

## **Mapping Mobility and Migration of Psychiatry Trainees**

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### **Abstract**

#### **Introduction**

Ireland has been synonymous with emigration. However, little is known about the migratory trends of its mental health professionals. This article looked at the patterns and driving forces of short-term mobility and long-term migration amongst psychiatry trainees in Ireland.

#### **Methods**

A cross-sectional survey was distributed to psychiatry trainees in Ireland as part of the European Brain Drain study, exploring the patterns and driving forces of short-term mobility and long-term migration.

#### **Results**

There were  $n = 104$  respondents. Demographically, the trainees' mean age was 33.8 (SD: 5.7 years) with a female majority ( $n=62$ , 64.6%). A quarter of the trainees were non-Irish nationals ( $n=26$ , 25%). Many of Ireland's psychiatry trainees have experienced short- and long-term migration. Most trainees ( $n=93$ , 90.3%) have 'ever' considered leaving Ireland and almost half ( $n = 41$ , 47.7%) have taken 'practical steps' towards migration. Academia and work are integral migration factors.

#### **Conclusion**

Ireland is both a donor and host country for psychiatry trainees. Further research focussing on academic and work opportunities, quality of life both at home and work, equality and professional parity of esteem is required to strengthen Ireland's psychiatry workforce.

## Introduction

Ireland has been synonymous with emigration<sup>1</sup>, with Irish-trained doctors emigrating from Ireland since the 19<sup>th</sup> century.<sup>2</sup> Migration flows pose challenges to the efficiency and stability of the Irish healthcare system.<sup>3</sup> Importantly, Ireland has one of the highest levels of dependency on international medical graduates in the Organisation for Economic Co-operation and Development (OECD) and also the highest number of Irish-trained doctors working abroad.<sup>3,4</sup>

High rates of emigration among Irish medical school graduates is one of the workforce stressors challenging the medical workforce sustainability in Ireland and the compliance with the World Health Organisation's Code of Practice on the International Recruitment of Health Personnel.<sup>4,5</sup> This Code emphasises that effective health workforce planning, education, training and retention strategies should be implemented to sustain the countries' health workforce and reduce the need to recruit migrant health personnel.<sup>5</sup>

Research looking at the sustainability of Ireland's national health workforce highlights the importance of data when looking at the migratory flows.<sup>4</sup> Currently, apart from the professional registers, the National Employment Record (NER) serves as a single database only for non-consultant hospital doctors (NCHDs) working in the Irish public sector. It was set up to help facilitate medical human resource administrative requirements when NCHDs rotates between jobs. This database identifies nationality, country of training, work permit requirement but does not capture mobility and migration of each individual doctor. Personal data utilisation and protection is governed by the General Data Protection Regulation (GDPR). In mental health, the lack of reliable single source databases affects workforce planning and mental health resource funding.<sup>4,6</sup>

The European Union free movement of professionals and the automatic recognition of qualifications may contribute to the difficulties in tracking movements of the workforce. In 2018, the Mental Health Services of the Health Services Executive (HSE) set out the task for recruitment and retention to be established following reports that Ireland's mental health workforce was 24% under capacity outlined by Ireland's first mental health policy 'A Vision for Change' (AVFC).<sup>6</sup> However, Ireland's new mental health policy, 'Sharing the Vision' (StV), launched in June 2020 does not address the matter of improving mental health workforce.<sup>7</sup>

Migration is juxtaposed and intertwined with recruitment and retention. The College of Psychiatrists of Ireland (CPsychI) is the training body responsible for selecting and recruiting trainees to fill the available training posts, set by the National Doctors Training and Planning (NDTP) Department of the Health Services Executive (HSE).<sup>8</sup>

Despite the various efforts looking into health professional mobility across Europe, there is little research done focussing on mobility of the mental health workforce, particularly at European level at an early career stage. The aim of this article has been to look at the patterns and driving forces of short-term mobility and long-term migration amongst psychiatry trainees in Ireland.

## Methods

An international cross-sectional survey conducted in 33 European countries between 2013 – 2014 was conducted by the European Federation of Psychiatric Trainees (EFPT), an independent, non-profit umbrella organisation for European psychiatric national trainees' associations.<sup>9</sup> The study aimed at assessing the proportion of psychiatry trainees that have already moved country and those who would consider such a move in the future; exploring their reasons to stay and leave the country; reporting the countries where they come from and where they move to and; examining their individual profile, such as demographics and socioeconomic characteristics.<sup>9</sup> The study was given ethical approval by the National Ethics Committee in Switzerland.

The 61-items self-report survey questionnaire covered items encompassing demographics; trainee's attitude towards migration and experiences of short-term mobility (defined as three months up to one year) and of longterm migration (defined as more than a year). Pertaining to attitude towards migration, there were specific set of three hierarchical questions focusing on 'migratory tendency': (i) 'ever' considered leaving (yes/no); (ii) considering leaving 'now', recoded as a dichotomic variable ('strongly agree' or 'agree'=yes, else=no) and (iii) taking 'practical steps' (yes/no), describing an increasing disposition towards future migration. An affirmative answer at each question served as a gateway to the subsequent question.<sup>9</sup>

The survey link was sent to a total of 287 psychiatry trainees registered with the College of Psychiatrists Ireland (CPSYCHI) via email between 2013 and 2014.<sup>9</sup>

Data was analysed using the Software Package for Social Sciences for Windows v. 22.0 (SPSS Inc. Chicago, IL). Descriptive statistics were used to report frequencies and percentages for categorical variables and mean value with standard deviation for continuous variables.<sup>9</sup>

## Results

### *Sample characteristics*

A total of 104 trainees completed the survey in Ireland, with a response rate of 36.2%.<sup>9</sup> All trainees were based in Ireland and more than half of the trainees (n = 61, 59.8%) were based in the capital, Dublin. There was a widespread of length of years in training between 1 and 10 years. The salary for the majority of trainees (n=79, 82.2%) was over €2000 per month, but over half (n=54, 56.3%) were dissatisfied or very dissatisfied with their income. The detailed demographics of respondents are reported in Table 1 (next page).

**Table 1: Ireland's Trainees Demographics (n = 104).**

Variables		N (%)
<b>Gender</b>	Male	34 (35.4%)
	Female	62 (64.6%)
	Did not disclose	8 (7.7%)
<b>Age</b>		Mean 33.8 [SD (5.705)]
<b>Irish nationals</b>		78 (75%)
<b>Non-Irish nationals</b>		26 (25%)
<b>Africa</b> <i>(Nigeria, Sudan, South Africa, Botswana and Mauritius)</i>		19 (18.2%)
<b>Asia</b> <i>(Pakistan, Malaysia, India and Iraq)</i>		16 (15.4%)
<b>North America</b> <i>(USA and Canada)</i>		3 (2.9%)
<b>South America</b> <i>(Trinidad and Tobago)</i>		1 (1%)
<b>Europe</b> <i>(France, Italy, Poland, Norway, UK and Romania)</i>		9 (8.8%)
<b>Relationship status</b>	In a relationship	74 (77.1%)
	Not in a relationship	22 (22.9%)
	Did not disclose	8 (7.7%)
<b>Have children</b>	No	60 (62.5%)
	Yes	36 (37.5%)
	Did not disclose	8 (7.7%)
<b>Type of trainee</b>	Adult psychiatry	90 (86.5%)
	Child psychiatry	11 (10.6%)
	Dual training in Adult and Old Age psychiatry	3 (2.9%)
<b>Number of years of psychiatry training</b>	Year 1	24 (23.1%)
	Year 2	18 (17.3%)
	Year 3	8 (7.7%)
	Year 4	16 (15.4%)
	Year 5	5 (4.8%)
	Year 6	11 (10.6%)
	Year 7	3 (2.9%)
	Year 8	8 (7.7%)
	Year 9	2 (1.9%)
	Year 10	9 (8.7%)

### *Migration Tendencies*

Amongst the 104 trainees, two-thirds were Irish nationals (n=78, 75.0%), of which 22 had dual citizenships. There were trainees originating from Africa (n=19), Asia (n=16), Europe (n=9), North America (n=3) and South America (n=1). The details of countries per continent is presented in Table 1.

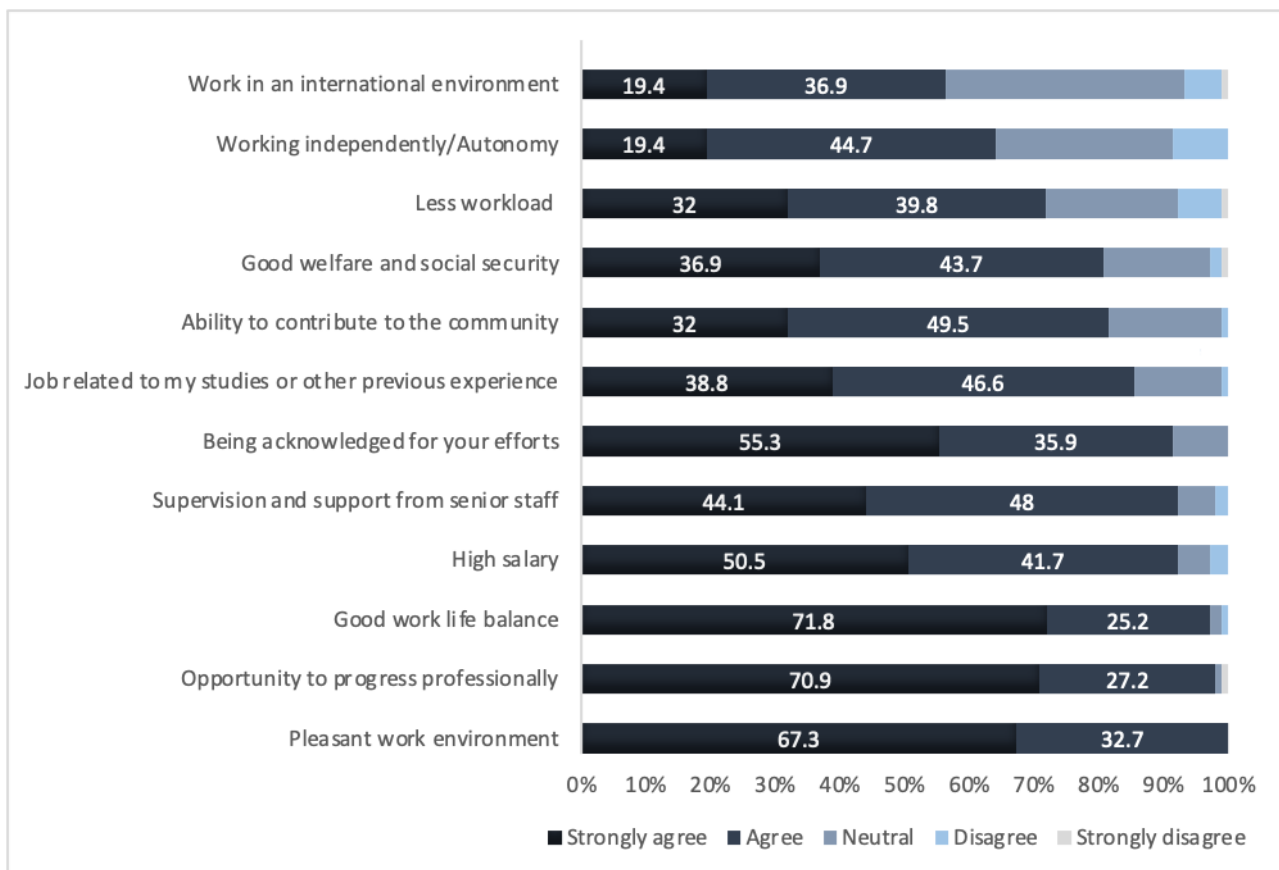
Less than half (n=47, 45.2%) of the trainees had short-term mobility experiences. Over one third (n=37, 35.6%) experienced long-term migration, with Ireland being listed by 31 trainees as their long-term migration destination. The top two reasons for long-term migration for Ireland's psychiatry trainees were academic (n=28) and work (n=19) related. These reasons were the same for those who had migrated: first, academic (emigrating - 87.6%, immigrating - 78.1%) and second, work (emigrating - 73.1%, immigrating - 72%). The majority of the immigrant trainees (n=21) considered themselves not having equal opportunities workwise (n=17) and academically (n = 13) compared to the native trainees.

Of those with short-mobility experiences, 39 reported these influenced their attitude towards migration, with a preponderance (n=35 out of 39, 89.7%) in favour of migration. The majority of the trainees (n=93, 90.3%) had 'ever' considered leaving Ireland; over three quarters (n = 71, 76.3%) were considering leaving the country 'now' and almost half (n=41, 47.7%) had taken 'practical steps' towards migration. Just over half (n=53, 57%) of the trainees had planned to work in another country, but over two thirds (n = 37, 69.8%) had not made any arrangements to do so.

In terms of forward planning, nearly one-third (n=27, 29.7%) of the trainees thought they would be working in Ireland, and fewer in Europe (n=19, 17.3%) or elsewhere in the world (n=19, 17.3%). Only three immigrant trainees planned to return to their home country 5 years from the time of the survey.

### *Attractive Job Features*

The five most attractive job features for Ireland's psychiatric trainees, which they strongly agreed or agreed on were: pleasant work environment (100%), opportunity to progress professionally (98.1%), good work life balance (97%), high salary (92.2%) and senior staff supervision and support (92.1%) (Figure 1)(next page).



**Figure 1: Attractive Job Features for Ireland's Psychiatric Trainees.**

## Discussion

To the best of our knowledge, this is the first study looking at migration trends amongst psychiatry trainees in Ireland. Notwithstanding the age of the dataset, these findings remain apposite and should be further explored considering changes in Irish psychiatry training in recent years.

Demographically, there was a female predominance amongst psychiatry trainees in Ireland, similar to many other European countries.<sup>9, 10, 11, 12</sup> Whilst psychiatry trainees in Ireland were older when compared to the rest of psychiatry trainees in Europe, they were younger compared to the international medical graduates in Ireland, with a mean age of 31.17 and 40 years, respectively.<sup>4, 9, 10, 11, 12</sup>

The overall sample of this Brain Drain study from 33 different countries across Europe reported 13.3% (n = 303) of the European psychiatry trainees were immigrants.<sup>9</sup> In Ireland, a quarter of the psychiatry trainees were non-Irish nationals heeding Ireland's health force reliance on immigration.<sup>4</sup> This is a contrast to other countries' reports from the same study where almost all trainees were from the home country.<sup>9, 11</sup>

Of note, slightly fewer (n=37, 35.6%) reported to have long-term migration experiences. This could be because some of these trainees are second-generation migrants, whose parents moved to Ireland, and some may have retained only their parents' nationality. Given Ireland's heavy reliance on non-Irish trainees in its Psychiatry workforce, further research should be conducted to explore the factors impacting on career progression in psychiatry trainees in Ireland, both for Irish and non-Irish trainees.

Despite being amongst the highest paid trainees in Europe<sup>9</sup>, a large majority of Ireland's psychiatry trainees had 'ever' considered leaving Ireland and more than half planned to work in another country. In terms of taking 'practical steps' towards migration, this article showed that there is a higher rate in Ireland (of almost half) compared to the European results (one-fourth). This might be an upshot of a previous positive short-term mobility experiences, as described in this study data from Portugal.<sup>11</sup>

Academic and work factors are consistent reasons for long-term migration for both all trainees in Ireland, and for those who were immigrants. In 2015, the CPsychI introduced streamline training. Trainees who successfully complete the Basic Specialist training (BST) with the CPsychI are automatically regarded eligible for Higher Specialist training (HST).<sup>12</sup> However, there have been cases where trainees who emigrated abroad following BST failed to secure a place on the HST scheme upon returning back to Ireland. This could potentially result in brain drain and impact on the Irish Psychiatry workforce.

The European Union (EU) directives states, for a national training programme to be recognised across Europe, it needs to fulfil the minimum requirement of four years of training in psychiatry.<sup>13</sup> Yet, psychiatry training in Ireland takes at least seven years, the longest in Europe, to complete.<sup>13,14</sup>

However, this does not seem to be a hindrance factor for non-native psychiatry trainees, placing Ireland as part of their long-term migration. The current postgraduate training programme in Psychiatry provides trainees sufficient clinical experience, and it is structured with weekly supervision, protected education and research time. The trainees are also afforded autonomy in terms of choosing their training placements based on ranking system prior to starting training. This in turn provides stability in terms of planning when taking personal factors such as family-time and schooling for children into consideration for many trainees. For non-native trainees, the special immigration pathway for doctors have made Ireland a more attractive destination in seeking postgraduate training.

The potential concern regarding retention would be once psychiatry trainees complete training. Ireland should capitalise on factors that attract both EU and non-EU doctors in building its retention strategy. Historically, despite economic downturn in the early 2000s, Ireland was considered an attractive country to migrate to for doctors and other healthcare professionals. This could be further capitalised as being the only English-speaking country within the EU following Brexit.

Our study highlights that academic and work opportunities, work life balance, equality and professional parity of esteem impact on migratory trends amongst Ireland's psychiatry trainees. Future considerations in strengthening recruitment and retention of Ireland's psychiatry workforce would require further research focussing on these factors.

As this dataset was collected in a pre-Brexit period, a repeat of this survey would be helpful to look at how the considerable changes in training in Ireland, the impact of Brexit and the Covid-19 pandemic would have on psychiatric trainees' views on mobility and migration.

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#### **Declaration of Conflicts of Interest:**

The authors have no conflict of interests to declare.

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