Diversity of Intake

The opportunity to achieve diversity is available within the context of an undergraduate system. Diversity will occur within the Irish education system as it does in any system which values the design of the integrated curriculum. Undergraduate medical school entry is not a test of diversity. However, the prospect of introducing an attribute test to the Leaving Certificate exams to select the undergraduate programme has the potential of exacerbating pressure on students and creating a "new' global' industry. 

IMO Rejects Graduate-Only Entry to Medical School

The IMO reports that the proportion of health students, patients, and practitioners will be optimized by a graduate-only entry system. The problem is restricted by the number of places available in certain professional courses such as medicine, pharmacy, and architecture. Demand outstrips supply and creates a point's race. Transferring entry to graduate level will exacerbate the situation. The IMO states that, after law, medicine had the lowest non-completion rate averaged over all relevant universities. This would indicate that those selecting medicine are any less mature than those choosing other programmes.

IMO Recommendations

1. The IMO endorses the recommendations of the second level education curriculum. Undergraduate entry to medical school is not the cause of the points' race or any adverse affects on second level education. It is the cause of the points' race. It has no adverse effect per se on second level education. The loosening of the second level curriculum is directly affecting the public regarding entry.

2. It would be wise to preserve that perspective medical student in the second level curricula would be less focused on less dedicated because they wish to real medicine as a graduate then the person sitting beside them aiming to read for law or architecture or an undergraduate as a professional. The dedication of the points' race for science courses. The desired status of changing the norm of second level education must be reasserted. Undergraduate entry accentuates already considerable career planning difficulties. This problem was already alluded to in the section of the earliest qualification age as specialists until the mid-thirties. Given the fact that more than 50% of medical students are female, programmes should be established in addition to undergraduate programmes.

3. Undergraduate entry to medical school is not the cause of the points' race or any adverse affects on second level education. It is the cause of the points' race. It has no adverse effect per se on second level education.

4. IMO recommends that there be a disallowance of the 'cap' on Irish / EU student places. The cap is designed to regulate the number of students from outside the EU who can study in Ireland. The IMO recommends that there be a disallowance of the 'cap' on Irish / EU student places.

5. IMO recommends that, in the interest of healthcare, patients, and practitioners, the removal of the 'cap' on Irish / EU student places should be a priority. The IMO recommends that there be a disallowance of the 'cap' on Irish / EU student places.

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There are too few places being funded for Irish/EU candidates.

• Insufficient funding for medical education and training both at undergraduate and postgraduate level in Ireland.

• Globalisation of medical profession and migration of doctors, which presents both an opportunity and challenge to the medical schools.

While first preference applications for medicine via the Central Applications Office (CAO) are currently rising, the number of places recommended an increase of places for EU students from 305 to 725. This increase is to be phased in over four years with 60% Irish/EU students accounting for a disproportionately low number of places compared to non-EU students. The Fottrell Report has recommended an increase in the number of undergraduate places available to EU students, and a reduction in the number of Non-EU places. The IMO firmly believes that the increase in student numbers should be sourced from Irish/EU student applications. Traditional student numbers put in place a 3:15 to non-EU entrants to medical schools is too low.

The effect of the preferential treatment is return to high fees for EU students and opportunities at undergraduate and the higher level at the expense of the Irish/EU student.

It creates a choice of places in a medical school for Irish/EU students. It provides no guarantee for high yielding demand as long as resources are limited.

The chronic funding situation also needs to be addressed in the context of the Medical Council’s recommendations on undergraduate medical education in Ireland. Intern posts must be increased by between 150-300 places to cope with the increase in student numbers.

The IMO firmly believes that the increase in student numbers should be sourced from Irish/EU student applications. Traditional student numbers put in place a 3:15 to non-EU entrants to medical schools is too low.

The method for entry will include the completion of an appropriate test (e.g. MCAT, UMAT or equivalent derivative) by candidates with an honours primary degree.

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