

Medical Council Opening Statement to Joint Oireachtas Committee on Health, 9th October 2019

Chairperson and members, firstly I would like to thank you for this opportunity to address the Committee today. As the chairperson said, my name is Dr Rita Doyle and I am the President of the Medical Council. I am joined here today by our CEO Mr Bill Prasifka, and our Research Manager Ms Janet O'Farrell.

The Medical Council is the statutory body which is responsible for the regulation of doctors within the Republic of Ireland.

The Council works to ensure that medical education, training and lifelong learning is benchmarked against the highest international standards.

Standards for undergraduate and postgraduate training are set by the Council, while we also require doctors to maintain their professional competency through updating and maintaining their professional skills on an ongoing basis.

The Council provides guidance to doctors on matters relating to conduct and ethics through its Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

The Medical Council is also where the public may make a complaint against a doctor. Fitness to practise inquiries and complaints are dealt with in accordance with rules, fair procedures and direction from the Courts.

In summary, the key objective of the Council is to protect the interests of the general public in their interactions with registered medical practitioners while also supporting these doctors.

As 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.

Following the 2016-2017 Workforce Intelligence Report which was launched in April this year, last week we published the Medical Workforce Report for 2018. This included a deep-dive into the data, describing demographics of those retaining and withdrawing from the register of medical practitioners in 2018, to inform workforce planning and ultimately improved patient care and safety in Ireland.

There is a continued overreliance on foreign-trained doctors, as evidenced by the continued increase in the General Division of the register. The practical and cultural challenges within the Irish health system need to be addressed, in tandem with an increase of appropriate health practitioner supply. Otherwise, these problems will escalate.

A year-on-year decrease in applicants to the register has been observed between 2016 and 2018. Simultaneously, the number of those who voluntarily withdrew their registration between 2014 and 2018 increased year-on-year, with a net flattening impact on the register. Comprehensive and co-ordinated workforce planning is necessary to determine requirements to put the right doctors in the right place with the right qualifications.

The research findings establish that while we train a significant number of doctors, this needs to increase to ensure we have a sustainable medical workforce into the future. Ireland has been replacing the doctors in the system rather than changing the system itself, which is notable through the

feedback received from doctors leaving the register. We need more attractive working conditions and increased opportunities to enter medical training programmes in order to guarantee substantial, high-quality workforce recruitment and retention, both short-term and long-term.

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

New entrants to the register

In 2018, there were 2,190 doctors who enrolled on the Medical Council register for the first time. The primary growth reported was in the General Division of the register. Most new entrants to the register were on the General Division and educated outside of Ireland. Doctors from countries outside of the EU cumulatively contributed more new entrants to the Irish register of medical practitioners than Ireland.

NCHDs were the most prevalent group of doctors registered, with 7,800 on average in the system, an increase of 6.6% since 2017. 46.1% of NCHDs were in training, while the remaining 53.9% occupied non-training posts.

Choosing to retain registration

20,109 doctors with an average age of 44.5 years retained their registration. 86.9% of these doctors were on the General and Specialist Divisions of the register. The majority of those retaining their registration were male and were Irish graduates. It was also self-reported that for every two hospital consultants there were three NCHDs on the register.

Non-retention of registration

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

Voluntary Withdrawal

In 2018, there were 1,453 voluntary withdrawals recorded, representing a 37.9% increase on 2017's figure.

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

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

For those who left due to workplace issues, resourcing and lack thereof was cited, however, the lack of appreciation and value placed on the work and perseverance of doctors in such circumstances was a contributing factor. The consequent personal impact of excessive hours and lack of support also raised significant challenges not just to morale but also to patient safety.

Most registrants reporting leaving due to limited career progression planned to pursue available opportunities in the UK. In particular, the UK was cited as a jurisdiction that welcomed doctors and was willing to support and train them.

Respondents reported accessing a training scheme as a significant barrier to career progression. The standards set for admission to schemes was perceived as variable, compared to the international context. For those educated internationally, or possessing international experience, gaining employment at consultant level, on the Specialist Division in Ireland, was reported as a significant challenge also. This reflected recruitment and retention challenges at the most experienced level of the medical career trajectory.

In total, 320 doctors reported leaving the register for family or personal reasons. International graduates from a medical school outside the EU and Ireland made up half of this group, while medical practitioners who graduated from a medical school in the EU and were EU Nationals made up an additional quarter of this group. The majority of respondents leaving due to family/personal reasons were leaving the General Division of the register. However, just over one in five doctors leaving the register for these reasons were specialist registrants. Some of those leaving explicitly cited the incompatibility of long working hours with the demands of family life.

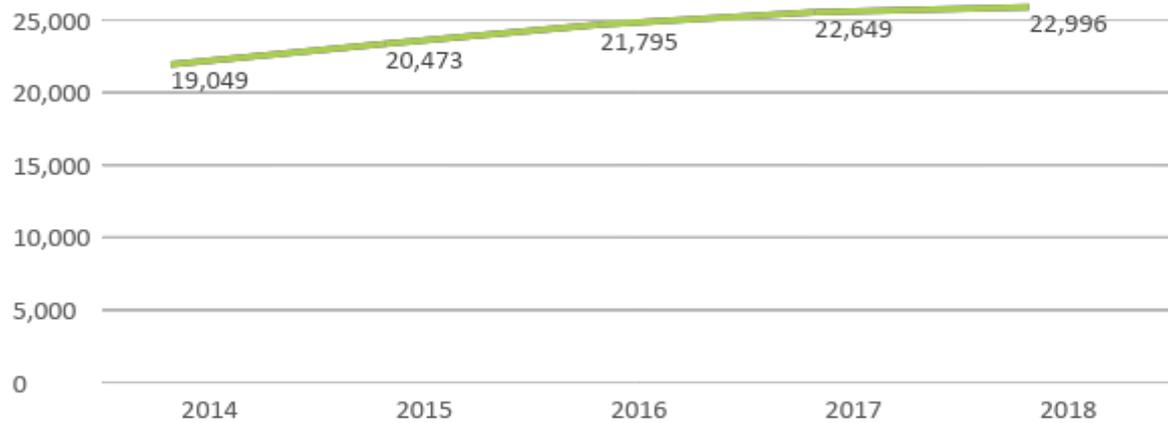
Family members and their care across the lifespan was a strong theme that emerged from the qualitative data reported, as would be expected in this category. In particular, maternity leave was cited ten times in the data. The demands of balancing both home and medical professional practice was made explicit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

Through evidence-based, data-driven reporting, we can provide this continuing national picture of the medical workforce in Ireland, identify trends, highlight areas of concern and make suggestions on how to address issues.

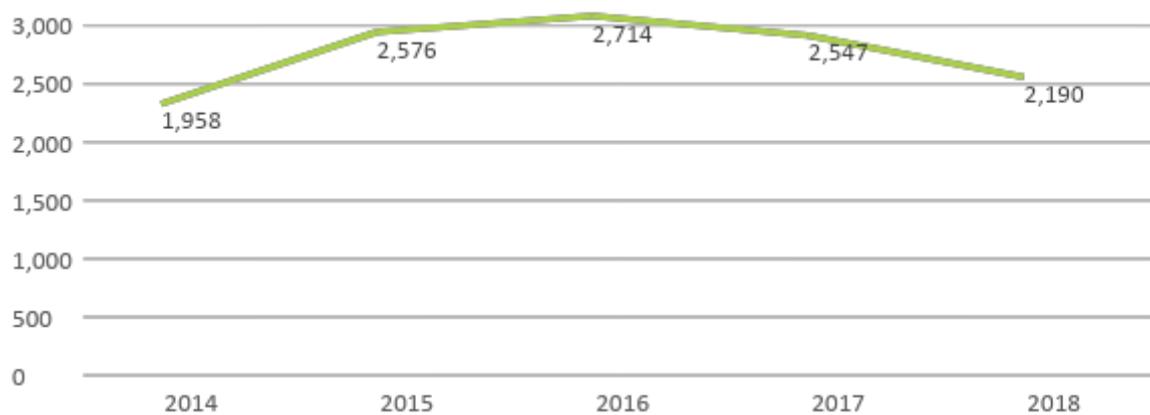
Findings from this report, and other research conducted by the Medical Council, highlight continued trends and concerning insights, which need to be addressed collaboratively by policymakers, educators, planners and employers to effect meaningful change to support doctors and most importantly to protect patients.

Appendix

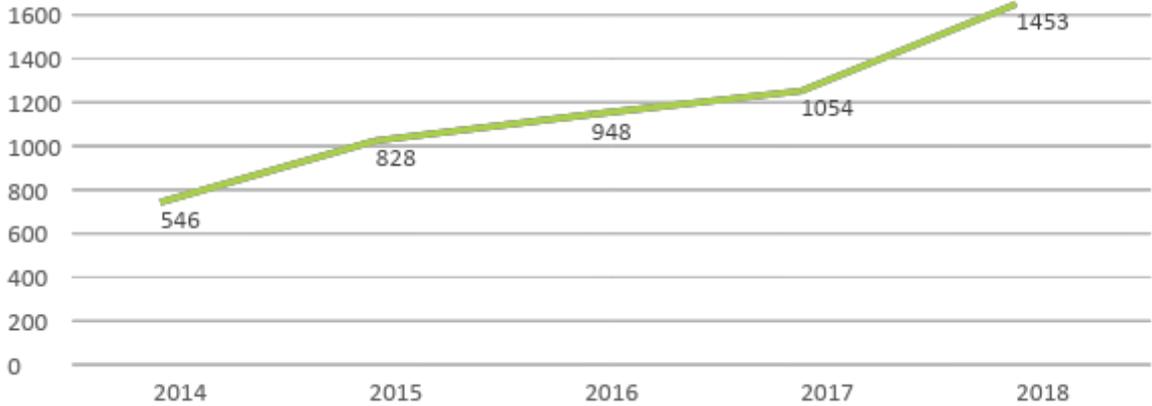
No. of Doctors on the Medical Council Register 2014 - 2018



Applications to Medical Council Register, 2014 - 2018



Voluntary Withdrawals from Medical Council Register, 2014 - 2018



NCHDs in Training vs Non Training

