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Internationalisation and the Opportunity to Enhance Specialist Training in Ireland

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Dear Sir,

I read with interest Dr Finn's letter, which highlighted the role played by medical schools in the internationalisation of higher education programmes¹. Medical schools are indeed leaders on this front, not simply in their recruitment of international students, but in their endorsement of medical students to partake in the ERASMUS programme. Post-graduate training bodies should take note of the significance of internationalisation and the importance of creating links with international counterparts.

Without wanting to focus on the much-maligned consequences of permanent medical migration², I comment instead on the pursuit of the post-specialist training fellowship. Many doctors who complete specialist training here in Ireland cast the eye outwards to seek clinical or research fellowships overseas. Having finished my specialist training in anaesthesia last July, opportunities beckon, and I will be taking up a clinical fellowship in France later this year.

An international fellowship provides an opportunity for doctors to work in health care settings with systems, services and resources very different to our own - some better, some far worse - and bring experience, perspective and skills back to the health service here. It may also be a chance to fulfil personal objectives or to pursue long-held humanitarian goals. Indeed, the Global Strategy for Human Resources for Health acknowledges an array of benefits of international medical migration⁴.

It's common practice to pursue an international fellowship upon completion of specialist training. Some would argue that it's prompted by an outdated professional bias towards international experience², but I find myself motivated by a personal preference to uproot temporarily and challenge my linguistic skills (perhaps spurred on by a desire to finally follow in the steps of my sister who spent a semester at the Université de Montpellier as a third-year medical student).

Whatever the conscious or subconscious motivation, the paths to the U.K., North America, Australia and New Zealand are well-trodden by specialist doctors upon completion of their training; Europe, perhaps less so. It's no secret that Irish trainees compete successfully internationally on the basis of a highly educated and talented workforce, thanks in part to connections with diaspora and alumni across the world, but organising fellowships on your own can be a tricky, time-consuming, and sometimes fruitless endeavour.

While training bodies provide high-quality post-graduate training, they should enable its trainees to actively transcend potential training limits. Perhaps they could be persuaded to endorse more short-term transnational training posts or to play a bigger role in establishing post-training international fellowships through partnerships with institutions across the world, with the added benefit of the potential to successfully recruit equivalent foreign post-training specialists to our shores.

So, bravo to the medical schools supporting the ERASMUS programme and pursing the creation of links between medical schools across Europe. Maybe the prevailing conditions of transnational education programmes will set a trend for enhancing in-scheme international training opportunities and a more robust organising of post-specialist training fellowship pursuits.

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