

What researchers do

“Joining the conversation planning the workforce through evidence”

Inaugural Strategic Workforce Planning and Intelligence Conference

Department of Health 20th February 2019

Ruairí Brugha

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What researchers do

- Health workforce intelligence questions:
 - what are the characteristics of our workforce?
 - are the right health workers in the right places doing the right things?
 - in Ireland: why are we losing our workforce?
 how can we keep them / get them back?
- How we generate the evidence. How we might do this better.
- Scoping future workforce intelligence needs



We measure things

Doctor Migration Project: 2012-16



Country	2000	2010	2012	2013	2014	2015
Pakistan	375 (21.4%)	1 075 (22.7%)	1 200 (21.3%)	1 086 (19.5%)	1 238 (20.8%)	1 481 (22.3%)
Sudan	64 (3.65%)	403 (8.3%)	527 (9.3%)	549 (9.9%)	571 (9.6%)	679 (10.2%)
UK	–	–	560 (9.9%)	588 (10.6%)	603 (10.1%)	630 (9.5%)
South Africa	54 (3.0%)	1 582 (25.3%)	768 (13.6%)	672 (12.1%)	642 (10.8%)	607 (9.1%)
Romania	–	–	193 (3.4%)	274 (4.9%)	355 (6%)	488 (7.3%)
India	186 (10.6%)	460 (7.3%)	467 (8.3%)	407 (7.3%)	421 (7.1%)	412 (6.2%)
Nigeria	36 (2.1%)	389 (6.2%)	411 (7.3%)	385 (6.9%)	356 (6%)	337 (5.1%)
Egypt	79 (4.5%)	194 (3.1%)	196 (3.5%)	199 (3.6%)	208 (3.5%)	233 (3.5%)

The national and international implications of a decade of doctor migration in the Irish context

Posy Bidwell^{a,*}, Niamh Humphries^{b,2}, Patrick Dicker^{b,2}, Steve Thomas^{a,1}, Charles Normand^{a,1}, Ruairi Brugha^{b,2}

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Health professions registration data available for doctors, nurses, pharmacists
Irish Medical Council provided dataset

Workforce data better. HSE NDTP started its NCHD database in 2011

RCSI and NDTP have measured and reported a growing trend of:

- foreign doctors and
- non-training scheme doctors

Level 2 and 3 hospitals dependent on international recruitment – ‘challenging’ Ireland’s compliance with WHO Global Code

We ask questions

RESEARCH

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A cycle of brain gain, waste and drain - a qualitative study of non-EU migrant doctors in Ireland

Niamh Humphries^{1*}, Ella Tyrrell², Sara McAleese¹, Posy Bidwell², Steve Thomas², Charles Normand² and Ruairi Brugha¹

Brugha et al. *Human Resources for Health* 2016, **14**(Suppl 1):35
DOI 10.1186/s12960-016-0121-z

Human Resources for Health

RESEARCH

Open Access

Passing through – reasons why migrant doctors in Ireland plan to stay, return home or migrate onwards to new destination countries



Ruairi Brugha^{1*}, Sara McAleese¹, Pat Dicker¹, Ella Tyrrell², Steve Thomas², Charles Normand² and Niamh Humphries¹

HRB Doctor Migration Project, 2013-15:

In-depth interviews of 37 foreign doctors in Ireland

- hopes of postgraduate training and career progression unrealised . . as a result they were becoming deskilled
- Most actively considering onward migration

2013 *survey* of 366 foreign doctors in Ireland

- 47% planned to migrate to another country
- 30% planned to remain in Ireland
- 23% planned to return home

Reasons for onward migration

- Lack of career opportunities (strongest factor)
- Lack of access to training programmes
- Short-term contracts

Facebook semi-structured survey



RESEARCH

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'Emigration is a matter of self-preservation. The working conditions . . . are killing us slowly': qualitative insights into health professional emigration from Ireland

Niamh Humphries^{1*}, Sara McAleese¹, Anne Matthews² and Ruairi Brugha¹

McAleese et al. *Human Resources for Health* 2016, **14**(Suppl 1):34
DOI 10.1186/s12960-016-0130-y

Human Resources for Health

RESEARCH

Open Access

Gone for good? An online survey of emigrant health professionals using Facebook as a recruitment tool



Sara McAleese^{1*}, Barbara Clyne², Anne Matthews³, Ruairi Brugha¹ and Niamh Humphries¹

2014-15 survey of 307 Irish doctors abroad

92% gave qualitative data on changes to the Irish health system needed to attract them back

- Working conditions and respect
- Reasons for leaving: working conditions > training > career opportunities
- Emigration decision vindicated by experiences abroad

Percentage intending to return home fell from 34% at time of leaving Ireland to 10% at time of completing survey – 'the window of opportunity'

In India, graduate class face-book groups gave high reach but low response rates.

Cohort key informants achieved higher coverage

Clarke et al. *Human Resources for Health* (2017) 15:66
DOI 10.1186/s12960-017-0239-7

Human Resources for Health

RESEARCH

Open Access



Factors influencing trainee doctor emigration in a high income country: a mixed methods study

Nicholas Clarke^{1*}, Sophie Crowe¹, Niamh Humphries^{1,2}, Ronan Conroy¹, Simon O'Hare³, Paul Kavanagh⁴ and Ruairi Brugha¹

IMC Baseline survey in 2014: 21% planning to leave
2016 follow up survey of 523 trainees:

18% had already left

22% probably / definitely emigrating

Reasons

- Working conditions
- Career opportunities
- Training opportunities

However, the factors that discriminated between staying and leaving were:

Work-life balance

Family-personal

Quality of training

Longitudinal studies: Nos and %s of doctors who had emigrated by 2016 against their 2014 grade

2014 Grade	Abroad in 2016		In Ireland in 2016	
	N	%	N	%
Intern	19	25	57	75
BST	18	17	89	83
GP Registrar	9	9	91	91
HST	42	27	110	72
Registrar	0	0	25	100
Run Through	0	0	18	100
Total	88	18	390	82

BST = Basic Specialist Training

HST = Higher Specialist Training

18% of trainees interviewed at baseline in 2014 had emigrated by 2016

Of the 42 respondents abroad in 2016, who had been in HST in Ireland in 2014, 34 (81%) were in fellowship programmes.

Fellowships abroad are often a final step in specialist training prior to taking up a permanent post in Ireland.

However, only 53% (n=18) of those doing fellowships reported an intention to return to Ireland.

We dig down

In-depth interviews with 50 trainees

Social Science & Medicine 186 (2017) 70–77



ELSEVIER

Contents lists available at [ScienceDirect](#)

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed



For getting to understand the inner lives of front line health workers (doctors), these are essential readings for health service managers
..... and training bodies / trainers

‘You do not cross them’: Hierarchy and emotion in doctors' narratives of power relations in specialist training



Sophie Crowe*, Nicholas Clarke, Ruairi Brugha

Royal College of Surgeons in Ireland, Department of Epidemiology and Public Health Medicine, Ireland

Social Science & Medicine 215 (2018) 152–159



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**NATIONAL STUDY
OF WELLBEING
OF HOSPITAL DOCTORS
IN IRELAND**

Report on the 2014 National Survey
April 2017



“We've all had patients who've died ...”: Narratives of emotion and ideals of competence among junior doctors



Sophie Crowe*, Ruairi Brugha

Royal College of Surgeons in Ireland, Department of Epidemiology and Public Health Medicine, Ireland

Generating new evidence

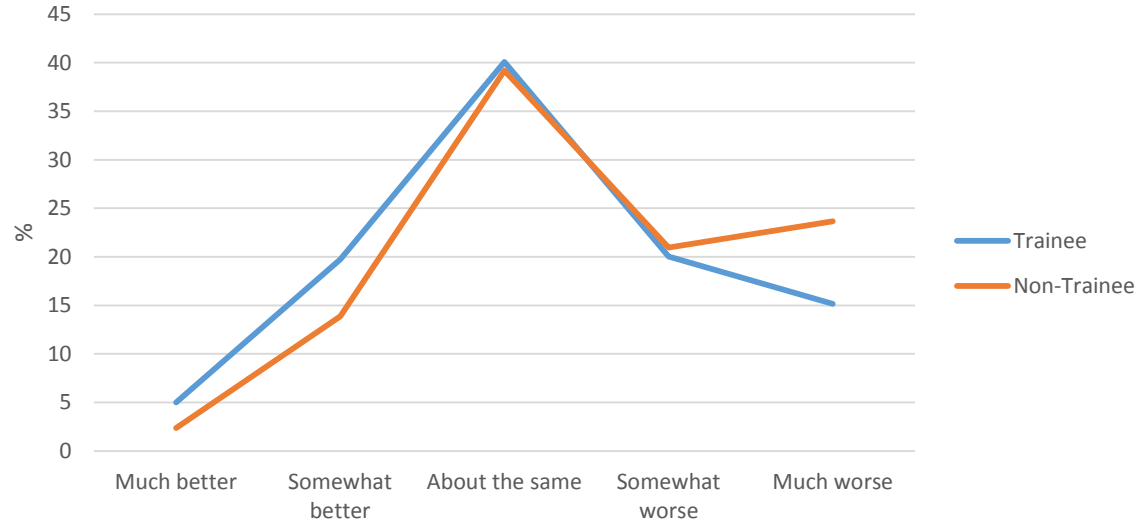
Findings from a new 2017-18 longitudinal study of 230 interns

Multinomial logistic regression analysis of doctors intending to migrate (n=142). Comparison group was n=81 doctors intending to remain in Ireland. Adjusted for Age & Entry Method

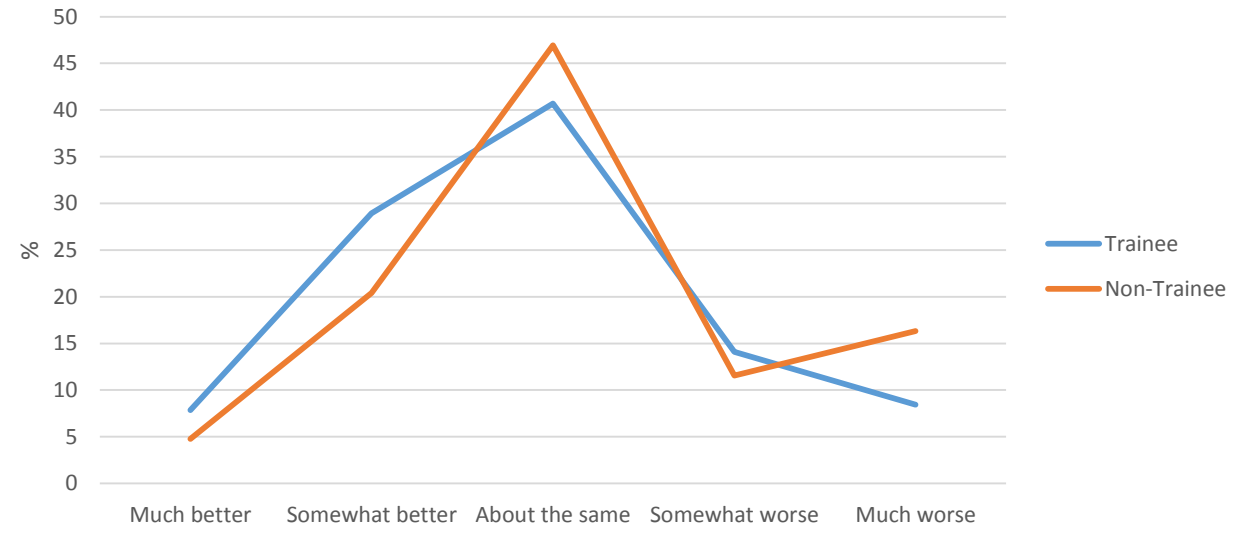
	Leave but Return		Leave no Return		Chi2	p value
	RRR [95% CI]	p value	RRR [95% CI]	p value		
Sex - Male (v. Female)	0.86 [0.46 - 1.60]	0.637	0.92 [0.29 - 2.84]	0.880	0.010	0.912
Irish passport holder - Yes (v. No)	1.66 [0.40 - 6.89]	0.484	0.25 [0.05 - 1.30]	0.099	5.160	0.023
Debt (intern) - €10K+ (v. <€10K)	1.07 [0.55 - 2.08]	0.839	1.85 [0.54 - 6.37]	0.329	0.840	0.359
Specialty (reference Medicine)						
Surgery	0.59 [0.27 - 1.28]	0.179	1.14 [0.27 - 4.74]	0.857		
GP	0.50 [0.18 - 1.40]	0.186	1.22 [0.18 - 9.14]	0.835		
Other	0.61 [0.26 - 1.45]	0.262	0.71 [0.11 - 4.47]	0.716		
Experience as an intern						
OK and/or Positive experiences	0.83 [0.70 - 0.97]	0.018	0.59 [0.43 - 0.81]	0.001	4.850	0.028
Negative experiences	1.21 [1.03 - 1.42]	0.018	1.68 [1.23 - 2.30]	0.001	4.850	0.028
Perception of training in Ireland						
Don't know	0.83 [0.68 - 1.01]	0.060	0.90 [0.62 - 1.29]	0.570	0.200	0.654
Overall positive perception	0.86 [0.67 - 1.10]	0.233	0.51 [0.28 - 0.93]	0.029	3.040	0.081
Overall negative perception	1.24 [1.04 - 1.47]	0.014	1.41 [1.02 - 1.94]	0.034	0.720	0.398
Burnout & Callousness						
"I felt burned out"	1.09 [0.90 - 1.32]	0.392	1.47 [1.03 - 2.09]	0.031	3.160	0.075
"I have become callous"	1.21 [1.02 - 1.45]	0.029	1.70 [1.20 - 2.40]	0.003	3.960	0.047

Evaluating policy responses

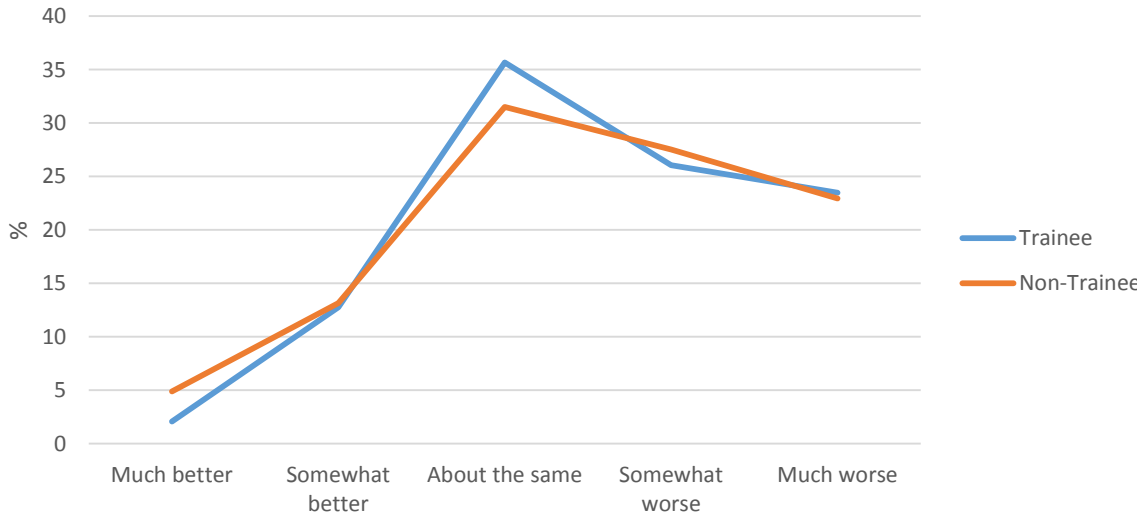
Protected Training Time



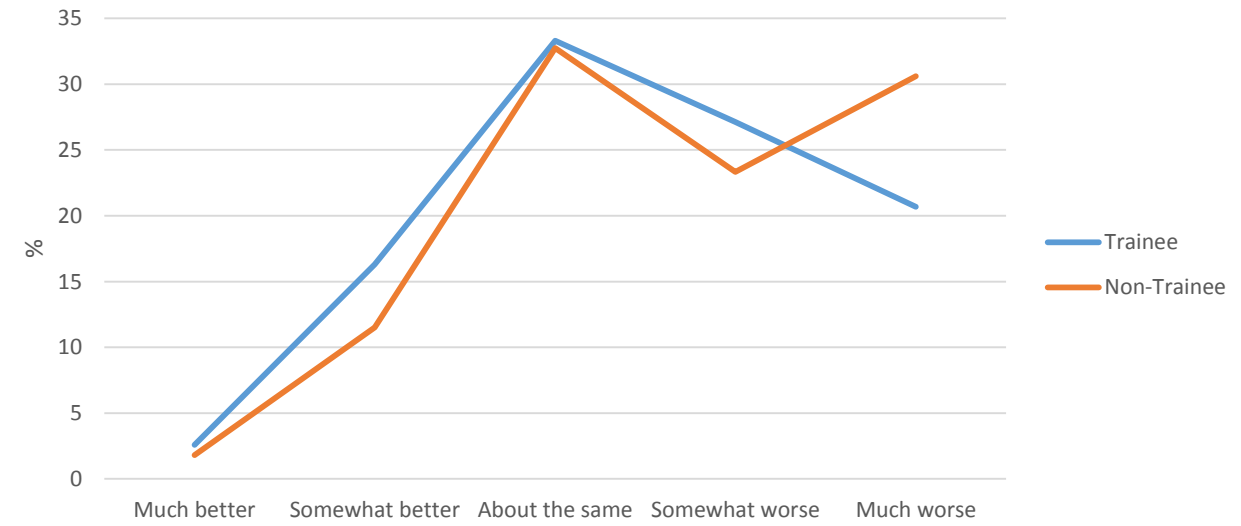
Mentoring Support



Staffing levels



Level of stress



reflections and scoping the future

- Medical workforce research – measuring, questioning and exploring – done well in Ireland. Quality of work place experiences continues to be relevant
- Extend retention and workplace research to other health & social care cadres
- Despite achievements of HSE National Doctor Training and Planning (NDTP), we don't prioritise consistent collection, analysis and utilisation of routine data
 - Nursing and Midwifery Board registration falls down on these criteria
 - Irish Medical Council produced very useful medical intelligence reports till 2016
- Tracking individual health workers is feasible – “*are the right health workers in the right places . . .*” – build in GDPR compliance at point of data collection.
- “*. . . doing the right things?*” – implementation of DoH's National Strategic framework for Health and Social Care Workforce Planning and SláinteCare require a multidisciplinary work-force. We need well evaluated pilot studies
- Survey fatigue – need for collaborative approaches, using social media

Acknowledgement

Health Research Board (funded 3 studies)

Irish Medical Council

RCSI

Niamh Humphries
Sophie Crowe

Pat Dicker
Nick Clarke

Sara McAleese
Fran Cronin

the doctors who agreed to be interviewed and responded to surveys

See: <http://www.healthworkforceireland.com/> for outputs / publications.
For policy responses for retaining the doctors that Ireland trains, see
Retaining Our Doctors: Medical Workforce Evidence, 2013-18 on:
www.healthworkforceireland.com

