

Your Training Counts

Spotlight on trainee career and retention intentions



Comhairle na nDochtúirí Leighis
Medical Council

ACKNOWLEDGEMENTS

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We are immensely grateful to Michael Goldacre and Trevor Lambert (UK Medical Careers Research Group) for giving us permission to replicate questions they developed regarding retention intentions and to our colleagues in the Royal College of Surgeons Ireland for their continued support and upcoming secondary analysis of retention data.

Finally, we would like to thank the 1,636 trainees across Ireland who took part in Your Training Counts in 2014. Each trainee who participated took time to share their experience by responding to approximately 100 questions, without their contribution Your Training Counts would not be a success and we are extremely grateful to everyone who took part.

PRESIDENT & VICE-PRESIDENT'S FOREWORD

There has been much written in recent years about the numbers of Irish trained doctors who have opted to work abroad. The Your Training Counts survey has for the first time asked detailed questions of all trainee doctors in Ireland to examine this important issue in depth and explore whether trainee doctors wish to remain working in the specialty they are training in, and whether they wish to do so in Ireland.

We are pleased to present this report which will replace anecdote with solid data. For many years we have heard theories abound as to why trainee doctors might consider leaving their chosen specialty or opt to practise outside of Ireland. Your Training Counts provides the long-awaited evidence which is that the clinical learning environment has a significant bearing on whether a doctor will choose to remain in Ireland. The doctor's health, quality of life and the prevalence of bullying in the learning environment are all significant factors influencing these decisions.

The role of the Medical Council is to set and monitor standards at all stages of a doctor's training and practice and the Your Training Counts survey provides the evidence base to inform which clinical training sites we will inspect and how we will go about our work in accreditation in the coming years.

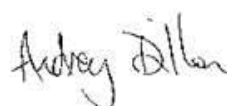
This report is not only of value to us as regulator, but also as a determinant of standards and we look forward to seeing its findings inform the work of postgraduate medical training bodies, employers and policy makers as part of a system-wide focus on retaining the many talented doctors who train here.

The fact is that the skills learned in medical training are highly transferable and those trained in Ireland are sought after in what is now a global market. If doctors do not have a positive experience during their training in Ireland, we should not expect them to remain here. This report shows that the career decisions made by doctors are not just about pay and conditions but are influenced by many factors relating to the quality of the environment they are trained in.

The findings of this report are important ones for our health system, and will require a system-wide, coordinated response. Some issues may take time to fix, but by undertaking this survey on an annual basis we look forward to tracking trainee responses in the coming years so that we can measure the impact of our work and that of the wider system in our efforts to improve the clinical learning environment in Ireland.



Prof Freddie Wood
President



Dr Audrey Dillon
Vice-President



CHIEF EXECUTIVE'S FOREWORD

I am delighted to introduce the third report from the Your Training Counts survey which was conducted last year. This report focuses on the career and retention intentions of trainee doctors in Ireland and is designed to support the continuous improvement of postgraduate medical training in Ireland for the benefit of patients, doctors and the healthcare system.

Some very interesting findings have emerged from this report. Data shows that 21% of trainees have considerable doubts about staying and practising in Ireland for their long-term career. 15% of trainees who intend to leave Ireland, to work and study elsewhere, intend to do so within the next year and trainees on Higher Specialist Training programmes are most likely to intend to leave medical practice in Ireland. These findings clarify critical challenges for medical training in Ireland and raise some very important questions which the Irish health system as a whole need to address. We need to find out why so many doctors are planning to leave, what it is we can do to make Ireland a more desirable place to train and work and figure out how exactly it is we can curtail this emigration.

The report also found that trainees who were frequently bullied in post were significantly more likely, than trainees who were never bullied, to express an intention to leave medical practice in Ireland. This once again reiterates the importance of confronting this culture of bullying within the trainee environment. It also stresses the importance of a positive working environment and illustrates just how damaging experiences of bullying and undermining can be to trainee doctors.

Further data from the report found that doctors with a disability are more likely to express an intention to not practise medicine in Ireland for the foreseeable future. This is a very concerning as it suggests that trainee doctors with a disability are not being facilitated adequately to train and work to their full potential within this environment.

We must always remember that doctors in training provide care for patients and their families in a very demanding health system context; therefore it is absolutely vital not to overlook those at the heart of the health system as we require competent, motivated and engaged doctors in order to expect safe, compassionate and effective patient care.

As well as losing talented and highly trained doctors this outflow represents a stark financial loss to the Irish health system. There needs to be a continued system-wide focus on making sure the working environment in Ireland encourages the best and brightest doctors to continue to practise here.



Mr William Prasifka
Chief Executive



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 2014, 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 to 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 doctors' 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.

Through its work across these four areas, the Medical Council provides leadership to doctors in enhancing good professional practice in the interests of patient safety. You can find out more about the Medical Council at www.medicalcouncil.ie

TABLE OF CONTENTS

ABOUT THE MEDICAL COUNCIL	4
TRAINEE CAREER AND RETENTION INTENTIONS - AT A GLANCE	6
INTRODUCTION	7
TRAINEE CAREER INTENTIONS - SUMMARY	10
TRAINEE LONG-TERM CAREER INTENTIONS.....	11
TRAINEE INTEREST IN CHANGING DIRECTION OF LONG-TERM MEDICAL CAREER.....	16
TRAINEE RETENTION INTENTIONS - SUMMARY	20
TRAINEE RETENTION INTENTIONS	21
POTENTIAL DESTINATIONS FOR TRAINEES WITH INTENTIONS TO EMIGRATE	29
WHEN TRAINEES WERE MOST LIKELY TO EMIGRATE.....	29
TRAINEES ON RETURNING TO IRELAND AFTER PRACTISING ABROAD	30
TRAINEE INTENTIONS TO LEAVE MEDICINE	31
CONCLUDING COMMENTS	35

TRAINEE CAREER AND RETENTION INTENTIONS - AT A GLANCE

Career intentions

- The majority of trainees (93%) were definitely sure, or probably sure, about which specialty they wanted to practice for their long-term future;
- The three most commonly chosen specialties by trainees were General Practice (27%), Anaesthesia (9%), and Paediatrics (6%);
- 12% of trainees were interested in a move to specialty area that was significantly different to the one in which they were training;
- General Practice trainees were least likely of all trainees to want to change their specialty area (2%); and,
- Trainees in Ophthalmology (58%), Surgery (32%), and Medicine (16%) were most likely to have an interest in changing specialty areas.

Retention intentions

- 54% of trainees see themselves practising in Ireland for the foreseeable future;
- 21% of trainees intend to either definitely not (6%), or probably not (15%), practise medicine in Ireland in the foreseeable future;
- Trainees on Higher Specialist Training programmes were most likely to say they did not intend to practise in Ireland for the foreseeable future (30%);
- Trainees who expressed intentions to practise in Ireland for the foreseeable future rated their learning environments more highly, had higher levels of work engagement, better wellbeing, better quality of life and better health than trainees who did not;
- Older trainees were more likely than younger trainees to express an intention to leave medical practice in Ireland;
- The UK (32%), Canada (24%) and Australia (18%) were the most frequently mentioned destinations for trainees with intentions to practise elsewhere;
- 41% of trainees, with an intention to work outside of Ireland, said they would move within the next two years;
- 47% of trainees who intended to practise outside Ireland said it was likely they would return to Ireland in the future;
- 4.5% of all trainees intended to leave medicine completely; and,
- Trainees who were bullied during training, or who had a limiting illness, health problem or disability, were more likely than others to say they were leaving medicine.

INTRODUCTION

Key Points

- *Your Training Counts*, the annual national trainee experience survey, is a new programme, designed and delivered by the Medical Council, which aims to inform and support the continuous improvement of the quality of postgraduate medical training in Ireland.
- In 2014, as well as inviting trainees to share views on their training experience we also sought their thoughts on career and retention intentions.
- Over 1400 trainees answered items on career and retention intentions.
- 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.).

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 18,000 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 a new programme, designed and delivered by the Medical Council, which aims to support the continuous improvement of the quality of postgraduate medical training in Ireland – workplace-based training for doctors which takes places 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 1,636 trainees (just over half 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 2014. 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

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 8 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 CAREER INTENTIONS - SUMMARY

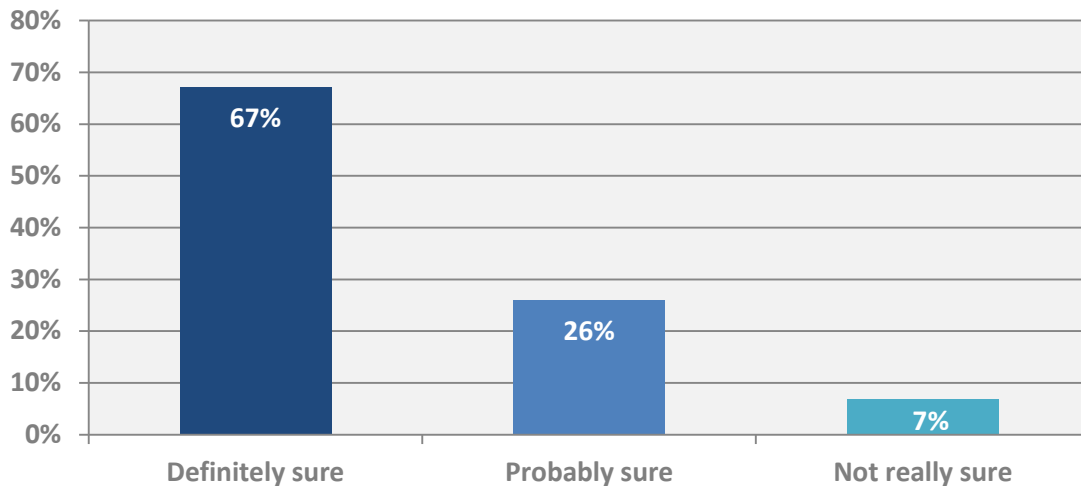
Key points

- The vast majority of trainees (93%) were definitely sure, or probably sure, about the specialty in which they wanted to practice for their long-term future;
- The three most commonly chosen specialties by trainees were: General Practice (27%), Anaesthesia (9%), and Paediatrics (6%);
- Trainees who were sure about the choice of specialty for their long-term career tended to report greater quality of life, wellbeing, work engagement and have more positive views on their learning environments than other trainees;
- 12% of trainees expressed an interest in moving to a specialty area that was significantly different to the one in which they were currently training;
- General Practice trainees were least likely of all trainees to want a change in specialty area (2%);
- Trainees in larger hospitals were more likely to express an interest to change specialty areas (17%) than trainees in other settings; and,
- Trainees in Ophthalmology (58%), Surgery (32%), and Medicine (16%) were most likely to have an interest in changing specialty areas.

TRAINEE LONG-TERM CAREER INTENTIONS

We asked trainees¹ if they had decided upon a specialty for their long-term career. The vast majority of trainees (93%) 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?

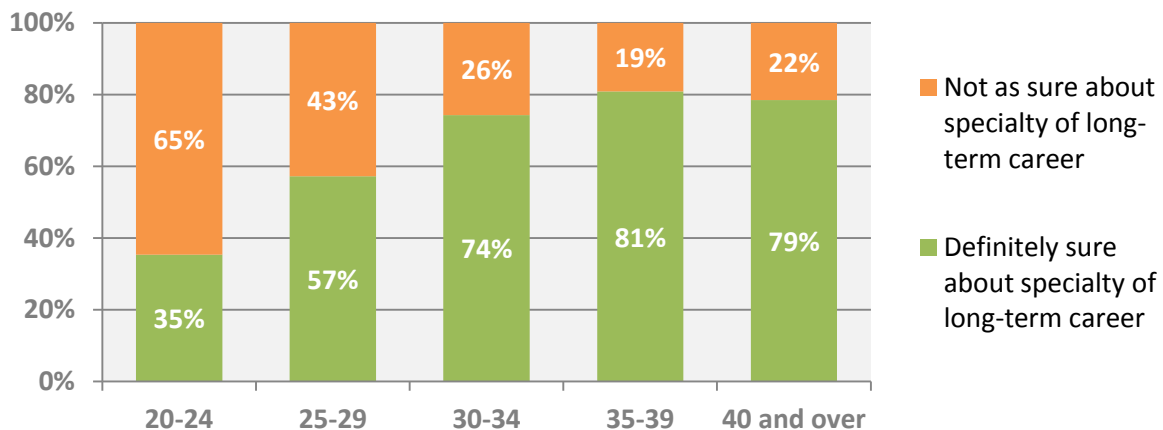


VARIATIONS IN RESPONSES REGARDING LONG-TERM CAREER INTENTIONS²

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, $X^2(4, N=1428) = 90.93, p < .001$.

Figure 2: Intentions regarding specialty for long-term career and trainee age



¹ All trainees, including interns

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

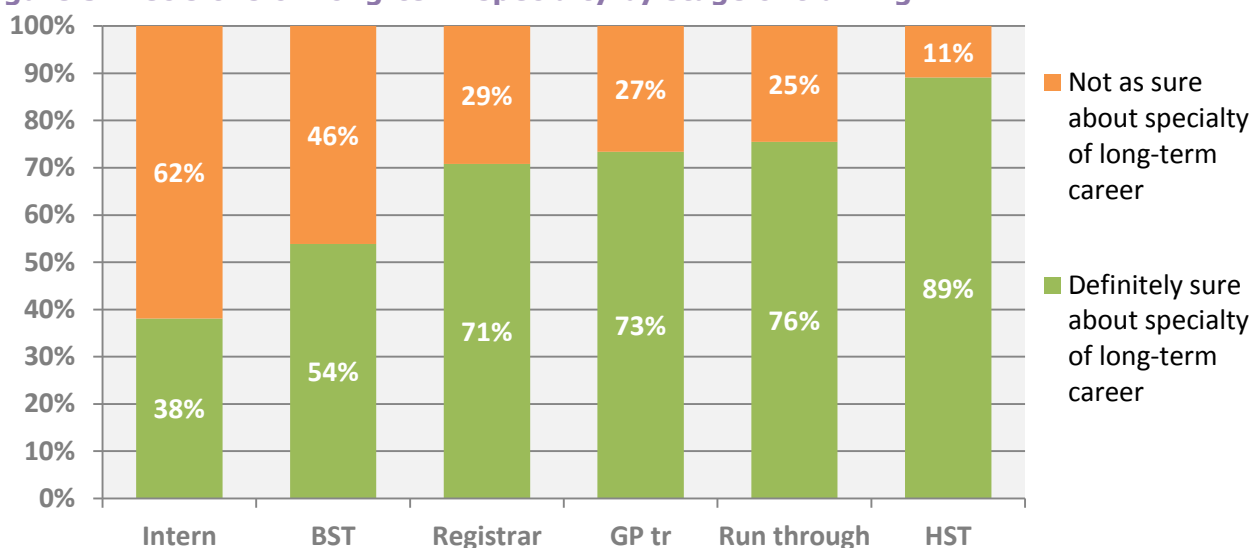
Gender

There was no significant association between gender and how sure trainees felt about their long-term career specialty, $X^2(1, N=1428) = .55, p = .458$.

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 (38%) were significantly less likely than trainees on HST programmes (89%) to be sure of the specialty of their long-term career, $X^2(5, N=1425) = 206.04, p < .001$.

Figure 3: Decisions on long-term specialty by stage of training



Region of qualification

There was no significant association³ between where trainees gained their Basic Medical Qualification (BMQ) and how sure trainees felt about their long-term career specialty, $X^2(1, N=1210) = .012, p = .914$.

Entry routes to the profession

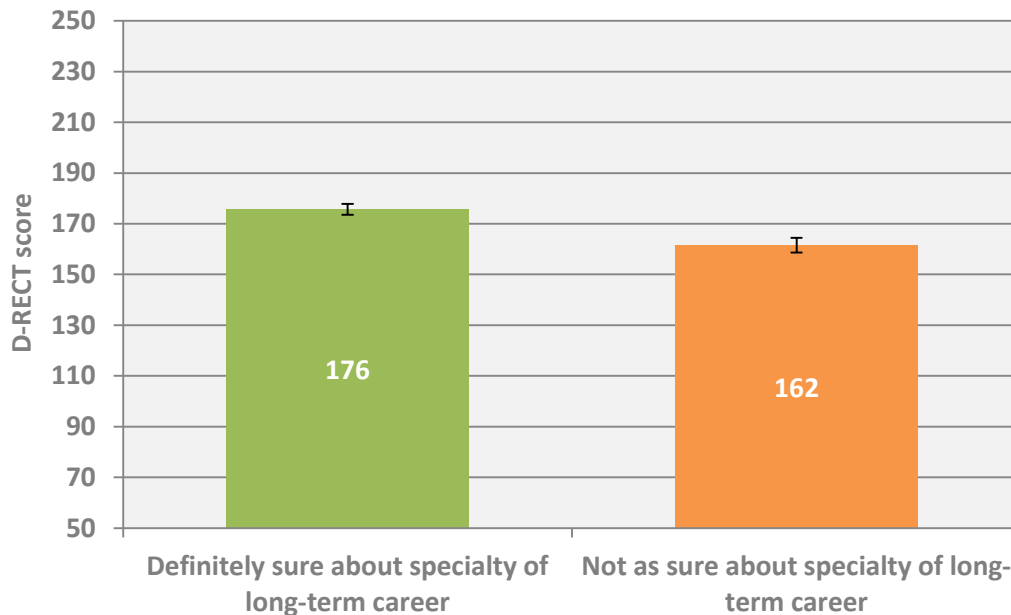
There was no significant association between how trainees entered the medical profession (Direct or Graduate entry) and how sure they felt about their long-term career specialty, $X^2(1, N=1130) = .76, p = .384$.

³ After controlling for intern views

Perceptions of learning environments

Trainees who were definitely sure about their choice of specialty for their long-term career gave higher D-RECT scores (M= 176, SD=31.4); 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= 162, SD=31.1), $t(891.73) = 7.66, p < .001$.

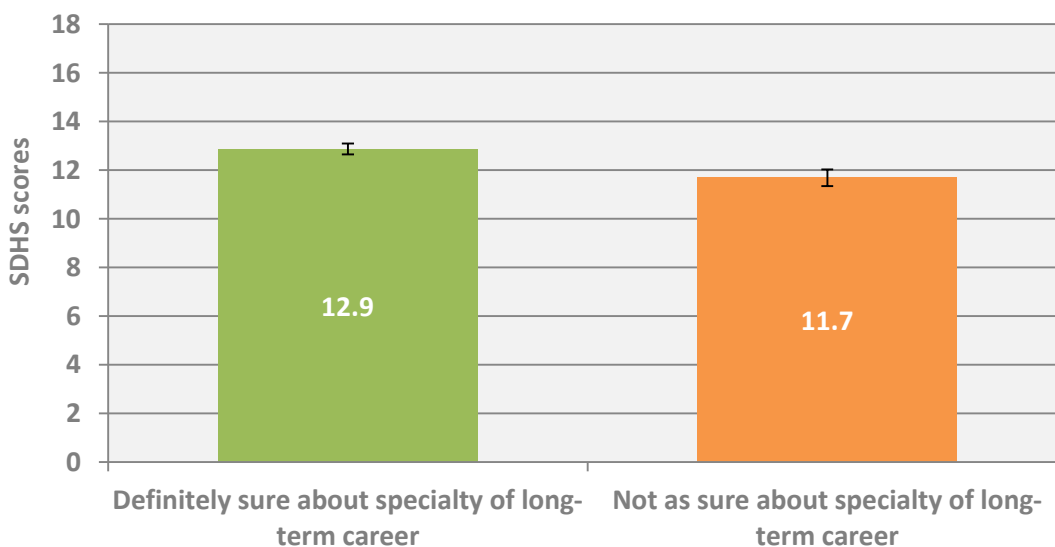
Figure 4: Intentions regarding specialty for long-term career and views on quality of learning environments



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 = 12.9, SD = 3.54) on the Short Depression Happiness Scale (SDHS) than trainees that were not as sure (M = 11.7, SD = 3.66) $t(830.1) = 6.36, p < .001$.

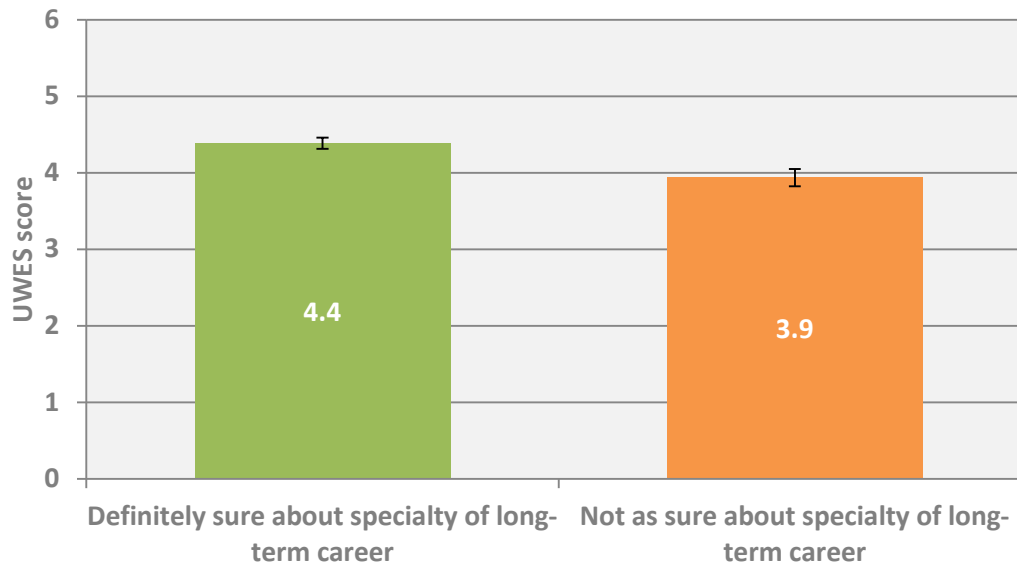
Figure 5: Intentions regarding specialty for long-term career and wellbeing



Work engagement

Trainees who were definitely sure about the specialty of their long-term career gave significantly higher UWES (Utrecht Work Engagement Scale) scores ($M= 4.4$, $SD=1.09$); meaning they reported higher levels of work engagement than trainees who were not as sure about the specialty of their long-term career ($M= 3.9$, $SD=1.19$), $t(786.25) = 6.64$, $p < .001$.

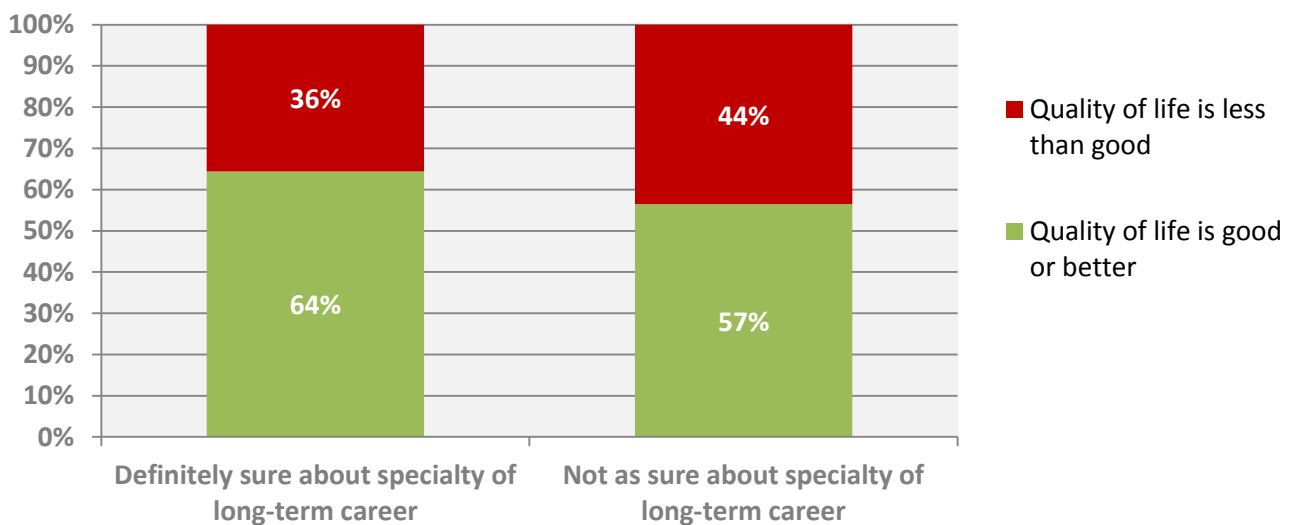
Figure 6: Intentions regarding specialty for long-term career and work engagement



Self-reported quality of life

Trainees' perception of their quality of life was significantly, albeit very weakly, associated with how sure they felt about the specialty of their long-term career. 64% 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, $X^2(1, N=1419) = 5.66$, $p < .001$.

Figure 7: Intentions regarding specialty for long-term career and quality of life



SPECIALTY AREA CHOSEN BY TRAINEES, BY STAGE OF TRAINING

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

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

Specialty area	Intern	BST	GP training	Run through	HST	Registrar	Total	Total MWIR*	Total MWIR**
Anaesthesia	8.2%	4.2%	-	68.8%	13.4%	1.5%	8.6%	7.2%	26.9%
General Practice	20.5%	4.2%	98.4%	2.1%	0.8%	4.4%	27.6%	34.7%	35.5%
Medicine	24.0%	37.1%	0.3%	-	29.1%	51.5%	23.8%	15.4%	22.8%
Obstetrics & Gynaecology	5.3%	5.1%	-	-	4.7%	19.1%	4.3%	3.2%	31.7%
Occupational Medicine	-	-	0.6%	-	0.8%	-	0.4%	1.1%	45.8%
Ophthalmology	1.8%	1.8%	-	-	0.5%	1.5%	0.9%	1.6%	42.5%
Paediatrics	8.8%	9.0%	-	2.1%	7.3%	10.3%	6.2%	4.0%	23.8%
Pathology	4.7%	3.3%	-	2.1%	7.3%	2.9%	3.8%	4.7%	28.7%
Psychiatry	5.3%	12.6%	-	-	9.7%	-	6.7%	8.0%	35.2%
Public Health Medicine	-	0.3%	-	-	0.8%	-	0.3%	1.7%	48.5%
Radiology	6.4%	3.6%	-	-	10.8%	5.9%	5.2%	5.3%	25.6%
Surgery	15.2%	18.9%	-	25.0%	14.7%	2.9%	12.1%	12.6%	30.9%
Sports Exercise Medicine	-	-	0.6%	-	-	-	0.2%	0.3%	39.1%
Total	100%	100%	100%	100%	100%	100%	100%	100%	31.2%

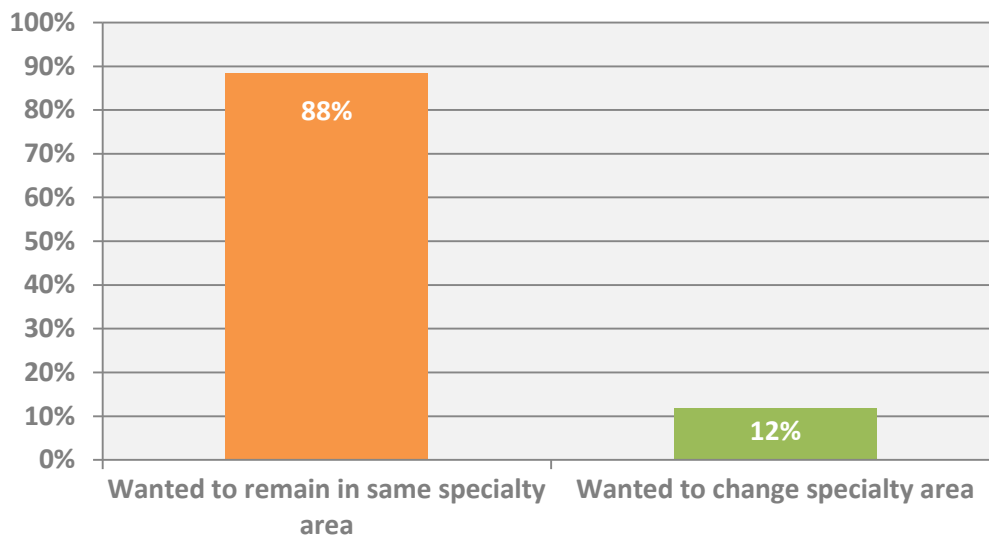
* % of all specialists who were currently working in the related specialty area (as per the Medical Workforce Intelligence Report 2014)

** % of all specialists working within the related specialty area (as per the Medical Workforce Intelligence Report 2014) who were 55 years or over

TRAINEE INTEREST IN CHANGING DIRECTION OF LONG-TERM MEDICAL CAREER

Your Training Counts asked trainees⁴ 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). 12% 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 8: Interest in changing specialty for long-term career

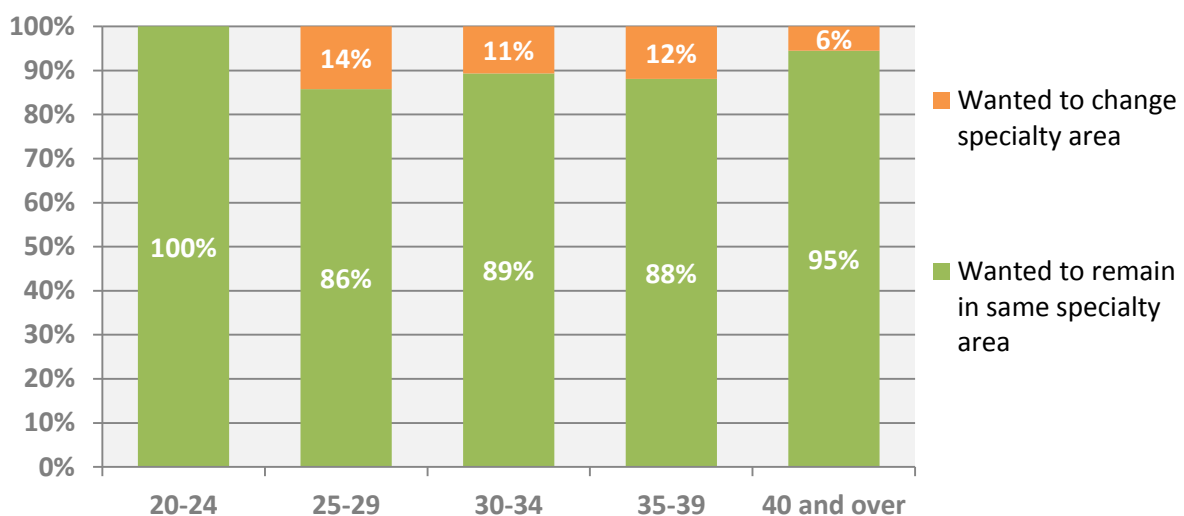


VARIATIONS IN INTEREST IN CHANGING DIRECTION OF LONG-TERM CAREER

Age

There was no significant association between age and trainee interest in changing direction in their long-term careers, $X^2(4, N=1114) = 6.53, p = .163$.

Figure 9: Interest in changing direction of career, by trainee age



⁴ The following analysis does not include the thoughts of Intern trainees

Gender

There was no significant association between gender and trainee interest in changing direction of long-term career, $X^2(1, N=1114) = 1.08, p = .299$.

Region of qualification

There was no significant association between where trainees achieved their BMQ and interest in changing direction of long-term career, $X^2(1, N=1114) = 1.77, p = .183$.

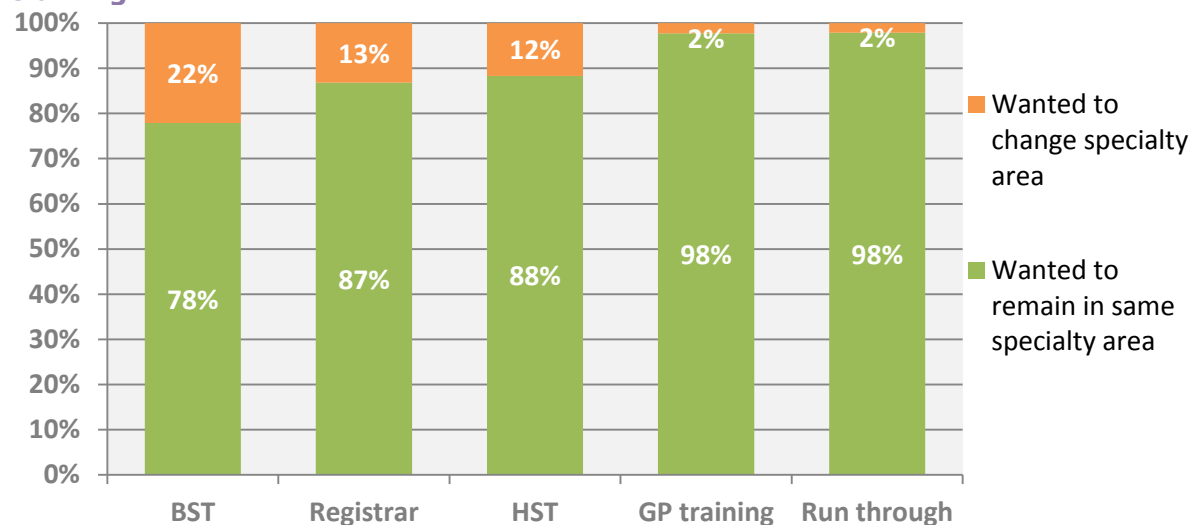
Entry routes to the profession

There was no significant association between how trainees entered the medical profession (Direct or Graduate entry) and interest in changing direction of long-term career, $X^2(1, N=847) = .141, p = .707$.

Stage of training

Stage of training was significantly, and strongly, associated with trainees' interest in changing specialty area. Trainees in BST programmes (22%) were significantly more likely to want to change their career specialty than trainees in General Practice (2%) and Run-through (2%) programmes, $X^2(4, N=1114) = 64.11, p < .001$.

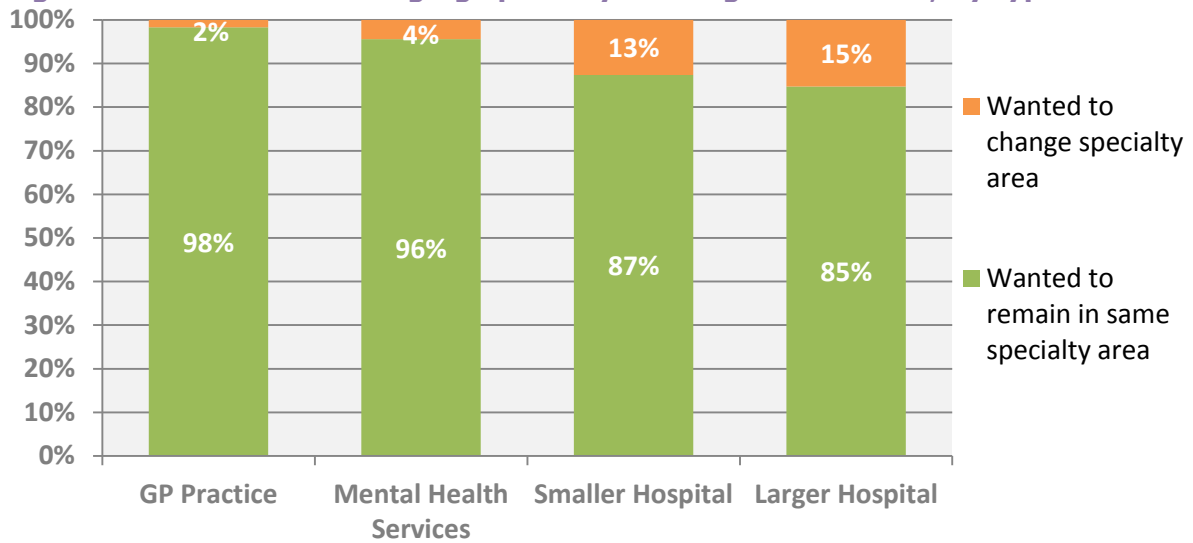
Figure 10: Interest in changing specialty for long-term career, by stage of training



Type of site

Trainees in GP practices (2%) and mental health services (4%) were significantly less likely to want to change specialty than trainees based in larger hospitals (15%), $X^2(3, N=1098) = 29.23, p < .001$.

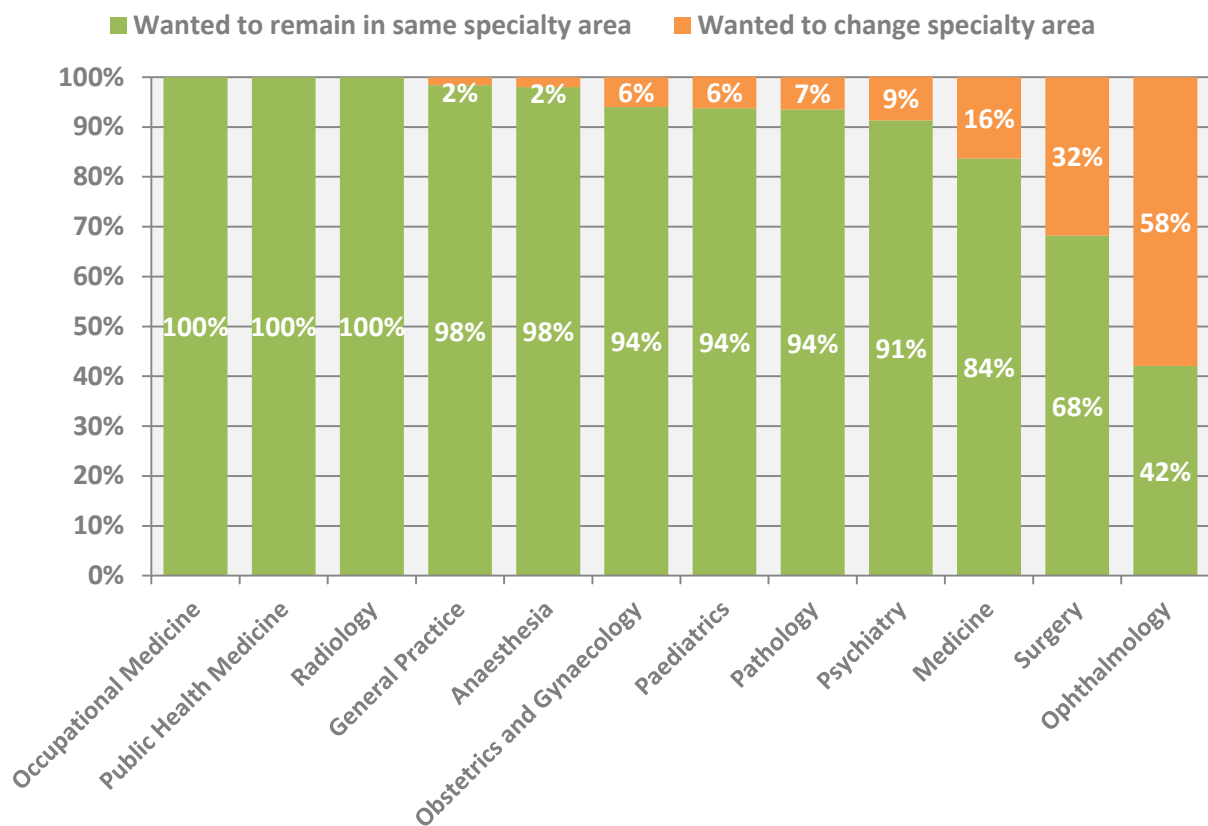
Figure 11: Interest in changing specialty for long-term career, by type of site



Specialty area

Ophthalmology (58%), Surgery (32%) and Medicine (16%) had the highest rates of trainees that were considering moving into a significantly different specialism.

Figure 12: Interest in changing specialty for long-term career, by specialty area



TRAINEE INTEREST IN CHANGING SPECIALTY AREA

Table 2, below, shows the interest trainees expressed in changing specialty area while on training.

For example, 98% of doctors currently on Anaesthesia training programmes chose to stay in that specialty area. 2% of trainees on Anaesthesia programmes wanted to move into Medicine. 0.4% of trainees currently in a Medicine training programme, and 0.6% of trainees currently on a Surgery programme, wanted to move to an Anaesthesia training programme.

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

Current Specialty Area	Specialty area trainees chose for long-term career												
	Anaesthesia	General Practice	Medicine	Obstetrics and Gynaecology	Occupational Medicine	Ophthalmology	Paediatrics	Pathology	Psychiatry	Public Health Medicine	Radiology	Surgery	Sports and Exercise Medicine
Anaesthesia	98.0%		2.0%										
General Practice		98.4%	0.3%		0.6%								0.6%
Medicine	0.4%	5.3%	83.7%				2.0%	4.5%			4.1%		
Obstetrics and Gynaecology		2.0%		94.0%				2.0%			2.0%		
Occupational Medicine					100%								
Ophthalmology						42.1%						57.9%	
Paediatrics		1.6%	4.7%				93.8%						
Pathology			6.5%					93.5%					
Psychiatry			6.3%				1.3%		91.3%	1.3%			
Public Health Medicine										100%			
Radiology											100%		
Surgery	0.6%	3.4%	21.0%						1.1%		5.7%	68.2%	

TRAINEE RETENTION INTENTIONS - SUMMARY

Key points

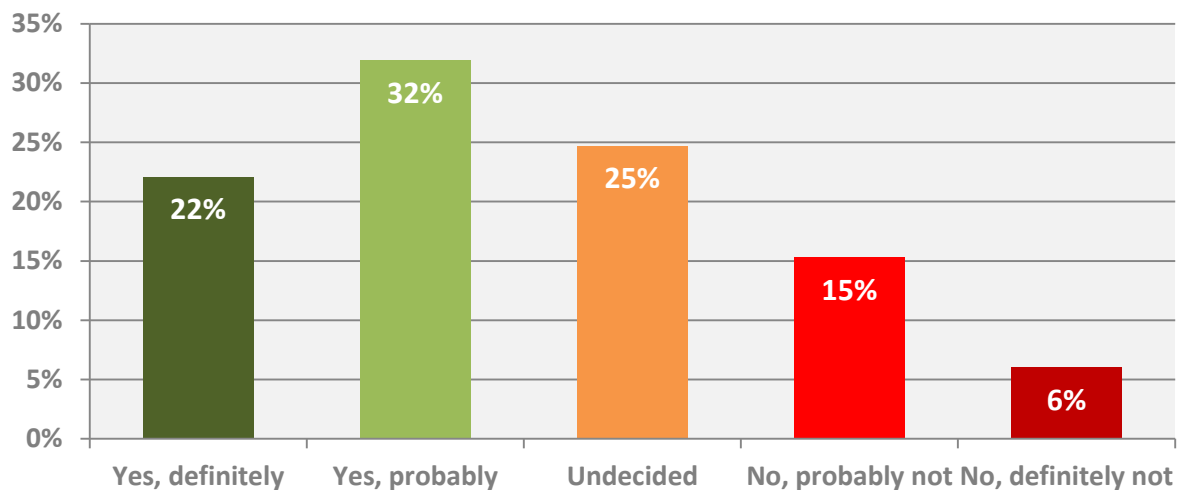
- The majority of trainees (54%) foresaw themselves practising in Ireland for their long-term career;
- 21% of trainees said they would either probably not (15%) or definitely not (6%) practise medicine in Ireland for the foreseeable future;
- Trainees on HST programmes were most likely to express an intention to leave medical practice in Ireland (30%);
- Trainees who expressed intentions to stay in Ireland for the foreseeable future rated their learning environments more highly, had higher levels of work engagement, better wellbeing, better quality of life and better health, than trainees who did not;
- Older trainees were more likely than younger trainees to express an intention to not practise in Ireland for the foreseeable future;
- Male trainees (25%) were more likely than females (18%) to state an intention to not practise medicine in Ireland for the foreseeable future;
- Being bullied in training, being undermined by a consultant/GP, or having a limiting illness, health problem or disability were all significantly associated with increased intentions to leave medical practice in Ireland;
- The UK (32%), Canada (24%) and Australia (18%) were the most frequently mentioned destinations for trainees with intentions to leave Ireland; and,
- 4.5% of trainees intended to leave medicine completely;
- Trainees who were bullied during training, or who had a limiting illness, health problem or disability, were more likely than others to say they were leaving medicine.

TRAINEE RETENTION INTENTIONS

We asked trainees⁵ if, apart from temporary visits abroad, they intended to practise medicine in Ireland for the foreseeable future; the majority of trainees (54%) stated an intention to practise medicine in Ireland for the foreseeable future.

Figure 13: Trainee retention intentions

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



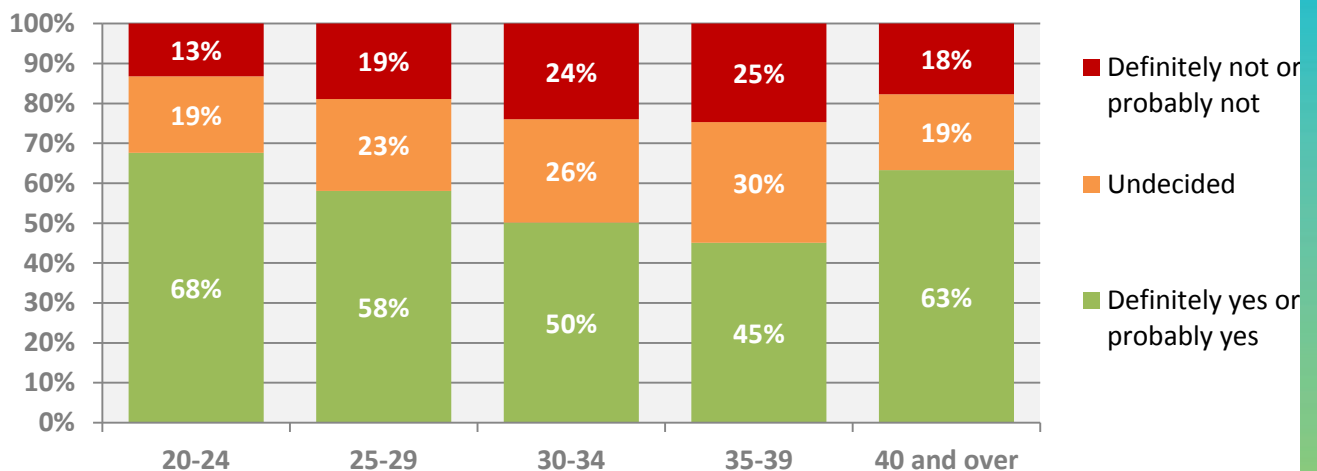
VARIATIONS IN TRAINEE RETENTION INTENTIONS

Age

There was a statistically significant, albeit weak, association between retention intentions and age. In general, as age increased so too did the likelihood of not wanting to practise in Ireland for the foreseeable future. Trainees in the 30-34 (24%) and 35-39 (25%) age groups were significantly more likely than trainees in the 20-24 (13%) and 25-29 (19%) age groups to say they did not intend to practise in Ireland for the foreseeable future, $\chi^2(8, N=1428) = 22.29, p = .004$.

Figure 14: Retention intentions by age

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



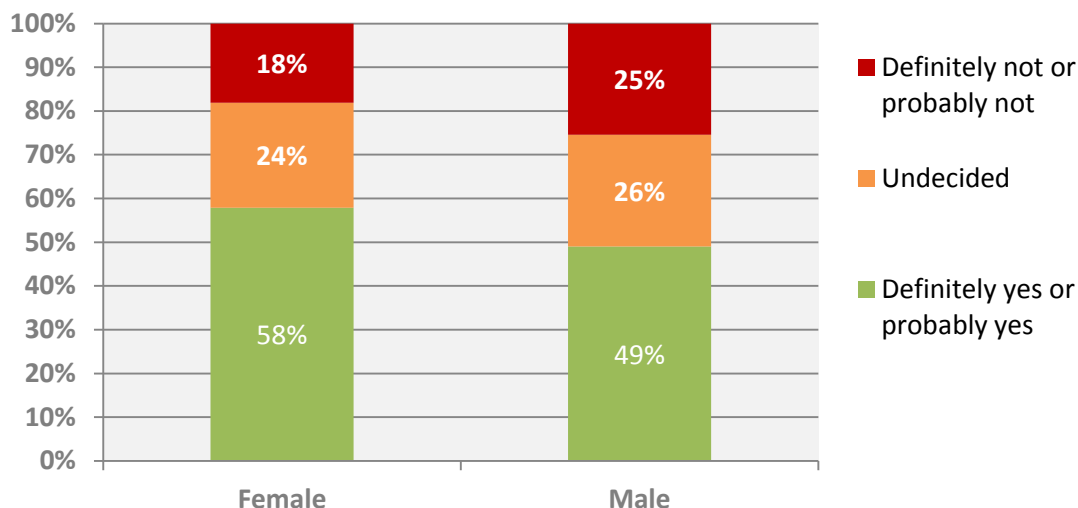
⁵ All trainees, including interns

Gender

There was a statistically significant, albeit weak, association between retention intentions and gender. Male trainees (25%) were significantly more likely than females (18%) to say they were not going to practise medicine in Ireland for the foreseeable future, $X^2(2, N=1428) = 14.42, p = .001$.

Figure 15: Retention intentions by gender

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



Entry routes to the profession

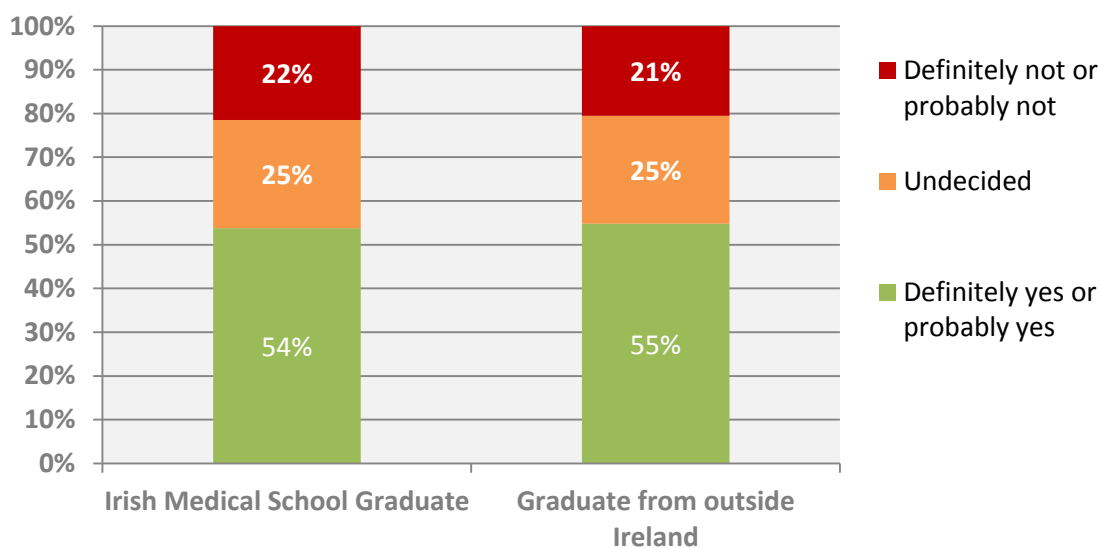
There was no significant association between how trainees entered the medical profession (Direct or Graduate entry) and retention intentions, $X^2(1, N=1130) = 1.73, p = .421$.

Region of qualification

There was no significant association between where trainees attained their BMQ and trainees' retention intentions, $X^2(2, N=1428) = .139, p = .933$.

Figure 16: Retention intentions by region of qualification:

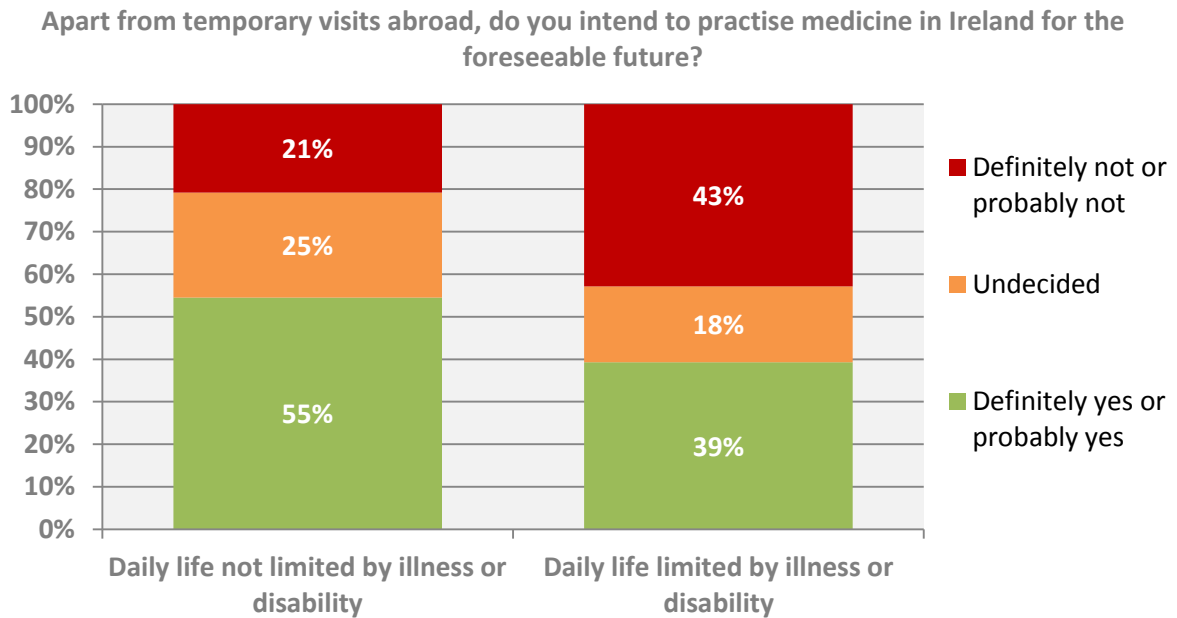
Apart from temporary visits abroad, do you intend to practise medicine in Ireland for the foreseeable future?



Having a limiting illness, health problem or disability

There was a significant, but weak, association between retention intentions and trainees with, or without, a limiting illness, health problem or disability. Trainees that had an illness, health problem, or disability that limited their daily activity were significantly more likely (43%) than other trainees (21%) to intend to not practise medicine in Ireland for the foreseeable future, $X^2(2, N=1407) = 7.97, p = .019$.

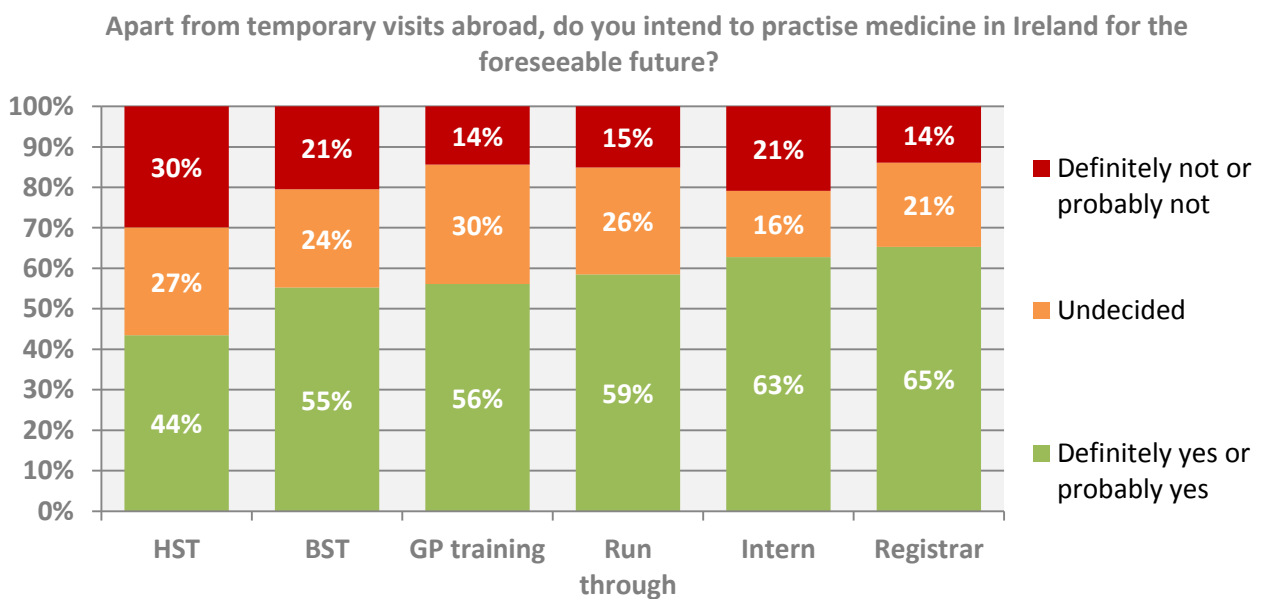
Figure 17: Retention intentions by limiting illness, health problem or disability



Stage of Training

There was a statistically significant, and moderate, association between retention intentions and stage of training. Trainees on HST programmes (44%) were significantly less likely than trainees on Intern (63%) or Registrar programmes (65%) to say they would practise medicine in Ireland for the foreseeable future, $X^2(10, N=1425) = 47.221, p < .001$.

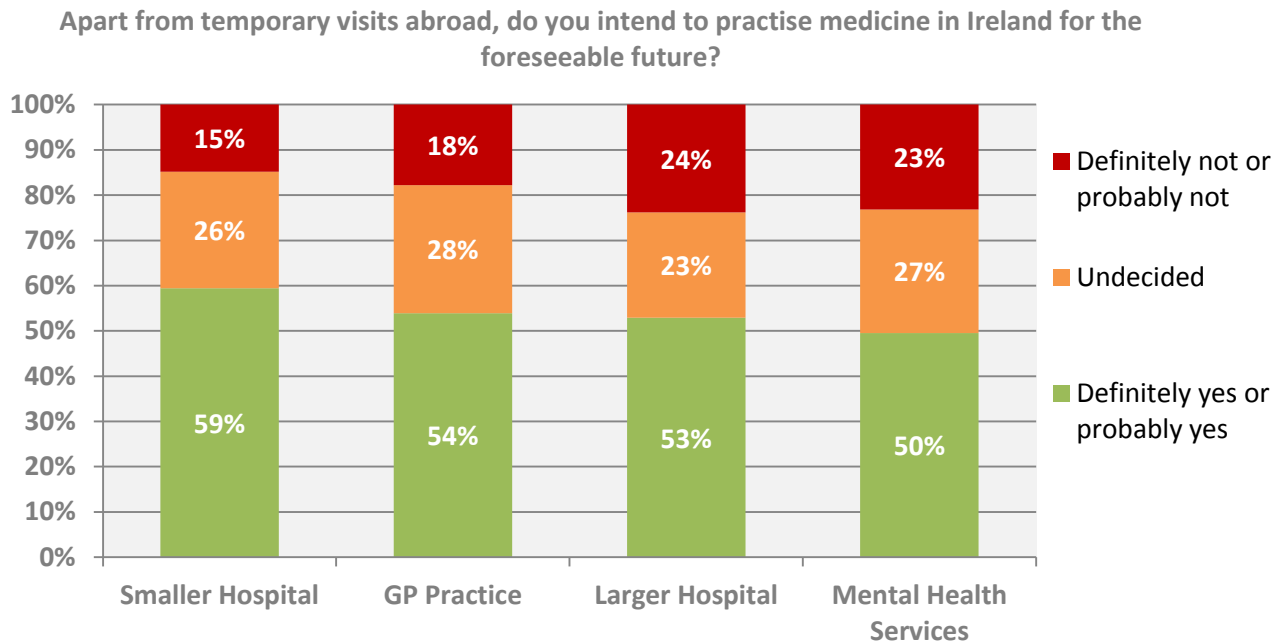
Figure 18: Retention intentions by stage of training



Type of site

There was a statistically significant, but weak, association between retention intentions and the type of site in which trainees were located. Trainees in larger hospitals (24%) were more likely than trainees in smaller hospitals (15%) to say they did not want to practise medicine in Ireland for the foreseeable future, $X^2(6, N=1405) = 12.70, p = .048$.

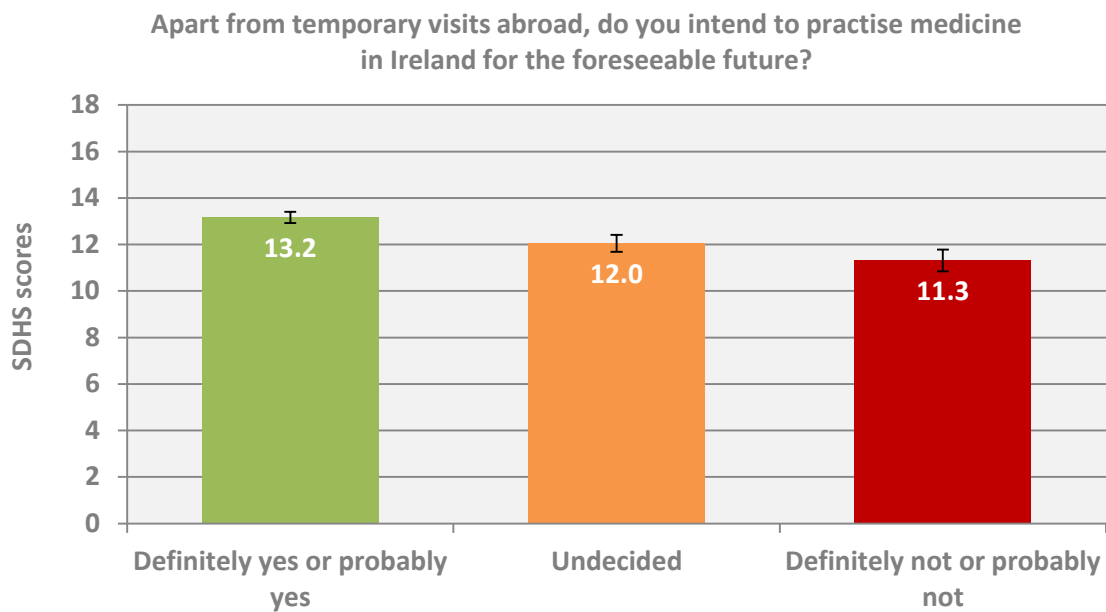
Figure 19: Retention intentions by type of site in which trainees were located



Trainee wellbeing

Trainees who expressed intentions to practice in Ireland for the foreseeable future reported significantly higher wellbeing scores ($M=13.2, SD=3.37$) than trainees who were undecided ($M=12, SD=3.45$) and trainees who intended to leave medical practice in Ireland ($M=11.3, SD=4.3$), $f(2, 1386) = 32.62, p < .001$.

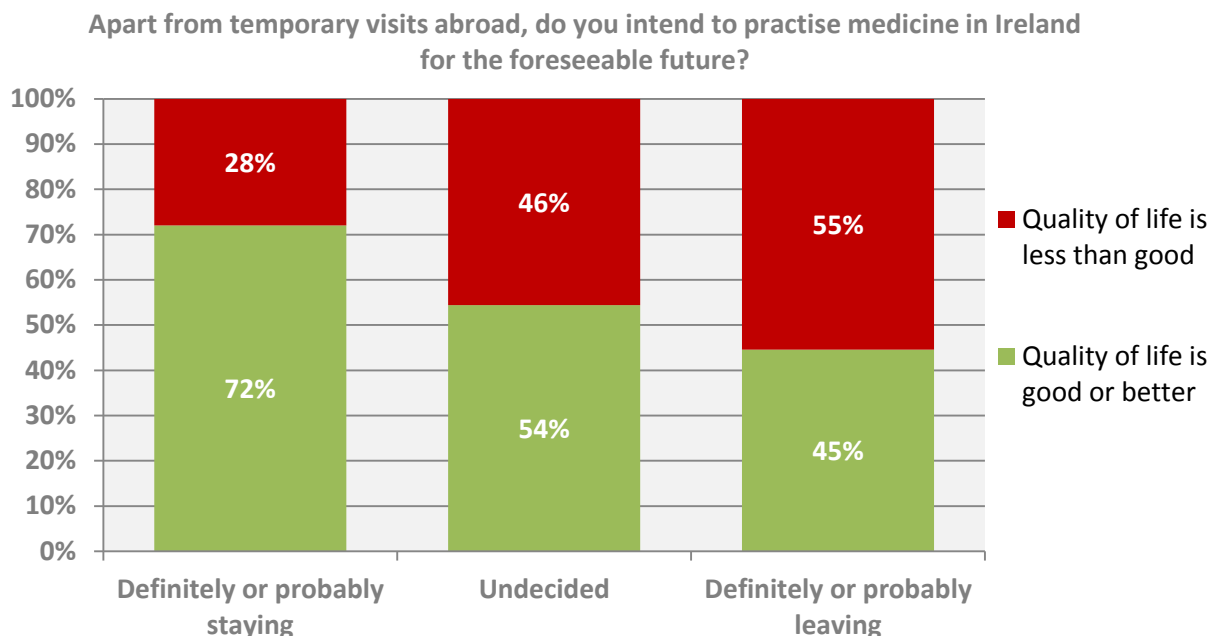
Figure 20: Retention intentions by trainee wellbeing



Quality of life

There was a significant, and moderately strong, association between trainees' 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' (55%), than trainees who intended to practise in Ireland for the foreseeable future (28%), $X^2(2, N=1419) = 79.76, p < .001$.

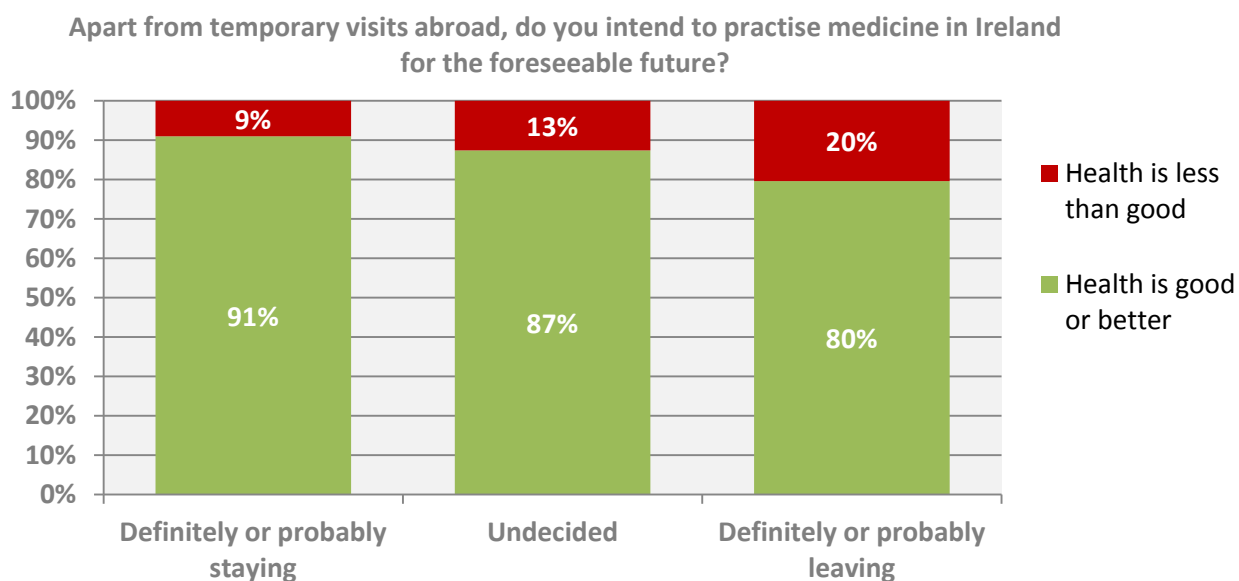
Figure 21: Retention intentions by quality of life



Self-reported perceptions of health

There was a significant, and moderate, 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' (20%), than trainees who intended to practise in Ireland for the foreseeable future (9%), $X^2(2, N=1424) = 26.47, p < .001$.

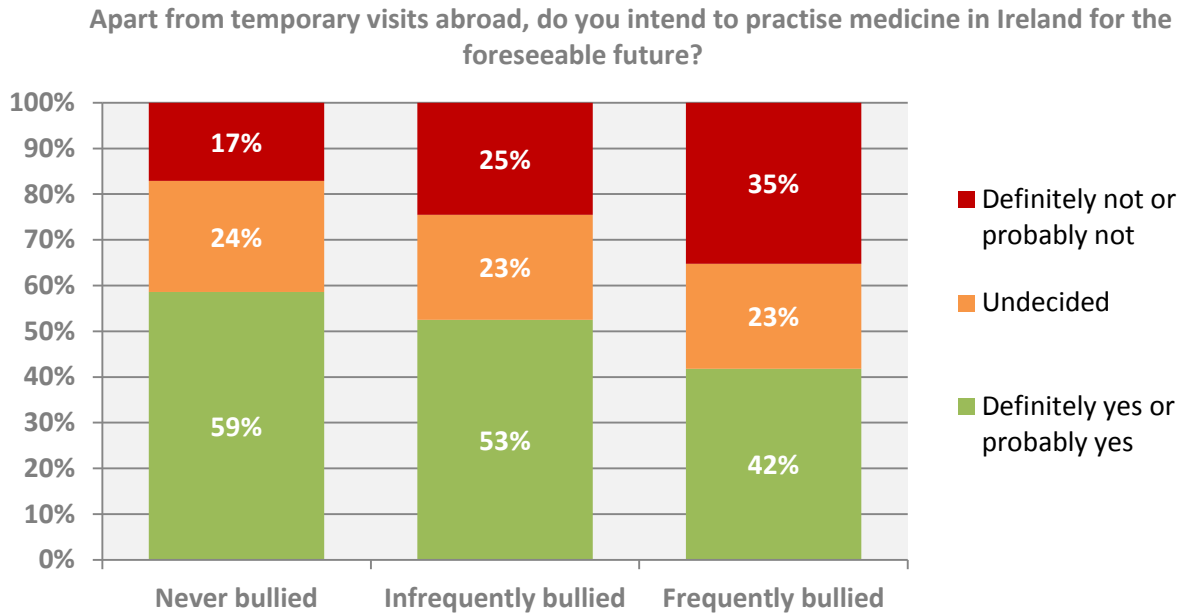
Figure 22: Retention intentions by self-reported health



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 (35%) than trainees who were never bullied (17%), $X^2(4, N=1358) = 35.56, p < .001$.

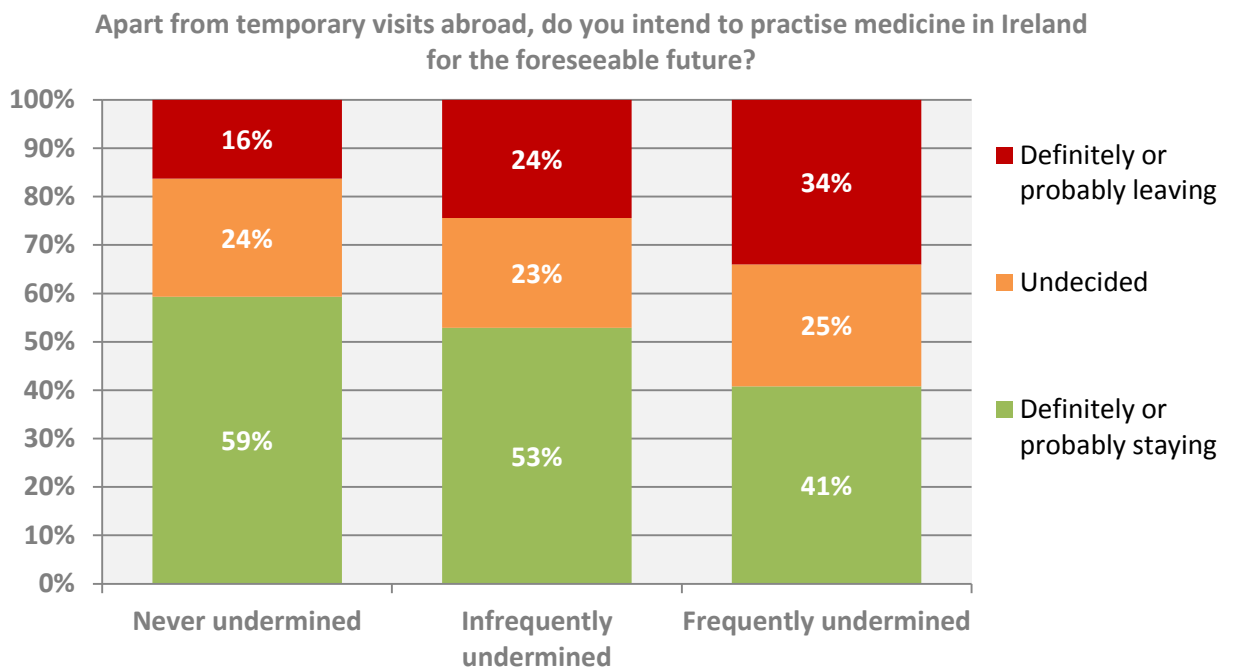
Figure 23: Retention intentions by experience of bullying in post



Experience of being undermined by a consultant or GP in post

There was a significant, weak, association between trainees' retention intentions and their experience of being undermined by a consultant or GP in their post. Trainees who were frequently undermined in post (34%) were significantly more likely to intend to leave medical practice in Ireland than trainees who were never undermined (16%), $X^2(4, N=1374) = 37.21, p < .001$.

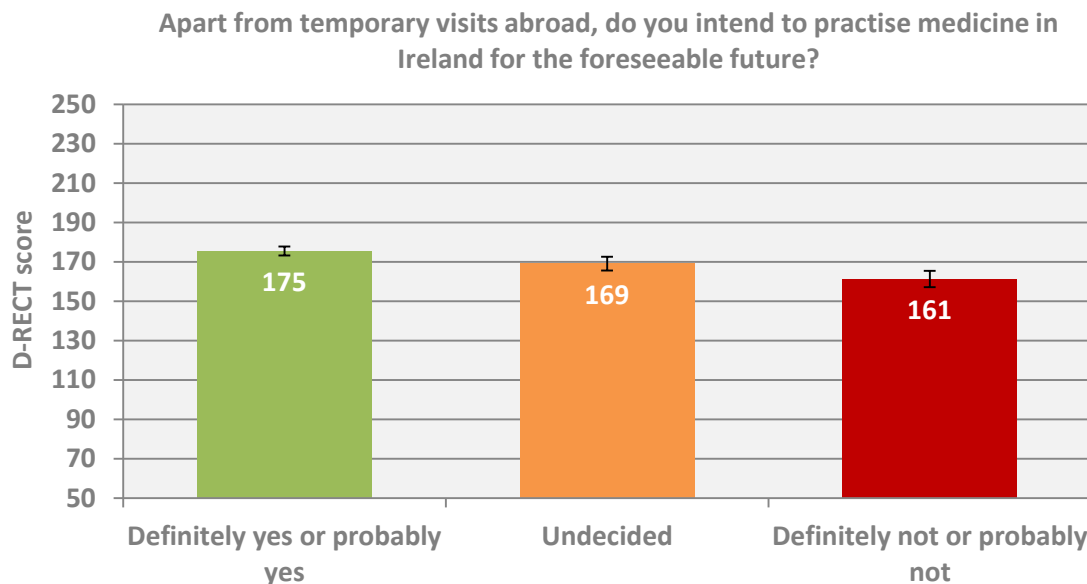
Figure 24: Retention intentions by experience of being undermined in post



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 ($M=175$, $SD=30.2$) than trainees who were undecided ($M=169$, $SD=31.4$) and trainees who intended to leave medical practice in Ireland ($M=161$, $SD=34.7$), $f(2, 1280) = 20.79$, $p < .001$.

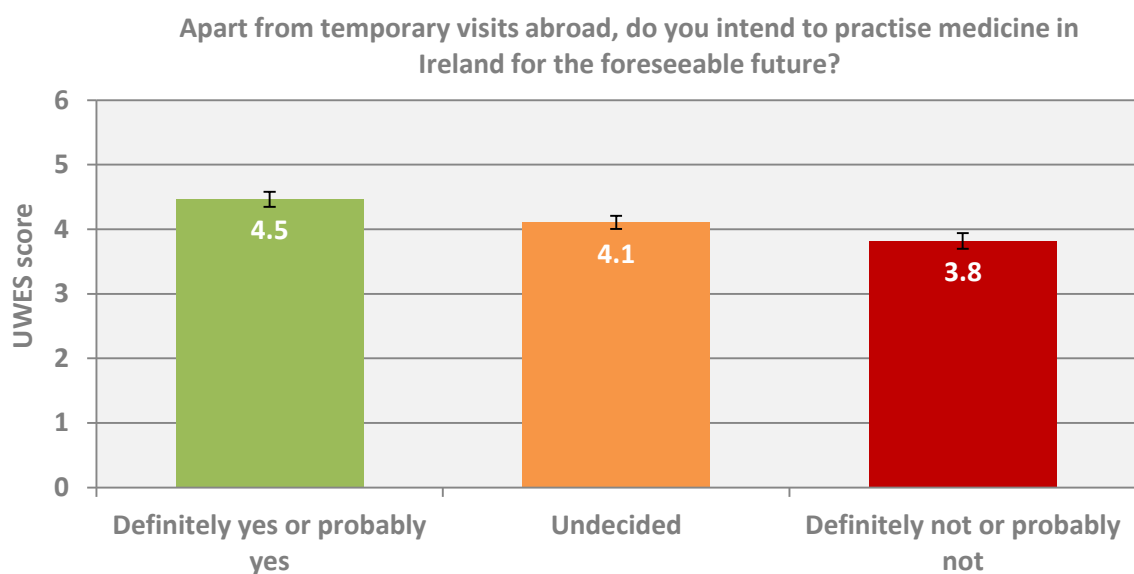
Figure 25: Retention intentions by views on learning environments



Trainee work engagement

Trainees who intended to practise in Ireland for the foreseeable future had significantly higher levels of work engagement ($M=4.5$, $SD=1.1$) than trainees who were undecided ($M=4.1$, $SD=1.1$) and trainees who intended to leave medical practice in Ireland ($M=3.8$, $SD=1.3$), $f(2, 1325) = 36.99$, $p < .001$.

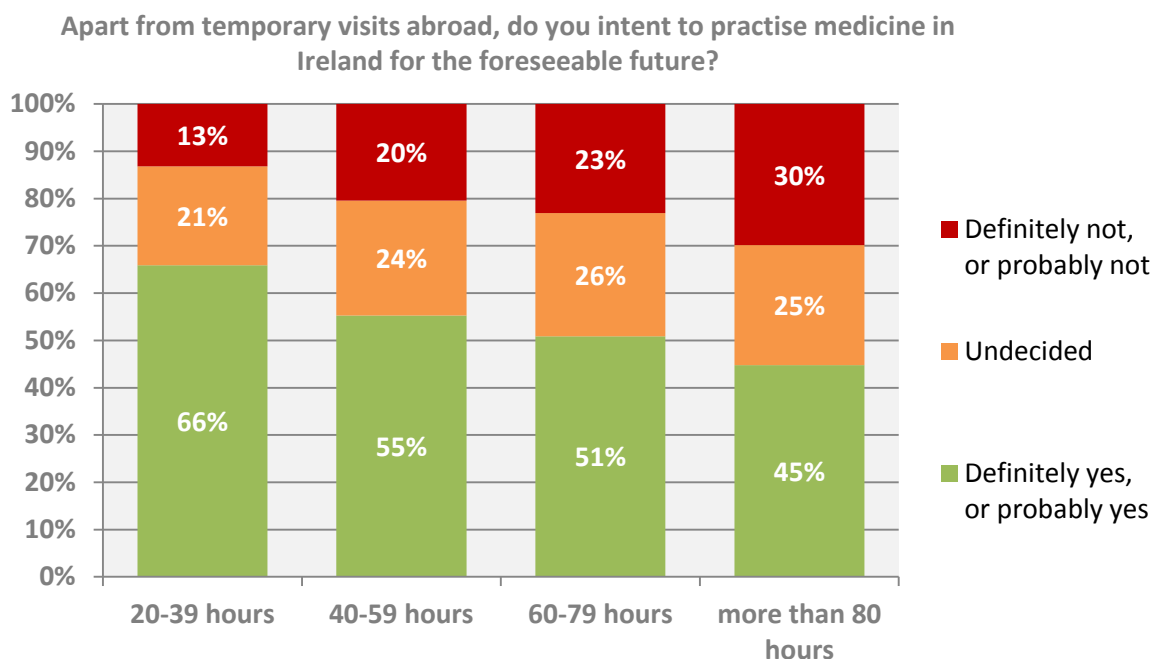
Figure 26: Retention intentions by work engagement scores



Hours worked in an average week

Although there were associations with retention intentions and how long trainees worked in an average week (in general, longer working hours were associated with greater intent to not practise in Ireland) these differences were not statistically significant, $X^2(6, N=1428) = 11.51, p = .074$.

Figure 27: Retention intentions by work engagement scores



Specialty area of training

There were variations in the proportions of trainees that wanted to practice in Ireland for the foreseeable future by specialty areas. Trainees in Radiology (31%) and Anaesthesia (29%) were most likely to express intent to not practise medicine in Ireland in the foreseeable future (as per Table 3).

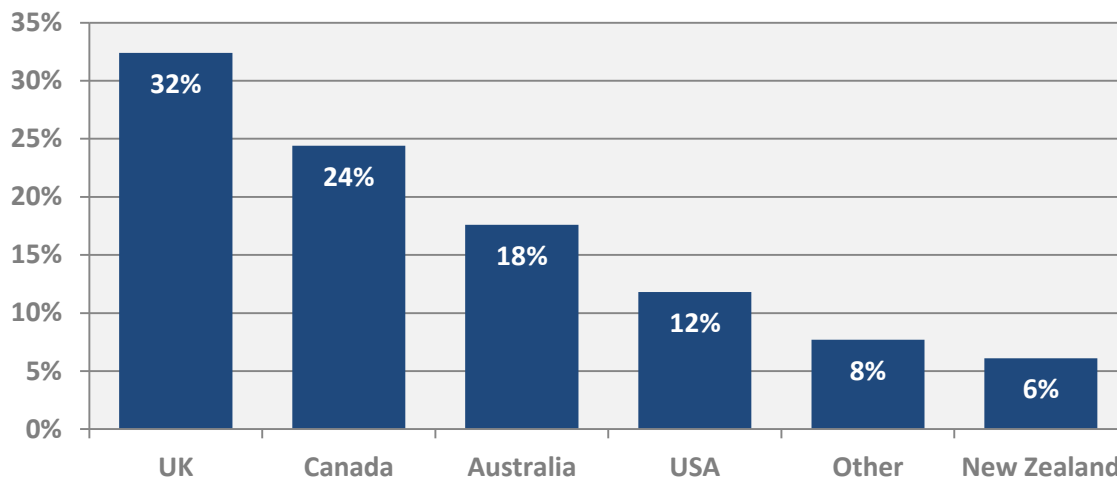
Table 3: Intentions to practice in Ireland for foreseeable future, by specialty area

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, YES	Undecided	Definitely, or probably, NOT
Anaesthesia	40.7%	30.6%	28.7%
General Practice	56.7%	29.5%	13.8%
Medicine	52.8%	22.3%	24.9%
Obstetrics and Gynaecology	45.1%	37.3%	17.6%
Occupational Medicine	100%	-	-
Ophthalmology	57.9%	21.1%	21.1%
Paediatrics	65.7%	14.3%	20.0%
Pathology	67.7%	9.7%	22.6%
Psychiatry	47.6%	27.4%	25.0%
Public Health Medicine	33.3%	66.7%	-
Radiology	47.2%	22.2%	30.6%
Surgery	48.9%	27.7%	23.4%
Total	52.6%	26.1%	21.3%

POTENTIAL DESTINATIONS FOR TRAINEES WITH INTENTIONS TO EMIGRATE

Your Training Counts 2014 also asked trainees, who were considering practising medicine outside of Ireland, which country were they most likely to emigrate to.

Figure 28: Potential destination countries for trainees with emigration intentions

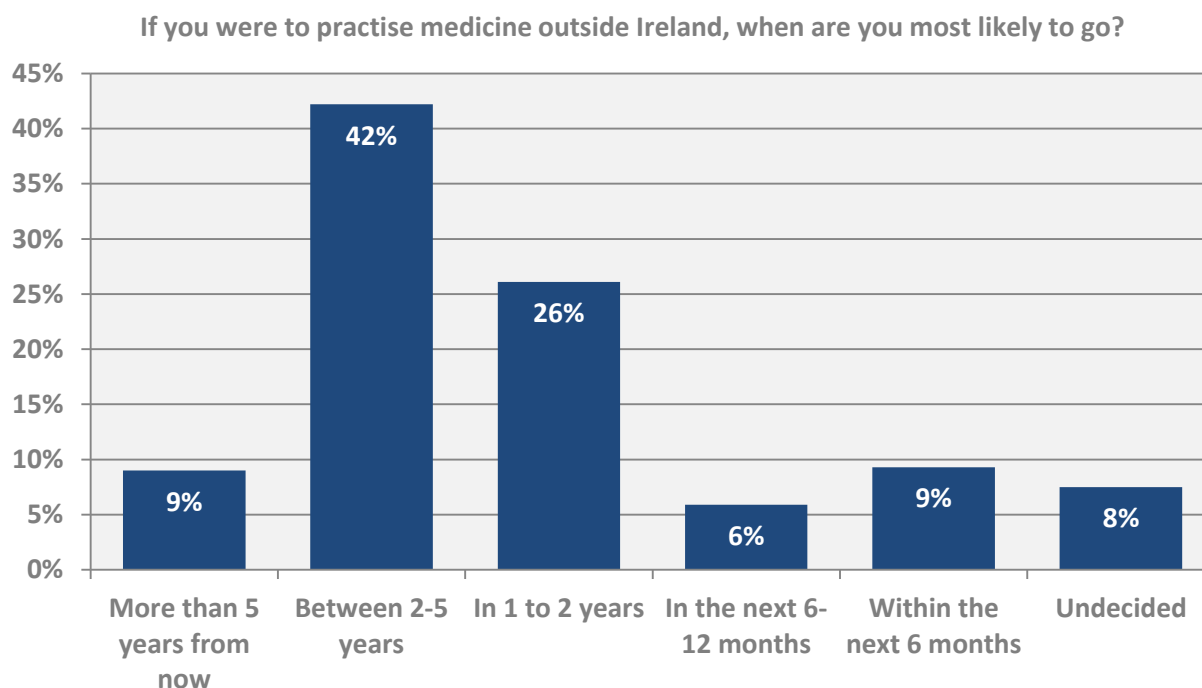


Trainees who chose 'Other' were most likely to say their destinations were (in order of most frequently mentioned first): other European countries; countries in the Middle East; Asian countries; African countries; India; Third World destinations; or, South American countries.

WHEN TRAINEES WERE MOST LIKELY TO EMIGRATE

Your Training Counts 2014 asked trainees, who were considering practising medicine outside of Ireland, when they were most likely to leave. The majority of trainees (51%) said that it would most likely be two or more years before they left. 15% of respondents said they were likely to leave Ireland within the next year.

Figure 29: Trainees' thoughts on when they might emigrate

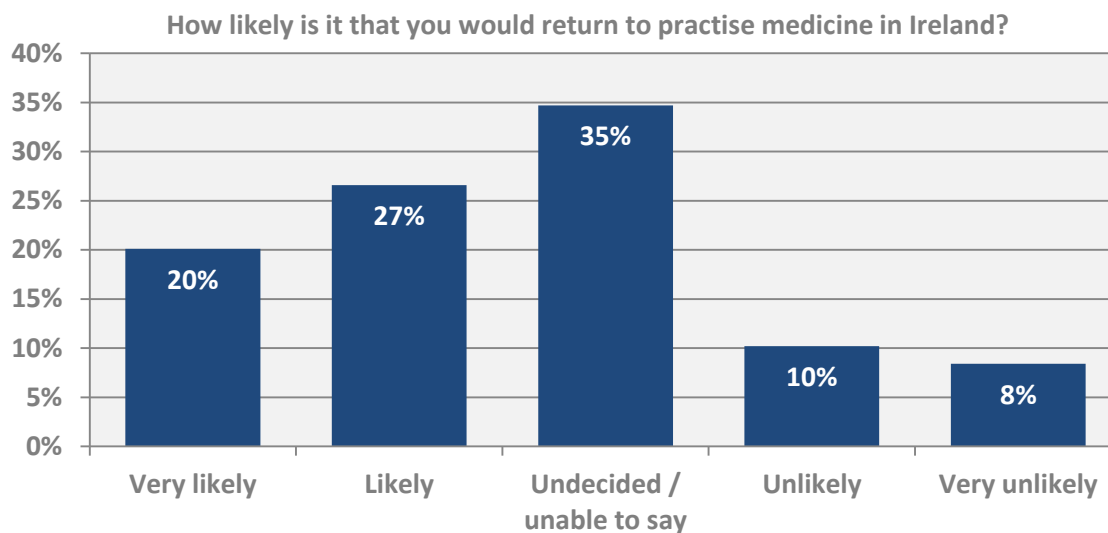


TRAINEES ON RETURNING TO IRELAND AFTER PRACTISING ABROAD

Your Training Counts 2014 asked trainees, who were considering practising medicine outside of Ireland, how likely it was that they would return to practise medicine in Ireland.

47% 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 medicine in Ireland.

Figure 30: Trainees' thoughts on returning to Ireland

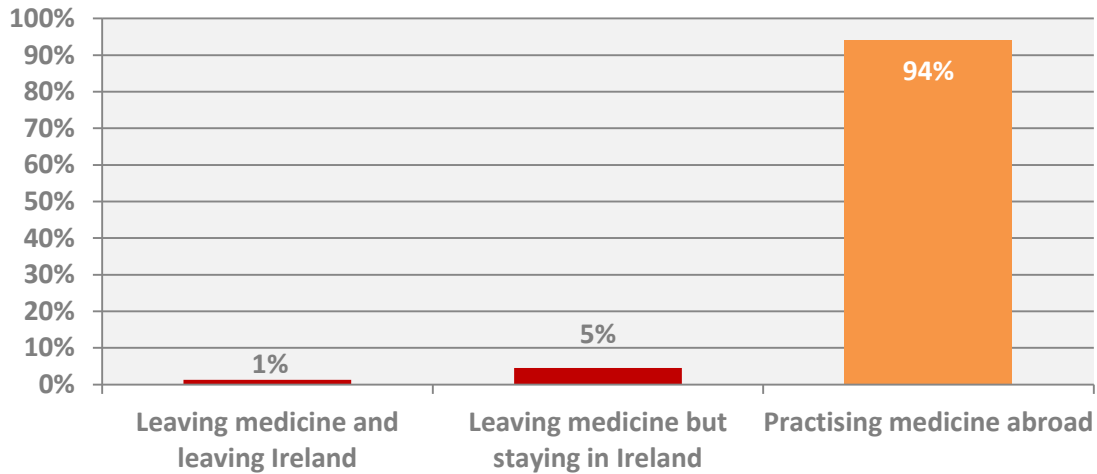


TRAINEE INTENTIONS TO LEAVE MEDICINE

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.

6% of respondents to the follow-up question (4.5% of all trainees) said it was their intention to leave medicine and 94% said they wanted to practise medicine abroad.

Figure 31: If you aren't definitely intending to practise in Ireland for the foreseeable future, what are you considering doing?

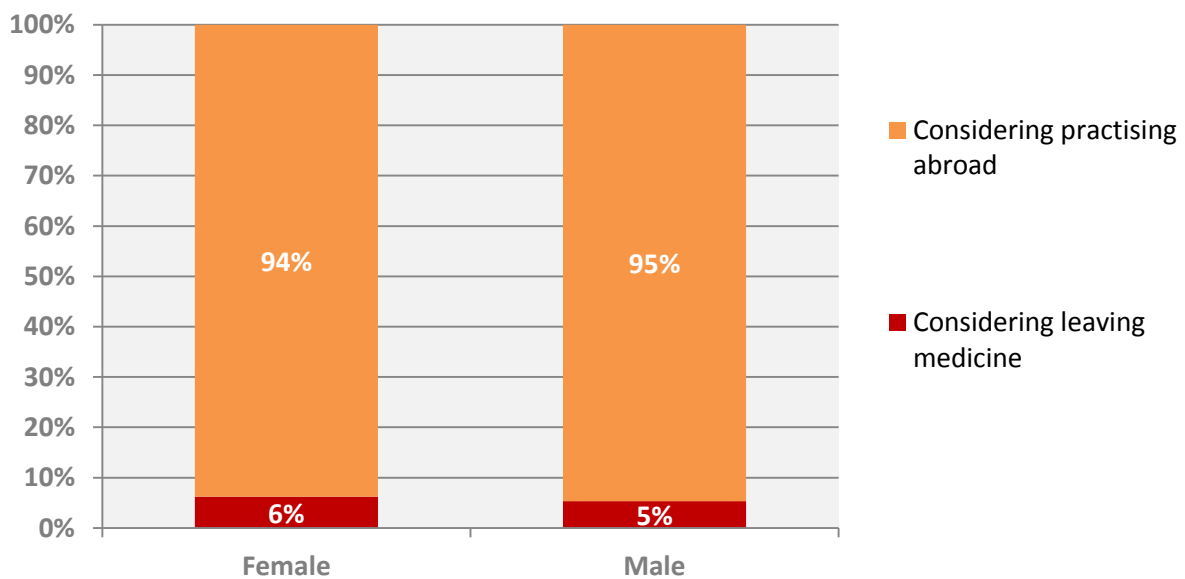


VARIATIONS IN INTENTIONS TO LEAVE MEDICINE

Gender

There was no statistically significant association with trainees' intentions to leave medicine and gender, $X^2(1, N=1112) = .388, p = .533$.

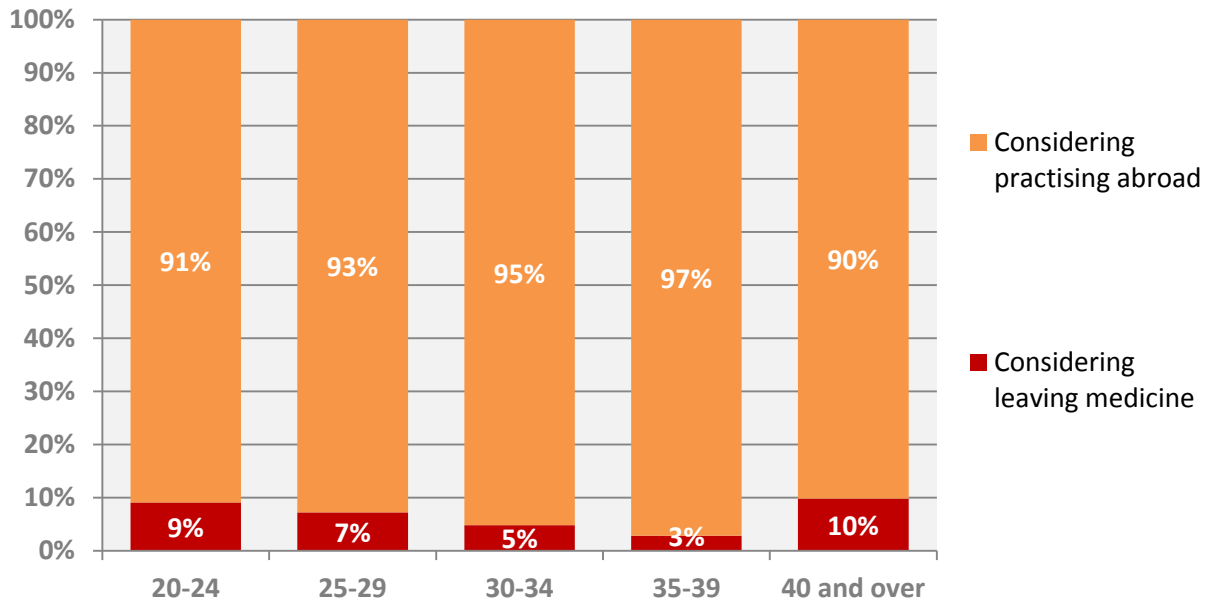
Figure 32: Intentions to leave medicine, by gender



Age

Despite some variation in rates, there was no statistically significant association with intentions to leave medicine and trainees' age, $X^2(4, N=1112) = 7.55, p = .109$.

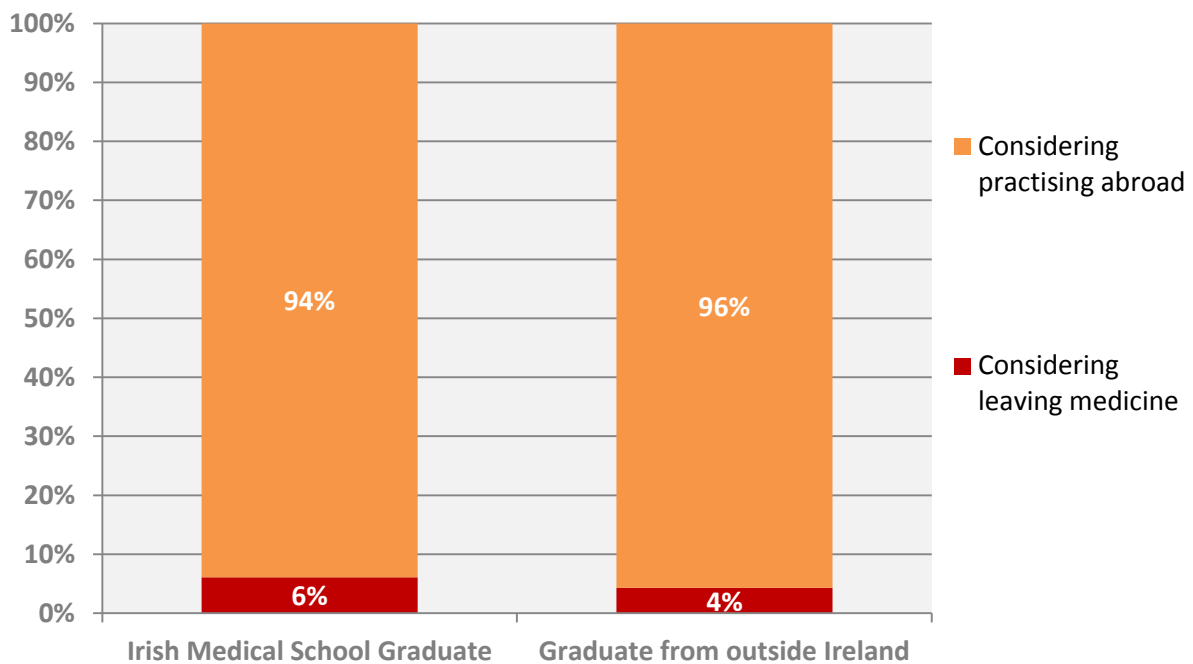
Figure 33: Intentions to leave medicine, by age



Region of qualification

There was no statistically significant association with intentions to leave medicine and the region in which trainees gained their BMQ, $X^2(1, N=1112) = .996, p = .318$.

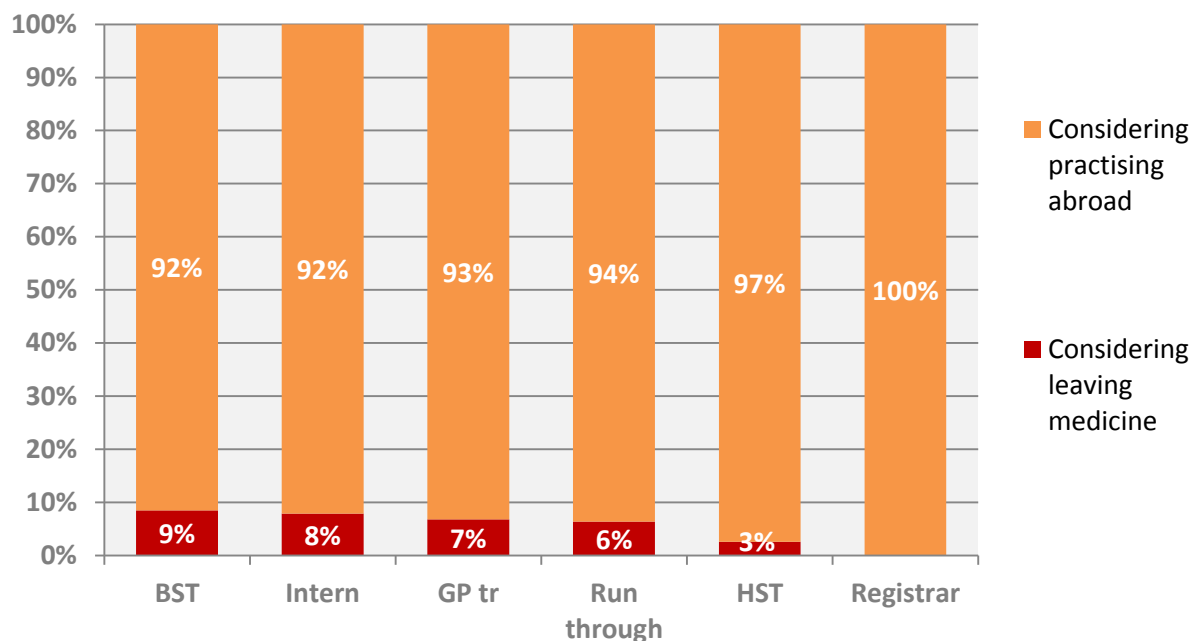
Figure 34: Intentions to leave medicine, by region of qualification



Stage of Training

There was a statistically significant association with intentions to leave medicine and trainees' stage of training. Trainees in BST programmes (9%) were most likely to state an intention to leave medicine, $X^2(5, N=1111) = 15.09, p = .010$.

Figure 35: Intentions to leave medicine, by stage of training



Specialty Area

Despite some variation in the rates of which trainees wanted to leave medicine, by specialty area, these variations were not statistically significant $X^2(11, N=935) = 9.77, p = .551$.

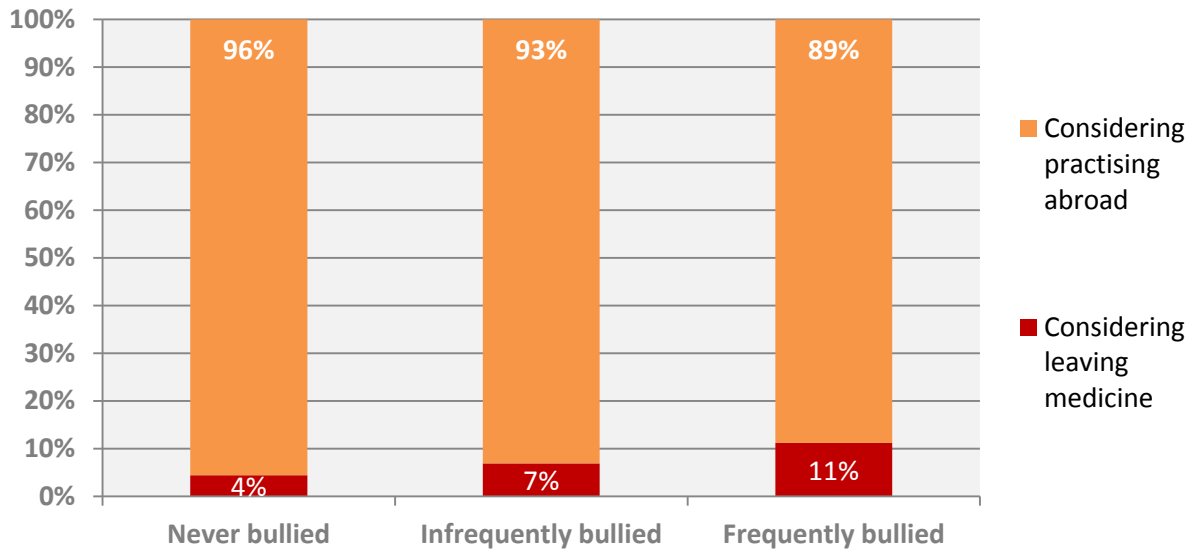
Table 4: Intentions to leave medicine by current specialty area

Specialty Area	Considering leaving medicine	Considering practising abroad
Anaesthesia	5.1%	94.9%
General Practice	6.8%	93.2%
Medicine	3.8%	96.2%
Obstetrics and Gynaecology	4.5%	95.5%
Occupational Medicine	-	100.0%
Ophthalmology	-	100.0%
Paediatrics	-	100.0%
Pathology	4.3%	95.7%
Psychiatry	7.6%	92.4%
Public Health Medicine	-	100.0%
Radiology	-	100.0%
Surgery	7.1%	92.9%

Trainee reported experience of bullying

There was a statistically significant, and moderate, association with trainees' intentions to leave medicine and trainees' reported experience of bullying in post. Trainees who were frequently bullied in post (11%) were more likely than trainees that were never bullied (4%) to say they were considering leaving medicine, $X^2 (2, N=1054) = 10.99, p = .004$.

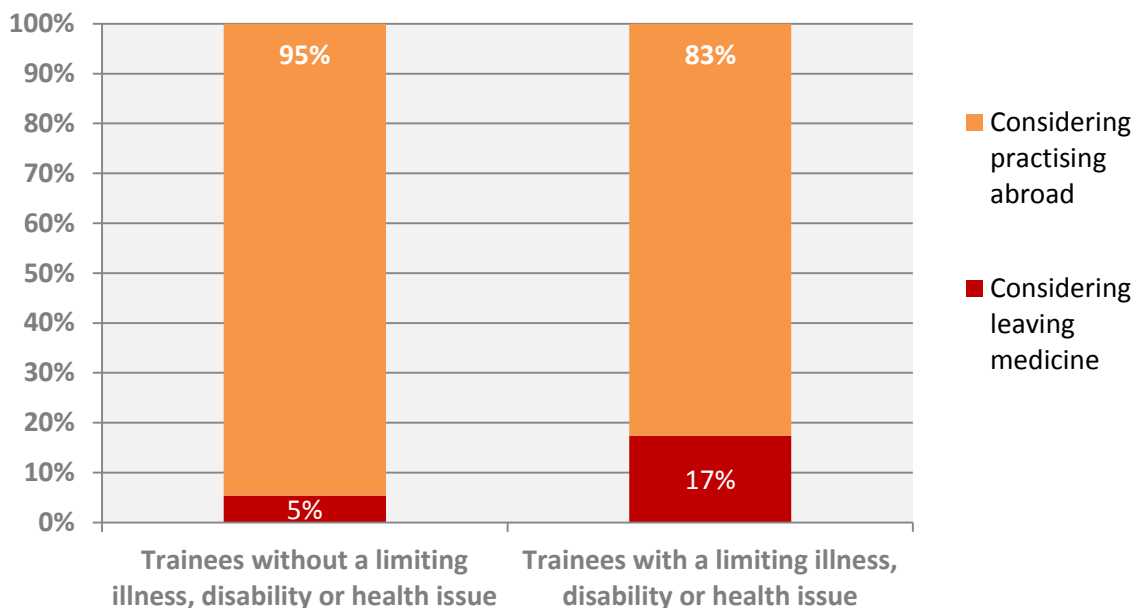
Figure 36: Are you considering leaving medicine or practising abroad, by trainees' experience of being bullied in post



Limiting illness, health problem or disability

There was a significant, but weak, association between trainee intention to leave medicine and having a limiting illness, health problem or disability. Trainees with a limiting illness (17%) were significantly more likely than other trainees (5%) to be considering leaving medicine, $X^2 (1, N=1094) = 6.04, p = .014$.

Figure 37: Are you considering leaving medicine or practising abroad, by trainees experience of having a limiting illness, health problem or disability



CONCLUDING COMMENTS

The majority of trainees are sure about the specialty in which they wish to practise for their long-term career, however, almost a third of trainees are not. Trainees who aren't sure about their career pathway report a lower quality of life, lower work-engagement and poorer wellbeing than those who are. Experiencing high quality learning environments is strongly associated with greater surety about long-term careers.

12% of trainees expressed an intention to change the specialty of their career path. This feeling wasn't exclusive to trainees who had just begun training; 14% of HST trainees expressed an interest in changing specialty. Can training routes be more flexible in structure to better accommodate the changing intentions of trainees? Trainees who wanted to change the specialty of their career path were significantly more likely to express an intention to practise outside of Ireland. Would greater flexibility in training structures also bring some modest success in terms of trainee retention?

The majority of trainees foresee themselves working in Ireland for their long-term career, but 21% expressed sizeable doubts about doing so. Trainees that intended to leave medical practice in Ireland reported lower wellbeing, poorer quality of life and worse health than trainees who intended to stay. Being bullied and undermined in the work place was associated with greater intent to leave medical practice in Ireland. Taking better care of our trainees will help reduce the numbers that want to leave. Similarly, intentions to leave medical practice in Ireland were significantly associated with the quality of learning environments; a focus on improving training experiences for doctors could well make significant impacts in reducing the number of trainees who do not want to pursue a long-term career in Ireland. Data shows that it is not younger trainees (e.g. those on intern year) but trainees on HST programmes who are most likely to express intent to leave medical practice in Ireland. The potential cost to the system, in terms of finance and human resources (with highly qualified doctors intending to leave) is a new facet to discussion around doctor migration.

We will keep monitoring trainee career and retention intentions. The 2015 version of the Your Training Counts survey added a number of new items so that we can get more insight into the push and pull factors that are influencing trainee retention choices. In addition the Medical Council will keep a focus on quality improvement with all stakeholders in postgraduate training; in terms of career and retention intentions doctors' training experience really does count.



Comhairle na nDochtúirí Leighis
Medical Council

A SPECIAL REPORT FROM THE TRAINEE NATIONAL EXPERIENCE SURVEY 2014