

# ***Your Training Counts***

**Spotlight on trainee career and  
retention intentions**

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Comhairle na nDochtúirí Leighis  
Medical Council

July 2016

## ACKNOWLEDGEMENTS

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Finally, we would like to thank the 1,035 trainees across Ireland who took part in *Your Training Counts* in 2015; without their contribution *Your Training Counts* would not be a success and we are extremely grateful to everyone who took part.

# PRESIDENT'S & VICE-PRESIDENT'S FOREWORD

We are all aware that the emigration of doctors from Ireland is more prevalent than ever. In this report we delve deeper into the factors influencing doctors' intent to leave medical practice in Ireland.

Although there are a sufficient number of doctors being trained to meet the needs of the Irish people, increasing numbers of doctors are leaving Ireland to practice elsewhere despite a prospering economic climate. We know from last year's report findings that factors such as health, quality of life and experiences of bullying and undermining behaviour in the learning environment are all significant factors influencing decisions to leave Ireland, and this has been reaffirmed this year's report.

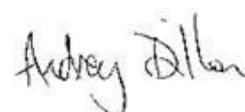
A very high proportion of trainee doctors intend to leave medical practice in Ireland because of understaffing; this is very concerning. If doctors do not have a positive experience during their training, it is likely that they will leave. We need to continue to work with and inform the rest of the health sector in order to develop feasible strategies to retain and attract talented doctors back.

We have also gathered intelligence on the specialties in which trainees were interested in pursuing a long-term career. With this, and the data from our [Workforce Intelligence Report](#) on the numbers of specialists currently working in a specific specialty area, as well as the number of specialists working within the related specialty area who were 55 years or over, employers and policy makers now know how to plan for a sustainable specialist workforce and doctors will know where job opportunities may shortly arise.

As this is an annual survey, we look forward to tracking trainee responses in the coming years so that we can establish trends and measure the impact of our work, and the work of the employers and policy makers. Our aim is to provide leadership to doctors in enhancing good professional practice in order to increase self-sufficiency in the Irish medical workforce in the interests of patient safety. This report is important for the future of our health system, and we are committed to working with our partner organisations to ensure there is a system-wide and coordinated response to address these issues.



Prof Freddie Wood  
President



Dr Audrey Dillon  
Vice-President

## CHIEF EXECUTIVE'S FOREWORD

I am very pleased to share the findings from the 2015 *Your Training Counts* spotlight on trainee career and retention intentions.

The *Your Training Counts* survey is at the heart of our remit as it facilitates our direct engagement with trainees to help us understand the positive aspects of the trainee environment, the deficiencies, trainees' health and wellbeing as well as their career and retention intentions. It is only when we have this information that we can systematically work with our partner organisations to bring about informed changes for the benefit of both patients and doctors.

This year's spotlight on the career intentions of trainees reaffirms many of last year's findings; for example 1-in-5 trainees reported that they intend to leave Ireland to practice elsewhere and the percentage of trainees who see themselves practising in Ireland for the foreseeable future has increased which is something we want to see getting higher and higher each year.

There were questions added to the survey this year in order to gain a greater insight into what might be influencing trainees' intent to leave medical practice in Ireland. Interestingly, but perhaps not surprisingly, 82% of trainees who reported that they were considering practising medicine abroad said they were going to leave because their workplace was understaffed. Although we are acutely aware that this is an ongoing issue within the Irish health service, these tangible statistics once again emphasise this and it is our aim to ensure this information is highlighted across the health sector so that it is kept firmly on the agenda.

As well as that, 75% of doctors who intended to leave medical practice in Ireland said they were expected to carry out too many non-core tasks and 72% said they were limited in terms of career opportunities available to them here in Ireland.

These findings are extremely useful as they will complement the quantitative information detailed in the Medical Council's annual *Medical Workforce Intelligence Report* which we look forward to launching later this year.

It is extremely important not to overlook the healthcare professionals at the heart of the health system as we require motivated, skilled and content doctors in order to expect patient care of the highest quality. We will continue to work in collaboration with the relevant bodies in the health sector to respond further to these findings and we will make it our priority to retain these highly-talented and skilled doctors for the benefit of the health service as a whole.



Mr William Prasifka  
Chief Executive



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# TRAINEE CAREER AND RETENTION INTENTIONS - AT A GLANCE

## Career intentions

- The majority of trainees (89%) were sure about the specialty in which they wanted to practice for their long-term career;
- The perceived quality of learning environments, trainees' age, stage of training, wellbeing, and quality of life were significantly associated with how sure trainees felt about being in the right long-term specialty for their career;
- 7% of trainees were interested in a move into a specialty area that was significantly different to the one in which they were currently training;
- The three most preferred specialties, in which trainees wanted a long-term career, were General Practice (23%), Anaesthesia (11%), and Psychiatry (7%);
- Trainees in Medical (16%) and Surgical (13%) programmes, were most likely to express an interest in changing specialty areas; and,
- Ophthalmology, Occupational Medicine and General Practice had the highest deficits in terms of matching trainee preference for future careers to current workforce levels.

## Retention intentions

- 58% of trainees see themselves practising in Ireland for the foreseeable future;
- 20% of trainees intend to definitely not (7%), or probably not (13%), practise medicine in Ireland for the foreseeable future;
- Intern trainees were most likely to say they did not intend to practise in Ireland for the foreseeable future (27%);
- The 3 largest influences on trainee intent to leave medical practice in Ireland were, understaffing in the workplace (82%), carrying out too many non-core tasks (75%), and limited career progression opportunities (72%);
- Trainees who intended to practise in Ireland for the foreseeable future rated their learning environments more highly, had better wellbeing, better quality of life and better health than trainees who did not;
- Trainees who were bullied during training were more likely than those who were not to say they were leaving medical practice in Ireland;
- The UK (30%), Australia (21%), and Canada (21%) and were the most frequently mentioned destinations for trainees with intentions to practise elsewhere;
- 44% of trainees who intended to work outside of Ireland said they would move within the next two years;
- 49% of trainees who intended to practise outside Ireland said it was likely they would return to Ireland in the future; and,
- 3.4% of trainees intended to leave medicine completely.

# INTRODUCTION

## Key Points

- *Your Training Counts*, the annual national trainee experience survey, is designed and delivered by the Medical Council and aims to inform and support the continuous improvement of the quality of postgraduate medical training in Ireland;
- In 2014, *Your Training Counts* invited trainees to share views on their training experience and their thoughts on career and retention intentions;
- In 2015 we asked trainees the same items (to help track attitudes longitudinally) and added ten new questions on migration to get more insight into the data;
- Almost 800 trainees answered items on career and retention intentions in 2015; and,
- This spotlight describes those responses and highlights significant associations between trainees' views on career and retention intentions with other variables contained in *Your Training Counts* (such as gender, health, wellbeing, quality of learning environments etc.).

# ABOUT THE MEDICAL COUNCIL

Through the regulation of doctors, the Medical Council enhances patient safety in Ireland. In operation since 1979, it is an independent statutory organisation, charged with fostering and ensuring good medical practice. It ensures high standards of education, training and practice among doctors, and acts in the public interest at all times. The Medical Council is noteworthy among medical regulators worldwide in having a non-medical majority. It comprises of 13 non-medical members and 12 medical members, and has a staff of approximately 70.

The Medical Council's role focuses on four areas:



## **Maintaining the register of doctors**

The Medical Council reviews the qualifications and good standing of all doctors and makes decisions about who can enter the Register of medical practitioners. In December 2015, approximately 19,000 doctors were registered, allowing them to practise medicine in Ireland.

## **Safeguarding education quality for doctors**

The Medical Council is responsible for setting and monitoring standards for education and training throughout the professional life of a doctor: undergraduate medical education, intern and postgraduate training and lifelong learning. It can take action to safeguard quality where standards are not met.

## **Setting standards for doctors' practice**

The Medical Council is the independent body responsible for setting the standards for doctors on matters related to professional conduct and ethics. These standards are the basis for good professional practice and ensure a strong and effective patient-doctor relationship.

## **Responding to concerns about doctors**

Where a patient, their family, employer, team member or any other person has a concern about a doctor's practice, the Medical Council can investigate a complaint. When necessary, it can take appropriate action following its investigation to safeguard the public and support the doctor in maintaining good practice.

## WHY YOUR TRAINING COUNTS?

The Medical Council is responsible for setting and monitoring standards for medical education and training throughout the professional life of a doctor: undergraduate medical education, intern and postgraduate training and lifelong learning. There are over 19,000 doctors registered to practise medicine with the Medical Council in Ireland and approximately 2,800 of these are interns or specialist trainees (in general, this report will refer to both groups of doctors as “trainees”, unless qualified). Training pathways for doctors are variable: following intern training (which lasts for twelve months), doctors proceed to basic specialist training (which lasts approximately 2 years) before proceeding to higher specialist training (which lasts approximately 4 to 6 years). Training in General Practice can commence following intern training and lasts for 4 years. These pathways are undergoing reform and some trainees pursue run-through training.

*Your Training Counts*, the annual national trainee experience survey, is designed and delivered by the Medical Council to support the continuous improvement of the quality of postgraduate medical training in Ireland – workplace-based training for doctors which takes place across various clinical sites including hospitals, mental health services and GP practices.

Specifically, the objectives of *Your Training Counts* are:

- To monitor trainee views on clinical learning environments in Ireland;
- To monitor trainee views on other aspects of postgraduate medical education and training that impact on achievement;
- To inform the role of the Medical Council in safeguarding the quality of medical education and training by identifying opportunities for strengthening standards and guidance, and through focusing on its quality assessment role; and,
- To inform dialogue and collaboration between all individuals and bodies involved in medical education and training in Ireland so as to continually improve the experience and outcomes of trainees in Ireland.

*Your Training Counts* collected feedback from 1,035 trainees (just over a third of all trainees registered in Ireland) on more than 100 questions. The Dutch Residency Educational Climate Test (D-RECT) was used to collect trainee views of the clinical learning environment in Ireland. Trainee views on health, wellbeing, bullying and undermining behaviours, trainee safety, quality of patient care in the clinical environment, and career and retention intentions were also elicited to provide a comprehensive understanding of training experiences. The survey ran from April to July 2015. Trainees provided views of their experience of training at a specific clinical site over the 12 months prior to the survey.

You can find more information about how we did *Your Training Counts*, including details on methods and the main findings at [www.medicalcouncil.ie](http://www.medicalcouncil.ie)

## WHY ASK TRAINEES ABOUT CAREER CHOICES AND RETENTION INTENTIONS?

Responses given to *Your Training Counts* items on career and retention intentions complement the quantitative information detailed in the Medical Council's annual Medical Workforce Intelligence Report. This more qualitative, attitudinal, data from trainees allows us to take a temperature check of how doctors feel about their career direction before they make career choices and transitions.

We hope that this information will provide those planning educational pathways for doctors with extra insight regarding potential shifts in trainee demand for specialties and therefore help make healthcare planning (and training) more effective.

In addition to these objectives regarding forecasting, the Medical Council is interested in understanding if, and how, training experiences (and the contexts in which those experiences occur) are associated with career and retention intentions. Understanding the factors influencing trainee career and retention decisions may help better direct the Council's role in safeguarding education quality for doctors.

## WHAT DID WE ASK?

*Your Training Counts* included 18 questions on career choices and retention intentions. In this spotlight, we provide results for each of these questions and analyse responses through a range of personal characteristics (e.g. trainees' age, gender), contextual factors (e.g. what type of site they were located in), and other items in *Your Training Counts* (e.g. experience of bullying) to look for significant variations, or associations, in how trainees responded.

To help determine significant variations, or associations, in responses a range of parametric and non-parametric statistical tests were conducted. When analysing normally distributed data, parametric tests including independent samples tests (to compare scores between two groups e.g. males and females), One-way ANOVAs (for comparing scores between more than two groups e.g. age ranges) and Pearson's correlations (for comparing scores with other scale data) were used.

Where scale data was not normally distributed, non-parametric tests including Mann-Whitney U test (for comparing scores from two different groups), Kruskal-Wallis tests (for comparing scores across 3 or more groups), and Spearman's rank order correlations (to check for correlations between different scales) were used. When scale data was borderline in terms of the normality of distribution both parametric and non-parametric tests were conducted with the most conservative result reported.

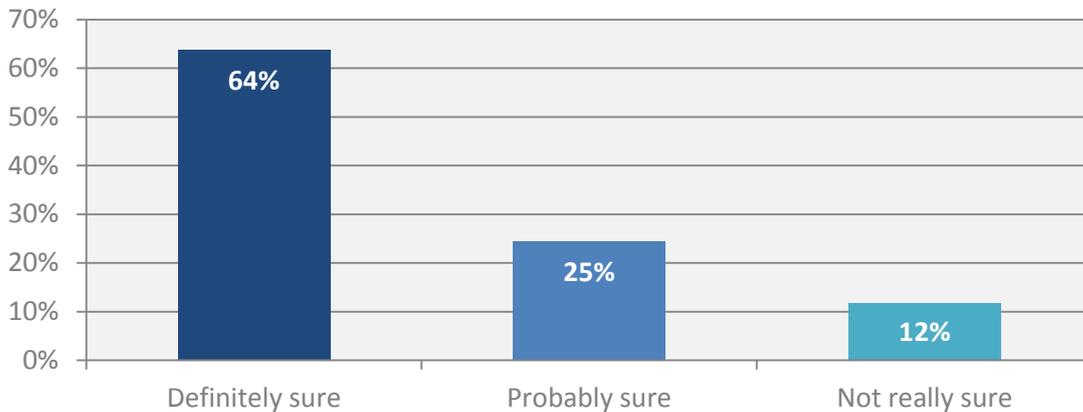
Phi values were used to gauge the strength of association between nominal variables with two categories, Cramer's V for associations between nominal variables with more than two categories, and Gamma for describing the strength of association between ordinal variables.

All tests that reported a p value of  $< .05$  were considered as statistically significant; conclusions on direction or causative nature of relationships are not inferred.

# TRAINEE LONG-TERM CAREER INTENTIONS

We asked trainees<sup>1</sup> if they had decided upon a specialty for their long-term career. The vast majority of trainees (89%) were definitely sure, or probably sure, about the specialty of their long-term career.

**Figure 1: Have you decided on your choice of specialty for your long-term career?**



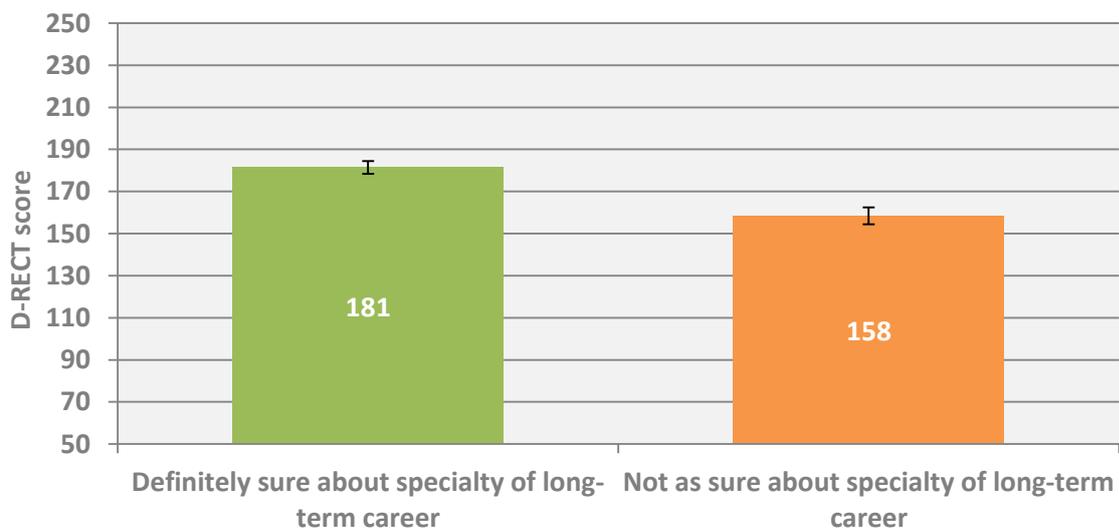
## VARIATIONS IN RESPONSES REGARDING LONG-TERM CAREER INTENTIONS<sup>2</sup>

Data from *Your Training Counts 2015* confirms the statistically significant links made in 2014 between long-term career intentions and trainee experiences of learning environments. Trainees who were definitely sure about the specialty of their long-term career perceived their learning environments to be of higher quality, enjoyed better wellbeing and higher quality of life than trainees who were not as sure about their long-term career.

### Perceptions of learning environments

Trainees who were definitely sure about their choice of specialty for their long-term career gave significantly higher D-RECT scores ( $M=181$ ,  $SD=33.01$ ); perceiving their learning environments to be of higher quality, than trainees who were not as sure about the specialty of their long-term career ( $M=158$ ,  $SD=34.3$ ),  $t(739) = 9.01$ ,  $p < .001$ .

**Figure 2: Long-term career intentions and views on quality of learning environments**



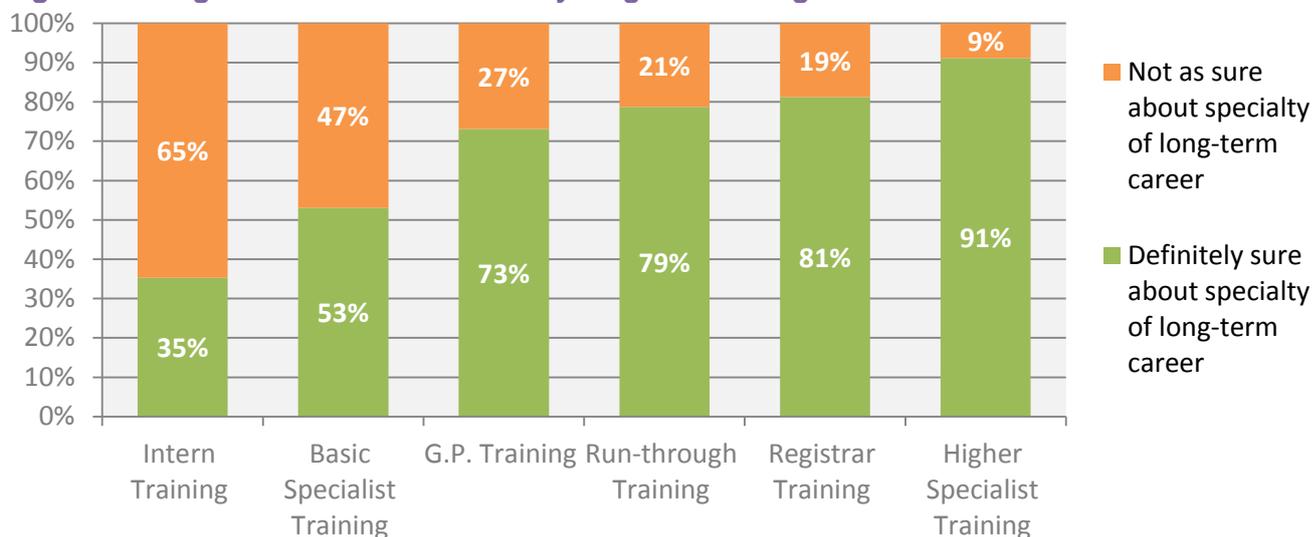
<sup>1</sup> All trainees, including interns

<sup>2</sup> To allow for clearer analysis “probably sure” and “not really sure” responses were aggregated into a new category “Not as sure”.

### Stage of training

There was a statistically significant, and very strong, association between trainees' stage of training and their surety about the specialty of their long-term career. For example, trainees on intern programmes (35%) were significantly less likely than trainees on HST programmes (91%) to be sure of the specialty of their long-term career,  $X^2(5, N=804) = 164.92, p < .001$ .

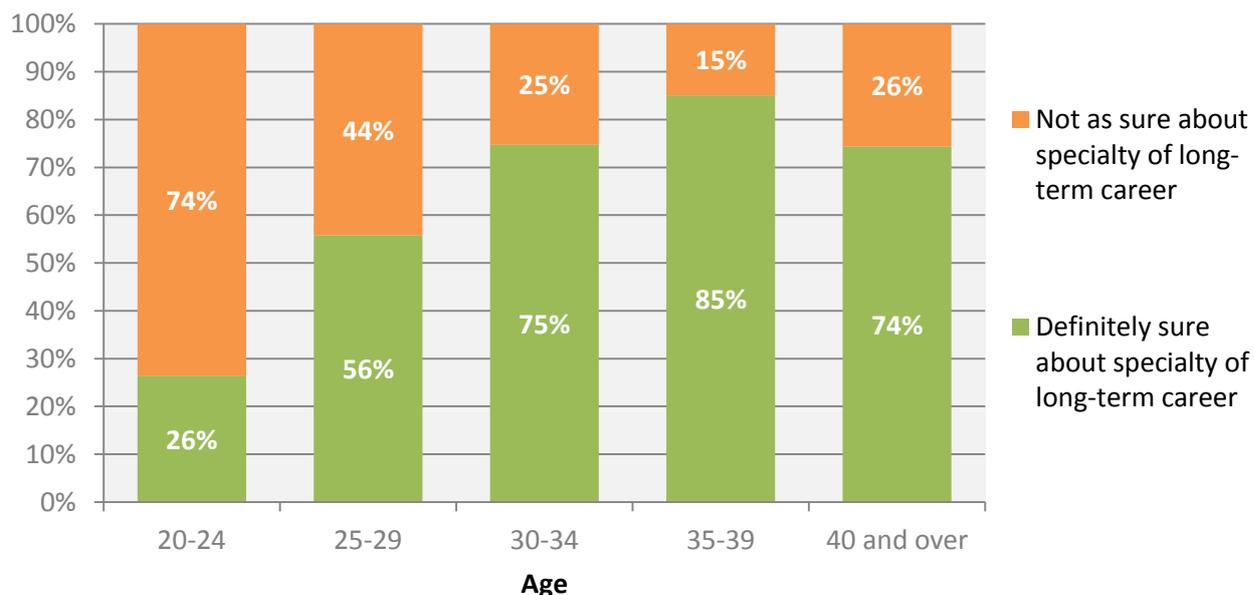
**Figure 3: Long-term career intentions by stage of training**



### Age

Age was significantly, and moderately, associated with how sure trainees felt about the specialty for their long-term career. Trainees aged 30 and over were significantly more likely than younger trainees to say they were sure about the specialty they wanted to work in for their long-term career,  $X^2(4, N=804) = 99.55, p < .001$ .

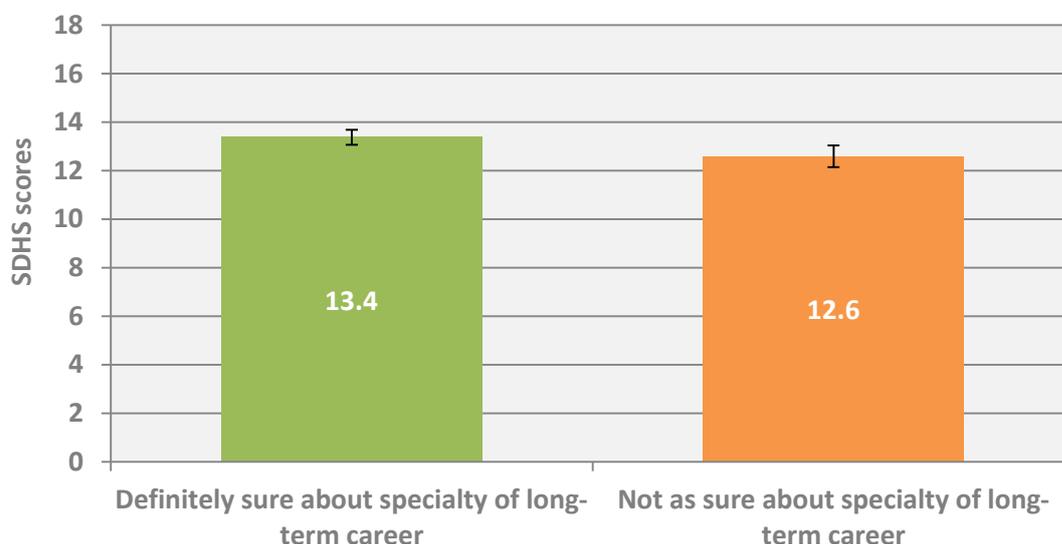
**Figure 4: Long-term career intentions and trainee age**



### Trainee wellbeing

Trainees who were definitely sure about the specialty in which they wanted to work for their long-term career reported significantly higher wellbeing scores (M=13.4, SD=3.5) on the Short Depression Happiness Scale (SDHS) than trainees who were not as sure (M=12.6, SD=3.8),  $t(535.83) = 2.837, p = .005$ .

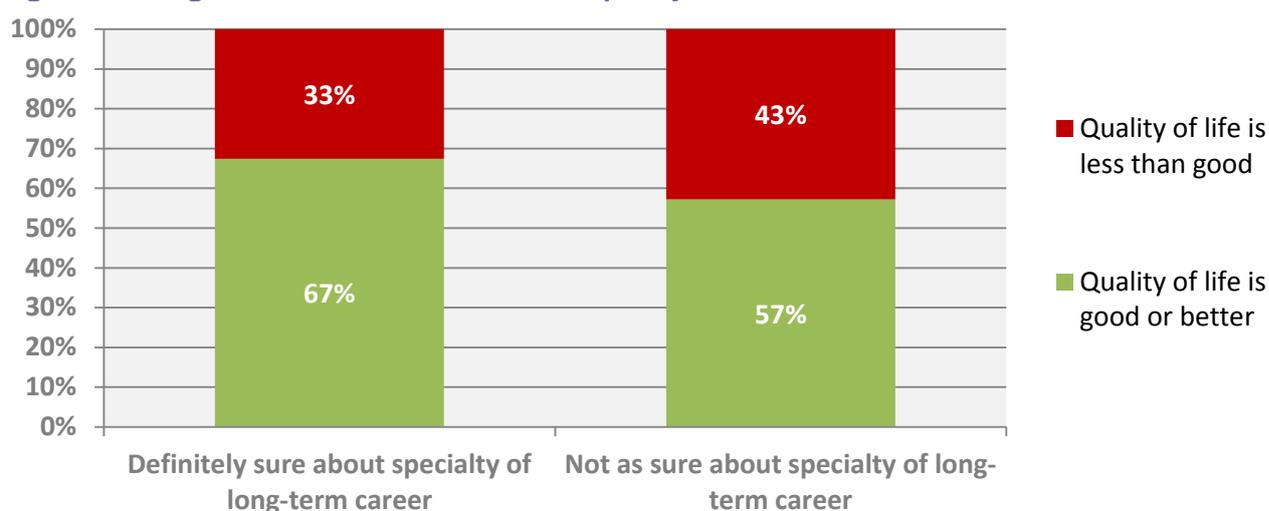
Figure 5: Long-term career intentions and wellbeing



### Self-reported quality of life

Trainees' perception of their quality of life was significantly, albeit weakly, associated with how sure they felt about the specialty of their long-term career. 67% of trainees who were definitely sure about the specialty for their long-term career had a good or better quality of life, compared to 57% of trainees who were not as sure about the specialty of their long-term career,  $\chi^2(1, N=794) = 8.21, p = .004$ .

Figure 6: Long-term career intentions and quality of life



There were no significant associations between trainee gender, where trainees gained their Basic Medical Qualification (BMQ), or how trainees entered the medical profession (Direct or Graduate entry) with how sure they felt about their long-term career specialty.

### Specialty area chosen by trainees, by stage of training

The specialty areas in which trainees were interested in pursuing a long-term career are presented below in **Table 1**.

**Table 1** also includes workforce data on the current proportions of consultants working in each specialty area (to allow for a rudimentary look at how trainee preference matches current workforce levels) and the proportion of consultants working in each specialty area that are 55 years or older (to show how many consultants in each specialty area may choose to retire in the next ten years).

**Table 1: Trainee interest in specialty area, by stage of training**

Preferred speciality area	Intern	BST	G.P. Training	Run-through	HST	Registrar	Total	MWFIR 2016 <sup>3</sup>	MWFIR 2016 <sup>4</sup>
Anaesthesia	11.8%	6.0%		60.5%	11.6%	6.3%	<b>11.2%</b>	7.4%	26.6%
Emergency Medicine	3.3%	4.0%		4.7%	5.3%		<b>3.5%</b>	1.6%	21.3%
General Practice	21.6%	2.6%	97.6%		1.4%		<b>23.2%</b>	35.4%	34.3%
Medicine	22.2%	24.5%			20.3%	50.0%	<b>17.4%</b>	15.2%	22.5%
Obstetrics & Gynaecology	6.5%	7.3%			2.9%	18.8%	<b>4.3%</b>	3.2%	31.0%
Occupational Medicine	0.7%		0.8%				<b>0.3%</b>	1.1%	48.9%
Ophthalmology	0.7%	0.7%			0.5%		<b>0.4%</b>	1.5%	41.4%
Paediatrics	6.5%	9.3%			10.1%	6.3%	<b>6.6%</b>	4.1%	21.6%
Pathology	3.3%	1.3%			7.2%		<b>3.2%</b>	4.6%	31.0%
Psychiatry	3.9%	23.2%		4.7%	10.1%	6.3%	<b>9.4%</b>	7.8%	34.1%
Radiology	3.3%	3.3%			9.2%		<b>4.2%</b>	5.1%	26.5%
Sports & Exercise Medicine		0.7%	0.8%				<b>0.3%</b>	0.3%	42.9%
Surgery	16.3%	17.2%	0.8%	30.2%	21.3%	12.5%	<b>16.0%</b>	11.2%	29.2%

<sup>3</sup> % of all specialists who were currently working in the related specialty area (as per the Medical Workforce Intelligence Report 2016)

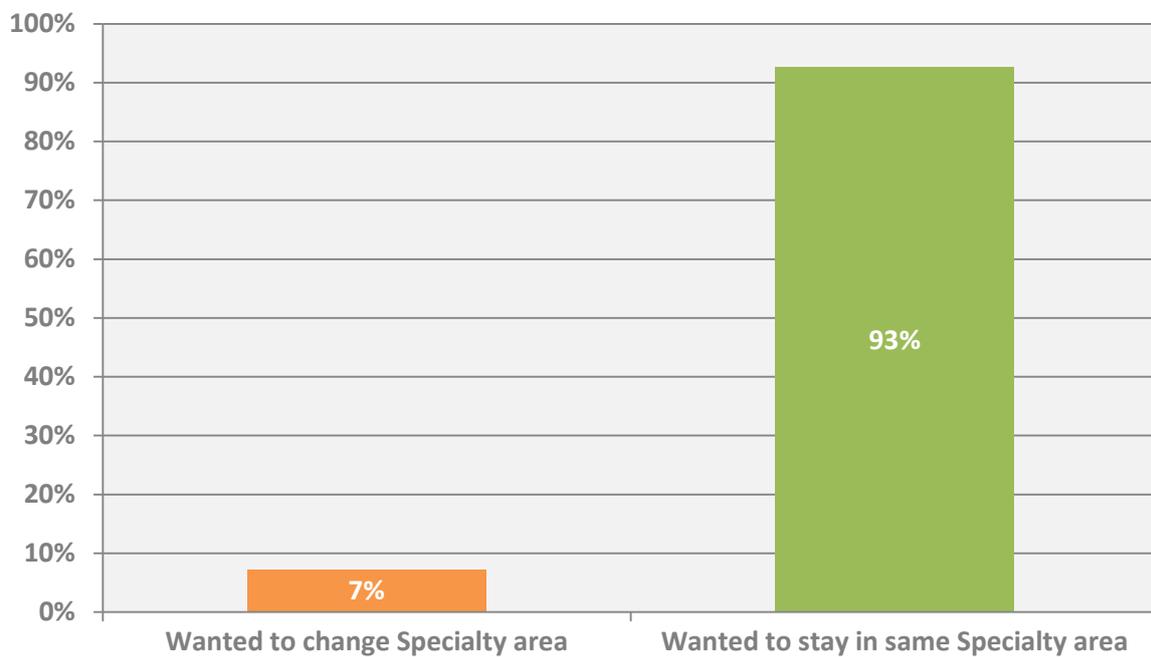
<sup>4</sup> % of all specialists working within the related specialty area (as per the Medical Workforce Intelligence Report 2016) who were 55 years or over

# TRAINEE INTEREST IN CHANGING DIRECTION OF LONG-TERM MEDICAL CAREER

Your Training Counts asked trainees<sup>5</sup> to say which specialty they wanted for their long-term career. Using responses to this question, and other information on trainees, we were able to highlight where trainees were considering significant shifts in the direction of their future careers (for example, stating a preference for a specialty outside the remit of their current programme body).

7.3% of trainees stated a preference for a long-term career in a specialty area that was different to the one in which they were currently training.

**Figure 7: Interest in changing specialty for long-term career**



## VARIATIONS IN INTEREST IN CHANGING DIRECTION OF LONG-TERM CAREER

Data from *Your Training Counts* 2015 reaffirms the significant links made in 2014 between trainees experiences of learning environments and intent to make significant changes in career.

Trainees in BST programmes, and trainees in Medicine and Surgery related posts, were more likely than others to want to make a significant change in the direction of their career.

<sup>5</sup> The following analysis does not include the thoughts of Intern trainees

### Stage of training

Stage of training was significantly, and moderately, associated with trainees' interest in changing specialty area. Trainees in BST programmes (17%) were significantly more likely to want to change their career specialty than other trainees,  $X^2(4, N=533) = 30.76, p < .001$ .

**Figure 8: Interest in changing specialty, by stage of training**



### Specialty area

Ophthalmology<sup>6</sup> (71%), Medicine (13%) and Surgery (13%) had significantly higher rates of trainees that were considering moving into a different specialty area.

**Figure 9: Interest in changing specialty, by specialty area**



There were no significant associations between trainees' age, gender, where trainees achieved their BMQ, or how trainees entered the medical profession (i.e. Direct or Graduate entry trainees) with trainee interest in changing direction of long-term career.

<sup>6</sup> Note, Specialist Training in (Medical) Ophthalmology provides a route to independent practice in Ophthalmology but also forms part of the training pathway for doctors seeking to complete specialist training in Ophthalmic Surgery - so high levels of movement into "Surgery" is expected – also note that the number of trainees in YTC that are in Ophthalmology posts is low and not unduly skewing analysis.

## Trainee Interest in changing specialty area

Table 2, below, shows trainee interest in changing specialty area.

For example, of all trainees currently on General Practice training programmes, 97.6% wanted to stay in that specialty area, with 0.8% wanting to move to Surgery, Sports & Exercise Medicine, or Occupational Medicine.

Additionally 2.1% of trainees currently in Medicine posts and 1.8% of trainees in Surgery posts wanted to move into General Practice.

**Table 2: Trainee interest in changing specialty for long-term career**

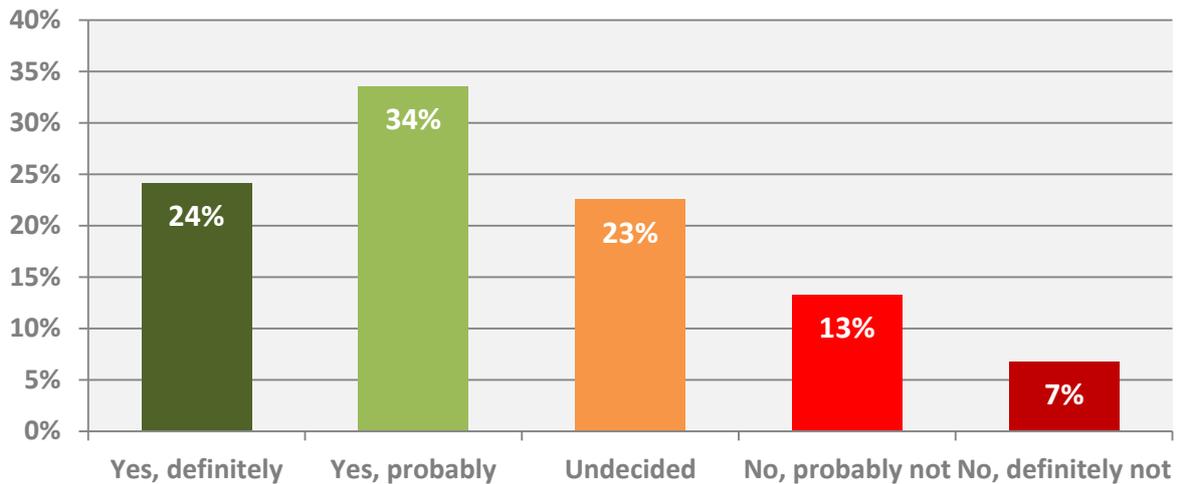
Specialty of current training programme	Preferred Specialty for long-term career											
	Anaesthesia	General Practice	Medicine	Obstetrics and Gynaecology	Psychiatry	Ophthalmology	Paediatrics	Pathology	Radiology	Surgery	Sports & Exercise Medicine	Occupational medicine
Anaesthesia	100%											
General Practice		97.6%								0.8%	0.8%	0.8%
Medicine	1.1%	2.1%	84.0%		1.1%		2.1%	6.4%	3.2%			
Obs and Gynae				100%								
Psychiatry			1.7%		98.3%							
Ophthalmology						28.6%				71.4%		
Paediatrics							97.1%				2.9%	
Pathology								100%				
Radiology									100%			
Surgery	2.7%	1.8%	3.6%						4.5%	87.4%		

## TRAINEE RETENTION INTENTIONS

We asked trainees<sup>7</sup> if, apart from temporary visits abroad, they intended to practise medicine in Ireland for the foreseeable future; the majority of trainees (58%) stated an intention to practise medicine in Ireland for the foreseeable future (up from 54% of trainees saying the same in 2014).

**Figure 10: Trainee retention intentions**

“Apart from temporary visits abroad, do you intend to practise medicine in Ireland for the foreseeable future?”



### VARIATIONS IN TRAINEE RETENTION INTENTIONS

Data from *Your Training Counts* 2015 reaffirms the significant links made in 2014 between trainees experiences of learning environments and intent to leave medical practice in Ireland.

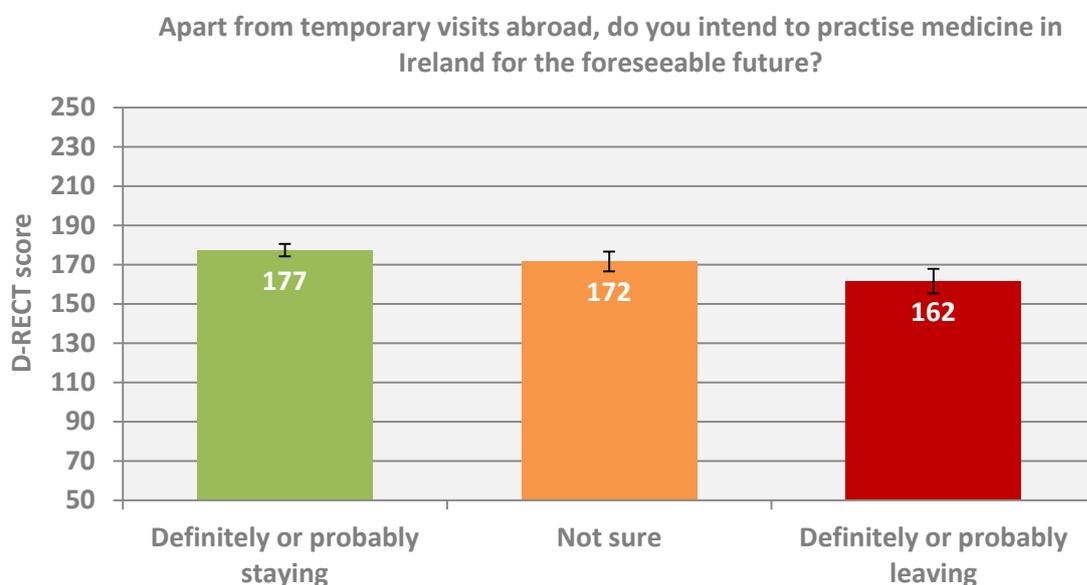
Trainees who intended to practise in Ireland for the foreseeable future rated their learning environments more highly, had better wellbeing, better quality of life and better health than trainees who did not. Trainees who were bullied during training were more likely than those who were not to say they were leaving medical practise in Ireland.

<sup>7</sup> All trainees, including interns

### Perceptions of the quality of learning environments

Trainees who intended to practise in Ireland for the foreseeable future reported significantly higher scores for the quality of their learning environments (M=177, SD=34.0) than trainees who intended to leave medical practice in Ireland (M=162, SD=38.7),  $f(2,738) = 11.39$ ,  $p < .001$ .

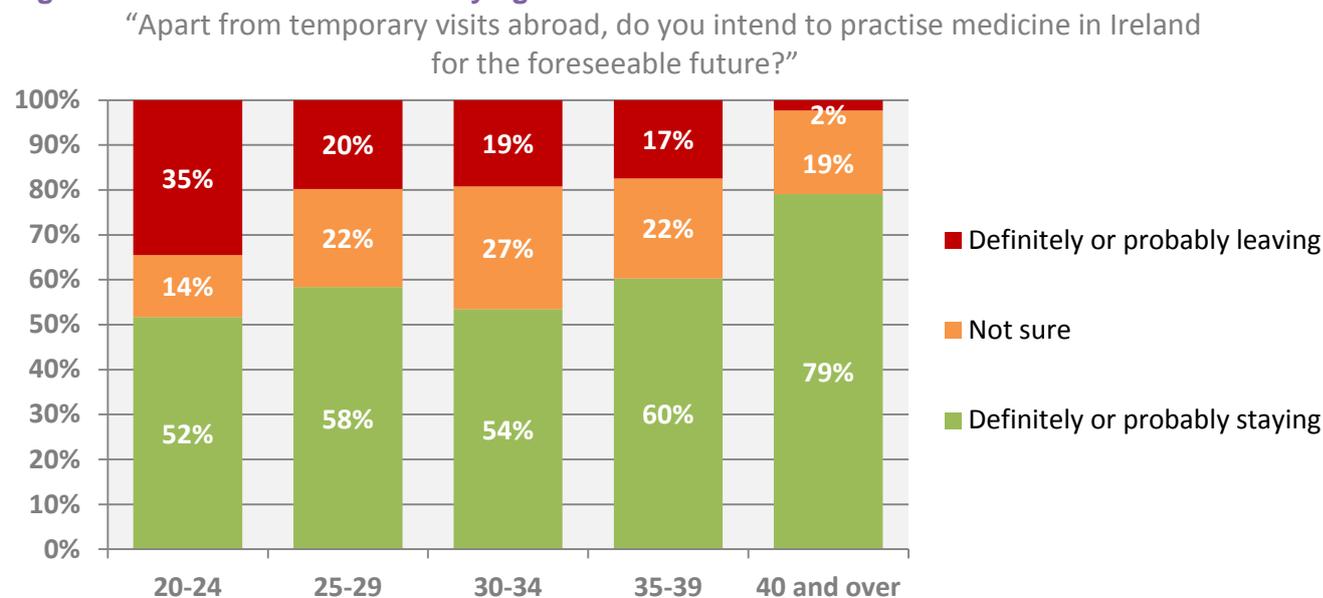
**Figure 11: Retention intentions by views on learning environments**



### Age

There was a statistically significant, albeit weak, association between retention intentions and age. Trainees in the 20-24 age group (35%) were more likely to intend to leave medical practice in Ireland than other trainees,  $\chi^2(8, N=804) = 27.16$ ,  $p = .001$ .

**Figure 12: Retention intentions by age**

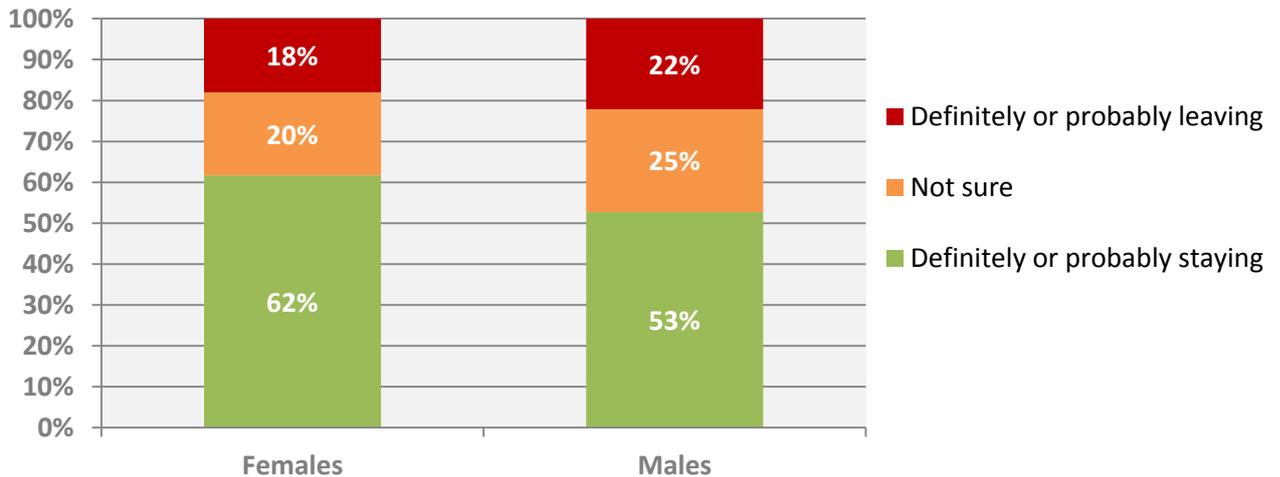


### Gender

There was a statistically significant, albeit weak, association between retention intentions and gender. Female trainees (62%) were significantly more likely than males (53%) to say they were going to practise medicine in Ireland for the foreseeable future,  $\chi^2 (2, N=804) = 6.49, p = .039$ .

**Figure 13: Retention intentions by gender**

“Apart from temporary visits abroad, do you intend to practise medicine in Ireland for the foreseeable future?”

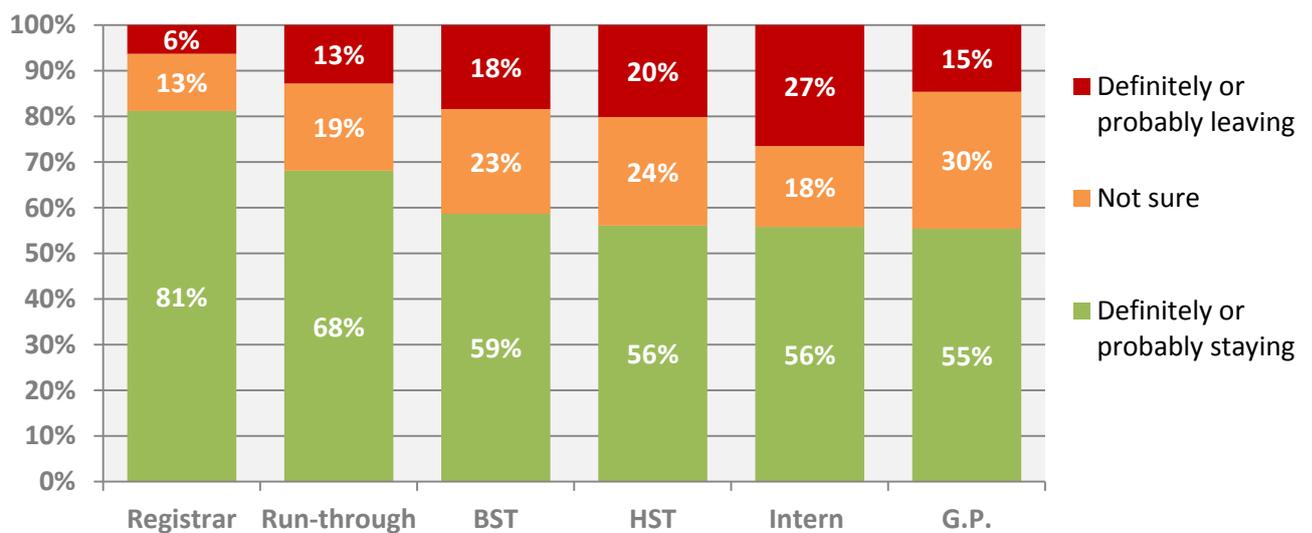


### Stage of Training

There was a statistically significant, but weak, association between retention intentions and stage of training. Interns (27%) were significantly more likely than other trainees to say they would definitely or probably leave medical practice in Ireland,  $\chi^2 (10, N=801) = 18.87, p = .042$

**Figure 14: Retention intentions by stage of training**

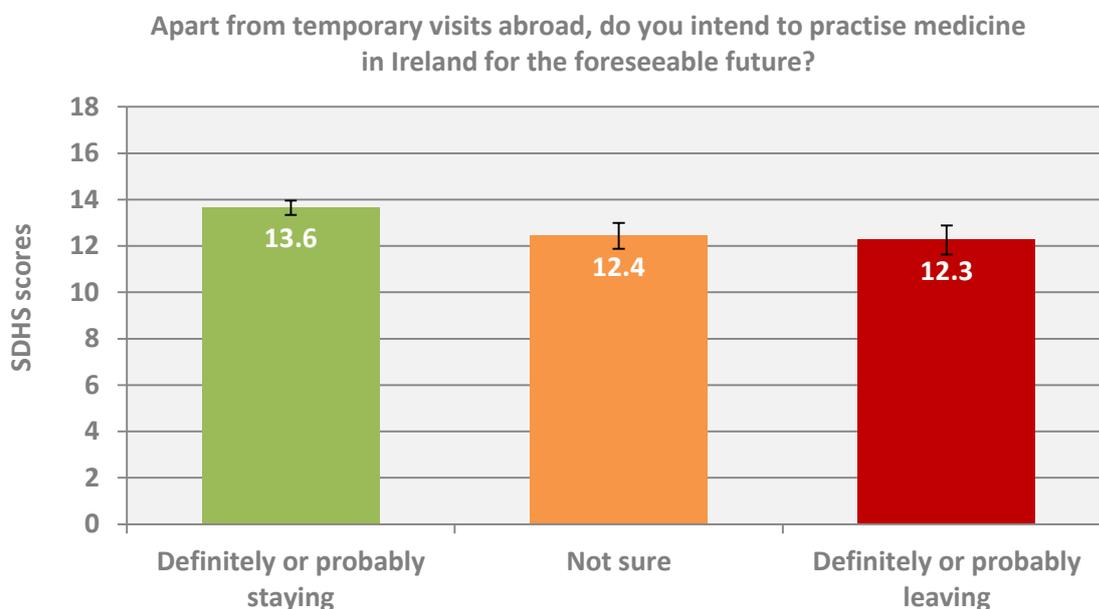
“Apart from temporary visits abroad, do you intend to practise medicine in Ireland for the foreseeable future?”



### Trainee wellbeing

Trainees who intended to practise in Ireland for the foreseeable future reported significantly higher wellbeing scores ( $M=13.6$ ,  $SD=3.39$ ) than trainees who were undecided ( $M=12.4$ ,  $SD=3.70$ ) and trainees who intended to leave medical practice in Ireland ( $M=12.3$ ,  $SD=3.90$ ),  $f(2, 773) = 12.62$ ,  $p < .001$ .

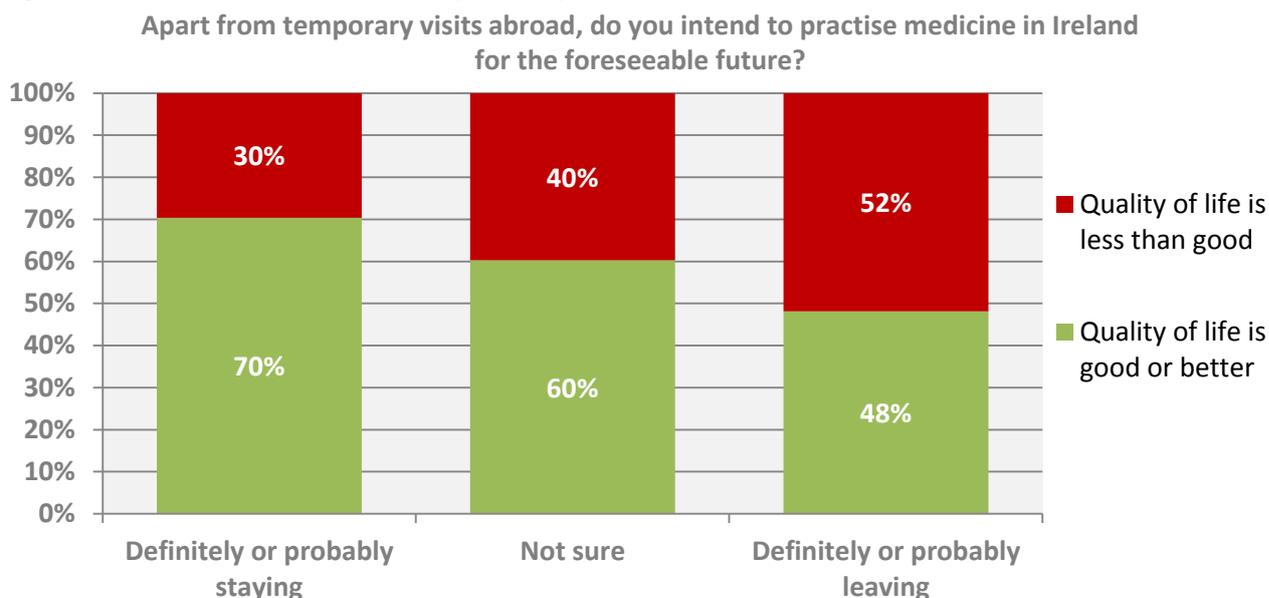
Figure 15: Retention intentions by trainee wellbeing



### Quality of life

There was a significant, weak, association between trainee retention intentions and their perceived quality of life. Trainees who intended to leave medical practice in Ireland were more likely to rate their quality of life as 'less than good' (52%), than trainees who intended to practise in Ireland for the foreseeable future (30%),  $X^2(2, N=794) = 26.18$ ,  $p < .001$ .

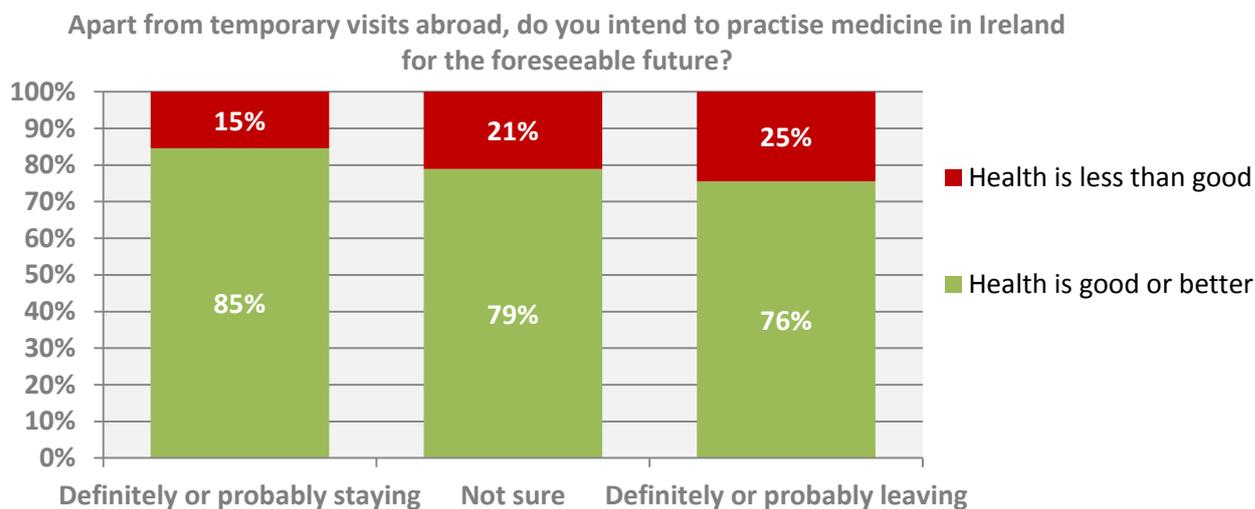
Figure 16: Retention intentions by quality of life



### Self-reported perceptions of health

There was a significant, weak, association between trainees' retention intentions and their self-reported health ratings. Trainees who expressed intentions to leave medical practice in Ireland were more likely to rate their health as 'less than good' (25%), than trainees who intended to practise in Ireland for the foreseeable future (15%),  $X^2 (2, N=795) = 7.40, p = .025$ .

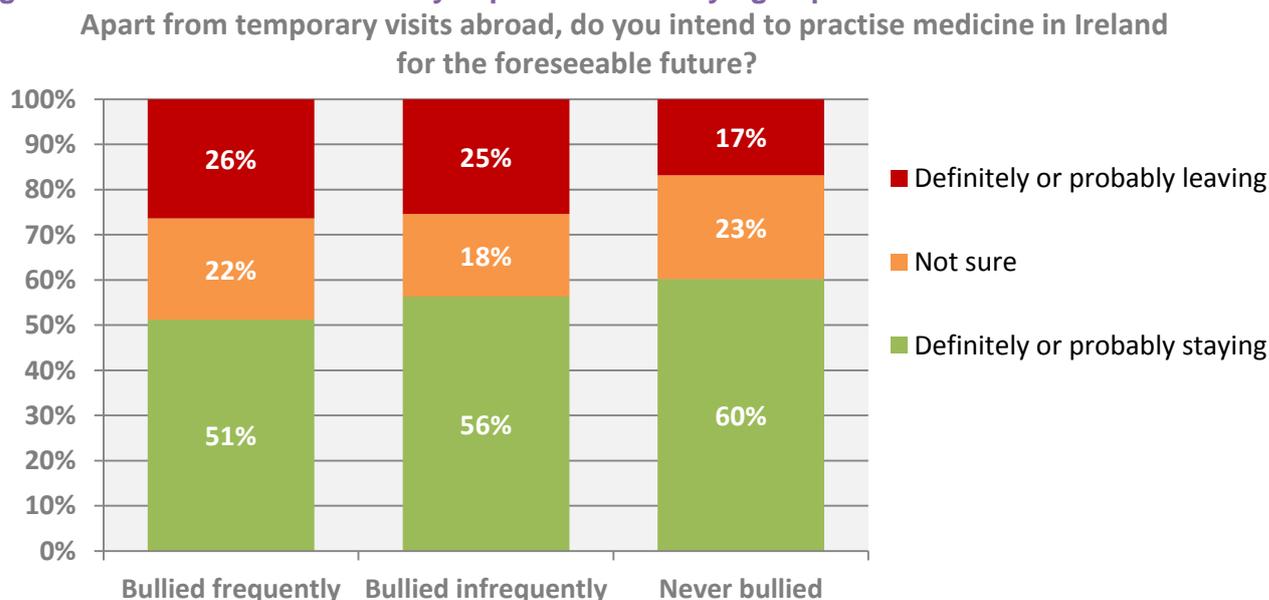
**Figure 17: Retention intentions by self-reported health**



### Experience of bullying and harassment in post

There was a significant, weak, association between experience of bullying in post and trainee retention intentions. Trainees who were frequently bullied in post were significantly more likely to say they did not intend to practise in Ireland for the foreseeable future (26%) than trainees who were never bullied (17%),  $X^2 (4, N=767) = 9.77, p = .045$ .

**Figure 18: Retention intentions by experience of bullying in post**



### Specialty area of training

There were variations in the proportions of trainees that wanted to practise in Ireland for the foreseeable future by specialty areas. Trainees in Radiology (52%) were most likely to express intent to not practise medicine in Ireland in the foreseeable future (as per **Table 3**).

**Table 3: Intentions to practise in Ireland for foreseeable future, by specialty area**

Current Specialty area of training	Apart from temporary visits abroad, do you intend to practise medicine in Ireland for the foreseeable future?		
	Definitely or probably staying	Not sure	Definitely or probably leaving
Anaesthesia	59.1%	22.7%	18.2%
Emergency Medicine	59.5%	27.0%	13.5%
General Practice	53.3%	28.0%	18.7%
Medicine	58.8%	20.8%	20.4%
Obstetrics & Gynaecology	66.7%	22.2%	11.1%
Psychiatry	61.6%	20.5%	17.8%
Ophthalmology	50.0%	25.0%	25.0%
Paediatrics	55.8%	25.0%	19.2%
Pathology	78.3%	17.4%	4.3%
Radiology	23.8%	23.8%	52.4%
Surgery	55.5%	22.0%	22.5%
Total	57.6%	22.5%	19.9%

There were no significant associations between how trainees entered the medical profession (Direct or Graduate entry), where trainees attained their BMQ, having a life-limiting illness or disability, or the type of site in which trainees were located, with intent to practise medicine in Ireland for the foreseeable future.

## FACTORS INFLUENCING INTENT TO LEAVE MEDICAL PRACTICE IN IRELAND<sup>8</sup>

To gain more insight into what might be influencing trainee intent to leave medical practice in Ireland we asked 10 additional questions on this issue in *Your Training Counts 2015*.

The results are listed below in **Table 4**.

**Table 4: Factors influencing doctors' intent to leave medical practice in Ireland**

"I am considering practising medicine abroad because..."	% of respondents in agreement
I feel my workplace is understaffed	82.2%
I am expected to carry out too many non-core tasks	74.5%
There are limited career progression opportunities available to me here	71.8%
I can earn more abroad	69.7%
I do not have flexible training options	65.0%
I feel my employer does not support me in my work	61.9%
The working hours expected of me here are too long	60.2%
The quality of training available to me here is poor	51.5%
I have family/personal reasons for leaving	28.9%
I am not respected by senior colleagues	18.6%

## VARIATIONS IN INFLUENCES ON TRAINEE INTENT TO LEAVE MEDICAL PRACTICE IN IRELAND

There were significant variations in how strongly different factors influenced different types of trainees' intent to leave medical practice in Ireland.

### Entry routes to the profession

Direct entry trainees (87%) were more likely than Graduate entry trainees (78%) to say they were considering practising medicine abroad because they felt their workplace was understaffed,  $X^2(1, N=492) = 3.975, p = .046$ .

### Speciality area of post<sup>9</sup>

Trainees in Emergency Medicine (68%) and Medicine programmes (61%) were more likely than other trainees to say they were considering practising medicine abroad because they felt the quality of training here was poor,  $X^2(10, N=415) = 45.013, p < .001$ .

Trainees in General Practice (92%), Emergency Medicine (91%), and Psychiatry programmes (84%) were more likely than other trainees to say they were considering practising medicine abroad because they felt they could earn more money,  $X^2(10, N=423) = 44.609, p < .001$ .

<sup>8</sup> Note, these questions were only asked to trainees who were not 'definitely sure' they would practice in Ireland for the foreseeable future.

<sup>9</sup> Excluding intern views

Trainees in Medicine programmes (80%) were more likely than other trainees to say they were considering practising medicine abroad because they felt they were expected to carry out too many non-core tasks,  $X^2(10, N=418) = 35.374, p < .001$ .

Paediatrics trainees (74%) were more likely than other trainees to say they were considering practising medicine abroad because they felt the working hours expected of them were too long,  $X^2(10, N=416) = 24.295, p = .007$ .

Trainees in Medicine programmes (79%) were more likely than other trainees to say they were considering practising medicine abroad because they felt they did not have flexible training options,  $X^2(10, N=404) = 22.754, p = .012$ .

### **Region of qualification<sup>10</sup>**

Internationally qualified trainees (51%) were more likely than Irish qualified trainees (24%) to say they were considering practising medicine abroad due to personal/family reasons,  $X^2(1, N=403) = 22.611, p < .001$ .

Irish qualified trainees (85%) were more likely than internationally qualified trainees (63%) to say they were considering practising medicine abroad due to their workplace being understaffed,  $X^2(1, N=415) = 18.357, p < .001$ .

Irish qualified trainees (63%) were more likely than internationally qualified trainees (42%) to say they were considering practising medicine abroad because they felt their employer did not support them,  $X^2(1, N=413) = 12.104, p = .001$ .

Irish qualified trainees (74%) were more likely than internationally qualified trainees (57%) to say they were considering practising medicine abroad because they were expected to carry out too many non-core tasks,  $X^2(1, N=418) = 9.403, p = .002$ .

Internationally qualified trainees (84%) were more likely than Irish qualified trainees (72%) to say they were considering practising medicine abroad because they felt there were limited career progression opportunities available to them here,  $X^2(1, N=421) = 5.347, p = .021$ .

### **Stage of training**

Intern (68%), BST trainees (68%) were more likely than other trainees to say they were considering practising medicine abroad because the quality of training here is poor,  $X^2(5, N=567) = 59.975, p < .001$ .

BST (84%) and Intern trainees (74%) were more likely than other trainees to say they were considering practising medicine abroad because they did not have flexible training options,  $X^2(5, N=553) = 47.514, p < .001$ .

Interns (84%), BST (83%), and General Practice trainees (84%) were more likely than other trainees to say they were considering practising medicine abroad because they were expected to carry out too many non-core tasks,  $X^2(5, N=574) = 50.299, p < .001$ .

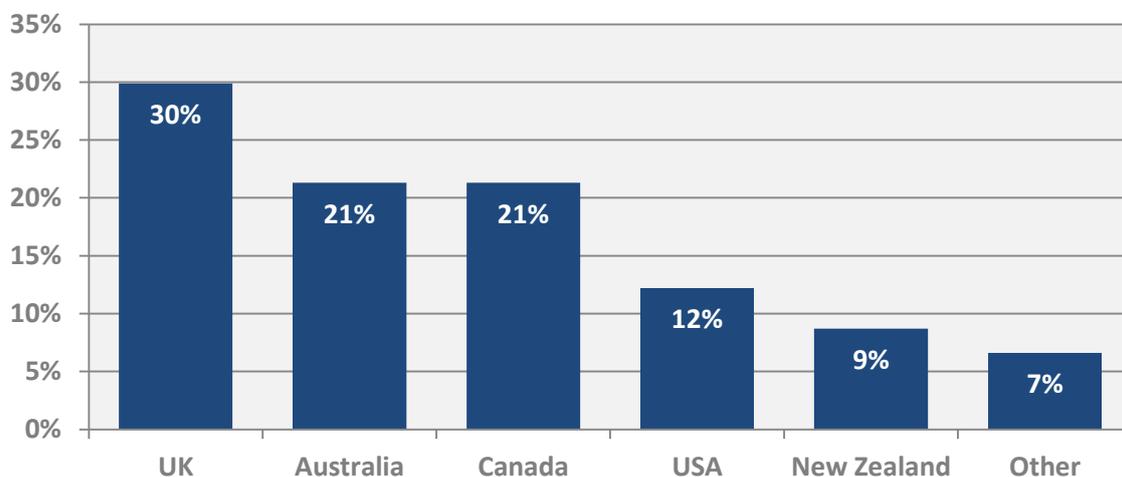
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<sup>10</sup> Excluding intern views

## POTENTIAL DESTINATIONS FOR TRAINEES WITH INTENTIONS TO EMIGRATE

*Your Training Counts 2015* also asked trainees, who were considering practising medicine outside of Ireland, which country were they most likely to emigrate to.

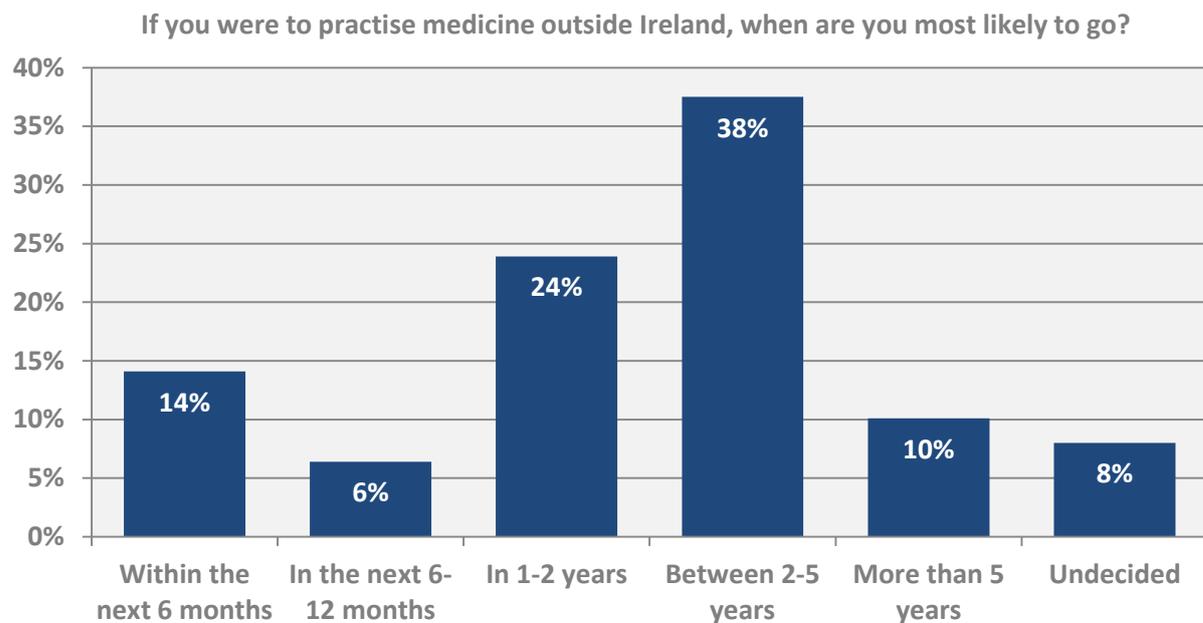
**Figure 19: Potential destination countries for trainees with emigration intentions**



## WHEN TRAINEES WERE MOST LIKELY TO EMIGRATE

*Your Training Counts 2015* asked trainees, who were considering practising medicine outside of Ireland, when they were most likely to leave. 44% of trainees who expressed an intention to leave medical practice in Ireland said they would leave within the next two years.

**Figure 20: Trainees' thoughts on when they might emigrate**



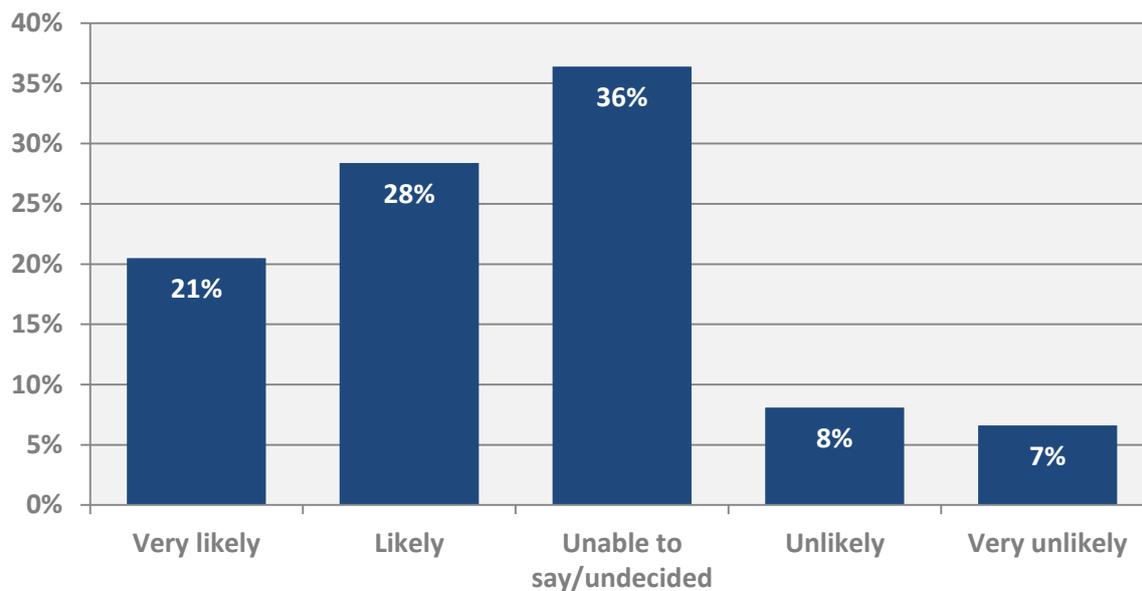
## RETURNING TO IRELAND AFTER PRACTISING ABROAD

*Your Training Counts 2015* asked trainees, who were considering practising medicine outside of Ireland, how likely it was that they would return to practise medicine in Ireland.

49% of trainees who were considering leaving Ireland in the foreseeable future, stated that it would be 'Very likely' or 'Likely' they would return to practise in Ireland.

**Figure 21: Trainees' thoughts on returning to Ireland**

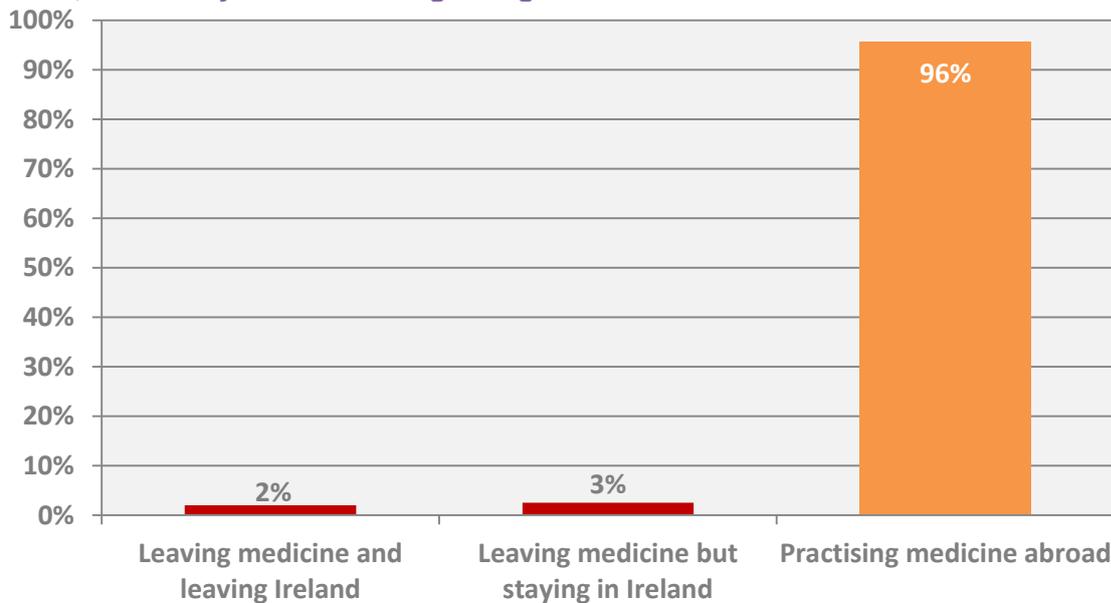
How likely is it that you would return to practise medicine in Ireland?



## TRAINEE INTENT TO LEAVE MEDICINE

Trainees who answered anything other than “Yes, definitely” to the question on retention intentions were asked a follow-up question about the career choices they were considering. 5% of respondents to the follow-up question (3.4% of all trainees who took part in YTC) said it was their intention to leave medicine.

**Figure 22: If you aren't definitely intending to practise in Ireland for the foreseeable future, what are you considering doing?**

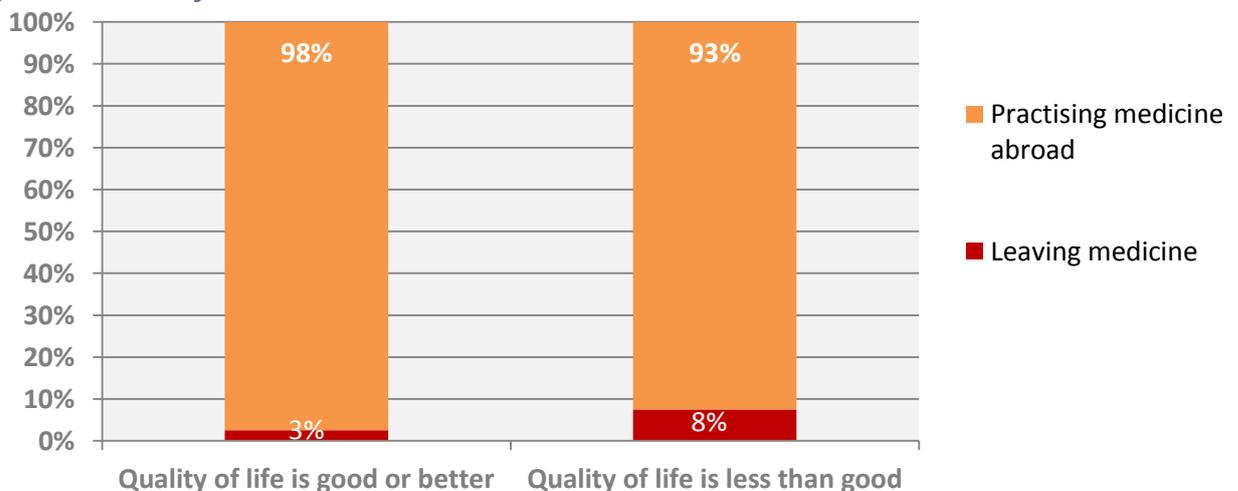


## VARIATIONS IN INTENTIONS TO LEAVE MEDICINE

### Quality of life

There was a statistically significant association with intentions to leave medicine and trainees' self-rated quality of life. Trainees who rated their quality of life as 'less than good' were more likely to intend to leave medicine (8%), than trainees who rated their quality of life as 'good or better' (3%);  $\chi^2 (1, N=602) = 8.47, p = .004$ .

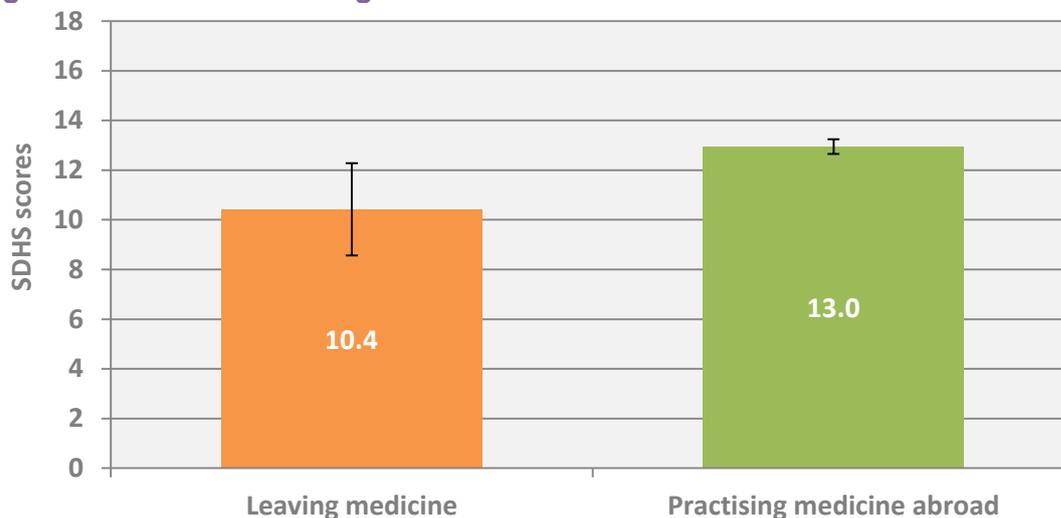
**Figure 23: Quality of life and intent to leave medicine**



## Wellbeing

There was a statistically significant association with intent to leave medicine and trainees' wellbeing. Trainees who intended to leave medicine had significantly lower wellbeing (M=10.4) than trainees who intended to practise abroad (M=13.0);  $t(26.39) = 2.76, p = .001$ .

**Figure 24: Trainee wellbeing and intent to leave medicine**



## Specialty Area

For trainees<sup>11</sup> who were unsure about practising in Ireland for the foreseeable future **Table 5** summarises, by specialty area, if their intent was to leave medicine or to practise abroad.

**Table 5: Intentions to leave medicine by current specialty area**

Specialty Area	Considering leaving medicine	Considering practising abroad
Anaesthesia	1.9%	98.1%
General Practice	7.4%	92.6%
Medicine	5.2%	94.8%
Obstetrics and Gynaecology	6.3%	93.8%
Psychiatry	2.3%	97.7%
Ophthalmology	-	100.0%
Paediatrics	-	100.0%
Pathology	-	100.0%
Radiology	6.7%	93.3%
Surgery	5.3%	94.7%

<sup>11</sup> Not including interns

## CONCLUDING COMMENTS

In 2014 we asked trainees, for the first time, to tell us about their career and retention intentions.

Feedback highlighted significant levels of uncertainty regarding preferences for long-term careers and that a sizeable number of trainees were not committed to practising in Ireland for the foreseeable future. We showed that trainee uncertainty about long-term careers and commitment to practising in Ireland were associated with quality of training, trainee wellbeing, health, and quality of life; we opined that an emphasis on quality improvement in how we train and take care of trainees could increase retention rates in the health care system. These same significant associations remained in 2015.

In this spotlight there is evidence of workforce planning challenges. If trainee preferences for long-term careers are good predictors of future practices, on a purely replacement basis some specialties may have difficulties in maintaining supply. In addition, there is longitudinal evidence that a large number of trainees in Medical and Surgical specialties want to make significant changes in their area of practice. A question arises; would increasing flexibility between training programmes help retain doctors in the health care system (i.e. by reducing dissatisfaction with career choices)?

Data from the Medical Council's Workforce Intelligence Report, when matched with data from *Your Training Counts* 2015, suggests that there may also be challenges in accommodating trainee demand for flexible working arrangements. For example, 60% of all Irish qualified trainees are female; with 94% currently working in fulltime posts – however, in *Your Training Counts* 45% of female trainees said they wanted the next stage of their career to be less than fulltime. How can we accommodate this level of demand? What will happen if we can't?

In 2015 we noted that the number of trainees who intend to practise medicine in Ireland for the foreseeable future increased by 4%. This is a slight but welcomed increase.

This year we provided new data to help understand why some trainees intend to leave medical practice in Ireland. Significant influences on trainee intent to leave included: feeling their workplace was understaffed; being expected to carry out too many non-core tasks; a perception that there are limited career progression opportunities in Ireland; and, inflexible training options. While some of these factors affecting retention rates are not under the influence of the Medical Council, some are. 52% of trainees who expressed intent to leave medical practice in Ireland said poor quality training was an influence – this feeling was highest among interns and BST trainees.

This data reinforces our commitment to bringing about quality improvements in learning environments and listening to trainees' voices to direct what needs to be achieved and to judge when all stakeholders have succeeded in meeting these expectations.



**Comhairle na nDochtúirí Leighis**  
**Medical Council**