



# EUROPEAN MIGRATION NETWORK

# MANAGED MIGRATION AND THE LABOUR MARKET – THE HEALTH SECTOR IN IRELAND

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# *LIST OF ABBREVIATIONS AND IRISH TERMS*

| | |
|---|---|
| An Bord Altranais | The Nursing Board |
| CSO | Central Statistics Office |
| EMN | European Migration Network |
| DATH | Dublin Academic Teaching Hospitals |
| HSE | Health Service Executive |
| IMO | Irish Medical Organisation |
| IOM | International Organization for Migration |
| ISCP | Irish Society of Chartered Physiotherapists |
| NCHD | Non-Consultant Hospital Doctor |
| NCP | National Contact Point |
| QNHS | Quarterly National Household Survey |
| RCN | Registered Children's Nurse |
| RGN | Registered General Nurse |
| RM | Registered Midwife |
| RNID | Registered Nurse, Intellectual Disability |
| RPN | Registered Psychiatric Nurse |
| TD | Teachta Daila (Elected representative) |
| WTE | Whole Time Equivalents |

# 1. EXECUTIVE SUMMARY

Immigration of health care workers has increased substantially in recent years, particularly among doctors, nurses and midwives. This study will investigate managed migration and the labour market in Ireland focussing on the following areas: medicine, nursing, dentistry, dental nursing, psychology, nursing and midwifery, physiotherapy, pharmacy and chiropody/podiatry.

Section 2.3 locates the discussion within the context of the changing Irish health system. The significant structural changes experienced in the health system in the last five years are described in Section 2.4. Significant trends in the number of people employed in each of the occupations of interest between 1998 and 2004 are discussed briefly. Increased immigration into the health service has resulted in part at least from domestic labour shortages. Medical labour shortages are discussed in detail at Section 2.4.1, in particular the implications of the European Working Time Directive and the feminisation of medical staff in Ireland. Measures introduced to alleviate shortages of nurses, by improving domestic supply, are also outlined.

In Section 2.4.2 the increasing importance of non-Irish workers is considered in medicine, nursing and midwifery, pharmacy, physiotherapy and psychology. The available evidence does not suggest significant immigration into dentistry or dental nursing or chiropody/podiatry.[1]

The methodology of the study is outlined in Section 3 and important caveats regarding the data used in this report are discussed. Section 4 deals with migration policy in the Irish health sector. The legal framework of labour migration to Ireland is outlined and the work visa/authorisation scheme, which is particularly relevant to health workers, is discussed in more detail. The issue of recruitment is considered. Organised public sector recruitment applies only to nursing and midwifery in Ireland and the two existing Programmes are discussed. The impact of EU regulations relating to the recognition of qualifications is considered.

Available data on the employment of immigrants between 1998 and 2004 is supplied in Section 5. The subject of education and training is discussed and qualifications necessary to work in each of the occupations supplied in Section 6. Available information on the procedures which a non-Irish national must follow before working in each of the occupations is also provided. Medical practitioners, nurses, midwives, pharmacists and dentists are currently regulated in Ireland and the procedure for attaining registration is discussed. Legislation currently is being developed that will result in the regulation of physiotherapy and psychology. The medical education system is considered in light of its financial dependence on the fees of non-EU students.

The study is concluded in Section 7. It is shown that immigration has contributed substantially to increased numbers of persons employed in medicine and nursing in Ireland. The future immigrant labour needs in the

[1] These are treated as interchangeable in the current study.

health sector are considered in light of anticipated demographic and other trends.

# 2. INTRODUCTION: THE HEALTH SECTOR IN IRELAND

## 2.1 Introduction

The current study was undertaken by the European Migration Network in order to give an overview of labour migration in the health services in participating EU member states. It is hoped that the Irish report will provide reliable information for policy makers, particularly at the Department of Health and Children and the Department of Justice, Equality and Law Reform, health management personnel, workers representative groups, NGOs and researchers. The European synthesis report will provide comparable information on the situation in other states.

The occupations that will be investigated in the current study are as follows: medical doctors/physicians; dentists; dental nurses; pharmacists; nursing and midwifery professionals; psychologists; and physiotherapists and chiropodists/ podiatrists.

## 2.2 General Description of Irish Health System

The Irish health service is made up of a complex mixture of public and private elements. During the 1980s and early 1990s expenditure growth on the Irish health service barely kept pace with inflation. Expenditure has however increased by nearly 80 per cent in real terms from 1997 to 2002. The Irish healthcare system is a mixture of a universal public health service and a fee based private system. All persons who are ordinarily resident in Ireland may access the health service. Those with means tested medical cards are entitled to health services free of charge. All others have limited eligibility to free services, for example maternity services are free but visits to General Practitioners (GPs) are not. An increasing number of people are taking out private medical health insurance. Table A1 at Appendix 1 shows the proportion of the population who hold medical cards and those who hold private medical insurance.[2]

## 2.3 Structure of the Irish Health System

There is a complex relationship between State and private funding and service delivery in the Irish health service:

- Some services are publicly funded and delivered (e.g. treatment as a public patient in a public hospital),
- Some are publicly funded but privately delivered (e.g. GP consultations by medical cardholders),

[2] Nolan (2005) observes that the growth in private health insurance is surprising because all persons ordinarily resident in Ireland have free access to hospital care. The trend appears to be a response to concerns about access to services and treatment quality between those with and without private insurance cover.

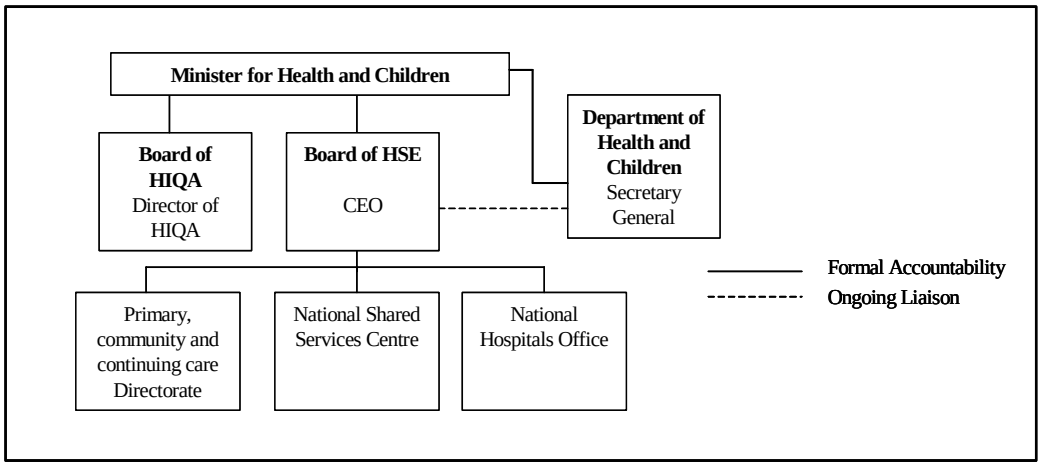
- Some are privately funded and delivered (e.g. GP consultations by non-medical cardholders, treatment as a private patient in a private hospital),
- Some are privately funded but publicly delivered (e.g. non-medical cardholders must pay a modest charge for treatment in public hospitals).

In general the State is heavily involved in the financing of health services in Ireland while the private sector largely looks after the delivery of health services Many health services are provided by private practitioners, such as general practitioner (GP) and dental services, and the majority of hospitals are privately owned institutions which receive most of their funding from the State. There are three different types of hospital in Ireland:

- Voluntary hospitals, run on a not for profit basis by private organisations (usually religious institutions) but which receive most of their funding from the State;
- Public health board hospitals which are owned and operated by the health boards[3],
- Entirely privately owned, operated and funded hospitals.

Public hospital services are provided in voluntary and health board hospitals and most of these hospitals also provide private health care (Nolan, 2005). Nolan comments that the complexity of the interaction between the public and private sectors has important implications for equity and efficiency, particularly in the hospitals sector.

**Figure 2.1: The Restructured Health Service in Ireland**




HIQA: Health Information and Quality Authority (HIQA).
HSE: Health Services Executive.
*Source*: Department of Health and Children, 2003a.

Figure 2.1 shows the organisation of the newly restructured health service in Ireland. The Government, the Minister for Health and Children and the Department of Health and Children are at the head of health service provision in Ireland. On 1 January 2005 the Health Services Executive took responsibility for the delivery of all health and social services nationally. This means that all

[3] Health Boards no longer exist see note below.

Health Boards have been abolished.[4] The health boards have now been replaced by ten Health Service Executive Areas. The CEO of the Health Services Executive reports to a Board appointed by the Tanaiste and Minister for Health and Children, Ms. Mary Harney, T.D.

The services are run through a number of national directorates. The National Hospitals' Office is responsible for resource allocation, service delivery and performance management to all 53 statutory and non-statutory acute hospitals in Ireland, through 10 local hospital networks. A key focus is integrating hospital services with primary care. Primary care services, including general practice, community based health and personal social services etc., are run by the Primary, Community and Continuing Care directorate. The National Shared Services has responsibility for processing across Finance, Procurement, Information and Communications Technology, Human Resources and Primary Care Reimbursement Services. Their stated objective is to deliver economies of scale, enable expertise and overheads to be shared and encourage innovation.

A range of other advisory executive agencies and voluntary organisations have a role to play in service delivery and development in the health system. In the past, health boards funded voluntary/community organisations to provide services on their behalf in the region. Until the new health structures come on stream, it is envisaged that this service will continue as normal, with the Health Service Executive Areas now providing this funding (Department of Health and Children, 2003a).

## 2.4 Overview of Significant National Developments in the Last Five Years in the Field of Managed Migration and the Health Sector

During the 1980s and early 1990s expenditure growth on the Irish health service barely kept pace with inflation. Expenditure has however increased by nearly 80 per cent in real terms from 1997 to 2002. In 2002, expenditure on the health services accounted for 9 per cent of GNP (Layte, Nolan and Nolan, forthcoming). Health expenditure in 2002 was therefore only a little less than the OECD average of 9.3 per cent of GNP. Despite this increased expenditure the Irish health service is under severe strain.[5] As Nolan (2005) points out the labour intensity of the sector is such that labour costs have a major impact on health expenditure. In Ireland, labour costs account for approximately two thirds of health expenditure. There is increasing pressure in Ireland for effective healthcare reforms that will ensure increased expenditure in the sector will be accompanied by improvements in the quality and delivery of healthcare.

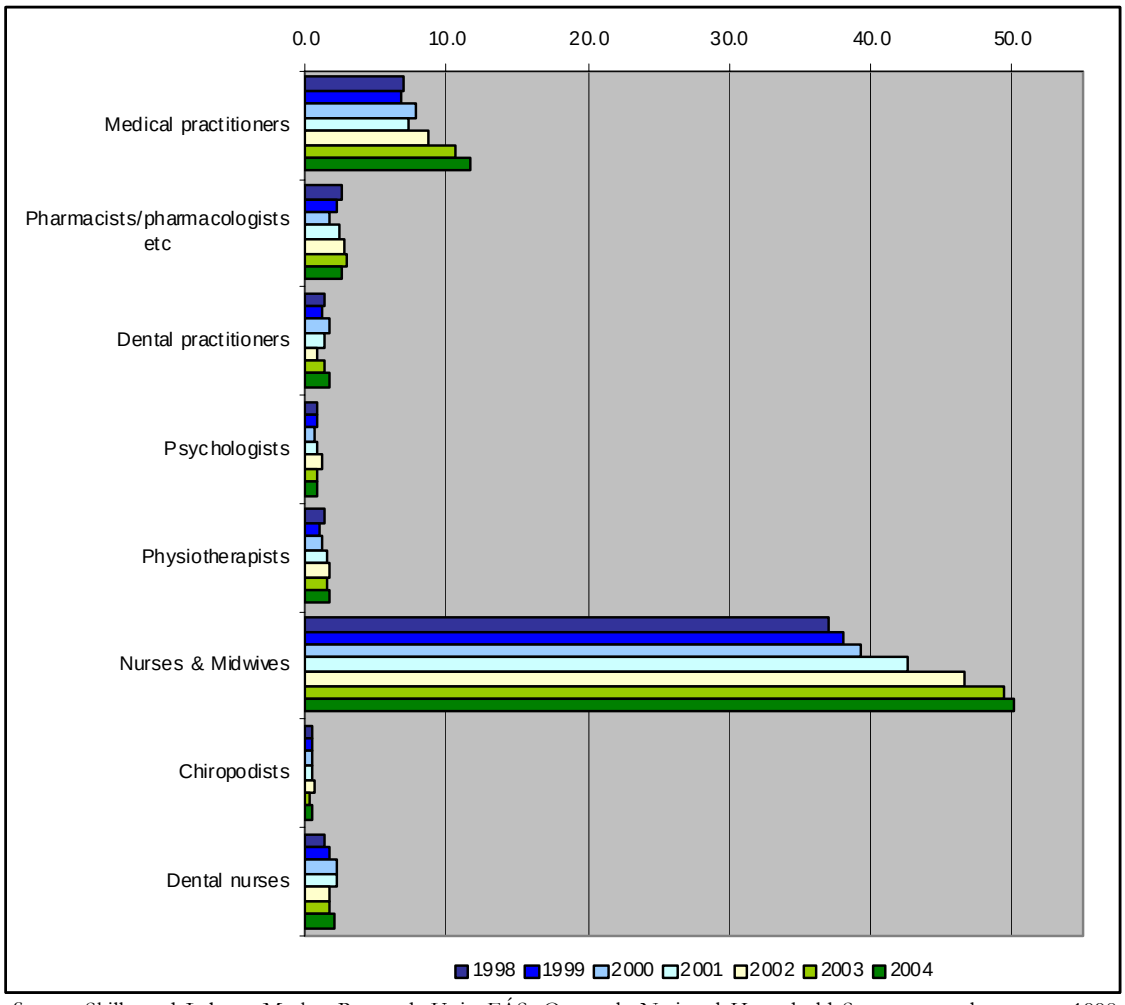
Figure 2.2 below shows the change in the number of health care workers between 1998 and 2004. The most significant increases have been seen in the number of persons employed as nurses, midwives and medical practitioners.[6] In contrast the number employed in the other professions has stayed relatively stable.

[4] In the past, the Department of Health and Children allocated funding to the health boards, which in turn made decisions on the distribution of available resources to the agencies in their area. The health boards were the statutory bodies responsible for the delivery of health and personal social services in their functional areas. The health boards were also the main providers of health and personal social care services at regional level. The legal status of the health boards was removed in December 2004 following the passage of the Health Act 2004.

[5] See for example The Irish Times, March 24th 2005, ‚Surgery delays linked to bed shortage'; The Irish Times, April 22nd 2005, ‚Hundreds protest at AandE conditions; The Irish Times, May 7th 2005,'AandE crisis deserves a crisis response, says Harney'; The Irish Times, May 23rd 2005, ‚Nurses threaten to resign over AandE in Cork hospital; The Irish Times, June 29th 2005, ‚Pressure on unit leads to surgery deferral'.

[6] Data from Quarterly National Household Survey annual averages 1998-2004. Special analysis by Skills and Labour Market Research Unit, FÁS. Data are supplied at Section 5. Figures relate to all health care workers i.e. private and public sector and are self classified.

**Figure 2.2: Persons Employed in Health Care Professions (Thousands) 1998-2004**




*Source*: Skills and Labour Market Research Unit, FÁS. Quarterly National Household Survey annual averages 1998-2004, CSO.

In June 2003 the government announced a commitment to a major reform of the health service: the *Health Service Reform Programme* (Department of Health and Children, 2003a. The reform involves a major regional reorganisation of hospital services. The Hanly Report[7] looked at two pilot areas and recommended that each should have only one major hospital and a network of local hospitals with certain services still provided on a national or supra-regional basis. Controversially, Hanly recommended that emergency services should be based in major hospitals only.

The programme of reform (Department of Health and Children, 2003a) also includes a reduction in the number of health service agencies and the establishment of a Health Services Executive. The Health Services Executive (HSE) was established on 1st January 2005. It is intended that the HSE should undertake the management of the health service on a national level, leaving the Department of Health and Children free to concentrate on policy formation and issues of strategic development (see Nolan, 2005). The new system of devolved and structured accountability regarding spending described above is also integral to the proposed reforms (Department of Health and Children, 2003a).

[7] Department of Health and Children, 2003b, Report of the National Task Force on Medical Staffing. Government Publications. Dublin. This report became known as the Hanly report, named after the Chairman of the Task Force.

### 2.4.1 LABOUR SHORTAGES

#### *2.4.1.1 Medical Practitioners*

The Hanly Report on medical staffing (Department of Health and Children, 2003b) recommended a movement away from the current consultant led service towards a consultant provided service, with health professionals working in multidisciplinary specialist teams (Nolan, 2005). The Irish Medical Organisation (IMO), a Trade Union representing doctors in Ireland argues that in order to implement the Hanly report recommendations of a consultant-provided service, the overall number of consultants needs to increase upon its current level (IMO, 2005). The Medical Council[8] argues that the Hanly Report's projections of labour needs are based on the traditional male dominated medical profession and may not adequately address the future work patterns of both men and women. It is expected that these future work patterns will include more flexible jobs with career breaks, maternity leave and job sharing.

The reforms envisaged in the Hanly report are largely driven by the European Working Time Directive which limits the working week to 48 hours and has applied to most Irish workers since 1998. Since 1 August 2004, it has also applied to non-consultant hospital doctors (NCHDs) in the Irish health service resulting in a phased reduction in working hours to 48 hours starting from 58 hours. At present NCHDs work an average of 75 hours per week (Nolan, 2005). The shortening of the working week will necessitate more doctors.

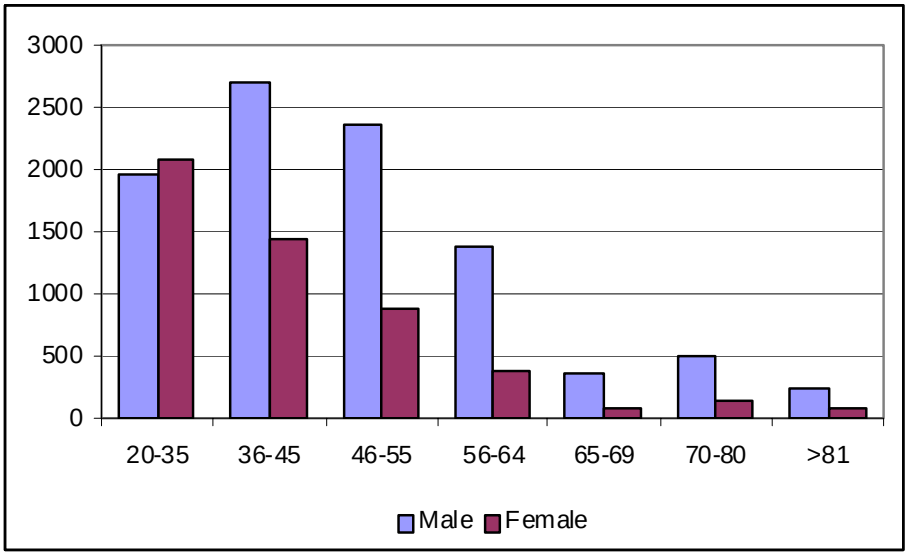
The Medical Council argues that labour shortages will also arise due to the increasing feminisation of the medical workforce (2004). There has been a gradual increase in the number of females enrolling to train as doctors with approximately two thirds of the annual intake in 2000 and 2003 being female. The higher the proportion of female doctors to male doctors, the higher the absolute number of doctors that will be needed. Figure 2.3 shows that there are a higher proportion of female doctors in the younger age cohorts than the older cohorts.

FÁS (2005) quote the OECD finding that Ireland has the second lowest doctor per thousand ratio in the EU15. It is observed that for Ireland to currently meet the EU15 weighted average of 3.26 doctors per thousand population, the number of doctors employed would have to increase to 12,955. Data from the Quarterly National Household Survey indicate that there were 11,800 doctors employed in 2004 of which 23 per cent were non-Irish nationals.[9] See Section 5 for more details.

[8] The Medical Council was established by the Medical Practitioners Act 1978 and commenced operation in April 1979. The principal roles of the Medical Council include assuring the quality of undergraduate education of doctors; assuring the quality of postgraduate training of specialists; and the registration of doctors.

[9] The actual number quoted is based on the annual average of Q1-Q4 2004. The proportion of non-Irish doctors is based on Q2 data only.

**Figure 2.3: Doctors Holding Full Registration as at 31 December 2005 by Age and Gender**




### *2.4.1.2 Nurses*

There have also been labour shortages experienced in the nursing profession prompting significant investment to improve the supply of Irish nurses. The number of nurse training places has been increased by 70 per cent since 1998 to 1,640 since 2002. More than €90 million revenue funding was allocated to undergraduate nurse training in 2005. The Minister for Health and Children has also drawn attention to a capital investment programme costing €240 million for the establishment of nursing education facilities on the campuses of 13 higher education institutions. Other incentives to improve the supply of nurses include financial supports for nurses pursuing part-time degrees and specialist courses, including "back to practice" courses. The Minister has also drawn attention to salary increases of 58 per cent between 1997 and 2004 in the basic salary of a staff nurse. The promotional structure within nursing has been improved and flexible working conditions introduced.[10]

This is a complicated issue however and not all observers would agree that there are simply labour shortages in nursing in Ireland. The Irish ratio of nurses per 1000 population is 12.2 which is much higher than the OECD or EU15 average (8.1 and 8.5 respectively). (FÁS, 2005). Policy makers believe that Irish nurses spend time on tasks that could fall within the remit of other personnel such as health care assistants. There are therefore efforts to bring the duties of Irish nurses into line with other OECD health care systems.

The QNHS data supplied at Section 5 indicate that there were 50,200 people working as nurses/midwives in 2004. Interpretation of data on the number of persons employed in the profession should take account of the significant proportion of public nurses who are working part time. A scheme of flexible working arrangements for nurses and midwives was introduced in February 2001. Under the scheme, individual nurses and midwives may apply to work between 8 and 39 hours per week on a permanent, part-time basis. Almost a quarter of all nurses now job share or work part-time hours.[11] The Department of Health and Children estimate that there are approximately

[10] Dáil Éireann – Volume 602 – 11 May, 2005. Written Answers. – Hospital Staff.

[11] Dáil Éireann – Volume 602 – 11 May, 2005. Written Answers. – Hospital Staff.

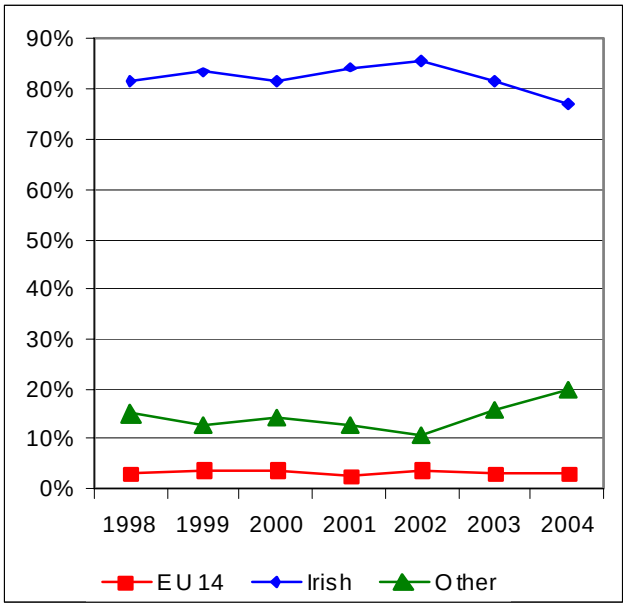
35,000 Whole Time Equivalents (WTE) working as nurses/midwives in the Irish public health system and a further 9,000 work in the private sector. [12]

### 2.4.2 INCREASED NUMBERS OF NON-IRISH HEALTH CARE WORKERS

#### *2.4.2.1 Medical Practitioners*

Figure 2.4 shows that the proportion of Irish medical practitioners has fallen over the period 1998-2004 while the proportion of non-EU15 doctors has increased.

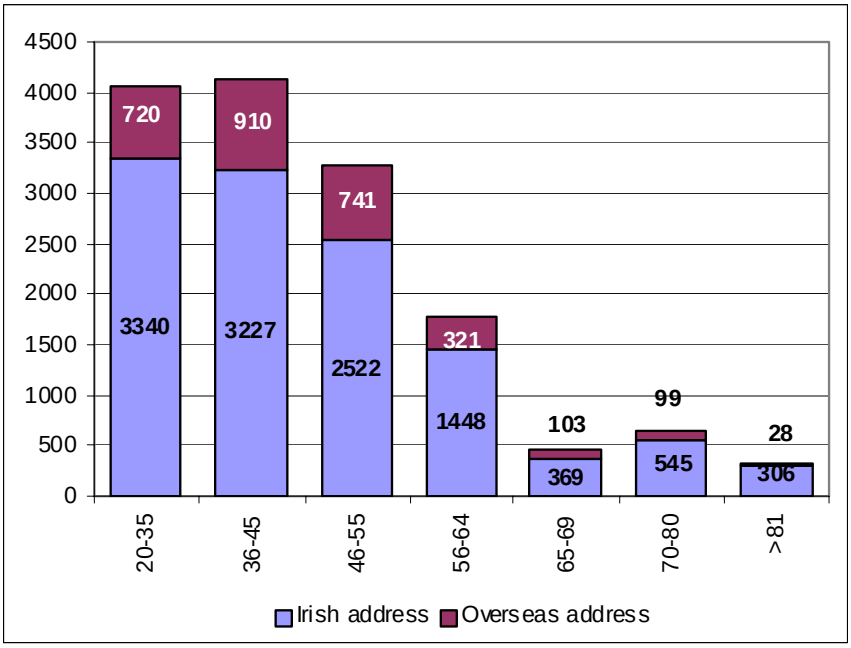
**Figure 2.4: Percentage of Irish, EU 14, and Other Nationality Medical Practitioners 1998-2004**




*Source*: Skills and Labour Market Research Unit, FÁS. Quarterly National Household Survey Q2 1998-2004, CSO.

[12] Discussions with the Department of Health and Children.

**Figure 2.5: Doctors Holding Full Registration as at 31 December 2005 by Age and Address**

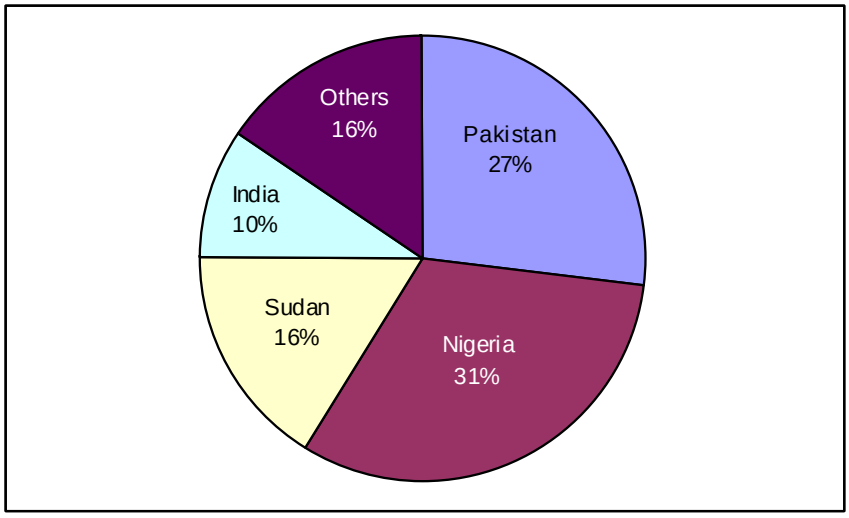



*Source*: Medical Council http://www.medicalcouncil.ie/.

In December 2005 Medical Council records showed that there were 14,679 doctors holding full registration in Ireland, of these 20 per cent or 2,922 had overseas addresses. The proportions are similar to those shown in the QNHS data at Section 5. Figure 2.5 shows that there is a higher proportion of doctors with overseas addresses in the younger age cohorts than the older cohorts. However it is likely that younger doctors would maintain registration in a country, even if they do not currently hold employment there, as a precautionary measure. Older doctors are less likely to require this kind of flexibility. [13]

[13] Dr Asam Ishtiaq, IMO President, has observed that there are likely to be fewer doctors sustaining an Irish registration while working abroad in the future as the fee for registration is due to increase substantially. Presentation delivered at the conference, Migration and Human Resources for Health:
From Awareness to Action' hosted by the International Organization for Migration, 23rd and 24th March 2006.

**Figure 2.6: Country of Qualification of Doctors Holding Temporary Registration in Ireland in December 2005**




*Source*: Medical Council http://www.medicalcouncil.ie/.

In December 2005 573 doctors held temporary registration. The temporary registration scheme was introduced as a means for non-EU doctors to be employed and receive further training in Ireland. The breakdown of countries of qualification of these doctors is shown in Figure 2.6. The Irish Medical Organisation argues that the system of temporary registration is now being used to exploit non-EU doctors. It is claimed that doctors come to Ireland with the expectation of acquiring work experience that will help them further their careers. They are however expected to work in posts that are too junior to lead to accreditation for the purposes of acquiring further qualifications.

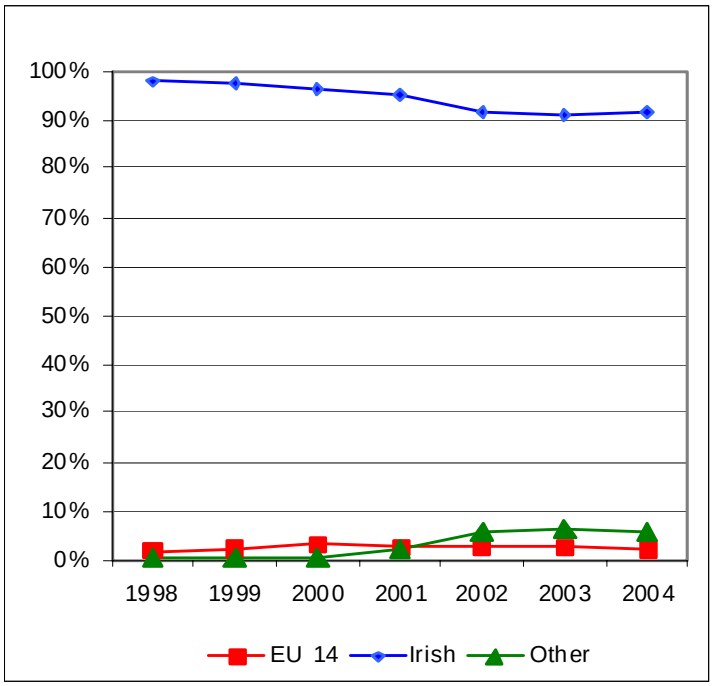
The IMO further argues that too many junior medical positions are vacant because Ireland cannot retain the doctors who are educated here. The IMO point to a lack of specialist training positions, long working hours and the fact that training gained abroad is often looked on more favourably by future employers as reasons for a 'brain drain' of doctors educated in Ireland. The number of doctors holding temporary registration fell dramatically in 2002 after a campaign by IMO and others to have doctors who have held temporary registration for five years or more to be awarded full registration.[14] The Hanly Report (Department of Health and Children, 2003b) made recommendations on the future of structure of the training system of hospital doctors which if implemented would address some of these concerns.

[14] Dr Asam Ishtiaq, IMO President. Presentation delivered at the conference "Migration and Human Resources for Health: From Awareness to Action" hosted by the International Organization for Migration, 23rd and 24th March 2006.

### *2.4.2.2 Nurses and Midwives*

As a result of the pressures on labour supply discussed above at Section 2.4.1 Ireland has had to rely on substantial numbers of overseas nurses. Figure 2.7 shows how the percentage of Irish nationals employed in these occupations has declined while the percentage of non-EU14 nationals has increased. It is also likely that QNHS data under-represents the scale of migration of non-Irish nurses to Ireland. FÁS (2005) observe that just under 22,400 nurses registered with An Bord Altranais[15] between 1998 and 2003 and the majority of these nurses were non-Irish nationals. The discrepancy suggests that non-Irish nurses are coming to Ireland for a relatively short time.

**Figure 2.7: Percentage of Irish, EU 14, and Other Nationality Nurses and Midwives 1998-2004**



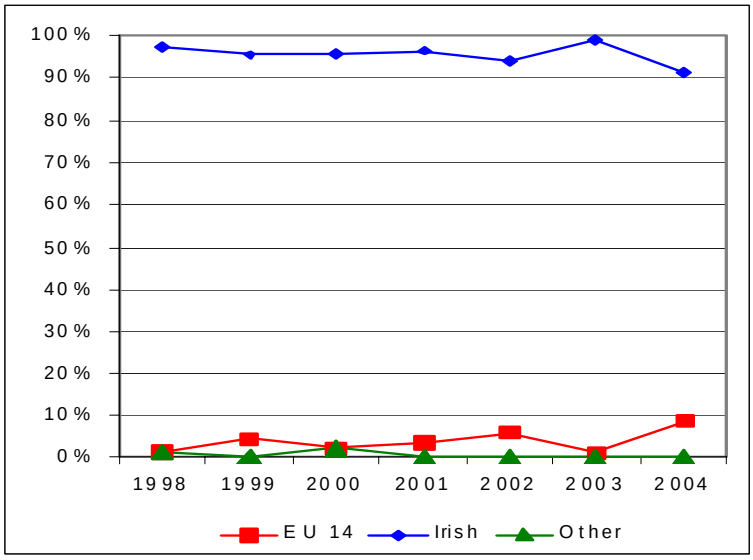

*Source*: Skills and Labour Market Research Unit, FÁS. Quarterly National Household Survey Q2 1998-2004, CSO.

### *2.4.2.3 Pharmacists/Pharmacologists etc.*

Figure 2.8 shows how the percentage of Irish nationals employed as pharmacists/pharmacologists etc. has declined while the percentage of EU14 nationals has grown. The proportion of Other nationalities is very small throughout the period.

[15] The Irish Nursing Board, An Bord Altranais was established by the Nurses Act, 1950. The Act gives a variety of responsibilities to the Board including the determination of the minimum education requirements necessary for entry to nurse training; and ensuring that the education and training requirements will satisfy the minimum standards specified in any directive or regulation adopted or made by the Council of European Communities.

**Figure 2.8: Percentage of Irish, EU 14, and Other Nationality Pharmacists/Pharmacologists etc. 1998-2004**




*Source*: Skills and Labour Market Research Unit, FÁS. Quarterly National Household Survey Q2 1998-2004, CSO.

### *2.4.2.4 Physiotherapists*

FÁS (2005) observe that there has been a marked increase in the number of non-Irish physiotherapists registering in Ireland. Between July 2001 and July 2003 the Irish Society of Chartered Physiotherapists registered 604 non-Irish persons. There were approximately 1,700 physiotherapists working in Ireland at the beginning of 2004. This increase is non-Irish practitioners is not obvious from the QNHS data supplied at Section 5, a fact that underlines the need to treat the QNHS data with caution.[16]

### *2.4.2.5 Psychologists*

The data supplied in the tables in Section 5 do not indicate significant immigration into psychology in Ireland. These data include all persons who identify themselves as psychologist (clinical, educational etc.). However FÁS (2005) observes that in relation to clinical psychologists the Department of Health and Children validated the qualifications of 109 non-Irish nationals between 2001 and 2003 compared to 26 prior to 2001. This is a substantial increase given that in December 2003 there were a total of 507 clinical psychologists employed by the Department of Health and Children.

[16] Nationality figures in particular from the QHNS are considered 'tentative' due to concerns, which are based on international experience, around the extent to which the survey captures minority communities in a proportionate and representative manner (CSO, 2005).

# 3. METHODOLOGY

The current study began with extensive desk research. A large amount of relevant information was available via the internet. The most useful websites were those of the professional regulating bodies for the various occupations such as the website of the Medical Council and an Bord Altranais. The websites of the Department of Health and Children and the Health Service Reform Programme also contained a number of useful reports. The Skills and Labour Market Research Unit in FÁS (2005) produced a report entitled *Healthcare Skills: Monitoring Report* which also informed this study.

A breakdown of the Quarterly National Household Survey [17] was provided by the Skills and Labour Market Research Unit of FÁS.[18] The data should be treated with some caution particularly those relating to occupations with smaller numbers such as psychologists and chiropodists. The only occupation with sufficient sample sizes for the data to be considered robust is nursing/midwifery. In addition there are concerns about capturing non-Irish nationals in surveys of this nature. Therefore only percentages, not total figures may be used.[19] It was not possible to get disaggregated data for pharmaceutical assistants. The 'pharmacists' category also includes data on pharmacologists.[20]

In order to complete Sections 2 and 4 a draft report was compiled from available information. This report then formed the basis for interviews with the Department of Health and Children. Telephone interviews were conducted with the Nursing/Midwifery Recruitment and Retention National Project and the DATHS Recruitment and Retention Project. The Irish Medical Organisation, the Pharmaceutical Society of Ireland, the Dental Council and the Irish Society of Charted Physiotherapists were consulted. Information was also gathered at an international conference hosted by the International Organization for migration entitled: Migration and Human Resources for Health: From Awareness to Action. Finally a draft report was sent for comments to the Department of Health and Children and the Skills and Labour Market Research Unit of FÁS.

[17] Labour force survey conducted by the Central Statistics Office.

[18] The State Training and Employment Agency.

[19] Nationality figures from the QHNS are considered 'tentative' due to concerns, which are based on international experience, around the extent to which the survey captures minority communities in a proportionate and representative manner (CSO, 2005).

[20] Tables 1 (Number of Health-Care Workers in 1997) and 10 (Percentage Change in Number of Health-Care Workers) as set out in the specifications for this study could not be provided due to the absence of data.

# 4. MIGRATION POLICY AND THE HEALTH SECTOR IN IRELAND

## 4.1 Legal Framework of Labour Migration Policy for the Health Sector at the National Level

The Health Service Executive works with the Department of Health and Children to identify how many health care workers are needed from overseas and to design the necessary programmes. The Department of Enterprise, Trade and Employment and the Department of Justice, Equality and Law Reform will then help facilitate the implementation of the policy.

There are three types of work permission held by non EU nationals in Ireland:

1. Work Permits: The Irish work permit system is employer driven. Work permits are currently issued for a period of one year with the possibility of renewal, for a specific job, for a named individual and for posts which cannot be filled by Irish or other EEA nationals. Permits are issued directly to the employer rather than the employee. The work permit holder may not transfer his or her work permit to an alternative employer after arriving in Ireland.

In order to facilitate the recruitment of suitably qualified persons from non-EEA countries in areas of skill shortages a working visa/authorisation scheme was introduced. The number of work visas/authorisations issued in 2004 was 1,317 (Ruhs, 2005).

2. Work visas: Work visas are issued for two years and may be renewed for another two years. They are issued directly to the employee rather than the employer. A national of a country whose citizens require visas to travel to Ireland are issued working visas.

3. Work authorisations: Work authorisations are identical to work visas except that they are issued to non visa-required nationals i.e., nationals of countries whose citizens are not required to have visas to travel to Ireland.

The majority of non-EEA nationals who come to Ireland to take up work are work permit holders. The Employment Permits Act 2003 was the first piece of primary legislation in Ireland to set out a requirement for employment permits in respect of non-nationals along with penalties for non-compliance by employers and employees. The Act was introduced to facilitate the granting of free access to the Irish labour market to nationals of EU Accession States with effect from May 2004. The Department of Enterprise, Trade and Employment have recently introduced a new Employment Permits Bill. The Bill is partly a response to reports of exploitation of migrant workers and provides for a more flexible working arrangements for highly skilled non-EEA workers.

### 4.1.1 WORK VISAS/AUTHORISATION SCHEME

Medical professions represent the majority of professions designated as eligible under the work visa/authorisation scheme. The list includes:

- Medical Practitioners*
- Medical Physicist
- Dentists
- Registered Nurses and Midwives
- Psychologists
- Physiotherapists
- Hospital Pharmacists

(* Doctors with temporary registration are classified by the Immigration Authorities as postgraduate students and a work permit is not required.)

There are therefore just three ISCO occupations of interest to the current study which fall outside the work visa/authorisation scheme: dental assistants, (non-hospital) pharmacists and pharmaceutical assistants. Migrant workers in these categories follow the normal work permit procedures with the exception of pharmacists. Having registered with the Pharmaceutical Society of Ireland (see Section 6 below) a non-EU/EEA national may apply for a work permit without going through the procedures required by FÁS, the Training and Employment Agency (www.entemp.ie).[21] The work visa/authorisation scheme was originally set up in response to shortages in information technology staff in 2000. Most of the medical occupations were then added in May 2003 however nurses were on the list from the beginning.[22]

### 4.1.2 SPOUSES OF MIGRANT WORKERS

In general the spouses of migrant workers may not take up employment in Ireland unless they hold a work permit or visa/authorisation in their own name. In February 2004 new arrangements were put in place to facilitate the employment of the spouses of non-EEA nationals holding working visa/authorisations. The Minister of Enterprise, Trade and Employment drew particular attention to the problem of attracting and retaining nurses from non-EEA countries to a country where their spouses cannot work.

## 4.2 Recruitment and International Agreements

Structured public recruitment programmes are currently relevant only to nurses in Ireland.[23] There was considerable emphasis placed on concerted overseas campaigns prior to 2004. In 2004 budgetary constraints meant that a ceiling was placed on the health sector labour force. This had the effect of stopping overseas recruitment quite quickly. Recruitment of nurses from overseas is beginning to happen again, partly because of a lack of graduates coming out in 2005 which is related to the change in the Irish nursing qualification from a three year diploma to a four year degree course.

There are two public recruitment projects in relation to nursing: the HSE Nursing/Midwifery Recruitment and Retention National Project; and the Dublin Academic Training Hospitals (DATH) Recruitment Project.

[21] Ordinarily an employer who wishes to apply for a work permit must show that the relevant vacancy cannot be filled by an EU/EEA national by advertising it for four weeks in the FÁS vacancies database.

[22] Communication between FÁS and the author.

[23] Locumotion is a university based medical recruitment company that recruits and screens locums (temporary doctors) in Ireland and overseas in the UK, Australia, New Zealand, South Africa and the EU.

In both cases a needs analysis is carried out and a tendering process is held to select employment agencies to go to potential sending countries. The recruitment agencies are given a list of countries they may not recruit from (currently South Africa and Nigeria) and they take account of the UK's *Code of Practice for International Recruitment* (Department of Health, 2004). For example the UK has an agreement not to recruit from four Indian states and Ireland has followed that policy. In December 2001 the Nursing Policy Division of the Department of Health and Children published *Guidance for Best Practice on the Recruitment of Overseas Nurses and Midwives*. There has been no further work in this area to date in any of the occupations under discussion. The 2001 guidelines in relation to nursing include the following principles:

- Recruitment by Irish employers should be limited to those countries which support overseas recruitment.
- Employers intending to recruit from overseas should liaise with the health board or health authority, Nursing and Midwifery Planning and Development Unit and Personnel Department.
- Employers should bear the cost of the overseas recruitment process and no recruitment fee should be charged to the recruit.
- The cost effectiveness of international recruitment should be assessed.
- Only registered recruitment agencies should be used.
- The employer should monitor the quality of the service delivered by the recruitment agency.
- The employer should provide acceptable accommodation for six weeks, at a subsidised cost and then provide assistance to the nurse in sourcing private accommodation (Department of Health and Children, 2001).

The employment agencies selected through the tendering process go to the selected countries, advertise and work with agencies there. A short list of candidates is drawn up and teams from the HSE or the DATHs are then sent to conduct interviews and if appropriate to offer the nurses a position in Ireland. In the case of the HSE recruitment project the interview teams are made up of HSE officials. The DATHs project sends senior nurse managers from the hospitals. Some nurses recruited on the DATHs project will be asked to join panels which the hospitals can recruit from at short notice (8-12 weeks).

The HSE recruitment project has performed two recruitment drives. In 2005 nurses were recruited from Philippines and India, while in 2006 the drive targeted only India. The selection of countries depends on the type of personnel needed in Ireland. For example Indian nurses have experience in, and may prefer to work in, acute hospitals while Filipino nurses are skilled in care of the elderly.[24] The DATHs project has recruited approximately 1000 nurses since it was set up in 2001 in response to a shortage of nurses in the hospitals. Of that number 507 were recruited last year to fill the gaps resulting from the lack of domestic graduates caused by nursing changing from a three-year to a four-year course. In 2006 DATHs recruitment project has targeted India, Bahrain, Singapore and the Philippines. There is also substantial recruitment of nurses by private agencies into private institutions, particularly in India.

The implementation of the new Disability Act 2005 will necessitate the recruitment of practitioners such as occupational therapists. Therefore the Health and Social Services section of the Department of Health and Children will undertake its first overseas recruitment campaign in the near future. The Health Service Executive and the Therapy Advisory Unit of the Department of

[24] Discussions with the HSE Nursing/Midwifery Recruitment and Retention National Project.

Health and Children are currently working on a suitable recruitment programme.

There are no binding bilateral or multilateral agreements between Ireland and sending countries. With regard to nursing and midwifery the Department of Health and Children maintain a relationship with Filipino diplomats who visit approximately once a year to represent the interests of their citizens working as nurses in Ireland. They also aim to ensure that the qualifications of Filipino nurses meet the requirements of Irish workplaces.[25] There are no similar arrangements with any other sending countries.

## 4.3 EU Regulations

The most important EU regulations in this field relate to the recognition of qualifications. The Sectoral Directives cover professions that have harmonised training requirements across the EU including dentists,[26] doctors,[27] general nurses,[28] midwives[29] and pharmacists.[30] The criteria for the recognition of a non-Irish national's qualification are very clearly set out in these Directives. The First General Systems Directive 89/48/EEC covers regulated professions requiring at least three years study at a university or higher education establishment plus any professional training required to practise the profession. The Second General Systems Directive 92/51/EEC covers the mutual recognition of qualifications in professions regulated below degree level. Directive 2001/19/EC (SLIM directive) also amended the General and Sectoral directives.

There is less clarity regarding professions that are not yet regulated in Ireland such as physiotherapists and psychologists. Persons who wish to practice in non-regulated health care professions must apply for "equivalence" rather than registration. Ireland must allow EU nationals to work in non-regulated professions. If there is a shortfall in the qualifications of an EU national an Irish employer can require that person to undertake additional training but they must be given the opportunity to up-skill and take up employment in Ireland.

[25] Discussions with the Department of Health and Children.

[26] Council Directive 78/687/EEC of 25 July 1978 concerning the coordination of provisions laid down by Law, Regulation or Administrative Action in respect of the activities of dental practitioners and Council Directive 78/686/EEC of 25 July 1978 concerning the mutual recognition of diplomas, certificates and other evidence of the formal qualifications of practitioners of dentistry, including measures to facilitate the effective exercise of the right of establishment and freedom to provide services.

[27] Council Directive 93/16/EEC of 5 April 1993 to facilitate the free movement of doctors and the mutual recognition of their diplomas, certificates and other evidence of formal qualification.

[28] Council Directive 77/453/EEC of 27 June 1977 concerning the coordination of provisions laid down by Law, Regulation or Administrative Action in respect of the activities of nurses responsible for general care. Council Directive 77/452/EEC of 27 June 1977 concerning the mutual recognition of diplomas, certificates and other evidence of the formal qualifications of nurses responsible for general care, including measures to facilitate the effective exercise of this right of establishment and freedom to provide services.

[29] Council Directive 80/155/EEC of 21 January 1980 concerning the coordination of provisions laid down by Law, Regulation or Administrative Action relating to the taking up and pursuit of the activities of midwives. Council Directive 80/154/EEC of 21 January 1980 concerning the mutual recognition of diplomas, certificates and other evidence of formal qualifications in midwifery and including measures to facilitate the effective exercise of the right of establishment and freedom to provide services.

[30]Council Directive 85/432/EEC of 16 September 1985 concerning the coordination of provisions laid down by Law, Regulation or Administrative Action in respect of certain activities in the field of pharmacy. Council Directive 85/433/EEC of 16 September 1985 concerning the mutual recognition of diplomas, certificates and other evidence of formal qualifications in pharmacy, including measures to facilitate the effective exercise of the right of establishment relating to certain activities in the field of pharmacy.

# 5. THE EMPLOYMENT OF IMMIGRANTS IN THE HEALTH SECTOR

Data are presented below from the Irish Quarterly National Household Survey (QNHS) on the number of persons employed in the various occupations in the years 1998-2004. The data should be treated with some caution particularly those relating to occupations with smaller numbers such as psychologists and chiropodists. The only occupation with sufficient sample sizes for the data to be considered robust is nursing/midwifery.

In addition there are concerns about capturing non-Irish nationals in surveys of this nature. Therefore only percentages, not total figures may be used.[31] Respondents were asked their nationality and their occupation. Percentages are also supplied to indicate gender breakdown. Note that in Table 5.8 the differences between 1998 and 2004 supplied for the categories female and male, Irish, EU and Other are expressed in percentage points. It was not possible to get disaggregated data for pharmaceutical assistants.[32]

Nationality data supplied in Tables 5.1 to 5.8 below relate to Q2 1998-2004, proportions only are supplied due limitations of the available data. Total numbers employed are based on annual averages 1998-2004.

[31] Nationality figures from the QHNS are considered 'tentative' due to concerns, which are based on international experience, around the extent to which the survey captures minority communities in a proportionate and representative manner (CSO, 2005).

[32] Tables 1 (Number of Health-Care Workers in 1997) and 10 (Percentage Change in Number of Health-Care Workers) as set out in the specifications for this study could not be provided due to the absence of data.

**Table 5.1: Number of Health-Care Workers in 1998**

| Occupation | Number (000) | Female | Male | EU 14 | Irish | Other |
|---|---|---|---|---|---|---|
| | | % | % | % | % | % |
| Medical practitioners | 7.0 | 35.4 | 64.6 | 3.2 | 81.6 | 15.2 |
| Pharmacists/pharmacologists etc | 2.5 | 61.1 | 38.9 | 1.2 | 97.5 | 1.3 |
| Dental practitioners | 1.3 | 27.6 | 72.4 | 2.4 | 94.9 | 2.7 |
| Psychologists | 0.9 | 61.9 | 38.1 | 4.5 | 95.5 | 0.0 |
| Nurses and Midwives | 37.1 | 89.7 | 10.3 | 1.9 | 97.8 | 0.4 |
| Physiotherapists | 1.3 | 82.1 | 17.9 | 15.1 | 84.9 | 0.0 |
| Chiropodists/podiatrists | 0.4 | 92.9 | 7.1 | 0.0 | 100.0 | 0.0 |
| Dental nurses | 1.4 | 100.0 | 0.0 | 2.4 | 97.6 | 0.0 |

**Table 5.2: Number of Health-Care Workers in 1999**

| Occupation | Number (000) | Female | Male | EU 14 | Irish | Other |
|---|---|---|---|---|---|---|
| | | % | % | % | % | % |
| Medical practitioners | 6.7 | 35.5 | 64.5 | 3.8 | 83.4 | 12.8 |
| Pharmacists/pharmacologists etc | 2.2 | 68.4 | 31.6 | 4.5 | 95.5 | 0.0 |
| Dental practitioners | 1.2 | 28.6 | 71.4 | 9.5 | 87.5 | 2.9 |
| Psychologists | 0.9 | 65.6 | 34.4 | 4.3 | 91.4 | 4.4 |
| Nurses and Midwives | 38.1 | 90.1 | 9.9 | 2.1 | 97.6 | 0.4 |
| Physiotherapists | 1.0 | 91.9 | 8.1 | 6.8 | 93.2 | 0.0 |
| Chiropodists/podiatrists | 0.4 | 89.6 | 10.4 | 0.0 | 100.0 | 0.0 |
| Dental nurses | 1.6 | 100.0 | 0.0 | 0.0 | 100.0 | 0.0 |

**Table 5.3: Number of Health-Care Workers in 2000**

| Occupation | Number (000) | Female | Male | EU 14 | Irish | Other |
|---|---|---|---|---|---|---|
| | | % | % | % | % | % |
| Medical practitioners | 7.9 | 36.5 | 63.5 | 3.9 | 81.6 | 14.6 |
| Pharmacists/pharmacologists etc | 1.7 | 64.3 | 35.7 | 2.0 | 95.9 | 2.1 |
| Dental practitioners | 1.8 | 38.8 | 61.2 | 8.8 | 87.5 | 3.7 |
| Psychologists | 0.7 | 59.1 | 40.9 | 9.6 | 80.9 | 9.5 |
| Nurses and Midwives | 39.3 | 90.9 | 9.1 | 3.3 | 96.2 | 0.5 |
| Physiotherapists | 1.2 | 90.1 | 9.9 | 5.5 | 91.0 | 3.5 |
| Chiropodists/podiatrists | 0.5 | 72.3 | 27.7 | 0.0 | 100.0 | 0.0 |
| Dental nurses | 2.2 | 98.5 | 1.5 | 1.6 | 98.4 | 0.0 |

**Table 5.4: Number of Health-Care Workers in 2001**

| Occupation | Number (000) | Female | Male | EU 14 | Irish | Other |
|---|---|---|---|---|---|---|
| | | % | % | % | % | % |
| Medical practitioners | 7.4 | 37.2 | 62.8 | 2.5 | 84.4 | 13.0 |
| Pharmacists/pharmacologists etc | 2.3 | 59.1 | 40.9 | 3.5 | 96.5 | 0.0 |
| Dental practitioners | 1.3 | 38.5 | 61.5 | 11.4 | 85.9 | 2.7 |
| Psychologists | 0.9 | 80.7 | 19.3 | 4.1 | 90.7 | 5.2 |
| Nurses and Midwives | 42.5 | 91.7 | 8.3 | 2.7 | 95.1 | 2.1 |
| Physiotherapists | 1.4 | 87.6 | 12.4 | 9.6 | 88.2 | 2.2 |
| Chiropodists/podiatrists | 0.5 | 100.0 | 0.0 | 0.0 | 100.0 | 0.0 |
| Dental nurses | 2.2 | 100.0 | 0.0 | 4.8 | 95.2 | 0.0 |

**Table 5.5: Number of Health-Care Workers in 2002**

| Occupation | Number (000) | Female | Male | EU 14 | Irish | Other |
|---|---|---|---|---|---|---|
| | | % | % | % | % | % |
| Medical practitioners | 8.8 | 41.2 | 58.8 | 3.9 | 85.5 | 10.6 |
| Pharmacists/pharmacologists etc | 2.7 | 64.0 | 36.0 | 5.8 | 94.2 | 0.0 |
| Dental practitioners | 0.8 | 21.6 | 78.4 | 4.7 | 95.3 | 0.0 |
| Psychologists | 1.1 | 79.2 | 20.8 | 3.4 | 93.4 | 3.3 |
| Nurses and Midwives | 46.7 | 92.6 | 7.4 | 3.1 | 91.4 | 5.5 |
| Physiotherapists | 1.8 | 89.5 | 10.5 | 6.0 | 89.8 | 4.2 |
| Chiropodists/podiatrists | 0.6 | 89.5 | 10.5 | 0.0 | 93.4 | 6.6 |
| Dental nurses | 1.6 | 100.0 | 0.0 | 0.0 | 100.0 | 0.0 |

**Table 5.6: Number of Health-Care Workers in 2003**

| Occupation | Number (000) | Female | Male | EU 14 | Irish | Other |
|---|---|---|---|---|---|---|
| | | % | % | % | % | % |
| Medical practitioners | 10.6 | 39.8 | 60.2 | 3.0 | 81.3 | 15.6 |
| Pharmacists/pharmacologists etc | 3.0 | 69.3 | 30.7 | 1.2 | 98.8 | 0.0 |
| Dental practitioners | 1.3 | 32.7 | 67.3 | 12.3 | 87.7 | 0.0 |
| Psychologists | 0.8 | 81.7 | 18.3 | 3.8 | 92.4 | 3.7 |
| Nurses and Midwives | 49.4 | 91.6 | 8.4 | 2.6 | 91.1 | 6.3 |
| Physiotherapists | 1.5 | 90.7 | 9.3 | 12.0 | 85.0 | 3.1 |
| Chiropodists/podiatrists | 0.4 | 86.2 | 13.8 | 0.0 | 100.0 | 0.0 |
| Dental nurses | 1.8 | 100.0 | 0.0 | 8.3 | 91.7 | 0.0 |

**Table 5.7: Number of Health-Care Workers in 2004**

| Occupation | Number (000) | Female | Male | EU 14 | Irish | Other |
|---|---|---|---|---|---|---|
| | | % | % | % | % | % |
| Medical practitioners | 11.8 | 36.0 | 64.0 | 3.1 | 76.9 | 20.0 |
| Pharmacists/pharmacologists etc | 2.5 | 50.4 | 49.6 | 8.7 | 91.3 | 0.0 |
| Dental practitioners | 1.7 | 41.2 | 58.8 | 3.3 | 96.7 | 0.0 |
| Psychologists | 0.8 | 64.8 | 35.2 | 8.0 | 92.0 | 0.0 |
| Nurses and Midwives | 50.2 | 92.7 | 7.3 | 2.4 | 91.7 | 5.9 |
| Physiotherapists | 1.8 | 83.6 | 16.4 | 6.0 | 94.0 | 0.0 |
| Chiropodists/podiatrists | 0.5 | 52.6 | 47.4 | 0.0 | 100.0 | 0.0 |
| Dental nurses | 2.0 | 100.0 | 0.0 | 0.0 | 97.3 | 2.7 |

**Table 5.8: Change in Number of Health-Care Workers in 1998-2004**

| Occupation | Number *Total 1998-2004* | Female | Male | EU 14 | Irish | Other |
|---|---|---|---|---|---|---|
| | | | *Difference 2004 - 1998* | | | |
| | | % | % | % | % | % |
| Medical practitioners | 4.8 | 0.6 | -0.6 | -0.1 | -4.6 | 4.8 |
| Pharmacists/pharmacologists etc | 0.0 | -10.7 | 10.7 | 7.5 | -6.2 | -1.3 |
| Dental practitioners | 0.4 | 13.6 | -13.6 | 0.8 | 1.9 | -2.7 |
| Psychologists | -0.1 | 2.9 | -2.9 | 3.5 | -3.5 | 0.0 |
| Nurses and Midwives | 13.1 | 3.0 | -3.0 | 0.5 | -6.1 | 5.6 |
| Physiotherapists | 0.5 | 1.5 | -1.5 | -9.1 | 9.1 | 0.0 |
| Chiropodists/podiatrists | 0.0 | -40.4 | 40.4 | 0.0 | 0.0 | 0.0 |
| Dental nurses | 0.6 | 0.0 | 0.0 | 2.4 | 0.3 | -2.7 |

**Table 5.9: Number of Vacancies and Vacancy Rate for Nursing, 2004**

| | Number of Vacancies on 30th June 2004 | Vacancy Rate |
|---|---|---|
| Nursing | 771 | 1.92% |

*Sources:* Tables 5.1-5.8: Special tabulations provided by Skills and Labour Market Research Unit, FÁS from the Quarterly National Household Survey Q2 1998-2004, CSO. Table 5.9: Health Service Executive Employers Agency, August 2004.

The table above shows the vacancy rate for nurses in Ireland in 2004 based on data from a survey of vacancies the Health Service Executive Employers Agency (HSEA) survey. Vacancy rates are not available for the other occupations.

# 6. EDUCATION AND TRAINING

Available information on the qualifications required to work in the health sector and the recognition of qualifications is presented below. At present, five professions are subject to statutory registration: doctors, nurses, pharmacists, opticians and dentists. New legislation will be introduced soon for the registration of health and social care professionals, including physiotherapists, occupational therapists, social workers and psychologists.[33] The Department for Education and Science has responsibility for issues concerning the recognition of qualifications in regulated professions. The Department's functions related to the recognition of qualifications have recently been centralised in a new 'Recognition Ireland' service provided by the National Qualifications Authority of Ireland.

## 6.1 Medical Practitioners

There are five medical schools in Ireland University College Cork, University College Dublin, National University of Ireland, Galway, Royal College of Surgeons and Trinity College Dublin. The Medical Council also accredits two Malaysian medical schools. Most of the courses offered are undergraduate entry and of five to six years duration. University College Dublin also offers a graduate level entry course. On graduation a new doctor works as an intern in an Irish hospital or a recognised hospital elsewhere. On successful completion of the internship they are entitled to proceed to full registration with the Medical Council.

All doctors who wish to practise in the Republic of Ireland must be registered with the Medical Council. There are three types of registration within the General Register of Medical Practitioners. Full registration allows a doctor to practice independently without supervision; internship registration allows a doctor to carry out internship training for one year in an approved hospital under consultant supervision; and temporary registration is the means by which non-EU doctors may be employed and receive further training. Non-EU doctors may become fully registered after they have held temporary registration with the Medical Council for an aggregate period of two years.

Doctors applying for temporary registration are required to pass the Temporary Registration Assessment Scheme (TRAS) unless otherwise exempted. They must also submit an application and be declared eligible for Temporary Registration before applying for jobs in Ireland and attending interviews. Non EU/EEA or Swiss nationals who qualify outside the EU/EEA, Switzerland, South Africa, Australia (except Tasmania), New Zealand or Saskatchewan (Canada) – may apply for temporary registration provided that they:

- Hold a primary qualification in medicine awarded by a medical school listed in the World Health Organisation Directory of Medical Schools,

[33] The primary purpose of statutory registration is to protect and guide members of the public so that they can be confident that the professional treating them is fully qualified and competent. Registration also provides the facility for legal action against the very small number of professionals who may harm patients or clients and bring their profession into disrepute through professional misconduct or serious illness. (Http://oasis.gov.ie).

- Hold full registration with an overseas registration authority and are 'in good standing',
- Have completed internship training acceptable to the Medical Council of at least one year duration in hospital based specialties,
- Have proven English language abilities.

Where an applicant for a work authorisation/visa has a job offer for a position of Medical Practitioner, the employer must be one of the relevant authorised employers and the candidate must possess a letter of acceptance for temporary or full registration from the Medical Council. After an application is submitted by a potential migrant worker the visa-issuing mission will contact the employer in question, who will confirm in writing to the mission the validity of the job offer and their satisfaction regarding the individual's registration status (Department of Enterprise, Trade and Employment, July 2004).

The system of medical education in Ireland is being subsidised by non-EU fee-paying students. Many non-EU graduates return to their country of origin when they have completed their training.[34] Commentators, including the Medical Council (2004), Irish Medical Organisation (2005) have expressed concern about under-funding of medical education in Ireland. Linked with this issue is the reliance of Irish medical schools on the fees paid by non-EU students. Table 6.1 shows the breakdown of non-EU fee paying and EU non-fee paying first year medical students in 2003. The Irish Exchequer contributed €2.63 million of the total income of €15.66 million. Due to the limited number of medical school places available very high points are currently required in the Leaving Certificate[35] to enter an undergraduate course in medicine.

The Fottrell report[36] on medical education, adopted by the Department of Health and Children (2006), was released in February 2006. The report recommends improved resourcing of medical education in Ireland. The number of under-graduate level medical places for Irish and EU students will be increased over a four-year period from 305 to 725 and a new graduate entry programme for medicine will be introduced. New measures will also be introduced at post-graduate level to improve the retention of graduates from Irish medical schools (Department of Health and Children, February 2006).

**Table 6.1: Estimated Income from EU and non-EU Entrants to Irish Medical Schools in 2003 (€m)**

| Students at College in Ireland | Number of Students | Annual Income (€Million) | Annual Income per Student to School |
|---|---|---|---|
| EU students | 315 | 2.63 | Range €8,000 – 12,500* |
| Non-EU students | 516 | 13.03 | Range €21,000 – 31,000 |
| Total | 831 | 15.66 | N/A |

*Through university HEA grant.
*Source*: Medical Council, 2004.

Table 6.2 (EU and non-EU admissions 2000 and 2003) shows the change in student numbers with 831 medical students in the 2003 intake, which is an increase of 14 per cent on the 2000 figure of 736 students. There has however been a decrease of 9 per cent (31) in the EU intake since the year 2000, from 346 to 315 students; 516 non-EU students were admitted. All schools are fulfilling their HEA allocated quota of EU medical students. In the three Dublin medical schools there are now more non-EU than EU students in the 2003 class intake (The Medical Council, 2004).

[34] The Irish Times, 'Medical training here can damage the health service', October 3rd 2005.

[35] The highest secondary level qualification awarded in Ireland.

[36] Arising from the Working Group on Undergraduate Medical Education.

**Table 6.2: EU and Non-EU Admissions 2000 and 2003 in Medical Schools in Ireland**

| | 2000 | 2003 |
|---|---|---|
| EU intake | 346 | 315 |
| Non EU intake | 390 | 516 |
| Total | 736 | 831 |

*Source*: Medical Council, 2004.

## 6.2 Nurses and Midwives

There are five Honours Degree programmes that lead to registration with An Bord Altranais (the Irish Nursing Board): Children's and General Nursing (integrated); General Nursing; Intellectual Disability Nursing; Midwifery; and Psychiatric Nursing. All Pre-Registration Honours Degree Programmes in Children's and General Nursing (Integrated: RCN and RGN) General Nursing (RGN) Intellectual Disability Nursing (RNID) Midwifery (RM) and Psychiatric Nursing (RPN) take place in 13 Higher Education Institutions in association with 56 main Healthcare Agencies (Hospitals/Clinical Sites). There are 44 programmes with a total of 1,880 places in Nursing and Midwifery at pre-registration level (http://www.nursingcareers.ie).

All nurses and midwives who were educated and trained outside the EU must apply to An Bord Altranais for registration before they take up employment in Ireland. An officer in the Education Department of An Bord Altranais undertakes an evaluation of each application for registration. The individual must be a fully registered nurse in their country of origin and must be "of good standing" in that country and in any other country where he or she is registered.

An Bord Altranais will determine the adequacy of the education and training course pursued by an applicant compared to an equivalent course in Ireland by comparing each application individually to the standards set out in the *Requirements and Standards for Nurse Registration Education Programmes* (An Bord Altranais, 2000). In order to be registered as a nurse, applicants must have completed a programme of education and training of not less than three years duration and the programme must have had a balance of not less than one-third theoretical instruction and not less than one-half clinical/practical instruction. The officer in the Education Department of An Bord Altranais will also examine proof of English language competency.

An Bord Altranais has introduced a competency based assessment during a period of adaptation involving supervised practice plus further education and training if necessary. The Adaptation period takes at least 6 weeks to complete but it is acknowledged that most candidates can require up to 12 weeks to achieve the identified competencies (http://www.nursingboard.ie/). Nurses may apply for a Certificate of Candidate Nursing from An Bord Altranais.

Data available on http://www.nursingcareers.ie/ indicate that very few non-EU nationals study nursing in Ireland (21 non-EU nationals applied for admission to a nursing course in 2005). The funding that the Department of Health and Children have put into nursing education which was discussed at Section 2.4.1.2 is designed to improve the supply of Irish nurses and the training of non-Irish nurses is not an objective.

## 6.3 Pharmacists

Pharmacists in Ireland must undertake a four-year pre-registration course leading to a B.Pharm Honours Degree in Pharmacy at the Royal College of Surgeons, Dublin, Trinity College Dublin or University College Cork. The Degree is followed by 12 months in supervised practical training before registration with the Pharmaceutical Society of Ireland. The Pharmaceutical Society of Ireland (PSI) is the statutory body for pharmacists and pharmacies in Ireland. EU/EEA nationals who qualified in an EU/EEA State may register in Ireland. Pharmacists holding a qualification awarded in Australia or New Zealand, and who have practised as registered pharmacists for at least one year

in the country where they qualified may also apply for registration. Individuals with a qualification awarded in a non-EU/EEA Member State, which is not Australia or New Zealand must apply for registration via the "adjudicating route" of registration. This route must also be followed by pharmacists who qualified in an EU or EEA Member State but who are not nationals of any EU or EEA Member State.

## 6.4 Dentists

Trinity College Dublin and University College Cork offer full time five-year courses in Dentistry leading to a Bachelor of Dental Science or a Bachelor of Dental Surgery. Due to the demand for places on these courses many Irish school-leavers apply to Dental Schools in the United Kingdom. Anyone who wishes to practice dentistry in Ireland must be registered on the Register of Dental Practitioners held by the Dental Council.[37] There are two types of registration available to dentists: full and temporary. Full registration in the Register of Dentists for Ireland is available to graduates in dentistry from a university in Ireland, nationals of EEA Member States who graduate within the EEA with a scheduled dental degree/diploma or nationals of EEA Member States who qualify for registration under the provisions of the Directive 2001/19/EC.[38] Others dentists may attain full registration if they pass a special Dental Council examination.

Temporary registration is available to persons, not eligible for full registration, provided they hold a dental qualification obtained after completing an acceptable undergraduate dental course. They must also be in Ireland for the purpose of further training, (which must be undertaken under Consultant supervision in an approved training post) or to take up a teaching appointment or to give a course. Temporary registration is granted for up to one year in the first instance but it may be extended for further periods provided that the aggregate of periods of temporary registration does not exceed five years. (See discussion in Section 2.4.2.1 regarding temporary registration and alleged exploitation of non-EU doctors.)

The Dental Council examination is conducted by the universities on behalf of the Dental Council. An individual must first submit a transcript of their qualifications to the Council. Information provided on the Dental Council's website indicates that if an individual is deemed to have followed an acceptable course of study (at least a five year full-time course of theoretical and practical instruction given in a university or similar institution, with training) and have indicated competency in English they will normally be permitted to take the examination. The examination fee payable by candidates is presently €1,500. An additional €750.00 is payable for a repeat (http://www.dentalcouncil.ie/). The Dental Council of Ireland report that approximately 40 non-EU dentists applied to take the examination in 2006 and a similar number applied in 2005. It was observed that given the fact that there are 80 graduate places for dentistry in Ireland a substantial number of 'new' dentists every year are now non-Irish.

In cases where an applicant for a work authorisation/visa has a job offer for a position of Dentist, the employer must be one of a list of authorised employers complied by the Department of Enterprise, Trade and Employment

[37] The Dental Council is a statutory body charged with promoting high standards of professional education and professional conduct among dentists and to maintain Registers of persons entitled to practise dentistry in the State.

[38] The Directive 2001/19/EC of the European Parliament and of the Council of 14 May 2001 controls the general system for the recognition of professional qualifications of nurses responsible for general care, dental practitioners, veterinary surgeons, midwifes, architects, pharmacists and doctors in the European Union.

and the candidate must present a letter confirming temporary registration issued to him or her by the Dental Council. In practice very few dentists have come into Ireland on the work visa/authorisation scheme. One problem is that you must have a job offer and since most dentists are self employed and rarely employ another dentist except on a locum basis there are few job openings that would qualify for a visa.[39]

### 6.5 Psychologists

There are a wide variety of undergraduate and postgraduate courses available in Ireland which are accredited by the Psychological Society of Ireland.[40] Unlike doctors, nurses, pharmacist and dentists there is no statutory requirement to register as a psychologist. The Minister for Health and Children is the designated authority with the responsibility for validating foreign qualifications for psychologists. Persons with foreign qualifications must apply directly to the Department of Health and Children for validation of their qualification. The Psychological Society of Ireland has been requested by the Department of Health and Children to examine applications made by individuals who trained outside of Ireland. Following scrutiny of a foreign application the Psychological Society of Ireland will advise the Department of Health and Children on the equivalence of the qualification. The Department will then make the final decision (http://www.psihq.ie).

### 6.6 Physiotherapists

A Degree in Physiotherapy now is offered in four institutions in Ireland: University College Dublin, University of Limerick, Royal College of Surgeons, and Trinity College Dublin. The number of places available to undergraduates has increased from 80 to 152 in recent years (FÁS 2005). The Irish Society of Chartered Physiotherapists (ISCP) is responsible for the validation of non-national qualifications for physiotherapists. To be accepted as a member of the Irish Society of Chartered Physiotherapists, student must successfully complete the degree programme at University College, Dublin, Trinity College, Dublin, the Royal College of Surgeons in Ireland, in the University of Limerick (http://www.iscp.ie/). Physiotherapists who completed their training at any other college must apply to the ISCP for membership. Each application is considered on its own merits and EU nationals do not hold any advantage over non-EU/EEA nationals. Non-Irish nationals who pursue the accredited degree programme in Ireland gain membership in exactly the same way as Irish nationals.[41]

### 6.7 Dental Assistants

The Dental Council interprets dental nurses to be the equivalent profession to dental assistants. Dental hospitals are the only employment setting where it is mandatory for a person to hold a recognised qualification in dental nursing in order to practice in Ireland (FÁS 2005). There is no requirement to register as a dental nurse before taking up employment. In recent years the Dental Council has been encouraging dental nurses to register for a small fee. The qualifications of non-Irish dental nurses may then be verified at this stage. The take up of voluntary registration has so far been disappointing (approximately 2 per cent). The qualifications of dental nurses are therefore checked and evaluated by prospective employers. Anecdotally the Council report that non-Irish dentists may work in Ireland as a dental assistant for a period before applying for registration as a dentist in order to improve language skills and

[39] Communication between FÁS and the author.

[40] The Psychological Society of Ireland is the professional body for psychology in Ireland. Fully qualified psychologists may apply to become members of the Society.

[41] Communication between the author and the Irish Society of Chartered Physiotherapists.

knowledge of the Irish system.[42] A course in Dental Nursing is offered at Trinity College Dublin.

### 6.8 Pharmaceutical Assistants

There is currently no course offered in Ireland to train as a Pharmaceutical Assistant.

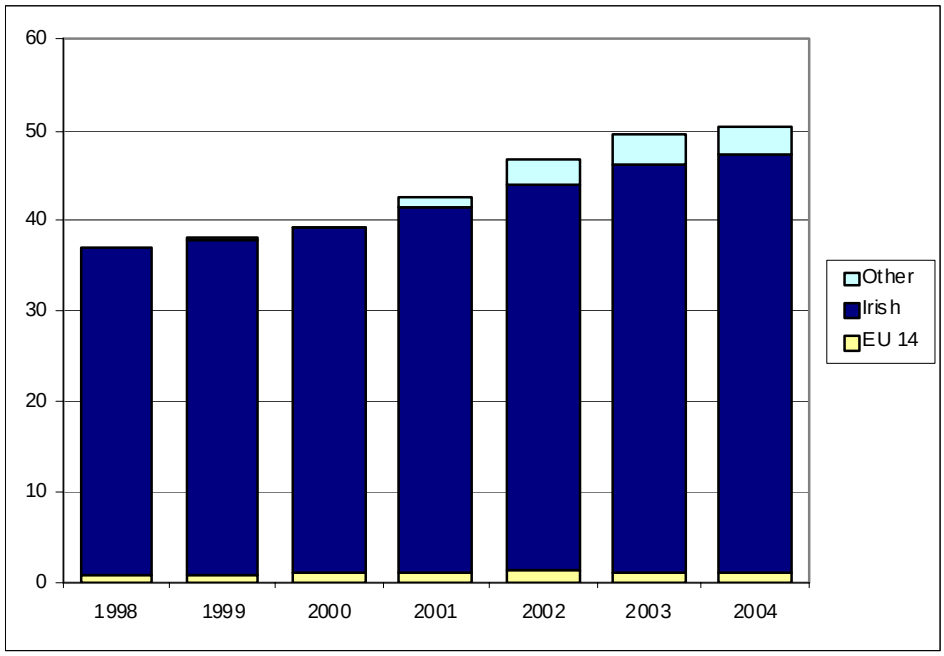
[42] Communication between the author and the Dental Council.

# 7. CONCLUSIONS

The QNHS data used in the current report suggest that labour immigration has become increasingly important in relation to medical practitioners, nurses and midwives in recent years. Figure 2.8 suggests some increase in the proportion of non-Irish pharmacists in recent years but in general, as the tables in Section 5 show, the impact of immigration on other healthcare professions has been much less significant.

QNHS estimates for the number of nurses increased by 13,100 or 35 per cent between 1998 and 2004. The proportion of non-Irish nurses in the workforce has however only increased from 2 per cent to 8 per cent. As shown in Figure 7.1 the growth in the proportion of the "Other" category has been particularly significant.

**Figure 7.1: Number of Nurses and Midwives (000s) 1998-2004 and Proportion of Nationalities***



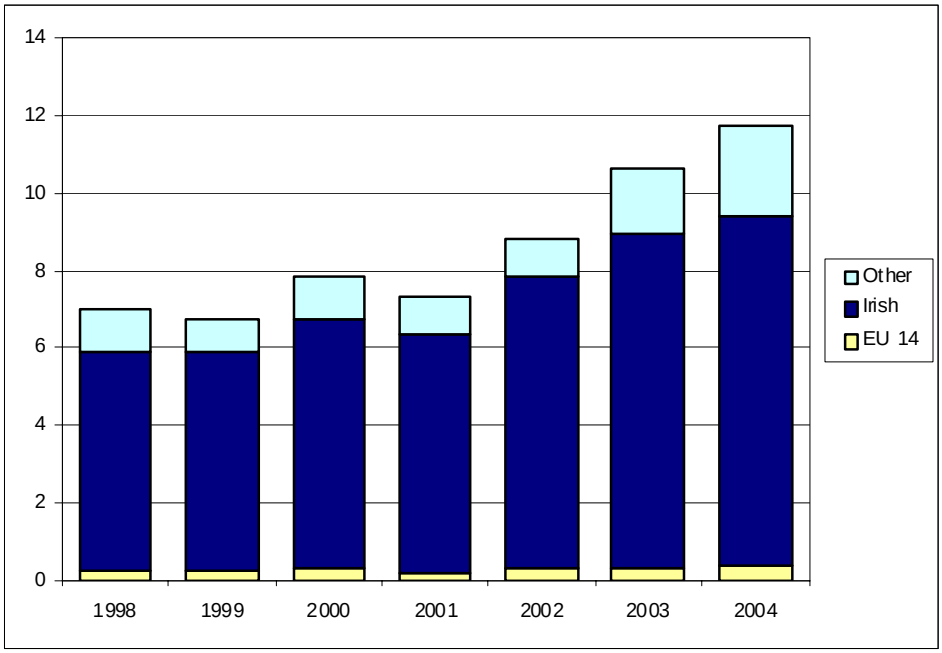

*Source*: Skills and Labour Market Research Unit, FÁS. Quarterly National Household Survey 1998-2004, CSO.

* Nationality data relate to Q2 1998-2004, proportions only are supplied due limitations of the available data. Total numbers employed are based on annual averages 1998-2004.

There are two reasons however why these figures may under-represent the importance of immigration to nursing. Firstly with the introduction of flexible working conditions the actual number of Whole Time Equivalent nurses is estimated by the Department of Health and Children to be considerably fewer that that suggested by QNHS data. This means that immigrants may form a larger proportion of Whole Time Equivalent nurses and midwives. Secondly the discrepancy between registrations with An Bord Altranais and the QNHS data discussed at Section 2.4.2.2 suggests that nurses may be coming to Ireland for relatively short periods of time.

Regarding medical practitioners the overall increase suggested by QNHS data has been more dramatic. As shown in Figure 7.2 the total number of doctors increased by 61 per cent between 1998 and 2004. The proportion of non-Irish doctors in the workforce was significant at 18 per cent in 1998 and this has increased further to 23 per cent in 2004; again the increase in the "Other" category is substantial.

**Figure 7.2: Number of Medical Practitioners (000s) 1998-2004 and Proportion of Nationalities***




*Source*: Skills and Labour Market Research Unit, FÁS. Quarterly National Household Survey 1998-2004, CSO.
*Nationality data relate to Q2 1998-2004, proportions only are supplied due limitations of the available data. Total numbers employed are based on annual averages 1998-2004.

The Central Statistics Office (2004) predicts that Ireland's population will grow to 5 million by 2019 if current fertility, mortality and migration patterns continue. Immigration is a key factor in these projections and the authors caution that if net immigration levels off it will be 2026 at the earliest before the 5 million figure is reached. The projections indicate that persons aged 65 years and over will account for one fifth of the population by 2036 compared with 11 per cent in 2001. The projections also show that there will be more than 1.1 million old people in 2036 compared with 430,000 in 2001.

FÁS have projected substantial increases in demand for medical practitioners and warn of a gap between demand and domestic supply of 2,330 in 2015. If immigration continues at current rates it is estimates that the number of medical posts unfilled will be much smaller at 329. Projecting the demand for nurses is much more problematic as the job definition of nurses continues to evolve (see Section 2.4.1.2). However the FÁS analysis contains an expectation of continued high rates of immigration. The projected demographic trends support the view that immigration will continue to make an important contribution to the Irish health system. How significant a role will depend on policy responses to the challenges ahead. Immigration, increased participation of non-active nurses, increased domestic supply and a redefinition of the role of the nurse are all strategies designed to meet the nursing requirements of the future. Irish policy makers are therefore anticipating that the increased demand for health services will be met with a combination of increased domestic supply and continued immigration.

# ANNEX 1: INSTITUTIONS AND ORGANISATIONS INVOLVED IN MANAGING MIGRATION WITH REGARD TO THE HEALTH SECTOR

- An Bord Altranais
- Dental Council
- Department for Education and Science
- Department of Health and Children
- Department of Justice, Equality and Law Reform
- Dublin Academic Training Hospitals (DATH) Recruitment Project
- HSE Nursing/Midwifery Recruitment and Retention National Project
- Irish Medical Organisation
- Irish Nurses Organisation
- Irish Society of Chartered Physiotherapists (ISCP)
- Medical Council
- Pharmaceutical Society of Ireland
- Psychological Society of Ireland
- Recognition Ireland

# ANNEX 2: LIST OF SOURCES USED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# ANNEX 3: RELEVANT STATISTICS

**Table A1: Medical Card and Private Health Insurance Coverage (Percentage of the Population, 1980-2002)**

| Year | Medical Card | Private Health Insurance |
|---|---|---|
| 1980 | 35.0 | 26.1 |
| 1985 | 36.7 | 31.2 |
| 1990 | 36.7 | 34.4 |
| 1995 | 35.2 | 37.9 |
| 1996 | 34.5 | 38.4 |
| 1997 | 33.6 | 39.2 |
| 1998 | 32.0 | 40.5 |
| 1999 | 31.1 | 41.8 |
| 2000 | 30.3 | 45.0 |
| 2001 | 31.2 | 48.5 |
| 2002 | 29.8 | 49.4 |

*Source*: Nolan, 2005.