ireland.

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

The findings of this analysis reinforce that of previous reports and include:

That while we train a significant number of doctors, this needs to increase to ensure we have a sustainable medical workforce into the future. Ireland has been replacing the doctors in the system rather than changing the system itself, which is notable through the feedback received from doctors leaving the register. The increase in training posts during COVID-19 is a positive development, but this alone will not ensure satisfactory and safe levels of service provision and certainly not in the short term. Comprehensive and co-ordinated workforce planning is necessary to determine current and future requirements to put the right doctors in the right place with the right qualifications. This would be more effective if combined with implementation of task transfer across the competent range of multidisciplinary health professions.

The COVID-19 pandemic has had a significant impact on the health sector from both a health service delivery and medical workforce perspective. The Medical Council was quick to respond to implementing medical regulatory changes to align with Government policy and action. This included the establishment of the COVID register, providing professional conduct and ethical guidance, reducing the monitoring and maintenance of professional competence requirements.

The recruitment and retention challenges, clearly documented by the IMO, IHCA and HSE NDTP continue across service posts to retention of consultants. It is projected that a 42% increase in consultants may be required to meet future service delivery demands, supported by a 38% increase in trainees over next 5 years (HSE NDTP, 2020). This is in tandem with a forecasted potential 42% increase in the number of GPs to respond to Universal free GP care policy. Examining retention is crucial to producing a sustainable, self-sufficient workforce into the future. The Irish health system is currently experiencing doctor shortages, especially within the skilled and experienced consultant level. If this is not addressed, increasing the number of trainees will be ineffective as the required supervision and training necessary to support trainees is not at capacity. From the Medical Council perspective if doctors do not receive adequate standards of training, patient and professional safety issues arise.

A snapshot of the registration data analysis:

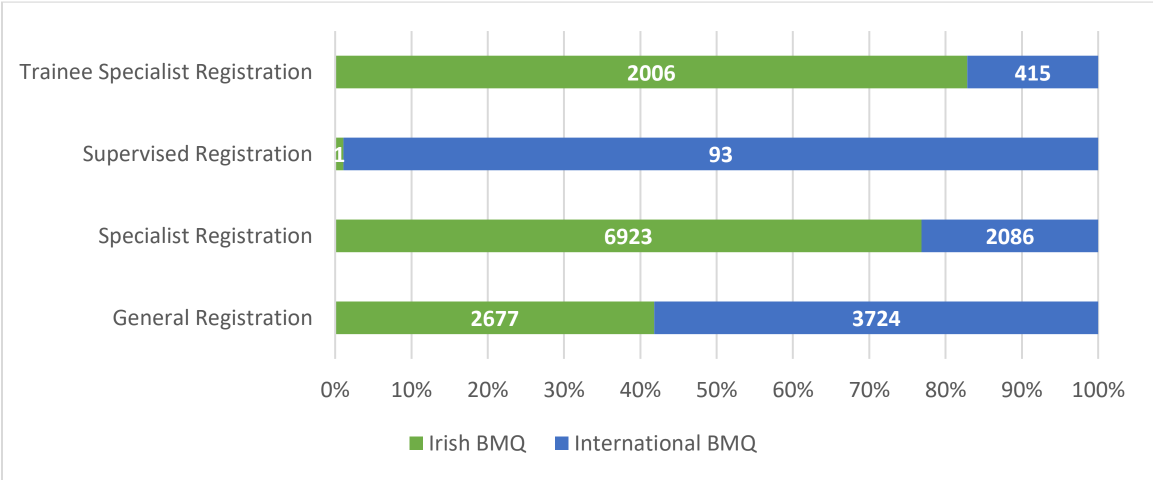
Retention of registration findings

In 2019 22,244 doctors were offered retention, of which 20,455 doctors retained their place on the register. The average age was 44.42 years. In 2020 22,728 doctors were offered retention on the register, with 21,190 doctors retaining. The average age of these doctors was 44.3 years. The majority of the 2019 and 2020 cohorts were male, Irish graduates and on either the General or Specialist Divisions of the register.

In 2019, 20,455 doctors chose to retain their place on the Medical Council's register, of whom 83.8% (N= 17,137) reported being clinically active in Ireland. In 2020, 21,190 doctors chose to retain their place on the Medical Council's register, of whom 84.6% (N=17,926) reported being clinically active in Ireland.

While the majority of doctors who retained were; clinically active, working in Ireland, and Irish graduates, over one in five of these doctors in 2019 were graduates of basic medical programmes completed outside the EU (21.4%). This figure in 2020 was 21.7%.

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



In 2019, 65% of doctors retaining and clinically active in Ireland held Irish Basic Medical Qualifications and 64.7% held same in 2020.

A significant number of doctors were employed by publicly funded services, with a large proportion providing both public and private services. NCHDs were the most prevalent group of doctors registered and clinically active retaining in Ireland, with 7,240 in the system in 2020, an increase of 500 from 2019. 51.3% of NCHDs occupied non-training posts while the remaining 48.7% were in training posts. A significant number of doctors are still self-reporting that they are in consultant posts but not on the

Specialist Division. This includes 148 doctors reporting providing public services only and an additional 69 doctors providing a public and private mix of services.

New entrants to the register

Each year a cohort of doctors enter the register for the first time. These include trainees, doctors from overseas, and doctors returning to the register. In 2019, 2,281 doctors enrolled on the Medical Council register for the first time. The average age of entrants was 32.24 years, with a range of 22-78 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 Ireland.

Voluntary Withdrawal from the register 2019 and 2020

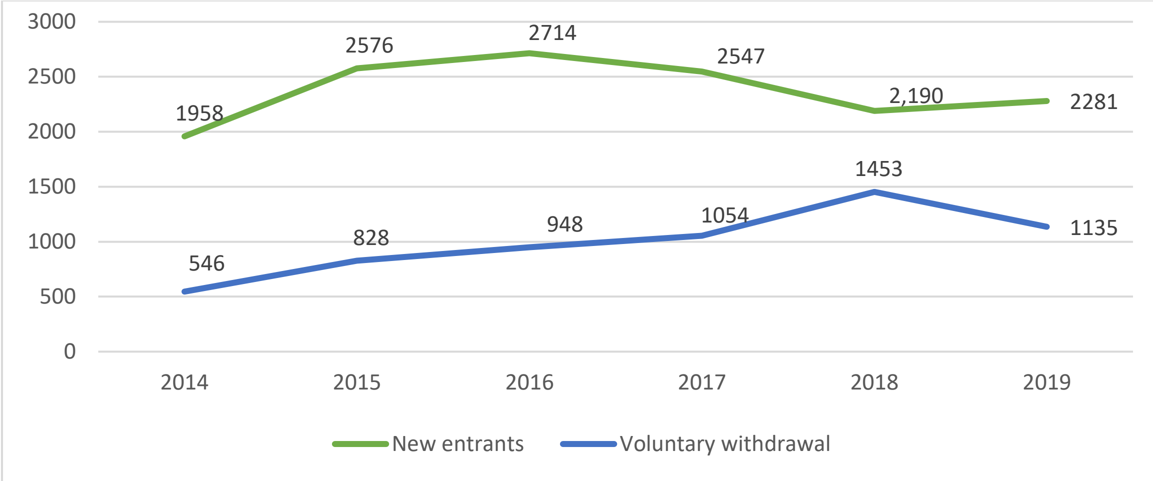
The main reasons cited for Voluntary Withdrawal (VW) were resourcing, excessive working hours, lack of respect, personal and family reasons, retirement, costs of professional indemnity and registration, inflexibility of registration model and health reasons associated with the COVID-19 pandemic.

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

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

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

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

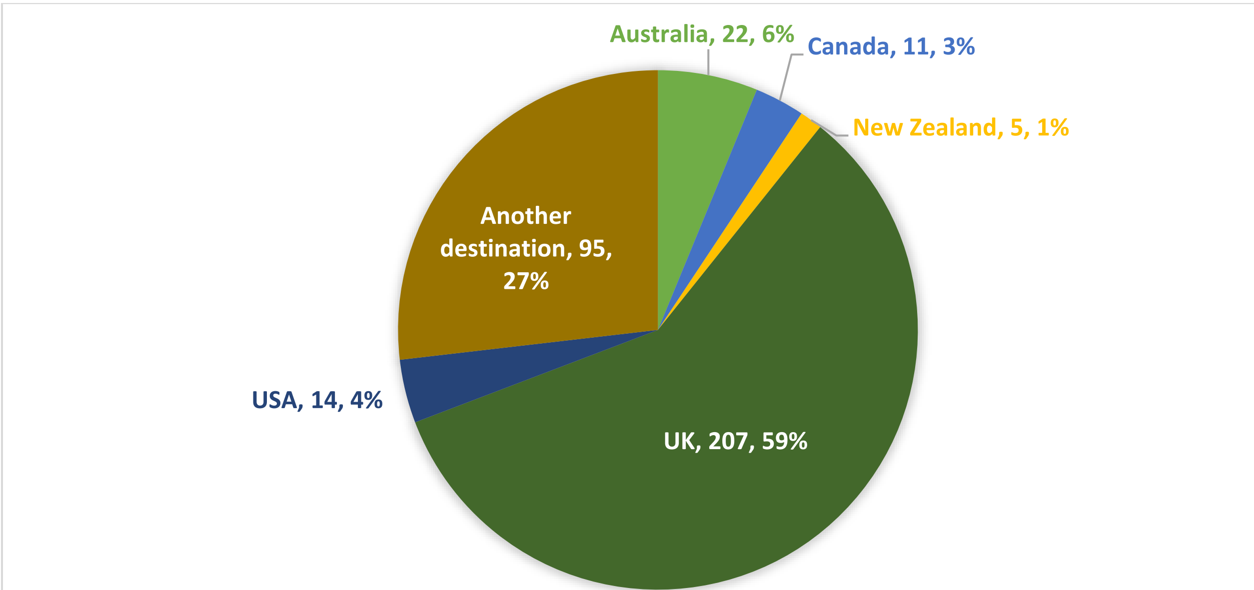


The introduction of medical indemnity in 2018 as a registration requirement was identified as a barrier to continuing practice and retaining registration for retiring doctors for financial and practical reasons. While the legislative reasons for increased mandatory disclosures for registration purposes were acknowledged, the process itself has not resolved the issue for doctors on the specialist register paying prohibitive indemnity rates when no longer in active clinical practice.

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

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

Figure D. Reported next jurisdiction of practice for medical practitioners who graduated from a medical school outside the EU and Ireland



"Another destination" included: Egypt; India; Jordan; Kuwait; Malaysia; Oman; Pakistan; Qatar; Saudi Arabia; South Africa; Spain; Sudan and the United Arab Emirates.

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

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

Overall trends and themes that emerge from analysis of registration data remain generally robust and stable. Systemic and meaningful change for doctors will not be effective in absence of challenging the models and structure of health care provision. COVID-19 has provided opportunities to test and explore alternative ways to deliver health care and has resulted in positive changes such as increasing intern numbers. Continued momentum is required, and this can only be achieved through collaboration that delivers the right changes to ensure patient care is of a high standard.

Summary of registration data

Indicator	2012	2013	2014	2015	2016	2017	2018	2019	2020
Total number of doctors registered at year-end (annual % change)	18,184 (-3.3%)	18,160 (-0.1%)	19,049 (+4.9%)	20,473 (+7.5%)	21795 (+6.5%)	22,649 (+3.9%)	23,007 (+1.6%)	23,558 (+2.4%)	Not recorded to date
% practising in Ireland only	74.4%	79.8%	78.9%	77.3%	74.9%	71.8%	72.6%	73.7%	74.9%
Total number of voluntary withdrawals	N/A	N/A	546	828 (+51.6%)	948 (+14.5%)	1054 (+11.1%)	1453 (+37.9%)	1135 (-21.9%)	Not recorded to date
Total number of new entrants	1,256	1,576	1,958	2,576	2,714	2,547	2,190	2,281	Not recorded to date
Annual % change in number of specialists	+7.4%	+2.8%	+2.6%	+6.6%	+5.9%	+3.6%	+2.7%	+3.2%	+3.9%
% of register who are international medical graduates	34.9%	34.3%	35.7%	37.9%	39%	42%	42.8%	42.4%	42.3%
% who are clinically inactive doctors	7.2%	4.0%	2.9%	2.9%	3.6%	4%	4.6%	1%	0.8%
% practising less than full-time	17.0%	16.1%	16.7%	14.7%	14.2%	14.9%	15.3%	14.4%	14.6%
% retaining registration who are female	40.3%	41.3%	41.2%	41.1%	41.2%	41.1%	42%	42.4%	43.2%
% retaining registration aged 55 years and older	22.5%	21.4%	23.3%	22.7%	22.4%	22.3%	22.4%	22.7%	22.1%
Specialist Division: General Division: Trainee Specialist Division ratio	3.6: 3.4: 1	3.9: 3.5: 1	4.0: 3.6: 1	4.1: 3.7: 1	4.5: 3.5: 1	3.8: 3.4: 1	3.7: 3.2: 1	3.7: 3.1: 1	4.1: 3.5: 1

Doctors first registered in 2019

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

Retention 2019-2020: focus on clinically active practitioners

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

Recommendations for action

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

Introduction

Purpose of the report

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

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

The medical regulatory context

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

In accordance with the EC Directive 2005/36/EC, 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. Throughout the year, doctors enter and leave the Medical Council's register. The registration data describes 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 practice, working role, hours worked, trainer status, county of practice and clinical practice status.

Doctors are required to renew registration on an annual basis. All doctors are obliged to renew their registration if practising medicine in Ireland. Failure to complete this process can ultimately result in a doctor's name being removed from the register, following a warning and notification of potential removal in advance of this. 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 incorporated questions into the ARAF to provide a more comprehensive picture of registered doctors' work practices. 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 and makes comparisons cited in the 2019 report. The register of medical practitioners is a "living" database. Each working day 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 December of 2019. Totals taken at year-end differ slightly from the 'retention of registration' data, which was collected in June. The divisions of the register are described overleaf.

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.

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

Comhairle na nDochtúirí Leighis
Medical Council

Medical Council

DIVISIONS OF THE REGISTER

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 programmes and practise solely within the confines of posts allocated by the Health Service Executive (HSE), in conjunction with the national postgraduate training bodies.

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.

*Please note: New applications for registration must be made through our secure online facility.

Medical Graduates Ireland 2019-2020 as reported against OECD data

The Organisation for Economic Co-operation and Development (OECD) note that in 2019, there were 3.1 doctors per 1,000 inhabitants in Ireland, with 3 hospital beds per 1,000 inhabitants, ranking them 29th of 36 OECD countries. Ireland placed 14h amongst OECD countries in terms of government health spending, with an average of $4915 per capita. Ireland had the highest level of medical graduates in the OECD, with 24.9 new graduates per 100,000 of population. However, the stock and flow of international medical graduates in practice in Ireland is levelling out and slightly decreasing, as reported by the OECD (2019).

Internationally, Canadian stock of Irish graduate doctors increased by 9.7% while Australian stock of same grew by 4.8% between 2017 and 2018. International stock of Irish graduate doctors also increased between 2018 and 2019 in the UK by 4.7%

Figure 1. International medical graduate inflow and stock in Ireland 2010-2019, OECD

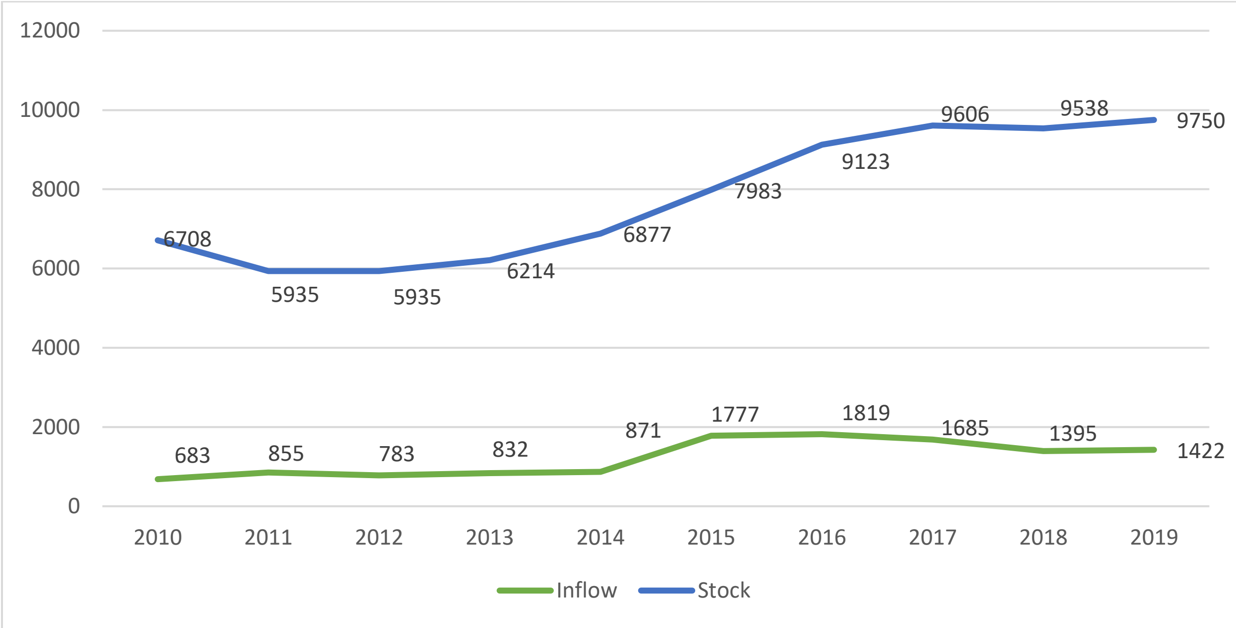
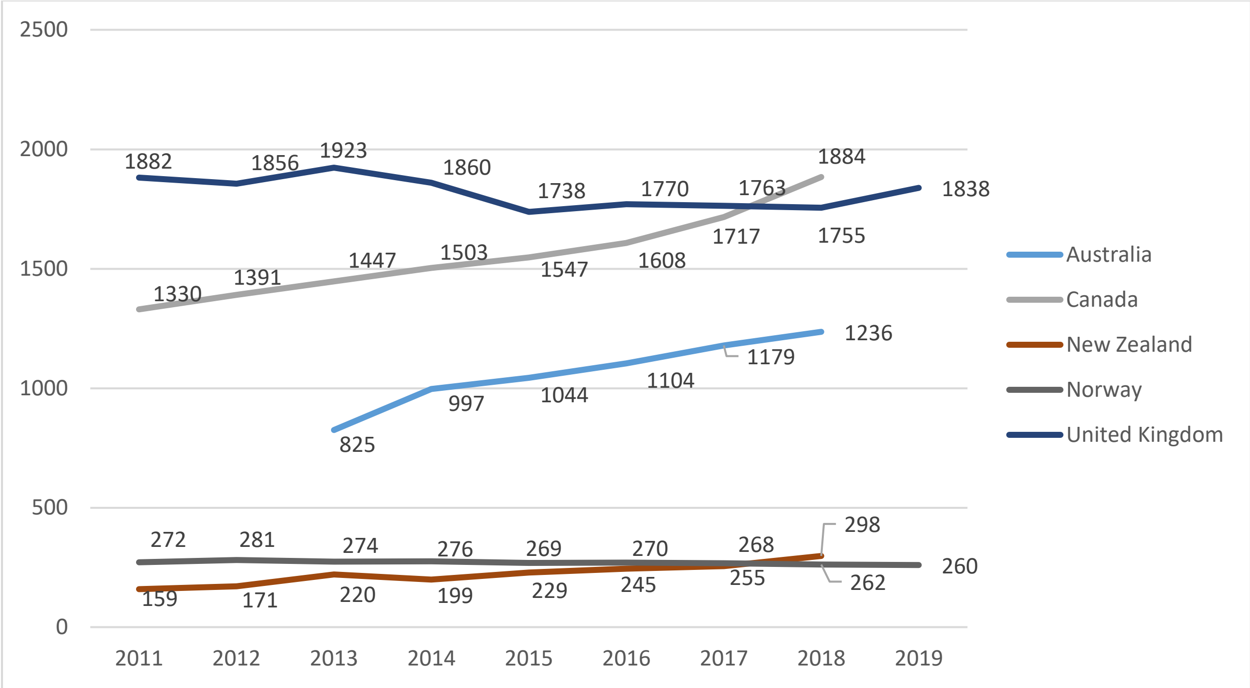


Figure 2. Irish medical graduate stock internationally 2010-2019, OECD, 2020



This phenomenon was delved into and described in detail in a case study entitled "The Irish Paradox: Doctor shortages despite high numbers of domestic and foreign medical graduates" undertaken by Heffron and Socha-Dietrich as part of an OECD investigation into trends in international migration of doctors, nurses and medical students (2019), noting that half of Irish medical graduates are international students. The "paradox" explored describes Ireland providing initial medical education to a large number of Irish and international students, with many leaving the country after graduation and the consequent reliance on international recruitment of doctors to meet domestic needs. However, many international students do not initially intend to practise here, with some student groups funded to study with the explicit intention of returning to practise in their home country. Intentions of some graduates may however change with their formative experience in Ireland.

Overleaf, the most recent data from the OECD is described in figures 3 and 4, which Ireland is notable as the country producing the most medical graduates per 100,000 of population, while having the third lowest number of specialist doctors per 100,000 in the OECD and lowest number per 100,000 in the EU.

Figure 3. Medical graduates per 100,000 of population across OECD countries 2019

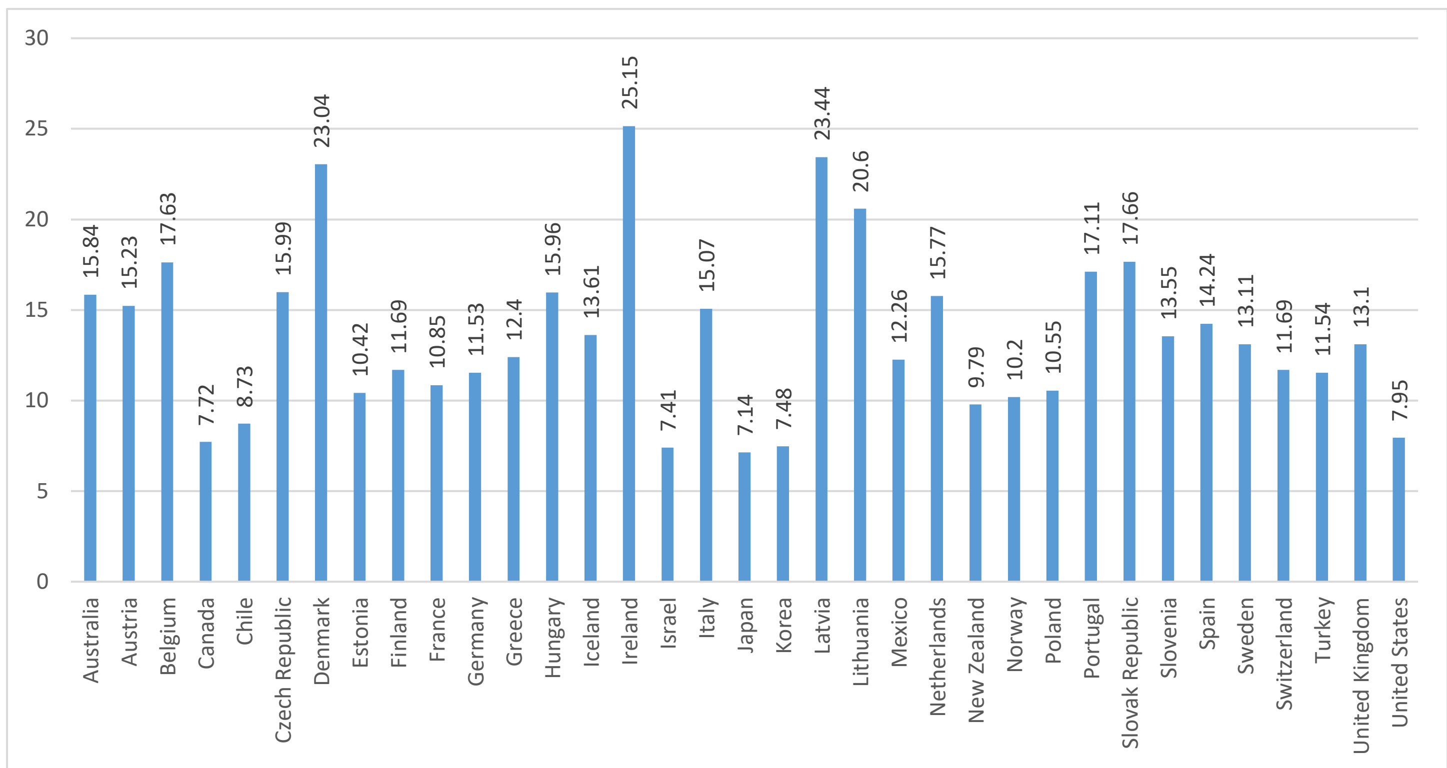
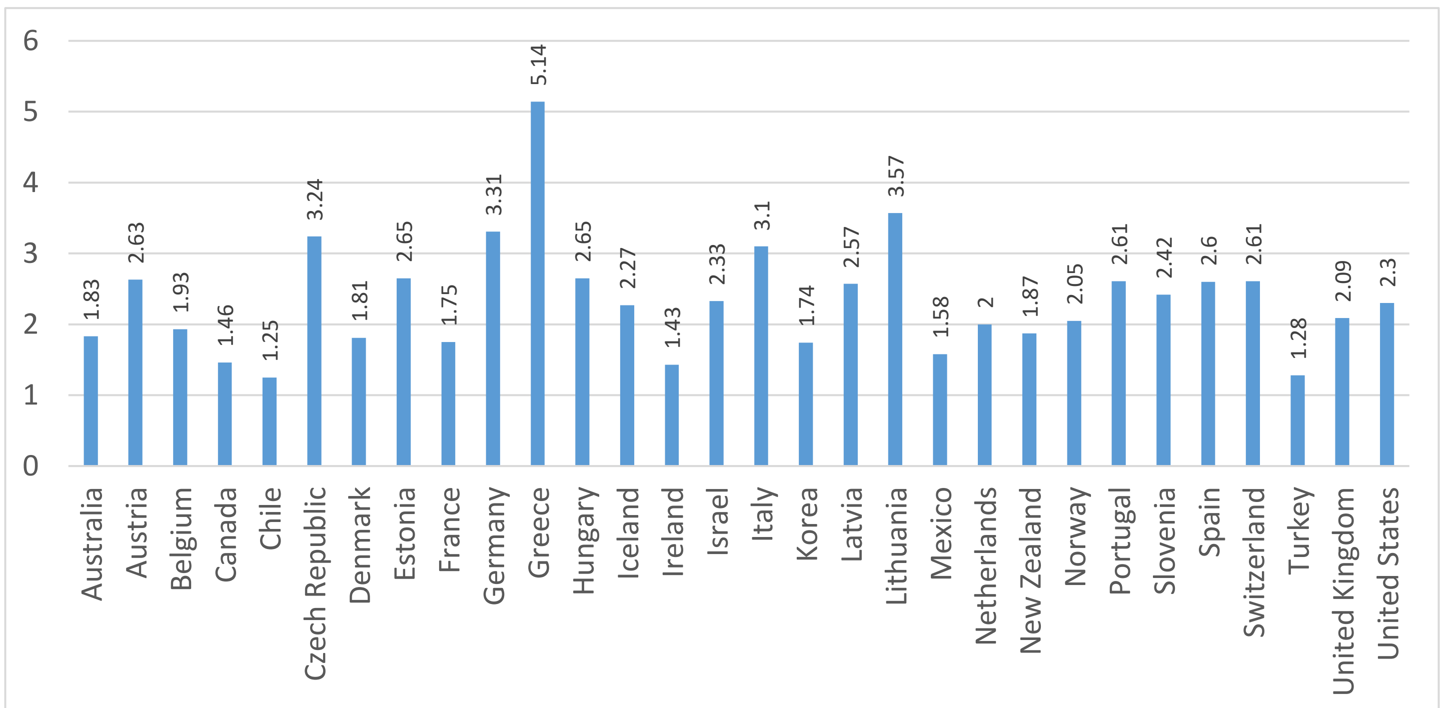


Figure 4. Specialist doctors per 1,000 of OECD country population, 2018



As part of this project, the researchers approached and met with the Department of Health; the Higher Education Authority (HEA); the National Doctors Training and Planning unit (NDTP) of the Health

Service Executive (HSE); the Postgraduate training bodies; The Forum of Postgraduate Training Bodies: the Medical Council; medical schools and individual hospitals/hospital groups. Following this the key questions remaining unaddressed were:

- Desirability of a large number of international students enrolled in a first medical degree if most of them will not have the opportunity to complete their education and training in Ireland;
- The role of state funding of medical education to help balance this was also queried;
- Planning to retain some of the international graduates of Irish medical schools, who are already acquainted with the Irish health system.

While there are distinct gaps in resourcing and staffing identified in 2019, there is also a sense that the quality of the working experience for doctors is a challenge to retention. In a paper published in 2019, Humphries and colleagues describe a deterioration in medical job quality, as expressed by doctors who have emigrated to Australia, through interview. This was coupled with a perceived normalisation of extreme working conditions and behaviour, identified as a key driver of doctor emigration from Ireland, and deterring return.

The Impact of COVID-19 on medical education and practice in Ireland 2020

This year's Workforce Intelligence report is also presented against the backdrop of a global pandemic. Coronavirus disease 2019 (COVID-19) was identified in Wuhan, China, in December 2019. The World Health Organization (WHO) declared the outbreak a Public Health Emergency of International Concern on the 30th January (WHO, 2020), before upgrading it to a global pandemic on the 11th of March (WHO, 2020).

Government Action and Regulatory Response

In mid-February, the Department of Health (2020) issued a press release describing Ireland as having entered a 'containment phase', as a measure to limit the spread of COVID-19. On the 27th of February, the first case of COVID-19 was confirmed on the island of Ireland (RTE, 2020) and on the 29th of February the first case of COVID-19 was confirmed in the Republic of Ireland. Ireland moved into the 'delay phase' on the 12th of March, which was accompanied by a statement by Taoiseach Leo Varadkar,

who announced the official closure of all schools, colleges, childcare facilities and cultural institutions, as well as the cancellation of all indoor mass gatherings of more than 100 people and outdoor mass gatherings of more than 500 people, until the 29th of March (Department of Health, 2020).

On the 17th of March, then Taoiseach Varadkar made a special Ministerial Briefing broadcast where he stated that 'all of our healthcare workers need us to do the right thing in the weeks ahead' (Department of the Taoiseach, 2020). He added that 'retired staff are returning to service. People are training for changed roles' (Department of the Taoiseach, 2020).

On the same day, The Health Service Executive (HSE) launched 'Be on Call for Ireland'. The initiative targeted healthcare professionals not currently working in the public health service, retired healthcare professionals, student healthcare professionals, skilled workers and volunteers to be on call during the COVID-19 pandemic. In response to this, the Medical Council announced the launch of a dedicated pathway for doctors to re-join the Medical Council register of medical practitioners as part of the national COVID-19 response (Medical Council, 2020). This was accompanied by a statement from President of the Medical Council, Dr Rita Doyle calling on all doctors, whether recently retired, working in areas outside of clinical practice, or working or studying abroad, to assist with the national response to COVID-19 (Medical Council, 2020). Between the 18th of March and the 10th of April 2020, a total of 303 Doctors were returned to the register of Medical Practitioners. In total 397 doctors were restored to the temporary COVID-19 register, with a further 91 doctors restored to the permanent register since this call was issued. The workforce was further bolstered when the HSE announced that 1,100 intern places would be available for medical graduates for the 2020-21 term, representing an increase of over 300 doctors receiving an internship and then qualifying in Ireland. Additionally, those who applied unsuccessfully for an intern post for the academic year beginning July 2019 were encouraged to apply for registration and be a part of the COVID-19 effort. In total, 1,034 doctors were registered as interns in this period and medical schools brought forward their undergraduate medical exams so that their students were conferred at an earlier date.

To support changing care delivery, Minister for Health Simon Harris signed the Medical Products (Prescription and Control of Supply) (Amendment) Regulations 2020 which allowed for the electronic transfer of prescriptions to a Pharmacy via the HSE's Healthmail system as well as increasing the period of validity on prescriptions from six months to nine months. To support implementation, the Medical Council, Pharmaceutical Society of Ireland and HSE published a joint guidance setting out the amendments to the legislation for supply of prescription-only medicines during the COVID-19 pandemic. Minister Harris also announced an agreement between the Government and private hospitals for the use of private facilities for the treatment of COVID-19 and non COVID-19 patients.

With specific regard to the Medical Council's regulatory role, and in light of the unprecedented pressures facing many doctors, a decision was taken by the Medical Council to adapt flexibly to its regulatory role, specifically its complaints process and CPD monitoring requirement removing the requirement for Doctors to declare their maintenance of professional competence when retaining registration in 2020 (Medical Council, 2020). This meant that the Medical Council and Postgraduate Training Bodies would not verify or audit Doctors' Professional Competence records for the 2019/20 Scheme Year and Doctors would not be required to make up any shortfall in Scheme requirements for the 2019/20 Scheme year. The Council also advised Doctors to retain enrolment with their Scheme. This approach was taken to prioritise patient safety.

In order to address the additional service demands that COVID-19 raised in Ireland and to "flatten the curve", all non-essential surgery, health procedures and other non-essential health services were postponed. This raises significant patient safety concerns, specifically in relation to patient care pathways arising from the suspension of some non-COVID-19 healthcare services. It has been reported that there are 570,000 people waiting for an outpatient appointment and 230,000 are on a waiting list for an inpatient or day-case procedure (IMO, 2020).

The Medical Council, out of concern for patient safety, undertook a consultation with over 30 stakeholder groups, representing patients and doctors, to gain insight into the challenges being faced and steps required to reintroduce access to non-COVID essential care.

A broad range of stakeholders were consulted[1] across patient advocacy groups, postgraduate training bodies and doctor representative groups, with a response rate of 82% cumulatively across written and virtual consultative fora. The Medical Council conducted consultative fora (written submission and virtual stakeholder meetings) in June 2020 and four key questions were presented for views and included:

1. What are the biggest concerns facing patients at present in respect of non-COVID 19 treatments and continuity of care?
2. When examining possible solutions to ensure adequate continuity of non-COVID 19 patient care in the current climate, what do you see as the key steps to be implemented?

[1] Respondent patient groups included the Irish Cancer Society; Irish Heart Foundation; Cairde; 221+; SAGE; Irish Patients Association; Epilepsy Ireland; Diabetes Ireland; Cystic Fibrosis Ireland; Alzheimer Society Ireland; MS Ireland; Irish Hospice Foundation; Arthritis Ireland and Debra Ireland. Respondent postgraduate training bodies included the College of Anaesthesiologists of Ireland; College of Psychiatrists of Ireland; Irish College of General Practitioners; Irish College of Ophthalmologists; RCPI Institute of Medicine; RCPI Institute of Obstetricians and Gynaecologists; RCPI Faculty of Occupational Medicine; RCPI Faculty of Paediatrics; RCPI Faculty of Pathology; RCPI Faculty of Public Health Medicine and RCSI. The IMO and IHCA were also consulted as doctor representative organisations.

3. What services do you see as a priority for restoration, as the immediate pressures on the health service due to COVID-19 begin to ease?
4. What are the greatest challenges facing the continuity of patient care as the immediate threat of a COVID-19 surge passes?

Feedback across fora and respondent groups was collated, and the theme of resourcing was the most commonly cited theme across all groups and submitted to the Minister for Health and Chief Clinical Officer of the HSE.

Initiatives such as increasing the number of trainee posts, including 90 additional posts through RCPI, re-introducing some screening services and planning to return some hospital services have been announced since this was undertaken and are very much welcomed, in line with the wishes of patients and doctors.

Resourcing

There was a reported acknowledgement across patient and doctor representatives that healthcare resourcing was significantly stretched pre-COVID-19 and would likely be extremely challenged going forward. Months of routine care have been missed, and investment is needed to address this. The following was put forward by stakeholders in the consultation to address resourcing concerns:

- Undertake a rapid review to inform a quick and appropriate response to address resourcing gaps, taking into consideration the reduced capacity due to physical environment limitations, social distancing and infection control. Maintain flexibility given facilities are not fit for this purpose;
- Reinstate specialists to their areas of practice and return specialist inpatient facilities including beds for service resumption;
- Provide appropriate frontline staffing to deliver services against the backlog of demand described and increased demand;
- Retain and appropriately employ doctors who re-registered to "be on call for Ireland" to address service need. Support this through providing training opportunities and placements for trainees;
- Increase the medical workforce, particularly in public health and occupational health;
- Provide resources for public health to carry out its essential statutory functions in infection control. This includes non-COVID work, resuming large-scale public health programmes such as the schools' immunisation programme and winter flu vaccination;
- Reconsider the recommendations of both the Crowe-Horwath and Scally Reports in 2018 to increase attractiveness of public health as a career path going forward;

- The use of telemedicine was cited as very useful by many patient groups but challenging for others, including those with communication and cognitive difficulties. This should not replace, but supplement, face-to-face consultation;
- Address the limitations of existing IT infrastructure, including introducing electronic health records, would enable improved community-based patient engagement, management, integrated care and virtual/simulation capability where appropriate for each patient.

Doctor Wellbeing

In the context of previously identified resourcing challenges, growing waiting lists and the personal challenges presented by COVID-19 including school closures and limited social contacts, healthcare workers have been placed in a position of physical health risk. The number of positive COVID-19 cases in healthcare workers reached 8,562, representing 30.46% of all cases in Ireland according to the Health Protection Surveillance Centre on the 25th August 2020. Of these, 8 healthcare workers lost their lives. It has been reported by the HPSC also, that by the 15th August, 536 doctors in Ireland had confirmed cases of COVID-19. Emerging literature suggests that healthcare workers supporting COVID-19 patients can present with wellbeing challenges themselves (Greenberg et al., 2020; Chew et al., 2020).

In 2019, over 1,000 Irish hospital doctors were surveyed by the Hospital Doctor Retention and Motivation project, supported by the Medical Council. Initial results from qualitative data captured and published in 2020 show that respondents across all levels of seniority struggled to achieve balance between work and life, with an overload of work being systemically normalised in practice (Humphries et al, 2020). The sustainability of this working model is central to this paper, not just for individual doctors, but for the medical workforce at large and the Irish health system. Maintaining doctor wellbeing and encouraging doctor retention are seen as key to achieving a sustainable model going forward. This paired with the current implications of COVID-19 and the service challenges being observed are much different to those described previously, contextualising the data presented in this report to inform future workforce planning and ultimately improve patient safety in Ireland.

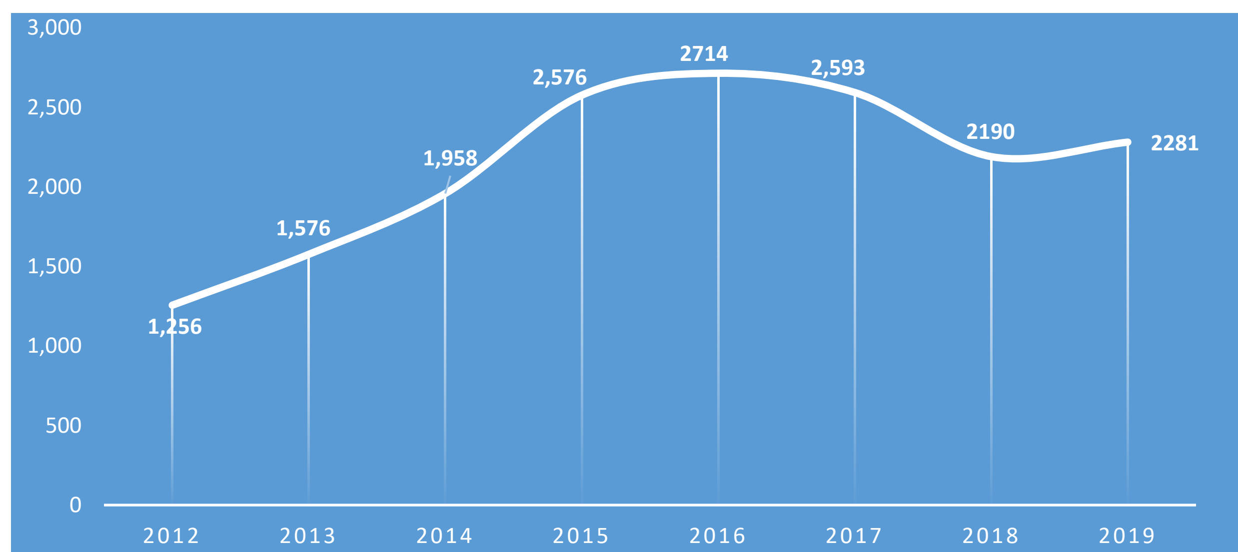
Doctors first registered in 2019

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

Doctors first registered in 2019

2,281 doctors registered with the Medical Council for the first time in 2019.

Figure 5. Doctors registered with the Medical Council for the first time, 2012-2019



This group had an average age of 32.24 years (between 22 and 78 years (SD=8.569 years)). Most new entrants registered on the General Division of the register (45.7%). Just over one third of new entrants registered on the Intern Division. One in eight new registrants registered on the Specialist Division.

Table 1. Age profile of new entrants to the register in 2019

	Irish BMQ	International BMQ
Mean age	26.50	35.50
Median age	25.00	33.00
Std. Deviation (years)	3.954	8.771
Minimum age	22	23
Maximum age	66	78

Over 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.

Table 2. New registrant doctors 2019 according to region in which BMQ was obtained

	Frequency	Percent	Cumulative Percent
Category 1. Graduates of Irish medical schools	827	36.3%	36.3%
Category 2. Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	473	20.7%	57.0%
Category 3. Graduated in a medical school in the EU (and they are not an EU National)	112	4.9%	61.9%
Category 4. International graduates from a medical school outside the EU and Ireland	869	38.1%	100%
Total	**2281**	**100%**	

Table 3. Divisional status of new registrant graduates of Irish and international medical schools 2019

		Frequency	Percent
Irish BMQ	General Division	21	2.5%
	Internship Division	759	91.8%
	Specialist Division	5	0.6%
	Trainee Specialist Division	39	4.7%
	Visiting EEA Division	3	0.4%
	Total	827	100%
International BMQ	General Division	1021	70.2%
	Internship Division	12	0.8%
	Specialist Division	283	19.5%
	Supervised Division	87	6.0%
	Trainee Specialist Registration	33	2.3%
	Visiting EEA Registration	18	1.2%
	Total	1454	100%

91.8% 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 (70.2%). For every four Irish graduates registering with the Medical Council, seven international graduates also registered in 2019.

Table 4. New registrants status at year end 2019 according to initial Divisional status

Status		Frequency	Percent	Cumulative Percent
Active	General Registration	983	45.7%	45.7%
	Internship Registration	741	34.5%	80.2%
	Specialist Registration	274	12.8%	93.0%
	Supervised Registration	83	3.9%	96.8%
	Trainee Specialist Registration	68	3.2%	100%
	Total	**2149**	**100%**	
Withdrawn	General Registration	24	61.5%	61.5%
	Internship Registration	6	15.4%	76.9%
	Specialist Registration	5	12.8%	89.7%
	Trainee Specialist Registration	4	10.3%	100%
	Total	**39**	**100%**	
Other	General Registration	35	37.6%	37.6%
	Internship Registration	24	25.8%	63.4%
	Specialist Registration	9	9.7%	73.1%
	Supervised Registration	4	4.3%	77.4%
	Visiting EEA Registration	21	22.6%	100%
	Total	**93**	**100%**	
Total		**2281**	**100%**	**100%**

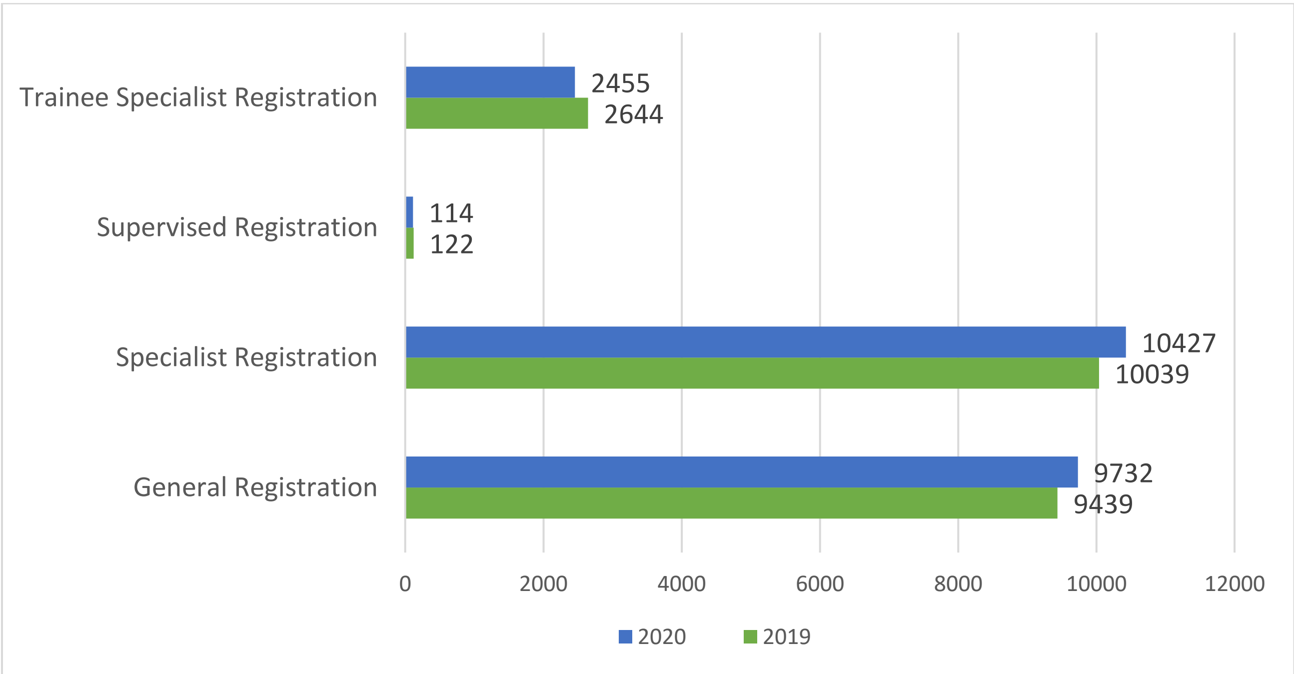
By year end 2019, 94.2% (N=2,149) of new entrants were still active on the register while 5.8% (N=132) had already withdrawn. The majority of those who withdrew were initially registered on the General Division (N=59, 2.6%).

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

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

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

Figure 6. Divisional status of doctors offered retention in 2019 and 2020



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

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

Table 5. Self-reported region of practice of doctors offered retention in 2019 and 2020

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

Table 6. Model of services self-reported to be provided by doctors offered retention in 2019 and 2020

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

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

Table 7. Trainer status reported by doctors offered retention in 2019 and 2020

	2019		2020	
	N	Percent	N	Percent
Yes, but it's not a formal part of my role to train other doctors	5566	25.0%	5844	25.7%
Yes, it's part of my role to train other doctors	6656	29.9%	6879	30.3%
No, I do not train other doctors	8096	36.4%	8332	36.7%
Unreported	1926	8.7%	1673	7.4%
Total	**22244**	**100%**	**22728**	**100%**

A breakdown of self-reported county of practice of doctors offered retention is provided in table 8 below.

Table 8. County of practice self-reported by doctors offered retention of registration 2019 and 2020

	2019			2020		
	N	%	Cumulative Percent	N	%	Cumulative Percent
Carlow	70	0.3%	0.3%	66	0.3%	0.3%
Cavan	256	1.2%	1.5%	278	1.2%	1.5%
Clare	144	0.6%	2.1%	149	0.7%	2.2%
Cork	1913	8.6%	10.7%	1960	8.6%	10.8%
Donegal	469	2.1%	12.8%	477	2.1%	12.9%
Dublin	7002	31.5%	44.3%	7426	32.7%	45.6%
Galway	1307	5.9%	50.2%	1382	6.1%	51.6%
Kerry	422	1.9%	52.1%	431	1.9%	53.5%
Kildare	337	1.5%	53.6%	366	1.6%	55.2%
Kilkenny	312	1.4%	55.0%	324	1.4%	56.6%
Laois	239	1.1%	56.1%	259	1.1%	57.7%
Leitrim	25	0.1%	56.2%	29	0.1%	57.8%
Limerick	866	3.9%	60.1%	917	4.0%	61.9%
Longford	41	0.2%	60.3%	42	0.2%	62.1%
Louth	501	2.3%	62.5%	480	2.1%	64.2%
Mayo	355	1.6%	64.1%	361	1.6%	65.8%
Meath	246	1.1%	65.2%	253	1.1%	66.9%
Monaghan	67	0.3%	65.5%	70	0.3%	67.2%
Offaly	241	1.1%	66.6%	234	1.0%	68.2%
Roscommon	103	0.5%	67.1%	105	0.5%	68.7%
Sligo	401	1.8%	68.9%	408	1.8%	70.5%
Tipperary	301	1.4%	70.2%	314	1.4%	71.9%
Waterford	543	2.4%	72.7%	571	2.5%	74.4%
Westmeath	306	1.4%	74.0%	326	1.4%	75.8%
Wexford	282	1.3%	75.3%	304	1.3%	77.1%
Wicklow	164	0.7%	76.0%	161	0.7%	77.8%
Sligo	401	1.8%	68.9%	408	1.8%	70.5%
Tipperary	301	1.4%	70.2%	314	1.4%	71.9%
Waterford	543	2.4%	72.7%	571	2.5%	74.4%
Westmeath	306	1.4%	74.0%	326	1.4%	75.8%
Wexford	282	1.3%	75.3%	304	1.3%	77.1%
Wicklow	164	0.7%	76.0%	161	0.7%	77.8%
Unreported	5331	24.0%	100%	5035	22.2%	100%
Total	**22244**	**100%**		**22728**	**100%**	

Just over one quarter of registrants reported to work over 48 hours weekly on average in both 2019 and 2020. There were also increases in the number of doctors reported to be in hospital consultant, non-consultant hospital doctor in training and non-consultant hospital doctor not in training roles between 2019 and 2020, as described in table 10.

Table 9. Self-reported average weekly working hours of doctors offered retention in 2019 and 2020

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

Table 10. Self-reported employment role of doctors offered retention, 2019 and 2020

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

Table 11. Self-reported area of practice of doctors offered retention in 2019 and 2020

	2019			2020		
	N	%	Valid %	N	%	Valid %
Anaesthesiology	1388	6.2%	6.2%	1414	6.2%	6.2%
Cardiology	362	1.6%	7.9%	388	1.7%	7.9%
Cardiothoracic Surgery	121	0.5%	8.4%	117	0.5%	8.4%
Chemical Pathology	22	0.1%	8.5%	21	0.1%	8.5%
Child & Adolescent Psychiatry	257	1.2%	9.7%	271	1.2%	9.7%
Clinical Genetics	20	0.1%	9.8%	13	0.1%	9.8%
Clinical Neurophysiology	15	0.1%	9.8%	12	0.1%	9.8%
Clinical Pharmacology & Therapeutics	25	0.1%	9.9%	22	0.1%	9.9%
Dermatology	183	0.8%	10.8%	192	0.8%	10.8%
Emergency Medicine	981	4.4%	15.2%	1072	4.7%	15.5%
Endocrinology & Diabetes Mellitus	247	1.1%	16.3%	254	1.1%	16.6%
Gastroenterology	322	1.4%	17.7%	306	1.3%	18.0%
General (Internal) Medicine	1575	7.1%	24.8%	1664	7.3%	25.3%
General Practice	5074	22.8%	47.6%	5228	23.0%	48.3%
General Surgery	1129	5.1%	52.7%	1014	4.5%	52.7%
Genito-Urinary Medicine	26	0.1%	52.8%	30	0.1%	52.9%
Geriatric Medicine	387	1.7%	54.5%	421	1.9%	54.7%
Haematology (Clinical & Laboratory)	219	1.0%	55.5%	219	1.0%	55.7%
Histopathology	282	1.3%	56.8%	275	1.2%	56.9%
Immunology (Clinical & Laboratory)	20	0.1%	56.9%	20	0.1%	57.0%
Infectious Diseases	72	0.3%	57.2%	107	0.5%	57.5%
Intensive Care Medicine	115	0.5%	57.7%	155	0.7%	58.1%
Medical Oncology	195	0.9%	58.6%	209	0.9%	59.1%
Microbiology	139	0.6%	59.2%	150	0.7%	59.7%
Military Medicine	N/A	N/A	N/A	15	0.1%	59.8%
Neonatology	105	0.5%	59.7%	114	0.5%	60.3%
Nephrology	169	0.8%	60.5%	174	0.8%	61.1%
Neurology	166	0.7%	61.2%	177	0.8%	61.8%
Neuropathology	7	0.0%	61.2%	7	0.0%	61.9%
Neurosurgery	70	0.3%	61.6%	83	0.4%	62.2%
Obstetrics & Gynaecology	837	3.8%	65.3%	864	3.8%	66.0%
Occupational Medicine	171	0.8%	66.1%	168	0.7%	66.8%
Ophthalmic Surgery	146	0.7%	66.7%	154	0.7%	67.4%
Ophthalmology	196	0.9%	67.6%	183	0.8%	68.2%
Oral & Maxillo-Facial Surgery	38	0.2%	67.8%	40	0.2%	68.4%
Otolaryngology	209	0.9%	68.7%	209	0.9%	69.4%
Paediatric Cardiology	54	0.2%	69.0%	25	0.1%	69.5%
Paediatric Surgery	51	0.2%	69.2%	52	.2%%	69.7%
Paediatrics	991	4.5%	73.7%	1072	4.7%	74.4%
Palliative Medicine	142	0.6%	74.3%	142	0.6%	75.0%
Pharmaceutical Medicine	70	0.3%	74.6%	70	0.3%	75.3%
Plastic, Reconstructive and Aesthetic Surgery	171	0.8%	75.4%	170	0.7%	76.1%
Psychiatry	1160	5.2%	80.6%	1181	5.2%	81.3%
Psychiatry of Learning Disability	53	0.2%	80.8%	47	0.2%	81.5%
Psychiatry of Old Age	123	0.6%	81.4%	109	0.5%	82.0%
Public Health Medicine	286	1.3%	82.7%	306	1.3%	83.3%
Radiation Oncology	101	0.5%	83.1%	107	0.5%	83.8%
Radiology	637	2.9%	86.0%	650	2.9%	86.6%
Rehabilitation Medicine	42	0.2%	86.2%	46	0.2%	86.8%
Respiratory Medicine	271	1.2%	87.4%	307	1.4%	88.2%
Rheumatology	146	0.7%	88.1%	144	0.6%	88.8%
Sports & Exercise Medicine	41	0.2%	88.2%	42	0.2%	89.0%
Trauma & Orthopaedic Surgery	625	2.8%	91.1%	626	2.8%	91.8%
Tropical Medicine	14	0.1%	91.1%	9	0.0%	91.8%
Urology	184	0.8%	91.9%	197	0.9%	92.7%
Vascular Surgery	N/A	N/A	N/A	124	0.5%	93.2%
Unreported	1792	8.1%	100%	1540	6.8%	100%
Total	**22244**	**100%**		**22728**	**100%**	

Table 12. Most recent speciality achieved of doctors offered retention in 2019 and 2020

Speciality	2019			2020		
	N	%	Valid %	N	%	Valid %
Anaesthesiology	1388	6.2%	6.2%	1414	6.2%	6.2%
Cardiology	362	1.6%	7.9%	388	1.7%	7.9%
Cardiothoracic Surgery	121	0.5%	8.4%	117	0.5%	8.4%
Chemical Pathology	22	0.1%	8.5%	21	0.1%	8.5%
Child & Adolescent Psychiatry	257	1.2%	9.7%	271	1.2%	9.7%
Clinical Genetics	20	0.1%	9.8%	13	0.1%	9.8%
Clinical Neurophysiology	15	0.1%	9.8%	12	0.1%	9.8%
Clinical Pharmacology & Therapeutics	25	0.1%	9.9%	22	0.1%	9.9%
Dermatology	183	0.8%	10.8%	192	0.8%	10.8%
Emergency Medicine	981	4.4%	15.2%	1072	4.7%	15.5%
Endocrinology & Diabetes Mellitus	247	1.1%	16.3%	254	1.1%	16.6%
Gastroenterology	322	1.4%	17.7%	306	1.3%	18.0%
General (Internal) Medicine	1575	7.1%	24.8%	1664	7.3%	25.3%
General Practice	5074	22.8%	47.6%	5228	23.0%	48.3%
General Surgery	1129	5.1%	52.7%	1014	4.5%	52.7%
Genito-Urinary Medicine	26	0.1%	52.8%	30	0.1%	52.9%
Geriatric Medicine	387	1.7%	54.5%	421	1.9%	54.7%
Haematology (Clinical & Laboratory)	219	1.0%	55.5%	219	1.0%	55.7%
Histopathology	282	1.3%	56.8%	275	1.2%	56.9%
Immunology (Clinical & Laboratory)	20	0.1%	56.9%	20	0.1%	57.0%
Infectious Diseases	72	0.3%	57.2%	107	0.5%	57.5%
Intensive Care Medicine	115	0.5%	57.7%	155	0.7%	58.1%
Medical Oncology	195	0.9%	58.6%	209	0.9%	59.1%
Microbiology	139	0.6%	59.2%	150	0.7%	59.7%
Military Medicine	N/A	N/A	N/A	15	0.1%	59.8%
Neonatology	105	0.5%	59.7%	114	0.5%	60.3%
Nephrology	169	0.8%	60.5%	174	0.8%	61.1%
Neurology	166	0.7%	61.2%	177	0.8%	61.8%
Neuropathology	7	0.0%	61.2%	7	0.0%	61.9%
Neurosurgery	70	0.3%	61.6%	83	0.4%	62.2%
Obstetrics & Gynaecology	837	3.8%	65.3%	864	3.8%	66.0%
Occupational Medicine	171	0.8%	66.1%	168	0.7%	66.8%
Ophthalmic Surgery	146	0.7%	66.7%	154	0.7%	67.4%
Ophthalmology	196	0.9%	67.6%	183	0.8%	68.2%
Oral & Maxillo-Facial Surgery	38	0.2%	67.8%	40	0.2%	68.4%
Otolaryngology	209	0.9%	68.7%	209	0.9%	69.4%
Paediatric Cardiology	54	0.2%	69.0%	25	0.1%	69.5%
Paediatric Surgery	51	0.2%	69.2%	52	.2%%	69.7%
Paediatrics	991	4.5%	73.7%	1072	4.7%	74.4%
Palliative Medicine	142	0.6%	74.3%	142	0.6%	75.0%
Pharmaceutical Medicine	70	0.3%	74.6%	70	0.3%	75.3%
Plastic, Reconstructive and Aesthetic Surgery	171	0.8%	75.4%	170	0.7%	76.1%
Psychiatry	1160	5.2%	80.6%	1181	5.2%	81.3%
Psychiatry of Learning Disability	53	0.2%	80.8%	47	0.2%	81.5%
Psychiatry of Old Age	123	0.6%	81.4%	109	0.5%	82.0%
Public Health Medicine	286	1.3%	82.7%	306	1.3%	83.3%
Radiation Oncology	101	0.5%	83.1%	107	0.5%	83.8%
Radiology	637	2.9%	86.0%	650	2.9%	86.6%
Rehabilitation Medicine	42	0.2%	86.2%	46	0.2%	86.8%
Respiratory Medicine	271	1.2%	87.4%	307	1.4%	88.2%
Rheumatology	146	0.7%	88.1%	144	0.6%	88.8%
Sports & Exercise Medicine	41	0.2%	88.2%	42	0.2%	89.0%
Trauma & Orthopaedic Surgery	625	2.8%	91.1%	626	2.8%	91.8%
Tropical Medicine	14	0.1%	91.1%	9	0.0%	91.8%
Urology	184	0.8%	91.9%	197	0.9%	92.7%
Vascular Surgery	N/A	N/A	N/A	124	0.5%	93.2%
Unreported	1792	8.1%	100%	1540	6.8%	100%
Total	**10034**	**45.1%**		**22728**	**45.7%**	
Non-specialists	12210	54.9%		12334	54.3%	
Total	22244	100%		22728	100%	

Table 13. Category of registrants offered retention of their registration in 2019 and 2020 according to region of BMQ obtained

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

Table 14. Doctors offered retention on the Medical Council register 2019 and 2020 by country of basic medical qualification obtained

	2019		2020	
	Frequency	Percent	Frequency	Percent
Argentina	<0.1%	19	0.1%	
Australia	125	0.6%	113	0.5%
Bahrain	20	0.1%	20	0.1%
Bangladesh	45	0.2%	53	0.2%
Belarus	18	0.1%	13	0.1%
Belgium	17	0.1%	21	0.1%
Brazil	14	0.1%	17	0.1%
Bulgaria	132	0.6%	132	0.6%
China	54	0.2%	53	0.2%
Colombia	16	0.1%	17	0.1%
Croatia	87	0.4%	89	0.4%
Cuba	25	0.1%	27	0.1%
Czech Republic	127	0.6%	134	0.6%
Dominican Republic	<0.1%		13	0.1%
Egypt	572	2.6%	497	2.2%
France	28	0.1%	28	0.1%
Germany	97	0.4%	106	0.5%
Greece	56	0.3%	58	0.3%
Hungary	279	1.3%	291	1.3%
India	451	2.05	450	2.0%
Islamic Republic of Iran	12	0.1%	18	0.1%
Iraq	172	0.8%	166	0.7%
Ireland	12302	55.3%	12690	55.8%
Italy	121	0.5%	129	0.6%
Jordan	26	0.15	30	0.1%
Latvia	63	0.3%	66	0.3%
Libyan Arab Jamahiriya	125	0.6%	130	0.6%
Lithuania	72	0.3%	69	0.3%
Malaysia	19	0.1%	26	0.1%
Mexico	17	0.1%	16	0.1%
Netherlands	35	0.2%	43	0.2%
New Zealand	29	0.1%	27	0.1%
Nigeria	271	1.2%	251	
Oman	19	0.1%	12	0.1%
Pakistan	2055	9.2%	2026	8.9%
Peru	14	0.1%	15	0.1%
Philippines	15	0.1%	15	0.1%
Poland	278	1.2%	283	1.2%
Portugal	17	0.1%	27	0.1%

	2019		2020	
	Frequency	Percent	Frequency	Percent
Romania	744	3.3%	745	3.3%
Russian Federation	48	0.2%	53	0.2%
Saudi Arabia	24	0.1%	30	0.1%
Slovakia	78	0.4%	77	0.3%
South Africa	765	3.4%	789	3.5%
Spain	117	0.5%	125	0.5%
Sudan	1385	6.2%	1373	6.0%
Syrian Arab Republic	69	0.3%	63	0.3%
Ukraine	46	0.2%	40	0.2%
United Arab Emirates	15	0.1%	16	0.1%
United Kingdom	801	3.6%	863	3.8%
United States of America	43	0.2%	45	0.2%
Bolivarian Republic of Venezuela	13	0.1%	17	0.1%
Yemen	19	0.1%	21	0.1%
Zimbabwe	<0.1%	12	0.1%	

Countries making up <0.1% of doctors offered retention on the Medical Council register in 2019 by respective jurisdiction of basic medical qualification obtained included: Albania; Algeria; Antigua and Barbuda; Argentina; Armenia; Austria; Bolivia; Cameroon; Canada; Cayman Islands; Chile; Congo; Costa Rica; Democratic Republic of the Congo; Denmark; Dominica; Dominican Republic; El Salvador; Ethiopia; Finland; Georgia; Ghana; Grenada; Haiti; Honduras; Iceland; Indonesia; Israel; Jamaica; Kazakhstan; Kenya; Kuwait; Lebanon; Macedonia; Malawi; Malta; Mauritius; Morocco; Myanmar; Nepal; Netherlands Antilles; Northern Ireland; Palestinian Territory; Panama; Republic of Moldova; Saint Kitts and Nevis; Saint Lucia; Serbia; Slovenia; Sri Lanka; Sweden; Switzerland; The Republic of Macedonia; Trinidad and Tobago; Turkey; Uganda; United Republic of Tanzania; Uruguay; Uzbekistan; Yugoslavia; Zambia; Zimbabwe.

Countries making up <0.1% of doctors offered retention on the Medical Council register in 2020 by respective jurisdiction of basic medical qualification obtained included: Albania, Algeria, Antigua and Barbuda, Armenia, Austria, Belize, Bolivia, Côte d'Ivoire; Cameroon; Canada; Cayman Islands; Chile; Congo; Costa Rica; Curacao; Democratic Republic of the Congo; Denmark; Dominica; Ecuador; El Salvador; Ethiopia; Finland; Georgia; Ghana; Grenada; Haiti; Honduras; Hong Kong; Iceland; Indonesia; Israel; Kazakhstan; Kenya; Kuwait; Kyrgyzstan; Lebanon; Macedonia; Malawi; Malta; Mauritius; Morocco; Myanmar; Nepal; Netherlands Antilles; Northern Ireland; Palestinian Territory; Panama; Republic of Moldova; Saint Kitts and Nevis; Saint Lucia; Serbia; Singapore; Slovenia; Sri Lanka; Sweden; Switzerland; The Republic of Macedonia; Trinidad and Tobago; Tunisia; Turkey; Uganda; United Republic of Tanzania; Uruguay; Uzbekistan; Yugoslavia; Zambia.

Table 15. Doctors offered retention in 2019 and 2020 by country of passport

	2019		2020	
	Frequency	Percent	Frequency	Percent
Australia	123	0.6%	109	0.5%
Bahrain	27	0.1%	28	0.1%
Bangladesh	39	0.2%	48	0.2%
Belgium	23	0.1%	26	0.1%
Botswana	21	0.1%	23	0.1%
Bulgaria	66	0.3%	63	0.3%
Canada	170	0.8%	182	0.8%
Croatia	84	0.4%	80	0.4%
Czech Republic	31	0.1%	32	0.1%
Czechoslovakia	12	0.1%	12	0.1%
Egypt	466	2.1%	395	1.7%
France	43	0.2%	48	0.2%
Germany	119	0.5%	137	0.6%
Ghana	15	0.1%	<0.1%	
Greece	95	0.4%	97	0.4%
Hong Kong	<0.1%	12	0.1%	
Hungary	94	0.4%	99	0.4%
India	444	2.0%	451	2.0%
Islamic Republic of Iran	24	0.1%	26	0.1%
Iraq	119	0.5%	108	0.5%
Ireland	12548	56.4%	13018	57.3%
Italy	124	0.6%	137	0.6%
Jordan	51	0.2%	57	0.3%
Kuwait	29	0.1%	24	0.1%
Lebanon	12	0.1%	14	0.1%
Libyan Arab Jamahiriya	80	0.4%	82	0.4%
Lithuania	64	0.3%	62	0.3%
Malaysia	395	1.8%	397	1.7%
Mauritius	72	0.3%	67	0.3%
Netherlands	44	0.2%	57	0.3%
New Zealand	32	0.1%	29	0.1%
Nigeria	368	1.7%	355	1.6%
Northern Ireland	12	0.1%	<0.1%	
Norway	16	0.1%	15	0.1%
Oman	22	0.1%	13	0.1%
Pakistan	1840	8.3%	1809	8.0%
Palestinian Territory	26	0.1%	27	0.1%
Poland	229	1.0%	225	1.0%
Portugal	45	0.2%	64	0.3%
Romania	309	1.4%	300	1.3%
Saudi Arabia	45	0.2%	49	0.2%
Singapore	25	0.1%	26	0.1%
Slovakia	30	0.1%	28	0.1%
South Africa	717	3.2%	720	3.2%
Spain	175	0.8%	187	0.8%
Sri Lanka	58	0.3%	60	0.3%
Sudan	1252	5.6%	1241	5.5%
Sweden	19	0.1%	18	0.1%
Syrian Arab Republic	63	0.3%	54	0.2%
Trinidad and Tobago	24	0.1%	26	0.1%
Turkey	16	0.1%	17	0.1%
United Arab Emirates	32	0.1%	28	0.1%
United Kingdom	954	4.3%	1002	4.4%
United States of America	160	0.7%	166	0.7%
Yemen	<0.1%	13	0.1%	
Zimbabwe	13	0.1%	20	0.1%

Countries making up <0.1% of doctors offered retention on the Medical Council register in 2019 by respective jurisdiction of passport held included: Afghanistan; Albania; Algeria; Angola; Argentina;

Austria; Barbados; Belarus; Bolivia; Brazil; Brunei Darussalam; Cameroon; China; Colombia; Cuba; Cyprus; Democratic Republic of the Congo; Denmark; Dominican Republic; El Salvador; Ethiopia; Finland; Guyana; Haiti; Honduras; Hong Kong; Indonesia; Israel; Jamaica; Japan; Kenya; Kiribati; Latvia; Lesotho; Liberia; Macedonia; Maldives; Malta; Mexico; Morocco; Myanmar; Namibia; Nepal; New Caledonia; Paraguay; Peru; Philippines; Qatar; Republic of Korea; Republic of Moldova; Russian Federation; Serbia; Seychelles; Slovenia; Somalia; South Korea; Swaziland; Switzerland; Taiwan; Thailand; Timor-Leste; Tunisia; U.S.S.R; Ukraine; United Republic of Tanzania; Uzbekistan; Bolivarian Republic of Venezuela; Yemen; Zambia.

Countries making up <0.1% of doctors offered retention on the Medical Council register in 2020 by respective jurisdiction of passport held included: Afghanistan, Albania, Algeria, Angola, Argentina, Austria, Barbados, Belarus, Bolivia, Brazil, Brunei Darussalam, Cameroon, China, Colombia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Dominica, Dominican Republic, Ecuador, El Salvador, Ethiopia, Finland, Georgia, Ghana, Grenada, Guyana, Haiti, Honduras, Iceland, Indonesia, Israel, Jamaica, Japan, Kenya, Kiribati, Latvia, Macedonia, Lesotho, Liberia, Maldives, Malta, Mexico, Mongolia, Morocco, Myanmar, Namibia, Nepal, New Caledonia, Northern Ireland, Panama, Paraguay, Peru, Philippines, Qatar, Republic of Korea, Republic of Moldova, Russian Federation, Serbia, Seychelles, Slovenia, Somalia, South Korea, Swaziland, Switzerland, Taiwan, Thailand, Tunisia, U.S.S.R, Uganda, Ukraine, United Republic of Tanzania, Uzbekistan, Bolivarian Republic of Venezuela, Vietnam, Zambia.

Table 16. Doctors offered retention in 2019 and 2020 by registered country of address

	2019		2020	
	Frequency	Percent	Frequency	Percent
Australia	186	0.8%	169	0.7%
Bahrain	17	0.1%	14	0.1%
Bulgaria	25	0.1%	19	0.1%
Canada	204	0.9%	209	0.9%
Croatia	38	0.2%	36	0.2%
Czech Republic	27	0.1%	26	0.1%
Egypt	85	0.4%	68	0.3%
France	20	0.1%	30	0.1%
Germany	40	0.2%	49	0.2%
Greece	53	0.2%	44	0.2%
Hong Kong	<0.1%		12	0.1%
Hungary	45	0.2%	53	0.2%
India	54	0.2%	66	0.3%
Ireland	17647	79.3%	18153	79.9%
Italy	47	0.2%	53	0.2%
Jordan	18	0.1%	22	0.1%
Kuwait	32	0.1%	21	0.1%
Lithuania	24	0.1%	26	0.1%
Malaysia	59	0.3%	63	0.3%
Mauritius	12	0.1%	<0.1%	
Netherlands	17	0.1%	26	0.1%
New Zealand	27	0.1%	30	0.1%
Nigeria	22	0.1%	25	0.1%
Northern Ireland	245	1.1%	250	1.1%
Oman	73	0.3%	59	0.3%
Pakistan	427	1.9%	416	1.8%
Poland	71	0.3%	64	0.3%
Portugal	19	0.1%	26	0.1%
Qatar	46	0.2%	39	0.2%
Romania	142	0.6%	132	0.6%
Saudi Arabia	416	1.9%	370	1.6%
Singapore	25	0.1%	22	0.1%
South Africa	515	2.3%	518	2.3%
Spain	85	0.4%	104	0.5%
Sudan	164	0.7%	165	0.7%
Switzerland	<0.1%		12	0.1%
United Arab Emirates	185	0.8%	169	0.7%
United Kingdom	782	3.5%	809	3.6%
United States of America	170	0.8%	167	0.7%

Countries making up <0.1% of doctors offered retention on the Medical Council register in 2019 by respective jurisdiction of registered address included: Angola; Austria; Bangladesh; Belarus; Belgium; Bolivia; Botswana; Brazil; Brunei Darussalam; Cayman Islands; Chile; Colombia; Cyprus; Denmark; Finland; Georgia; Gibraltar; Grenada; Hong Kong; Iran, Islamic Republic of Iraq; Isle of Man; Israel; Japan; Latvia; Lebanon; Libyan Arab Jamahiriya; Maldives; Malta; Myanmar; Namibia; New Caledonia; Norway; Palau; Palestinian Territory; Panama; Republic of Moldova; Russian Federation; Slovakia; Slovenia; South Korea; Sri Lanka; Suriname; Swaziland; Sweden; Switzerland; Taiwan; Thailand; Trinidad and Tobago; Turkey; Ukraine; United States Virgin Islands; West Indies; Zimbabwe

Countries making up <0.1% of doctors offered retention on the Medical Council register in 2020 by respective jurisdiction of registered address included: Angola, Austria, Bangladesh, Belarus, Belgium, Botswana, Brazil, Brunei Darussalam, Cayman Islands, China, Cyprus, Denmark, Finland, Gibraltar, Grenada, Iceland, Islamic Republic of Iran, Iraq, Isle of Man, Israel, Jamaica, Japan, Kenya, Kiribati, Latvia, Lebanon, Libyan Arab Jamahiriya, Luxembourg, Maldives, Malta, Mauritius, Myanmar, Namibia, New Caledonia, Norway, Palestinian Territory, Panama, Republic of Moldova, Russian Federation, San Marino, Senegal, Slovakia, Slovenia, Sri Lanka, Suriname, Sweden, Taiwan, Thailand, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukraine, West Indies, Zimbabwe.

Retention 2019-2020: focus on clinically active practitioners

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

Medical practitioners retaining their place on the register 2019-2020

In June 2019, 20,455 doctors chose to retain their place on the Medical Council's register. These doctors were aged between 24 and 95 years, with an average age of 44.67 years (SD= 12.218 years). In June 2020, 21,190 doctors chose to retain their place on the Medical Council's register. These doctors were aged between 23 and 96 years, with an average age of 44.34 years (SD= 12.241 years). In both years, male registrants made up the majority of retaining doctors on the register (2019: N= 11,790, 57.6%; 2020: N= 12,037, 56.8%). Specialist Division registrants made up the majority of the register in 2019 and 2020.

Table 17. Divisional status of doctors who retained their place on the Irish register of medical practitioners 2019 and 2020

	2019		2020	
	Frequency	Percent	Frequency	Percent
General Registration	8111	39.7%	8657	40.9%
Specialist Registration	9616	47.0%	9991	47.1%
Supervised Registration	100	0.5%	99	0.5%
Trainee Specialist Registration	2628	12.8%	2443	11.5%
Total	**20455**	**100%**	**21190**	**100%**

Table 18. Region of practice of doctors who retained their place on the Irish register of medical practitioners 2019 and 2020

	2019		2020	
	Frequency	Percent	Frequency	Percent
Both within and outside the Republic of Ireland	1612	7.9%	1617	7.6%
Outside the Republic of Ireland only	3231	15.8%	3193	15.1%
Within the Republic of Ireland only	15075	73.7%	15880	74.9%
Unreported	537	2.6%	500	2.4%
Total	**20455**	**100%**	**21190**	**100%**

Table 19. Category of region of BMQ obtained by doctors who retained their place on the Irish register of medical practitioners 2019 and 2020

	2019		2020	
	Frequency	Percent	Frequency	Percent
Category 1. Graduates of Irish medical schools	11786	57.6%	12235	57.7%
Category 2: Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	2196	10.7%	2364	11.2%
Category 3. Graduated in a medical school in the EU (and they are not an EU National)	737	3.6%	775	3.7%
Category 4. International graduates from a medical school outside the EU and Ireland	5733	28.0%	5813	27.4%
Unreported	3	0.0%	3	0.0%
Total	**20455**	**100%**	**21190**	**100%**

Table 20. Self-reported role of doctors who retained their place on the Irish register of medical practitioners 2019 and 2020

	2019		2020	
	Frequency	Percent	Frequency	Percent
Community Health Doctor	216	1.1%	211	1.0%
General practitioner	4899	24.0%	4945	23.3%
Healthcare related management and administration	103	0.5%	100	0.5%
Hospital Consultant	5248	25.7%	5527	26.1%
Non-consultant hospital doctor, in training	3589	17.5%	3833	18.1%
Non-consultant hospital doctor, not in training	4226	20.7%	4437	20.9%
Other	497	2.4%	470	2.2%
Other Consultant or Specialist	1087	5.3%	1081	5.1%
Public Health Doctor	163	0.8%	183	0.9%
Unreported	427	2.1%	403	1.9%
Total	**20455**	**100%**	**21190**	**100%**

Table 21. Average weekly working hours self-reported by doctors who retained their place on the Irish register of medical practitioners 2019 and 2020

	2019		2020	
	Frequency	Percent	Frequency	Percent
Fewer than 10 hours per week	744	3.6%	785	3.7%
10 to 20 hours per week	1002	4.9%	1015	4.8%
21 to 30 hours per week	1206	5.9%	1290	6.1%
31 to 40 hours per week	4264	20.8%	4550	21.5%
40 to 48 Hours	6643	32.5%	7266	34.3%
More than 48 hours	6125	29.9%	5848	27.6%
Unreported	471	2.3%	436	2.1%
Total	**20455**	**100%**	**21190**	**100%**

Table 22. Self-reported county of practice of doctors who retained their place on the Irish register of medical practitioners 2019 and 2020

	2019		2020	
	Frequency	Percent	Frequency	Percent
Carlow	70	0.3%	66	0.3%
Cavan	256	1.3%	278	1.3%
Clare	144	0.7%	149	0.7%
Cork	1913	9.4%	1960	9.2%
Donegal	469	2.3%	477	2.3%
Dublin	7002	34.2%	7426	35.0%
Galway	1307	6.4%	1382	6.5%
Kerry	422	2.1%	431	2.0%
Kildare	337	1.6%	366	1.7%
Kilkenny	312	1.5%	324	1.5%
Laois	239	1.2%	259	1.2%
Leitrim	25	0.1%	29	0.1%
Limerick	866	4.2%	917	4.3%
Longford	41	0.2%	42	0.2%
Louth	501	2.4%	480	2.3%
Mayo	355	1.7%	361	1.7%
Meath	246	1.2%	253	1.2%
Monaghan	67	0.3%	70	0.3%
Offaly	241	1.2%	234	1.1%
Roscommon	103	0.5%	105	0.5%
Sligo	401	2.0%	408	1.9%
Tipperary	301	1.5%	314	1.5%
Waterford	543	2.7%	571	2.7%
Westmeath	306	1.5%	326	1.5%
Wexford	282	1.4%	304	1.4%
Wicklow	164	0.8%	161	0.8%
Unreported	3542	17.3%	3497	16.5%
Total	20455	100%	21190	100%

Table 23. Self-reported area of practice of doctors who retained their place on the Irish register of medical practitioners 2019 and 2020

	2019		2020	
	N	%	N	%
Anaesthesiology	1388	6.8%	1414	6.7%
Cardiology	362	1.8%	388	1.8%
Cardiothoracic Surgery	121	0.6%	117	0.6%
Chemical Pathology	22	0.1%	21	0.1%
Child & Adolescent Psychiatry	257	1.3%	271	1.3%
Clinical Genetics	20	0.1%	13	0.1%
Clinical Neurophysiology	15	0.1%	12	0.1%
Clinical Pharmacology & Therapeutics	25	0.1%	22	0.1%
Dermatology	183	0.9%	192	0.9%
Emergency Medicine	981	4.8%	1072	5.1%
Endocrinology & Diabetes Mellitus	247	1.2%	254	1.2%
Gastroenterology	322	1.6%	306	1.4%
General (Internal) Medicine	1575	7.7%	1664	7.9%
General Practice	5074	24.8%	5228	24.7%
General Surgery	1129	5.5%	1014	4.8%
Genito-Urinary Medicine	26	0.1%	30	0.1%
Geriatric Medicine	387	1.9%	421	2.0%
Haematology (Clinical & Laboratory)	219	1.1%	219	1.0%
Histopathology	282	1.4%	275	1.3%
Immunology (Clinical & Laboratory)	20	0.1%	20	0.1%
Infectious Diseases	72	0.4%	107	0.5%
Intensive Care Medicine	115	0.6%	155	0.7%
Medical Oncology	195	1.0%	209	1.0%
Microbiology	139	0.7%	150	0.7%
Military Medicine	N/A	N/A	15	0.1%
Neonatology	105	0.5%	114	0.5%
Nephrology	169	0.8%	174	0.8%
Neurology	166	0.8%	177	0.8%
Neuropathology	7	0.0%	7	0.0%
Neurosurgery	70	0.3%	83	0.4%
Obstetrics & Gynaecology	837	4.1%	864	4.1%
Occupational Medicine	171	0.8%	168	0.8%
Ophthalmic Surgery	146	0.7%	154	0.7%
Ophthalmology	196	1.0%	183	0.9%
Oral & Maxillo-Facial Surgery	38	0.2%	40	0.2%
Otolaryngology	209	1.0%	209	1.0%
Paediatric Cardiology	54	0.3%	25	0.1%
Paediatric Surgery	51	0.2%	52	0.2%
Paediatrics	991	4.8%	1072	5.1%
Palliative Medicine	142	0.7%	142	0.7%
Pharmaceutical Medicine	70	0.3%	70	0.3%
Plastic, Reconstructive and Aesthetic Surgery	171	0.8%	170	0.8%
Psychiatry	1160	5.7%	1181	5.6%
Psychiatry of Learning Disability	53	0.3%	47	0.2%
Psychiatry of Old Age	123	0.6%	109	0.5%

Public Health Medicine	286	1.4%	306	1.4%
Radiation Oncology	101	0.5%	107	0.5%
Radiology	637	3.1%	650	3.1%
Rehabilitation Medicine	42	0.2%	46	0.2%
Respiratory Medicine	271	1.3%	307	1.4%
Rheumatology	146	0.7%	144	0.7%
Sports & Exercise Medicine	41	0.2%	42	0.2%
Trauma & Orthopaedic Surgery	625	3.1%	626	3.0%
Tropical Medicine	14	0.1%	9	0.0%
Urology	184	0.9%	197	0.9%
Vascular Surgery	N/A	N/A	124	0.6%
Unreported	3	0.0%	2	0.0%
Total	20455	100%	21190	100%

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

The majority practised solely in Ireland (2019: 87.7%, 2020: 88.4%), while male doctors represented just over half of the total in both years.

Table 24. Region of practice of doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

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

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

Table 25. Gender of doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

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

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

Table 26. Divisional status of doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

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

Table 27. Self-reported employment role of doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

	2019		2020	
	Frequency	Percent	Frequency	Percent
Community Health Doctor	199	1.2%	202	1.1%
General practitioner	4326	25.2%	4401	24.6%
Healthcare related management and administration	66	0.4%	70	0.4%
Hospital Consultant	4185	24.4%	4474	25.0%
Non-consultant hospital doctor, in training	3245	18.9%	3524	19.7%
Non-consultant hospital doctor, not in training	3495	20.4%	3716	20.7%
Other	345	2.0%	362	2.0%
Other Consultant or Specialist	609	3.6%	618	3.4%
Public Health Doctor	138	0.8%	164	0.9%
Unreported	529	3.1%	395	2.2%
Total	17137	100%	17926	100%

Table 28. County of practice of doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

	2019		2020	
	Frequency	Percent	Frequency	Percent
Carlow	69	0.4%	65	0.4%
Cavan	251	1.5%	276	1.5%
Clare	143	0.8%	148	0.8%
Cork	1893	11.0%	1943	10.8%
Donegal	463	2.7%	475	2.6%
Dublin	6921	40.4%	7354	41.0%
Galway	1292	7.5%	1371	7.6%
Kerry	416	2.4%	427	2.4%
Kildare	334	1.95	363	2.0%
Kilkenny	305	1.8%	322	1.8%
Laois	237	1.4%	256	1.4%
Leitrim	25	0.1%	29	0.2%
Limerick	860	5.0%	903	5.0%
Longford	41	0.2%	42	0.2%
Louth	496	2.9%	478	2.7%
Mayo	353	2.1%	360	2.0%
Meath	243	1.4%	249	1.4%
Monaghan	65	0.4%	69	0.4%
Offaly	238	1.4%	233	1.3%
Roscommon	103	0.6%	105	0.6%
Sligo	395	2.3%	406	2.3%
Tipperary	299	1.7%	313	1.7%
Waterford	529	3.1%	567	3.2%
Westmeath	305	1.8%	322	1.8%
Wexford	277	1.6%	297	1.7%
Wicklow	164	1.0%	161	0.9%
Unreported	420	2.5%	392	2.2%
Total	17137	100%	17926	100%

Table 29. County of practice self-reported by GPs offered retention of registration 2019 and 2020

	2019			2020		
	Frequency	Percent	GPs per 1,000 of population	Frequency	Percent	GPs per 1,000 of population
Carlow	57	1.3%	1.00	53	1.2%	0.93
Cavan	53	1.2%	0.70	58	1.3%	0.76
Clare	90	2.1%	0.76	90	2.0%	0.76
Cork	555	12.8%	1.02	557	12.7%	1.03
Donegal	161	3.7%	1.01	158	3.6%	0.99
Dublin	1319	30.5%	0.98	1353	30.7%	1.00
Galway	285	6.6%	1.10	287	6.5%	1.11
Kerry	146	3.4%	0.99	148	3.4%	1.00
Kildare	165	3.8%	0.74	175	4.0%	0.79
Kilkenny	61	1.4%	0.61	66	1.5%	0.67
Laois	64	1.5%	0.76	65	1.5%	0.77
Leitrim	19	0.4%	0.59	22	0.5%	0.69
Limerick	186	4.3%	0.97	192	4.4%	0.99
Longford	36	0.8%	0.88	40	0.9%	0.98
Louth	109	2.5%	0.85	113	2.6%	0.88
Mayo	112	2.6%	0.86	112	2.5%	0.86
Meath	121	2.8%	0.62	111	2.5%	0.57
Monaghan	37	0.9%	0.60	41	0.9%	0.67
Offaly	64	1.5%	0.82	57	1.3%	0.73
Roscommon	48	1.1%	0.74	47	1.1%	0.73
Sligo	72	1.7%	1.10	77	1.7%	1.17
Tipperary	118	2.7%	0.74	119	2.7%	0.75
Waterford	131	3.0%	1.13	130	3.0%	1.12
Westmeath	92	2.1%	1.04	94	2.1%	1.06
Wexford	108	2.5%	0.72	116	2.6%	0.77
Wicklow	117	2.7%	0.82	118	2.7%	0.83
Unreported	N/A			2	0.0%	N/A
Total	4326	100%	0.91	4401	100%	0.92

Table 30. Trainer role self-reported by doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

	2019		2020	
	Frequency	Percent	Frequency	Percent
Yes, but it's not a formal part of my role to train other doctors	4689	27.4%	4967	27.7%
Yes, it's part of my role to train other doctors	5424	31.7%	5662	31.6%
No, I do not train other doctors	6893	40.2%	7165	40.0%
Unreported	131	0.8%	132	0.7%
Total	17137	100%	17926	100%

Table 31. Average self-reported hours worked by doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

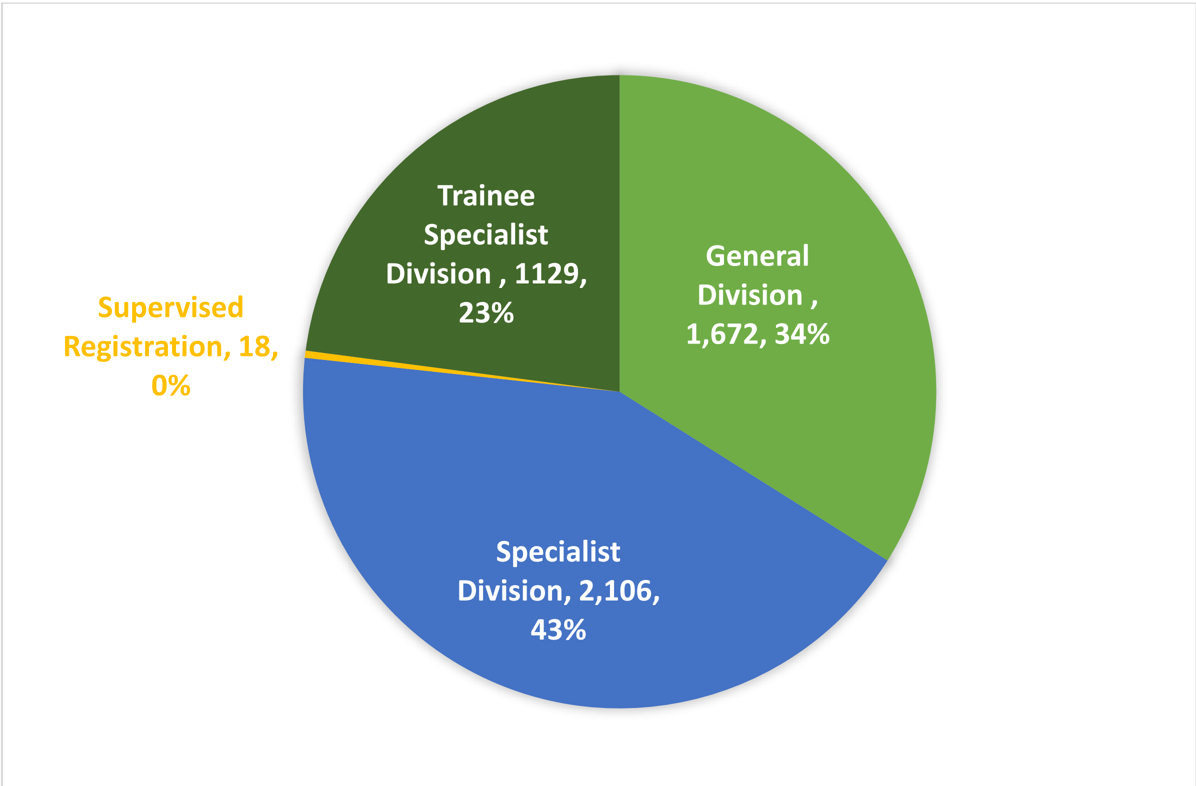
	2019		2020	
	Frequency	Percent	Frequency	Percent
Fewer than 10 hours per week	668	3.9%	700	3.9%
10 to 20 hours per week	909	5.3%	914	5.1%
21 to 30 hours per week	1078	6.3%	1139	6.4%
31 to 40 hours per week	3693	21.5%	3971	22.2%
40 to 48 Hours	5245	30.6%	5850	32.6%
More than 48 hours	5099	29.8%	4925	27.5%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

Table 32. Model of services provided as self-reported by doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

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

In 2020, 4,925 clinically active, retaining doctors working in Ireland in 2020 self-reported working over 48 hours per week on average. This represented 27.5% of all clinically active doctors reporting to work in Ireland, retaining on the register in 2020. A breakdown of the divisional status of doctors reporting to work over 48 hours weekly on average is presented in figure 7 below.

Figure 7. Breakdown by divisional status of doctors self-reporting working over 48 hours on average weekly, retaining on the register in 2020, clinically active and working in Ireland



46.6% of all clinically active, retaining Trainee Specialist Division doctors working in Ireland in 2020 self-reported working over 48 hours per week on average, while 26.1% of all clinically active, retaining General Division doctors working in Ireland in 2020 self-reported working over 48 hours per week on average. 23.4% of all clinically active, retaining Specialist Division doctors working in Ireland and 19% of all clinically active, retaining Supervised Division doctors working in Ireland in 2020 self-reported working in a similar pattern.

Table 33. Area of practice self-reported by doctors, retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

	2019		2020	
	Frequency	Percent	Frequency	Percent
Anaesthesiology	1118	6.5%	1160	6.5%
Cardiology	271	1.6%	283	1.6%
Cardiothoracic Surgery	91	0.5%	94	0.5%
Chemical Pathology	20	0.1%	19	0.1%
Child & Adolescent Psychiatry	235	1.4%	254	1.4%
Clinical Genetics	15	0.1%	10	0.1%
Clinical Neurophysiology	13	0.1%	12	0.1%
Clinical Pharmacology & Therapeutics	20	0.1%	19	0.1%
Dermatology	158	0.9%	165	0.9%
Emergency Medicine	752	4.4%	824	4.6%
Endocrinology & Diabetes Mellitus	201	1.2%	218	1.2%
Gastroenterology	261	1.5%	250	1.4%
General (Internal) Medicine	1230	7.2%	1320	7.4%
General Practice	4583	26.7%	4716	26.3%
General Surgery	855	5.0%	794	4.4%
Genito-Urinary Medicine	26	0.2%	27	0.2%
Geriatric Medicine	357	2.1%	388	2.2%
Haematology (Clinical & Laboratory)	181	1.1%	186	1.0%
Histopathology	240	1.4%	234	1.3%
Immunology (Clinical & Laboratory)	18	0.1%	18	0.1%
Infectious Diseases	58	0.3%	94	0.5%
Intensive Care Medicine	59	0.3%	91	0.5%
Medical Oncology	163	1.0%	186	1.0%
Microbiology	120	0.7%	128	0.7%
Military Medicine	0	0	14	0.1%
Neonatology	83	0.5%	95	0.5%
Nephrology	127	0.7%	140	0.8%
Neurology	136	0.8%	145	0.8%
Neuropathology	7	0.0%	7	0.0%
Neurosurgery	50	0.3%	59	0.3%
Obstetrics & Gynaecology	708	4.1%	723	4.0%
Occupational Medicine	139	0.8%	142	0.8%
Ophthalmic Surgery	112	0.7%	123	0.7%
Ophthalmology	159	0.9%	155	0.9%
Oral & Maxillo-Facial Surgery	27	0.2%	30	0.2%
Otolaryngology	163	1.0%	169	0.9%
Paediatric Cardiology	38	0.2%	15	0.1%
Paediatric Surgery	39	0.2%	36	0.2%
Paediatrics	867	5.1%	945	5.3%
Palliative Medicine	128	0.7%	124	0.7%
Pharmaceutical Medicine	63	0.4%	61	0.3%
Plastic, Reconstructive and Aesthetic Surgery	132	0.8%	135	0.8%
Psychiatry	1025	6.0%	1041	5.8%
Psychiatry of Learning Disability	50	0.3%	45	0.3%
Psychiatry of Old Age	112	0.7%	101	0.6%
Public Health Medicine	266	1.6%	281	1.6%
Radiation Oncology	88	0.5%	91	0.5%
Radiology	475	2.8%	512	2.9%
Rehabilitation Medicine	33	0.2%	38	0.2%
Respiratory Medicine	236	1.4%	274	1.5%
Rheumatology	129	0.8%	123	0.7%
Sports & Exercise Medicine	33	0.2%	36	0.2%
Trauma & Orthopaedic Surgery	511	3.0%	505	2.8%
Tropical Medicine	10	0.1%	9	0.1%
Urology	143	0.8%	156	0.9%
Vascular Surgery	0	0	104	0.6%
Unreported	3	0.0%	2	0.0%
Total	17137	100%	17926	100.0%

Table 34. Most recent speciality achieved by doctors, retaining on the register in 2019, reporting being clinically active and working in Ireland

		Frequency	Percent	Valid Percent	Cumulative Percent
	Anaesthesia	618	3.6%	7.1%	7.1%
	Cardiology	92	0.5%	1.1%	8.2%
	Cardiothoracic Surgery	33	0.2%	0.4%	8.6%
	Chemical Pathology	12	0.1%	0.1%	8.7%
	Child and Adolescent Psychiatry	122	0.7%	1.4%	10.1%
	Clinical Genetics	8	0.0%	0.1%	10.2%
	Clinical Neurophysiology	12	0.1%	0.1%	10.4%
	Clinical Pharmacology and Therapeutics	3	0.0%	0.0%	10.4%
	Dermatology	74	0.4%	0.9%	11.3%
	Emergency Medicine	127	0.7%	1.5%	12.7%
	Endocrinology and Diabetes Mellitus	7	0.0%	0.1%	12.8%
	Gastroenterology	15	0.1%	0.2%	13.0%
	General (Internal) Medicine	321	1.9%	3.7%	16.7%
	General Practice	3530	20.6%	40.8%	57.5%
	General Surgery	278	1.6%	3.2%	60.7%
	Genito-Urinary Medicine	7	0.0%	0.1%	60.8%
	Geriatric Medicine	136	0.8%	1.6%	62.3%
	Haematology	17	0.1%	0.2%	62.5%
	Haematology (Clinical and Laboratory)	80	0.5%	0.9%	63.5%
	Histopathology	163	1.0%	1.9%	65.4%
	Immunology (Clinical and Laboratory)	8	0.0%	0.1%	65.4%
	Infectious Diseases	32	0.2%	0.4%	65.8%
	Intensive Care Medicine	5	0.0%	0.1%	65.9%
	Medical Oncology	53	0.3%	0.6%	66.5%
	Microbiology	91	0.5%	1.1%	67.5%
	Military Medicine	1	0.0%	0.0%	67.5%
	Nephrology	57	0.3%	0.7%	68.2%
	Neurology	71	0.4%	0.8%	69.0%
	Neuropathology	5	0.0%	0.1%	69.1%
	Neurosurgery	22	0.1%	0.3%	69.3%
	Obstetrics and Gynaecology	266	1.6%	3.1%	72.4%
	Occupational Medicine	83	0.5%	1.0%	73.4%
	Ophthalmic Surgery	62	0.4%	0.7%	74.1%
	Ophthalmology	123	0.7%	1.4%	75.5%
	Oral and Maxillo-Facial Surgery	19	0.1%	0.2%	75.7%
	Otolaryngology	88	0.5%	1.0%	76.7%
	Paediatric Cardiology	5	0.0%	0.1%	76.8%
	Paediatric Surgery	13	0.1%	0.2%	77.0%
	Paediatrics	320	1.9%	3.7%	80.7%
	Palliative Medicine	54	0.3%	0.6%	81.3%
	Pharmaceutical Medicine	11	0.1%	0.1%	81.4%
	Plastic, Reconstructive and Aesthetic Surgery	58	0.3%	0.7%	82.1%
	Psychiatry	393	2.3%	4.5%	86.6%
	Psychiatry of Learning Disability	42	0.2%	0.5%	87.1%
	Psychiatry of Old Age	97	0.6%	1.1%	88.2%
	Public Health Medicine	110	0.6%	1.3%	89.5%
	Radiation Oncology	41	0.2%	0.5%	90.0%
	Radiology	352	2.1%	4.1%	94.0%
	Rehabilitation Medicine	16	0.1%	0.2%	94.2%
	Respiratory Medicine	119	0.7%	1.4%	95.6%
	Rheumatology	71	0.4%	0.8%	96.4%
	Sports and Exercise Medicine	28	0.2%	0.3%	96.7%
	Trauma and Orthopaedic Surgery	208	1.2%	2.4%	99.1%
	Urology	71	0.4%	0.8%	100%
	Vascular Surgery	3	0.0%	0.0%	100%
	Total	8653	50.5%	100%	
	Non-specialist doctors	8484	49.5%		
Total		17137	100%		

Table 35. Most recent speciality achieved by doctors, retaining on the register in 2020, reporting being clinically active and working in Ireland

		Frequency	Percent	Valid Percent	Cumulative Percent
	Anaesthesiology	621	3.5%	6.9%	6.9%
	Cardiology	98	0.5%	1.1%	8.0%
	Cardiothoracic Surgery	35	0.2%	0.4%	8.4%
	Chemical Pathology	11	0.1%	0.1%	8.5%
	Child and Adolescent Psychiatry	133	0.7%	1.5%	10.0%
	Clinical Genetics	6	0.0%	0.1%	10.1%
	Clinical Neurophysiology	12	0.1%	0.1%	10.2%
	Clinical Pharmacology and Therapeutics	3	0.0%	0.0%	10.2%
	Dermatology	81	0.5%	0.9%	11.1%
	Emergency Medicine	135	0.8%	1.5%	12.6%
	Endocrinology and Diabetes Mellitus	8	0.0%	0.1%	12.7%
	Gastroenterology	16	0.1%	0.2%	12.9%
	General (Internal) Medicine	339	1.9%	3.8%	16.7%
	General Practice	3628	20.2%	40.4%	57.1%
	General Surgery	285	1.6%	3.2%	60.2%
	Genito-Urinary Medicine	7	0.0%	0.1%	60.3%
	Geriatric Medicine	141	0.8%	1.6%	61.9%
	Haematology	18	0.1%	0.2%	62.1%
	Haematology (Clinical and Laboratory)	81	0.5%	0.9%	63.0%
	Histopathology	168	0.9%	1.9%	64.9%
	Immunology (Clinical and Laboratory)	9	0.1%	0.1%	65.0%
	Infectious Diseases	34	0.2%	0.4%	65.3%
	Intensive Care Medicine	18	0.1%	0.2%	65.5%
	Medical Oncology	63	0.4%	0.7%	66.2%
	Microbiology	91	0.5%	1.0%	67.2%
	Military Medicine	1	0.0%	0.0%	67.3%
	Neonatology	1	0.0%	0.0%	67.3%
	Nephrology	61	0.3%	0.7%	68.0%
	Neurology	77	0.4%	0.9%	68.8%
	Neuropathology	5	0.0%	0.1%	68.9%
	Neurosurgery	27	0.2%	0.3%	69.2%
	Obstetrics and Gynaecology	269	1.5%	3.0%	72.2%
	Occupational Medicine	82	0.5%	0.9%	73.1%
	Ophthalmic Surgery	64	0.4%	0.7%	73.8%
	Ophthalmology	126	0.7%	1.4%	75.2%
	Oral and Maxillo-Facial Surgery	18	0.1%	0.2%	75.4%
	Otolaryngology	93	0.5%	1.0%	76.4%
	Paediatric Cardiology	5	0.0%	0.1%	76.5%
	Paediatric Surgery	15	0.1%	0.2%	76.6%
	Paediatrics	339	1.9%	3.8%	80.4%
	Palliative Medicine	56	0.3%	0.6%	81.0%
	Pharmaceutical Medicine	10	0.1%	0.1%	81.2%
	Plastic, Reconstructive and Aesthetic Surgery	63	0.4%	0.7%	81.9%
	Psychiatry	409	2.3%	4.6%	86.4%
	Psychiatry of Learning Disability	44	0.2%	0.5%	86.9%
	Psychiatry of Old Age	96	0.5%	1.1%	88.0%
	Public Health Medicine	110	0.6%	1.2%	89.2%
	Radiation Oncology	48	0.3%	0.5%	89.7%
	Radiology	379	2.1%	4.2%	93.9%
	Rehabilitation Medicine	17	0.1%	0.2%	94.1%
	Respiratory Medicine	134	0.7%	1.5%	95.6%
	Rheumatology	72	0.4%	0.8%	96.4%
	Sports and Exercise Medicine	28	0.2%	0.3%	96.7%
	Trauma and Orthopaedic Surgery	212	1.2%	2.4%	99.1%
	Urology	78	0.4%	0.9%	100.0%
	Vascular Surgery	3	0.0%	0.0%	100.0%
	Total	8983	50.1%	100%	
	Non-specialists	8943	49.9%		
Total		17926	100%		

Table 36. Region of BMQ obtained by doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

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

Table 37. Country of BMQ of doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

	2019		2020	
	Frequency	Percent	Frequency	Percent
Argentina	<0.1%		11	0.1%
Australia	36	0.2%	31	0.2%
Bahrain	12	0.1%	13	0.1%
Bangladesh	27	0.2%	30	0.2%
Belarus	9	0.1%	9	0.1%
Belgium	10	0.1%	13	0.1%
Brazil	<0.1%		10	0.1%
Bulgaria	74	0.4%	80	0.4%
China	31	0.2%	31	0.2%
Colombia	12	0.1%	12	0.1%
Croatia	56	0.3%	56	0.3%
Cuba	13	0.1%	20	0.1%
Czech Republic	100	0.6%	108	0.6%
Dominican Rep	<0.1%		9	0.1%
Egypt	273	1.6%	277	1.5%
France	16	0.1%	16	0.1%
Germany	68	0.4%	73	0.4%
Greece	29	0.2%	27	0.2%
Hungary	205	1.2%	208	1.2%
India	318	1.9%	336	1.9%
Islamic Republic of Iran	<0.1%		9	0.1%
Iraq	90	0.5%	92	0.5%
Ireland	11132	65.0%	11609	64.8%
Italy	69	0.4%	71	0.4%
Jordan	14	0.1%	15	0.1%
Kuwait	9	0.1%	<0.1%	
Latvia	49	0.3%	54	0.3%
Libyan Arab Jamahiriya	87	0.5%	91	0.5%
Lithuania	51	0.3%	52	0.3%
Malaysia	13	0.1%	13	0.1%
Mexico	11	0.1%	12	0.1%
Netherlands	24	0.1%	29	0.2%
New Zealand	15	0.1%	13	0.1%
Nigeria	165	1.0%	164	0.9%
Oman	11	0.1%	<0.1%	
Pakistan	1317	7.7%	1380	7.7%
Peru	11	0.1%	14	0.1%
Philippines	13	0.1%	13	0.1%
Poland	199	1.2%	197	1.1%
Portugal	<0.1%		11	0.1%
Republic of Moldova	10	0.1%	11	0.1%

	2019		2019	
	Frequency	Percent	Frequency	Percent
Romania	508	3.0%	517	2.9%
Russian Federation	37	0.2%	42	0.2%
Saudi Arabia	13	0.1%	17	0.1%
Slovakia	59	0.3%	67	0.4%
South Africa	309	1.8%	336	1.9%
Spain	71	0.4%	83	0.5%
Sudan	666	3.9%	714	4.0%
Syrian Arab Republic	29	0.2%	31	0.2%
Ukraine	31	0.2%	33	0.2%
United Arab Emirates	11	0.1%	10	0.1%
United Kingdom	616	3.6%	650	3.6%
United States of America	15	0.1%	13	0.1%
Bolivarian Republic of Venezuela	11	0.1%	13	0.1%
Yemen	9	0.1%	10	0.1%

Countries making up <0.1% of doctors retaining registration on the Medical Council register in 2019 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; Bolivia; Brazil; Canada; Cayman Islands; Congo; Costa Rica; Democratic Republic of the Congo; Denmark; Dominica; Dominican Republic; El Salvador; Ethiopia; Finland; Georgia; Ghana; Grenada; Haiti; Honduras; Iceland; Indonesia; Islamic Republic of Iran; Kazakhstan; Kenya; Kyrgyzstan; Lebanon; Malawi; Malta; Myanmar; Netherlands Antilles; Northern Ireland; Palestinian Territory; Panama; Portugal; Saint Lucia; Serbia; Slovenia; Sri Lanka; Sweden; Switzerland; The Republic of Macedonia; Trinidad and Tobago; Turkey; United Republic of Tanzania; Uruguay; Uzbekistan; Yugoslavia; Zambia and Zimbabwe.

Countries making up <0.1% of doctors retaining registration on the Medical Council register in 2020 and reporting being clinically active, working in Ireland, by respective jurisdiction of basic medical qualification obtained included: Albania; Algeria; Antigua and Barbuda; Armenia; Austria; Bolivia; Cameroon; Canada; Cayman Islands; Chile; Congo; Costa Rica; Curacao; Democratic Republic of the Congo; Denmark; Dominica; Ecuador; El Salvador; Ethiopia; Finland; Georgia; Ghana; Grenada; Haiti; Honduras; Iceland; Indonesia; Kazakhstan; Kenya; Kuwait; Kyrgyzstan; Malawi; Malta; Mauritius; Myanmar; Nepal; Netherlands Antilles; Northern Ireland; Oman; Palestinian Territory; Panama; Saint Kitts and Nevis; Saint Lucia; Serbia; Singapore; Slovenia; Sri Lanka; Switzerland; The Republic of Macedonia; Trinidad and Tobago; Turkey; United Republic of Tanzania; Uruguay; Uzbekistan; Yugoslavia; Zambia and Zimbabwe.

Table 38. Country of passport held by doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

	2019		2020	
	Frequency	Percent	Frequency	Percent
Australia	39	0.2%	35	0.2%
Bahrain	<0.1%		12	0.1%
Bangladesh	24	0.1%	29	0.2%
Belgium	17	0.1%	19	0.1%
Botswana	20	0.1%	19	0.1%
Bulgaria	41	0.2%	42	0.2%
Canada	117	0.7%	131	0.7%
Croatia	51	0.3%	52	0.3%
Czech Republic	22	0.1%	20	0.1%
Czechoslovakia	10	0.1%	10	0.1%
Egypt	207	1.2%	206	1.1%
France	31	0.2%	29	0.2%
Germany	81	0.5%	88	0.5%
Greece	46	0.3%	50	0.3%
Hungary	77	0.4%	78	0.4%
India	310	1.8%	324	1.8%
Islamic Republic of Iran	16	0.1%	16	0.1%
Iraq	62	0.4%	59	0.3%
Ireland	11320	66.1%	11869	66.2%
Italy	74	0.4%	78	0.4%
Jordan	25	0.1%	27	0.2%
Kuwait	15	0.1%	<0.1%	
Latvia	9	0.1%	10	0.1%
Libyan Arab Jamahiriya	56	0.3%	58	0.3%
Lithuania	48	0.3%	50	0.3%
Malaysia	309	1.8%	306	1.7%
Mauritius	46	0.3%	47	0.3%
Netherlands	30	0.2%	34	0.2%
New Zealand	16	0.1%	16	0.1%
Nigeria	243	1.4%	247	1.4%
Norway	10	0.1%	10	0.1%
Oman	11	0.1%	<0.1%	
Pakistan	1181	6.9%	1235	6.9%
Palestinian Territory	12	0.1%	14	0.1%
Philippines	9	0.1%	9	0.1%
Poland	160	0.9%	150	0.8%
Portugal	30	0.2%	39	0.2%
Romania	220	1.3%	210	1.2%
Saudi Arabia	25	0.1%	31	0.2%
Singapore	12	0.1%	14	0.1%
Slovakia	24	0.1%	26	0.1%
South Africa	284	1.7%	305	1.7%
Spain	108	0.6%	122	0.7%
Sri Lanka	48	0.3%	51	0.3%
Sudan	593	3.5%	638	3.6%
Syrian Arab Republic	19	0.1%	24	0.1%
Trinidad and Tobago	21	0.1%	23	0.1%
Turkey	9	0.1%	12	0.1%
Ukraine	9	0.1%	10	0.1%
United Arab Emirates	9	0.1%	9	0.1%
United Kingdom	648	3.8%	668	3.7%
United States of America	92	0.5%	91	0.5%
Zimbabwe	10	0.1%	13	0.1%

Countries making up <0.1% of doctors retaining registration on the Medical Council register in 2019 and reporting being clinically active, working in Ireland, by respective jurisdiction of passport held included: 2019: Austria; Bangladesh; Belgium; Brazil; Bulgaria; Cyprus; Denmark; Egypt; Germany; Grenada; Isle of Man; Israel; Jordan; Kuwait; Lebanon; Libyan Arab Jamahiriya; Malta; Mauritius; Netherlands; New Caledonia; New Zealand; Nigeria; Oman; Portugal; Qatar; Singapore; Slovakia; Sri Lanka; Switzerland; Taiwan; Turkey; West Indies.

Countries making up <0.1% of doctors retaining registration on the Medical Council register in 2020 and reporting being clinically active, working in Ireland, by respective jurisdiction of passport held included: Afghanistan; Albania; Algeria; Angola; Argentina; Austria; Bahrain; Barbados; Belarus; Brazil; Brunei Darussalam; Cameroon; China; Colombia; Cuba; Cyprus; Democratic Republic of the Congo; Denmark; Dominican Republic; El Salvador; Ethiopia; Finland; Ghana; Guyana; Honduras; Hong Kong; Indonesia; Israel; Japan; Kenya; Kiribati; Lebanon; Lesotho; Liberia; Macedonia; Maldives; Malta; Mexico; Myanmar; Nepal; New Caledonia; Northern Ireland; Paraguay; Peru; Qatar; Republic of Moldova; Russian Federation; Serbia; Seychelles; Slovenia; Somalia; South Korea; Swaziland; Sweden; Switzerland; Taiwan; Thailand; U.S.S.R; United Republic of Tanzania; Uzbekistan; Bolivarian Republic of Venezuela; Yemen; Zambia.

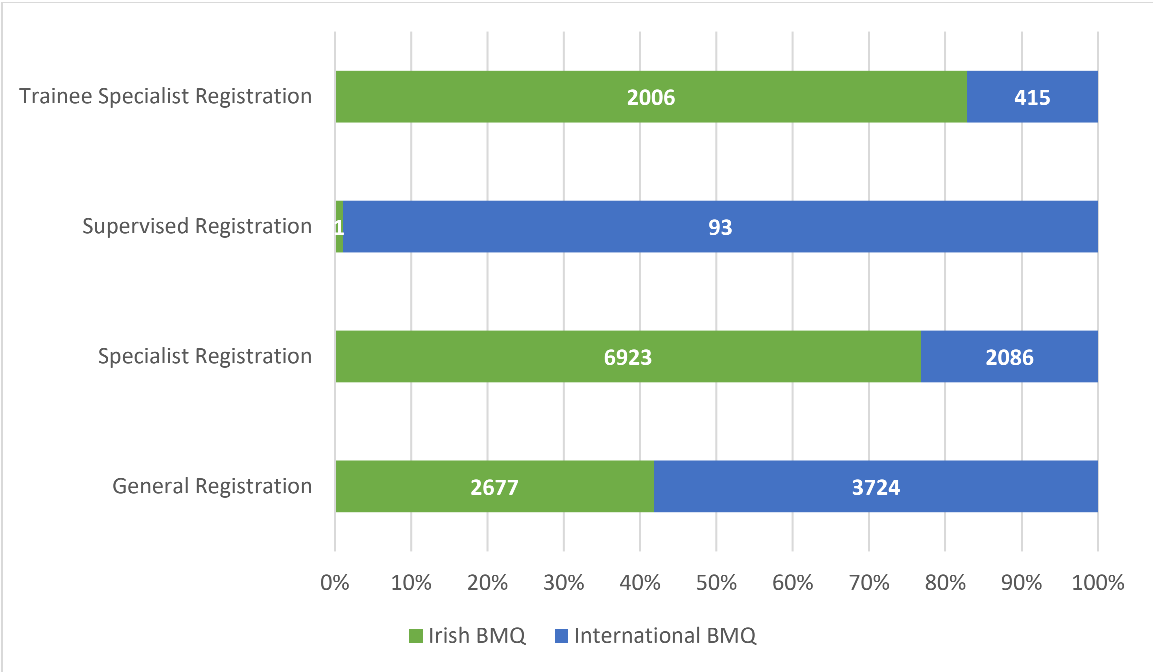
Table 39. Registered country of address of doctors retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

	2019		2020	
	Frequency	Percent	Frequency	Percent
Australia	19	0.1%	14	0.1%
Canada	45	0.3%	58	0.3%
Croatia	13	0.1%	12	0.1%
Czech Republic	13	0.1%	11	0.1%
Egypt	<0.1%		9	0.1%
France	11	0.1%	<0.1%	
Greece	18	0.1%	12	0.1%
Hungary	20	0.1%	22	0.1%
India	17	0.1%	25	0.1%
Ireland	16077	93.8%	16775	93.6%
Italy	13	0.1%	12	0.1%
Lithuania	17	0.1%	20	0.1%
Malaysia	18	0.1%	15	0.1%
Northern Ireland	151	0.9%	150	0.8%
Pakistan	106	0.6%	133	0.7%
Poland	24	0.1%	22	0.1%
Romania	52	0.3%	46	0.3%
Saudi Arabia	19	0.1%	22	0.1%
South Africa	114	0.7%	110	0.6%
Spain	26	0.2%	28	0.2%
Sudan	14	0.1%	30	0.2%
United Arab Emirates	14	0.1%	16	0.1%
United Kingdom	218	1.3%	234	1.3%
United States of America	27	0.2%	32	0.2%

Countries making up <0.1% of doctors retaining registration on the Medical Council register in 2019 and reporting being clinically active, working in Ireland, by respective jurisdiction of registered address included: Austria; Bangladesh; Belgium; Brazil; Bulgaria; Cyprus; Denmark; Egypt; Germany; Grenada; Isle of Man; Israel; Jordan; Kuwait; Lebanon; Libyan Arab Jamahiriya; Malta; Mauritius; Netherlands; New Caledonia; New Zealand; Nigeria; Oman; Portugal; Qatar; Singapore; Slovakia; Sri Lanka; Switzerland; Taiwan; Turkey; West Indies.

Countries making up <0.1% of doctors retaining registration on the Medical Council register in 2020 and reporting being clinically active, working in Ireland, by respective jurisdiction of registered address included: Austria; Bahrain; Bangladesh; Belgium; Botswana; Bulgaria; Cyprus; Denmark; France; Germany; Grenada; Iceland; Islamic Republic of Iran; Iraq; Isle of Man; Israel; Jamaica; Jordan; Kuwait; Latvia; Lebanon; Libyan Arab Jamahiriya; Mauritius; Namibia; Netherlands; New Zealand; Nigeria; Norway; Oman; Palestinian Territory; Panama; Portugal; Qatar; Singapore; Slovakia; Sri Lanka; Sweden; Switzerland; Turkey; West Indies and Zimbabwe.

Figure 8. Divisional status of Irish BMQ holders and IMGs retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland



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

Figure 9. Self-reported employment role of Irish BMQ holders and IMGs retaining on the register in 2020, reporting being clinically active and working in Ireland

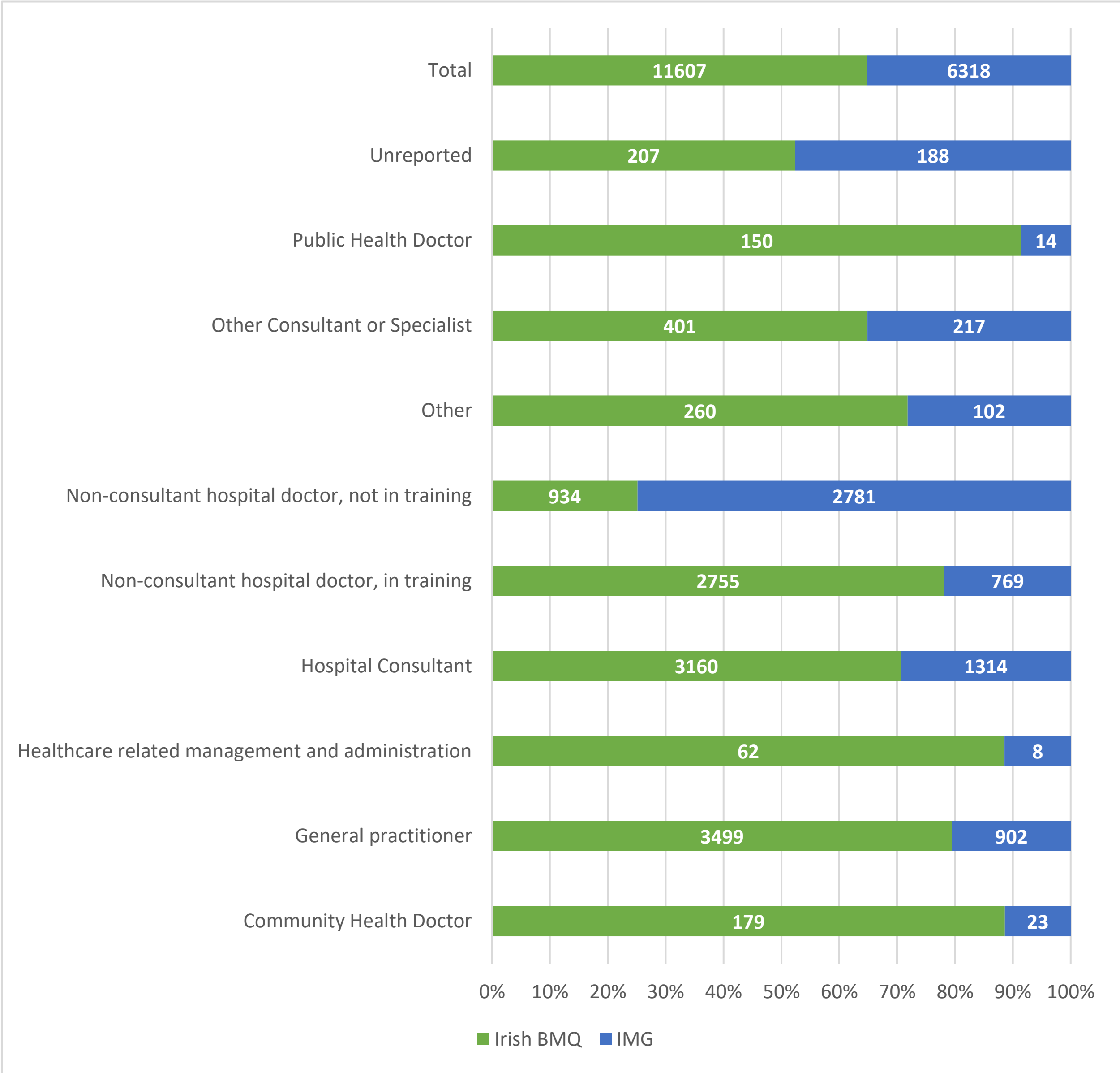


Table 40. Area of practice of Irish BMQ holders and IMGs retaining on the register in 2019 and 2020, reporting being clinically active and working in Ireland

	Irish BMQ holders		International BMQ holders	
	Frequency	Percent	Frequency	Percent
Anaesthesiology	603	5.2%	557	8.8%
Cardiology	193	1.7%	90	1.4%
Cardiothoracic Surgery	43	0.4%	51	0.8%
Chemical Pathology	12	0.1%	7	0.1%
Child & Adolescent Psychiatry	135	1.2%	119	1.9%
Clinical Genetics	7	0.1%	3	0.0%
Clinical Neurophysiology	9	0.1%	3	0.0%
Clinical Pharmacology & Therapeutics	17	0.1%	2	0.0%
Dermatology	124	1.1%	41	0.6%
Emergency Medicine	347	3.0%	477	7.5%
Endocrinology & Diabetes Mellitus	145	1.2%	73	1.2%
Gastroenterology	171	1.5%	79	1.3%
General (Internal) Medicine	616	5.3%	704	11.1%
General Practice	3745	32.3%	971	15.4%
General Surgery	320	2.8%	474	7.5%
Genito-Urinary Medicine	19	0.2%	8	0.1%
Geriatric Medicine	306	2.6%	82	1.3%
Haematology (Clinical & Laboratory)	126	1.1%	60	0.9%
Histopathology	184	1.6%	50	0.8%
Immunology (Clinical & Laboratory)	12	0.1%	6	0.1%
Infectious Diseases	77	0.7%	17	0.3%
Intensive Care Medicine	63	0.5%	28	0.4%
Medical Oncology	128	1.1%	58	0.9%
Microbiology	103	0.9%	25	0.4%
Military Medicine	7	0.1%	7	0.1%
Neonatology	59	0.5%	36	0.6%
Nephrology	105	0.9%	35	0.6%
Neurology	105	0.9%	40	0.6%
Neuropathology	6	0.1%	1	0.0%
Neurosurgery	38	0.3%	21	0.3%
Obstetrics & Gynaecology	327	2.8%	396	6.3%
Occupational Medicine	121	1.0%	21	0.3%
Ophthalmic Surgery	90	0.8%	33	0.5%
Ophthalmology	107	0.9%	48	0.8%
Oral & Maxillo-Facial Surgery	25	0.2%	5	0.1%
Otolaryngology	96	0.8%	73	1.2%
Paediatric Cardiology	12	0.1%	3	0.0%
Paediatric Surgery	11	0.1%	25	0.4%
Paediatrics	517	4.5%	428	6.8%
Palliative Medicine	106	0.9%	18	0.3%
Pharmaceutical Medicine	50	0.4%	11	0.2%
Plastic, Reconstructive and Aesthetic Surgery	101	0.9	34	0.5%
Psychiatry	617	5.3%	424	6.7%
Psychiatry of Learning Disability	34	0.3%	11	0.2%
Psychiatry of Old Age	75	0.6%	26	0.4%
Public Health Medicine	250	2.2%	31	0.5%
Radiation Oncology	68	0.6%	23	0.4%
Radiology	393	3.4%	119	1.9%
Rehabilitation Medicine	26	0.2%	12	0.2%
Respiratory Medicine	201	1.7%	73	1.2%
Rheumatology	82	0.7%	41	0.6%
Sports & Exercise Medicine	27	0.2%	9	0.1%
Trauma & Orthopaedic Surgery	274	2.4%	230	3.6%
Tropical Medicine	6	0.1%	3	0.0%
Urology	102	0.9%	54	0.9%
Vascular Surgery	63	0.5%	41	0.6%
Unreported	1	0.0%	1	0.0%
Total	11607	100%	6318	100%

VOLUNTARY WITHDRAWALS 2019

THE CONTEMPORARY CONTEXT OF WORKFORCE PLANNING IN IRELAND

Voluntary withdrawals 2019

Voluntary withdrawals from the register are manually processed by the Executive of the Medical Council and these are recorded daily. In 2019, 1,135 doctors voluntarily withdrew their registration from the Medical Council's register. This represented a 21.8% decrease in voluntary withdrawals, from 1,453 in 2018 and is the first decrease in the number since recording began in 2014.

Following voluntary withdrawal from the register, medical practitioners are routinely emailed a brief questionnaire to explore the reasons for leaving the register. In 2019, 1,068 practitioners responded to this, a response rate of 94.1%. This group of doctors reported an age range of 23-83 years and a mean age of 39.23 years (median age of 35 years, SD= 12.912 years). 58.3% of respondents were male (N=623) and 41.7% were female (N=445).

The figures for 2019 are mapped in figure 10 below according to year of withdrawal from the register, with an average of 95 medical practitioners leaving the register on a voluntary basis every month. However, 90.5% of all of those who made a voluntary withdrawal from the register did so in May, June and July, during the retention of registration period.

Figure 10. Voluntary Withdrawals from and new entrants to the Medical Council register 2014-2019

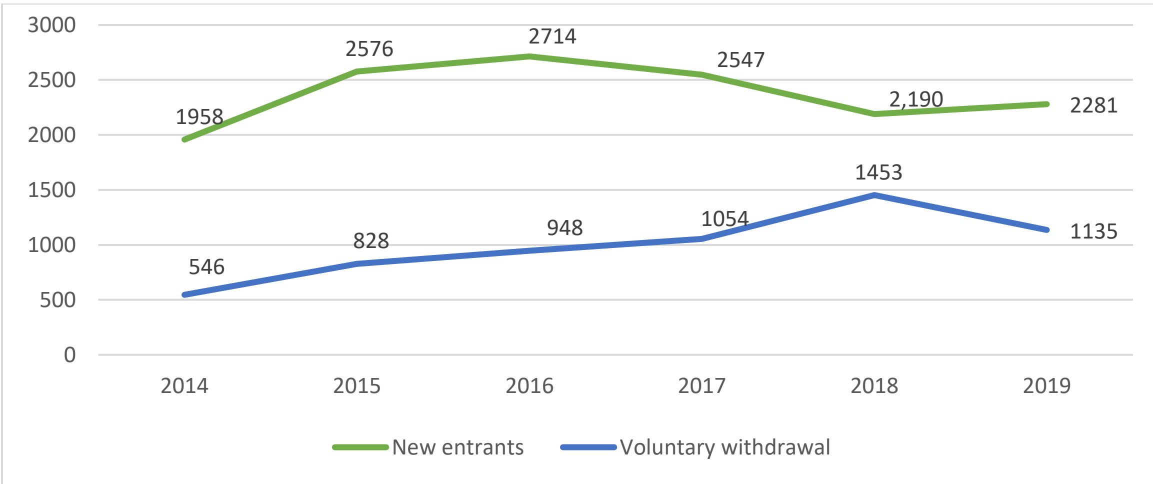


Table 41. Reasons for leaving the register reported by doctors in 2019

	Frequency	Percent	Cumulative Percent
You have some other reason for voluntarily withdrawing	222	20.8%	20.8%
You wish to practise medicine in another country	746	69.9%	90.6%
You wish to stop practising medicine	100	9.4%	100%
Total	1068	100%	

The majority of those leaving the register wished to practise medicine in another country (N= 746, 69.9%). An additional 9.4% (N=100) of those leaving the register reported wishing to stop practising medicine altogether, while 222 doctors had some other reason for leaving the register (20.8%).

Table 42. Category of registrants according to region of BMQ that withdrew from the register in 2019

	Frequency	Percent	Cumulative Percent
Category 1	382	35.8%	35.8%
Category 2	170	15.9%	51.7%
Category 3	42	3.9%	55.6%
Category 4	474	44.4%	100%
Total	1068	100%	

The majority of those who left the register were International graduates from a medical school outside the EU and Ireland (44.4%). Over one third (35.8%) were Irish graduates.

Table 43. Division of the register that doctors withdrew from in 2019

	Frequency	Percent	Cumulative Percent
General Registration	715	66.9%	66.9%
Internship Registration	66	6.2%	73.1%
Specialist Registration	267	25.0%	98.1%
Supervised Registration	15	1.4%	99.5%
Trainee Specialist Registration	5	0.5%	100%
Total	1068	100%	

The majority of those who left the register were on the General Division of the register (66.9%), however one quarter left the Specialist Division of the register. One third of all registrants leaving on a voluntary basis were Irish graduates.

Figure 11. Reported next jurisdiction of practice for medical practitioners voluntarily withdrew in 2019

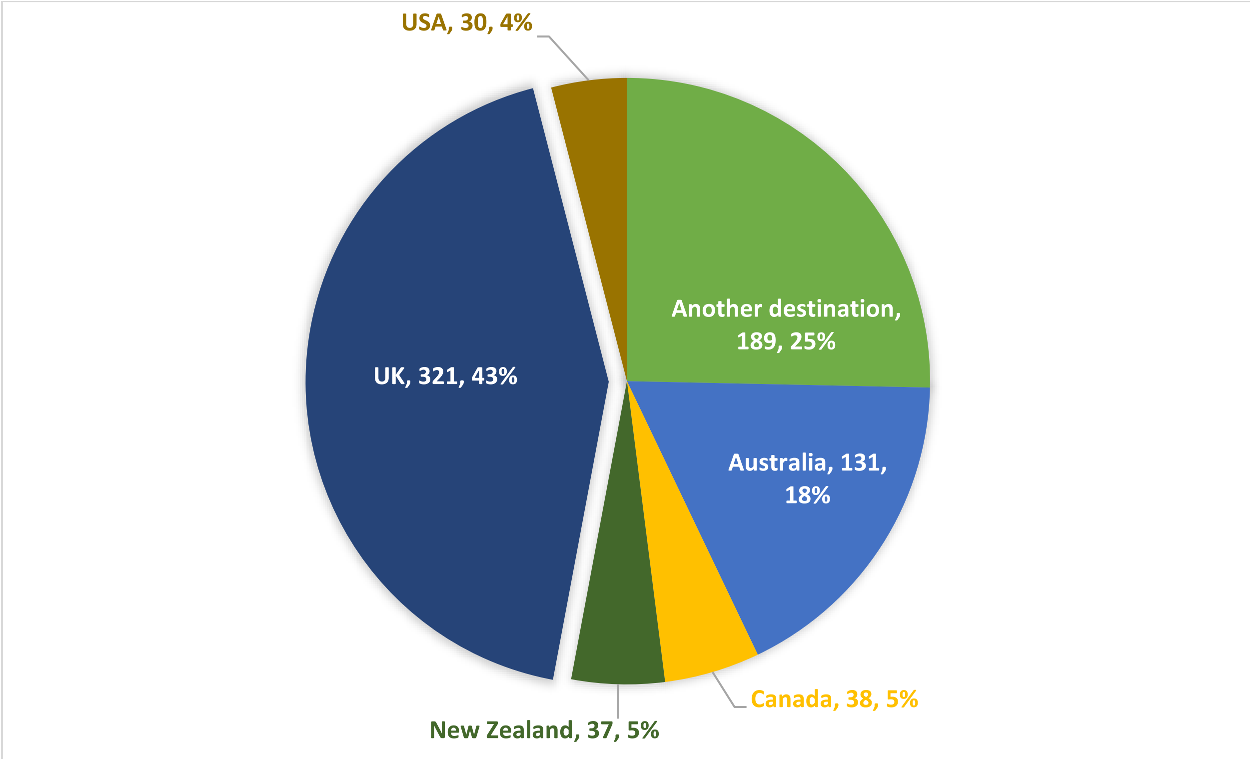
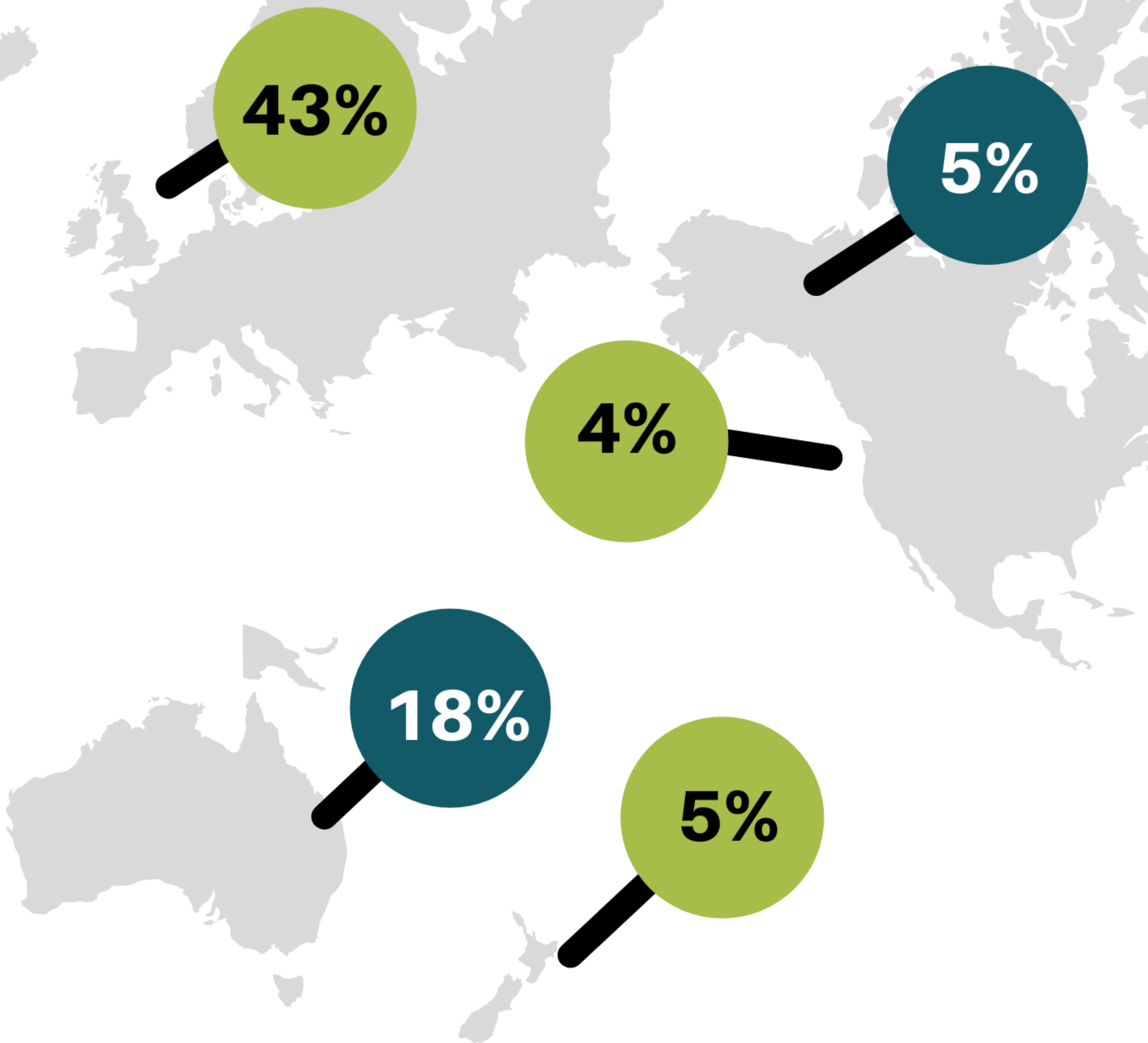


Table 44. Reasons reported for leaving the register 2019

	Frequency	Percent	Cumulative Percent
I am expected to carry out too many non-core tasks	8	0.7%	0.7%
I am not respected by senior colleagues	1	0.1%	0.8%
I am retiring	84	7.9%	8.7%
I do not have flexible training options	30	2.8%	11.5%
I feel I can earn more abroad	38	3.6%	15.1%
I have family/personal reasons for making a voluntary withdrawal from the register	284	26.6%	41.7%
I have some other reason for making a voluntary withdrawal from the register	324	30.3%	72.0%
I'm changing to a role that doesn't require me to be registered with the Medical Council	50	4.7%	76.7%
My employer does not support me in my work	6	0.6%	77.2%
My workplace is understaffed	29	2.7%	80.0%
The quality of training available to me here is poor	20	1.9%	81.8%
The working hours expected of me here are too long	21	2.0%	83.8%
There are limited career progression opportunities available to me here	173	16.2%	100%
Total	1068	100%	

WHERE DO DOCTORS WANT TO PRACTICE NEXT?



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

Category 1. Graduates of Irish medical schools

Just over one-third of doctors who left the Irish register of medical practitioners in 2019 were graduates of Irish medical schools. This group was made up of slightly more female (N= 214, 56%) than male (N=168, 44%) doctors, aged between 23 and 83 years (Mean= 39.3 years, SD=16.517). Most of these doctors reported leaving the General Division of the register (N=188, 49.2%), while just under one third left the Specialist Division (N=125, 32.7%). Interns represented 17.3% of this group leaving the register (N=66). Only three Irish graduate registrants left the Trainee Specialist Division.

The majority of these doctors planned to practise medicine in another country (N=238, 62.3%), while 84 (22%) doctors planned to stop practising altogether. The remaining 60 doctors, representing one in eight of this group, had another unspecified reason for withdrawing, captured through qualitative feedback and explored later in the report.

Figure 12. Reported next jurisdiction of practice for graduates of Irish medical schools leaving the register in 2019

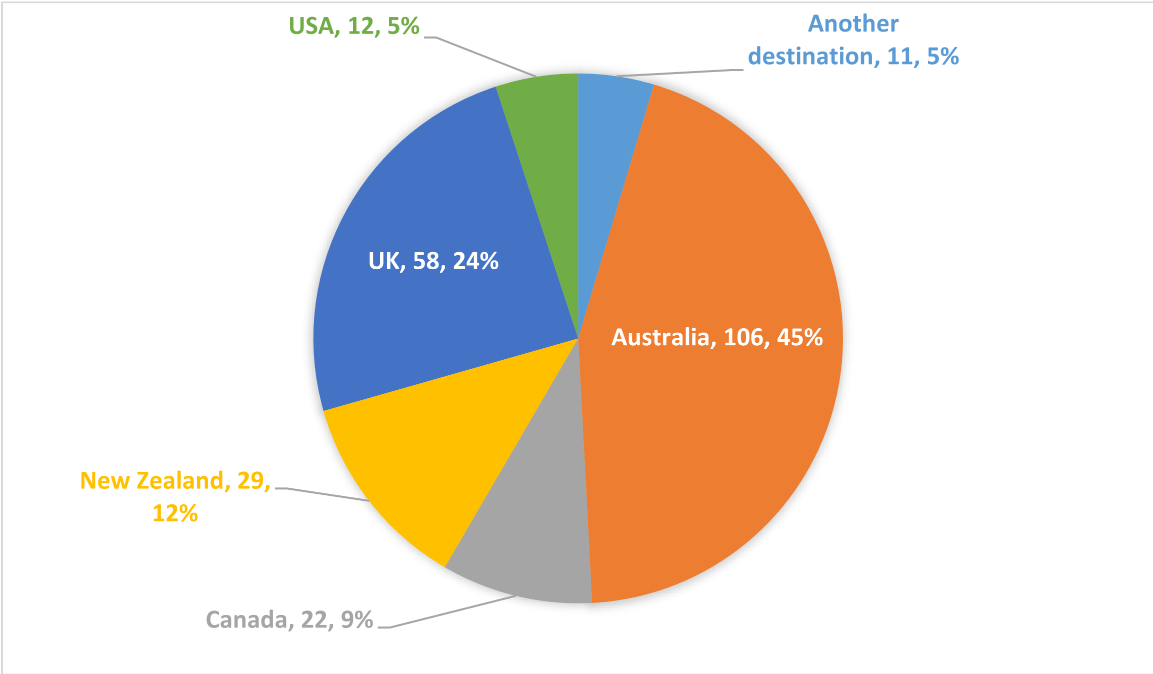


Table 45. Next reported jurisdiction of practice for graduates of Irish medical schools leaving the register in 2019

	Frequency	Percent	Cumulative Percent
Did not plan to practice medicine abroad	144	37.7%	37.7%
Another destination	11	2.9%	40.6%
Australia	106	27.7%	68.3%
Canada	22	5.8%	74.1%
New Zealand	29	7.6%	81.7%
UK	58	15.2%	96.9%
USA	12	3.1%	100%
Total	382	100%	

Doctors who reported "another destination" cited Bahrain; Cyprus; France; Hong Kong; Malaysia; Norway; The Netherlands; Trinidad and the United Arab Emirates as next destinations of practice.

Of note, compared to other categories of doctor leaving the register, a higher proportion of Irish graduate doctors reported leaving due to retirement (N=69, 18.1%).

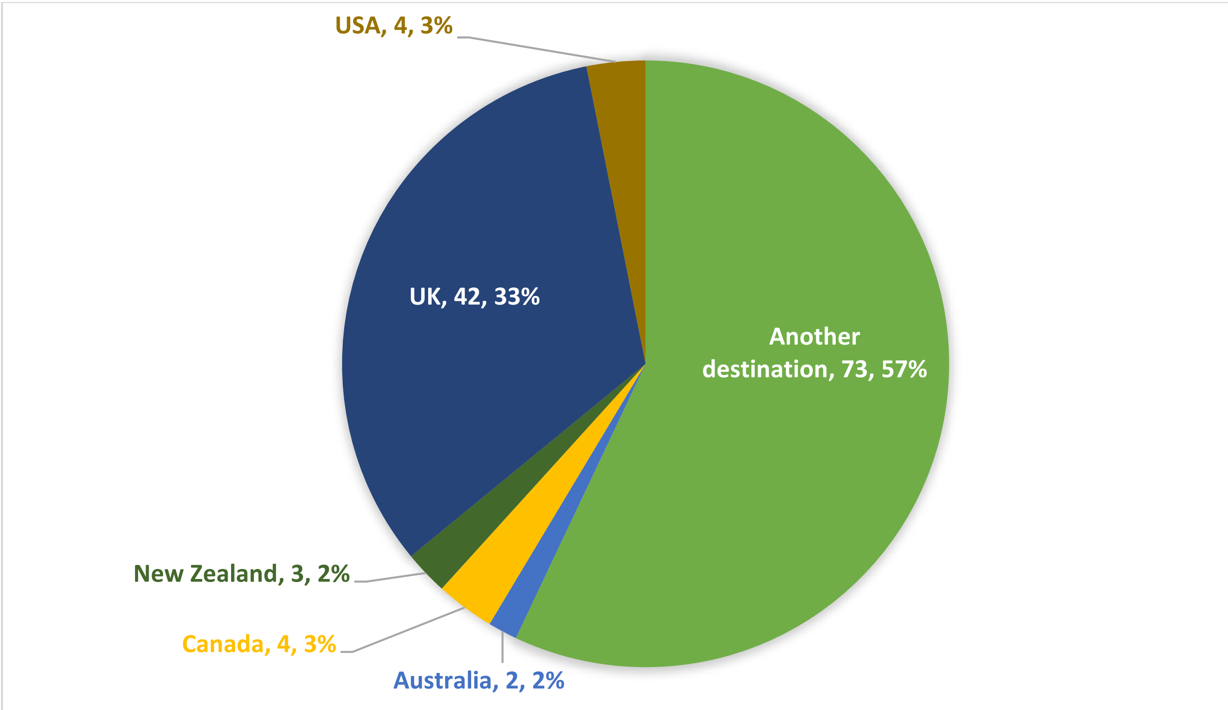
Table 46. Reasons reported by Irish medical graduates for leaving the register 2019

	Frequency	Percent	Cumulative Percent
I am expected to carry out too many non-core tasks	8	2.1%	2.1%
I am retiring	69	18.1%	20.2%
I do not have flexible training options	11	2.9%	23.0%
I feel I can earn more abroad	15	3.9%	27.0%
I have family/personal reasons for making a voluntary withdrawal from the register	59	15.4%	42.4%
I have some other reason for making a voluntary withdrawal from the register	100	26.2%	68.6%
I'm changing to a role that doesn't require me to be registered with the Medical Council	24	6.3%	74.9%
My employer does not support me in my work	5	1.3%	76.2%
My workplace is understaffed	28	7.3%	83.5%
The quality of training available to me here is poor	11	2.9%	86.4%
The working hours expected of me here are too long	18	4.7%	91.1%
There are limited career progression opportunities available to me here	34	8.9%	100%
Total	382	100%	

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

There were 170 medical practitioners who graduated in a medical school in the EU and are EU nationals who voluntarily withdrew from the register in 2019. This group was made up of slightly more male (N= 92, 54.1%) doctors than female doctors (N=78, 45.9%) aged between 24 and 70 years (mean= 40.24 years, SD= 10.625 years). Just over half of this group (N=90, 52.9%) were leaving the Specialist Division while just under one half of this group was leaving the General Division of the register (N= 79, 46.5%). Only one EU national who was a graduate from an EU medical school outside of Ireland and on the Trainee Specialist Division left the register in 2019. The majority of these doctors left with a view to practise in another jurisdiction (N=128, 75.3%), while six left to stop practice outright. One in five of the overall group had another reason for leaving, documented through qualitative responses.

Figure 13. Reported next jurisdiction of practice for medical practitioners who graduated in a medical school in the EU and are EU Nationals and reported "another destination" in 2019



"Another destination" included: Austria; Bulgaria; Romania; Croatia; Czech Republic; France; French Polynesia; Germany; Gibraltar; Greece; Hungary; Italy; Kuwait; Lithuania; New Caledonia; Poland; Portugal; Spain; Sweden; Switzerland; The Netherlands; United Arab Emirates. Romania was the most popular of these destinations for this group.

Table 47. Reasons for leaving the register reported by medical practitioners who graduated in a medical school in the EU and are EU Nationals in 2019

	Frequency	Percent	Cumulative Percent
I am retiring	7	4.1%	4.1%
I do not have flexible training options	4	2.4%	6.5%
I feel I can earn more abroad	2	1.2%	7.6%
I have family/personal reasons for making a voluntary withdrawal from the register	55	32.4%	40.0%
I have some other reason for making a voluntary withdrawal from the register	61	35.9%	75.9%
I'm changing to a role that doesn't require me to be registered with the Medical Council	13	7.6%	83.5%
My workplace is understaffed	1	.6%	84.1%
The quality of training available to me here is poor	3	1.8%	85.9%
The working hours expected of me here are too long	1	0.6%	86.5%
There are limited career progression opportunities available to me here	23	13.5%	100%
Total	42	100%	

Family/personal reasons or other reasons specified through qualitative answers cumulatively accounted for 68.3% reported by this group for making a voluntary withdrawal from the register.

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

In total, 42 graduates of medical schools in the EU (and are not an EU National) voluntarily withdrew from the register in 2019. This group was aged between 26 and 47 years (mean= 32.5 years, SD= 5.110 years) and the majority were male (N=23, 54.8%). The majority of these respondents, 85.7% were leaving the General Division of the register, while the remaining six doctors left the Specialist Division.

Figure 14. Age range of medical practitioners who voluntarily withdrew and are graduates from a medical school in the EU and are not EU Nationals

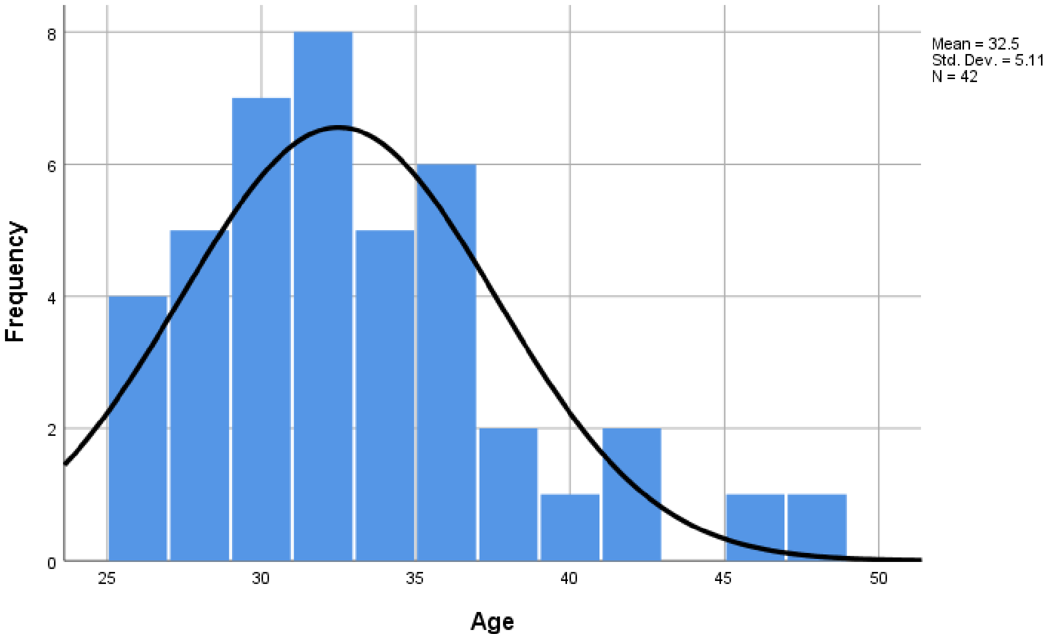


Table 48. Gender of non-EU nationals who graduated from a medical school in the EU who withdrew from the register in 2019

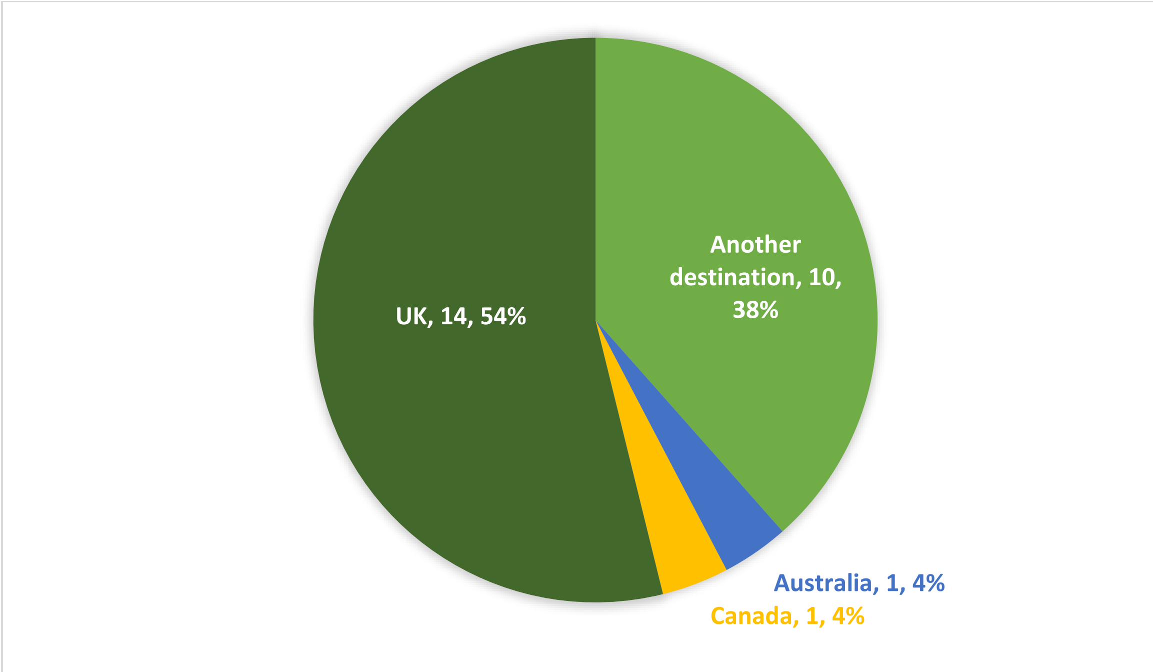
	Frequency	Percent	Cumulative Percent
Female	19	45.2%	45.2%
Male	23	54.8%	100%
Total	42	100%	

Almost two thirds of these doctors wished to practise abroad. The UK was their most commonly selected next jurisdiction of practice.

Table 49. Reasons for leaving the register reported by non-EU nationals who graduated from a medical school in the EU in 2019

	Frequency	Percent	Cumulative Percent
You have some other reason for voluntarily withdrawing	16	38.1%	4.8%
You wish to practise medicine in another country	26	61.9%	100%
Total	42	100%	

Figure 15. Reported next jurisdiction of practice for medical practitioners who graduated in a medical school in the EU and are not EU Nationals



"Another destination" included Bulgaria; Finland; Germany; Malta; Spain; Sweden and Nigeria.

Table 50. Reasons for leaving the register reported by non-EU nationals who graduated from a medical school in the EU in 2019

	Frequency	Percent	Cumulative Percent
I do not have flexible training options	2	4.8%	4.8%
I have family/personal reasons for making a voluntary withdrawal from the register	16	38.1%	42.9%
I have some other reason for making a voluntary withdrawal from the register	15	35.7%	78.6%
I'm changing to a role that doesn't require me to be registered with the Medical Council	1	2.4%	81.0%
The quality of training available to me here is poor	1	2.4%	83.3%
There are limited career progression opportunities available to me here	7	16.7%	100%
Total	42	100%	

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

In total 474 international graduates from a medical school outside the EU and Ireland left the Irish register of medical practitioners in 2019. These doctors were aged between 23 and 82 years of age, with an average age of 39.4 years (SD= 10.469). Seven in ten of this group were male (N=340), while 86.9% were on the General Division of the register (N=412). 46 of those leaving from this group of doctors left the Specialist Division of the register, while another 15 doctors left the Supervised Division of the register.

In particular, the UK was an extremely attractive next jurisdiction of practice, representing the next planned destination for over one third of all international graduates from a medical school outside the EU and Ireland leaving the register in 2019.

Figure 16. Age range of medical practitioners who voluntarily withdrew and are international graduates from a medical school outside the EU and Ireland

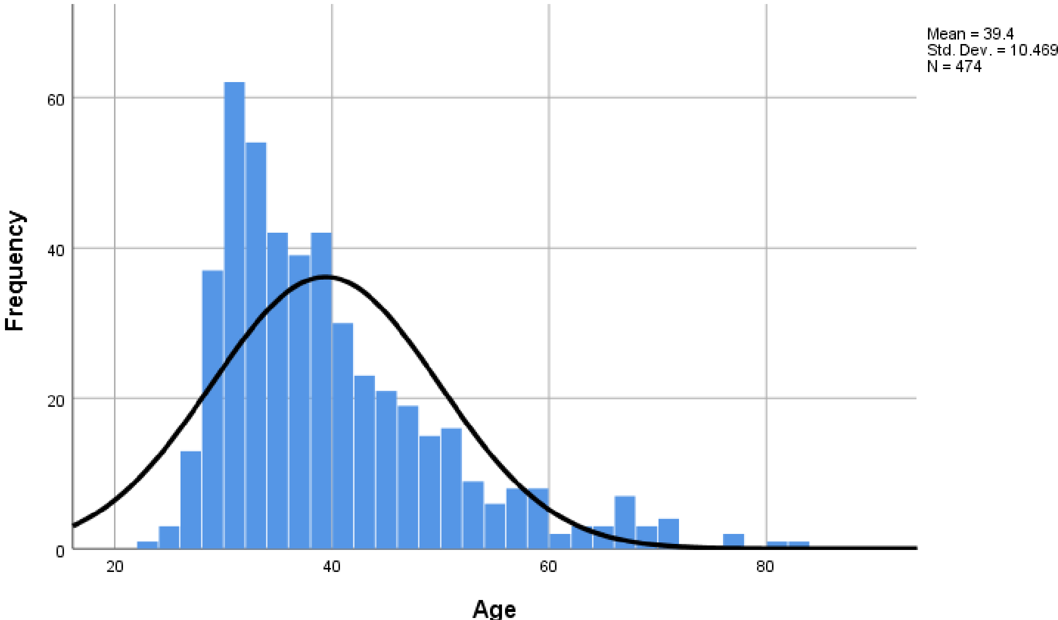
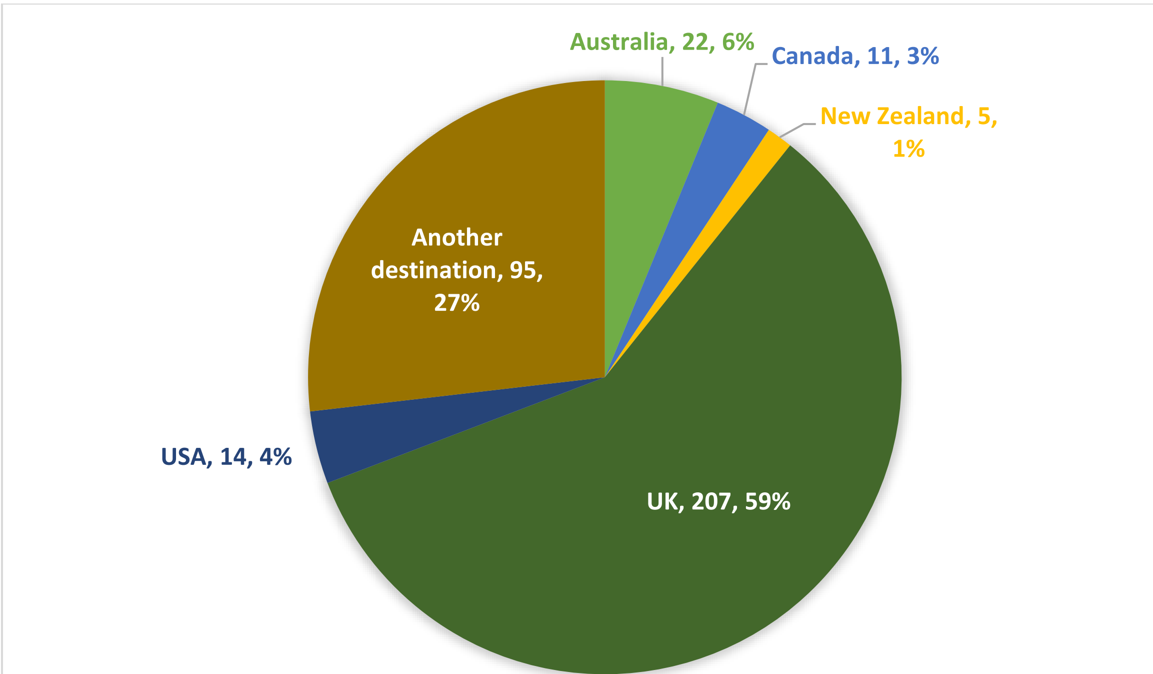


Table 51. Reasons for leaving the register reported by International graduates from a medical school outside the EU and Ireland 2019

	Frequency	Percent	Cumulative Percent
You have some other reason for voluntarily withdrawing	110	23.2%	23.2%
You wish to practise medicine in another country	354	74.7%	97.9%
You wish to stop practising medicine	10	2.1%	100%
Total	474	100%	

Figure 17. Reported next jurisdiction of practice for medical practitioners who graduated International graduates from a medical school outside the EU and Ireland



"Another destination" included: Egypt; India; Jordan; Kuwait; Malaysia; Oman; Pakistan; Qatar; Saudi Arabia; South Africa; Spain; Sudan and the United Arab Emirates.

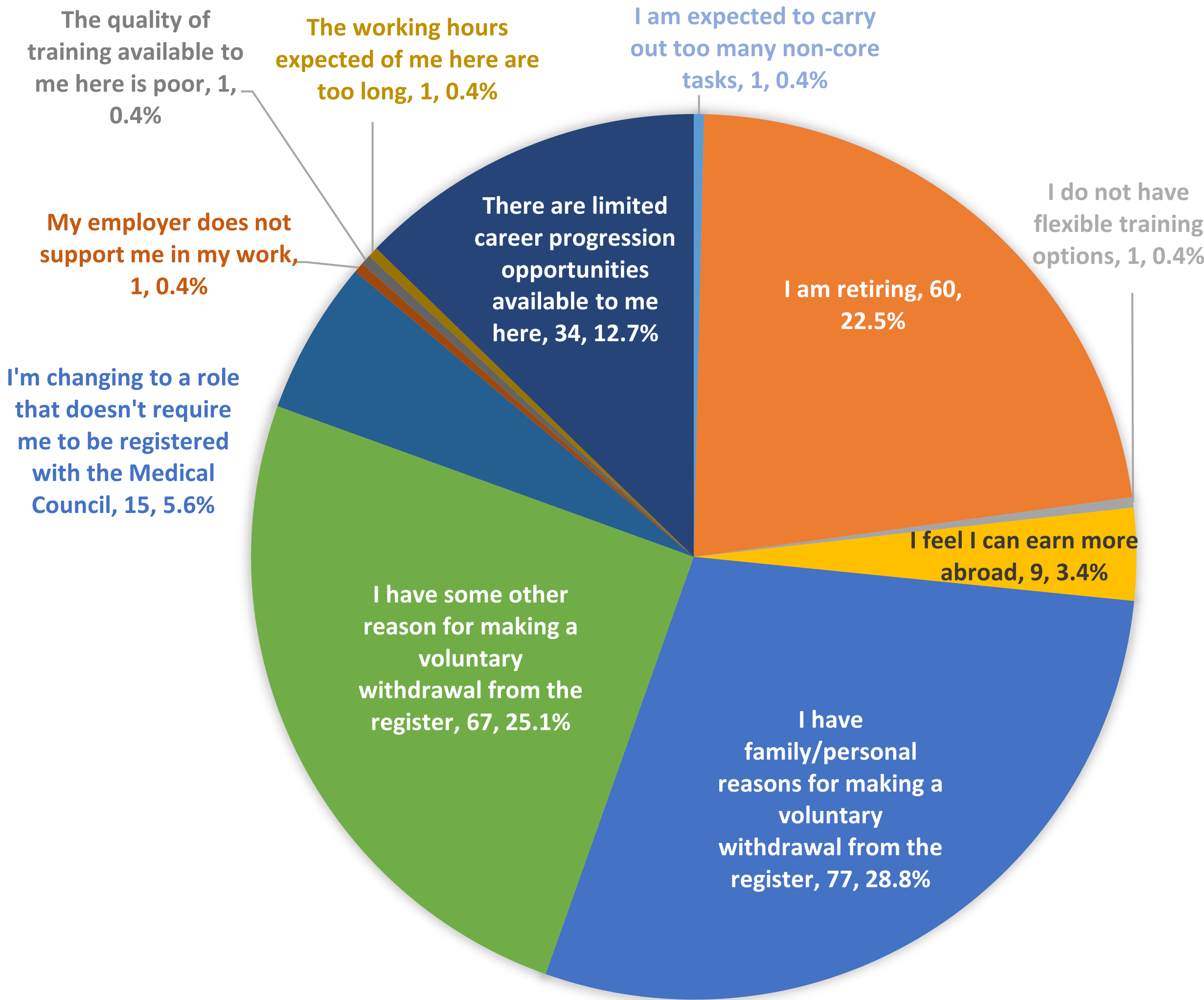
Table 52. Reasons for leaving the register reported by International graduates from a medical school outside the EU and Ireland

	Frequency	Percent	Cumulative Percent
I am not respected by senior colleagues	1	0.2%	0.2%
I am retiring	8	1.7%	1.9%
I do not have flexible training options	13	2.7%	4.6%
I feel I can earn more abroad	21	4.4%	9.1%
I have family/personal reasons for making a voluntary withdrawal from the register	154	32.5%	41.6%
I have some other reason for making a voluntary withdrawal from the register	148	31.2%	72.8%
I'm changing to a role that doesn't require me to be registered with the Medical Council	12	2.5%	75.3%
My employer does not support me in my work	1	0.2%	75.5%
The quality of training available to me here is poor	5	1.1%	76.6%
The working hours expected of me here are too long	2	0.4%	77.0%
There are limited career progression opportunities available to me here	109	23.0%	100%
Total	474	100%	

Medical practitioners leaving the Specialist Division of the register 2019

When reasons for leaving the Specialist Division in 2019 were examined, family/personal reasons or other reasons provided through qualitative feedback were cited most commonly.

Figure 18. Reasons for leaving the Irish register cited by doctors leaving the Specialist Division in 2019



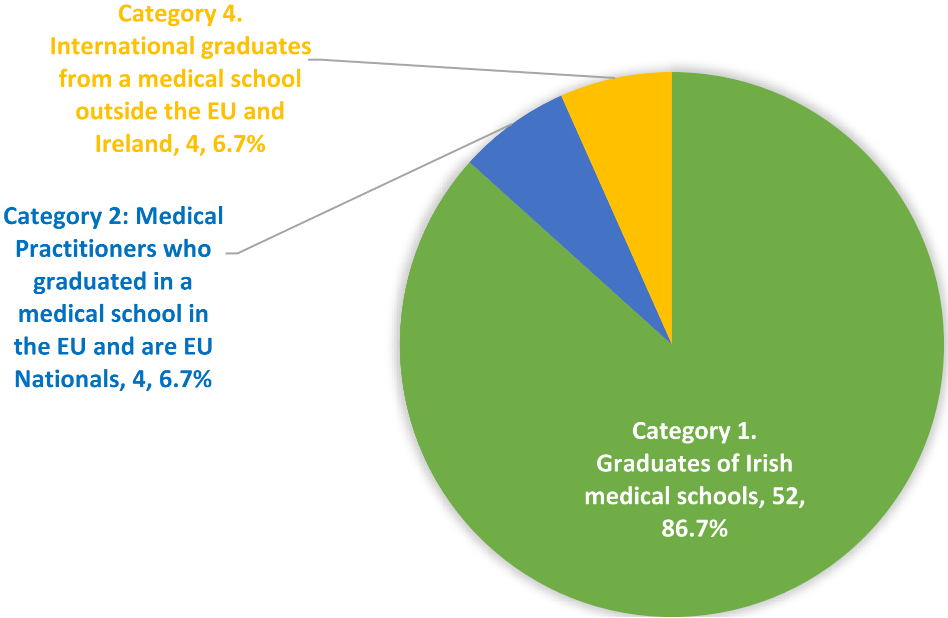
Quantitative options for doctors choosing to leave the register were used to frame and organise the qualitative reporting from doctors. This is examined below according to the following categories:

Workplace issues; Retirement; Training quality and flexibility; “I feel I can earn more abroad”; Family/personal reasons for making a voluntary withdrawal from the register; Changing to a role that doesn't require registration with the Medical Council, limited career progression opportunities available and other.

Retirement

There were 60 doctors who reported leaving the Specialist Division in 2019 due to retirement. Most retirees were male (N= 38, 63.3%) and Irish graduates (N= 52, 86.7%). This group of doctors had a mean age of 68.08 years (SD= 4.86).

Figure 19.Region of BMQ obtained by doctors leaving the Specialist Division due to retirement



The majority of respondents used the questionnaire free-text space to report their age or length of practice as a reason for leaving the register

“Age -Time to go”

“I have been practising medicine for 43 years and am now retiring so, as I will not be practising again, I do not wish to renew my registration. Thank you.”

“After 49 years in practice. I am now retiring from practice.”

Some doctors used this opportunity to report planning to enjoy an active retirement.

“I am nearly 71 years old. It’s a good time to retire and enjoy retired life.”

"I have retired from running my own GP practice since Jan 2017 but stayed on the medical register and continue my CPD to this day as I have always liked medicine. It is stimulating and has enriched my life. However, I was never a fan of the business/bureaucracy of medicine. I will keep up attending courses and may volunteer […] next year."

There was a sense of frustration and regret in some of the answers received while acknowledging the legal requirements.

"I am already retired. It is not worthwhile staying on the register if i cannot write the occasional simple prescription. Nurses and paramedics can do it."

"It is unfortunate that all skills and knowledge are so arbitrarily discarded when one retires"

"whilst I would prefer to remain as a registered Medical Practitioner. I realise that this is not possible due to CPD requirements which cannot be sustained in retirement."

"I feel I can earn more abroad"

Nine doctors who withdrew from the Specialist Division felt that they could earn more abroad. Of these, 44.4% were Irish graduates (N = 4), 22.2% were EU nationals from EU schools and 33.3% were International medical graduates (IMGs) who graduated from outside the EU. The majority of those withdrawing were male (N = 6) and had an average age of 45.67 years (SD = 8.38).

Figure 20. Breakdown of those reporting leaving the register due to feeling they can earn more abroad by region in which BMQ was obtained

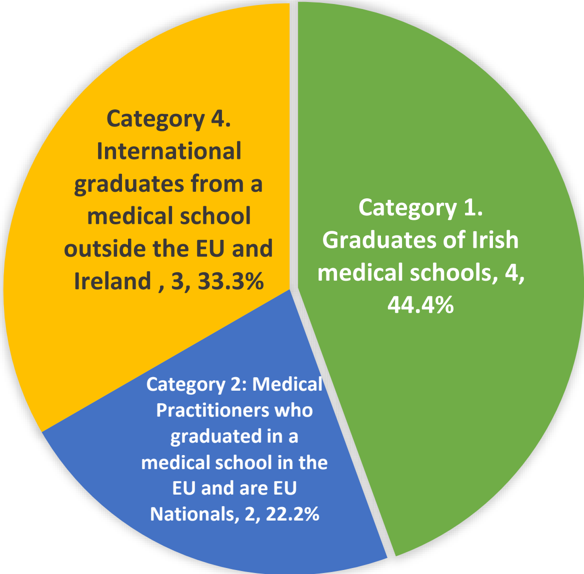


Table 53. Breakdown of those reporting leaving the register due to feeling they can earn more abroad by region in which BMQ was obtained

	Frequency	Percent	Cumulative Percent
Category 1. Graduates of Irish medical schools	4	44.4%	44.4%
Category 2. Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	2	22.2%	66.7%
Category 4. International graduates from a medical school outside the EU and Ireland	3	33.3%	100%
Total	9	100%	

Of those who used the text box function, two respondents detailed withdrawing due to value placed on the profession and negativity experienced.

"worked for 34 years in Irish Health Service, front line even as a consultant. Shown less and less respect by HSE, treated disgracefully, fraudulently with regard to correct payment for my commitment to our public service and constantly scapegoated by HSE and IMC and all higher authorities for deficiencies and poor funding outside of our control. Need a break from the negativity and constant apologising for service deficiencies not of my making and getting worse. Took career break for my own sanity!"

"I could choose about 6 of the options given above. I have been abroad for 5 years already and paid registration to IMC each year to make coming home easier. However, GP in Ireland is so dismal for working conditions and pay that I feel I will never return now. the complaint culture is also a huge component with medical council adversarial approach. Hence, I am finally withdrawing from the register. It is not possible to treat highly qualified professionals so badly and expect them to stay."

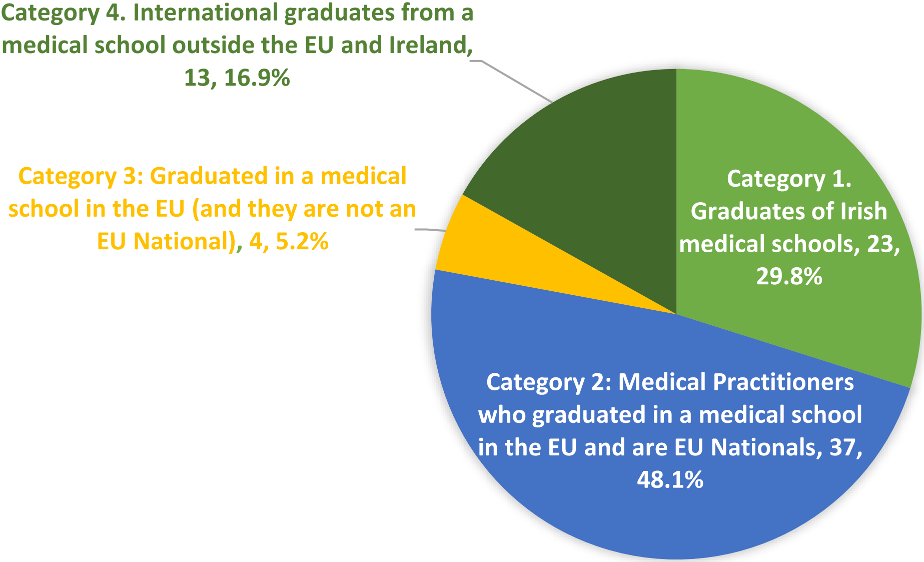
One respondent detailed withdrawing due not practicing in Ireland despite paying registration.

"I have never practiced in Ireland (always in the US). I had some thoughts of practicing in Ireland a few years ago (and got licensed to do so),but continue to pay annual fees with no benefit. I want to put my license on-hold until which time I may actually avail myself of it."

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

In total, 77 doctors reported leaving the Specialist Division of medical practitioners due to family or personal reasons. Almost half (48.1%) of those withdrawing due to personal or family reasons were practitioners who graduated in a medical school in the EU and are EU nationals. The majority were male (N = 42) with an average age of 42.95 years (SD = 9.89).

Figure 21. Breakdown of those reporting leaving the register due to family/personal reasons by region in which BMQ was obtained



Family members and their care across the lifespan emerged from the qualitative data reported, as would be expected in this category. In particular, maternity leave was cited eight times in the data and five respondents detailed withdrawing due to health reasons, including their own ill health or that of a family member.

"Maternity Leave –[…] Taking 10-12 months maternity leave.'

'Unfortunately my Dad is suffering from dementia and I cannot move anymore as the situation is getting worse and worse. I must stay close to him until the end, whenever it could be. I hope to have another opportunity in the coming months. Thank you very much.'

'I am my mother's only caregiver. She has serious health problem and she is living in [country] with no possibility to move into another country.'

Relocating to support family or to be closer to family was cited six times;

"Because of my personal and family reasons I will withdraw myself from medical practice for few years, therefore, I am making a voluntary withdrawal from the register."

"My wife is Australian and we are moving there to be near her family."

"'it was solely a family decision. in fact I enjoyed working within the Irish medical system. I think it is great for public and private patients."

Relocating to support spouses in their careers was specifically cited by respondents.

'I have moved to the UK to work due to my husband undertaking a fellowship as part of his training'

'Moving abroad temporarily for my husbands job'

Three respondents detailed specific logistic reasons for withdrawal.

"I have been working in UK since 2001. I tried to get a locum position in Ireland for adhoc sessions, but none was available for short term locums, hence I feel not necessary to continue with maintaining registration in Ireland."

"I used to work as a locum GP in Ireland but within the next year I won't be able to practice in Ireland. So it makes sense to withdraw from the register and save the annual retention fee. With best regards (name redacted)"

"The reason for my withdrawal is that my research and work appointment did not worked out as planned. I therefor never got to work in Ireland. I However hope to do so at another point of time."

One respondent cited withdrawing as a means of experiencing life outside of medicine;

"I simply would like to take a break from medicine and see some of the world and do things I never have the time to do when I am working."'

There are limited career progression opportunities available to me here

In total, 34 doctors reported withdrawing from the Specialist Division of medical practitioners due to limited career progression opportunities available. The majority of respondents withdrawing were Irish graduates (N = 17), female (N = 21) and had an average age of 38.74 years (SD = 5.66).

Figure 22. Breakdown of those reporting leaving the register due to reported limited career progression by region in which BMQ was obtained

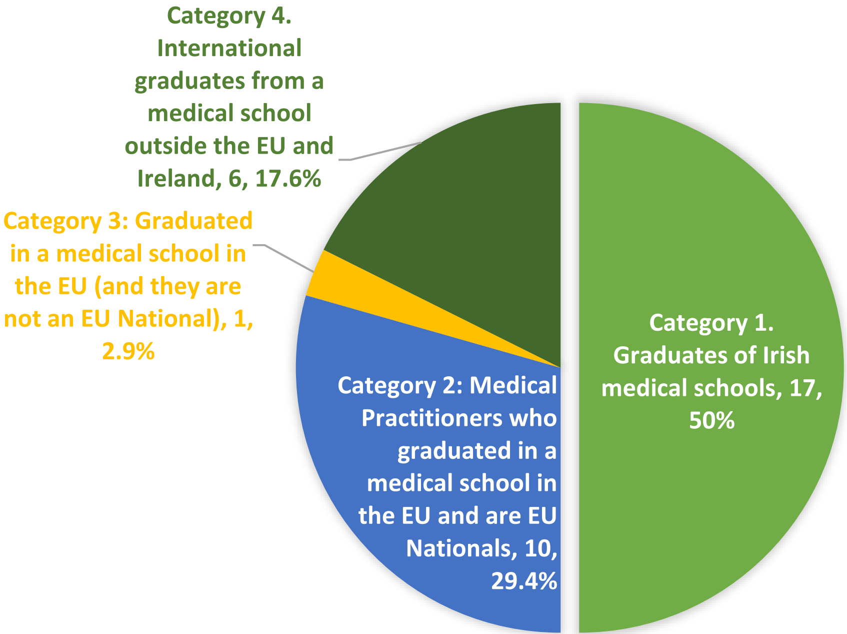


Table 54. Breakdown of those reporting leaving the register due to reported limited career progression by region in which BMQ was obtained

	Frequency	Percent	Cumulative Percent
Category 1. Graduates of Irish medical schools	17	50%	50%
Category 2. Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	10	29.4%	79.4%
Category 3: Graduated in a medical school in the EU (and they are not an EU National)	1	2.9%	82.4%
Category 4. International graduates from a medical school outside the EU and Ireland	6	17.6%	100%
Total	34	100%	

Four respondents detailed withdrawing due to a lack of employment opportunities in Ireland.

"Essentially, the prospect to obtain Consultant post for Anaesthetic trained outside UK/Ireland is extremely poor, considering many local trainees awaiting for many years for such opportunity"

"There are limited substantive posts for a consultant in General surgery. I relocate in March and would like to stay on the register till then"

"I worked for a couple of times as locum SHO here in Ireland. Unfortunately, my speciality has not been recognized in Ireland"

"I have found very difficult and poor opportunities to set myself as a Family Doctor in Ireland, the legislation is not to permissive for the abroad doctors and the only opportunities were to work for Family Doctors part-time or 2-3 days/ week. I took the decision to try to set my own Family Practice in my home country and in the mean time I got pregnant, so there is a strong motivation to succeed in my own country, but who knows, I might come back in the future."

Poor working conditions were referenced among the reasons for withdrawing.

"Lack of permanent Consultant posts and career progression Disrespect and bullying of junior doctors in unbearable Poor treatment and bullying of locum staff"

"The amount of bullying and disrespect I had to witness, the poor attitude to work out of hours by Consultants and lack of support of junior staff made I have never experienced in any other country I have worked. Lack of permanent Consultant posts. This all made me feel too uncomfortable to continue."

"Poor employer support, poor options for progression, poor pay, poor conditions."

A number of respondents withdrew due to pursuing fellowships.

"Pursuing fellowship training abroad."

"Fellowship training with intention to return to Ireland and re-register."

"I have completed my SpR training and I am leaving to obtain a fellowship overseas and intend to return in two years."

The cost of registration was referenced as a reason for withdrawal, in particular for those maintaining dual registration.

"It is too expensive for me to maintain registration in Ireland and the UK."

"in my opinion the yearly registration is too expensive for a doctor who is practicing abroad. I would have liked to maintain my registration as the process to register again is so complicated but as I do not intend to return to Ireland in the near future, it doesn't make sense to pay the fee. I think you should offer a more reasonable fee for EU doctors which would encourage also EU doctors to come for temporary contracts as they arise."

Two respondents referenced the idea of a dual register or ability to retain a level of registration while not in practice.

"There is no option to be on register without a licence to practice"

"At present there are limited opportunities for me to progress in my career in Ireland, and I would have been happy to stay in Dublin if I had the opportunity. Also, rather than paying the full registration fee, if we had the option of a slightly smaller fee to pay to keep the registration but not practise in Ireland, that would have been useful too."

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

15 doctors reported withdrawing from the Specialist Division of medical practitioners due 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 = 6) or EU graduates from EU schools (N = 6), male (N = 9) and had an average age of 45.27 years (SD = 11.34).

Figure 23. 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

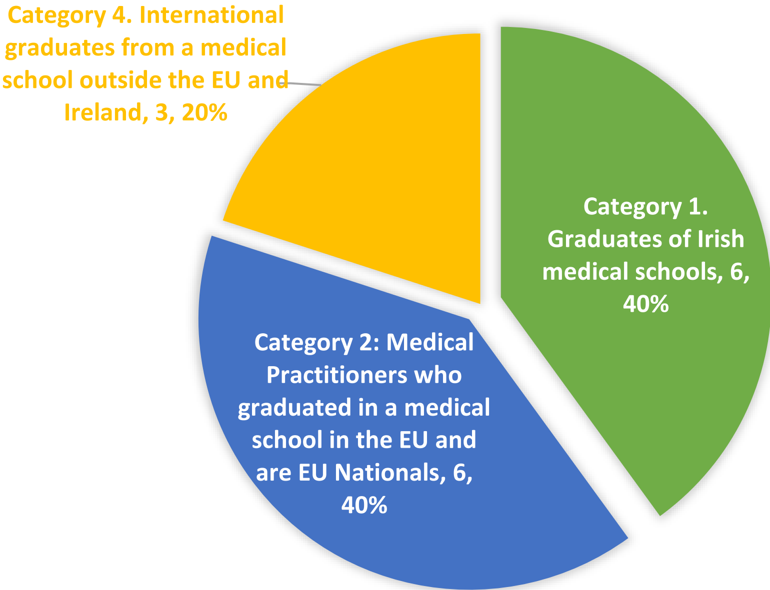


Table 55. Breakdown of those reporting leaving the register due to changing to a role that doesn't require Medical Council registration by region in which BMQ was obtained

	Frequency	Percent	Cumulative Percent
Category 1. Graduates of Irish medical schools	6	40%	40%
Category 2. Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	6	40%	80%
Category 4. International graduates from a medical school outside the EU and Ireland	3	20%	100%
Total	15	100%	

A number of respondents detailed taking up a position in another jurisdiction.

"I have taken up a role in Northern Ireland and have registered with the GMC."

'I have been practising medicine in UK for the last more than 4 years and currently not practising any clinical work in the republic of Ireland, therefore I wish to withdraw from the register."

"'I am not allowed to practice in another jurisdiction while holding a provisional registration in BC, Canada.'

In this context, one respondent also referenced the idea of a dual register.

"I am withdrawing as I am abroad for fellowship training. However, I would have remained on the registrar if the rates were cheaper or if there were other options. For example, in the UK there is an option to remain on the register but without a licence to actively practice medicine which is available at a reduced rate."

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

In total, 67 doctors reported leaving the Specialist Division of registered medical practitioners due to some other reason. The majority of respondents withdrawing were EU graduates from EU schools (N = 28), male (N = 37) and had an average age of 45.4 years (SD = 10.46).

Figure 24. Breakdown of those reporting leaving the register due to other reasons by region in which BMQ was obtained

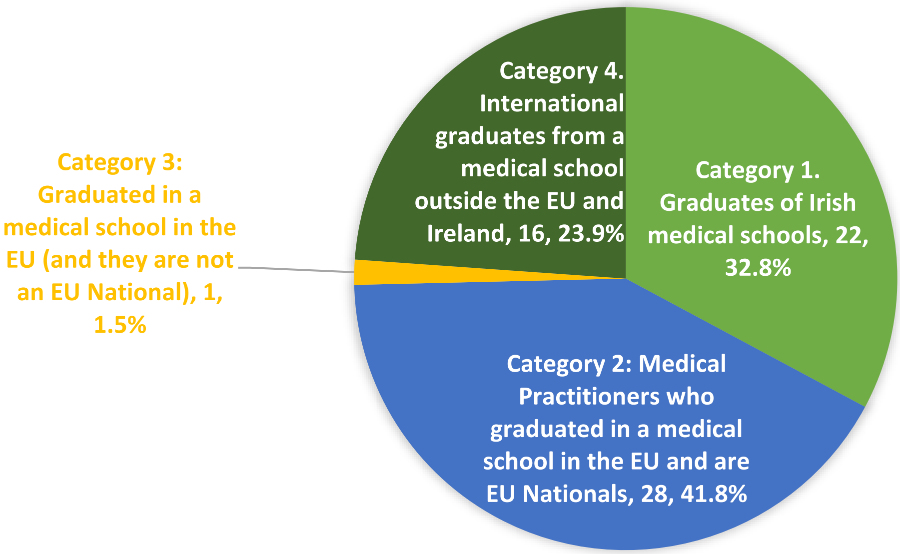


Table 56. Breakdown of those reporting leaving the register due to other reasons by region in which BMQ was obtained

	Frequency	Percent	Cumulative Percent
Category 1. Graduates of Irish medical schools	22	32.8%	32.8%
Category 2. Medical Practitioners who graduated in a medical school in the EU and are EU Nationals	28	41.8%	74.6%
Category 3: Graduated in a medical school in the EU (and they are not an EU National)	1	1.5%	76.1%
Category 4. International graduates from a medical school outside the EU and Ireland	16	23.9%	100%
Total	67	100%	

A number of respondents referred to relocating from Ireland to another jurisdiction as their primary reason for withdrawal. Career breaks or sabbaticals were also referenced as reasons for withdrawal. Two specifically referenced pursuing a fellowship as the reason for withdrawal, while three respondents detailed illness as their reason for withdrawal.

Five respondents detailed withdrawing owing to issues finding employment

"I registered with an intention of practicing in ROI but the locum work never came by. I will apply for retention once such work become available. Thank you"

'"I have been registered to the Irish medical council for a year now and i have applied for numerous jobs on the HSE website and i have not received a single interview even though i am a qualified specialist

in Cardiology. I have been, in other words 'begging', on hospitals official websites for potential vacancies in my field but in vain."

"My locum company does not have any upcoming opportunities now and will apply for restoration when the opportunities arise."

Financial reasons were frequently cited as reasons for withdrawing, often in combination with dual registration and additional professional fees. In this context, a license to practice model was also suggested.

"The cost of being registered has meant that I have to withdraw. I don't get paid well enough on fellowship to be able to cover the cost of being registered in Ireland also for the 2 years."

'I would prefer to stay registered for one more year. It is too costly to do so, while cutting down on work and income. The last straw was the compulsion to pay FULL PCS membership fee, despite informing the body that I would not be seeking reaccreditation /requesting PC cert for year 19/20.I understand there is a legal obligation to be in a PCS. However there is discretion available re fee. withdraw with a heavy heart and regret.'

'The membership fee is too high. Especially because I don't work as a doctor in Ireland at the moment, it would be appropriate to charge a lower fee (like for an inactive membership).'

One respondent referenced a specific pay parity issue that impacted on their decision to voluntarily withdraw from the register.

'I am disappointed with the lack of Pay scale parity for Consultants. My co-trainees with lesser qualifications and experience have been awarded a higher salary on the spine point. Despite an HSE circular that affirms the right of Consultants from other EU countries to be paid at par, I was denied this right and offered a much lower salary. I have hence no option but to sadly move away from practicing medicine in Ireland, till this issue is resolved in favour of equality.'

Maternity leave was referenced in the data, with two respondents specifically citing financial strain resultant from same leave.

'On maternity leave for 8months so very expensive to pay'

'I am currently on maternity leave, which is unpaid. I cannot afford to remain on the register at present.'

One respondent detailed their positive experiences since withdrawing and relocating.

'I left Ireland after completing anaesthesia training. I came to Melbourne, Australia to further train [..]. I have a consultant job here now and feel valued by my employer/ the media/ society in general. In Melbourne- the conditions, pay, pension contributions from my employer are all superior. I just do public work. One thing that really upset me about Ireland was the lack of transparency when dealing with HSE, that does not exist here and it is a huge stress in Ireland.'

Feedback - General Division Responses

When reasons for leaving the General Division of the register in 2019 were examined, family/personal reasons or other reasons provided through qualitative feedback were cited most commonly.

Figure 25. Reasons for leaving the Irish register cited by doctors 2019

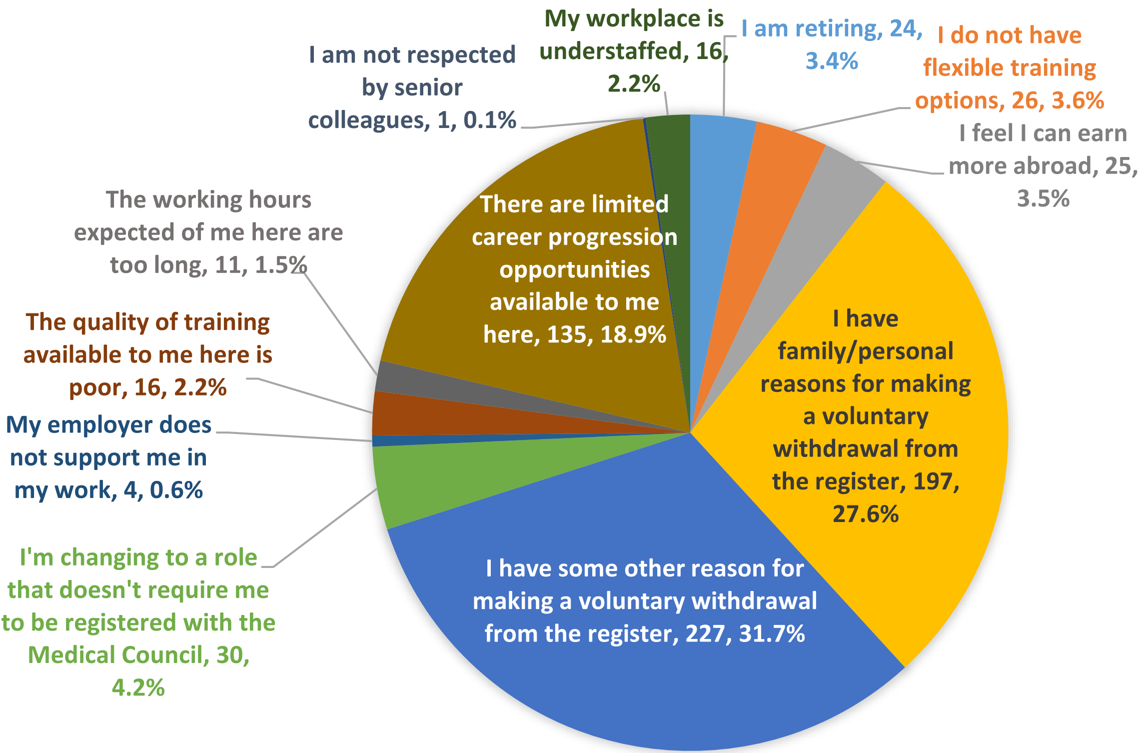
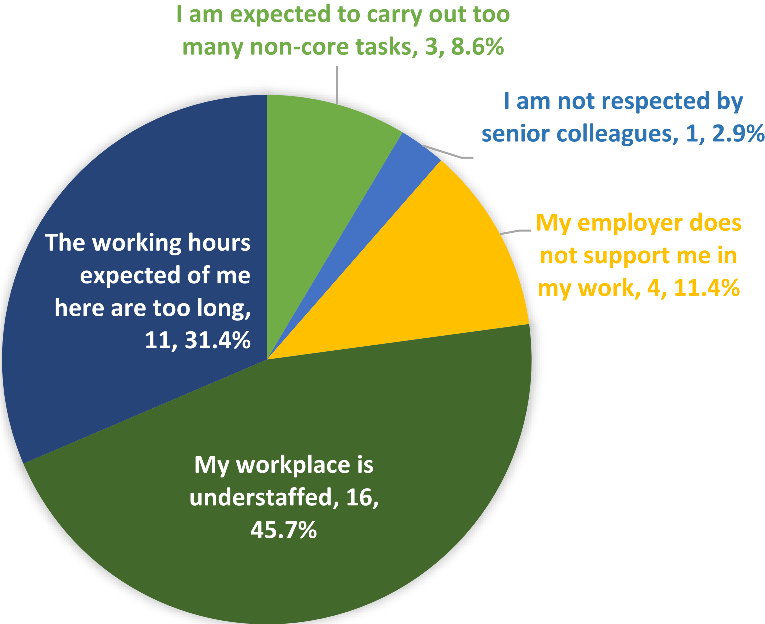
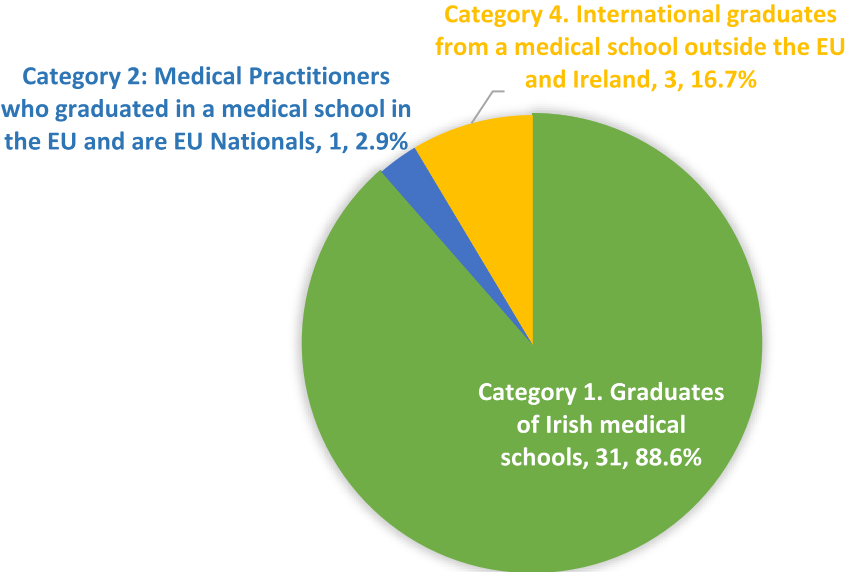


Figure 26. Breakdown of those reporting leaving the register primarily due to workplace issues



In total, 35 respondents reported leaving the General Division of the register due to challenges with their workplace/employment conditions. This group were aged on average years 29.11 (range = 24-40 years, SD = 4.1 years) and a slight majority were male (N = 21, 60%). The majority of this respondent group were Irish graduates (N= 31, 88.6%).

Figure 27. Breakdown of those reporting leaving the register primarily due to workplace issues by region in which BMQ was obtained



When the qualitative responses from doctors citing workplace challenges was examined, it was clear that these conditions were impacting negatively on and repelling those even in their earliest professional working experiences of the Irish health system. Resourcing issues were prevalent in the qualitative responses received. A number of respondents highlighted various resourcing issues as their reasons for withdrawing from the General Division.

"Poor working conditions - hours, workload, support Pay"

"Many of the reasons above apply - no flexible training, poor staffing of hospitals, many non-core activities with poor IT systems, feel I can progress further abroad"

"The treatment of all healthcare professionals by the government and the serial mismanagement of the health system on political grounds. Too many non-core tasks, understaffing'

"I feel undervalued and overworked at home. I did not want to become burnt out. So I moved to Australia in February to gain more experience and work in a more supported environment."

'In New Zealand the job is better supported, fewer non-core tasks, more training, more course funding, better working hours, better staffing levels, and I get to avoid the contempt and disrespect you get from the Irish hospital system.'

One respondent detailed myriad reasons for their withdrawal;

"1. Working hours are excessive 2. Salaries are low considering the type of job 3. Lack of respect from nurses and colleagues, bullying 4. Work permits and contracts for short periods 5. Expected to do too many tasks outside of the core tasks, 6. Expected to work too many hours with just one break 7. lack of flexibility from the employer 8. Rapid changing rosters 10. low payment for nocturnal hours and extra hours 11. zero opportunities for training 12. Partner not allowed to work"

There was a sense of despair and exhaustion in some responses for individuals' respective reasons for withdrawal, with one respondent simply stating *"I've suffered enough"*.

"It is completely unreasonable to expect Doctors to work over 90 hours in a week and then provide no time to recover!! Doctor's are not robots. I am fully expecting to ultimately retire from medicine very shortly at 32 years of age due to the expectations placed on us but i know that i want to at least give this profession another chance working somewhere else."

"I have been working in Australia the last year and wish to work there for at least another year. I would like to return to Ireland eventually, but I would be less supported, in poor working conditions, not valued or appreciated by the health service and working longer unsafe hours."

"While Ireland will always be my home and I hope to return to work in the HSE in the future, I feel that the support and working hours associated with my current job is undeniable. I don't anticipate staying in New Zealand forever, but feel that as a junior doctor in my mid-twenties living and working in psychiatry here in New Zealand allows me to have the work life balance I have always wanted."

The cost of maintaining full registration while working abroad was also highlighted as a reason for withdrawal;

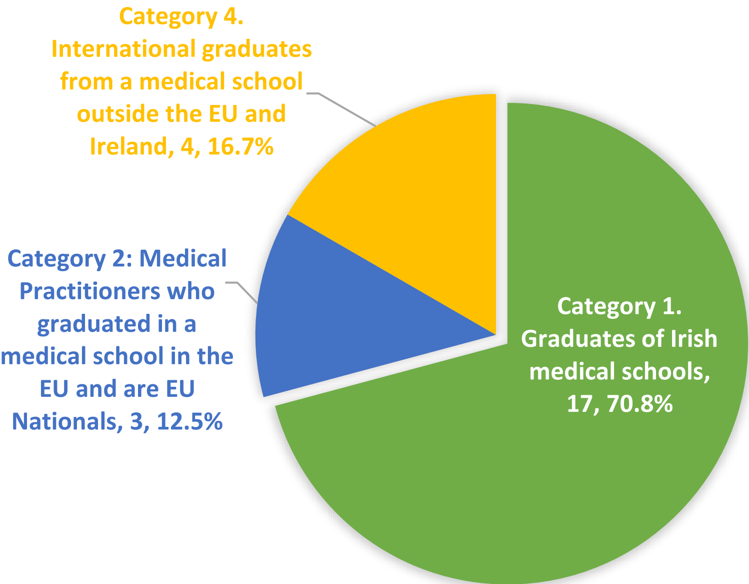
"The fee is too high to justify keeping on the registry while I am working abroad."

"I would like to stay on the register while working abroad but feel that paying full fees while abroad is extortionate"

Retirement

There were 24 doctors who reported leaving the General Division in 2019 due to retirement. This group of doctors were aged between 61 and 83 years (mean age= 69.71, SD= 6.71 years).

Figure 28. Category of BMQ obtained by doctors leaving the register due to retirement



For some respondents, the questionnaire free-text space was utilised by retired doctors to report their age or length of practice as a reason for leaving the register.

“I have reached the age of 65 years and have retired from clinical practice.”

“I am 75 years old and have not practiced medicine in the past year.”

In one case, the perceived increasing risk in practice due to resourcing challenges was a push-factor to take the opportunity to retire and leave the register.

“I have taken early retirement; I am fortunately in a position whereby I can afford it financially. The increasingly difficult and risk-laden working environment due to overcrowding and lack of resources has been a major factor in my decision.”

The introduction of medical indemnity in 2018 as a requirement for registration was raised as an issue that posed a barrier to continuing practice and retaining on the register for financial and practical reasons for this group.

“I fully retired 9 years ago. I will not work again. I wished to remain on the Register as being a doctor meant a lot to me but now without insurance, I cannot write a simple prescription for myself or a family member even if it is only penicillin for an infected finger! So what is the point of wasting money by staying on the register. I am very sorry it has come to this but I feel it is the right decision.”

“I have worked in [industry] for many years, mostly outside Ireland and the UK. I have been retired for almost 5 years and have no clinical practice in any country. Although I have completed all the required CPD/CME requirements independently (and will continue to do so) it is not possible to register with an approved body to supervise these. I therefore reluctantly have to withdraw from the register. After almost 50 years in medicine I find this a sad situation.”’

It was recognised by retirees that there were legislative reasons for these changes, but a sense of disappointment with this system was communicated by some at this.

“I would prefer to retain my registration and be available for occasional locum work in my previous employment but I am unable to fulfil the requirements for professional competence especially the internal CME points as I retired 11 months ago.”

"Not involved in clinical work and while I would like to remain on the register it is unlikely I will fulfil CPD requirements"

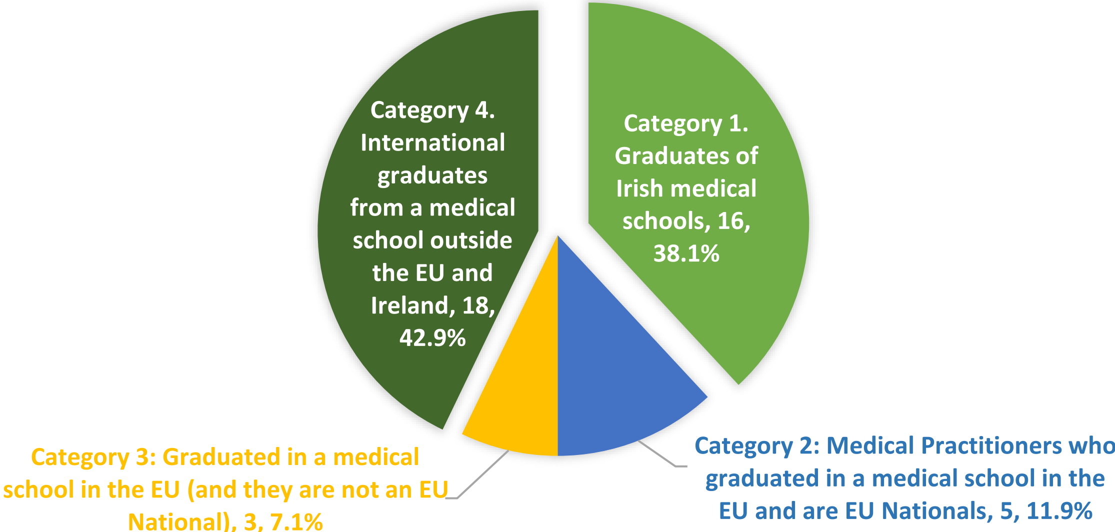
"I have ceased active practice and would like the option to resume it from time to time (e.g. as a locum) but meeting the current CME demands, especially for "internal points", is impossible for someone in my position. I would have been more than willing to continue with private reading/learning and attending external CME events, and will probably do so anyway."

Training quality and flexibility

Two categories of response were merged to form the category of training quality and flexibility: "I do not have flexible training options" and "The quality of training available to me here is poor". In total, 42 respondents cited this as their primary reason for leaving the General Division. Over one third (38.1%) of this group earned their BMQ in Ireland, while 42.9% were international graduates from a medical school outside the EU and Ireland. The majority of respondents withdrawing were male (N = 25) and had an average age of 33.02 years (SD = 5.14).

Figure 29. Breakdown of training quality and flexibility as a reported reason for leaving the register 2019

Figure 30. Breakdown of those reporting leaving the register due to training issues by region in which BMQ was obtained



Respondents primarily detailed withdrawing due to seeking employment or further training abroad. This was also deemed particularly challenging in Ireland with limited places on higher specialist training.

"I was selected in the internal medicine training in the UK. This is the main reason for moving. I liked working in Ireland and it's very hard to me to leave, but on the long term, the chances for the speciality training in Ireland are extremely scarce. Hope to come back and resume practising medicine in Ireland in the near future."

"I have recently obtained a training post in the specialty of internal medicine in the united states. I am planning to restore my registration after MD graduation and upgrade it to specialist registration later on. Thank You"

"I am starting a GP training in UK and I will be doing that for 3 years I think I will not be able to do work in ROI during this period. I may restore my registration when I am able to do some work here."

'I was on the surgical training scheme and got my [qualification] and passed all the requirements to progress but too many people wanted to do [speciality] so they held progression interviews and removed half of the group from training. 6 of us were dumped, i was told I could never train in [speciality] or any other surgical speciality in Ireland. This was in 3 years ago. It broke my heart. I

decided to quit medicine and go back to Uni but my parents convinced me to try practicing abroad so I went to New Zealand'

'I am moving to UK to pursue my career further. I had been working in Ireland for good while and could not get into training scheme. I have explored UK where still I have chance to get into training scheme as no are way more. Otherwise I can peruse the difficult route of article 14 to get into Specialist Division. Also in UK It is relatively easy to do FRCS exam courses preparatory courses done here.'

A number of respondents detailed issues with finding employment as their reason for withdrawing from the General Division on the register.

"I applied for jobs but nobody offered"

"Since I have registered in IMC I have not got any job offer as there is very limited vacancies and hospitals preferred doctors who have Irish experience."

Three respondents highlighted their perceived lack of career progression as their reason for withdrawing from the General Division of the register.

"I had spent more than 2 years working in the Lovley Ireland, my main issue to leave it was mainly because there is no way for progression as a non-trainee. as a registrar, only a service job, no training at all."

"No training opportunity at all for oversees doctors No career progression. losing even my previous hand skills experience Consultants and seniors are not supporting. Doing mainly paperwork and not involved much in practise life. stressful atmosphere in the hospital"

"No real options for training for NCHDs. No equal opportunity to be up-to-date. Inferior treatment to education to NCHDs compared with the possibilities offered to Irish trainees."

Two respondents used the qualitative responses to detail experienced wellbeing issues highlighting their impact in their decision to withdraw from the General Division;

"As a [speciality] trainee, I wasn't allowed to apply for flexible training hours by my trainers. I was expected to work for 2 years in practices 2+ hours commute from my home and kids with no option to

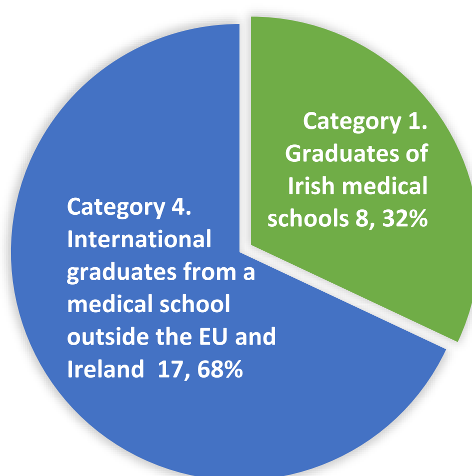
be placed closer to home. I would essentially not see my family Monday to Friday, and it was not worth it."

"Major improvements could be made to the wellbeing of NCHDs by making HR/ Human Manpower accountable for their actions and curtailing them from interacting with NCHDs in a demeaning or a condescending manner."

"I feel I can earn more abroad"

Twenty-five doctors who withdrew from the General Division felt that they could earn more abroad. Of these 68% (N = 17) were International medical graduates (IMGs) who graduated from outside the EU. The majority were male (N = 19) and had an average age of 37.16 years (SD = 11.08).

Figure 31. Breakdown of those reporting leaving the register due to feeling they can earn more abroad by region in which BMQ was obtained



As would be expected, issues relating to finance were the main reasons provided for withdrawal. Specifically, the cost of maintaining dual registry was highlighted as a reason for withdrawal.

"I have a financial crisis which makes it difficult for me to maintain registration."

"I cannot afford financially to pay the retention fee while i plan to be away from Ireland for two years so will re register next year"

"Also not financially reasonable for me to keep paying retention fees when i hardly practice in the republic of Ireland."

One respondent highlighted a number of issues that influenced their withdrawal. This doctor highlighted the financial and workplace issues for their withdrawal;

"1. No increase in remuneration rate in past six years of employment. 2 increasingly onerous and restrictive work visa conditions applicable only to foreign nationals originating from non-EU countries. 3. High incidence of complaints to medical council and medicolegal litigation. 4.Astronomical cost of indemnity insurance relating to duty in out of hours services. 5. Poor call centre triage system for OOH services resulting in the service being used as an alternative to general practice."

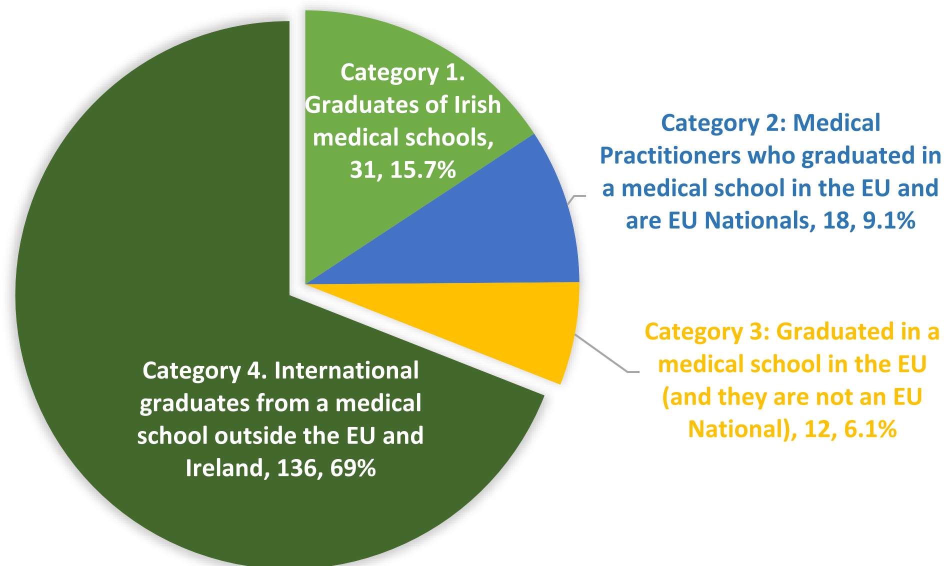
One respondent detailed relocating to undertake a fellowship, referenced their spouse's nationality and made a reference to pay;

"Going on Fellowship for 2 years in Canada. Wife is Canadian. Hopefully they will improve the consultant contract restoring it to pre 2012 and make equal pay parity for the same job before I return."

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

In total, 197 doctors reported leaving the General Division of the register due to family or personal reasons. The majority of respondents withdrawing were International medical graduates (N = 136), male (N = 104) and had an average age of 37.8 years (SD = 9.62).

Figure 32. Breakdown of those reporting leaving the register due to family/personal reasons by region in which BMQ was obtained



Respondents detailed relocating to different jurisdiction and not wishing to maintain Irish registration.

"I am practice medicine in Pakistan and fully registered with the medical council of Pakistan. Since i am do not indent to work in Ireland for a year or so voluntary withdrawing my registration for some time. Thankyou"

"I am very unlikely to practise in Ireland for the next few years. I will seek reregistration at the appropriate time with pleasure. I have enjoyed my practise in Ireland. This application is purely due to professional circumstance"

"I'm currently working in Canada"

"I am currently not working in Ireland and have registered for locum purpose. I am working in UK and the work here is keeping me busy so I want to voluntary withdraw for at present."

Respondents also detailed relocating to support or be closer to family.

"My Family is currently in Canada , and my 2 daughters applied in the University here , I can not move in the current time , also I was not succeeded in get an opportunity to find a job in Ireland last year to move with my family all together"

"I have family in New York and wish to live and work here for a while."

"My family are now in the UK and I am practising in the UK (after obtaining my GMC registration). I would love to return to Ireland in the future, and so want to keep my options open with regards to my Irish Medical Council Registration. I hope the application process to restore my name on the register will be straightforward"

Respondents also detailed withdrawing to pursue career prospects, fellowships and further training abroad.

"I used to do locum work on an annual basis in Ireland. I am currently pursuing PhD studies and need to spend more time in South Africa. I shall however be more available from 2023 onwards."

"moving to home country with family. I got a training post in General Internal Medicine there."

"because i have been enrolled in a program at my own country for some time. I will renew my registration after some time. Kind regards."

"As an Australian trained doctor and member of the Australasian College for [speciality], I need to complete my fellowship in Australia, plus have family who I need to return to"

Relocating to supporting a spouse's career was specifically cited by respondents, often in the UK.

"My wife was not eligible for trainee specialist registration in Ireland. She has been accepted for training in the UK. I am therefore moving to UK"

"Spouse has career advancement opportunities in UK"

"Partner moving to the UK. Going to the UK for 3 years."

"I moved to join my husband with my family outside Ireland, planning to start registration process with in UK."

Family members and their care across the lifespan emerged from the qualitative data reported, as would be expected in this category. In particular, maternity leave was cited thirteen times in the data and five respondents detailed withdrawing due to health reasons, including their own ill health or that of a family member.

"My parents are older aged and diabetic. Recently my father got stroke so it won't be possible for me to continue job in Ireland. Many thanks for all cooperation."

"Moving the countries for the time being due to family reasons"

"'I have two children, first aged 18 months and second aged 6 months. Both of them need my attention at the moment. therefore, i would like to wait for few months before i start practicing."

"Taking a leave of absence to take care of a very sick child"

The cost of registration in two jurisdictions was referenced by a number of respondents as a reason for withdrawal.

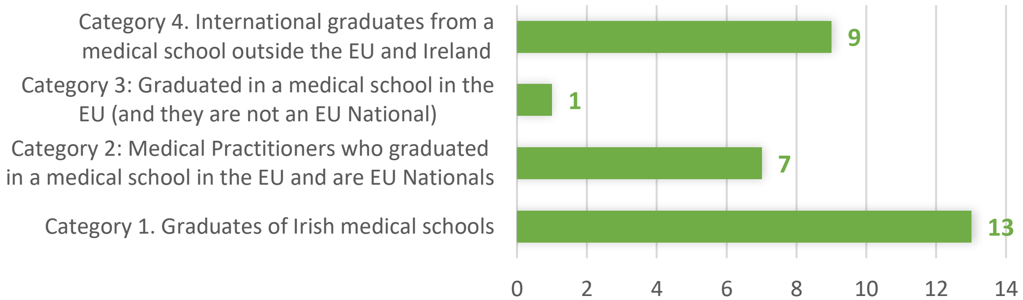
"I am currently working in the United Kingdom. I pay to the GMC. I have financial problem at present. It is very hard for me to pay for 2 medical councils at the same time. Due to family reasons, I need to stay in the UK this year. I am planning to register in the Specialist Division next year."

"Financially it doesn't make sense to remain on register while practising in different country"

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

30 doctors reported withdrawing from the General 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 = 13), male (N = 17) and had an average age of 38.8 years (SD = 14.36).

Figure 33. 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



A total of nine respondents detailed relocating to a region governed by a different regulator as their reason for withdrawal, while a number of respondents detailed withdrawing to pursue academic endeavour, with fellowships being referenced frequently.

"I am planning on undertaking a PhD which does not require me to be registered with the medical council"

"Commencing a fellowship in Canada, however I do plan to return to Ireland in the future thus I have been advised that I may voluntarily withdraw from the register, and I will aim to complete a restoral application when I return.   Many thanks"

"I am taking time out from my training for research. I am going abroad to start a research fellowship in the United States for a total of 2 years with a plan of re-joining the HSE in 2021."

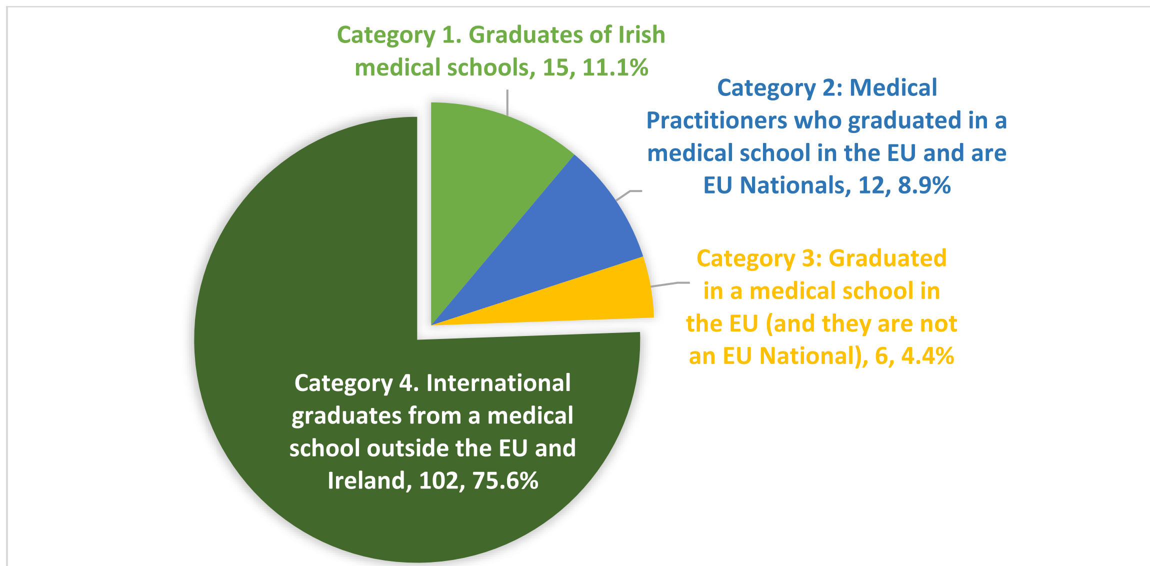
One respondent referenced the cost of maintaining registration, while three respondents detailed ceasing to practise as their reason for withdrawal. An additional respondent detailed changing to a non-clinical industry role.

There are limited career progression opportunities available to me here

In total, 135 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), male (N = 141) and had an average age of 35.1 years (SD = 6.33).

Figure 34. Breakdown of those reporting leaving the register due to reported limited career progression by region in which BMQ was obtained



A total of 17 respondents used the opportunity to detail their pursuit of career or training opportunities abroad;

"I have been offered a good job in an academic centre in Canada and there are no equivalent jobs in Ireland at the moment. I've kept my Medical Licence in Ireland for 3 years while working abroad waiting for such an opportunity but unfortunately not likely at the moment. Hopefully within the next few years though I'll re-activate my licence."

"'I have moved to the UK to pursue [a surgical speciality], where the training opportunities are more diverse and more in number"

"I was able to secure a specialist training post in the UK which was not available to me in Ireland"

"Found no training in Ireland. Got a trainee position in the UK"

A group of doctors in the data reported that their career progression was limited due to their nationality;

"As an overseas graduate, i am not eligible for training in Ireland, in UK I have training opportunities."

"Unable to apply for HST if you have not done BST in Ireland"

"Difficult to enter a training program if you are not a UK or EU citizen"

"As someone who was trained abroad, it was too difficult to get interviews and long term job opportunities."

11 respondents detailed specific barriers to their progression as reasons for their withdrawal. Examples as described below.

"There are no available specialised [speciality] consultant posts suited to my advanced level of training currently"

"Refused [speciality] training opportunity multiple times. Disappointed"

"To get training in Ireland is very difficult, and this is the only reason to leave such beautiful country with well stablish health system, I was hoping if I could able to find training in Ireland."

"I never wanted to go away from Ireland. I kept applying for Spr training in Ireland for 3 years until i made realised I won't progress in Ireland. It is quite painful to be going away from Ireland for the training. Hoping to come back in the future once finished with the training."

"Despite having two fellowships I cannot get on Specialist Division. Very disappointing."

The cost of maintaining registration was also referenced in the qualitative data. Two respondents posited the idea of a dual register or ability to retain a level of registration while not in practice.

"I would have liked to stay registered for a reduced fee as I will not be practising medicine in Ireland. Annual retention cost too high to consider this."

"I am moving to Australia, and no longer require the additional registration in Ireland. I think the option of registration without licence to practice would be beneficial, as the cost involved in holding full registration and not working in the country is excessive."

One respondent referenced their sadness at withdrawing from the register and expressed a desire to return to Ireland in future.

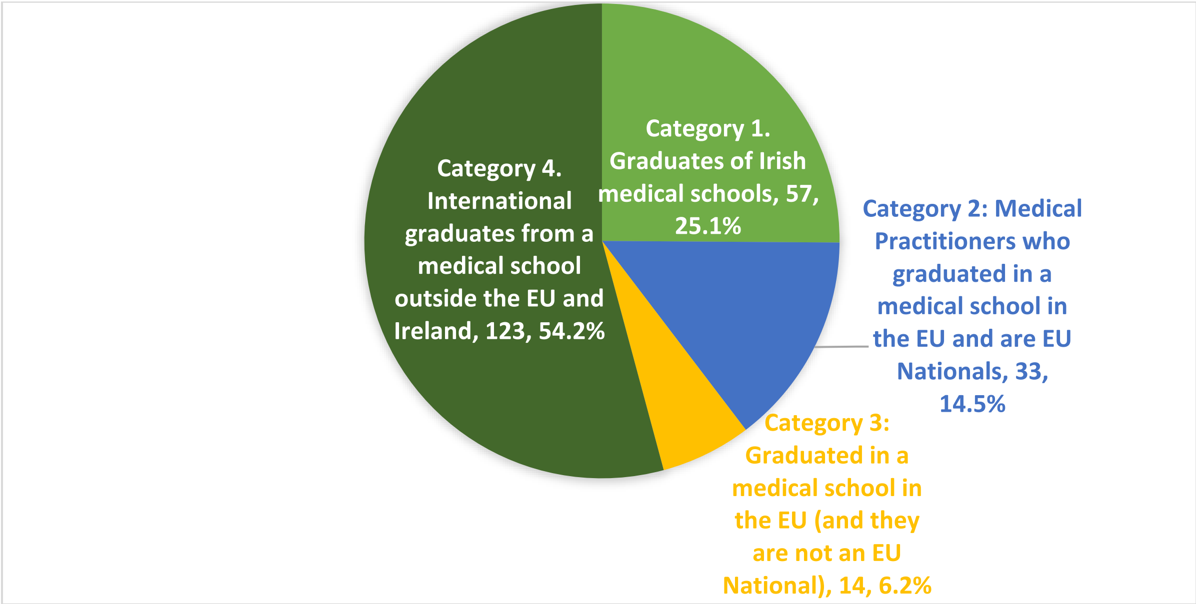
"Thanks for giving me the opportunity to express myself. Ireland is a great place to work and people here are very friendly. Reasons to leave are limited opportunity in career growth /training and frequently need to change workplace (short period of contract) which disturb the family including my

children education. Otherwise it's a good place to live and work. Medical council staff is very friendly and always helpful. I hope I will join it again in the future."

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

In total, 227 doctors reported leaving the General Division of the register due to some other reason. The majority of respondents withdrawing were International medical graduates (N = 123), male (N = 141) and had an average age of 35.67 years (SD = 9.7).

Figure 35. Breakdown of those reporting leaving the register due to other reasons by region in which BMQ was obtained



The most common reason for withdrawal offered in the qualitative responses related to finances. These doctors were primarily practising and training abroad, or not in active clinical practice. Respondents specifically highlighted the cost of registration and indemnity cover as reasons for withdrawal.

"I am not working currently in Ireland and have no need to pay the high fee"

"I am working in South Africa and the annual fee has become too expensive for me to pay. Will reinstate my name in future should the opportunity arise to work in Ireland."

"I do not actively practise in Ireland and the cost is too much to remain in the register."

"Financially, it makes sense to withdraw my registration until I am sure of when I will be able to work in Ireland. I hope to apply for restoration of my registration then. I hope this is in order. Regards, (name redacted)"

A total of 9 participants used the opportunity to detail their perceived lack of opportunities available to them as their primary reason for withdrawal.

"I have never been employed in Ireland."

"Because of the limited chance of acceptance in the general surgery departments in Ireland"

"Applied for jobs in Ireland from abroad but never got one and I have substantive jobs in Sudan and Saudi Arabia"

"I am registered for the last two years but was unable to secure a job relevant to my specialty although I am continuously applying in these two years."

VOLUNTARY WITHDRAWALS 2020

THE CONTEMPORARY CONTEXT OF WORKFORCE PLANNING IN IRELAND

Voluntary Withdrawals 2020

In 2020, 862 doctors voluntarily withdrew their registration from the Medical Council's register by the 30th of August. Voluntary withdrawals from the register are manually processed by the executive of the Medical Council and these are recorded daily. Of these, 705 responded to our voluntary withdrawal survey, with a response rate of 81.8%.

Doctors choosing to voluntarily withdraw from the register were aged between 23 and 86 years with a mean age of 39.19 years (median age of 40.17 years, SD=13.001). The majority of those who left the register were on the General Division of the register (67%) and just over one quarter (26.4%) left the Specialist Division of the register. Just under half (47.5%) of those who withdrew were international graduates from a medical school outside the EU and Ireland and one third (32.3%) of all registrants leaving on a voluntary basis were graduates of Irish medical schools.

Table 57. Division of the register that doctors withdrew from in 2020

Divisional Status	Frequency	Percent	Cumulative Percent
General Registration	472	67%	67%
Internship Registration	23	3.3%	70.2%
Specialist Registration	186	26.4%	96.6%
Supervised Registration	20	2.8%	99.4%
Trainee Specialist Registration	4	0.6%	100%
Total	705	100%	

Table 58. Category of registrants according to region of BMQ that withdrew from the register in 2020

Eligibility Category	Frequency	Percent	Cumulative Percent
Category 1. Graduates of Irish medical schools	228	32.3%	32.3%
Category 2. Medical Practitioners who graduated in a medical school in the EU and are EU National	110	15.6%	47.9%
Category 3. Graduated in a medical school in the EU (and they are not an EU National)	32	4.5%	52.5%
Category 4. International graduates from a medical school outside the EU and Ireland	335	47.5%	100%
Total	705	100%	

The majority of respondents leaving the register wished to practise medicine in another country (N= 437, 62%). An additional 8.8% (N=62) of those leaving the register reported wishing to stop practising medicine altogether, while 206 doctors had some other reason for leaving the register (29.2%).

Table 59. Reasons for withdrawal in doctors who withdrew from the register in 2020

Reason for withdrawal	Frequency	Percent	Cumulative Percent
You wish to practise medicine in another country	437	62%	62%
You wish to stop practising medicine	62	8.8%	70.8%
You have some other reason for voluntarily withdrawing	206	29.2%	100%
Total	705	100%	

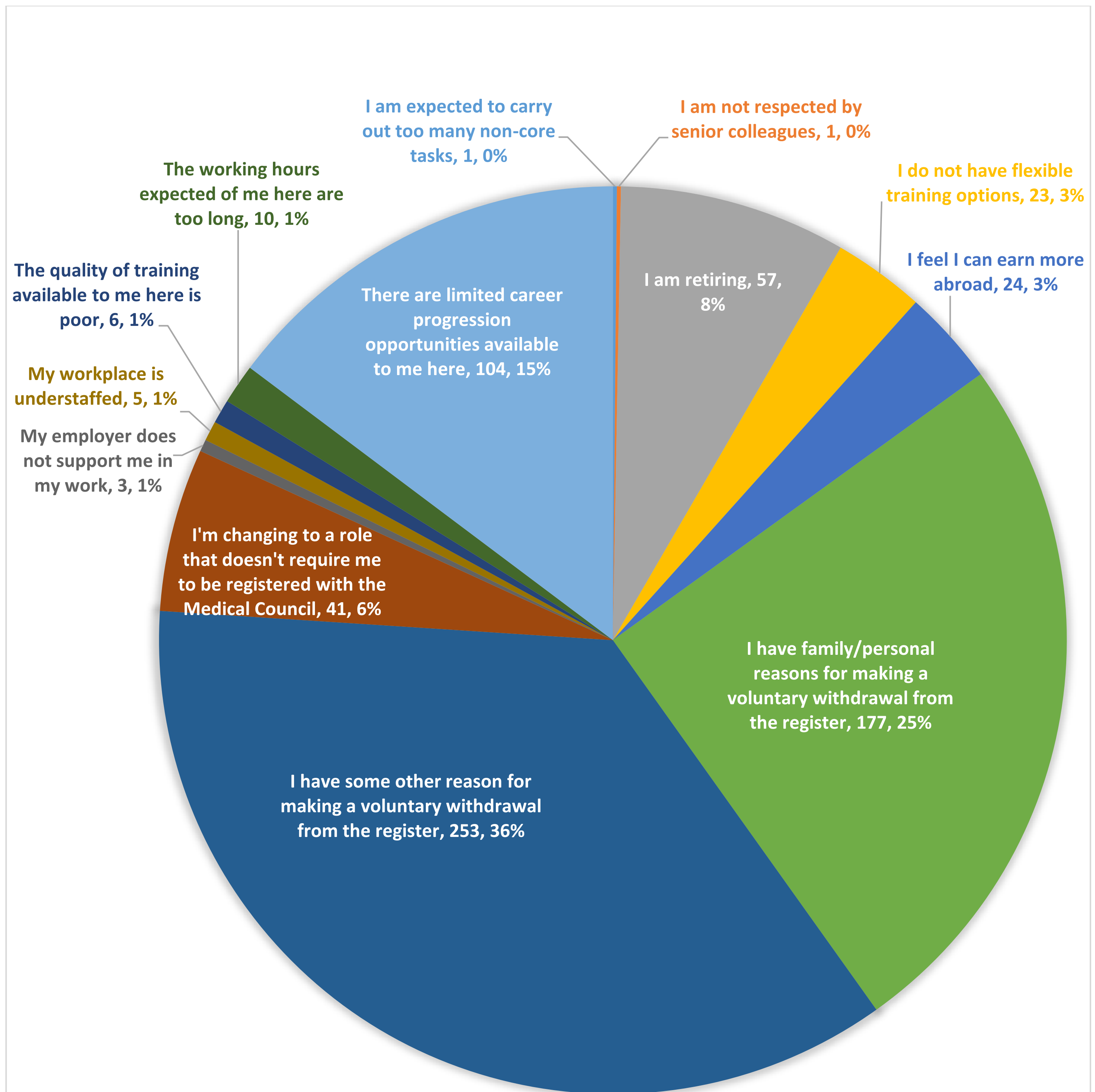
Table 60. Reasons for withdrawal in doctors who withdrew from the register in 2020

Primary reasons for VW cited	Frequency	Percent	Cumulative Percent
Another destination	129	29.5%	29.5%
Australia	51	11.7%	41.2%
Canada	23	5.3%	46.5%
New Zealand	24	5.5%	52%
UK	201	46%	98%
USA	9	2%	100%
Total	110	100%	

A small minority of respondents (57 doctors, representing 8.1% of respondents) reported stopping practice due to retirement as their reason for voluntarily withdrawing from the register. Other reasons for voluntary withdrawal were explored. These include:

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

Figure 36. Reasons cited for voluntary withdrawal in 2020

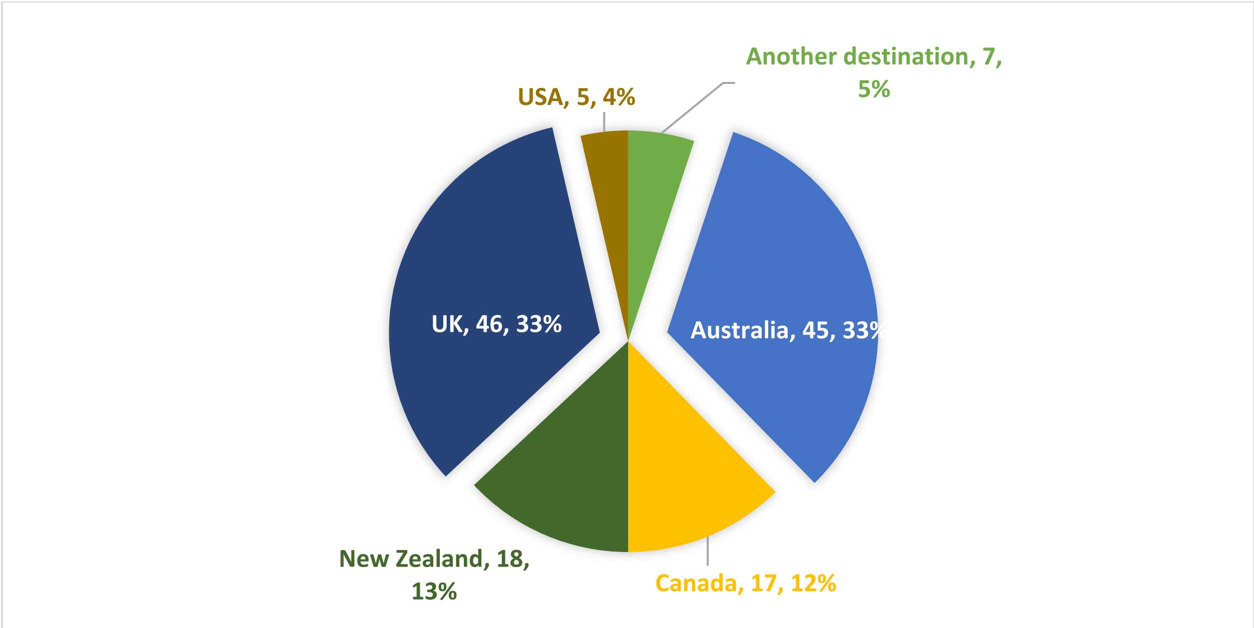


Category 1. Graduates of Irish medical schools

Almost one-third of doctors who left the Irish register of medical practitioners in 2020 to date were graduates of Irish medical schools. This group was made up of slightly more male (N=115, 50.4%) than female (N=113, 9.68%) doctors, aged between 23 and 80 years (Mean= 41.14 years, SD=16.37). Most of these doctors reported leaving the General Division of the register (N=115, 50.4%), while just under four in ten left the Specialist Division (N=88, 38.6%). Interns represented 10.1% of this group leaving the register (N=23)

The majority of these doctors planned to practise medicine in another country (N=138, 60.5%), while 50 doctors planned to stop practising altogether. The remaining 40 doctors, representing 17.5% of this group, had another unspecified reason for withdrawing, captured through qualitative feedback and explored later in the report.

Figure 37. Next reported jurisdiction of practice for graduates of Irish medical schools leaving the register in 2020



Doctors who reported "another destination" cited Germany; Kuwait; Germany; South Africa and Sweden as their next jurisdiction of practice.

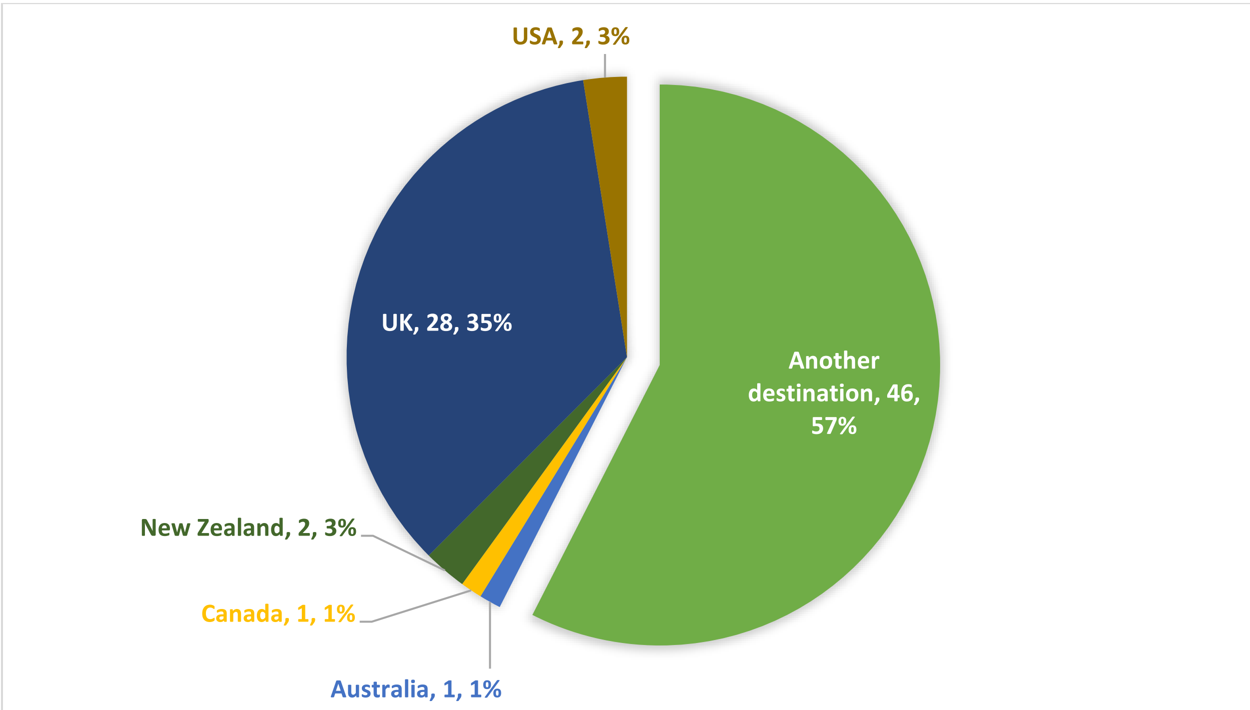
Table 61. Reasons reported by Irish medical graduates for leaving the register 2020

Primary reasons for VW cited	Frequency	Percent	Cumulative Percent
I am expected to carry out too many non-core tasks	1	0.4%	0.4%
I am not respected by senior colleagues	1	0.4%	0.9%
I am retiring	43	18.9%	19.7%
I do not have flexible training options	4	1.8%	21.5%
I feel I can earn more abroad	8	3.5%	25%
I have family/personal reasons for making a voluntary withdrawal from the register	42	18.4%	43.4%
I have some other reason for making a voluntary withdrawal from the register	69	30.3%	73.7%
I'm changing to a role that doesn't require me to be registered with the Medical Council	20	8.8%	82.5%
My employer does not support me in my work	2	0.9%	83.3%
My workplace is understaffed	3	1.3%	84.6%
The quality of training available to me here is poor	3	1.3%	86%
The working hours expected of me here are too long	7	3.1%	89%
There are limited career progression opportunities available to me here	25	11%	100%
Total	110	100%	

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

There were 110 medical practitioners who graduated in a medical school in the EU and are EU nationals who voluntarily withdrew from the register in 2020. This group had an even gender split and was made up of 109 female doctors and 108 male doctors aged between 24 and 86 years (mean = 41.75 years, SD= 11.87). Just over half of this group (N=59, 53.6%) were leaving the Specialist Division while just under one half (N=49, 44.5%) of this group were leaving the General Division of the register. Only two doctors left the Trainee Specialist Division in 2020. The majority of these doctors left with a view to practise in another jurisdiction (N=80, 72.7%), while eight left to stop practice outright. Under one quarter of the overall group had another reason for leaving, documented through qualitative responses.

Figure 38. Reported next jurisdiction of practice for medical practitioners who graduated in a medical school in the EU and are EU Nationals and reported "another destination"



Of those who selected 'other' as their next destination, Spain/Catalonia (N =8) Poland (N =7), Romania (N =7) and Germany (N =4) were most frequently cited. All respondents who selected 'other' selected EU member states as their next destination.

Family/personal reasons or other reasons specified through qualitative answers cumulatively accounted for 36.4% of reasons reported by this group for making a voluntary withdrawal from the register.

Table 62. Reasons for leaving the register reported by medical practitioners who graduated in a medical school in the EU and are EU Nationals

Primary reasons for VW cited	Frequency	Percent	Cumulative Percent
I am retiring	6	5.5%	5.5%
I do not have flexible training options	2	1.8%	7.3%
I feel I can earn more abroad	2	1.8%	9.1%
I have family/personal reasons for making a voluntary withdrawal from the register	40	36.4%	45.5%
I have some other reason for making a voluntary withdrawal from the register	35	31.8%	77.3%
I'm changing to a role that doesn't require me to be registered with the Medical Council	10	9.1%	86.4%
My employer does not support me in my work	1	0.9%	87.3%
My workplace is understaffed	1	0.9%	88.2%
The quality of training available to me here is poor	1	0.9%	89.1%
The working hours expected of me here are too long	2	1.8%	90.9%
There are limited career progression opportunities available to me here	10	9.1%	100%
Total	110	100%	

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

In total only 32 graduates of medical schools in the EU (and are not an EU National) voluntarily withdrew from the register in 2020 by the end of August. This group was aged between 24 and 53 years (mean= 32.9 years, SD= 8.621 years) and the majority were female (N=17, 53.1%). More than nine in ten of these respondents (N = 30, 93.8%) were leaving the General Division of the register, while the remaining two doctors left the Specialist Division. A total of 14 respondents left the register with a view to practising in another country (43.8%), while the remaining 18 doctors had another plan for voluntarily withdrawing, captured through qualitative data. Of those who wished to practise abroad, the most commonly cited destination was the UK (N = 4, 28.6%). Other destinations that were selected included Israel, Spain, Sweden and the Czech Republic.

Table 63. 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
You have some other reason for voluntarily withdrawing	18	56.3%	56.3%
You wish to practise medicine in another country	14	43.8%	100%
Total	32	100%	

Table 64. Reported next jurisdiction of practice for graduates of a medical school in the EU (and they are not an EU national)

	Frequency	Percent	Cumulative Percent
Another destination	10	71.4%	71.4%
UK	4	28.6%	100%
Total	14	100%	

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

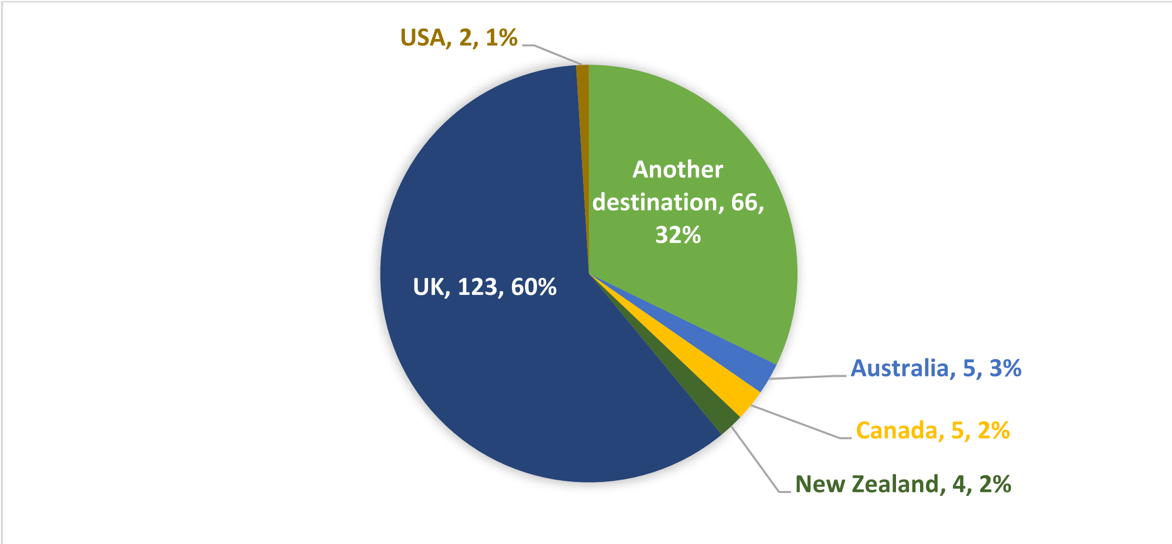
In total 335 international graduates from a medical school outside the EU and Ireland left the Irish register of medical practitioners in 2018. These doctors were aged between 25 and 81 years of age, with an average age of 39.68 years (SD= 10.7). Over two-thirds of this group were male (N=228), while 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 twenty doctors left the Supervised Division of the register. Just under two-thirds of these respondents left to practise medicine in another country (N=205, 61.2%), while just over one-third (N=123, 36.7%) reported leaving for another reason. Seven respondents left with a view to ceasing practice. Cumulatively, 66% of this group cited leaving the register for family/personal reasons or some other (unspecified) reason for making a voluntary withdrawal from the register. Information regarding this was captured qualitatively and explored categorically later within the report.

Table 65. Reasons cited by international graduates from a medical school outside the EU and Ireland for leaving the register in 2020

Primary reasons for VW cited	Frequency	Percent	Cumulative Percent
I am retiring	8	2.4%	2.4%
I do not have flexible training options	17	5.1%	7.5%
I feel I can earn more abroad	13	3.9%	11.3%
I have family/personal reasons for making a voluntary withdrawal from the register	85	25.4%	36.7%
I have some other reason for making a voluntary withdrawal from the register	136	40.6%	77.3%
I'm changing to a role that doesn't require me to be registered with the Medical Council	10	3%	80.3%
My workplace is understaffed	1	0.3%	80.6%
The quality of training available to me here is poor	2	0.6%	81.2%
The working hours expected of me here are too long	1	0.3%	81.5%
There are limited career progression opportunities available to me here	62	18.5%	100%
Total	335	100%	

In particular, the UK was an extremely attractive next jurisdiction of practice, representing the next planned destination for over one third (N = 123, 36.7%) of all international graduates from a medical school outside the EU and Ireland leaving the register in 2020.

Figure 39. Reported next jurisdiction of practice for international graduates from a medical school outside the EU and Ireland

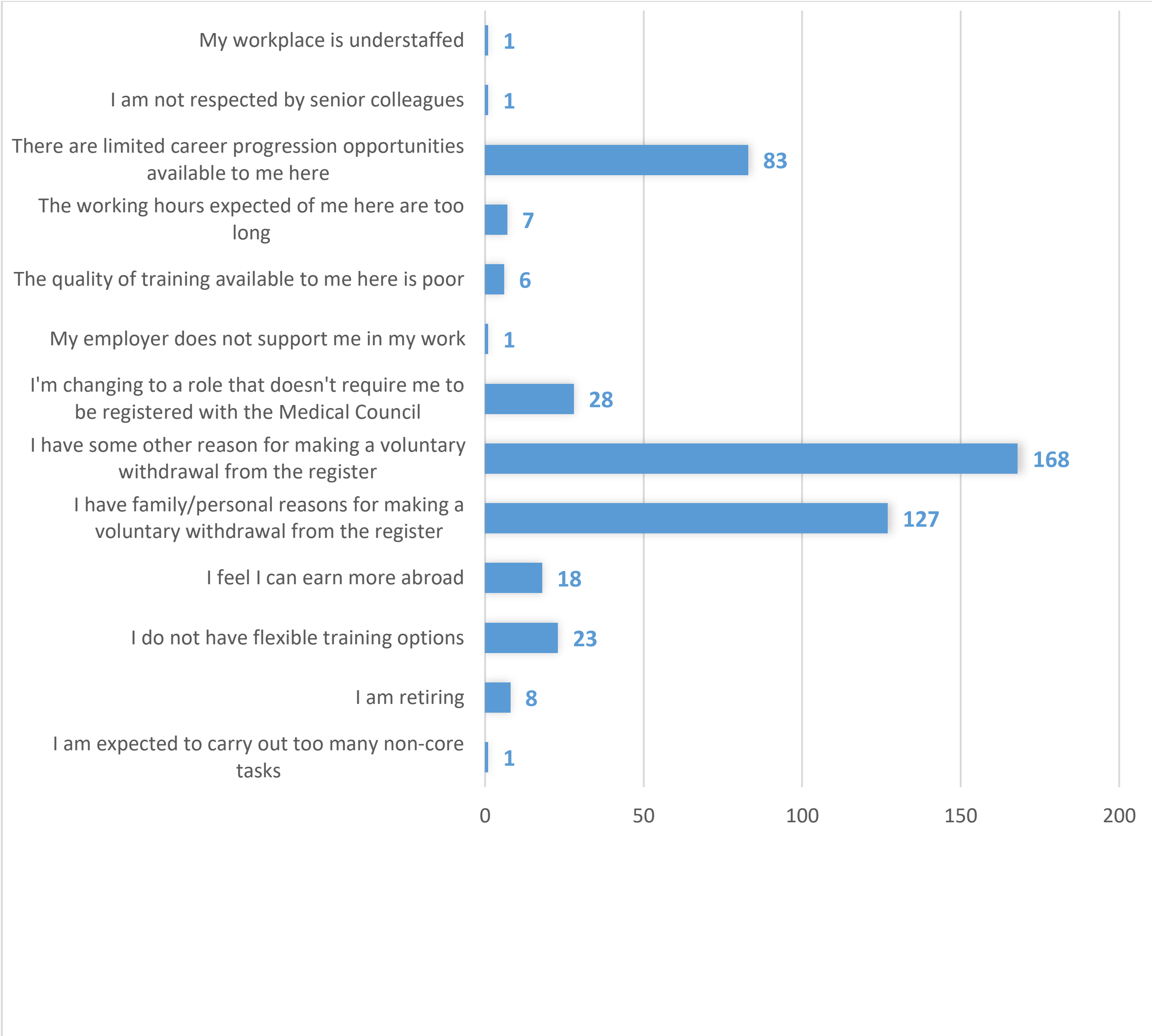


Of those who selected 'other', South Africa (N = 22), Pakistan (N = 15) and Saudi Arabia (N = 8) were most frequently cited as their next jurisdiction.

Voluntary withdrawals from the General Division

When reasons for leaving the General Division in 2020 were examined, family/personal reasons or other reasons provided through qualitative feedback were cited most commonly.

Figure 40. Reasons for leaving the General Division of the Irish register cited by doctors 2020



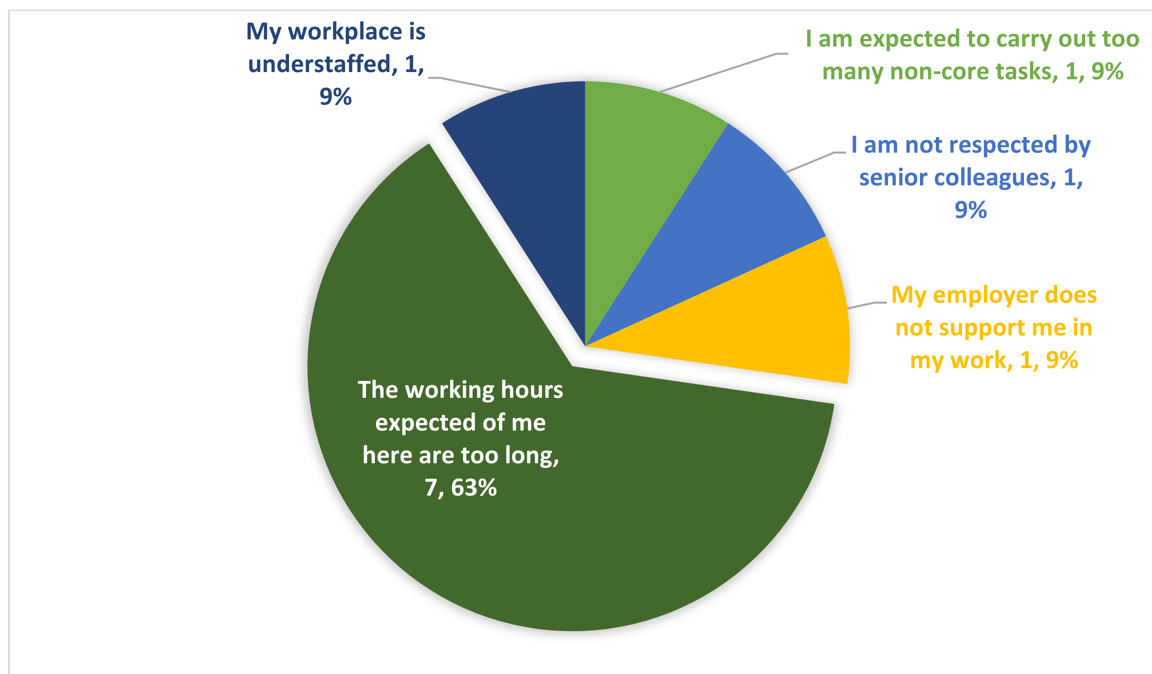
'Workplace issues'

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

- I am expected to carry out too many non-core tasks;
- I am not respected by senior colleagues;
- My employer does not support me in my work;
- The working hours expected of me here are too long.

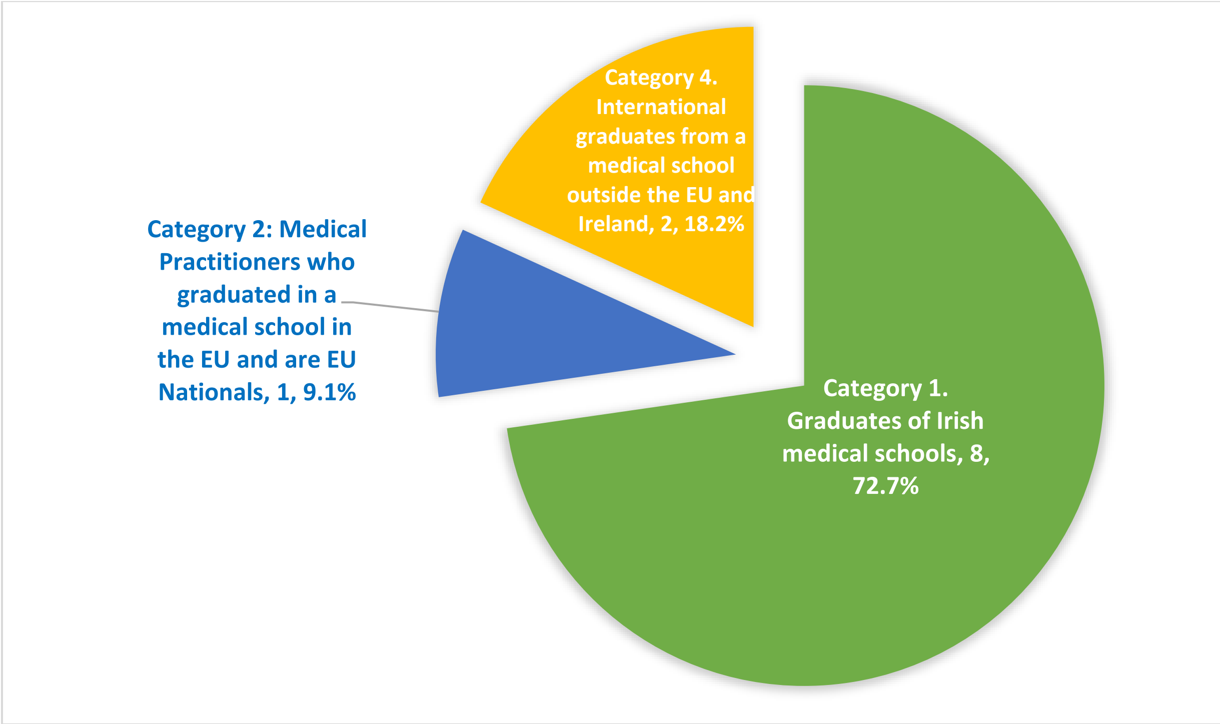
The breakdown of this is included in Figure 41 below.

Figure 41. Breakdown of reasons for those reporting leaving the register primarily due to workplace issues



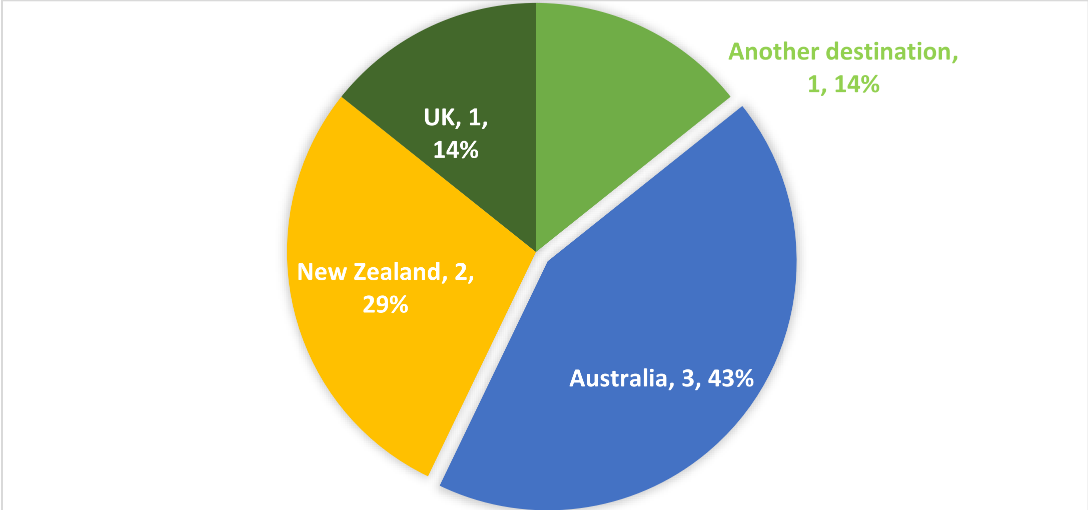
In total, 11 respondents reported leaving the General Division due to challenges with their workplace/employment conditions, with a mean age of 34.64 years.

Figure 42. Breakdown of doctors who reported leaving the register primarily due to workplace issues by region in which BMQ was obtained



Of those who withdrew due to workplace issues, 7 wished to practise medicine in another country, while four wished to stop practising medicine outright. Just under three-quarters of those who wished to practise abroad wished to practise in either Australia or New Zealand.

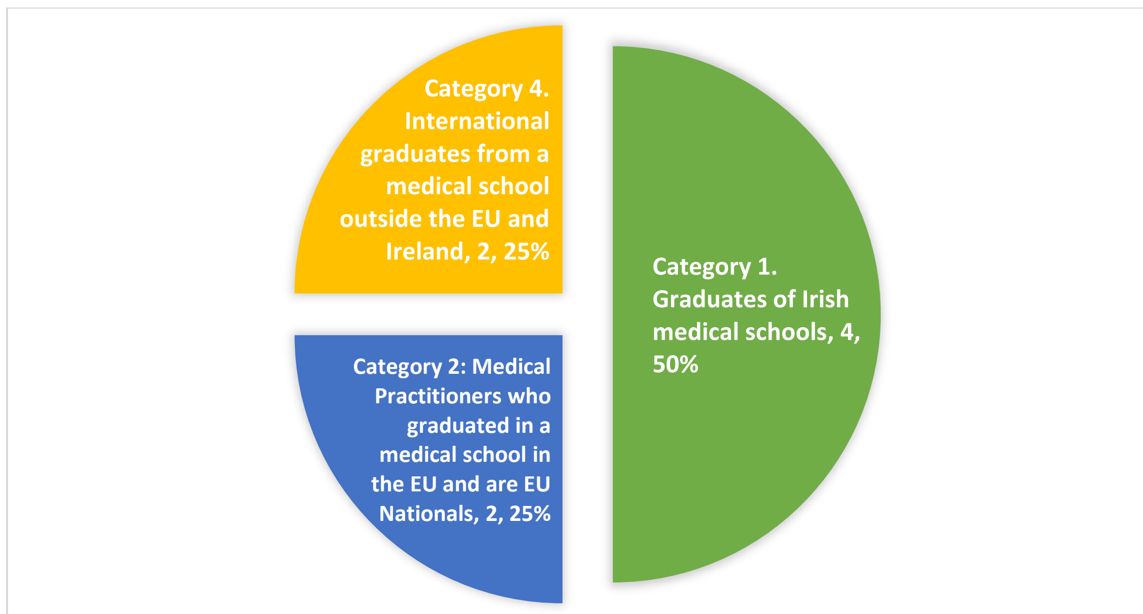
Figure 43. Next jurisdiction of practice for doctors withdrawing due to workplace issues



'Retirement'

There were 8 doctors who reported leaving the General Division in 2020 due to retirement. This group of doctors were aged between 60 and 72 years (mean age= 65.6, SD= 3.74 years).

Figure 44. Category of BMQ obtained by doctors leaving the register due to retirement



Two respondents detailed how the ongoing Covid-19 situation contributed to their decision to withdraw from the register.

"I had my name restored to register in order to be able to be on call as a doctor to respond to Covid -I had retired from work last year and at the time voluntarily requesting removal of my name from the register I have not been called to contribute to the Covid response. I do not wish to continue to be on call and have today unsubscribed from the on call system .I no longer therefore require to be on the register."

"The Covid-19 situation has influenced my decision to retire a little earlier than anticipated."

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

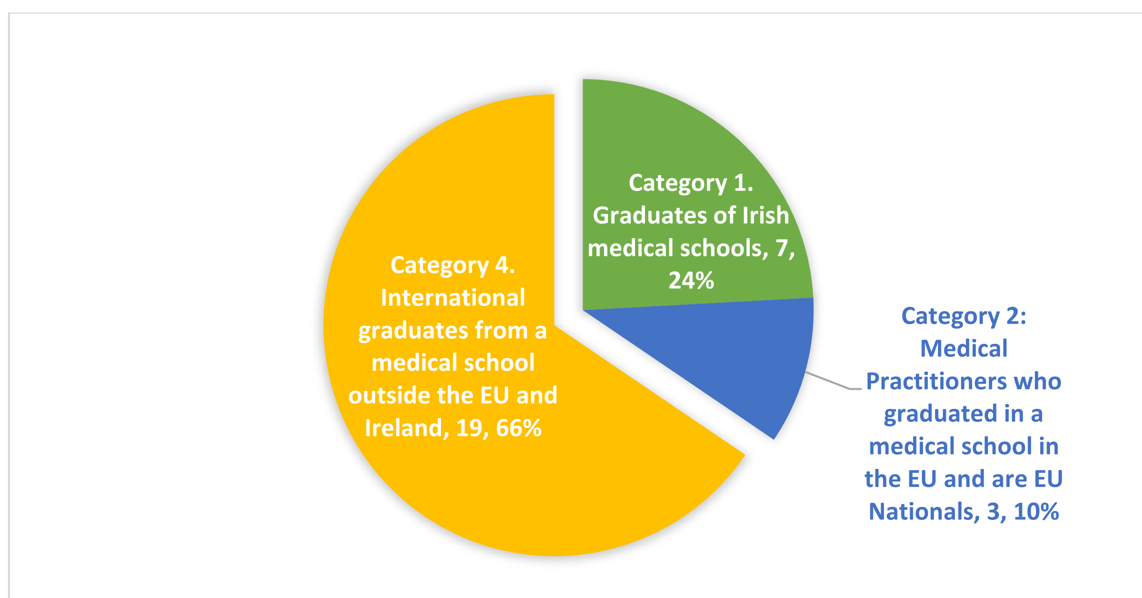
"I cannot afford the retention fee."

"I would like to work part time, periodically, offer to cover absence from work of colleagues through sickness or holidays but the step out the door costs are too high. Namely medical indemnity, IMC & e-portfolio costs, running another car etc. I feel that I have plenty to offer medicine but economically there is no sense in it, especially as paid through PAYE that does not permit high enough level of tax relief."

‘Training quality and flexibility’

Two categories of response were merged to form the category of training quality and flexibility: “I do not have flexible training options” and “The quality of training available to me here is poor”. In total, 29 respondents cited this as their primary reason for leaving the General Division. Just under one quarter (24.1%) of this group earned their BMQ in Ireland, while 65.5% were international graduates from a medical school outside the EU and Ireland. Respondents withdrawing had an average age of 34.03 years (SD = 5.77).

Figure 45. Breakdown of doctors who withdrew from the register due to training issues by region in which BMQ was obtained



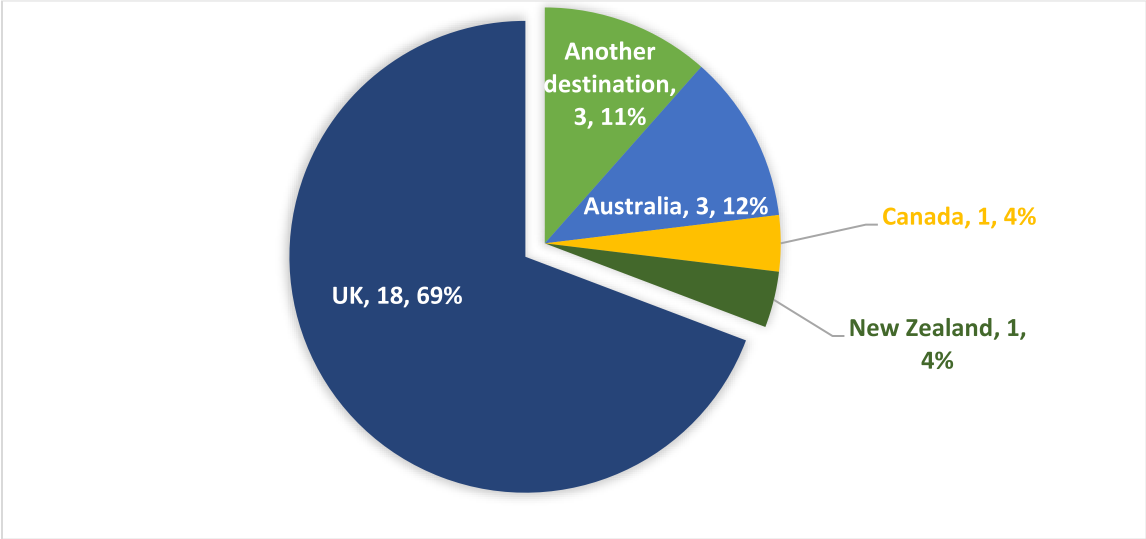
Of those withdrawing due to training issues, 26 wished to practise abroad.

Table 66. Reasons for withdrawal in doctors who cited training quality and flexibility as their reason for withdrawal from the register in 2020

Reason for withdrawal	Frequency	Percent	Cumulative Percent
You wish to practice medicine in another country	26	89.7%	89.7%
You have some other reason for withdrawing	3	10.3%	100%
Total	29	100%	

The UK was the most commonly cited next jurisdiction of practice among those who withdrew due to training issues.

Figure 46. Next jurisdiction of practice for doctors withdrawing due to training issues



Respondents used the survey opportunity to detail the specific training issues that contributed to their withdrawal.

"Training is not available for me in Ireland. I shall try to enrol in a training programme in New Zealand and intend to return back as my family is still living in Ireland."

"I am persuing training in Northern Ireland as there is greater flexibility with the training programme there which will better suit my personal/domestic situation."

Doctors described withdrawing due to a perceived lack of training opportunities in Ireland, or perceived more desirable opportunities abroad.

"I wish to train to be a [speciality]. I applied to the training scheme and was offered a place in a location outside of Dublin, which was not my preference. I would rather be based in a city, and I would rather not move hospital and house several times over the next 4 years. I got a better offer in the UK."

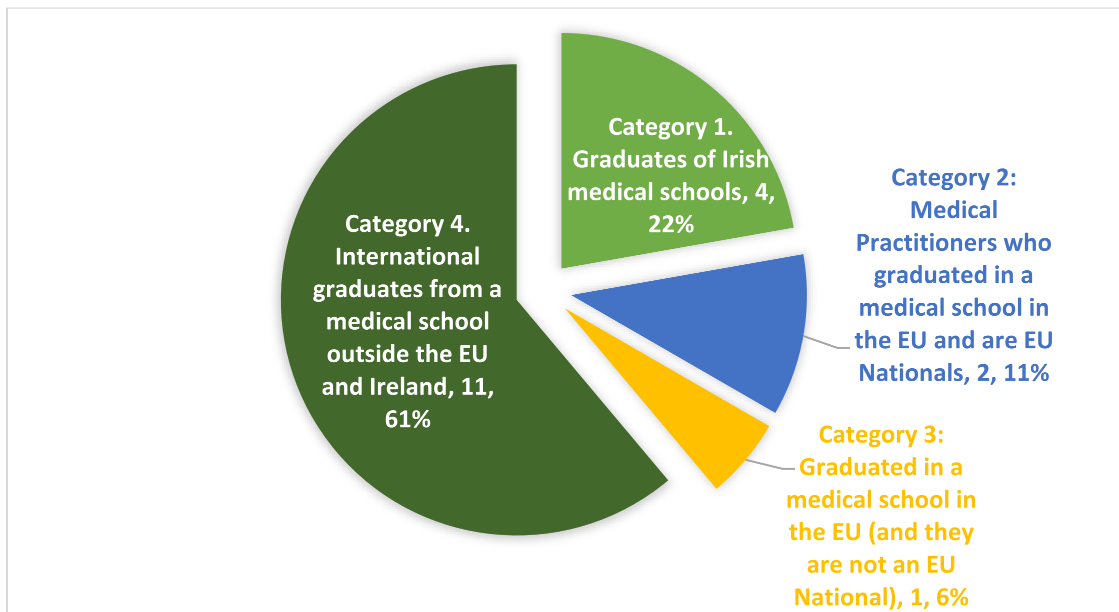
"I am currently training in Australia. I had renewed my registration with a view to considering working in Ireland for a year and perhaps transferring my training. This option ended up not being available. Furthermore, my wife and I explored the option of being able to train in the same location (ie Dublin, cork etc) but there was no option for flexibility around this with respective colleges."

"More opportunities for entry to higher level training in NHS UK"

“I feel I can earn more abroad”

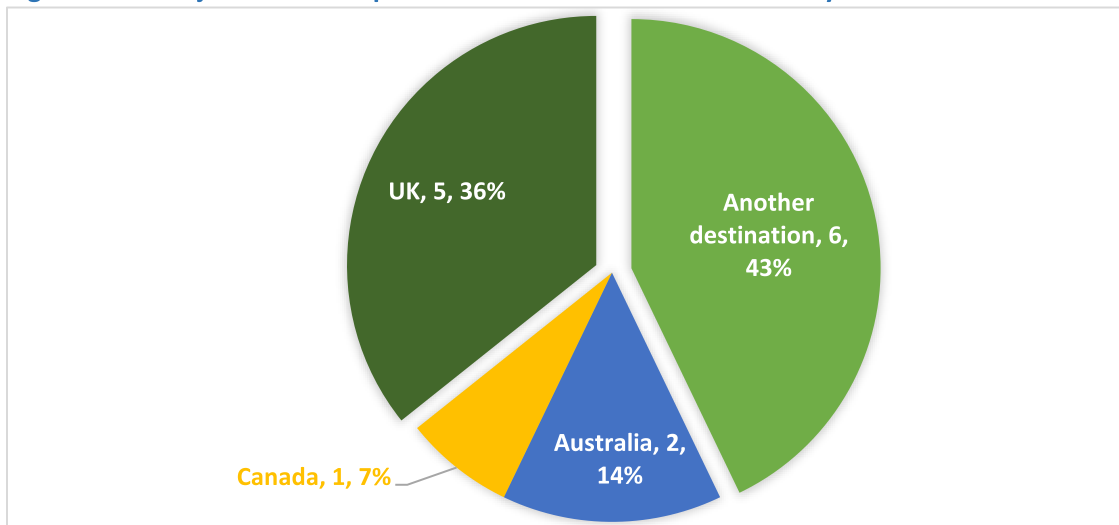
Eighteen doctors who withdrew from the General Division felt that they could earn more abroad. Of these 61.1% (N = 11) were International medical graduates (IMGs) who graduated from outside the EU. They had an average age of 39.94 years (SD = 11.19).

Figure 47. Breakdown of those reporting leaving the register due to feeling they can earn more abroad by region in which BMQ was obtained



Of those who withdrew due to feeling they could earn more abroad, 23 wished to practise abroad. Australia was the most popular destination among this group.

Figure 48. Next jurisdiction of practice for doctors who felt that they could earn more abroad



Issues relating to finance were the most commonly cited reasons provided for withdrawal amongst this group of doctors. Specifically, the cost of maintaining dual registry was commonly highlighted;

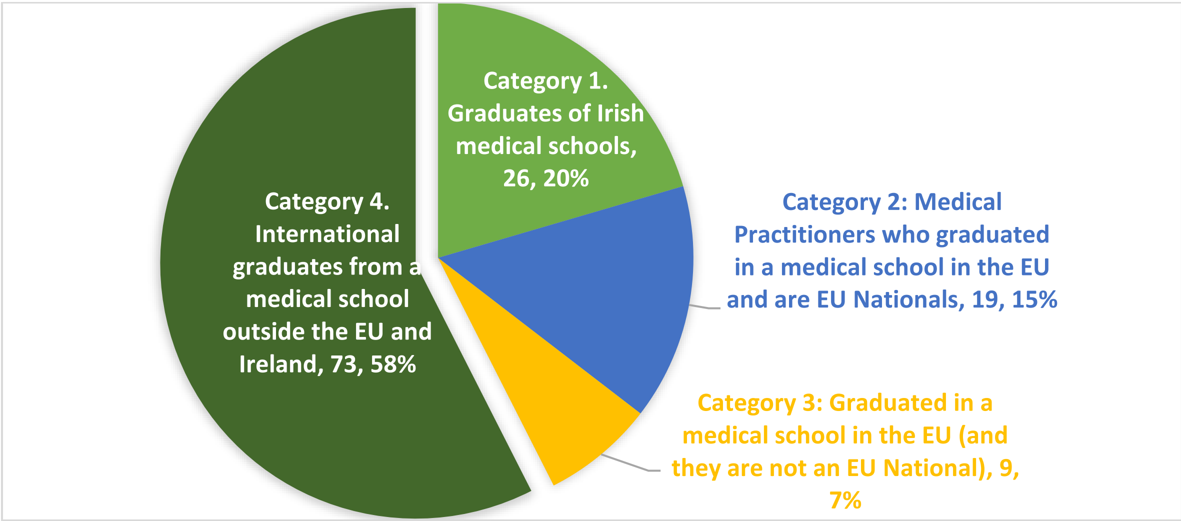
"I am living abroad and working abroad from the last number of years. No point to keep the registration alive."

"Left Ireland since 2016 and practicing in UK. I think by registering in Irish medical council and not working there, I still need to pay the registration fees, that's why I will withdraw registration now."

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

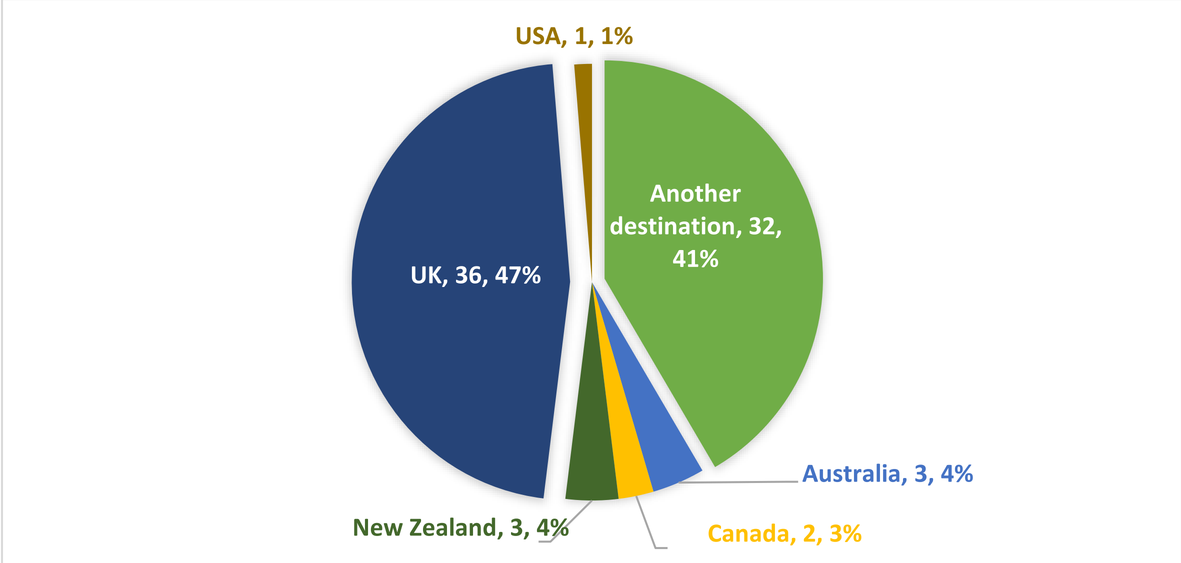
In total, 127 doctors reported leaving the General Division of the register of medical practitioners due to family or personal reasons. The majority of respondents withdrawing were international medical graduates (N = 73) and had an average age of 37.8 years (SD = 10.03).

Figure 49. 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, 77 wished to practise abroad. The UK was the most commonly selected next jurisdiction of practice for this group.

Figure 50. Next jurisdiction of practice for doctors withdrawing the due to family/personal reasons



Respondents primarily cited relocating for work and/or academic opportunities as another reason for withdrawal.

"I got an offer for a training job in London UK."

"I am currently staying in NZ with my partner who is continuing his medical training here"

"I am moving to the UK for four years due to my husband accepting a job contract there. I will continue my medical career progression there during that time. I plan to re-join the register once i return home to Ireland."

"My family and I have moved to Australia. I am currently registered in Australia"

"I will be doing masters and studying for a year. Will be reapplying a year later."

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

"Unfortunately, due to the pandemic of Corona virus 2020 I did not have a chance to leave Russia, which is my homeland."

"I had to be repatriated due to the COVID-19 pandemic to be with my family."

"I am unsure about my future working plan. My priority currently is to be back to our home country. This is for my family to be in a more supportive environment due to the ongoing Covid19 risks and potential second wave. I am making this voluntary withdrawal reluctantly and I hope to practice in Ireland again in the future."

"I am moving back to Australia as I only intended to work in Ireland a short time for the experience, plus covid has made plans more difficult"

"I live and work in South Africa- I locum in Ireland at most once a year. Given the current situation with COVID 19, travel uncertainties etc I will not be working in Ireland for the foreseeable future and cannot justify the cost of the registration."

"My family's circumstances require me to withdraw from the register voluntarily. I plan on applying to restore my name to the register in the future"

Maternity leave and parental/familial duties were frequently cited as a reason for withdrawing from the register. For some respondents, the struggle to balance roles within work and at home led to the voluntary withdrawal decision to be made.

"I will be on maternity leave and plan to re-register in January 2021"

" I am currently pregnant with our son who will be born in 2020. Our household will be quite busy and at this stage I feel I cannot be the mummy and the doctor I want to be without one area suffering."

"Currently I am caring full-time for our young daughter. My husband, also a doctor, and I are struggling to manage working hours with childcare. I hope to return to clinical medicine when our family circumstances better facilitate training."

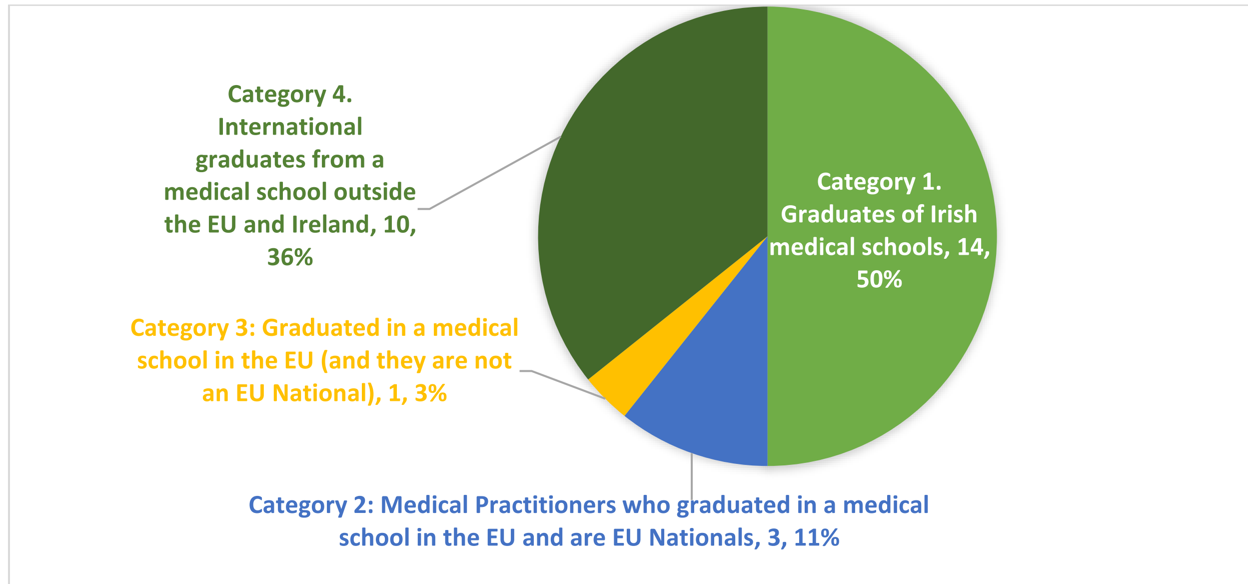
"Maternity leave for 1 year, registration falls at beginning of unpaid leave so at this time cannot afford full registration"

"I have come to realise I am unable to juggle childcare, homecare, fulltime work, studies, and college requirements without something breaking. I was always told you can't have everything, but I did not believe them, thinking if I was determined enough, I could do it. I had lost myself for some time now. Last year I lost my parents and almost lost my children, the very reasons I serve as a doctor."

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

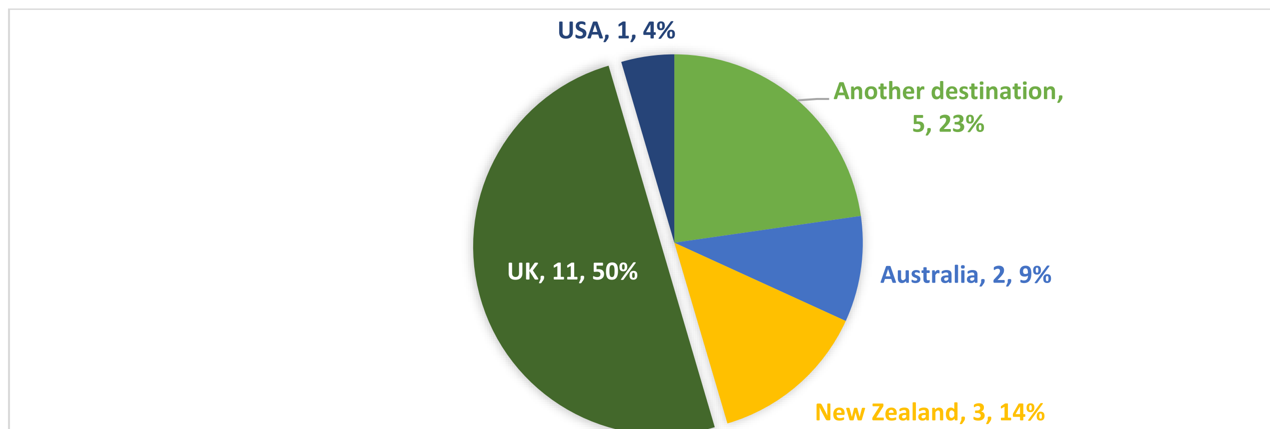
Twenty-eight doctors reported withdrawing from the General Division of medical practitioners due to taking up a role that did not require them to be registered with the Medical Council. The average age of those who withdrew was 34.8 years (SD = 10.81).

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 the 28 doctors who withdrew due to changing to a role that did not require Medical Council registration, 22 wished to practise in another country. Of those who wished to practise abroad, the UK was the most commonly selected next jurisdiction of practice.

Figure 52. 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.

"Moving to work in the UK for a few years. Plan to return to Ireland following this."

"I am moving to London to train as a GP for 3 years and therefore will not require registration with the Medical Council in Ireland"

"I'm moving to UK, planning to retain my registration when i get back to Ireland in the Future."

"I am working in Australia and do not anticipate working in Ireland in the next year. However, I will be returning to Ireland in 2021 and will re-join the Irish Medical Council then."

Frequently cited as a reason for withdrawal was the pursuit of academic and training opportunities. The pursuit of fellowships was often cited.

"Fellowship abroad as part of Higher Specialist Training"

"I am in a full time academic role and not required to be on the medical register. I am also planning retirement in the next year or so and therefor wish to voluntarily remove myself form the medical register."

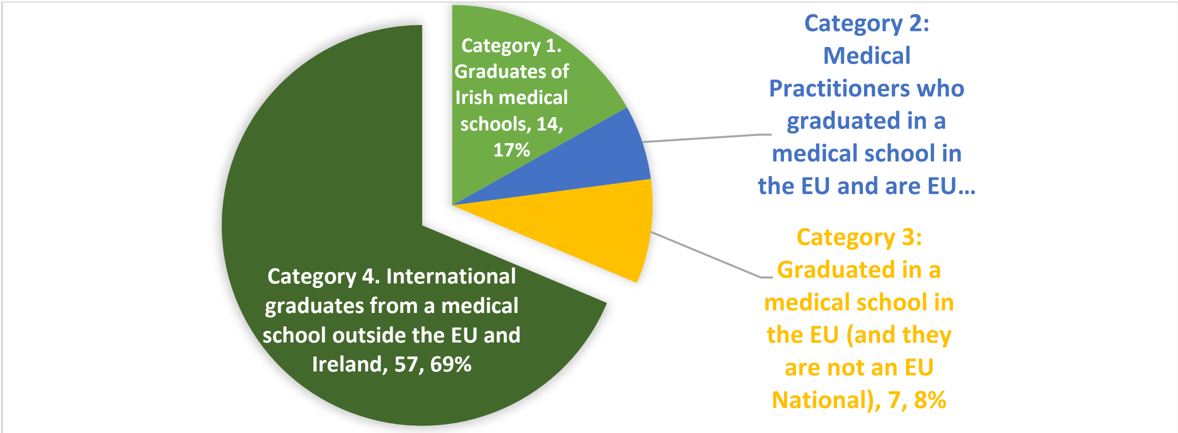
"The reason for my withdrawal is because I work for a research institute in Norway now."

"I am working towards a PhD and will be based in the UK for the next three years. I will not be practicing medicine in Ireland during this time."

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

In total, 83 doctors reported withdrawing from the General Division of medical practitioners due to limited career progression opportunities available. The majority of respondents withdrawing were International medical graduates (N = 57) and had an average age of 35.9 years (SD = 7.01).

Figure 53. Breakdown of those reporting leaving the register due to reported limited career progression by region in which BMQ was obtained



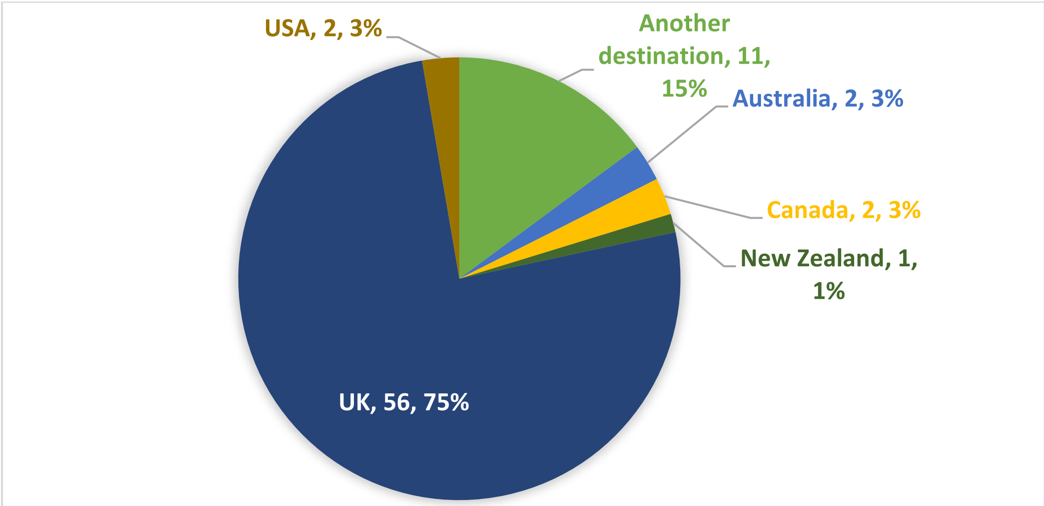
Of those who withdrew due to reported limited career progression, 74 wished to practise in another country.

Table 67. Reasons for withdrawal in doctors who cited limited career progression as their reason for withdrawal from the register in 2020

Reason for withdrawal	Frequency	Percent	Cumulative Percent
You wish to practice medicine in another country	74	90.3%	90.3%
You have some other reason for withdrawing	8	9.7%	100%
Total	**82**	**100%**	

Of those who wished to practise abroad, the UK was the most commonly selected next jurisdiction of practice.

Figure 54. Next jurisdiction of practice for those wishing to withdraw due to limited career progression



As in previous years, respondents highlighted a perceived lack of opportunities to progress. Some used the opportunity to air their dissatisfaction with workforce planning and training/employment opportunities.

"As a non-EU citizen, I have limited career opportunities in Ireland."

"I feel that there is a systematic prejudice which exists, particularly in [training body] to limit fair and equal training opportunities. Apart from that the realistic options for consultancy are limited, especially in the major centres."

"The number of places on the [speciality] HST scheme is very limited in Ireland. I was unable to get a position in Ireland on the HST scheme, but I secured a place on the UK HST scheme. I hope to return to Ireland to practice as a consultant once my training is complete."

"I am a trainee and without going abroad to do a Fellowship, I would not be at all competitive in the recruitment process for a consultant job in Ireland. Without a Fellowship outside Ireland, it is not a realistic option to get consultant employment in Ireland. In addition, I am disappointed with the working conditions in the Irish health system."

"There are >30 trainees in [speciality] at present and dozens who have achieved CSCST in recent years yet there are no consultancy jobs. Poor planning in the Irish healthcare and training systems as well as poor staffing levels and poor training supports are forcing me to work outside of Ireland."

"Very competitive and limited employment opportunities for international doctors in addition to the yearly high financial maintenance fee. I hope to restore my Irish medical license when there will be more employment opportunities available."

Respondents frequently referenced opportunities that they were pursuing after withdrawal;

"I am voluntarily withdrawing my name from the register as I have accepted a position on a British training scheme."

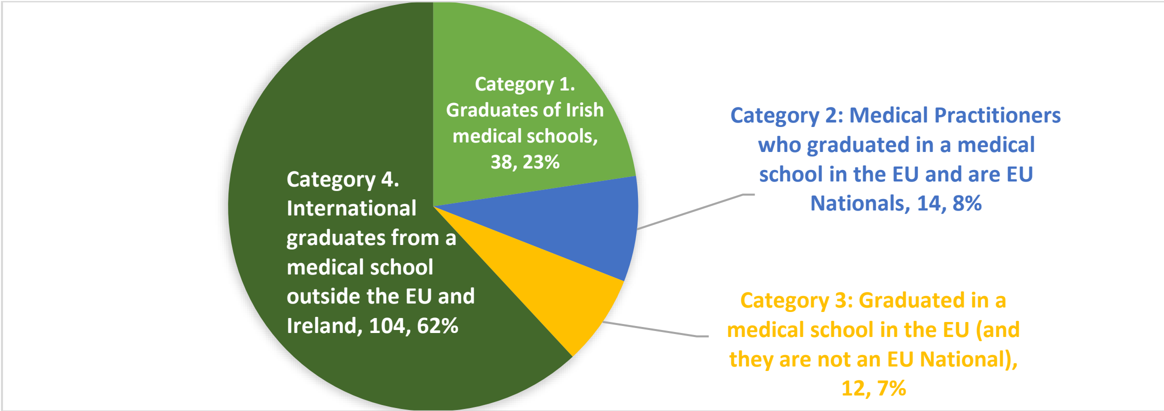
"I have moved to the UK in order to complete training as there are no available consultant posts in Ireland"

"I have got higher specialist training in the UK."

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



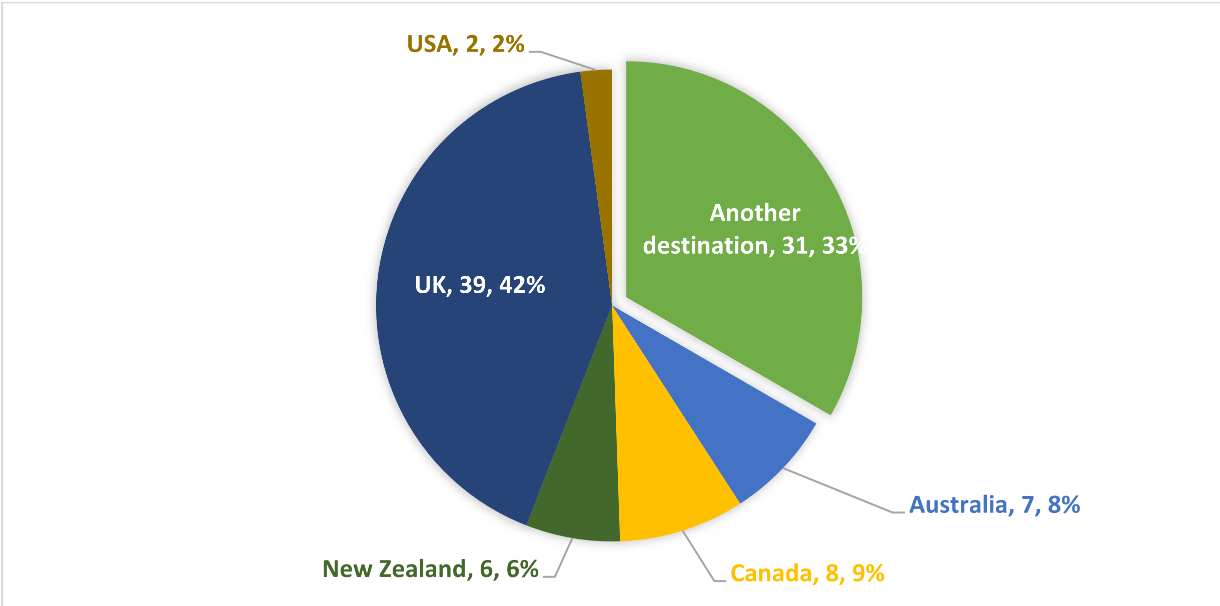
Of those who withdrew due to reported limited career progression, 93 wished to practise in another country.

Table 68. Reasons for withdrawal in doctors who cited other as their reason for withdrawal from the register in 2020

Reason for withdrawal	Frequency	Percent	Cumulative Percent
You wish to practice medicine in another country	93	55.4%	55.4%
You wish to stop practicing medicine	1	0.6%	56%
You have some other reason for withdrawing	74	44	100%
Total	**168**	**100%**	

Of those who wished to practise abroad, the UK was the most commonly selected next jurisdiction of practice.

Figure 56. Next jurisdiction of practice for those reporting leaving the register due to other reasons



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

"I'm enrolling in a Masters in Public health and therefore won't be able to practice medicine during that period"

"Better training opportunities within a smaller fixed area in the UK"

"I am on a training scheme in Ireland and as part of the SpR scheme, I am spending a year working in London. After that, I may spend further time in London to do research. Therefore, I do not require medical registration in Ireland this year as I will not be working here. I intend to re-register with the council when I return to Ireland."

"For the purpose of gaining experience and travel, with the intention of returning to Ireland to train"

"I have moved to Australia for some adventure and change of scenery. I intend to work here for a couple of years and then return home."

"I have moved abroad for a year to enjoy the weather and the experience of another medical system with my wife. We look forward to coming back July 2021."

Financial reasons also featured in the responses along with maternity leave as previously described. Given the current climate, international events of Covid-19 and Brexit featured prominently as reasons for withdrawal.

"I was planning to return to work in Ireland as a [role]. However the combined effects of Brexit and Covid-19 mean that this option is now unrealistic. I am therefore now planning to remain in the UK. May I take this opportunity to thank all at the Medical Council for assisting in my registration to date."

"Due to the current COVID-19 pandemic, it has been difficult getting offers so therefore, l would like to use the opportunity to get an MSc degree in Public Health."

"Covid-19 management in Australia means I am not allowed to travel overseas, hence I am unable to work in Ireland till the travel situation is stable. I would like to suspend my registration pending the Australian Government travel ban regulations being resolved. Current Government advice is that travel to Europe from Australia will not be allowed for at least the next 12 months."

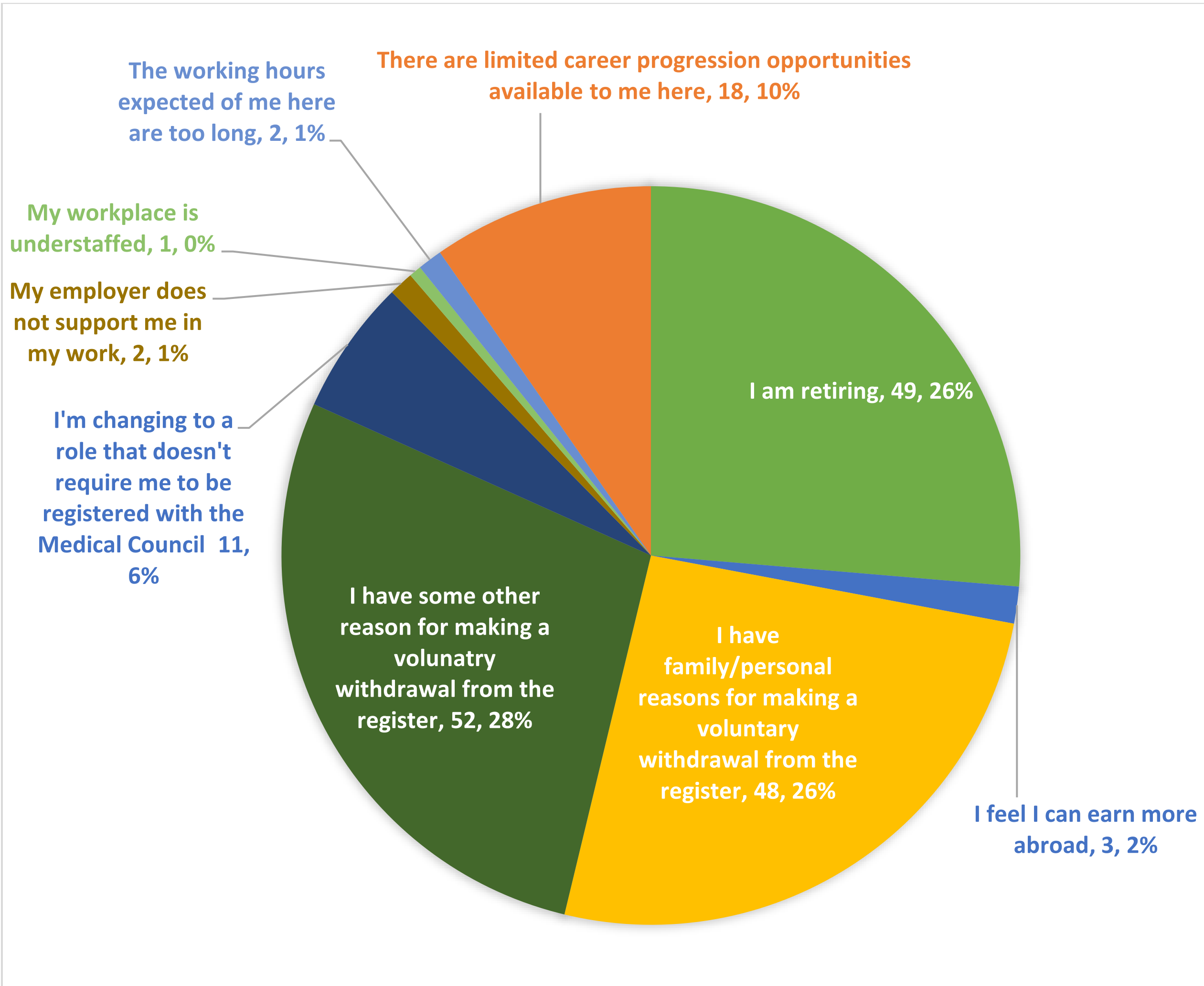
"I live in Australia and am uncertain as to when I can return to Ireland to work with the Covid pandemic still limiting international travel"

"I am currently working in Pakistan with world health organization and is actively involved in the Control of COVID Pandemic. My organization demands me to carry on with it and help my native population"

Voluntary withdrawal from the Specialist Division

A total of 186 respondents withdrew from the Specialist Division. When reasons for leaving the Specialist Division in 2020 were examined, family/personal reasons, retirement or other reasons provided through qualitative feedback were cited most commonly.

Figure 57. Reasons for leaving the Specialist Division cited by doctors 2019



‘Workplace issues’

In total, 5 respondents reported leaving the Medical Council Specialist Division due to challenges with their workplace/employment conditions, with a mean age of 37.4 years (SD = 2.19)

Three qualitative responses from doctors citing workplace challenges were received. The respondents highlighted issues with support;

“Throughout my training in Ireland I have worked gruelling hours in stressful and often unsafe working conditions. I had become demoralised to the point where I considered leaving medicine as a career. I do not want to work in Ireland as a consultant and so I have emigrated to New Zealand where I can have a sustainable work life balance and enjoy being a doctor.”

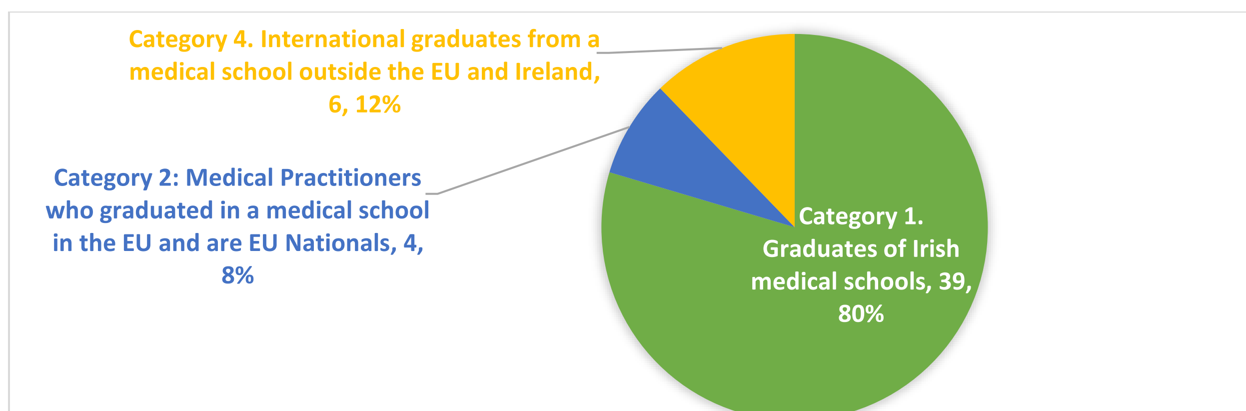
“The HSE's committed and sustained policy of frustrating doctors' attempts to provide patients with the care they need, as well as the HSE's deliberate policy of unfairly underpaying new entrant consultants has made working abroad a preferable option.”

“I will be not available to work abroad because of "Covid-19" crisis. My hospital is understaffed and recent history of work obligation in my country (Croatia) puts me in an unpredictable situation. Thank you for understanding!”

‘Retirement’

There were 49 doctors who reported leaving the Specialist Division in 2020 due to retirement. Most retirees were Irish graduates (N= 39, 79.6%). This group of doctors had a mean age of 68.22 years (SD= 6.32).

Figure 58. 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 practice as a reason for leaving the register.

“I re-registered to help with the national Covid19 response. As things have settled I am retiring again I retired in 2019 and did renew my membership last year but I have not been involved in any medical work in the past year so I did not see the value in continuing to pay such a large sum of money. I also will have difficulty in the current climate to meet CPD requirements”

“am over 60 , have some health issues and am retiring as i no longer feel comfortable working in the covid climate we are currently in.”

“I am aged over 70 ---retired from GMS;---would consider part-time work but Covid pandemic rules that out at present;-----may consider re-registering but presently the expense of ongoing registration without prospect of work makes no sense.”

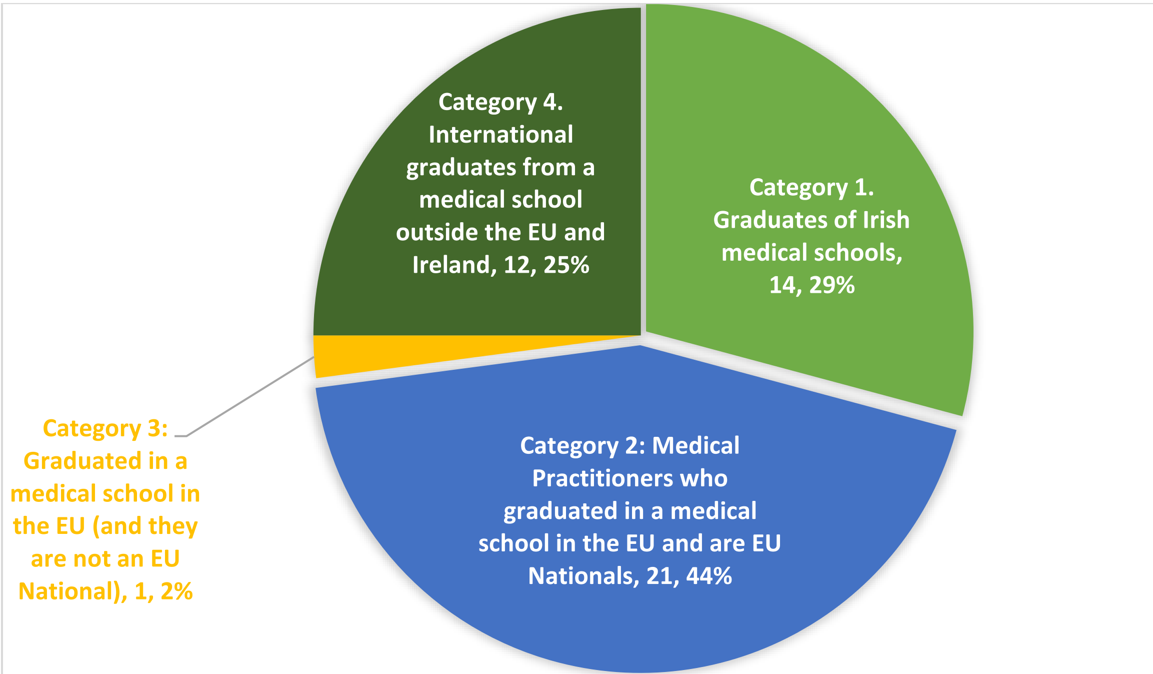
“Was thinking of retiring in late 2020 when I would have completed 50 years [in role]. The Covid 19 pandemic has brought forward the decision.”

Health issues were also cited as reasons for withdrawal.
“I have retired from medical practice on health grounds”
“I also wish to voluntarily withdraw on the grounds of ill health”
“unable to practice because of critical illness and therefore retired.”

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

In total, 48 doctors reported leaving the Specialist Division of medical practitioners due to family or personal reasons. Almost half (43.8%) 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 59. Breakdown of those reporting leaving the register due to family/personal reasons by region in which BMQ was obtained



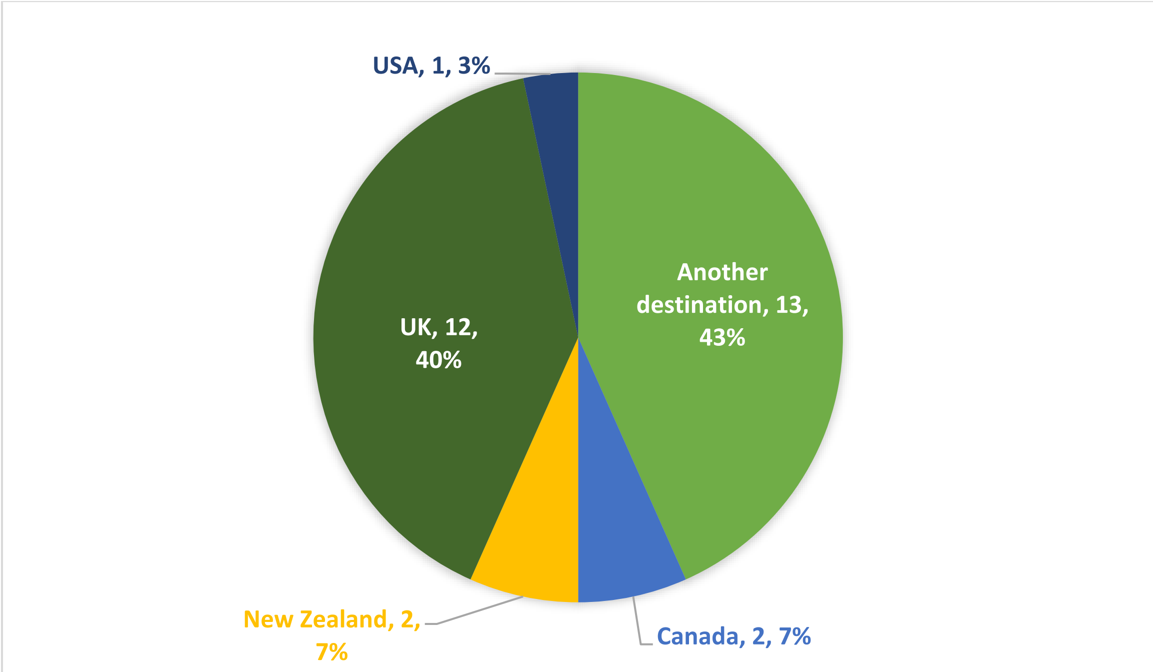
Of those who withdrew due to family/personal reasons, 30 wished to practise abroad.

Table 69. Reasons for withdrawal in doctors who cited family/personal reasons as their reason for withdrawal from the register in 2020

Reason for withdrawal	Frequency	Percent	Cumulative Percent
You wish to practice medicine in another country	30	62.5%	62.5%
You wish to stop practicing	2	4.2%	76.7%
You have some other reason for withdrawing	16	33.3%	100%
Total	**48**	**100%**	

Over one third (40%) of those who wished to practise abroad, wished to do so in the UK.

Figure 60. Next jurisdiction of practice for reporting leaving the register due to family/personal reasons



Family members and their care across the lifespan emerged from the qualitative data reported, as would be expected in this category. Maternity leave was referenced specifically in responses;

“Moving abroad due to husband’s work but do not plan on practising while living outside Ireland.”

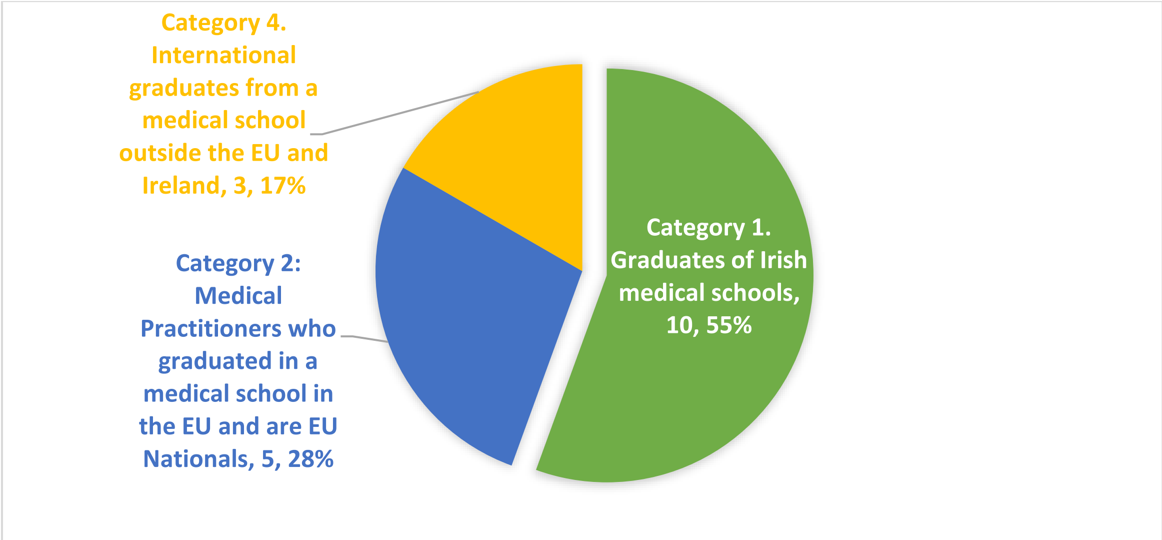
“My husband is training and is moving to Scotland to do a MD there.”

“I'm going on maternity leave next week. Please re-register me in January 2021 please.”

‘There are limited career progression opportunities available to me here’

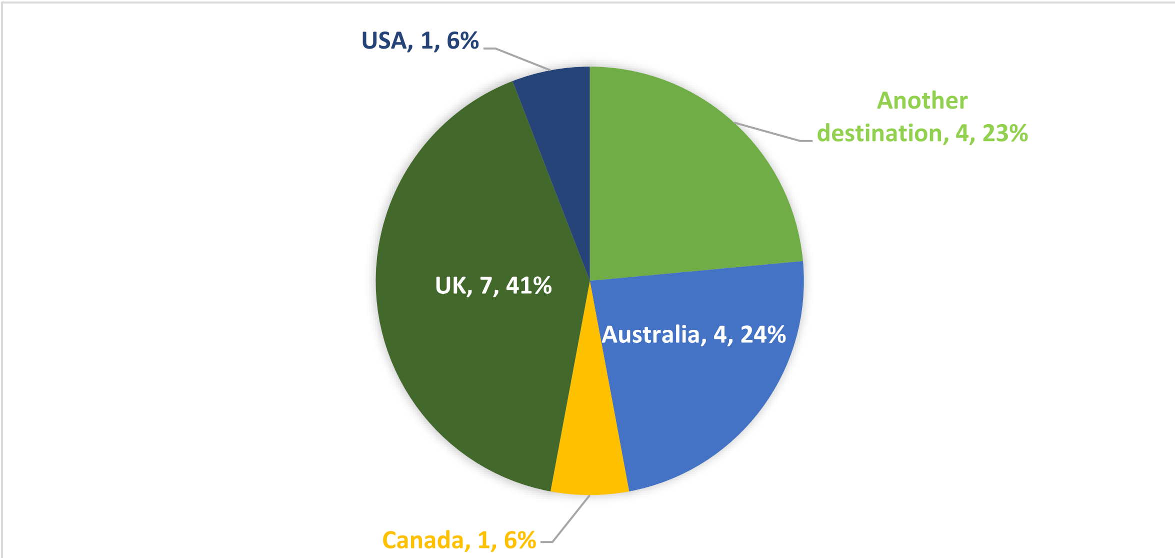
In total, 18 doctors reported withdrawing from the Specialist Division of medical practitioners due to limited career progression opportunities available. The majority of respondents withdrawing were Irish graduates (N = 10) and had an average age of 38.11 years (SD = 3.82).

Figure 61. Breakdown of those reporting leaving the register due to reported limited career progression by region in which BMQ was obtained



Predictably, of those who withdrew due to reported limited career progression, 17 of the 18 wished to practise in another country. The UK was the most popular destination among these respondents.

Figure 62. Next jurisdiction of practice for those leaving the register due to reported limited career progression



Respondents primarily used the opportunity to detail relocating for an opportunity abroad, while others described a perceived lack of opportunities available to them in Ireland. Two respondents specifically referenced pursing a fellowship as their reason for withdrawal.

"No consultant job."

"Better work life in Australia - more staff, shorter hours, better facilities and better pay. I am qualified to work as a medical oncologist in Ireland. No consultant posts are available currently. The department

I am working with in Australia are supporting me to continue ongoing work in with them. I would preferentially return to Ireland at this point however due to lack of opportunity I have been left with no choice."

"Due to the Public only contract and limited positions available to me in Ireland, I decided to continue on my career in Australia following my fellowship. I have been working here since that point, and as I have now been entered on their Specialist Division, I have committed to residing in Australia long term."

"I am currently doing my fellowship in the United Kingdom. I hope to only temporarily voluntary withdraw my registration until I get a consultant post in Ireland"

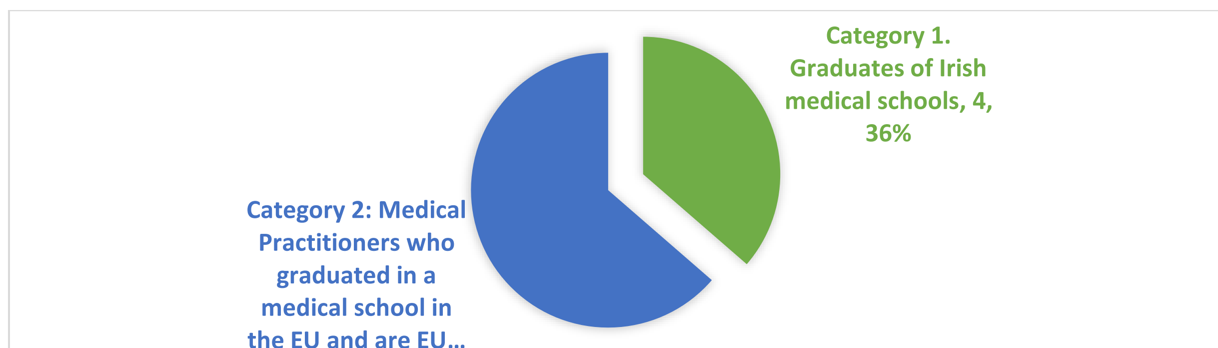
One respondent detailed their frustration and perceived betrayal at the Irish system;

"To be honest, I felt betrayed and disappointed by the Irish system. I have completed my medical school, internship and 2 years BST in Ireland, became a registrar since 2010, went into full time research and received an MD, served Ireland for nearly 13 years, and yet because i am a non-EU, I am treated as if I have only arrived in the country yesterday"

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

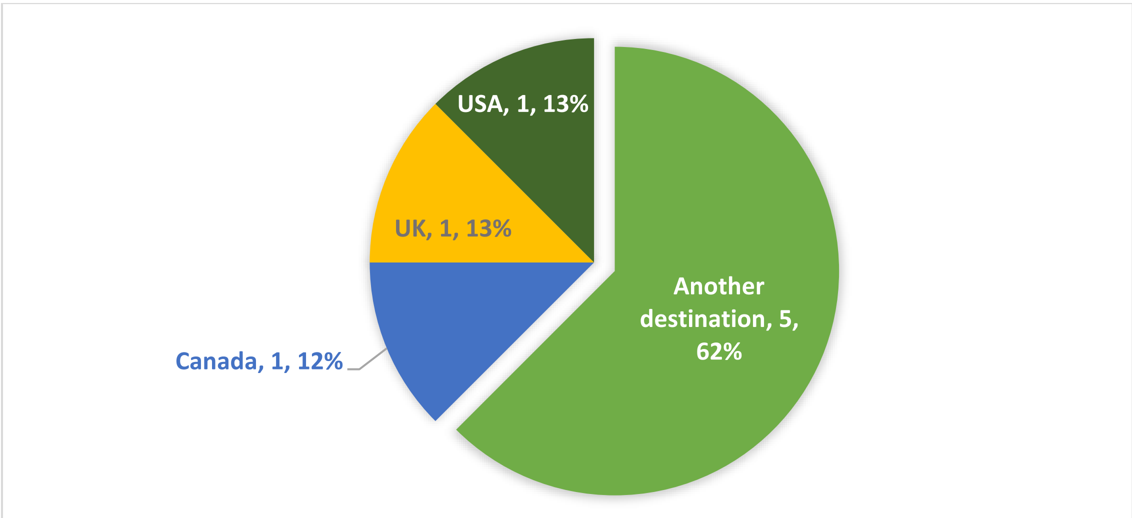
11 doctors reported withdrawing from the Specialist Division of medical practitioners due to taking up a role that did not require them to be registered with the Medical Council. The majority of respondents withdrawing were EU graduates from EU schools (N = 7) and had an average age of 45.27 years (SD = 11.34).

Figure 63. 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, 8 wished to practise abroad.

Figure 64. Next jurisdiction of practice for those leaving the register due to changing to a role that doesn't require Medical Council registration



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

"Fellowship post in the UK - career progress"

"Now working in [senior academic role] with no clinical practice."

One respondent referenced Covid-19 and their health concerns as their reason for withdrawal;

"In view of Covid and my underlying health issues, I am unable to continue working in an acute hospital/medical setting."

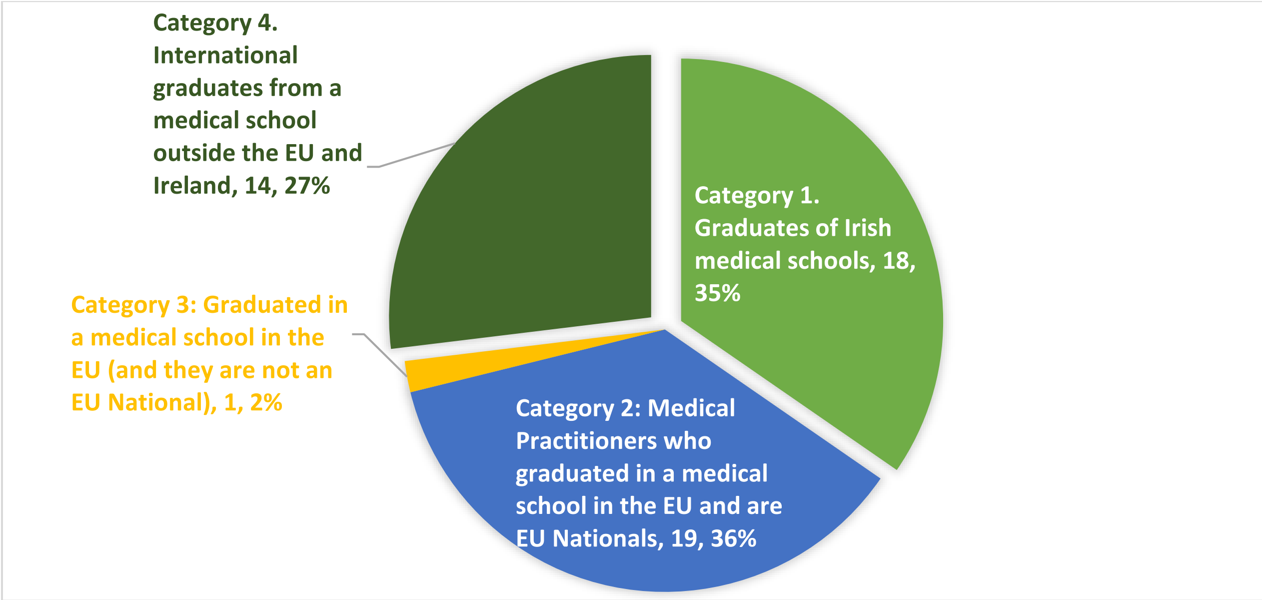
One respondent expressed regret that there was not an option to maintain a non-practising form of registration;

"As unfortunately there is not a "latent status" that allowed me not to pay a reduced fee maintaining me registered I prefer not having to pay it this year because I will just practice in my country by now."

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

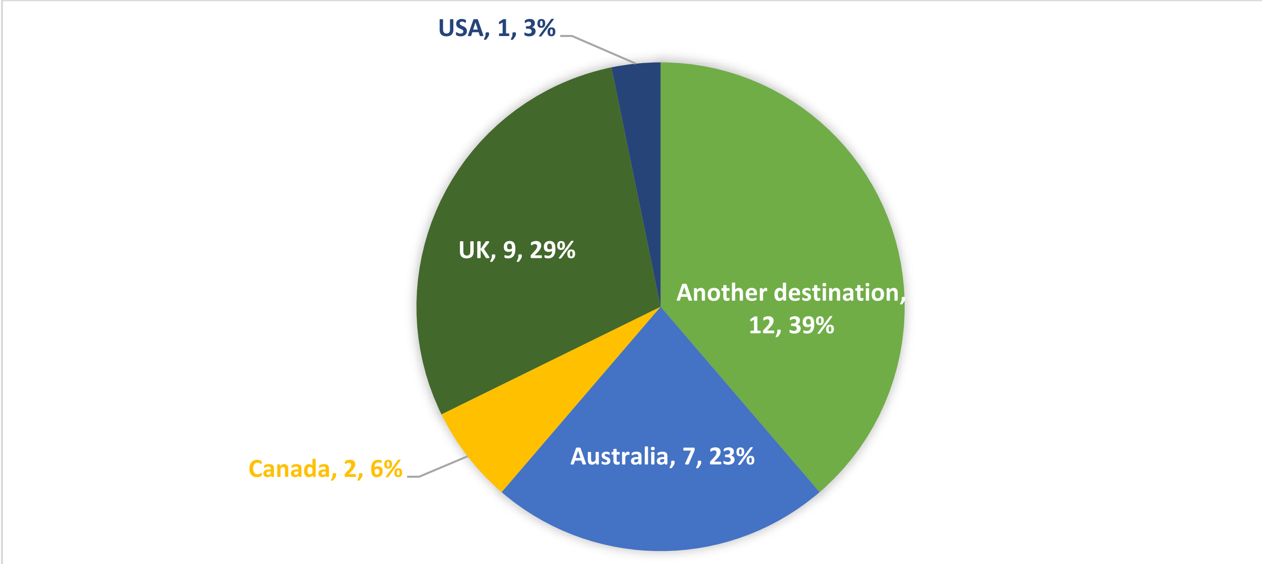
In total, 52 doctors reported leaving the Specialist Division of the register of medical practitioners due to some other reason. The majority of respondents withdrawing were EU graduates from the EU and had an average age of 45.02 years (SD = 11.57).

Figure 65. 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, 42 wished to practise abroad. The most commonly selected destination was the UK (N = 9, 29%).

Figure 66. 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.

"Working abroad for the foreseeable future. Will re-register if and when i return to Ireland."

"I am currently working as a GP in the UK. My wife is a doctor and is completing her training here."

"I have moved abroad for a year to enjoy the weather and the experience of another medical system with my husband. We look forward to coming back July 2021."

"No other option to remain on register whilst practising overseas"

Additionally this year, COVID-19 and travel restrictions were referenced as a reason for withdrawal.

"i had retired, went back on the register for Covid but was not needed. No reason to remain on register now"

"I re-registered as a Covid volunteer & wasn't needed. I'd have failed the handwashing and putting on PPE course anyway!"

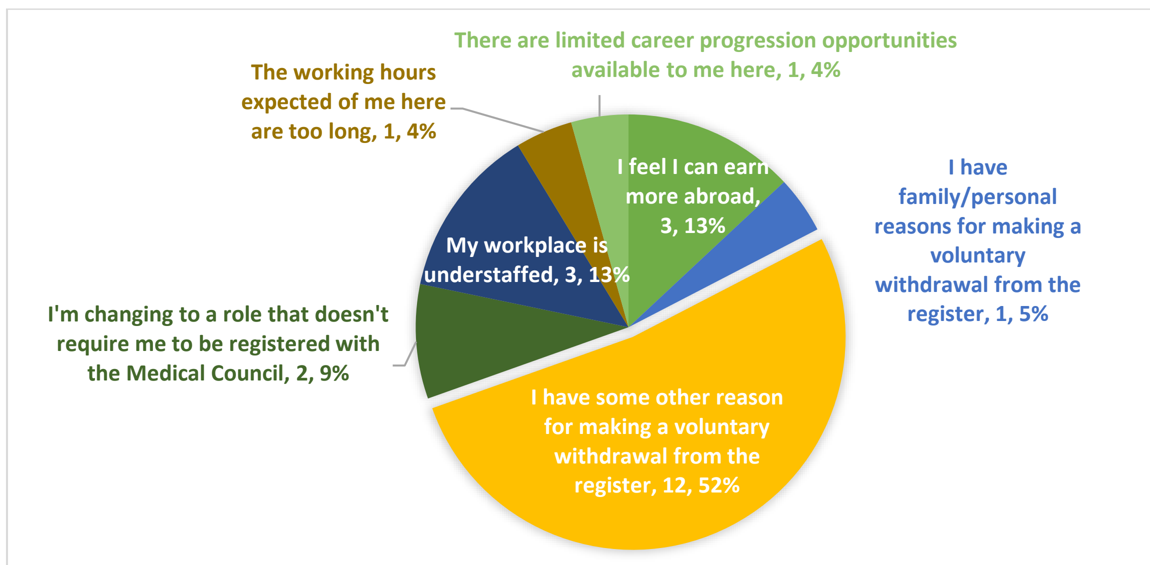
"Covid Pandemic will not allow me to work as a Doctor in Ireland since I am living in Spain and flight to Ireland to work from time to time. So I can't be sure what is going to happen specially since the Irish Authorities make people coming from foreign countries to self-isolate."

"Due to the pandemic and the travel restrictions. I plan to register again when things go back to normal."

Voluntary withdrawal from the Intern Division

A total of 23 respondents withdrew from the Intern Division. When reasons for leaving the Intern Division in 2020 were examined, family/personal reasons or other reasons provided through qualitative feedback were cited most commonly.

Figure 67. Reasons for leaving the Intern register cited by doctors 2020



All of the qualitative responses received detailed doctors who were intending to relocate in order to practice

"I am intending to practice in Australia and am in the processing of registering with their medical council"

"I am intending to continue practising in Australia."

"I've very much enjoyed my time working in Ireland, it was a decision to go home and practice medicine in Canada where I grew up rather than any issue with the Irish system. Thank you so much for the opportunity to practice medicine in Ireland, it's been a privilege."

Two of the respondents expressed a desire to return to Ireland in future.

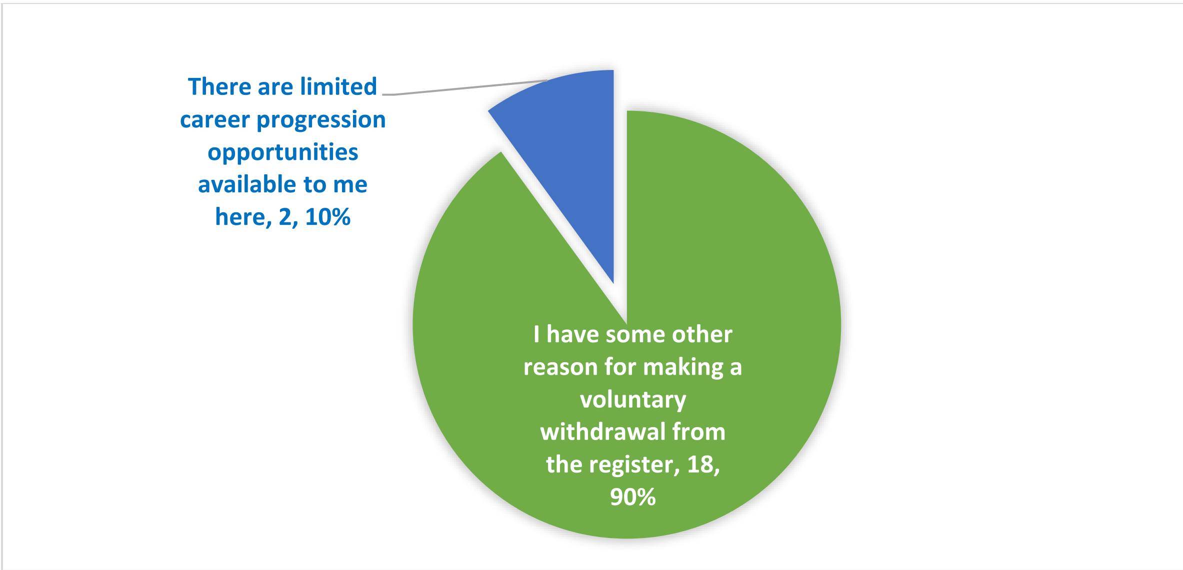
"I intend to temporarily practice in Australia for 12-24 months & will return to train at home in Ireland following this."

"Working abroad for 1-2 years, I intend to re-register once I return to Ireland. Withdrawing from Irish registration purely to save money on registration fees. Some facility to pause or temporarily suspend registration would be useful for people in this situation or similar."

Voluntary withdrawal from the Supervised Division

A total of 20 respondents withdrew from the Supervised Division of the register in 2020. When reasons for voluntarily withdrawing were examined, family/personal reasons or other reasons provided through qualitative feedback were cited most commonly.

Figure 68. Reasons for leaving the Supervised register cited by doctors 2020



Within the qualitative feedback, COVID-19 was the most frequently cited reason for withdrawal in this group. This was due to a cease in training, travel restrictions or filling home country service needs.

"I need to hold the training due to COVID 19 pandemic issue as my country government advised us to hold the training and go back to our country

"Due to COVID 12 situation, my training was suspended, and I was required to return back to my country. I am planning to resume my training in September 2020"

"Because of COVID19 pandemic, i am back home and airports are closed"

"Due to COVID - 19 pandemic, I have been called back to serve in frontlines. Therefore it's more of temporarily withholding and hoping to re- start soon"

"Due to coronavirus my scholarship was temporarily suspended and i have returned to my country. I may be requested to resume the programme once they lift the travel restrictions."

As in previous years, a number of respondents detailed withdrawing from the Supervised Division of the register following the completion of their training.

"I came as part of scholarship programme in Ireland, its duration is 2 years which started in 2018. I completed my training now and i am obligated to leave Ireland."
"I was on HSE-CPSP scholarship program for my two years training. I'm returning back home. I'd restore my IMC registration if I plan to come back in the future.   Thanks"

Voluntary withdrawal from the Trainee Specialist Division

A total of only 4 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 2020 were examined, family/personal reasons or other reasons provided through qualitative feedback were cited most commonly.

Two respondents cited leaving to pursue fellowships and the remaining two referenced maternity leave.
"Going abroad on fellowship for specialist training, not available here in Ireland"
"Moving abroad for fellowship. I will re-register if I return.
"I am currently on maternity leave, which will be followed by unpaid leave and accrued annual leave, meaning I likely will not return to practicing until 2021, where reapplying for the register in Jan 2021 would be a better financial option."
"Starting maternity leave. Will rejoin in 2021."

CONCLUSION

Conclusion

This report presents an analysis of the registration data focusing on numbers retaining registration and those exiting the register. This provides a unique data set that can be used by government and other key stakeholders to inform future health and medical workforce policy and programmes.

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

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

The COVID-19 pandemic has had a significant impact on the health sector from both a health service delivery and medical workforce perspective. The Medical Council was quick to respond to implementing medical regulatory changes to align with Government policy and action. This included the establishment of the COVID register, providing professional conduct and ethical guidance, reducing the monitoring and maintenance of professional competence requirements.

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

There is a continued, extreme reliance on non-training posts and doctors trained in other jurisdictions, with little opportunity for progression for these doctors, feeding into the cycle of poor retention. While doctors will always travel for the sake of travel and to gain experience, the Irish health system needs

to be an attractive prospect to return to. The previous limitations on access to higher specialist training, through provisions of the Medical Practitioners Act, were viewed as a deterrent to doctors seeking to come to Ireland and to stay long-term. The Council has actively pursued a change to this practice, with a view that registration on the General Division should be the benchmark for being able to apply to a higher specialist training programme.

The Regulated Professions (Health and Social Care) (Amendment) Act 2020 amended the five health professional regulatory Acts, including the Medical Practitioners Act 2007 (the Act). This contains a key amendment to address some retention concerns. Section 100 of the Regulated Professions (Health and Social Care) (Amendment) Act 2020 amends section 48 of the Medical Practitioners Act: (Medical practitioners to be registered in Trainee Specialist Division). A medical practitioner is now eligible to be registered on the Trainee Specialist Division if the medical practitioner meets the requirements of section 45 (Registration of medical practitioners — general); has a general or specialist qualification; and has a training post which has been approved by the Council for medical specialist training.

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

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

Supply and Demand Forecast

In a report compiled by the HSE NDTP (2020), it was observed that there is a need for a considerable increase in the numbers of medical consultants/specialists and trainees across the health system. A potential increase of 42% to consultant and specialist numbers by 2028 is forecast to be required in order to meet the estimated demand. This estimation includes an increase of approximately 53% consultants working in acute hospital-based specialities. In order to meet this level of staffing in the system, a 38% increase in trainees across all specialities, excluding General Practice, will be required over the next 5 years. With respect to General Practice, the HSE acknowledge that is 'unique in its requirements for a substantial growth in trainee numbers in order to move towards policy changes advocated within Sláintecare' (p. 31). General Practice numbers are estimated to require growth to a future number of 5,649, in order to roll out universal free GP care, representing an increase of 32%. This would require an increase from approximately 200 to over 500 trainees in General Practice over the next 5 years, not accounting for doctor emigration. Furthermore, the report details that, depending on the success in implementing Sláintecare and the roll out of 'Universal free GP care', a 42% increase in GPs may also be required. It is also detailed in the report that the number of consultants in acute hospital specialities could potentially have to rise by 53% to meet demands in 2028. This is with a view to implementing sustainable, consultant-led and delivered care in Ireland.

NDTP has proposed in their 2020 report, drawn from their stakeholder engagement, that increasing consultant numbers in line with projections and extending consultant presence outside of core working hours could be achieved through conversion of non-training posts into consultant posts as more consultant-delivered models of care are introduced into the health service to meet this need. An increase in consultant-delivered healthcare could also improve training resources and support for trainees, modelling professionalism in a modern health service and providing appropriate scaffolding to growth within SPR roles.

These figures, while disheartening, will not be a surprise to many involved in planning, regulating and providing healthcare delivery in Ireland, reflecting findings of previous reports. In response to these challenges the government has sought to address workforce challenges through Sláintecare, the ten-year programme to transform our health and social care services. "Strategic Action 9: Building a sustainable, resilient workforce that is supported and enabled to deliver the Sláintecare vision" in particular is very relevant in directly addressing the concerns within this report. This strategic action would see increased career and role flexibility, adaptability, mobility and more efficient training. "Workstream 3: Teams of the Future" as part of the implementation plan will be particularly impactful if supported appropriately in practice. This workstream is centred on planning, building and supporting a health and social care workforce which can deliver on the Sláintecare reform programme, as well as

initiatives which promote innovation, participation and the creation of a supportive work environment. The Workforce Planning Programme (3.1) and Culture Change and New Ways of Working Programme (3.3), when fully operationalised, will ensure that the right teams are available, at the right time, to deliver on the clinical and service objectives of Sláintecare reform. It is set out that effective short, medium, and long-term workforce planning will be undertaken to ensure that new models of care are properly planned in order to deliver integrated care. Targeted recruitment and retention initiatives will also be scoped and commenced, which is to be welcomed when data contained herein is considered.

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

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

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

Recommendations for action

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

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