



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

International Health Care Workers, The Irish Perspective.

Dr. Asam Ishtiaq MBBS FRCSI

President

Irish Medical Organisation.

president@imo.ie

www.imo.ie



Registration Stats for Doctors



Doctors holding full registration:

Irish address	Overseas address	Total
<u>11,757</u>	<u>2,922</u>	<u>14,679</u>
Male	Female	
9,557	5,122	

Doctors holding full registration who qualified in Ireland:	<u>10,689</u>
in an EU country	1,018
under Section 27 (2)(d) Rules.	2,099
in a country with a Section 26 order* <u>or</u> in Queensland, Australia	873

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Health & Medical Education System



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- 43 Acute Care Hospitals for a population of 4 million plus and growing.
- Mix of Public & Private Care
- 45% population covered by private insurance
- VHI, BUPA, VIVAS

Five Medical Schools

- The number of Home/EU **graduates limited to 305 since 1979** by the state through funding restrictions.
- Schools take in the same number as fee paying Non EU Citizens charging commercial fees up to Euro 30K upwards per year.

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Temporary Registration

- Allows time limited opportunity to Non EU doctors to train as specialist but most jobs are junior level jobs.
- Doctors holding current periods of temporary registration in 2005 are **573**.
- Pakistan 155, Nigeria 181, Sudan 93, India 55, Egypt 24, Libya 13, Iraq 11
- Russia, Saudi Arabia, USA, Bangladesh, Iran, Romania, Malaysia, Jordan, Kenya, United Kingdom, Ghana, Zimbabwe, Croatia, Ukraine, Philippines, Moldova, Syria, Afghanistan, Bahrain, Poland, Czech Republic, Morocco, Belarus, Seychelles, Peru, Serbia, Panama, Argentina, Venezuela, Brazil, Albania, Canada, Mexico, Hungary, Channel Islands, Bulgaria, Sri Lanka and Cuba.

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Irish Brain Drain

Career Tracking Study

- The career choices of doctors from two graduation years 1994 and 1999
- Confirmed that medical emigration from Ireland is much higher than other countries such as the UK.
- Over 40% of respondents were working abroad at the time of the study and a significant percentage of these were in training.
- This trend will continue as almost 60% of the 1999 graduates have indicated that they intend to go abroad.

A Career Tracking Study entitled “Factors affecting Career Choices and Retention of Irish Medical Graduates” Commissioned by the MET Group, and undertaken by the Department of Public Health Medicine and Epidemiology, University College Dublin. 2005 www.dohc.ie/publications/buttimer report.

Medical Emigration



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- In another study 93% of interns between March and June 2003 indicated they would go abroad in the future.

Working And Training As An Intern: A National Survey of Irish Interns; Finucane P and O'Dowd T; Medical Teacher, March 2005, Vol. 27, No. 2, pp. 107-113

- There is some evidence of a significant level of long-term or permanent emigration, e.g. a recent study of the 1978 graduates showed that 25 years after graduation 25% were still working overseas.

Medical Graduates of the National University of Ireland in 1978: Who and where are they?; Finucane, Loftus, O'Callaghan; Irish Medical Journal, January 2005, Vol. 98, No. 1; www.imj.ie



Current Reality & Manpower Shortages



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- **Not enough Doctors.**
- The country's ratio of doctors to population is 2.3 per 1,000. (www.irishhealth.com)
- The European average currently stands at 3.5 per 1,000.
- Too many Hospital sites.
- The number of junior doctor posts in Ireland has increased by 48% in the last decade and currently stands at 4,400
- EWTD, Challenges as Doctors are working on average 77 hours week.





We should hang our heads in shame over exploitation of foreign doctors



Dr Mary Henry: We have long known that we were not producing enough doctors for our own needs

Various people have described the Forreell report on medical education as "timely". I incline towards the view that we needed it at least two decades ago. The 1979 cap on medical school places for EU students at 305 was purely for financial reasons. We have long known that we were not producing enough doctors for our own needs and fulfilled service commitments within this country by exploiting doctors from abroad, frequently from developing countries, who had come here for training.

The fact that these doctors, as many told me, failed their postgraduate examinations because they had so little time to study due to service commitments should make us hang our collective heads in shame. I wonder what happened those who had to leave Ireland after their allotted six years here and went back home without a postgraduate qualification.

Most attention has been paid to the suggested changes for entry to our medical schools but the report contains more than this. Firstly, the curriculum is addressed. There is agreement that changes have been made in pre-clinical teaching but I think if I went back into a fourth year medical class I wouldn't find it that dif-



The report recommends that the number of medical students from the EU should be increased to 725 (pic posed)

fer increased to 725, with about two-thirds of these following an undergraduate programme over five years and the other third a postgraduate

flow into Ireland of these students cannot be turned on and off like a tap. We face stiff competition from schools in the UK and courses in English

ing fees, probably €20,000 to €30,000 a year or getting big loans which they will have to repay after graduation, will mean they will need bigger

do so by last September. (I'm sure the increase was due to my suggestion, not serendipity.) Further increases of 45 and 35 are to follow in the next two years, all under the old CAD system which will give time for proper planning. Some people around Leinster House were suggesting she should take a "big bang" approach but I am very relieved she has not. We already take in a limited number of graduates and this could be expanded gradually. By the way, the planned Graduate Entry University of Limerick Medical School was not given the green light by the report, the fact that we had one medical school for 800,000 people as opposed to one per 1.6 million approximately in the UK being noted.

Finally, let me turn to the question of undergraduate entry. It is suggested an aptitude test should be used - which type of test is not really specified, but as many have pointed out the qualities required to be a forensic pathologist and a general practitioner don't seem that close.

An aptitude test has been used in the US (scholastic aptitude tests, SATs) for years. In some 300 universities they are now discarding such tests as useless or only to be used in conjunction with a school's

in both the verbal and mathematical sections, except for Asian Americans who beat all comers by a mile in the mathematical section. (I seem to recall a problem with this in Canadian Universities where it was suggested Asian Canadians would have to be handicapped such were their achievements!) Over the years the scores of the Africans, Hispanic, Latino, and Mexican Americans did not improve much. There was some improvement in the Puerto Rican and American Indian groups but still they were a long way behind the white Americans. I have read many reports on the grind schools for these aptitude tests and I suppose the white Americans being the most affluent in America may be most able to afford to learn how to do these tests.

Some people feel there is a problem in the preponderance of girls entering medical school. There has even been an ignoble suggestion made that using these aptitude tests would disadvantage girls, because they do less well than boys in the mathematical section. Naturally I do not associate myself with such base suppositions, although while I do feel parents should have gender choice I never remember anyone signing and mourning when well over 70 per cent

Nurse Registration Stats 2005

	Female	Male	Active	Inactive	Total
Total	101,141	7,029	85,919	22,251	108,170

Number of Newly Registered Qualifications

	Ireland	EU	Others	Total
General	103	684	2,124	2,911
Psychiatric	30	71	10	111
Children's	113	15	1	129
Intellectual Disability	21	21	0	42
Midwifery	157	51	18	226
Public Health	124	9	0	133
Tutor	22	0	1	23
Total	570	851	2,154	3,575



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Nursing Stats

Changes in Nurse education structures.

Nurses leaving the profession.

Nurses going abroad.

Inactive File		
	2005	2004
Retired	5,730	5,286
Unemployed	723	717
Career Break	1,688	1,657
Working Abroad	4,703	4,566
Other	3,069	3,045
Total	15,913	15,271



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Qualifications & Experience Recognition

- Only Basic Medical/Nursing qualification recognised.
- Awarding institution must be visited and recognised before the medical graduates are allowed to sit TRAS examination.
- Some native country qualifications may be recognised for exemption from entrance exam TRAS.
- IELTS a mandatory requirement for Doctors & Nurses.
- Only UK/IRL acquired qualifications recognised.
- Clinical experience is beneficial but not recognised for final accreditation.





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Interaction between IMO & Policy Makers

Medical Manpower
Forum Report
January 2001.

Report of the
National Task Force
on Medical Staffing
June 2003.
(Hanly Report)

www.dohc.ie/publications

Report
of the
FORUM ON
MEDICAL MANPOWER

January 2001

Report of the
National Task Force on
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June 2003



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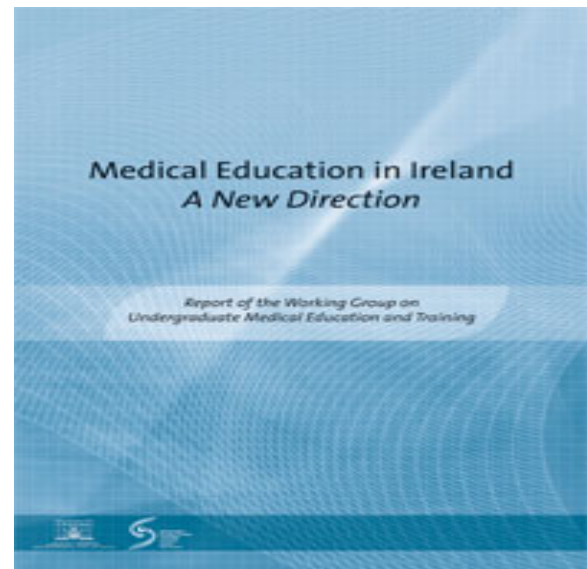
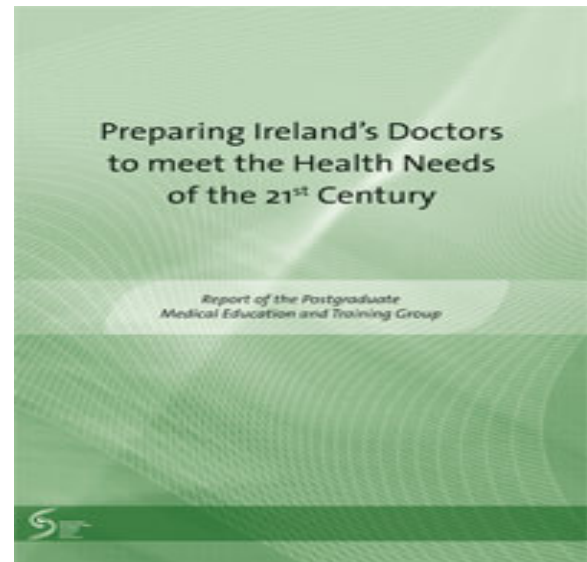
Report of Medical
Education & Training
Group of the Task
Force 2006.

(Buttimer Report)

Medical Education in
Ireland, A New
Direction 2006

(Fottrell Report)

www.dohc.ie/publications



Challenges ahead



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- Meeting the needs of patients.
- Maintaining & enhancing standards of clinical care.
- Meeting the needs of all Doctors training to be specialists.
- Meeting the Manpower needs.
- IMO position paper due this year.

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