# Irish Doctor Exodus: Why the Irish Health System Cannot Retain Its Junior Doctors

## Eoin Kelleher, 4th Year Medicine, RCSI



Is it any wonder that most of our NCHDs are leaving, and many of those who remain regret entering the profession?

## Introduction

Well-trained and motivated medical staff are essential to a functioning health system. However, Ireland is struggling in this regard. Ireland is the EU country with the highest proportion of its doctors working abroad<sup>1</sup>, with 47% of our medics working outside the country. For example, In 2011, half of all graduates left Ireland after intern year<sup>2</sup>. Malta is a distant second with 23.1% of their doctors leaving. As has been highlighted in numerous studies and reports over the years, Irish non-consultant hospital doctors (NCHDs) - those doctors in training and other temporary posts - are demoralised and dissatisfied with working conditions in Ireland and are leaving<sup>2-9</sup>. Half of NCHDs report being dissatisfied with their current job in Irish hospitals<sup>3,4</sup>, and 57% would not recommend a job as an NCHD to a member of their family<sup>4</sup>. In addition, 32% told the Irish Medical Organisation (IMO) Benchmark Survey in 2011 that they would not choose medicine again if they had

a choice<sup>4</sup>. This backs up findings from the Career Tracking Survey (CTS) of 2005, which surveyed Irish doctors who graduated in 1994 and 1999. This survey found that only 70% of graduates would train as a doctor again<sup>9</sup>. These figures compare poorly with corresponding information for doctors working for the National Health Service (NHS) in the United Kingdom<sup>10-12</sup>: in 2012, 82% of graduates from 2006 in the UK had a strong or very strong desire to practise medicine, and fewer than 1% regretted becoming a doctor<sup>10</sup>.

A systematic review by Willis–Shattuck and colleagues explored reasons for health–worker retention in developing countries and identified seven motivational themes<sup>13</sup>. This article reports the views and experiences of Irish NCHDs under these themes, using information derived from recent reports and studies. The seven themes identified by Willis-Shattuck are:

- 1. Financial incentives
- 2. Career development
- 3. Continuing education
- 4. Hospital infrastructure
- 5. Resource availability
- 6. Hospital management
- 7. Personal recognition or appreciation<sup>13</sup>

## **Financial Incentives**

Although financial incentives are important, they are not sufficient to determine the retention or emigration intentions of doctors. Rather, monetary rewards are one of many factors which affect physician morale and motivation<sup>13,14</sup>. A 2012 survey of Irish NCHDs found that over half were dissatisfied with their pay, but less than a third reported it as an important factor in any decision to move abroad<sup>3</sup>. An important issue affecting NCHDs is widespread breaches of their contract. Nonpayment of unrostered overtime by hospitals has been widespread in recent years, with 55% reporting to the Irish Medical Organisation (IMO) that they do not get paid for all the hours that they work<sup>4</sup>. This is widely cited as a major cause of upset in surveys of NCHDs and in the media<sup>8,15</sup>. The withholding of pay often leaves workers feeling demoralised and undervalued by the health service for which they work, and contributes to negative attitudes towards hospital management which will be further outlined below. Several cases have been taken by the IMO to the Labour Court. which is the last resort for industrial relations disputes<sup>16</sup>.

posts<sup>9</sup>. Numerous reports have highlighted the need to move towards a consultant-delivered health care system with an increased ratio of consultants to NCHDs, notably the Tierney Report, Hanly Report and Buttimer Report<sup>17,18,5</sup>. In clinical directorates, consultants and NCHDs work in teams to provide care, rather than each consultant post being supported by a team of NCHDs. However, despite the many reports, there has been limited progress on this. Many NCHDs remain in registrar posts even once they have completed their training, partly because the base of the pyramid is too wide and the ratio of NCHDs to consultants too high.

## **Continuing Education**

Training is important for doctors because it allows them to develop professionally and achieve personal goals<sup>13</sup>. The poor quality of training available in Irish hospitals is consistently highlighted by NCHDs as a problem, and seeking better training is often given as the main reason for leaving Ireland<sup>3,8,9</sup>. In the 2012 survey, 40% of NCHDs rated the training they received as "poor"<sup>3</sup>. A significant proportion of respondents to the CTS in 2005 still working in Ireland reported "poor structure, guality and organisation of training" as a major problem (19% of the 1994 cohort; 25% of the 1999 cohort)<sup>9</sup>. However, there was a wide variation across specialities, with over half of graduates rating training as a major concern in medical specialities<sup>9</sup>.

#### **Career Development**

Defined career development opportunities abroad are identified as important factors in deciding to emigrate<sup>13</sup>. Only 16.4% of NCHDs surveyed in 2012 thought their chances of obtaining a consultant post in Ireland were "good" or "excellent", while almost half thought their chances were "poor"<sup>3</sup>. These findings echo the Career Tracking Survey (CTS) which found that the most important factor in encouraging Irish doctors to return to Ireland was the availability of consultant



Here's a postcard from your doctor, he says he'll be a bit late.

The Second Interim Implementation Report of the Reform of Intern Year of the Health Service Executive Medical Education and Training committee (HSE–MET) showed that 44% of interns felt the training provided was "poor"<sup>2</sup>. 77% of respondents received less than three hours of formal teaching per week. A "no–bleep" policy during teaching was adhered to in only 5% of cases<sup>2</sup>. 94% experienced difficulty being released from clinical duties to attend training sessions<sup>2</sup>. 25% never received feedback from their trainers, and 62% only received feedback "sometimes"<sup>2</sup>. The majority of NCHDs report that most of their training comes from informal and "on–the–job" sources rather than formal, direct training<sup>4</sup>.

Much of NCHDs' time is spent on non-medical duties, such as "administrative tasks, organizing tests, finding charts etc." Over two-fifths of graduates from 1999 in the CTS report spending time on inappropriate tasks as a major problem<sup>9</sup>. 55% of interns report spending 60–80% of their time performing non-medical tasks, while 25% report spending 80–100% of their time<sup>2</sup>. These findings are supported by the IMO Benchmark Survey<sup>4</sup>.

While it is generally accepted that doctors carry out some further training abroad to gain valuable experience to bring home to Ireland, it is clear that Irish medicine needs a culture change. We must provide an environment in which the role of NCHDs is no longer seen as primarily service-provision, but as a training post where young doctors spend their time learning so that they may practise medicine as part of teams of consultants. This suggestion has been advocated before, most notably in the Buttimer Report<sup>5</sup>.

## Hospital Infrastructure and Resource Availability

Poor infrastructure and working conditions drain staff morale and affect performance and patient care. In the 2005 CTS survey, 15.5% and 13.5% of 1994 and 1999 graduates, respectively, reported working conditions to be a major issue<sup>9</sup>.

#### **Hospital Management**

Skilled managers have the ability to motivate their healthcare workers, to advocate on their behalf and to respond to their concerns, resulting in a motivated and effective workforce<sup>13</sup>. Lack of support from management is commonly cited as a major problem working in Irish hospitals<sup>8,9</sup>. The widespread non–adherence to the European Working Time Directive (EWTD) and reported non– payment of unrostered overtime are two examples<sup>4</sup>.

The EWTD mandates that healthcare workers cannot work more than 48 hours per week<sup>19</sup>. It was introduced in 2004, and was to be fully implemented by 1st August, 2009<sup>9</sup>. In 2011, only one-third of NCHDs were compliant with the EWTD, according to the HSE<sup>9</sup>. Over three-quarters of NCHDs report that the EWTD has not been implemented as of 2012<sup>3</sup>. Working hours are cited across all surveys as a major reason for leaving Ireland for countries with perceived better working conditions<sup>2,3,8,9</sup>.

#### **Personal Recognition or Appreciation**

Recognition of the value of one's work by employers and the community was found to be an important motivating factor for healthcare workers<sup>13</sup>. Irish NCHDs, however, feel under-appreciated and demotivated by the health service for which they work. Evidence of extremely low morale was picked up in the IMO Benchmark Survey of NCHDs: as mentioned above, 57% would not recommend a career as an NCHD to a family member and almost one-third would not choose medicine again<sup>4</sup>.

#### Consequences

Ireland makes up for the shortfall in Irish NCHDs by actively recruiting doctors from abroad, often from developing countries such as India, Pakistan and Sudan. There are issues with this practice, both practical and ethical. It is costly to recruit doctors from overseas, particularly when many will only stay for a few years. Moreover, there are ethical problems when a health service actively recruits medics from developing countries and thus deprives people there of much-needed medical staff. This article does not attempt to address this other side of the issue; however, an article from RCSI and Trinity College, Dublin examines it in detail<sup>20</sup>.

## Conclusion

The above findings, which represent a serious threat to future medical workforce sustainability, should not be a surprise, considering how little attention is paid to the needs of NCHDs in Ireland. Training is perceived to be of poorer quality than in other countries to which Irish medical graduates can easily emigrate and its importance is not emphasised or recognised. In recent years, training allowances and grants have been cut, NCHDs are expected to work long hours that breach the EWTD and NCHDs are regularly not paid for this extra time. In addition, these long hours negatively affect their performance and ultimately put patient care at risk<sup>21</sup>. Furthermore, much of their time is spent performing non-medical tasks. Between all of this and widespread breaches of the NCHD 2010 contract<sup>4</sup>, is it any wonder that most of our NCHDs are leaving, and many of those who remain regret entering the profession?

## References

1. Garcia-Perez, M. A., Amaya, C. & Otero, A. Physicians' migration in Europe: an overview of the current situation. BMC health services research 7, 201, doi:10.1186/1472-6963-7-201 (2007).

2. (HSE-MET), H. S. E. M. E. a. T. Implementation of the Reform of the Intern Year: Second Interim Report. (2012).

3. Bruce-Brand R, B. J., Ong J, O'Byrne J. Diagnosing the Doctors' Departure: Survey on Sources of Dissatisfaction Among Irish Junior Doctors. Irish Medical Journal 105 (2012).

4. in Joint Committee on Health and Children (Irish Medical Organisation, Leinster House, Dublin 2, Ireland, 2011).

5. Buttimer, J. Preparing Ireland's Doctors to meet the Health Needs of the 21st Century:Report of the Postgraduate Medical Education and Training Group. (Postgraduate Medical Education and Training Group (MET), Ireland, 2008).



It says here that she leaves behind a husband, 3 children, 549 Facebook friends and 356 Twitter followers. Terrible sad.

This article makes clear that there is no easy fix, as there is no one reason driving NCHD emigration from Ireland. Future work will require a systematic analysis looking at how each of the above issues contributes to emigration, and ways to address it. New graduates and current NCHDs are – for better or for worse – the future of Irish health care. The importance of retaining them and motivating them cannot be overstated.

6. Finucane, L., O'Callaghan. Medical Graduates of the National University of Ireland in 1978: Who and where are they?;. Irish Medical Journal 98 (2005).

7. Finucane P, O. D. T. Working And Training As An Intern: A National Survey of Irish Interns. Medical Teacher 27, 107-113 (2005).

8. Burke, S. C. Survey of Final Year Medical Students 2012: Will We Go or Will We Stay? , (Seanad Eireann, 2012).

9. Children, D. o. H. a. Plan for Implementation of EWTD in Ireland – Doctors in Training. (Department of Health and Children, Dublin, 2012).

10. Unit, H. P. a. E. R. Sixth report of the BMA cohort study of 2006 medical graduates. (British Medical Association, London, 2012).

11. Taylor, K., Lambert, T. & Goldacre, M. Career destinations, views and future plans of the UK medical qualifiers of 1988. Journal of the Royal Society of Medicine 103, 21-30, doi:10.1258/jrsm.2009.090282 (2010). 12. Moss, P. J., Lambert, T. W., Goldacre, M. J. & Lee, P. Reasons for considering leaving UK medicine: question-naire study of junior doctors' comments. BMJ 329, 1263, doi:10.1136/bmj.38247.594769.AE (2004).

13. Willis-Shattuck, M. et al. Motivation and retention of health workers in developing countries: a systematic review. BMC health services research 8, 247, doi:10.1186/1472-6963-8-247 (2008).

14. Kotzee, T. J. & Couper, I. D. What interventions do South African qualified doctors think will retain them in rural hospitals of the Limpopo province of South Africa? Rural and remote health 6, 581 (2006).

15. Mudiwa, L. in Irish Medical Times (MPI Media Ltd., Ireland, 2012).

16. (Labour Court, 2009).

17. Group, D. o. H. P. M. a. D. Medical Manpower in Acute Hospitals: A Discussion Document. (Department of Health, Dublin, 1993).

National Task Force on Medical Staffing, D. o. H. a.
Report of the National Task Force on Medical Staffing.
(Department of Health and Children, Dublin, 2003).

19. (European Parliament and European Council, 2003).

20. Bidwell, P. et al. The national and international implications of a decade of doctor migration in the Irish context. Health policy, doi:10.1016/j.healthpol.2012.10.002 (2012).

21. Flinn, F. & Armstrong, C. Junior doctors' extended work hours and the effects on their performance: the Irish case. International journal for quality in health care : journal of the International Society for Quality in Health Care / ISQua 23, 210–217, doi:10.1093/intqhc/mzq088 (2011).