

Irish Trainees Continuing to Emigrate

The Medical Council's spotlight report on 'Trainee Career and Retention Intentions', to be released later in October 2015, will report further findings from its 2014 Trainee National Experience Survey, to which over 1,600 non-consultant hospital doctors (NCHDs) in training posts responded. This latest report will show that close to half of trainees see the cornerstone of hospital care and the future cornerstone of our health services as intending to pursue their careers outside of Ireland. Most worrying is that those in Higher Specialist Training are more likely to leave, resulting in greater loss to the Irish health system in terms of investment of effort and money, and lost expertise. The findings are consistent with a growing body of evidence on the medical workforce crisis facing Ireland. In early 2015, 88% of Irish medical students reported their intentions to leave Ireland on graduation, though close to half said they would return. However, the assumption that most doctors will return was dispelled in our 2015 survey of 307 emigrant Irish trained doctors who had left Ireland between 2008 and 2013. Since leaving, there had been a three-fold rise in those intending to remain abroad permanently and only a quarter intended to return to practice in Ireland.

More striking than the numbers is the depth of feeling, frustration and sometimes anger that Irish doctors have expressed at the working conditions in Irish hospitals that forced them to leave. A knock-on effect of high levels of emigration of Irish trained doctors has been the high level of recruitment of international medical graduates to fill the gaps left by departed Irish trained doctors. This raises questions about Ireland's implementation of the WHO Global Code on the International Recruitment of Health Personnel. Nothing here will surprise Irish doctors, nor anyone monitoring the medical workforce crisis in the mainstream media. No opportunity should be foregone for highlighting the scale and depth of this crisis and bringing it to the attention of current and future decision-makers. Stemming the haemorrhage of our doctors must be kept high among political priorities. Those at greatest risk from the medical workforce crisis are patients and the over-stressed and often exhausted doctors, both Irish and foreign-trained, who care for them.

Many of the actions needed to retain our doctors have been identified through the Strategic Review of Medical Training and Career Structures and real progress is being made with implementing many of its recommendations. Greater predictability through streamlined training has been introduced across most specialties; a careers website is in place and there was positive feedback from the 400 attendees who attended a recent careers day; there has been a reduction in paperwork for trainees when changing jobs; and national NCHD leads have been established. However, there is some devil in the detail: failure at first attempt to get on to higher specialist training can preclude further applications, encouraging some doctors to emigrate without applying; the 24 flexible (family-friendly) training posts are over-subscribed; and many hospitals and some senior colleagues are not yet facilitating NCHDs who take on representative roles. Some recommendations, such as the allocation of non-core tasks to other staff, have made slow progress. Many require modest resources or merely follow-through by hospitals, for example where hospitals have been granted funds to support NCHDs who need to pay for compulsory training courses and examinations. As important as the individual recommendations is the need for a culture shift among hospital employers, who need to demonstrate that they value the doctors who have chosen to stay and work in Irish hospitals, when more attractive options are available elsewhere.

The Medical Council's Annual Trainee National Experience Survey provides an opportunity to bring the experiences and concerns of NCHD trainees to the attention of policy makers. The findings on NCHDs' intentions to emigrate, in its forthcoming spotlight report, are based on questions that were drafted collaboratively with the RCSI health workforce research group, which is implementing a doctor emigration research project, funded by the Health Research Board (HRB). The research aims to track participating doctors and report the numbers and profiles of those who follow through on intentions to migrate and those who stay in Ireland. Of the 1,400 respondents who answered the questions on migration intentions, 1,200 agreed to share their data with the researchers and 900 agreed to be tracked. In 2015 we conducted in-depth interviews of 50 of these doctors, which show that frustration among respondents, some of whom have already emigrated, has not reduced. We will be conducting a follow up survey of these doctors in late 2015, to gain a better understanding and measure the individual and combinations of factors that shape migration decisions.

All who wish Ireland to have first class health services need to advocate for working conditions that will retain the doctors we train. The most common reasons for emigration and reluctance to return are stressful working conditions, and unclear or unsatisfactory career progression. 3 Medical graduates today are far better informed about opportunities and working conditions in other countries. For some, inequity in terms and conditions of service in comparison to colleagues who obtained consultant posts just a few years earlier is still a sticking point. Doctors' trust in their employers and in those who run the health services needs to be rebuilt, along with implementation of the measures that will help offset this inequity, if Irish doctors are to return or stay to make their careers in the Irish health services.

R Brugha, S Crowe, N Humphries
Division of Population Health Sciences, RCSI, 123 St Stephen Green, Dublin 2
Email: rbrugha@rcsi.ie

Declaration of interest

R Brugha is Principle Investigator of the HRB-funded Doctor Emigration Project (HRA_HSR/2013/318). He is also a member of the Strategic Review of Medical Training and Career Structures implementation monitoring group.

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