Who are the students – where do they go?

Tracking Ireland’s mobile medical workforce

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Information needs of national medical workforce planners and decision makers

• What are medical graduates’ career intentions?
  o Are they choosing to enter specialties that align with population and health service needs?
  o Where do they plan to make their careers?

• The critical phenomenon affecting medical (and nursing) workforce planning in Ireland is large scale emigration
  o What are the levels of migration intention and enacted decisions?
  o The real knowledge needs are not about ‘where’ but about ‘how many will leave’, ‘when’, ‘will they come back’ and can we influence their decisions
Table 3.1: Exits rates from the Medical Council Register by age group for 2012-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Less than 25 years</th>
<th>25-34 years</th>
<th>35-44 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>0.0%</td>
<td>9.0%</td>
<td>7.1%</td>
</tr>
<tr>
<td>2013</td>
<td>10.4%</td>
<td>9.0%</td>
<td>6.8%</td>
</tr>
<tr>
<td>2014</td>
<td>0.0%</td>
<td>7.2%</td>
<td>5.9%</td>
</tr>
<tr>
<td>2015</td>
<td>6.3%</td>
<td>8.7%</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

Source: (Medical Council, 2013, 2014, 2015a, 2016a)
Two medical workforce tracking studies

• Doctor Emigration Project, 2014-17
  o Baseline survey nested in Medical Council of Ireland’s 1st annual trainee survey in 2014 – emigration questions added
  o Qualitative phase, 2015; follow up survey in 2016 to consenting trainees
  o 523 responses (58% response rate)

• Medical Career Tracking (MedTrack) Project, 2016-18
  o Baseline survey of Final Med students in 2016-17
  o 483 responses from Irish and EU/EEA (66% response rate)
Younger (21-24 year old) final med students were more likely to leave with a view to returning. Whereas, if they intended to leave, older students (25+ year olds) were more likely not to return (Figure 3.1).

![Bar chart showing intention of Irish/ EU/ EEA final med students by age](image)

**Figure 3.1: MedTrack Intention of Irish/ EU/ EEA final med students by age**
Proportions of doctors who had emigrated 2 years after completion of the 2014 baseline survey, by training programme grade in 2014

<table>
<thead>
<tr>
<th></th>
<th>Abroad in 2016</th>
<th>In Ireland in 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Intern</td>
<td>19</td>
<td>25</td>
</tr>
<tr>
<td>BST</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>GP Registrar</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>HST</td>
<td>42</td>
<td>27</td>
</tr>
<tr>
<td>Registrar</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Run Through</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>88</td>
<td>18</td>
</tr>
</tbody>
</table>

BST = Basic Specialist Training  HST = Higher Specialist Training

Of the 42 respondents abroad in 2016, who had been in HST in Ireland in 2014, 34 (81%) were in fellowship programmes.

Fellowships abroad are often a final step in specialist training prior to taking up a permanent post in Ireland.

However, only 53% (n=18) of those doing fellowships reported an intention to return to Ireland.
Push and Pull factors for why trainees had left Ireland

- Working conditions: 71%
- Better work-life balance: 66%
- Career progression: 64%
- Post grad training: 55%
- Consultant contract: 40%
- Travel: 27%
- Higher Salary: 23%
- Family/Personal reasons: 18%
- Debt: 8%
Likelihood of return home falls over time

Figure 5.8: Scatter Plot correlating periods of time for “when you arrived first, for how long did you intend to stay in this country” with “now how long do you intend to stay”
Methodological challenges in workforce tracking

- Surveys good for measuring and analysing important phenomena but response rates difficult to achieve and sustain
  - 1400 completed MCI survey, 895 agreed to be surveyed, 523 responded to our doctor emigration survey (58% response rate)

- Medical Career Tracking (MedTrack) Project, 2016-18
  - Can we enrich Year 2 survey through national workforce collaborator inviting Year 1 non-respondents to participate – data protection issues
  - Always planned for Year 3 to use routine data to track the 2016-17 Final Med cohort – but linkage may / will be lost
Tracking HWs through routine workforce data – ‘good enough’ evidence for decision making

• Ireland’s Health Service Executive (HSE) National Doctor Training and Planning (NDTP) Unit has established good workforce databases

• Medical Council registration number provides the unique identifier

• A Department of Health led national forum established to address trainee retention issues has brought together the key stakeholders – with fruitful collaboration between MCI NDTP and researchers.

• Work done to date – including the WHO EC “Brain Drain” project – has provided an evidence platform for the new National Health Workforce Strategy
Acknowledgements

Respondents
Doctors and Final Med students who responded to surveys

Funding agencies
• Health Research Board
• European Union and World Health Organization

Collaborators
• Medical Council of Ireland
• HSE National Doctor Training and Planning
What will hold back progress?

- Challenge of transnational migration

- Health Professions Councils may see intelligence (data) for workforce planning as lying outside of their primary remit which is to regulate health professions