In this work, the authors probe Irish physicians into the reasons for emigrating, in particular to Australia, by using semi-structured qualitative interviews, a standard approach in this type of research work. Their investigation seems to suggest that of all financial and non-financial reasons for doctor emigration, deteriorating job quality seems to be the one most impacting on such decision, at least in the case of Ireland. Based on this finding, the authors prescribe some policy recommendations in order to improve working conditions.

The work is very valid, relevant and is to be commended. However, I feel that the manuscript would improve immensely if some points were addressed.
1. A more overarching literature review is clearly missing. The works covered focus too much on the recent economic crisis, leaving out a wide array of also relevant publications. There are other works, pertaining to other European countries, regarding the reasons for medical emigration and policy implications. See, for instance, (Ribeiro et al. 2014), (Suciu et al. 2017), (Varga 2016) or (Amorim Lopes, Almeida, and Almada-Lobo 2018) (ethical disclaimer: the reviewer is the author of one of these publications; please do not see this as a recommendation to cite the work of this reviewer). These authors, and many more, have built an array of push-pull factors for medical emigration. It would be interesting to have a clear view of what the literature tells us about medical emigration, so that we can then compare the results obtained with past works.

2. From this literature review, interesting research questions would emerge that could be discussed further, such as Is the case of Ireland idiosyncratic, or is it in line with other countries? If it is different, what is so different about Ireland? In Portugal, a country also under external intervention during the economic crisis, medical burn out has been repeatedly pointed out as a serious problem, but enquiries into the reason for medical migration out of Portugal do not identify that reason as the main driver.

3. The authors provide a lot of descriptive statistics on the respondents, bar one very relevant information: whether they were working in the private or public sector. I think this piece of information is crucial. Is this a phenomenon mostly observed in doctors working in the public sector, or is it independent of where one practices? This could be used to reinforce the insights obtained.

4. Another relevant piece of information is whether medical graduates transitioned from the public to the private sector, or vice-versa, upon moving to Australia. The Australian health system differs considerably from the Irish one, and that warrants further discussion.

5. Finally, another point worth discussing is whether these migration trends are particular to the medical profession or whether they are a cultural/historical trait. It would be interesting to compare the numbers to those recorded in other professions to shed some light on this. For instance, in Portugal, the number of nurses emigrating far outpaces the number of physicians, and the reasons are fundamentally economic (low wages and high unemployment rates).

I wish the authors the best of luck in addressing these points. I'm looking forward to seeing the final version of the manuscript.

References


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