

Medical Migration — Time for Change

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Dear Editor,

As my twelfth month in Australia approaches and the intent of return migration culminates, I take a moment to consider home and whether faraway hills really are always greener.

Over the past decade, international migration of Irish and UK-trained doctors to Australia and New Zealand has become a well-recognised cultural norm. Year-on-year, hundreds of doctors depart in droves, espousing emotional ambivalence as they bid farewell to native soil. The unceasing dissolution of Irish doctors is an ever-evolving mass exodus, a ripening rite of passage carved by their predecessors, who have uprooted their personal and professional lives in search of better working conditions, training opportunities and work-life balance abroad¹.

The current re-emergence of outward migration differs from previous diaspora. Unlike historical motivations of famine, civil disharmony and unemployment, Irish medical migration signifies more than a presumed process of professional socialisation². It is, in fact, an adverse contagion of the healthcare system crisis, whereby critical understaffing conditions, demanding workloads and burnout prevail^{1,2}. Although doctor migration has typically been held to high regard in Ireland, the intergenerational dynamic of medical migration has shifted, changing the perspectives and expectations of returning migrants. A rigid resistance to change in what appears as a healthcare system in permanent upheaval, poses, unquestionably, as a major deterrent for return to the Health Service Executive (HSE)².

The HSE's recent retention strategy report, supported by the Irish Medical Organisation and National Doctors Training and Planning's medical workforce analysis report, reiterates the urgency for radical reconfiguration of the healthcare system^{3,4}. Focus needs to be cast on the reinforcement of robust revival strategies to propagate a self-sufficient workforce by improving working conditions and expanding the medical workforce. The provision of additional general and specialist training opportunities is central to this optimisation⁴. Increased staffing levels will

establish an enticing work environment in the HSE, whereby employee morale is enhanced and current challenges of clinician burnout and understaffing are tackled head-on. Immersion in the Australian healthcare system over the past year has encouraged foresight, fostering hope for the potential of national system change.

‘Anáil na beatha an t-athrú’ — ‘change is the breath of life’. Let's empower change in the Irish healthcare system and turn the tide for the better.

Declarations of Conflicts of Interest:

None declared.

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