Why are Irish doctors emigrating?

Abstract

The emigration of Irish-trained doctors is not a new phenomenon, but in recent years it has begun to have a greater impact on the efficiency and stability of the Irish healthcare system. With the highest number of doctors working abroad and more than half of those working in Ireland being non-Irish nationals, this is an issue not to be taken lightly, and it has led to a critical shortage in non-consultant hospital doctor (NCHD) numbers. Causes of this problem include falling income levels in Ireland, a better work–life balance available abroad, excessive working hours and an uncertain career pathway, among others. Australia, New Zealand, the UK and the USA are the most attractive destinations for doctors emigrating from Ireland as they address the above issues better than Ireland does. It is critical that all involved parties, including the Health Service Executive (HSE) in Ireland, solve this problem, as further decline will have negative consequences for Irish healthcare provision.

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Introduction

Since the end of the 19th century, Irish-trained doctors have been emigrating to countries outside Ireland to practise medicine.[1] Ireland currently has the highest number of doctors working abroad, with 47.5% of our doctors outside the country.[2]

The Irish Medical Organisation (IMO), the sole representative of NCHDs in Ireland, conducted a benchmark survey in 2011, questioning NCHDs about their medical training, career intentions and current working conditions. According to the report, 61% of NCHDs rated their morale as low. The low morale among NCHDs has been blamed for difficulties in NCHD recruitment and retention by the HSE. A total of 58% of NCHDs stated that there is an insufficient number of training (as opposed to service) positions, and 74% believe that there is a lack of consultant posts. In addition, 70% of NCHDs stated that they would like to work overseas, with 60% stating that they are unlikely to return to Ireland due to the lack of consultant training posts. Other reasons for low morale that may be contributing to recruitment and retention hindrance include long working hours, difficult working conditions, and non-application of contractual entitlements, among others.[3]

In 2004, a questionnaire compiled by the Medical Education and Training Group and UCD was sent to 893 medical graduates of 1994 and 1999. It investigated current postings, postgraduate training, demographic characteristics and future career intentions.[4] Of the 95% remaining in medical employment, 45.6% were working outside of Ireland. Findings from these and other similar studies clearly indicate that a great number of NCHDs are indeed emigrating or planning to emigrate from Ireland, and that this figure has increased in passing years.[4]

NCHDs are very important within the Irish health system. These are doctors who have completed their intern year and are now in postgraduate training, after which they can progress to consultant level, which is the highest rank of medical practitioner.[5]

Falling levels of NCHDs could result in a further increase in the already long hospital waiting lists, reduction in emergency department (ED) opening hours, and increased stress for the remaining doctors who will be under pressure to meet a growing workload. According to the Health Service Executive (HSE) in Ireland, the principal destinations of emigration for Irish medical graduates (IMGs) are Australia, New Zealand, the UK and the USA.[3] The HSE must implement a strategy as to how they are going to either retain IMGs or recruit more foreign doctors to replenish the depleting numbers.

This article aims to outline the reasons why IMGs are emigrating, the appeal of foreign countries to IMGs, and to suggest what can be done to either retain IMGs or attract foreign-trained graduates to Ireland.

The problem

There is a considerable shortage of NCHDs in Ireland, and the number of applications for Medical Council registration is decreasing each year.[6] The continuing depletion of NCHDs is now beginning to have a more profound effect on healthcare provision, in particular EDs, where there is severe overcrowding and an insufficient number of hospital staff.[7] According to a survey conducted by the Irish Association of Emergency Medicine (IAEM), approximately 29% of the positions in EDs around the country are vacant.[8] The emigration of doctors is impacting heavily on the health system in general, which may contribute to decreased efficiency, lengthy waiting lists and, consequently, increased mortality.[9]

One of the strategies Ireland had implemented in 2011 was the recruitment of foreign doctors, predominantly from India and Pakistan, in order to make up for the shortfall.[10] However, this has a financial impact, as a substantial sum of money is spent hiring foreign-trained doctors from abroad in order to replenish the diminishing numbers.[9] Ireland is currently relying on the recruitment of foreign-trained doctors in order to make up for these discrepancies.[10] In 2006, it was estimated that around 54% of NCHDs working in Ireland were non-Irish nationals.[11] In 2011, close to 300 doctors were recruited from India and Pakistan. In addition, the number of non EU-trained physicians increased from 972 in 2000 to approximately 4,740 in 2010.[12]

Reasons for emigration

Working hours

Working conditions contribute significantly to overall job satisfaction, and it has been found that current conditions are playing a role in emigration. This has also been noted by the HSE, which has conducted an audit on NCHD working hours for the purpose of evaluating implementation of the European Working Time Directive (EWTD).[13] The EWTD was introduced in 2004, and was to be fully implemented by August 1, 2009. It dictates that workers are prohibited from working in excess of 48 hours per week with a cap of 24 consecutive hours at any one time, and are entitled to 11 hours of uninterrupted rest per day.[14] In relation to NCHDs, this excludes training periods as a means to protect education, income levels, and health and safety. The HSE has yet to implement the EWTD in all workplaces across Ireland. The EU Commission has issued warnings to Ireland regarding the continued violation of the EWTD, where doctors are sometimes working in excess of 61 hours per week, with some shifts exceeding 36 hours without a break.[15] The current working week is 9.00am to 5.00pm from Monday to Friday, with overtime commencing for any additional hours worked outside this time frame and on weekends, with a maximum limit for total work of 48 hours per week.[16] However, due to the economic recession, many hospitals have unpredictable policies regarding payment for unrostered overtime and many NCHDs end up without compensation for time they have worked.[17] Furthermore, the HSE has recently announced an extension of working hours for doctors, making it from 8.00am to 8.00pm Monday to Friday, and 8.00am to 7.00pm on weekends, hence further reducing overtime hours and, consequentially, income levels.[17]

Work–life balance

Achieving a good work–life balance is a priority for many people, with doctors being no different. A work–life balance is very important for

Table 1: A comparison of income levels between Ireland, the UK and Australia.

	Income per annum	Working week	Tax (single)
Ireland	€38,839-€54,746	48 hours	20% on first €32,800 41% on the remaining balance
United Kingdom	£22,412-£29,705 (€26,494-€35,116)	40 hours	20% on first £34,370 (€40,360) 40% from £34,751-£150,000 (€41,081-€177,324). 50% on income over £150,000 (€177,324)
Australia	Aus$60,000-Aus$75,000 (€46,313-€57,891)	38 hours	The first 30% of income is tax free. Remaining 70% is taxed at $3,572 + 32.5% for income levels between $37,001 and $80,000

overall health and wellbeing, not only in medicine, but in any career.[18] Working excessively long hours has adverse effects on both physical and mental wellbeing. Stress, burnout and fatigue are just some of the effects that overwork has on the body.[18]

If subject to continuously long hours, the susceptibility to burnout increases.[19] Burnout was initially used to describe the negative emotional reactions of those working in a client-based industry. It is characterised by emotional exhaustion, depersonalisation and a decreased level of personal accomplishment within one's job.[20] The Maslach Burnout Inventory (MBI) is a recognised system for measuring burnout, and has been used in extensive research for 25 years post publication.[21] It evaluates all the three key features of burnout: emotional exhaustion by work; depersonalisation, where one becomes detached and aloof towards the recipients of the service; and, personal accomplishment, which involves the levels of success and competence felt at work. Doctors suffering from burnout can become detached from patients and will not experience the same level of fulfilment that they used to in their job.[21] Cognitive function and clinical decision-making are also impaired, which can increase the risk of medical error.[19] Over time, the burnout will not only affect the doctor but also the patient. The risk of medical errors, ill health and lower levels of patient satisfaction due to doctors' lack of interpersonal skills are some of the effects that burnt out doctors have on patients.[19]

Being overworked can also lead to fatigue, stress and poor health. A study on work-related factors among Japanese paediatricians found that longer working hours, overtime and no days off contribute to job stress, while more work days without overtime and periodic breaks have the opposite effect.[22] Doctors' long working days contribute to fatigue, one of the major causes of medical error in hospitals. This is truer in the ED, where quick reaction time, sound judgment and concentration are required.

Sleep deprivation and fatigue result in poor concentration levels and impaired judgment. One night of missed sleep decreases cognition by as much as 25%, with two missed nights reducing cognition by 40%. Lower levels of motivation and initiative, altered mood and reduced morale are just some of the other side-effects that can result from lack of sleep.[23]

According to the Clinical Indemnity Scheme there were 83,611 reported errors in 2011 (compared to 55,058 in 2007) in Irish hospitals throughout the country.[24] Although medical errors happen across the world, it would contribute greatly to the quality of Irish healthcare if efforts were made to reduce these errors.

Burnout is not just a factor that causes ill health; it may play a role in prompting doctors to go to a place where the workload and stress are lighter. Experiencing continuous stress, strain and fatigue, not deriving a desired amount of satisfaction from work, and both physical and emotional exhaustion, are detrimental to overall health and wellbeing. Poor working conditions, one of the reasons for emigration, are also thought to contribute to burnout.[25]

Australia, one of the prime destinations for Irish doctors, has been found to have the highest quality of life in the world with regard to income, housing, jobs, education, health, work–life balance and environment.[26] The average working week for a doctor in Australia is 38 hours.[27] As a result, these countries have increased in popularity among Irish doctors,[3] with numerous job advertisements in medical newspapers such as the *Irish Medical Times* and the *Irish Medical News*.

Income levels

Due to the current economic recession in Ireland, NCHDs have been subjected to cuts to their overtime pay, as well as to any bonuses or allowances, as described above.[17] There are considerable discrepancies in terms of income, working hours and cost of living when comparing Ireland with Australia, the prime destination for Irish doctors, and the UK, Ireland's closest neighbour (**Table 1**).

In Ireland, the salary for NCHDs ranges from €38,839 to €54,746 per annum for a 48-hour working week.[28] As described above, overtime is paid for hours worked outside the normal working week and at weekends.[28] However, in recent times, the HSE has ceased paying unrostered overtime to NCHDs in a number of hospitals in Ireland.[17] All income is taxable at 20% on the first €32,800 and 41% on the remaining balance for single taxpayers.[29]

In Australia, the salary is Aus$60,000-Aus$75,000 (€46,313-€57,891) for a 38-hour working week.[27] The first 30% of

income is tax free, while the remaining 70% is taxed at $3,572 + 32.5% for income levels between $37,001 and $80,000.[27] Doctors in Australia are paid overtime for hours worked outside the 38-hour window, as well as for night shifts, weekends and public holidays. Overtime is usually double the standard rate of pay.[27]

In the UK, a foundation year 1 doctor earns around £22,412 (€26,494) per annum for a basic 40-hour week. This rises to £27,798 (€34,269) in foundation year 2, and up to £29,705 (€35,116) for a specialist in training.[30] If they work more than 40 hours per week outside 7.00am to 7.00pm, Monday to Friday, then there is overtime pay of between 120 and 150% of basic salary.[31] In the UK, tax rates are similar to that of Ireland, with 20% on all income earned below £34,370, (€40,360), 40% from £34,751-£150,000 (€41,081-€177,324), and 50% on income over £150,000.[30]

However, salary levels must be interpreted in light of the cost of living. In order for one to live comfortably, income levels must be in proportion to the cost of living. Dublin, although a rather expensive city, ranks lower than Australian cities such as Melbourne and Perth, and UK cities such as London and Manchester.[32] However, other cities in the UK such as Glasgow and Aberdeen have a significantly lower cost of living.[32] The generally higher cost of living in Australia and the UK may partially explain the higher salaries.

Career pathway

Another important reason NCHDs are leaving Ireland is an uncertain career pathway.[6]

For doctors, postgraduate training opportunities are crucial for advancing in their career and are a basic requirement for specialisation.[33] In Ireland, junior doctors can remain as juniors for more than 10 years due to a limited number of places for higher specialty training (HST) schemes.[6] Many doctors state that an insufficient number of consultant posts is one of their reasons for emigrating.[34] Some 62% of doctors working in Ireland had finished their medical training in ten years, but only 16% of them were in consultant posts.[34]

In Ireland, after graduating from medical school, a doctor must undertake one year of internship in order to gain recognition with the Irish Medical Council.[5] Immediately after completing the internship year, a doctor can either apply for basic surgical training (BST), basic medical training (BMT), the GP training scheme, or spend up to a maximum of two years abroad in non-training posts before applying. But if the doctor practises for longer than two years in a non-BST/BMT post upon completing their internship, then application to a training scheme can no longer be made.[5] After completing the basic training scheme, application can be made for HST. This lasts for five to six years and includes assessments to attain a Certificate of Satisfactory Completion of Specialist Training, which allows the doctor to be eligible to apply for a consultant post.[5] However, the number of places for postgraduate training has increased in Ireland from a total of 1,793 posts in 2010-2011, to 2,087 posts for BST in 2011 and 2012.[5]

In the UK, a two-year foundation programme is taken upon graduation from medical school in order to attain registration with the General Medical Council (GMC). Following this is another two years of core medical or core surgical training.[35] Afterwards, if the doctor wishes to, they can apply for the HST programme or specialist registrar scheme, lasting four to five years, or the GP training scheme, which is three years in duration. Following the completion of the specialist training programme, a doctor can apply for a consultant post.[35] Surgical training is around 11-12 years in duration before becoming a consultant. Every year, there are about 9,000 training posts in the UK, for which 15,000 applicants apply across 60 different specialties.[36]

The Health Minister in Ireland, Dr James Reilly TD, stated that such an uncertain career pathway has become a huge problem in Ireland and has led to frustration among those who wish to advance in a linear manner through their medical career. At present, there are some 450 NCHDs in Ireland with contracts of indefinite duration.[37] This leaves many doctors unsure as to where their career may take them next.

Consequences

Medical emigration is affecting the Irish healthcare system in many ways. One key issue is waiting lists. Due to the current shortage of specialists, waiting lists to see consultants are unacceptably long, and can be up to three years from referral from a GP in some specialties.[38] A recent report from the HSE stated that around 350,000 patients are currently on waiting lists, with roughly 200,000 waiting for more than one year.[39]At present, there are 3.2 doctors practising medicine per 1,000 of the population.[40]

In the UK, however, there were 2.7 doctors practising medicine per 1,000 people as of 2010, which includes both specialists and general physicians.[40] However, in the UK, the maximum length spent waiting to see a consultant upon referral from a GP is 18 weeks or six months.[41]

Should the number of doctors diminish further due to emigration, waiting lists may become longer than they already are; this would significantly decrease the overall efficiency of healthcare provision in Ireland.

Efforts to address the issue

The Postgraduate Medical Education and Training Group (MET) in Ireland published a report in 2005, which addressed the state of postgraduate medical training in Ireland as well as the issue of medical emigration.[34] The report was compiled with the former Minister for Health, Mary Harney, members of the MET and government departments. The chairperson of the MET, Jane Buttimer, stated that the reduction of working hours, reformation of medical education and the improvement of medical care are among the strategies laid down in order to improve the Irish health system. Also contained in the report are factors that have influenced doctors to emigrate, which are not unlike the ones discussed above. These include, but are not limited to, shorter working hours, acceptable workload, better working conditions, better pay, and location of medical posts. These are the results of a survey on two cohorts of medical graduates from 1994-1999. This report shows that these issues are known and efforts are being made to address them. The report gives a detailed description of the plan of action for the Minister for Health and the HSE on improving the overall quality of the Irish health system. Accommodating NCHD training within the

48-hour working week, safeguarding training and service delivery, implementing the National Flexible Training Strategy to retain graduates, establishing a strong Medical Education and Training Programme by the HSE (HSE-MET), and creating a funding base for postgraduate education and research are among the numerous strategies detailed in the report. In relation to the health of doctors, the HSE is also considering integrating modules on dealing with illness, stress and understanding the systems available to doctors who are ill, into undergraduate and postgraduate training. Further measures include the following: ensuring that occupational health services are made available to doctors, including those in rural areas; providing assessment and retraining after long illness or absence from work; and, creating a mentoring network to meet the retraining needs among doctors.[34] Increasing the number of postgraduate training posts is another factor that needs to be considered, as it is contributing to the emigration of doctors.[34]

The IMO is aware of the problems regarding NCHDs and hospital care, and has implemented a plan of action for retaining NCHDs: a training fund; two-year NCHD contracts; EWTD implementation; public holiday leave; professional competence; overtime payments; career plans; improved working conditions; education and training; a 39-hour core working week; and, GP travel allowance.[42]

Conclusion

There is room for improvement within the Irish health system. The economic recession is still affecting Ireland, so enhancing the health system may prove to be a challenging endeavour due to financial limitations. However, it is important in order to prevent the health service from deteriorating further. The reports written by the MET and the IMO show that the HSE and the IMO are fully aware of the problems within the health sector, and are currently in the process of improving the health system and the working conditions for doctors working within Ireland. Although recruiting large numbers of doctors from abroad to fill the vacancies left by Irish graduates has helped the Irish health system in the short term, it is not a long-term measure. The retention of Irish graduates is also important in improving the efficiency and quality of healthcare provision in Ireland.

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