Reviewer’s report

Title: The consequences of Ireland's culture of medical migration

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Reviewer: Peter Koehn

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The well-written manuscript has considerable promise, but requires extensive rethinking and revision.

The perceived consequences of the medical migration of doctors can be investigated from at least four levels of analysis: individual, national, professional, and global. Benefits and drawbacks vary at each level. This manuscript is narrowly conceived only from the perspective of national (Ireland's) interests. Brain drain and brain loss at the national level is only part of the total picture of medical migration. Conceivably, individual doctors on the move simultaneously benefit from enhanced professional knowledge, qualifications, transnational competence, and the satisfaction of a "boundaryless global career." The medical profession can be advanced and improved by the interaction that results from physician migration. And, the interest of a globally networked and need-based workforce can be met by medical migration (particularly in the Global South where a massive health-worker shortage exists). As it currently stands, the manuscript lacks recognition of the existence and legitimacy, no less comparable treatment, of the non-national benefits of medical migration.

On a descriptive level, the findings about Ireland's culture of medical migration are interesting. However, reference to the qualitative data gathered through 50 "in-depth" interviews is limited to the occasional insertion of quotes from respondents. Readers are left uncertain if the selected quotes are cherry-picked or represent consensus on the part of a sizeable number of respondents. For instance, "respondents" [no number or percentage cited] "reported that migration is now considered to be a compulsory component of all medical careers" (p. 9). The same vagueness undermines other claims found on page 9. Additional reporting regarding the extent of consensus and divergence in the interview data is needed.

The conclusion focuses on Ireland's "medical workforce self-sufficiency." Does medical migration really "undermine" this national policy objective? The argument that this is occurring would be stronger if the manuscript had provided compelling evidence that the assumption of return is no longer valid. Instead, the manuscript fails to distinguish short-term versus permanent migration in the bulk of discussion (pp. 6-11 and figures 1 and 2). How many "migrants" actually return after bulking up their CVs? The number must be substantial since 90% of Irish hospital consultants have "completed some specialist training abroad" (p. 8). In the end, we are left with the vague claim that "many Irish doctors" "opt to remain abroad" (p. 11).

In any event, why is "medical workforce self-sufficiency" essential in today's globalized world? What's wrong with "reliance on internationally trained doctors" (p. 11)? Why should replacement
by internationally trained doctors "threaten the viability of the medical workforce" (p. 11)? Isn't it a truism that "the higher the proportion of internationally trained staff, the less self-sufficient the health workforce" (p. 3)? In this age of brain circulation, why can't Irish doctors in the diaspora return on short-term assignments or virtually participate in ways that enhance workforce availability and promote needed changes in the Irish health system (p. 12)? The evidence for shortage and imbalance in Ireland might be compelling if the authors are able to attain the required (but missing) "better understanding of the specialty profiles of those who leave and those who return and how they relate to the needs of the Irish medical workforce" (p. 11). A call for systematic outcome and impact evaluations could be a useful part of the recommendation section for workforce planning in Ireland and elsewhere.

The authors' call for "an alternative culture" that encourages "return" (p. 12) is confusing since they provide ample indications above that the existing culture encourages return (e.g., senior doctors "give preferential treatment to doctors with international experience" - p. 4). In addition, their recommendation for an alternative culture lacks a specific implementation plan. The parting statement that "perhaps migration can once again benefit the Irish health system" appears to contradict the overall thrust of the manuscript's argument.

Regarding methods: Likely biases in the sampling procedure (p. 5) need to be identified. Exactly how did "migration intentions" determine interview-respondent selection? Did the 12 who migrated do so permanently? Why are the 24 who intended to remain not distinguished from the others in the data analysis? Why are the 7 respondents who did not receive basic medical training in Ireland (p. 6) included?

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