

# 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. Non-payment 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>.

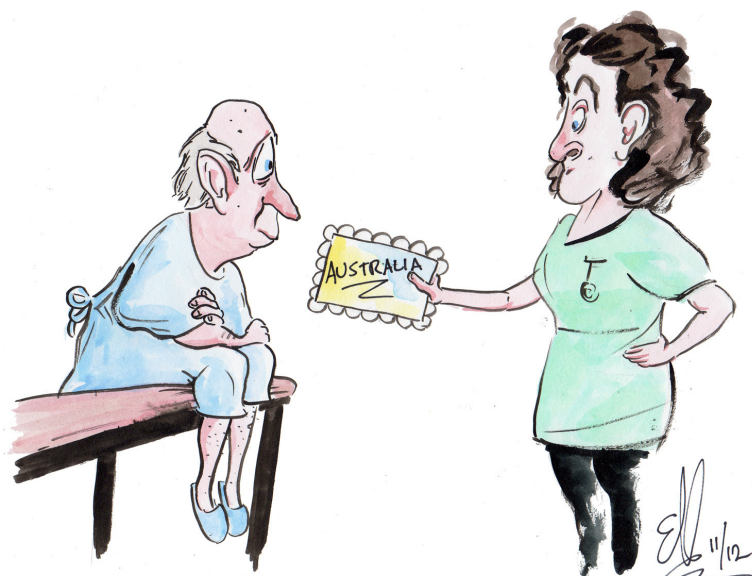
### Career Development

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

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, quality 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>.



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





