Reviewer’s report

Title: Tracking the Leavers: Towards a better understanding of doctor migration from Ireland to Australia 2008-18

Version: 0 Date: 24 Jan 2019

Reviewer: Andrew Knapton

Reviewer's report:

General comment I like this paper, it's well written and raises some good points that medical migration is not directed related to economy of Ireland.

In addition to specific points, there are three areas i would like to raise:

1. The paper appears to make the assumption that emigration from Ireland to Oz is a permanent thing. I think the paper needs to look at net flow and/or retention or clearly state the assumption is of permanent migration

2. It treats all Irish trained doctors are one single group of people, without separating out: dom/non-dom Irish medical school grads, those leaving before postgraduate training, those leaving at some in pg training and those leaving after completing pg training. Each will have different causes and probably subsequent behaviours

3. The paper provides lots of numerical evidence of the push factor from Ireland. But presents the case of this as due to the health systems, without any evidence (I suggest an alternative reason in my individual responses). I think this should be reserved until the qualitative analysis referred to at the end of the paper has been completed.

Specific comments:

Abstract Findings: I would suggest "General population migration" to make absolutely clear

Pg3 L 46: To make clear i would suggest "...recent return on investment in State...."

Pg3 L52: I would like in this paper to see if this is also absolute increase in international workforce numbers and/or a redistribution international docs within the same total workforce size.

Given the increase in irish medical school grads.
If absolute growth irish medical workforce is been achieved by growth in IMG, then i think there is a greater pull on irish docs.

If the workforce absolute size has remained unchanged, but with higher % of IMG, might indicate a greater push factor due to the irish grads not getting the location and/or specialty they want.

Pg3 L58: There will always be vacancies as consultants retire. If you assume an average of 30 years being a consultant. Then in a perfect system 1/30th of consultant posts will be recruited each year. gives ~100 posts. Matching the papers 111 posts. This makes me think the additional ~300 vacant posts are not being actively recruited to and therefore do not really exist.

The concern is when recruitment is not possible. ie if 1 applicant is good enough does it matter if there is 2.9 or 29 applications.

Pg4 L46: Is 482 the same as Competent Authority Pathway or are they different?

Pg4 L58: Does the author think the shock of Brexit will mean more Irish Docs going to Oz rather than the UK and/or more UK Docs leaving the UK for Oz?

Pg5 L19: What is meant by "trained"? Is this only doctors who have graduated from Irish med schools or does this also include anyone who has undertaken some form of post graduate training in Ireland.

This is important since understanding the "point of exit" from Ireland will aid how to address retention.

Pg5 L33: http://hea.ie/assets/uploads/2017/04/HEA-Medicine-Factsheet-2017.pdf suggest 40% of graduates are non-dom Irish of which 59% then leave Ireland for employment. But 94% of Irish dom graduates progress into Irish employment. This seems to imply separate behaviours which this paper does not consider.

Pg6 L40: Given that in the hea paper (link in earlier comment) their is a high level of irish domicile med schools graduates immediately entering work in ireland following med school implies that irish doctors at some point after entering postgraduate training are leaving ireland.

Pg6 L42: An alternate hypothesis is that Irish doctors in post graduate training are increasingly taking a break in their training. Not so much as a result of pull/push, but of the desire to take a break.

See a report from the GMC in UK which has identified this issue in the UK with its trainees, https://www.gmc-uk.org/education/reports-and-reviews/training-pathways, where the norm has shifted to majority of F2 docs take a break from training before progressing into specialty training
Pg7 L31: This does not mean that they will remain in Australia for the rest of their careers.

Taking the UK's GMC analysis ~90% of training who take a break from training (including leaving the UK) ultimately return into UK postgraduate training see https://www.gmc-uk.org/education/reports-and-reviews/progression-reports Specialty Recruitment

Also their has been a 43% increase in Irish medical school gradates between 2011 & 2015, http://hea.ie/ass...pdf, which may also be a factor in the numbers leaving

Pg8 L3: Chart 4 shows an increased number of irish trained docs on the register. However what it does not show if (for example) the 997 in 2013 are still on the register in 2016.

We can see more and more are going to Australia, but is the level of retention increasing. The latter is more useful for workforce. From Ireland view point to show that yes they leave, but they don't stay so you can try and get them to return to Ireland. For Oz, that this workforce is transitory and cannot be expected to resolve in the long term Oz workforce issues

Pg8 L29: I think a more meaningful chart would be to show the number of registration per 100,000 general population.

Pg9 L25: But this data is not able to show what level of qualification the irish docs had on entry to Oz. e.g. Had they completed their specialist or GP training in Ireland, in Oz or somewhere else before working in Oz. This would provide more data on the push/pull factors.

As per previous comment, this data does not show is how long have the irish workforce been in Oz.

Pg9 L47: is this steady increase in line with the expansion of Irish medical school graduates?

Pg9 L48: circumstances could be due to other things like a change in expectation of doctors (aka XYZ generational shift) and levels of non-dom med schools graduates

Pg 9 L52: permanent emmigration is probably informed by professional factors. But temporary emmigration on the basis of "go and see the world" may be a personal factor.

Pg10 L45: I don't think this is correct, 684 was the number of interns posts filled filled at the start of the post graduate training which matched the level of Irish tax payer funded medical school places .

Ireland actually had 1585 graduates http://hea.ie/ass...pdf

The difference (i assume) are the non-dom Irish medical school graduates.
This shifts the question to why doesn't the Irish increase postgraduate training if there are medical workforce shortage. Since ~half are either been pushed out of Ireland or only came to Ireland to get a medical degree

Pg11 L1: I would like to see if total workforce has grown by virtue of more international doctors, or the proportion of international has grown within the same size workforce.

Pg11 L30: As of 18th Jan 2019, there are 3,240 Irish medical graduates licensed to practice in the UK. See GMC Data Explorer [https://data.gmc-uk.org/gmcdata/home/#/](https://data.gmc-uk.org/gmcdata/home/#/)

In 2015 37.9% of the Irish workforce retaining registration were Irish med school grads. [https://www.medicalcouncil.ie/News-and-Publications/Reports/Medical-Workforce-Intelligence-Report-2016-.html](https://www.medicalcouncil.ie/News-and-Publications/Reports/Medical-Workforce-Intelligence-Report-2016-.html)

Pg11 L52: What I think is more interesting is the net flow over time, which this paper does not cover.

I don't think Ireland would be concerned for example if 100% of its medical school graduates went to Oz for a year, provided 100% returned after being away a year or two.

Similarly if the 100% after one or two years left Oz, but did not return to Ireland. Then it would appear that both countries have a push factor that needs to be understood.

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