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Retaining our Doctors Medical Workforce Evidence, 2013-18. Summary

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RCSI Health Workforce Research Group

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# Retaining our Doctors

## Medical Workforce Evidence, 2013-18

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Summary

Focus of this report
This report summarises original research findings on the scale and causes of outward migration of non-consultant hospital doctors (NCHDs) from Ireland. It draws on findings from five mixed methods research studies undertaken by the Royal College of Surgeons in Ireland's (RCSI's) Health Workforce Research Group 2014-18, together with an analysis of routine data published since 2011 by Ireland Health Service Executive (HSE) National Doctor Training and Planning Unit (NDTP) and the Irish Medical Council (IMC).

A consistent picture emerges of the factors that ‘push’ Irish and international medical graduates to leave Ireland, namely poor working conditions, and inadequate training and career opportunities. Research findings from 2018 show that, while trainees report improvements in mentoring and supervision of their training, they also report a worsening of work-related stress and staffing levels in Irish hospitals. Furthermore, there is evidence to suggest that shortages of consultants are contributing to NCHD emigration.

This report starts with a summary of the Challenges and Responses that emerged from a policy dialogue of key national stakeholders conducted at the Royal College of Surgeons (RCSI) in November 2017. Each chapter summarises different dimensions of the evidence, ending with questions that were proposed and discussed at the policy dialogue, with a view to framing interventions to retain Ireland’s doctors, specifically NCHDs.

Most of the focus of the report and much of the research has been on trainees, who are NCHDs in postgraduate training programmes. However, the report and some of the research and routine data also focus on non-trainees, on whom Ireland is increasingly reliant for the delivery of its health services. Most NCHDs in long-term non-training posts are international medical graduates (IMGs), who are recruited to non-training posts, to which Irish-trained doctors will not apply.

The evolving profile of NCHDs in Ireland
The number of Irish and EU medical graduates doubled from 370 in 2006 to 730 by 2015, in line with national targets; and there have been modest increases in the numbers of doctors enrolled in postgraduate training programmes since 2011. However, the pace of recruitment of IMGs (doctors who qualified from medical schools outside of Ireland) to non-training posts greatly exceeds the rate of recruitment to training posts. Historically, most IMGs have been non-EU nationals, who graduated from medical schools outside of the EU. However, since 2012, routine data show that significant

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1 Non-consultant hospital doctors (NCHDs) comprise medical graduates who have not yet completed specialist training. Their grades range from intern to specialist registrar.

2 In the documents reviewed, the terms consultant and specialist are often used synonymously. Most consultants are hospital-based, while some work in the community (e.g. in mental health services). The term specialist in this report generally includes fully trained GPs, unless a hospital role is specified.
numbers of non-EU and some Irish nationals graduate from central European medical schools and then migrate to Ireland.

The main reason for the rapid rise in recruitment to non-training posts, which takes place mainly in small hospitals that are not suitable for training, is the need for Irish health services to be compliant with the European Working Time Directive (EWTD). This, together with the high rates of emigration by graduates of Irish medical schools – before, during and towards the end of their postgraduate training – is compounding the current medical workforce crisis.

Between 2012 and 2015, 7-9% of doctors aged 25-34 years and 6-7% of doctors aged 35-44 years exited the Medical Council register, annually. Most exits in these age groups are believed to be due to doctors emigrating. About 20% of a sample NCHD trainees left Ireland within 2 years of being surveyed (between 2014 and 2016); and a further 20% of trainees, surveyed in 2016, planned to leave on completion of their training. See Section 3 of this report for details.

Findings on doctor migration

Recent research findings (Chapter 3) show that while around half of Irish medical students and NCHD trainees are considering working abroad, most wish to make their careers in Ireland ultimately. Of 483 Irish Final Med students surveyed in 2017, 54% planned to leave and return, 37% planned to remain and train in Ireland; and only 9% intended to leave and not return – see Section 3.3 of this report. Of 784 NCHD trainees who responded to a question on migration intentions in an early 2018 survey, 42% planned to leave and return, 41% intended to remain to train and take up posts in Ireland; and 14% intended to leave Ireland and not return – see Section 3.2.

These 2017-18 findings point to higher proportions of Irish medical students and trainees wishing to make their careers in Ireland than were reported in earlier studies. However, the associations between poor experiences of training and working conditions in Ireland and an intention to leave and not return remain significant and strong. Quantitative and qualitative research, published by the RCSI Health Workforce Research Group between 2013 and 2016, reported that almost half (47%) of surveyed foreign doctors working in Ireland intended to migrate onward to a third country; 30% intended to stay in Ireland and only 23% intended to return to their home countries – for similar reasons to why Irish doctors leave (see sections 4.4 and 5.2).

Routine statistics from the IMC, 2012-15, show that exit rates from the Medical Council register were 3-times higher for doctors in the General Division, where most non-trainees and most IMGs are registered, than from the Specialist Division – see Table 4.7. Exit rates for IMGs in 2015 were 2-3 times higher than for graduates of Irish medical schools, with 3-4 times higher exit rates among graduates of other non-Irish EU medical schools – see Table 4.6.

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3 The study surveyed doctors working in Ireland who were foreign nationals. The sample comprised 85% IMGs (foreign nationals who had graduated outside of Ireland) and 15% foreign nationals who had graduated from Irish medical schools.
These statistics support the view that Ireland’s high level of reliance on recruitment of IMGs (foreign-trained doctors) to fill NCHD posts that are not recognised for training is not an effective strategy for staffing our health services. Mostly, these doctors are from low- and middle-income countries who take up posts in smaller (model 2 and some model 3) hospitals, that would otherwise be unfilled. This practice, while understandable on the part of a hospital that needs to deliver essential services, suggests questionable compliance with the WHO Code on the International Recruitment of Health Personnel.

On a positive note, however, Ireland is a global leader through developing a successful model of international recruitment of doctors from low and middle income countries. The International Medical Graduate Training Initiative (IMGTI) is an initiative, run by the HSE and the RCPI, that provides bespoke postgraduate training to medical graduates from Pakistan, who must return home to receive their qualifications – see Section 4.2.

**Reasons why NCHDs emigrate**

The body of evidence from the mixed methods research studies reviewed for this report, which were undertaken by the RCSI Health Workforce Research Group (HWRG), points to the same constellation of factors that push trainee NCHDs to leave Ireland:

- stressful working conditions, aggravated by low staffing levels and NCHDs having to undertake non-core tasks, which are an inefficient use of their skills;
- lack of designated and supervised training, aggravated by consultant shortages, which means training gets displaced by service demands; and
- failure to match NCHDs who are exiting training to suitable permanent posts.

The results from two RCSI research studies show that what attracts (pulls) Irish trained doctors\(^4\) to go abroad is the perception and experience that working, training and career opportunities are better abroad. The findings also show that the lack of substantive improvements in conditions back in Ireland keeps them there. Over time, the likelihood of Irish-trained doctors returning to Ireland diminishes, as they set down roots.

Similar factors – lack of career opportunities, poor access to training and short-term contracts – were significantly associated in IMGs who were working as doctors in Ireland with an intention to migrate onwards to another country, rather than remain in Ireland or return home – see section 5.2.

**Consultant numbers**

The HSE’s NDTP Unit has published medical workforce planning reviews on the Future Demand for General Practitioners (2015), Emergency Medicine (2017), and Paediatrics (2017), which estimate the future demand and supply of GPs and specialists in Ireland. These confirm that for both Emergency Medicine and Paediatrics, Ireland has lower ratios of specialists to population than the UK; and much lower ratios than Australia.

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\(^4\) A further complexity in the field of medical workforce planning (and research) is that the term ‘Irish-trained doctors’ includes Irish nationals, other EU nationals and non-EU nationals who have undertaken undergraduate and/or postgraduate training in Ireland. In the 2016 Doctor Emigration Project, 20% of trainees were non-nationals, with most being international medical graduates (IMG). In the 2018 MedTrack project, the proportion had risen to 25%, the great majority of whom had done their undergraduate training outside of Ireland.
In Ireland in 2016, approximately 15% of specialist posts were filled by non-permanent staff; there were low ratios of trainees to non-trainees in the two hospital specialties; and projected exits from training programmes were around 25-40% of the numbers needed to meet demand. A particular challenge in General Practice is the increasing demand for GP services, due to Ireland’s ageing and growing population. Vacant GP posts continue to increase in numbers nationwide, despite many GPs continuing in post after retirement. The planning reviews detail some of the consequences of specialist shortages:

• failure to deliver on Ireland’s health policy goal of a specialist-delivered service;
• an over-reliance on service delivery by NCHD trainees, which impacts negatively on their training;
• an over-reliance on service delivery by non-trainees who are mostly IMGs, especially in Level 2 and 3 hospitals;
• an over-reliance on locum and temporary consultant staff, contributing to a reduction in consultant positions available to those who have completed specialist training; and
• unnecessary admissions to and delayed discharges from hospitals, long patient waiting times and less efficient patient throughput.

Of interest is a pilot programme in Paediatrics and Neonatology, at University Hospital Waterford (see Annex 2). This programme was designed to overcome the above negative consequences of consultant shortages, through increasing the number of consultant appointments, reducing the numbers of NCHDs, and aiming towards all NCHD posts being training posts. Section 6.6 summarises and Annex 2 details the benefits and potential positive outcomes of a specialist-delivered service.

**Health Workforce Policy Framework**

The May 2017 *Houses of the Oireachtas Committee on the Future of Healthcare SláinteCare* Report states that the transition towards new models of integrated, primary and community care will require significant increases in the numbers of specialists, both in hospitals and in community health and general practice settings. The report recommends the appointment of an additional 593 consultants and 235 GPs, as part of a 6-year strategy.

The National Strategic Framework for Health and Social Care Workforce Planning (November 2017) provides a framework which is grounded in the principles of the WHO Global Code of Practice on the International Recruitment of Health Personnel and focuses on the importance of health workforce self-sufficiency. It provides a policy direction for Ireland’s future medical workforce, working in multidisciplinary teams as part of a comprehensive health and social care workforce.

Ruairí Brugha, May 2018