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:

<table>
<thead>
<tr>
<th>Irish address</th>
<th>Overseas address</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>11,757</td>
<td>2,922</td>
<td>14,679</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>9,557</td>
<td>5,122</td>
</tr>
</tbody>
</table>

Doctors holding full registration who qualified in Ireland:

- in an EU country: 1,018
- under Section 27 (2)(d) Rules: 2,099
- in a country with a Section 26 order*: 873
- or in Queensland, Australia

www.imo.ie
Health & Medical Education System

- 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.
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.

www.imo.ie
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.

Medical Emigration

- 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

- 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.
Various people have described the Fourier report on medical education as "unprecedented" (Ref.1) and towards the view that we were never properly doing enough for our own needs and maligned service commitments within the country by exploiting doctors from abroad. Frequently from developing countries whose doctors had come here for training.

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

More attention has been paid to the increased pressure for entry to our medical schools but the problems are more than this. Firstly, the numbers addressed. There is agreement that changes have been made in pre-clinical teaching but I think if we went back into a fourth year medical exam a decade to find it daunting.

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

The report recommends that the number of medical students from the EU should be increased to 725, with about two-thirds of these following an undergraduate programme in the first four years and another third a postgraduate programme. This flow in Ireland of these students cannot be turned on and off like a tap. We face staff reduction in schools and hospitals. The flow in Ireland of these students cannot be turned on and off like a tap. We face staff reduction in schools and hospitals.

Antipodean test has been used in this US (scholarship) testing, AAT (Support for overseas, in some 300 universities they are now discussing such tests as means to keep students, will mean they will need bigger class sizes. We found that the increase was due to additional training, it now seems that the increase was due to additional training and the fact that the small number of graduate doctors and this could be expanded gradually.

The fact that we had one medical school for 100,000 people as opposed to one new 1.6 million appointment will not be made.

Finally let me turn to the question of undergraduate entry. It is suggested an antipodean test should be used which is a type of test that is not legally specified, but as many have pointed out the test contains a forensics insight and a general practice test. The new test has been used in the US (scholarship testing, AAT) for years, in some 300 universities it is now discussing such tests as means to keep students, will mean they are better able to function in a clinical setting.

Some people feel there is a problem in the preponderance of girls entering medical school. There has been an ongoing debate on the number of girls, although while I do feel that it is important to ensure that the gender balance is maintained, I will not do anything to change my mind. We have never been anywhere near that position.
## Nurse Registration Stats 2005

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
<th>Active</th>
<th>Inactive</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>101,141</td>
<td>7,029</td>
<td>85,919</td>
<td>22,251</td>
<td>108,170</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Newly Registered Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ireland</strong></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>General</td>
</tr>
<tr>
<td>Psychiatric</td>
</tr>
<tr>
<td>Children's</td>
</tr>
<tr>
<td>Intellectual Disability</td>
</tr>
<tr>
<td>Midwifery</td>
</tr>
<tr>
<td>Public Health</td>
</tr>
<tr>
<td>Tutor</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>
Nursing Stats
Changes in Nurse education structures.
Nurses leaving the profession.
Nurses going abroad.

<table>
<thead>
<tr>
<th>Inactive File</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retired</td>
<td>5,730</td>
<td>5,286</td>
</tr>
<tr>
<td>Unemployed</td>
<td>723</td>
<td>717</td>
</tr>
<tr>
<td>Career Break</td>
<td>1,688</td>
<td>1,657</td>
</tr>
<tr>
<td>Working Abroad</td>
<td>4,703</td>
<td>4,566</td>
</tr>
<tr>
<td>Other</td>
<td>3,069</td>
<td>3,045</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15,913</strong></td>
<td><strong>15,271</strong></td>
</tr>
</tbody>
</table>
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.
Interaction between IMO & Policy Makers

Medical Manpower Forum Report

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

www.dohc.ie/publications
Interaction between IMO & Policy makers

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

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

www.imo.ie