Policy Brief A

Summarizing the evidence base on doctor migration into and out of Ireland*

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Key messages

- Much of the research literature on migration categorizes countries as either source or destination countries. Ireland is an example of a country that is both a source and destination country for migrating doctors, making the WHO Global Code doubly relevant.

- This body of research shows that similar health workforce factors contribute to the emigration of Irish-trained doctors and frustration among the foreign-trained doctors who have migrated to Ireland. These include dissatisfaction with training opportunities and career progression, along with broader concerns around working conditions.

- Implementation of measures to reduce outward migration of Irish doctors will achieve Article 5 of the Global Code, producing health workforce sustainability, making Ireland less reliant on recruiting foreign-trained doctors.

Health worker migration has been increasing worldwide over recent decades, especially from lower-income countries with already fragile health systems. To address this challenge, the World Health Organization (WHO) developed and adopted the Global Code of Practice on the International Recruitment of Health Personnel in 2010 (1).

This policy brief summarizes some of the research evidence describing and analysing doctor migration into and out of Ireland, drawing on research studies conducted by the Health Workforce Research Group, based at the Royal College of Surgeons in Ireland:

- the Doctor Migration Project (2011–2013), an exploratory mixed-methods study comprising qualitative in-depth interviews with 37 non-European Union (EU) migrant doctors in Ireland, followed by an online survey completed by 366 non-EU migrant doctors in Ireland;

- the Failure to Retain Project (2014), consisting of a short online survey completed by 388 Irish-trained doctors (307) and nurses/midwives (81) working abroad;

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the Doctor Emigration Project (2014–2016), a longitudinal study in which 1248 Irish doctors have been surveyed on their migration intentions with 900 agreeing to be tracked.

1. Doctor migration into Ireland

Foreign-trained doctors comprise a significant proportion of the medical workforce in Ireland. Between 2000 and 2010, the proportion of foreign-trained doctors registered to practise medicine in Ireland rose from 13.4% to 33.4% (2) (Figure 1). By 2008, Ireland ranked second highest of Organisation for Economic Co-operation and Development (OECD) countries in terms of its reliance on foreign-trained doctors, based on a cross-country comparison of medical registration data (3) (Figure 2). The proportion of foreign-trained doctors has remained relatively stable since 2008, at 34.3% in 2013 (4).

Non-EU countries are the main source countries of foreign-trained doctors migrating to Ireland, comprising four of the five top countries: Pakistan, South Africa, the United Kingdom, Sudan and India (4). However, a particular feature of non-EU doctors in Ireland is that a significant proportion (15%, n = 60) had qualified from Irish medical schools (5).

Based on qualitative and quantitative findings (5–7), migrant doctors working in Ireland are a potentially highly mobile group, many of whom are considering migrating onwards. Hence, undue reliance on them may undermine implementation of Article 5 of the Global Code – health workforce sustainability.

Qualitative findings report a cycle of brain gain, waste and drain (6), whereby Ireland has at the first stage experienced a brain gain due to international recruitment of non-EU foreign-trained doctors. However, neither Ireland nor these doctors appear to have capitalized fully on this, in that many foreign-trained doctors have reported what has been described as “brain
waste” (classified as de-skilling) (6), with many reporting their intention to migrate onwards to another destination country (brain drain).

Quantitative research findings (5) support these qualitative findings, with 240 out of 345 (69%) non-EU doctor respondents reporting that they intended to leave – 161 (52%) to migrate onwards and 79 (17%) to return home. Factors that were significantly associated with intentions to migrate onwards from Ireland were lack of career progression opportunities in Ireland, salary as a motivation to migrate to Ireland, working on short-term contracts, lack of citizenship and overall dissatisfaction with their experiences in Ireland.

Factors that were significantly associated with intentions to return home included being born in South Africa or another high-income country, being motivated by family rather than salary in the decision to migrate to Ireland, a perception that there is a lack of training and career opportunities available in Ireland, and lack of Irish citizenship.

The 105 (30%) who planned to remain in Ireland reported significantly more positive experiences around career, supervision and training opportunities. Family rather than salary was an important factor in their decision to migrate to Ireland and they were more likely to have a permanent contract of employment and citizenship. Overall, these respondents were more positive and satisfied with their lives in Ireland (5).

Analysis of survey results among 231 foreign-trained non-EU doctor respondents whose first medical post in Ireland was not permanent showed statistically significant evidence of poorer career progression in Ireland, compared with the 50 Irish-trained non-EU doctor respondents (7). This suggests that country of training is a predictor of career progression, independent of nationality.

2. Doctor migration out of Ireland

Quantified data on doctor migration out of Ireland are limited due to the limitations of medical registration data, which do not identify the reasons for exit from the Register of Medical Practitioners, i.e. the data do not distinguish emigration from retirement or death. However, an annual exit rate of 6.4% among Irish-trained graduates under 30 years of age in 2012, and 7.9% among younger doctors in 2013, suggests that emigration is an important factor (8). Of those doctors who exited in 2013, 62.3% were non-EU-trained doctors, while 12.6% were non-Irish but EU-trained (4). These figures suggest significant levels of doctor migration out of Ireland, comprising Irish-trained Irish doctors, Irish-trained non-EU doctors, and foreign-trained non-EU doctors.

An exploratory study of 388 health professionals, including 307 doctors, who had trained at undergraduate level or who had worked in Ireland but had subsequently emigrated, revealed that only 24% intended to return to practise medicine in Ireland in the future (9). Most respondents (90%) were Irish-trained doctors who had emigrated to Australia (30%), the United Kingdom (25%) and the United States of America (19%). Respondents described their main motivation for emigration as the working conditions and environment in Ireland, and the availability of better training and research opportunities abroad (10).
Similar reasons for intending to leave Ireland were reported in the study of non-EU doctors working in Ireland (5) as were reported by doctors who had trained and worked in Ireland and subsequently migrated to another country. In the case of both foreign- and Irish-trained non-EU doctors in Ireland, two thirds reported an intention or likelihood that they would leave (5). Only one quarter (24%) of the Irish-trained doctors who had left intended to return to Ireland. One third (33%) were not planning to return and 38% were uncertain – an improvement in terms and conditions of service being the factor that would encourage their return (10). The longer they were abroad, the less likely it was that they would return to Ireland (9).

The Doctor Emigration Project (2014–2016) aims to generate longitudinal data on doctor emigration from Ireland (Box 1).

**Box 1. Doctor Emigration Project (2014–2016)**

Longitudinal research on doctors is the best way to measure and understand career pathways and the influencing factors, including how intentions change with successive cohorts of doctors as new national strategies to retain doctors are implemented.

The Doctor Emigration Project aims to evaluate the associated factors and degree to which intentions to migrate among doctors in Ireland translate into outward migration. It aims to track, interview and survey doctors who have emigrated and those who have remained so as to produce a more in-depth understanding of the types of doctors, the affected specialities, and the factors that determine retention by and attrition from the Irish health system.

Data collection began in 2014 with a baseline survey of the emigration intentions of all 3000 doctors in training in Ireland, nested in a wider annual survey of doctors conducted by the Medical Council of Ireland - 1269 doctors agreed to participate in the study with 898 agreeing to be tracked. A sample of 50 doctors from this cohort will be interviewed (this component started in April 2015); and a representative sample will be surveyed in late 2015 to assess if and why their emigration intentions have changed or remained the same.

### 3. Implications

The evidence – which is consistent with research on inward and outward migration from other settings – points to the need for effective retention measures so as to achieve medical workforce sustainability. Strategies that will achieve this in Ireland include better working conditions (shorter and more flexible working hours), better terms and conditions of service (including equitable salary levels), better access to training and research opportunities, and clearer career paths.

The recommendations of the Department of Health-led 2013–2014 Strategic Review of Medical Training and Career Structures (11) included ones specifically to address the 900 “service posts” that are mainly occupied by foreign-trained doctors, which will include measures to provide them with training and roles that meet their needs for career progression, along with the needs of the health system, through establishing better oversight and supervisions systems. Most of the recommendations, inasmuch as they succeed in retaining Irish doctors, will lead to much less international recruitment in the future.
If these recommendations are adequately resourced and implemented, they have the potential to address the systemic factors that have been driving outward migration of doctors, both Irish- and foreign-trained, and the inward migration of non-EU-trained doctors to fill these gaps. By placing retention and sustainability at the centre of national workforce policy development, Ireland will fulfil its commitment under Article 5 of the Global Code, but more importantly, will maximize the workforce potential of every doctor, regardless of their country of training, in Ireland.

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References


under review (supplement reviewing the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel).


