

# **Career Tracking Study**

*Factors affecting career choices and retention of Irish medical graduates*

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## Executive Summary

This study was carried out in anticipation of major changes in the structure and delivery of medical education and training in Ireland and, the European Working Time Directive (EWTD), which has applied to doctors in training as of the 1<sup>st</sup> August 2004. The National Task Force on Medical Staffing Report<sup>1</sup> recommended a major reduction in the current numbers of non-consultant hospital doctors (NCHDs) and a move towards a consultant provided service, with a doubling in consultant numbers.

The aim of this study was to establish a clear understanding of the issues surrounding career choice, perceived barriers, attrition factors, career progression and job flexibility from the perspective of two cohorts of our recent graduates. Gaining knowledge of the careers of Irish medical graduates will not only address issues surrounding education and training but will also greatly inform future medical workforce planning. This is relevant for both hospital medicine and primary care.

Two cohorts of medical graduates were chosen for inclusion – 1994 and 1999 graduates from the five Irish medical schools (NUIG, RCSI, TCD, UCC, UCD) who obtained provisional registration with the Irish Medical Council.

A self-completion questionnaire, developed in collaboration with the Medical Education and Training Group and the Department of Public Health Medicine and Epidemiology, was sent to all graduates in July 2004; topics addressed by questions related to demographic characteristics, current post, postgraduate training, positive and negative factors affecting career progression, career counselling and future career intentions. A copy of the questionnaire is reproduced in Annexe 2.

The overall response rate to this study was 61%. It is estimated that 70% of Irish nationals in the 1994 cohort and 61% of Irish nationals in the 1999 cohort responded to the study.

The attrition rate from medicine among graduates in this study was approximately one in twenty graduates, with the vast majority remaining in medical employment. Ten and five years after graduation there was no significant difference in the percentage of each cohort not in medical employment. When explored by gender, 2.5% of 1994 male graduates and 10.2% of 1994 female graduates were not in medical employment compared with 4.2% of 1999 male graduates and 5.1% of 1999 female graduates.

Of graduates working in medicine in the Republic of Ireland, working less than full-time varied according to year of graduation and gender. Five years after graduation, 12% of female graduates and 2% of male graduates were working less than full-time. Ten years after graduation, the percentage of female graduates working less than full-time had increased to 33.3% compared with 5.8% of 1994 male graduates. Family commitments such as having children and combining work and home life were the main reasons given for working less than full-time. One third of those working less than full-time indicated they intend to return to full-time work in the future; the major factors encouraging a return were regular working hours, manageable workload and the greater pay and benefits associated with a full-time post.

Of those working in Medicine in the Republic of Ireland, 7% of graduates still in training indicated they were not part of a formal training scheme or in an accredited post while 5.2% of graduates still in training were unsure of the training status of their posts.

Over 25% of 1994 graduates and 39.5% of 1999 graduates were undertaking postgraduate training abroad. The main reason identified by both male and female graduates in each cohort was to avail of

better training facilities. Graduates also cited further training and a better chance of a job in Ireland if experience were gained abroad.

Thirty-five graduates currently working outside of Ireland have decided that they wish to return to a post here. Importantly also, ninety-one graduates indicated they are considering returning to a post here.

There were major differences in the main influencing factors to returning to a medical post in the ROI by cohort. As would be expected, three quarters of 1994 graduates who were considering or had decided on returning indicated that availability of consultant posts was the most influential factor for returning to a post here. More immediate work factors such as workload, hours of work and on-call commitments were the most influential factors for 1999 graduates but were also rated highly by over 45% of 1994 graduates.

Graduates working in the Republic of Ireland were asked about problems with their current post. Lack of flexible or part-time training or working opportunities were the most pressing problems with their current posts for female graduates in both cohorts. Difficulty with taking time off, workload, and support from management were the greatest problems with their current posts for 1994 male graduates. Male graduates from 1999 cite time spent on inappropriate tasks, lack of availability of consultant posts, work flexibility and covering for absent doctors.

While lack of flexible and part-time training and working opportunities were the most pressing problems for female medical graduates, 38% of 1999 male graduates indicated they found lack of flexible training a major problem with their current posts while one quarter of male graduates indicated they found lack of part-time training a major problem. This is in contrast to 1994 male graduates where only 14.6% and 8.3% of graduates respectively cited these as major problems.

Six out of every ten graduates had followed their intended career path. 30% of female graduates in both cohorts did not pursue their intended career compared with 28% of 1994 male graduates and 16.7% of 1999 male graduates. The remaining graduates indicated they had no intended career path.

Job satisfaction was identified as the biggest attraction to a particular career irrespective of year of graduation, gender or specialty, although 1999 graduates working in General Practice rated work conditions above job satisfaction.

With regard to career progression, lack of availability of consultant posts was a hindrance for almost one in three 1994 graduates while competition for training posts was a hindrance for almost four out of ten 1999 graduates.

Almost three-quarters of graduates working in medicine in the ROI indicated they were satisfied or very satisfied with the current position of their career. However, graduates working outside the ROI were more satisfied with the current position of their career than graduates in the ROI.

Less than one third of graduates in each cohort rated their career advice as excellent or good and less than one in four had ever attended a structured career advice session. Medical colleagues and hospital consultants were the main source of career advice in each cohort.

Over 80% of doctors in each cohort stated they were not aware of the Government's flexible training strategy in medicine.



Over 65% of graduates in each cohort say they would train as a doctor again although only 50% of graduates would make all the same career choices.

This study explored issues surrounding career choices and retention of two cohorts of Irish medical graduates. The results indicate some significant differences are apparent by cohort, sex and specialty.

The research team hope that the findings in this report will be used as an evidence base for the policy proposals made by the MET group. These recommendations will have implications for the work practices of both Consultants and doctors in training. However, the research team believe the findings in this study have potential in that they may be used by a wide variety of stakeholders; policy makers seeking to address issues for doctors in training, improve graduate retention, attract skilled graduates back to a medical career in the ROI and plan workforce numbers for the future. Also, training bodies and organisers of postgraduate medical education in evaluating and improving medical education and training. This study also serves to inform any future research in this area, recommendations for which have been made at the end of this report.

## **Introduction**

### **Background to the study**

The National Task Force on Medical Staffing was set up in 2002 to address the issues arising from the implementation of the European Working Time Directive (EWTD). This directive has applied to doctors in training as of the 1<sup>st</sup> of August 2004. After this date, non-consultant hospital doctors (NCHDs) are required to work no longer than an average of 58 hours per week on the hospital site. By August 2009, this will be further reduced to a 48-hour working week.

NCHDs have played a key role in the provision of Irish hospital services over the years. Numbers have largely been determined by service requirements with less regard to career development and training needs, often working excessively long hours with little flexibility in working patterns and limited formal training. Considering an average working week for an NCHD was 75 hours, a move to a 58-hour week requires significant changes in the provision of medical services and in the delivery of medical education and training.

The National Task Force on Medical Staffing Report<sup>1</sup> recommended a major reduction in the current numbers of non-consultant hospital doctors (NCHDs) and a move towards a consultant provided service, with a doubling in consultant numbers, as the only solution in maintaining high quality patient care while reducing the hours of NCHDs.

This study aims to inform changes in medical education and training by gaining information on the careers of two cohorts of medical graduates from Irish medical schools and establishing a clearer understanding of the issues surrounding career choice, perceived barriers, attrition factors, career progression and workforce flexibility from the doctor's perspective. Gaining knowledge of the careers of Irish medical graduates will not only help address these issues but will also greatly inform future workforce planning.

**Objectives of study**

- To gain an insight into training and career pathways followed by two cohorts of Irish Medical graduates since graduation.
- To identify influences on career options and current career choice.
- To assess both the opportunities and barriers to gaining experience in Ireland and abroad.
- To identify doctors who leave medicine as a career or who leave medicine in the Republic of Ireland to work in another country, to assess the magnitude of this loss and identify the factors influencing it.
- To explore possible incentives to returning to medicine in the ROI for those who have left medicine and those who are working abroad.
- To ascertain whether specific issues exist in relation to gender or nationality.
- To explore issues surrounding flexible training or working.
- To facilitate future projections of medical school and workforce numbers.

This work was commissioned by the Medical Education and Training (MET) Group of the Department of Health and Children (following on from the work of the National Task Force on Medical Staffing) and carried out in the Department of Public Health Medicine and Epidemiology, University College Dublin.

## Literature Review

### Medical Education in the Republic of Ireland

The Republic of Ireland has five undergraduate medical schools – National University of Ireland Galway (NUIG), Royal College of Surgeons Ireland (RCSI), Trinity College Dublin (TCD), University College Cork (UCC), University College Dublin (UCD) – with a combined annual intake of almost 850 students per year. Undergraduate medical education in Ireland is 6 years in duration but is increasingly moving towards a 5-year course, with most of the latter two years spent on the hospital site. Following graduation, the new doctor may provisionally register with the Irish Medical Council (IMC) to complete their one-year internship in a designated Irish hospital under consultant supervision. On successful completion of the internship, each doctor is issued with a Certificate of Experience and may then apply for full registration with the IMC.

Postgraduate medical education (following internship) is divided into two phases – General Professional/Basic Specialist Training (GPT/BST) and Higher Medical Training (HMT). GPT is a period of general training lasting a minimum of two years in duration during which a doctor may rotate across a range of specialties in Senior House Officer (SHO) or Registrar posts. In this way, the young doctor may gain a wide range of experience prior to deciding on a definite future choice of career. A certificate of completion of GPT is necessary for appointment to higher specialist training programmes. While General Professional Training is not strictly defined, each higher specialist-training programme specifies certain minimum training requirements and standards of training to be eligible for entry. The individual training bodies outline these requirements.

Higher specialist training (HST) is undertaken at specialist registrar or senior registrar grades for a period of 3-6 years, depending on specialty. Entry onto this scheme is through competition. Upon successful completion of HST, a certificate of satisfactory completion of specialist training (CSCST) is awarded whereby the doctor may apply to the medical council for specialist registration.

### Current issues in medical education and training in the Republic of Ireland

Undergraduate medical education in Ireland is extremely under-funded, in the view of the Irish Medical Council<sup>2</sup>. As a result, huge reliance is placed on attracting large numbers of non-EU students to medical schools here. In the 2003 medical school intake, non-EU students accounted for over 60% of places (of 831 medical students, 315 (38%) were from inside the EU, the remaining 516 were non-EU students)<sup>2</sup>. A cap on EU-student entry remains, despite keen competition for medical school places among Irish school leavers and concerns about the need to increase medical school numbers to meet future labour requirements in this country. Due to service commitments in their own countries, most non-EU students return home to train following graduation or internship.

All Consultant and Senior/Specialist Registrar posts are regulated by Comhairle na nOspidéal. In contrast, numbers of Senior House Officer (SHO) or Registrar posts are not. This lack of regulation has resulted in large increases in the numbers of these posts over the last number of years, mainly to meet service requirements with less regard to future staffing needs or standards of training. As a result, not all doctors supposedly in training are in formal training schemes. A 1995 survey of House Officers and Registrars showed that 57% were not in rotational training schemes while 68% did not know if a specific person had been designated responsible for their training<sup>3</sup>. Furthermore, large numbers of doctors who have completed their general professional training compete for smaller numbers of regulated Specialist Registrar programmes creating a backlog of applicants. Consequently, some doctors experience delays in their training while many others need to leave the country to find work. This has led to concern about the loss of Irish trained medical graduates to other healthcare systems.

The aim of medical workforce planning in any health system is to train sufficient doctors to meet the health needs of that country. As it is, Ireland is currently experiencing shortages in certain specialties such as General Practice, despite continued demand for training places. With the proposed move towards a consultant provided service (EWTD), a large increase in consultant numbers will be required which will have implications for workforce planning.

Implementation of the EWTD will also have a major impact on medical training in the context of a shorter working week. Concern has been expressed about a move towards a shift system and the adverse affect this may have on the quality of training and quality of life for doctors. This concern is particularly evident in the surgical specialties. 86% of surgical Specialist Registrars questioned indicated they strongly opposed or opposed the move to a shift system with all believing it would impair their quality of training. 73% of those questioned believed it would worsen their quality of life<sup>4</sup>.

### **Retention of medical graduates within the Irish health services.**

UK studies estimate the percentage dropout from medicine as between 4-6%, 2 to 15 years after graduation. As might be expected, this figure is much higher among female graduates (8-9%) than among male graduates (2-4%). A further 8-9% of graduates were estimated to be working in Medicine outside the UK<sup>5</sup>. Less is known about the magnitude of loss from Irish medicine among Irish medical graduates. A recent study of Irish medical graduates of 1978 showed the attrition rate to be very low with only one graduate having left Medicine as a career. While dropout from medicine was low, loss to other healthcare systems was high and much higher than UK figures reported above. 25% of 1978 graduates were working in Medicine outside the ROI<sup>6</sup>. In addition, a study by the Irish Medical Council (IMC) identified 25% of registered doctors as working outside the ROI<sup>7</sup>.

As these studies show, concern about the permanent loss of Irish trained medical graduates to other health systems is not wholly unjustified. Traditionally, Irish medical graduates have gone abroad for further training. A perception exists that the chances of achieving consultancy at home is greatly improved once experience is gained abroad. Most graduates aspire to return to a medical post in the ROI. However, due to a lack of availability of consultant posts in the ROI and with little certainty of the future availability of such posts, many Irish trained graduates are left to avail of favourable work opportunities as they arise in other countries. This uncertainty is reflected in the future plans of graduates. 43% of House Officers and Registrars surveyed did not think it possible to make their medical career here due to lack of job opportunities compared with 38.4% who felt this was an achievable objective<sup>3</sup>. Uncertainty of future plans is again reflected in the Irish Medical Council study whereby 50% of those working abroad were unsure of their future plans to return to a post here<sup>7</sup>.

The vision of the Medical Education and Training (MET) Group is that the postgraduate education and training environment will be 'attractive to all medical graduates, and deliver high quality schemes that will result in a sufficient number of fully trained competent doctors to deliver a patient-centred health service in this country'<sup>1</sup>. Irish postgraduate training appears to be viewed very negatively among Irish medical graduates. 50% of House Officers and Registrars when asked their views on postgraduate training rated it as less than good with 46% citing better training facilities as a reason for going abroad to train<sup>3</sup>. These views appear to exist even among newer qualified graduates. In a recent study of Irish interns, 63% of interns agreed with the statement "that postgraduate training is not as good in Ireland as in other countries". Almost all interns (93%) indicated they intend to leave Ireland at some point to pursue further training<sup>8</sup>. Lack of a clearly defined medical training pathway has a major effect on graduate retention as graduates are attracted by structured

training schemes elsewhere such as exists in the UK. It is clear that if we wish to retain Irish trained medical graduates in the Irish healthcare system to fulfil our workforce needs, our postgraduate training and job opportunities need to be greatly improved.

### **Considering leaving Medicine**

The numbers identified as leaving Medicine in the UK were very low (4-6%)<sup>5</sup>. This decision is unlikely to be taken lightly as studying to become a doctor requires an enormous amount of time, effort and dedication on behalf of the individual. The main reason identified by doctors in the NHS for leaving Medicine was dissatisfaction with medicine as a career – feeling undervalued, little support, poor morale and difficulty with balancing work-life commitments<sup>9</sup>. Although little is known about the dropout rate from Irish Medicine, satisfaction with Medicine as a career may be a good indicator as to whether doctors may consider or decide to leave the workforce or move abroad. An Irish Medical Organisation (IMO) Benchmark study in 2001 showed that 31% of doctors say they would not choose Medicine again. The percentage of doctors who would not choose Medicine again was higher among females (36%) than among males (29%). 42% of non-consultant hospital doctors (NCHDs) say they would not choose Medicine if they were to start again<sup>10</sup>.

### **Work Flexibility**

A study of Irish vocationally trained female General Practitioners found almost one third of graduates to be working less than full-time. Up to 90% of graduates indicated they might consider or had decided to work less than full-time work in the future. Family commitments were identified as the main influence on this decision. Increased work flexibility and limited out-of-hours cover were the main factors identified by females that might retain them in a full-time system<sup>11</sup>.

Flexibility in working life has been identified as the most influencing factor in career decision-making by female medical graduates. This includes compatibility with other responsibilities, lack of on-call duties, regular working hours and availability of part-time work. Interest and women-friendliness were also cited as important influences<sup>12</sup>. Indeed one of the reasons mentioned by Irish female General Practitioners for their choice of career was the option of part-time work and the belief that General Practice is more compatible with having a family<sup>11</sup>.

The aim of the flexible training strategy is to ‘facilitate doctors in training in Ireland who have a requirement for part-time training, where compatible with service needs’<sup>13</sup>. Currently, the Flexible Training Scheme operated by the Postgraduate Medical and Dental Board is only available to doctors undertaking higher specialist training. It is clear that there is a growing need for job flexibility and a greater work-life balance. A study of Specialist Registrars in Paediatrics showed 35% of Specialist Registrars were interested in flexible training while 43.5% desired a flexible consultancy<sup>14</sup>. While the majority of graduates interested in flexible training or working are female, there is evidence of a change in the work preferences of both male and female junior doctors, with a greater emphasis towards achieving a balanced work-life commitment in both sexes<sup>15</sup>. If we are to retain doctors in the workforce and enable them to reach their full potential, particularly female graduates, it is clear that work flexibility needs to be extended further.

An important consideration in future workforce planning is the changing gender composition of the medical profession, with an increasing number of female medical graduates. As of the 1<sup>st</sup> of January 2002, 62% of Irish medical graduates were female, 55% of Irish national NCHDs are female and 66% of graduates commencing GP Training on 1<sup>st</sup> July 2001 were female<sup>16</sup>. This changing gender balance has significant implications for recruitment and retention of NCHDs and future workforce planning.

### **Career Choice**

Males and females tend to differ in their career choices, greater numbers of women than men choose careers in General Practice, few women enter the surgical specialties. Graduates choosing General Practice have been shown to rate working conditions and domestic circumstances as more important considerations than by those who choose hospital specialties. This may explain why women are more attracted to a career in General Practice than men as out of hours commitment was identified by females as a major barrier to career progression<sup>17</sup>. Hours and working conditions are seen as a disincentive to hospital medicine for women. Enjoyment of job content is more likely to be cited by graduates rejecting a career in General Practice while quality of life issues are most likely to be mentioned by doctors who reject careers in the medical and surgical specialties<sup>18</sup>.

An important factor in following preferred career progression and final career choice is the availability of up-to-date and accurate career advice and mentoring, not only through medical school but also later in careers. Almost 50% of House Officers and Registrars when asked about the careers advice they had received, rated it as less than good. Other medical colleagues were the main sources of career advice<sup>3</sup>. Improved access to mentoring was cited by all junior doctors in the UK as an important factor, which would improve their working lives<sup>19</sup>.

## Methodology

Two cohorts of medical graduates were chosen for inclusion in this study – 1994 and 1999 graduates from the five Irish medical schools (National University of Ireland Galway (NUIG), Royal College of Surgeons Ireland (RCSI), Trinity College Dublin (TCD), University College Cork (UCC), University College Dublin (UCD)) who obtained provisional registration with the Irish Medical Council (IMC). Registration with the Medical Council is a requirement for the practise of medicine in Ireland. Graduates who returned to their own country after graduation with no intention of practicing in Ireland and those who never registered with the Medical Council were excluded. Eight hundred and ninety-three graduates were eligible for inclusion in this study.

Names and addresses of graduates were received from the Irish Medical Council. The Register of Medical Practitioners is information in the public domain. Addresses were crosschecked with addresses received from the National University of Ireland, the Irish Medical Directory and where possible international medical councils<sup>1</sup>. Help was also sought from graduates about the current whereabouts of their class colleagues.

### Data Collection

A self-completion questionnaire, developed in collaboration with the Medical Education and Training Group and the Department of Public Health Medicine and Epidemiology, was sent to all graduates in July 2004; topics addressed by questions related to demographic characteristics, current post, postgraduate training, positive and negative factors affecting career progression, career counselling and future career intentions. Space was left for graduates to make comments or expand on their answers as they wished.

Questionnaires were posted from the Department of Public Health Medicine and Epidemiology, UCD with FREEPOST return envelopes enclosed. Prior to posting, the questionnaire was piloted amongst medical graduates and modified accordingly. Participants were provided with a detailed information sheet about the study and were asked to sign and return a consent form. To facilitate completion, the questionnaire was also made available on-line for the first six weeks of the study. Access to the on-line questionnaire was by means of a unique ID number posted with each questionnaire.

Two reminder questionnaires were sent to non-responders. Prior to posting the second reminder, a concerted effort was made to contact graduates directly either by telephone or e-mail. It was noted that our initial posting took place over the change over month of July when doctors in training tend to change jobs and possibly also change address. Every effort was made to up-date addresses in-between each posting. All respondents were entered into a prize-draw unless they requested otherwise.

Ethical approval for this study was granted from the Human Research Ethics Committee (HREC).

Data entry was carried out by ‘The Data Entry Bureau’.

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<sup>1</sup> General Medical Council UK, American Medical Association, Malaysian Medical Association, Singapore Medical Council, Canadian and Australian medical associations



**Statistical Analysis**

Data reported are rounded to one decimal place. The valid response for each question has been used (i.e. those that did not answer the question(s) under consideration are excluded in all figures and tables). As a result, totals in some tables may not match because of missing values. All statistical analysis was carried out using SPSS version 11.

(\* Signifies  $p < 0.05$ , \*\*Signifies  $p < 0.001$ )

**Presentation of Results**

All results are presented separately for each year of graduation – 1994 and 1999. Where possible, results are further broken down by gender and by specialty. As the numbers working in certain specialties are quite small, specialties are grouped according to General Practice, Medicine, Surgery and Other.

Where numbers are small, percentages are not given.

## Results

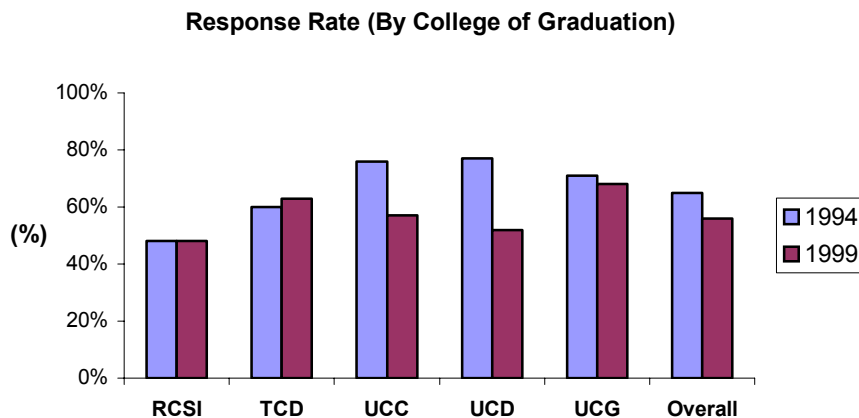
### Response to the questionnaire

Questionnaires were posted to 893 graduates. Excluding questionnaires which were returned as undelivered, or where the graduate was known to have passed away, an overall response rate of 61% (507/837) was achieved. The overall response from the 1994 cohort (64.9%) was higher than from the 1999 cohort (56.8%). This higher response from the 1994 cohort may reflect the additional help we had in tracing these graduates; a number of ten-year reunions were taking place around the time of the study.

Table 1: Response to Questionnaire

	1994			1999		
	Male	Female	Total	Male	Female	Total
Questionnaires posted	220	206	426	229	238	467
Questionnaires returned	118	137	255	96	156	252
Returned as undelivered	20	10	30	15	7	22
Deceased	1	2	3	1	-	1
Refused participation	-	1	1	1	2	3
Overall response (%)	59.3%	71.0%	64.9%	45.1%	67.5%	56.8%

Barchart 1: Percentage Response (By College of Graduation)



### Non-Respondents

While every effort was made to contact each member of the cohort, inevitably some graduates were untraceable or did not return their questionnaire. However, it was estimated that approximately 43% of non-respondents were from outside the EU. This indicates that approximately 70% of Irish nationals in the 1994 cohort and 61% of Irish nationals in the 1999 cohort responded to the study.

### Graduates working in medical employment

Overall, 94.3% of graduates (478/507) were working in medical employment. There was no significant difference in the percentage of graduates in medical employment in each cohort. 93.3% of 1994 graduates and 95.2% of 1999 graduates were working in medical employment.

In the 1994 cohort, there was a significant difference by gender in the percentage of graduates working in medical employment ( $\chi^2=6.004$ ,  $d.f.=1$ ,  $p<0.05$ ). 97.5% of 1994 male graduates were in current medical employment compared with 89.8% of female graduates. In the 1999 cohort, the proportion of graduates in medical employment was similar in both males and females.

**Table 2: Percentage of graduates in medical employment (By Gender)**

	1994		1999	
	N	%	N	%
Male	115/118	97.5%	92/96	95.8%
Female	123/137	89.8%	148/156	94.9%
Overall	238/255	93.3%	240/252	95.2%

**Table 3: Percentage of graduates in medical employment (By Specialty)**

	1994		1999	
	N	%	N	%
Anaesthesia	18	7.6%	8	3.3%
Emergency Medicine	8	3.4%	11	4.6%
General Practice	75	31.5%	76	31.7%
Medicine	29	12.2%	49	20.4%
Obstetrics and Gynaecology	3	1.3%	7	2.9%
Occupational Medicine	2	0.8%	-	-
Ophthalmology	6	2.5%	1	0.4%
Paediatrics	10	4.2%	15	6.3%
Pathology	12	5.0%	17	7.1%
Psychiatry	21	8.8%	14	5.8%
Public Health Medicine	9	3.8%	3	1.3%
Radiology	9	3.8%	9	3.8%
Surgery	30	12.6%	25	10.4%
Other	6	2.5%	5	2.1%
Total	238	100.0%	240	100.0%

**Table 4: Percentage of graduates in medical employment (By Gender and By Specialty)**

	1994 (n=238)		1999 (n=240)	
	Male	Female	Male	Female
Anaesthesia	6.1%	8.9%	4.4%	2.7%
Emergency Medicine	6.1%	0.8%	6.6%	3.4%
General Practice	31.3%	31.7%	20.9%	38.3%
Medicine	12.2%	12.2%	24.2%	18.1%
Obstetrics and Gynaecology	0.9%	1.6%	1.1%	4.0%
Occupational Medicine	0.9%	0.8%	-	-
Ophthalmology	1.7%	3.3%	1.1%	-
Paediatrics	0.9%	7.3%	6.6%	6.0%
Pathology	2.6%	7.3%	9.9%	5.4%
Psychiatry	7.0%	10.6%	2.2%	8.1%
Public Health Medicine	0.9%	6.5%	1.1%	1.3%
Radiology	6.1%	1.6%	3.3%	4.0%
Surgery	20.9%	4.9%	18.7%	5.4%
Other	2.6%	2.4%	-	3.4%
Total	100.0%	100.0%	100.0%	100.0%

### ***Graduates undertaking a research/academic post with the intention of returning to medical employment***

Of those graduates working in medical employment, approximately 4.5% of graduates (35/277) indicated they were in a research/academic post at the time with the intention of returning to medical practice. This varied from 7.6% of 1994 graduates (18/238) to 7.1% of 1999 graduates (17/239). 20 graduates were in a research or academic post in the ROI - 10 graduates from 1994 and 10 graduates from 1999. 15 graduates were in a research post outside the ROI - 8 graduates from 1994 and 7 graduates from 1999.

**Table 5: Of those graduates in medical employment, numbers in a research/academic post (By Gender)**

	1994	1999
Male	3	10
Female	15	7
Total	18	17

### ***Location of medical post of those graduates working in medical employment***

54.4% of graduates (260/478) working in medical employment were in a medical post in the Republic of Ireland. The percentage of graduates working in a medical post in the ROI did not differ significantly by year of graduation - 52.1% of 1994 graduates and 56.7% of 1999 graduates. The UK was the most popular location for work outside the ROI with just over a quarter of graduates from each cohort working in the UK.

**Table 6: Percentage of graduates in medical employment in those graduates working in medical employment (By Location of current post)**

	1994		1999	
	N	%	N	%
Republic of Ireland	124	52.1%	136	56.7%
Northern Ireland	9	3.8%	4	1.7%
United Kingdom	61	25.6%	61	25.4%
USA	19	8.0%	14	5.8%
Canada	10	4.2%	3	1.3%
Australia	8	3.4%	8	3.3%
New Zealand	-	-	1	0.4%
Other	7	2.9%	13	5.4%
Total	238	100.0%	240	100.0%

In each cohort, a higher percentage of males than females were working in a medical post outside the ROI. The percentage of males abroad was higher in the 1994 cohort - 54.8% of male graduates from 1994 were working abroad compared with 45.7% of male graduates from 1999.

**Table 7: Percentage of graduates in medical employment in those graduates working in medical employment (By Gender and Location of current post)**

	1994 (n=238)				1999 (n=240)			
	Male		Female		Male		Female	
ROI	52	45.2%	72	58.5%	50	54.3%	86	58.1%
Other location	63	54.8%	51	41.5%	42	45.7%	62	41.9%
Total	115	100.0%	123	100.0%	92	100.0%	148	100.0%

**Table 8: Percentage of graduates in medical employment in those graduates working in medical employment (By Gender, Location of current post and Specialty)**

	Working in the ROI				Working outside the ROI			
	1994		1999		1994		1999	
	N	%	N	%	N	%	N	%
Anaesthesia	10	8.1%	4	2.9%	8	7.0%	4	3.9%
Emergency Medicine	1	0.8%	6	4.4%	7	6.1%	5	4.9%
General Practice	53	42.7%	43	31.6%	22	19.3%	33	32.0%
Medicine	9	7.3%	27	19.9%	20	17.5%	22	21.4%
Obstetrics and Gynaecology	1	0.8%	1	0.7%	2	1.8%	6	5.8%
Occupational Medicine	-	-	-	-	2	1.8%	-	-
Ophthalmology	2	1.6%	1	0.7%	4	3.5%	-	-
Paediatrics	4	3.2%	9	6.6%	6	5.3%	6	5.8%
Pathology	3	2.4%	9	6.6%	9	7.9%	8	7.8%
Psychiatry	10	8.1%	12	8.8%	11	9.6%	2	1.9%
Public Health Medicine	9	7.3%	1	0.7%	-	-	2	1.9%
Radiology	4	3.2%	7	5.1%	5	4.4%	2	1.9%
Surgery	16	12.9%	14	10.3%	14	12.3%	11	10.7%
Other	2	1.6%	2	1.5%	4	3.5%	2	1.9%
<b>Total</b>	<b>124</b>	<b>100.0%</b>	<b>136</b>	<b>100.0%</b>	<b>114</b>	<b>100.0%</b>	<b>103</b>	<b>100.0%</b>

### Graduates not in medical employment

29 graduates were not working in medical employment – 6.7% of 1994 graduates (17/255) and 4.8% of 1999 graduates (12/252). When explored by gender, 2.5% of 1994 male graduates and 10.2% of 1994 female graduates were not in medical employment compared with 4.2% of 1999 male graduates and 5.1% of 1999 female graduates.

**Table 9: Numbers of graduates not in medical employment (By Gender)**

	1994	1999
Male	3	4
Female	14	8
<b>Total</b>	<b>17</b>	<b>12</b>

28 graduates not in medical employment responded to a question about their current position.

**Table 10: Numbers of graduates not in medical employment (By Gender and Current Position)**

	1994 (n=16)		1999 (n=12)	
	Male	Female	Male	Female
In a field allied to medicine+	1	2	-	1
In non-medical employment+	-	1	2	3
In the home	-	5	-	2
Not working	2	5	2	2
<b>Total</b>	<b>3</b>	<b>13</b>	<b>4</b>	<b>8</b>

+Current positions of graduates not in medical employment

Field allied to medicine – Oral medicine (1), Medico-legal work (1), Medical assistant (1), Non-response (1)

Non-medical employment – Practice manager (1), The Arts (1), PhD Biochemistry (1), Media (1),

Finance/Banking (1), Non-response (1)

The following section deals with 260 graduates working in medical employment in the ROI (Tables 11-25).

### Graduates working in medical employment in the ROI

54.4% of graduates (260/478) working in medical employment were in a medical post in the ROI. The percentage of graduates working in a medical post in the ROI did not differ significantly by year of graduation - 52.1% of 1994 graduates and 56.7% of 1999 graduates.

62.1% of 1994 graduates (77/124) and 20.6% of 1999 graduates (28/136) working in the ROI had completed their training. In each cohort, a higher percentage of females than males had completed their training.

**Table 11: Percentage of graduates who have completed training in those graduates in medical employment in the ROI (By Gender)**

	1994 (n=124)				1999 (n=136)			
	Male		Female		Male		Female	
Completed Training	30	57.7%	47	65.3%	7	14.0%	21	24.4%
Not Completed Training	22	42.3%	25	34.7%	43	86.0%	65	75.6%
<b>Total</b>	52	100.0%	72	100.0%	50	100.0%	86	100.0%

**Table 12: Numbers of graduates who are in medical employment in the ROI who have completed training (By Gender and Grade)**

	1994 (n=77)		1999 (n=28)	
	Male	Female	Male	Female
Consultant+	5	7	-	-
General Practitioner	20	33	6	21
Awaiting a consultant/Specialist Post	3	3	-	-
Other	2	4	-	-
<b>Total</b>	30	47	6	21

+Completed Training – Consultant Posts (Anaesthesia (1), Medicine (3), Ophthalmology (1), Paediatrics (2), Pathology (1), Psychiatry (1), Radiology (3))

**Table 13: Numbers of graduates who are in medical employment in the ROI and have not completed training (By Gender and Grade)**

Not Completed Training - Grade	1994 (n=47)		1999 (n=108)	
	Male	Female	Male	Female
SHO	1	1	5	11
Registrar	1	2	16	20
Specialist Registrar	20	7	19	23
Senior Registrar	-	10	-	-
GP Registrar	-	-	3	7
Other	-	5	-	4
<b>Total</b>	22	25	43	65

**Formal Training Scheme**

71.6% of graduates who had not completed their training (111/155) indicated that they were in a formal training scheme - 85.1% of 1994 graduates (40/47) and 65.7% of 1999 graduates (71/108). The remaining 44 graduates were not in a formal training scheme – 7 graduates from 1994 and 37 graduates from 1999. Where graduates were not in a formal training scheme, they were asked if their post was accredited for training. 25 graduates were in a post accredited for training. 11 graduates were not in a post accredited for training while a further 8 graduates were unsure if their post was accredited for training.

**Table 14: Percentage of graduates in a formal training scheme in those graduates still in training**

In Formal Training Scheme	1994		1999		Overall	
	40	85.1%	71	65.7%	111	71.6%
<b>Accredited for training?</b>						
Yes	4	8.5%	21	19.4%	25	16.1%
No	2	4.3%	9	8.3%	11	7.1%
Unsure	1	2.1%	7	6.5%	8	5.2%
<b>Total</b>	47	100.0%	108	100.0%	155	100.0%

**Working less than full-time (Graduates working in the ROI)**

Overall, 85.3% of graduates (220/258) working in medical employment in the ROI were in full-time medical employment. The percentage of graduates working full-time differed significantly by year of graduation ( $\chi^2=12.704$ ,  $d.f.=2$ ,  $p<0.05$ ). 78.2% of 1994 graduates and 91.9% of 1999 graduates were working in a full-time post.

**Table 15: Percentage of graduates working full-time/less than full-time in those graduates working in medical employment in the ROI**

	1994		1999	
	N	%	N	%
<b>Full-time</b>	97	78.2%	123	91.8%
<b>Less than full-time</b>	27	21.8%	11	8.2%
<b>Total</b>	124	100.0%	134	100%

In each cohort, a higher percentage of males than females were working full-time in their current post. This difference by gender was significant in the 1994 cohort only.

**Table 16: Percentage of graduates working full-time/less than full-time in those graduates working in medical employment in the ROI (By Gender)**

	1994 (n=124)				1999 (n=134)			
	Male		Female		Male		Female	
<b>Full-time</b>	49	94.2%	48	66.7%	49	98.0%	74	88.1%
<b>Less than full-time</b>	3	5.8%	24	33.3%	1	2.0%	10	11.9%
<b>Total</b>	52	100.0%	72	100.0%	50	100.0%	84	100.0%

**Table 17: Percentage of graduates working full-time/less than full-time in those graduates working in medical employment in the ROI (By Stage of Training)**

Completed Training	1994				1999			
	FT		<FT		FT		<FT	
<b>Yes</b>	55/77	71.4%	22/77	28.6%	21/27	77.8%	6/27	22.2%
<b>No</b>	42/47	89.4%	5/47	10.6%	103/108	95.4%	5/108	4.6%
<b>Total</b>	97/124	78.2%	27/124	21.8%	124/135	91.9%	11/135	8.1%

**Working less than Full-time (By Specialty)**

Graduates who were working less than full-time were working in a small number of specialties only.

- 32.0% of 1994 graduates (17/53) working in General Practice were working less than full-time. The corresponding percentage in the 1999 cohort was 19.0% (8/42).
- 44.4% of 1994 graduates (4/9) working in Public Health Medicine were working less than full-time.
- 40.0% of 1994 graduates working in Anaesthesia (4/10) and 25.0% of 1999 graduates (1/4) were working less than full-time.
- 11.1% of 1994 graduates working in Medicine (1/9) and 7.7% of 1999 graduates (2/26)

**Reasons for working less than full-time**

The main reasons identified by 1994 graduates for working less than full-time were related to family commitments and balancing work and home life when working full-time. However, a positive choice to work less than full-time was also a factor.

The main reason identified by 1999 graduates was a positive choice to work less than full-time.

As only 4 males were working less than full-time, these results are not further broken down by gender.

**Table 18: Numbers of graduates citing reasons for working less than full-time in their current post in those graduates working less than full-time**

	1994 (n=27)	1999 (n=10)
<b>Training/Working</b>	<b>N</b>	<b>N</b>
Location of full-time post	3	1
Location of part-time post	2	-
Inadequate remuneration full-time	1	-
<b>Pay and Conditions</b>		
Workload when full-time	8	2
On-call commitment when full-time	4	2
Study for examinations	-	-
Stress of full-time post	3	-
Ill-health	1	2
Cost of childcare	2	-
Lack of job satisfaction in full-time post	4	-
Lack of variety in full-time post	2	-
<b>Social Factors</b>		
Unsupportive spouse/partner	1	-
Priority of partner's career	7	1
Desire to spend more time with children	16	1
Need to care for older relatives	1	-
Difficulty with combining work with family commitments when full-time	16	2
Difficulties with childcare arrangements	6	1
Desire eventually to leave medicine	-	-
Positive choice to work less than full-time	12	4
Pregnancy	5	-

(Note more than one reason may have been given)



### ***Future work intentions of graduates working less than full-time in medical employment in the ROI***

21.7% of 1994 graduates (27/124) and 8.2% of 1999 graduates (11/134) were working less than full-time. 12 graduates indicated their intention to return to full-time work in the future. All 4 male graduates working less than full-time indicated their intention to return to full-time work in the future.

**Table 19: Of those graduates currently working less than full-time, numbers planning to work full-time in the future**

	1994 (n=27)		1999 (n=9)	
	Male	Female	Male	Female
<b>Full-time</b>	3	5	1	3
<b>Less than full-time</b>	-	18	-	4
<b>Unsure</b>	-	1	-	1
<b>Total</b>	3	24	1	8

### ***Factors that might encourage a return to more full-time work***

The main factors influencing a return to a medical post for both cohorts were related to regular working hours, manageable workload, pay and benefits in a full-time post and also a desire to return to more full-time work.

**Table 20: Numbers of graduates citing factors which might encourage a return to more full-time medical employment in those graduates currently working less than full-time**

	1994 (n=21)	1999 (n=10)
<b>Training/Working</b>		
Concern about increased length of training part-time	2	1
Location of more full-time post	5	2
<b>Pay and Conditions</b>		
Better pay and benefits full-time	9	3
Manageable workload	9	3
Regular working hours	12	3
On-call commitments	6	2
Protected time for study leave in post	5	3
Success at examination (s)	2	1
A return to full health	1	1
<b>Social Factors</b>		
Support from spouse/partner	3	-
A solution to childcare problems	5	-
Partner working fewer hours	4	1
Desire to return to more full-time work	8	2
End of pregnancy	5	-

**Problems with current position – Graduates working in the ROI**

Tables 21 and 22 show the major problems with current position as identified by both cohorts of graduates working in medical employment in the ROI. The biggest problems for each group are highlighted in bold. Firstly, graduates from 1999 appear to experience many more problems with their current position than 1994 graduates, particularly with regard to training and working. 40.0% of 1999 graduates identified 'time spent carrying out inappropriate tasks' as a major problem. Difficulty with balancing work-life commitments, lack of flexible or part-time training or working opportunities, lack of availability of consultant posts, lack of support from management and covering for absent doctors are major problems identified by both groups. Difficulty with taking time off was a much greater problem for 1994 graduates. When further broken down by gender, lack of flexible training or working is highlighted as a major problem for females in each cohort but also for 1999 male graduates. In contrast, 1994 male graduates cite difficulty with taking time off, workload and lack of support from management as the biggest problems in their current post.

**Table 21: Percentage of graduates identifying major problems with their current post in those graduates working in medical employment in the ROI (By Gender)**

	1994 (n=116)		1999 (n=133)		1994 Overall	1999 Overall
	Male (n=48)	Female (n=68)	Male (n=50)	Female (n=83)	(n=116)	(n=133)
<b>Training/Working</b>	%	%	%	%	%	%
Lack of availability of consultant posts	22.9%	25.0%	<b>40.0%</b>	<b>25.3%*</b>	<b>24.1%</b>	<b>30.8%</b>
Lack of flexible training or working opportunities	14.6%	<b>33.8%</b>	<b>38.0%</b>	<b>33.7%</b>	<b>25.9%</b>	<b>35.3%*</b>
Lack of part-time training/working opportunities	8.3%	<b>33.8%*</b>	24.0%	<b>36.1%</b>	<b>23.3%</b>	<b>31.6%</b>
Location of training post	8.3%	10.3%	22.0%	14.5%	9.5%	17.3%*
Poor structure, quality and organisation of training	<b>27.1%</b>	13.2%	32.0%	21.7%	19.0%	<b>25.6%</b>
Training programme not available in Ireland	10.4%	7.4%*	8.0%	6.0%*	8.6%	6.8%
No time for participation in CME/CPD	22.9%	13.2%	22.0%	9.6%*	17.2%	14.3%
No job description received	6.3%	7.4%	18.0%	10.8%	6.9%	13.5%
Covering for absent doctors	25.0%	20.6%	<b>38.0%</b>	24.1%	22.4%	<b>29.3%</b>
Time spent carrying out inappropriate tasks	25.0%	10.3%*	<b>52.0%</b>	<b>36.1%</b>	16.4%	<b>42.1%*</b>
Difficulty with taking time off	<b>37.5%</b>	17.6%*	24.0%	18.1%	<b>25.9%</b>	20.3%*
Difficulty with re-entry after time away	4.2%	8.8%	22.0%	8.4%*	6.9%	13.5%
<b>Pay and Conditions</b>						
Current pay	8.3%	16.2%	10.0%	4.8%	12.9%	6.8%
Workload	<b>33.3%</b>	11.8%*	<b>34.0%</b>	16.9%	20.7%	23.3%
Working Hours	<b>29.2%</b>	10.3%*	28.0%	19.3%	18.1%	22.6%
On-call work commitments	20.8%	19.1%	18.0%	18.1%	19.8%	18.0%
Working conditions	<b>27.1%</b>	7.4%*	10.0%	15.7%*	15.5%	13.5%
Difficulties with study leave	22.9%	5.9%*	14.0%	13.3%	12.9%	13.5%
Stress of current post	25.0%	8.8%	20.0%	15.7%	15.5%	17.3%
Male dominated specialty	2.1%	2.9%	4.0%	13.3%	2.6%	9.8%
Female dominated specialty	2.1%	4.4%	6.0%	-	3.4%	2.3%
Bullying and Harassment in current post	6.3%	2.9%	2.0%	2.4%	4.3%	2.3%
Low job satisfaction	2.1%	11.8%*	2.0%	4.8%	7.8%	3.8%
Low morale in profession	18.8%	14.7%	10.0%	12.0%	16.4%	11.3%
Low job security	14.6%	23.5%	8.0%	14.5%	19.8%	12.0%
<b>Social Factors</b>						
Lack of support from spouse or partner	4.2%	2.9%	-	4.8%	3.4%	3.0%
Lack of support from colleagues	8.3%	5.9%	4.0%	3.6%	6.9%	3.8%
Lack of support from senior colleagues	14.6%	7.4%	10.0%	9.6%	10.3%	9.8%
Lack of support from management	<b>33.3%</b>	20.6%	<b>36.0%</b>	<b>24.1%</b>	<b>25.9%</b>	<b>28.6%</b>
Current post incompatible with partner's career	14.6%	7.4%	8.0%	13.3%	10.3%	11.3%
Difficulty with balancing work-life commitments	<b>27.1%</b>	<b>26.5%</b>	<b>34.0%</b>	<b>26.5%*</b>	<b>26.7%</b>	<b>29.3%</b>
Lack of childcare facilities	20.8%	<b>26.5%</b>	8.0%	22.9%	<b>24.1%</b>	17.3%
No key mentor in current post	12.5%	20.6%*	16.0%	9.6%	17.2%	12.0%

**Table 22. Percentage of graduates identifying major problems with their current post in those graduates working in medical employment in the ROI (By Specialty)**

	1994 Graduates (n=116)				1999 Graduates (n=133)				Both Cohorts (n=249)			
	GP (n=48)	Med (n=9)	Surg (n=14)	Other (n=45)	GP (n=40)	Med (n=27)	Surg (n=14)	Other (n=42)	GP (n=69)	Med (n=36)	Surg (n=28)	Other (n=97)
<b>Training/Working</b>												
Lack of availability of consultant posts	-	44.4%	26.6%	44.4%	2.5%	44.4%	57.1%	38.9%	1.1%	44.4%	42.9%	41.2%
Lack of flexible training or working opportunities	16.1%	44.4%	7.1%	37.6%	10.0%	51.9%	50.0%	42.3%	13.6%	50.0%	28.6%	40.2%
Lack of part-time training or working opportunities	22.9%	11.1%	7.1%	31.1%	17.5%	33.3%	35.7%	40.4%	20.5%	27.8%	21.4%	36.1%
Location of training post	-	11.1%	14.3%	17.8%	5.0%	40.7%	28.6%	11.5%	2.3%	33.3%	21.4%	14.4%
Poor structure, quality and organisation of training	14.6%	44.4%	21.4%	17.8%	5.0%	59.3%	21.4%	25.0%	10.2%	59.6%	21.4%	21.6%
Training programme not available in Ireland	12.5%	11.1%	-	6.7%	-	11.1%	-	11.5%	6.8%	11.1%	-	9.3%
No time for participation in CME/CPD	16.7%	33.3%	26.6%	11.1%	10.0%	29.6%	14.3%	9.6%	13.6%	30.6%	21.4%	10.3%
No job description received	2.1%	11.1%	-	13.3%	7.5%	18.5%	21.4%	13.5%	4.5%	16.7%	10.7%	13.4%
Covering for absent doctors	18.8%	44.4%	14.3%	24.4%	12.5%	51.9%	42.9%	26.9%	15.9%	50.0%	28.6%	25.8%
Time spent carrying out inappropriate tasks	12.5%	55.6%	14.3%	13.3%	25.0%	59.3%	57.1%	42.3%	18.2%	58.3%	35.7%	28.9%
Difficulty with taking time off	31.3%	44.4%	21.4%	17.8%	15.0%	29.6%	28.6%	17.3%	23.9%	33.3%	25.0%	17.5%
Difficulty with re-entry after time away	-	11.1%	7.1%	13.3%	2.5%	18.5%	50.0%	9.6%	1.1%	16.7%	28.6%	11.3%
<b>Pay and Conditions</b>												
Current pay	10.4%	22.2%	-	17.8%	10.0%	-	14.3%	5.8%	10.2%	5.6%	7.1%	11.3%
Workload	20.8%	22.2%	26.6%	17.8%	12.5%	18.5%	42.9%	28.8%	17.0%	19.4%	35.7%	23.7%
Working Hours	20.8%	33.3%	26.6%	8.8%	15.0%	18.5%	42.9%	25.0%	18.2%	22.2%	35.7%	17.5%
On-call work commitments	22.9%	11.1%	14.3%	20.0%	7.5%	14.8%	35.7%	23.1%	15.9%	13.9%	25.0%	21.6%
Working conditions	10.4%	11.1%	30.7%	15.6%	5.0%	18.5%	28.6%	13.5%	8.0%	16.7%	32.1%	14.4%
Difficulties with study leave	18.8%	11.1%	21.4%	4.4%	15.0%	11.1%	14.3%	19.5%	17.0%	11.1%	17.9%	9.3%
Stress of current post	16.7%	33.3%	21.4%	8.8%	10.0%	7.4%	42.9%	21.2%	13.6%	13.9%	32.1%	15.5%
Male dominated specialty	4.2%	-	-	2.2%	-	14.8%	21.4%	11.5%	2.3%	11.1%	10.7%	7.2%
Female dominated specialty	-	-	7.1%	6.7%	2.5%	3.7%	-	1.9%	1.1%	2.8%	3.6%	4.1%
Bullying and Harassment in current post	4.2%	-	14.3%	2.2%	-	3.7%	-	3.8%	2.3%	2.8%	7.1%	3.1%
Low job satisfaction	8.3%	11.1%	-	8.8%	-	3.7%	-	7.7%	4.5%	5.6%	-	8.2%
Low morale in profession	14.6%	22.2%	21.4%	15.6%	2.5%	11.1%	14.3%	17.3%	9.1%	13.9%	17.9%	16.5%
Low job security	12.5%	44.4%	14.3%	24.4%	7.5%	18.5%	21.4%	9.6%	10.2%	25.0%	17.9%	16.5%
<b>Social Factors</b>												
Lack of support from spouse or partner	4.2%	-	-	4.4%	-	-	7.1%	5.8%	2.3%	-	3.6%	5.2%
Lack of support from colleagues	8.3%	-	7.1%	6.7%	2.5%	3.7%	7.1%	3.8%	5.7%	2.8%	7.1%	5.2%
Lack of support from senior colleagues	4.2%	-	14.3%	17.8%	2.5%	14.8%	21.4%	9.6%	3.4%	11.1%	17.9%	13.4%
Lack of support from management	14.6%	33.3%	26.6%	30.6%	10.0%	40.7%	42.9%	32.7%	12.5%	38.9%	35.7%	34.0%
Current post incompatible with partner's career	8.3%	11.1%	26.6%	6.7%	-	11.1%	21.4%	17.3%	4.5%	11.1%	25.0%	12.4%
Difficulty with balancing work-life commitments	22.9%	33.3%	26.6%	28.9%	12.5%	33.3%	64.3%	30.6%	18.2%	33.3%	46.4%	29.9%
Lack of childcare facilities	16.7%	11.1%	26.6%	33.3%	2.5%	14.8%	14.3%	30.6%	10.2%	13.9%	21.4%	32.0%
No key mentor in current post	25.0%	-	21.4%	11.1%	10.0%	14.8%	14.3%	11.5%	18.2%	11.1%	17.9%	11.3%

**Intentions to practice medicine in the ROI in the future**

83.3% of graduates (215/258) working in medical employment in the ROI intended to practise mainly here in the future. There was no significant difference by year of graduation – 86.2% of 1994 graduates (106/123) and 80.7% of 1999 graduates (109/135).

7 graduates in total do not intend to practise in the ROI in the future (3 graduates from 1994 and 4 from 1999). 14 graduates from 1994 and 22 from 1999 were unsure of their future career intentions.

**Table 23: Percentage of graduates who intend to practice mainly in the ROI in the future in those graduates currently in medical employment in the ROI (By Gender)**

Intention to practice mainly in the ROI in the future	1994 (n=123)				1999 (n=135)			
	Male		Female		Male		Female	
Yes	46	88.5%	60	84.5%	38	76.0%	71	83.5%
No	2	3.8%	1	1.4%	3	6.0%	1	1.2%
Unsure	4	7.7%	10	14.1%	9	18.0%	13	15.3%
<b>Total</b>	52	100.0%	71	100.0%	50	100.0%	85	100.0%

**Plans to take a career break from medicine at any point (Graduates working in the ROI)**

Overall 16.9% of graduates (43/254) working in medical employment in the ROI have indicated they plan to take a career break from medicine at some point. Intention to take a career break differed significantly by year of graduation ( $\chi^2=14.044$ ,  $d.f.=2$ ,  $p=0.001$ ). 1999 graduates are more likely to want to take a career break than 1994 graduates.

**Table 24: Percentage of graduates indicating their intention to take a career break at some point**

	1994	1999
Yes	9.1%	23.7%
No	62.0%	41.5%
Unsure	28.9%	34.8%
<b>Overall</b>	100.0%	100.0%

In each cohort, female graduates were more likely to indicate their intention to take a career break at some point. While over three quarters of 1994 male graduates indicated they did not intend to take a career break, the corresponding figure in the 1999 cohort was 59.2%.

**Table 25: Percentage of graduates indicating their intention to take a career break at some point (By Gender)**

	1994 (n=120)		1999 (n=134)	
	Male	Female	Male	Female
Yes	5.9%	11.6%	22.4%	24.7%
No	76.5%	50.7%	59.2%	31.8%
Unsure	17.6%	37.7%	18.4%	43.5%
<b>Overall</b>	100.0%	100.0%	100.0%	100.0%

The following section deals with the future intentions of 218 graduates who were working in medical employment outside the ROI and 29 graduates who were not working in medical employment (Tables 26-31)

**Graduates not in medical employment in the ROI**

47.9% of 1994 graduates (114/238) and 43.3% of 1999 graduates (104/240) were working in medical employment outside the ROI. Graduates working in medical employment outside the ROI (n=218) and graduates not in medical employment (n=29) were asked about their future plans to return to a medical post in the ROI. Overall, 16.5% of graduates had decided on returning to a medical post in the ROI and a further 43.5% of graduates were considering returning to a post here. There was no significant difference in future career intentions between the two cohorts. (Note figures in Tables 26-31 also include graduates who are no longer in medical employment but have decided/are considering a return)

**Table 26: Percentage of graduates decided on/considering a return to a medical post in the ROI in those graduates either working in medicine outside the ROI or not in medical employment**

	1994		1999		Overall	
	N	%	N	%	N	%
Yes decided	17	13.5%	22	19.8%	39	16.5%
Yes considering	63	50.0%	40	36.0%	103	43.5%
No, not at all	46	36.5%	49	44.1%	95	40.1%
Total	126	100.0%	111	100.0%	237	100.0%

**Table 27: Percentage of graduates decided on/considering a return to a medical post in the ROI in those graduates either working in medicine outside the ROI or not in medical employment (By Gender)**

	1994 (n=126)				1999 (n=111)			
	Male		Female		Male		Female	
Yes decided	7	11.3%	10	15.6%	6	14.0%	16	23.5%
Yes considering	33	53.2%	30	46.9%	14	32.6%	26	38.2%
No, not at all	22	35.5%	24	37.5%	23	53.5%	26	38.2%
Total	62	100.0%	64	100.0%	43	100.0%	68	100.0%

Graduates who were considering or had decided on a return to a medical post in the ROI were asked about their work commitments on return.

**Table 28: Percentage of graduates considering working full-time in those graduates decided on/considering a return to a medical post in the ROI**

	1994		1999	
	N	%	N	%
Full-time	57	73.1%	39	66.1%
Part-time	11	14.1%	10	16.9%
Don't know	10	12.8%	10	16.9%
Total	78	100.0%	59	100.0%

**Table 29: Percentage of graduates considering working full-time in those graduates considering/decided on a return to a medical post in the ROI (By Gender)**

	1994 (n=78)				1999 (n=59)			
	Male		Female		Male		Female	
Full-time	36	92.3%	21	53.8%	15	83.3%	24	58.5%
Part-time	-	-	11	28.2%	-	-	10	24.4%
Don't know	3	7.7%	7	17.9%	3	16.7%	7	17.1%
Total	39	100.0%	39	100.0%	18	100.0%	41	100.0%

**Considering a return to a medical post in the ROI**

Graduates who had decided on or were considering a return to a medical post in the ROI were asked to identify the main influencing factors to returning. Tables 30 and 31 show the main influencing factors to returning to a medical post in the ROI for graduates who are abroad or graduates who are not currently in medical employment. For 1994 graduates, the most influential factor to returning was the availability of consultant posts. For 1999 graduates, work-related factors such as workload, working hours and on-call commitments were more important factors. Both cohorts considered the location of the medical post to be a very influential factor. When further broken down by gender, the cohort differences remain but male and female graduates in each group cited the same main influences.

**Table 30: Percentage of graduates citing influencing factors to returning to a medical post in the ROI in those graduates considering/decided on a return to the ROI (By Gender)**

	1994		1999		1994 Overall	1999 Overall
	Male (n=38)	Female (n=41)	Male (n=20)	Female (n=39)	(n=79)	(n=59)
<b>Training/Working</b>	%	%	%	%	%	%
Availability of consultant posts	71.1%	75.6%	45.0%	38.5%	73.4%	40.7%**
Success at interview for consultant posts	68.4%	68.3%	30.0%	23.1%	68.4%	25.4%**
Flexible training or working opportunities	7.9%	31.7%*	40.0%	51.3%	20.3%	47.5%*
Part-time training or working opportunities	5.3%	31.7%*	10.0%	38.5%	19.0%	28.8%
Location of medical post	60.5%	73.2%	75.0%	53.8%	67.1%	61.0%
Re-entry training scheme available	2.6%	7.3%	25.0%	17.9%	5.1%	20.3%*
<b>Pay and Conditions</b>						
Better pay	28.9%	24.4%	60.0%	46.2%	26.6%	50.8%*
Acceptable workload	34.2%	58.5%	70.0%	61.5%	46.8%	64.4%*
Working Hours	39.5%	56.1%	65.0%	69.2%	48.1%	67.8%*
Acceptable on-call commitments	39.5%	53.7%*	65.0%	61.5%	46.8%	62.7%*
Better working conditions	34.2%	34.1%	65.0%	53.8%	34.2%	57.6%*
A return to full health	5.3%	4.9%	15.0%	20.5%	5.1%	18.6%*
<b>Social Factors</b>						
A solution to childcare problems	7.9%	34.1%*	20.0%	25.6%	21.5%	23.7%
Wish to go back to work	7.9%	22.0%	-	12.8%	15.2%	8.5%
Partner working fewer hours	10.5%	7.3%	5.0%	5.1%	8.9%	5.1%
Availability of childcare facilities	10.5%	29.3%	25.0%	20.5%	20.3%	22.0%
New job compatible with partner's career	21.1%	48.8%*	25.0%	41.0%	35.4%	35.6%
Encouragement and support	21.1%	22.0%	40.0%	28.2%	21.5%	32.2%
Decide I like medicine after all	5.3%	14.6%	15.0%	15.4%	10.1%	15.3%

**Considering a return to a medical post in the ROI (By Specialty)**

When explored by specialty, graduates in General Practice cited work-related factors and location of medical post as important influences in considering a return to a medical post in the ROI. Flexible training or working opportunities was particularly important to 1999 graduates in General Practice. Availability of consultant posts was influential for 1994 graduates in Medicine and Surgery but also 1999 graduates in Surgery. Work-related factors and flexibility were important factors for 1999 graduates in Medicine.

**Table 31: Percentage of graduates citing influencing factors to returning to a medical post in the ROI in those graduates considering/decided on a return to the ROI (By Specialty)**

	1994 (n=88)			1999 (n=54)			Both Cohorts (n=122)		
	GP (n=10)	Med (n=13)	Other (n=38)	GP (n=22)	Med (n=7)	Other (n=15)	GP (n=32)	Med (n=20)	Other (n=56)
<b>Training/Working</b>									
Availability of consultant posts	10.0%	82.3%	88.5%	9.1%	67.1%	85.7%	9.4%	80.0%	80.4%
Success at interview for consultant posts	10.0%	84.6%	86.8%	-	28.6%	42.9%	3.1%	65.0%	76.0%
Flexible training or working opportunities	20.0%	15.4%	13.2%	54.5%	85.7%	14.3%	43.8%	40.0%	7.1%
Part-time training or working opportunities	20.0%	-	13.2%	40.9%	28.6%	-	34.4%	10.0%	-
Location of medical post	80.0%	46.2%	76.3%	54.5%	42.9%	42.9%	56.3%	45.0%	78.6%
Re-entry training scheme available	-	-	2.6%	9.1%	28.6%	42.9%	6.3%	10.0%	21.4%
<b>Pay and Conditions</b>									
Better pay	60.0%	7.7%	26.3%	46.5%	71.4%	57.1%	46.9%	30.0%	33.9%
Acceptable workload	60.0%	30.8%	42.1%	54.5%	85.7%	57.1%	53.1%	50.0%	50.0%
Working Hours	70.0%	30.8%	39.0%	88.2%	85.7%	28.6%	68.8%	60.0%	60.0%
Acceptable on-call commitments	70.0%	38.5%	39.6%	63.6%	85.7%	42.9%	65.6%	55.0%	46.4%
Better working conditions	80.0%	16.4%	31.6%	63.6%	71.4%	57.1%	69.4%	36.0%	36.7%
A return to full health	-	-	2.6%	13.6%	42.9%	14.3%	9.4%	15.0%	7.1%
<b>Social Factors</b>									
A solution to childcare problems	30.0%	-	13.2%	22.7%	57.1%	14.3%	25.0%	20.0%	14.3%
Wish to go back to work	10.0%	-	6.3%	9.1%	-	14.3%	9.4%	-	7.1%
Partner working fewer hours	20.0%	-	6.3%	9.1%	-	-	12.5%	-	7.1%
Availability of childcare facilities	30.0%	-	13.2%	18.2%	42.9%	28.6%	21.9%	15.0%	21.4%
New job compatible with partner's career	60.0%	23.1%	34.2%	36.4%	28.6%	28.6%	40.6%	25.0%	14.3%
Encouragement and support	20.0%	7.7%	18.4%	22.7%	42.9%	42.9%	21.9%	20.0%	28.6%
Decide I like Medicine after all	-	-	5.3%	13.6%	14.3%	14.3%	9.4%	5.0%	14.3%

The following section deals with the career progression of all graduates (Tables 32-35)

## Career Progression

### Attractions towards a particular career

All graduates irrespective of location of work or current employment were asked to rate a list of factors according to how much each factor may have attracted them to a particular career or facilitated their career progression at any stage. For all graduates, irrespective of year of graduation, gender or specialty, the main attraction towards a particular career was job satisfaction. Thereafter, structure and quality of training, working hours, on-call commitments, working conditions and encouragement or a role model were identified as the biggest attractions to a particular career for both cohorts.

When further explored by specialty, work conditions were particularly important for graduates working in General Practice while encouragement or a positive role model, colleague support and structure of training were more important attractions for graduates working in Medicine and Surgery.

Tables 32 and 33 show the main attractions towards a career for 1994 and 1999 graduates.

**Table 32: Percentage of graduates citing main attractions to a particular career (By Gender)**

	1994		1999		1994	1999
	Male (n=116)	Female (n=135)	Male (n=96)	Female (n=154)	Overall (n=251)	Overall (n=250)
<b>Training/Working</b>	%	%	%	%	%	%
Availability of flexible training or working	15.5%	25.2%*	16.7%	38.3%*	20.7%	30.0%*
Availability of part-time training or working	5.2%	23.0%**	6.3%	33.1%**	14.7%	22.8%*
Availability of consultant posts	19.8%	22.2%*	29.2%	20.1%*	21.1%	23.6%
Location of training post	24.1%	34.1%*	36.5%	<b>40.3%</b>	29.5%	38.8%
Ease of obtaining a training post	28.4%	31.1%	31.3%	33.8%	29.9%	32.8%
Structure, quality and organisation of training	<b>48.3%</b>	<b>50.4%</b>	<b>55.2%</b>	<b>54.5%</b>	<b>49.4%</b>	<b>54.8%</b>
Need to gain experience outside the ROI	26.7%	23.0%	28.1%	20.1%	24.7%	23.2%
Duration of training	16.4%	25.2%	35.4%	29.9%	21.1%	32.0%*
<b>Pay and Conditions</b>						
Remuneration/Pay	16.4%	14.1%	22.9%	20.1%	15.1%	21.2%
Acceptable working hours	<b>37.1%</b>	<b>54.8%*</b>	<b>44.8%</b>	<b>62.3%*</b>	<b>46.6%</b>	<b>55.6%</b>
Acceptable on-call commitments	<b>38.8%</b>	<b>56.3%**</b>	<b>46.9%</b>	<b>59.7%</b>	<b>48.2%</b>	<b>54.8%</b>
Working conditions	<b>41.4%</b>	<b>43.7%</b>	<b>50.0%</b>	<b>54.5%</b>	<b>42.6%</b>	<b>52.8%</b>
Protected time for study leave	18.1%	29.6%*	31.3%	35.7%	24.3%	34.0%
Access to quality career advice	13.8%	15.6%	25.0%	28.6%	14.7%	27.2%*
Success at examination	25.9%	32.6%	30.2%	31.8%	29.5%	31.2%
Male dominated specialty	2.6%	5.2%	1.0%	1.9%	4.0%	1.6%
Female dominated specialty	0.9%	5.2%	-	1.3%	3.2%	0.8%
My quality of health	20.7%	21.5%	25.0%	22.7%	21.1%	23.6%
Job satisfaction	<b>76.7%</b>	<b>72.6%</b>	<b>71.9%</b>	<b>68.2%</b>	<b>74.5%</b>	<b>69.6%</b>
Pension	12.1%	9.6%	9.4%	9.7%	10.8%	9.6%
<b>Social Factors</b>						
Support from spouse or partner	<b>37.1%</b>	46.7%	31.3%	33.8%	<b>42.2%</b>	32.8%*
Support from colleagues	31.0%	34.1%	35.4%	<b>40.3%</b>	32.7%	38.4%*
Support from senior colleagues	27.6%	33.3%	<b>40.6%</b>	37.7%	30.7%	38.8%*
Support from training organisers	26.7%	27.4%	32.3%	35.1%	27.1%	34.0%
Availability of childcare facilities	1.7%	11.9%*	3.1%	10.4%	7.2%	7.6%
Encouragement or positive role models	<b>33.6%</b>	<b>47.4%</b>	<b>38.5%</b>	<b>39.6%</b>	<b>41.0%</b>	<b>39.2%</b>
Having a key mentor throughout my career	17.2%	25.2%	20.8%	21.4%	21.5%	21.2%



**Table 33. Percentage of graduates citing main attractions to a particular career (By Specialty)**

	1994 (n=234)				1999 (n=238)				Both Cohorts (n=473)			
	GP (n=74)	Med (n=28)	Surg (n=29)	Other (n=104)	GP (n=76)	Med (n=89)	Surg (n=24)	Other (n=69)	GP (n=150)	Med (n=77)	Surg (n=53)	Other (n=193)
<b>Training/Working</b>	%	%	%	%	%	%	%	%	%	%	%	%
Availability of flexible training or working	36.5%	7.1%	3.4%	14.4%	48.7%	26.5%	12.5%	19.1%	42.7%	19.5%	7.5%	16.5%
Availability of part-time training or working	25.7%	3.6%	-	10.6%	36.8%	16.3%	4.2%	15.7%	31.3%	11.7%	1.9%	13.0%
Availability of consultant posts	16.2%	32.1%	13.8%	26.9%	19.7%	34.7%	29.2%	21.3%	18.0%	33.8%	20.8%	24.4%
Location of training post	33.8%	14.3%	10.3%	35.6%	50.0%	36.7%	29.2%	33.7%	42.0%	28.6%	18.9%	34.7%
Ease of obtaining a training post	35.1%	25.0%	27.6%	28.8%	42.1%	26.5%	25.0%	31.5%	38.7%	26.0%	26.4%	30.1%
Structure, quality and organisation of training	55.4%	42.8%	41.4%	51.0%	61.8%	46.8%	45.8%	55.1%	58.7%	45.5%	43.4%	52.8%
Need to gain experience outside the ROI	10.8%	25.0%	31.0%	32.7%	18.4%	30.8%	29.2%	23.6%	14.7%	28.6%	30.2%	28.5%
Duration of training	27.0%	21.4%	10.3%	19.2%	44.7%	32.7%	20.8%	24.7%	36.0%	28.6%	15.1%	21.8%
<b>Pay and Conditions</b>												
Remuneration/Pay	25.7%	10.7%	13.8%	8.7%	23.7%	22.4%	16.7%	19.1%	24.7%	18.2%	15.1%	13.5%
Acceptable working hours	70.3%	28.6%	10.3%	43.3%	76.3%	34.7%	25.0%	55.1%	73.3%	32.5%	17.0%	48.7%
Acceptable on-call commitments	67.8%	28.6%	10.3%	51.0%	77.8%	38.8%	29.2%	48.4%	72.7%	35.1%	18.9%	50.3%
Working conditions	64.9%	25.0%	13.8%	39.4%	71.1%	40.8%	37.5%	43.8%	68.0%	35.1%	24.5%	41.5%
Protected time for study leave	23.0%	25.0%	13.8%	28.8%	36.8%	30.8%	25.0%	37.1%	30.0%	28.6%	18.9%	32.6%
Access to quality career advice	18.9%	28.6%	17.2%	7.7%	22.4%	34.7%	29.2%	27.0%	20.7%	32.5%	22.6%	16.6%
Success at examination	18.9%	39.3%	17.2%	37.5%	27.6%	34.7%	33.3%	31.5%	23.9%	36.4%	24.5%	34.7%
Male dominated specialty	5.4%	7.1%	6.9%	1.0%	-	2.0%	6.3%	1.1%	2.7%	3.9%	7.5%	1.0%
Female dominated specialty	4.1%	7.1%	-	1.9%	-	2.0%	4.2%	-	2.0%	3.9%	1.9%	1.0%
My quality of health	27.0%	14.3%	6.9%	21.2%	23.7%	22.4%	8.3%	27.0%	25.3%	19.5%	7.5%	23.8%
Job satisfaction	73.0%	67.9%	65.5%	79.0%	65.8%	75.5%	75.8%	68.5%	69.3%	72.7%	69.8%	74.6%
<b>Social Factors</b>												
Pension	12.2%	10.7%	6.9%	9.6%	7.9%	8.2%	16.7%	11.2%	10.0%	9.1%	11.3%	10.4%
Support from spouse or partner	45.9%	46.4%	24.1%	41.3%	27.6%	34.7%	33.3%	32.6%	36.7%	39.0%	28.3%	37.3%
Support from colleagues	31.1%	50.0%	24.1%	28.8%	34.2%	38.8%	41.7%	42.7%	32.7%	42.9%	32.1%	35.2%
Support from senior colleagues	12.2%	46.4%	34.5%	38.5%	25.0%	46.9%	45.8%	47.2%	18.7%	46.8%	39.6%	42.5%
Support from training organisers	27.0%	32.1%	20.7%	27.9%	39.5%	32.7%	29.2%	33.7%	33.3%	32.5%	24.5%	30.6%
Availability of childcare facilities	12.2%	-	3.4%	5.8%	7.9%	8.2%	-	7.9%	10.0%	5.2%	1.9%	6.7%
Encouragement or positive role models	33.8%	57.1%	27.6%	44.2%	36.8%	53.1%	33.3%	36.2%	35.3%	54.5%	30.2%	41.5%
Having a key mentor throughout my career	16.2%	32.1%	17.2%	25.0%	17.1%	30.8%	29.2%	20.2%	16.7%	31.2%	22.6%	22.8%

**Hindrances to career progression**

All graduates irrespective of location of work or current employment were asked to rate a list of factors according to whether any of the factors had acted as a hindrance to preferred career progression at any stage. In both cohorts, the main factors identified as hindering career progression were workload, working hours and on-call commitments. Females were more likely to rate these factors as major hindrances than males in each cohort. Competition for training posts was a particular hindrance for male and female graduates in 1999. Lack of availability of consultant posts and competition for training posts were particular hindrances for 1994 male graduates. Hindrances to career progression differed by specialty. Graduates working in General Practice cited mostly work related factors (workload, working hours, on-call commitments) as hindrances. Competition for training posts was a major hindrance for graduates working in surgery in both cohorts.

Tables 34 and 35 highlight the biggest hindrances to career progression.

**Table 34: Percentage of graduates citing major hindrances to career progression (By Gender)**

	1994 (n=231)		1999 (n=226)		1994 Overall	1999 Overall
	Male (n=105)	Female (n=126)	Male (n=86)	Female (n=140)	(n=231)	(n=226)
<b>Training/Working</b>	%	%	%	%	%	%
Lack of flexible training or working	16.2%	24.6%	14.0%	26.4%	20.8%	21.7%
Lack of part-time training or working	7.6%	23.8%*	5.8%	18.6%*	16.5%	13.7%
Lack of availability of consultant posts	<b>36.2%</b>	26.2%*	23.3%	21.4%	<b>30.7%</b>	22.1%*
Location of training post	18.1%	23.8%*	24.4%	27.1%	21.2%	26.1%
Competition for training posts	<b>31.4%</b>	25.4%*	<b>38.4%</b>	<b>36.4%</b>	28.1%	<b>37.2%</b>
Structure, quality and organisation of training	30.5%	30.2%	<b>29.1%</b>	32.9%	<b>30.3%</b>	<b>31.4%</b>
Need to gain experience outside the ROI	23.8%	24.6%	22.1%	25.0%	24.2%	23.9%
Difficulty with taking time off	18.1%	23.0%	16.3%	25.0%	20.8%	21.7%
Difficulty with re-entry after time off	9.5%	19%*	8.1%	14.3%	14.7%	11.9%
Duration of training	19.0%	16.7%	18.3%	23.6%	17.7%	21.7%
<b>Pay and Conditions</b>						
Remuneration/Pay	13.3%	14.3%	14.0%	10.7%	13.9%	11.9%
Excessive workload	<b>30.5%</b>	<b>34.9%</b>	<b>31.4%</b>	<b>45.0%*</b>	<b>32.9%</b>	<b>39.8%</b>
Irregular working hours	<b>35.2%</b>	<b>40.5%</b>	<b>32.6%</b>	<b>42.9%</b>	<b>38.1%</b>	<b>38.9%</b>
On-call commitments	<b>36.2%</b>	<b>40.5%</b>	<b>27.9%</b>	<b>45.7%*</b>	<b>38.5%</b>	<b>38.9%</b>
Working conditions	27.6%	26.2%	25.6%	<b>35.7%</b>	26.8%	31.9%
Difficulties with study leave	19.0%	14.3%	14.0%	20.0%	16.5%	17.7%
Lack of quality career advice	23.8%	27.0%	17.4%	<b>33.6%*</b>	25.5%	27.4%
Interview transparency	21.0%	16.7%	15.1%	16.4%	18.6%	15.9%
Unsuccessful at examination(s)	11.4%	8.7%	7.0%	10.7%	10.0%	9.3%
Male dominated specialty	1.0%	2.4%	-	7.9%*	1.7%	4.9%
Female dominated specialty	1.9%	-	-	-	0.9%	-
My quality of health	12.4%	7.9%	9.3%	12.1%	10.0%	11.1%
Bullying and Harassment	11.4%	9.5%	3.5%	10.0%	10.4%	7.5%
Job satisfaction	16.2%	19.8%	16.3%	17.1%	18.2%	16.8%
Pension	2.9%	4.0%	1.2%	2.1%	3.5%	1.8%
Cost of childcare	3.8%	13.5%*	1.2%	6.4%	9.1%	4.4%*
<b>Social Factors</b>						
Unsupportive spouse or partner	4.8%	3.2%*	2.3%	1.4%	3.9%	1.8%
Unsupportive colleagues	13.3%	7.1%	2.3%	6.4%	10.0%	4.9%*
Unsupportive senior colleagues	17.1%	13.5%	8.1%	16.4%	15.2%	13.3%
Unsupportive training organisers	16.2%	11.1%	7.0%	13.6%	13.4%	11.1%
Lack of childcare facilities	2.9%	15.1%*	-	7.1%*	9.5%	4.4%*
Difficulty with balancing work-life commitments	24.8%	<b>32.5%</b>	19.8%	26.4%	<b>29.0%</b>	23.9%
Pregnancy	-	12.7%*	-	8.6%*	6.9%	5.3%*
No positive role models	6.7%	7.1%	7.0%	12.1%	6.9%	10.2%
Lack of a key mentor throughout my career	13.3%	15.9%	9.3%	12.9%	14.7%	11.5%

**Table 35: Percentage of graduates citing major hindrances to career progression (By Speciality)**

	GP (n=84) %	Med (n=29) %	Surg (n=20) %	Other (n=57) %	GP (n=67) %	Med (n=14) %	Surg (n=23) %	Other (n=81) %	GP (n=131) %	Med (n=73) %	Surg (n=80) %	Other (n=170) %
<b>Training/Working</b>												
Lack of flexible training or working	26.6%	20.7%	3.8%	16.5%	23.9%	29.5%	21.7%	12.3%	25.2%	26.0%	12.2%	14.6%
Lack of part-time training or working	20.3%	6.9%	3.8%	13.4%	16.4%	13.6%	21.7%	8.6%	18.3%	11.0%	12.2%	11.2%
Lack of availability of consultant posts	18.8%	55.2%	34.6%	32.0%	19.4%	25.0%	34.5%	21.0%	19.1%	37.0%	34.7%	27.0%
Location of training post	20.3%	24.1%	15.4%	23.7%	25.4%	34.1%	26.1%	23.5%	22.9%	30.1%	20.4%	23.6%
Competition for training posts	31.3%	13.8%	53.6%	25.6%	35.5%	48.9%	60.8%	30.0%	33.6%	30.1%	57.1%	28.1%
Structure, quality and organisation of training	29.7%	37.9%	34.6%	26.6%	31.3%	48.9%	34.8%	25.9%	30.5%	39.7%	34.7%	26.4%
Need to gain experience outside the ROI	14.1%	34.5%	19.2%	27.6%	19.4%	25.0%	26.1%	27.2%	16.8%	28.8%	22.4%	17.5%
Difficulty with taking time off	23.4%	24.1%	7.7%	20.6%	27.4%	27.3%	21.7%	17.3%	22.9%	26.0%	14.3%	19.1%
Difficulty with re-entry after time off	10.9%	10.3%	15.4%	14.4%	7.5%	18.2%	21.7%	7.4%	9.2%	15.1%	18.4%	11.2%
Duration of training	20.3%	13.8%	23.1%	16.5%	26.9%	31.8%	30.4%	9.9%	23.7%	24.7%	26.5%	13.5%
<b>Pay and Conditions</b>												
Remuneration/Pay	17.2%	13.8%	7.7%	13.4%	14.9%	2.3%	8.7%	14.8%	16.0%	6.8%	8.2%	14.0%
Excessive workload	42.2%	24.1%	23.1%	27.6%	44.8%	34.1%	39.1%	37.0%	43.5%	30.1%	30.6%	32.0%
Irregular working hours	50.8%	31.0%	23.1%	35.1%	44.8%	31.8%	43.5%	35.8%	47.3%	31.5%	32.7%	35.4%
On-call commitments	53.1%	31.0%	23.1%	34.0%	47.8%	29.5%	43.5%	33.3%	50.4%	30.1%	32.7%	33.7%
Working conditions	26.6%	24.1%	11.5%	29.9%	37.3%	31.8%	21.7%	28.4%	32.1%	28.8%	16.3%	29.2%
Difficulties with study leave	17.2%	6.9%	11.5%	17.5%	17.9%	18.2%	17.4%	17.3%	17.6%	13.7%	14.3%	17.4%
Lack of quality career advice	23.4%	27.6%	23.1%	24.7%	25.4%	20.5%	26.1%	20.9%	24.4%	23.3%	24.5%	27.0%
Interim transparency	10.9%	13.8%	23.1%	24.7%	10.4%	13.6%	21.7%	22.2%	10.7%	13.7%	22.4%	23.6%
Unsuccessful at examination(s)	12.5%	3.4%	3.8%	11.3%	4.5%	15.9%	-	11.1%	8.4%	11.0%	2.0%	11.2%
Male dominated speciality	1.6%	3.4%	-	2.1%	3.0%	4.5%	4.3%	6.2%	2.3%	4.1%	2.0%	3.9%
Female dominated speciality	1.6%	-	3.8%	-	-	-	-	-	0.8%	-	2.0%	-
Quality of health	12.5%	10.3%	7.7%	8.2%	7.5%	11.4%	-	16.0%	9.9%	11.0%	4.1%	11.6%
Bullying and Harassment	7.8%	6.9%	15.4%	11.3%	7.5%	9.1%	4.3%	8.6%	7.6%	8.2%	10.2%	10.1%
Job satisfaction	20.3%	13.8%	3.8%	20.6%	19.4%	15.9%	4.3%	14.8%	19.8%	15.1%	4.1%	18.0%
Pension	3.1%	3.4%	-	5.2%	1.5%	2.3%	-	2.5%	2.3%	2.7%	-	3.8%
Cost of childcare	6.3%	-	-	10.3%	3.0%	4.5%	-	6.2%	4.6%	2.7%	-	8.4%
<b>Social Factors</b>												
Unsupportive spouse or partner	7.8%	3.4%	3.8%	2.1%	-	-	4.3%	3.7%	3.8%	1.4%	4.1%	2.6%
Unsupportive colleagues	10.9%	6.9%	15.4%	10.3%	4.5%	4.5%	-	7.4%	7.6%	5.5%	8.2%	9.0%
Unsupportive senior colleagues	10.9%	6.9%	26.9%	16.5%	16.4%	13.6%	8.7%	13.6%	13.7%	11.0%	18.4%	15.2%
Unsupportive training organisers	10.9%	3.4%	23.1%	15.5%	13.4%	13.6%	4.3%	11.1%	12.2%	9.6%	14.3%	13.5%
Lack of childcare facilities	9.4%	3.4%	-	9.3%	1.5%	6.0%	-	6.2%	5.3%	5.5%	-	7.9%
Difficulty with balancing work-life commitments	37.5%	27.6%	19.2%	21.6%	23.9%	20.5%	30.1%	21.0%	30.5%	23.3%	28.6%	21.3%
Pregnancy	7.8%	10.3%	-	6.2%	4.9%	9.1%	4.3%	3.7%	6.1%	9.6%	2.0%	5.1%
No positive role models	7.8%	6.9%	3.8%	5.2%	9.0%	9.1%	8.7%	12.3%	8.4%	8.2%	6.1%	8.4%
Lack of a key mentor throughout my career	14.1%	13.8%	15.4%	14.4%	9.0%	15.9%	8.7%	13.6%	11.5%	15.1%	12.2%	14.0%

**Postgraduate Training outside the ROI**

29.5% of 1994 graduates (65/220) and 39.6% of 1999 graduates (88/222) were undertaking postgraduate training abroad at the time of this study. The UK was the most popular location for postgraduate training for graduates in each cohort followed by Northern Ireland.

27.6% of graduates from 1994 (43/156) and 58.9% of graduates from 1999 (103/174) indicated they hoped to go abroad in the future to undertake postgraduate training.

The major reasons identified for undertaking postgraduate training abroad were for further training, better training facilities and to have a better chance of gaining a job in Ireland on return. When broken down by specialty, graduates in General Practice in both cohorts mentioned competition for training places in the ROI.

Tables 36 and 37 highlight the main reasons for undertaking postgraduate training abroad in each cohort.

**Table 36: Percentage of graduates citing reasons for undertaking postgraduate training abroad in those graduates undertaking postgraduate training abroad (By Gender)**

	1994 (n=194)		1999 (n=201)		1994 Overall	1999 Overall
	Male (n=98)	Female (n=96)	Male (n=83)	Female (n=118)	(n=194)	(n=201)
<b>Training/Working</b>						
Specialist Training not available in the ROI	37.8%	26.0%	21.7%	17.8%	32.0%	19.4%*
Better training facilities offered	<b>69.4%</b>	<b>57.3%</b>	<b>68.7%</b>	<b>49.2%*</b>	<b>63.4%</b>	<b>57.2%</b>
Further training	<b>46.9%</b>	<b>38.5%</b>	<b>53.0%</b>	<b>33.9%*</b>	<b>42.8%</b>	<b>41.8%</b>
<b>Pay and Conditions</b>						
Better pay	12.2%	12.5%	12.0%	14.4%	12.4%	13.4%
Better working conditions	31.6%	32.3%	32.5%	<b>31.4%</b>	32.0%	31.8%
Better chance of job in Ireland if experience gained abroad	<b>53.1%</b>	<b>42.7%</b>	<b>42.2%</b>	<b>30.5%</b>	<b>47.9%</b>	<b>35.3%*</b>
Competition for training places in the ROI	21.4%	28.1%	36.1%	27.1%	24.7%	<b>30.8%</b>
To work outside the ROI during training	27.6%	24.0%	25.3%	20.3%	25.8%	22.4%
To pursue a permanent career outside the ROI	19.4%	16.7%	25.3%	13.6%*	18.0%	18.4%
<b>Social Factors</b>						
To accompany partner or spouse	13.3%	27.1%*	8.4%	20.3%*	20.1%	15.4%
To travel	31.6%	21.9%	31.3%	25.4%	26.8%	27.9%

**Table 37: Percentage of graduates citing reasons for undertaking postgraduate training abroad in those graduates undertaking postgraduate training abroad (By Specialty)**

	1994 Graduates (n=194)				1999 Graduates (n=201)				Both Cohorts (n=395)			
	GP (n=68)	Med (n=26)	Surg (n=29)	Other (n=82)	GP (n=68)	Med (n=45)	Surg (n=24)	Other (n=84)	GP (n=86)	Med (n=71)	Surg (n=52)	Other (n=175)
	%	%	%	%	%	%	%	%	%	%	%	%
<b>Training/Working</b>												
Specialist Training not available in the ROI	12.5%	15.4%	53.5%	40.2%	10.4%	17.8%	33.3%	21.4%	11.5%	16.9%	44.2%	31.3%
Better training facilities offered	58.3%	69.2%	64.3%	66.2%	41.7%	80.0%	46.8%	67.1%	49.0%	76.1%	55.8%	61.4%
Further training	22.9%	57.7%	53.6%	46.7%	14.6%	53.3%	62.5%	46.2%	18.8%	54.9%	57.7%	46.5%
<b>Pay and Conditions</b>												
Better pay	25.0%	7.7%	3.6%	9.8%	22.9%	6.7%		15.5%	24.0%	7.0%	1.9%	12.5%
Better working conditions	35.4%	38.5%	25.0%	30.4%	50.0%	35.6%	4.2%	27.4%	42.7%	36.6%	15.4%	29.0%
Better chance of job in Ireland if experience gained abroad	16.7%	69.2%	60.0%	67.8%	6.3%	51.1%	60.0%	39.3%	11.5%	57.7%	50.0%	48.9%
Competition for training places in the ROI	35.4%	11.5%	39.3%	48.5%	37.5%	35.6%	25.0%	26.2%	36.5%	26.8%	32.7%	22.2%
To work outside the ROI during training	27.1%	34.6%	10.7%	27.2%	20.8%	13.3%	25.0%	27.4%	24.0%	21.1%	17.3%	27.3%
To pursue a permanent career outside the ROI	22.9%	26.9%	7.1%	16.3%	8.3%	22.2%	12.5%	23.8%	15.6%	23.9%	9.6%	19.9%
<b>Social Factors</b>												
To accompany partner or spouse	25.0%	26.9%	14.3%	17.4%	18.8%	15.6%	8.3%	15.8%	21.9%	19.7%	11.5%	16.5%
To travel	27.1%	19.2%	28.6%	26.3%	27.1%	24.4%	20.8%	32.1%	27.1%	22.5%	25.0%	30.1%

**Career Choice**

61.9% of 1994 graduates and 65.7% of 1999 graduates followed their intended career path while 29.0% of 1994 graduates and 25.0% of 1999 graduates did not follow their intended career path. Just over 9% of graduates in each cohort indicated they had no intended career path. In each cohort, a higher percentage of males than females followed their intended career. 1999 male graduates were most likely to have followed their intended career path and less likely to have no intended career path. A higher percentage of females also indicated that they had no intended career path, particularly in the 1999 cohort. The difference in career intentions by gender was significant in the 1999 cohort only: ( $\chi^2=10.901, d.f.=2, p<0.05$ ).

**Table 38: Percentage of graduates indicating their intentions to follow their career**

	1994		1999	
Yes, it was my intention	156	61.9%	163	65.7%
No, it wasn't my intention	73	29.0%	61	24.6%
I had no intended career path	23	9.1%	24	9.7%
<b>Overall</b>	<b>252</b>	<b>100.0%</b>	<b>248</b>	<b>100.0%</b>

**Table 39: Percentage of graduates indicating their intentions to follow their career (By Gender)**

	1994 (n=252)				1999 (n=248)			
	Male		Female		Male		Female	
Yes, it was my intention	75	63.6%	81	60.4%	75	78.1%	88	57.9%
No, it wasn't my intention	33	28.0%	40	29.9%	16	16.7%	45	29.6%
I had no intended career path	10	8.5%	13	9.7%	5	5.2%	19	12.5%
<b>Overall</b>	<b>118</b>	<b>100.0%</b>	<b>134</b>	<b>100.0%</b>	<b>96</b>	<b>100.0%</b>	<b>152</b>	<b>100.0%</b>

Over 65.0% of doctors in each cohort indicated they would definitely or probably train as a doctor again. However, only 48.6% of 1994 graduates and 54.8% of 1999 graduates indicated they would definitely or probably make all the same career choices. A higher percentage of males in each cohort indicated they would undergo medical training again and also that they would make all the same career choices.

The main reasons identified for originally choosing medicine as a career were to help others (64.6% of 1994 graduates and 67.7% of 1999 graduates) and inclinations before medical school (59.1% of 1994 graduates and 64.1% of 1999 graduates). Over 50.0% of graduates in each cohort cited variety in job as a reason while one third of graduates cited a positive role model. 19.3% of 1994 graduates and 16.3% of 1999 graduates indicated it was because one or both parents were medically trained.

**Table 40: Percentage of graduates indicating they would train as a doctor again in each cohort**

	1994	1999
Yes, definitely	32.3%	38.2%
Yes, probably	34.3%	32.1%
Unsure	16.9%	16.5%
No, probably not	12.2%	10.0%
No, definitely not	4.3%	3.2%
<b>Overall</b>	<b>100.0%</b>	<b>100.0%</b>

**Table 41: Percentage of graduates indicating they would train as a doctor again (By Gender)**

	1994 (n=254)		1999 (n=249)	
	Male	Female	Male	Female
Yes, definitely	33.1%	31.6%	38.9%	37.7%
Yes, probably	34.7%	33.8%	34.7%	30.5%
Unsure	14.4%	19.1%	11.6%	19.5%
No, probably not	16.1%	8.8%	10.5%	9.7%
No, definitely not	1.7%	6.6%	4.2%	2.6%
<b>Overall</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Table 42: Percentage of graduates who indicate they would make all the same career choices

	1994	1999
Yes, definitely	14.7%	17.3%
Yes, probably	33.9%	37.5%
Unsure	13.1%	15.3%
No, probably not	24.7%	22.2%
No, definitely not	13.5%	7.7%
Overall	100.0%	100.0%

Table 43: Percentage of graduates who indicate they would make all the same career choices (By Gender)

	1994		1999	
	Male	Female	Male	Female
Yes, definitely	17.2%	12.6%	20.0%	15.7%
Yes, probably	33.6%	34.1%	42.1%	34.6%
Unsure	10.3%	15.6%	9.5%	19.0%
No, probably not	25.9%	23.7%	22.1%	22.2%
No, definitely not	12.9%	14.1%	6.3%	8.5%
Overall	100.0%	100.0%	100.0%	100.0%

### Career Advice/Mentoring

18.6% of 1994 graduates (47/253) and 23.8% of 1999 graduates (59/248) had ever attended a structured career advice session. Medical colleagues and hospital consultants were the main sources of career advice in each cohort. Less than one fifth of graduates in each cohort sought advice from organisers of postgraduate medical education. 6.0% of graduates in each cohort rated the advice they received as excellent, 15.1% of 1994 graduates and 23.6% of 1999 graduates rated their advice as good.

**Table 44: Percentage of graduates citing the following sources of career advice**

	1994 (n=254)		1999 (n=252)	
	N	%	N	%
Hospital consultant(s)	137	53.9%	151	59.9%
Other medical colleagues	179	70.5%	200	79.4%
Organisers of postgraduate medical education	44	17.3%	45	17.9%
Informal advice from family and friends	84	33.1%	94	37.3%
Published literature	32	12.6%	42	16.7%
Never sought advice	11	4.3%	7	2.8%

**Table 45: Percentage of graduates indicating their rating of career advice**

	1994		1999	
	N	%	N	%
Excellent	16	6.3%	14	5.6%
Good	38	15.1%	59	23.6%
Basic	95	37.7%	83	33.2%
Inadequate	54	21.4%	46	18.4%
None-existent	41	16.3%	45	18.0%
Never sought advice	8	3.2%	3	1.2%
Overall	252	100%	250	100%

### Flexible Training Strategy

18.7% of 1994 graduates (47/252) and 11.2% of 1999 graduates (28/250) were aware of the government flexible training strategy for medicine in the ROI. A higher percentage of males than females were aware of this strategy in each cohort.

**Table 46: Percentage of graduates aware of flexible training strategy (By Gender)**

Awareness of Flexible Training Strategy	1994		1999	
	N	%	N	%
Male	17/117	14.5%	13/96	13.5%
Female	30/135	22.2%	15/154	9.7%
Total	47/252	18.7%	28/250	11.2%



When asked whether medical school prepared them well for jobs they have undertaken, just over a quarter of graduates in each cohort strongly agreed or agreed that medical school had prepared them well for the jobs they have undertaken so far. 17.8% of 1994 graduates and 19.6% of 1999 graduates neither agreed nor disagreed while 56.9% of 1994 graduates and 55.2% of 1999 graduates disagreed or strongly disagreed.

**Table 47: Percentage of graduates agreeing/disagreeing medical school prepared them well (By Gender)**

	1994 (n=253)		1999 (n=250)	
	Male	Female	Male	Female
<b>Strongly agree</b>	5.1%	1.5%	9.4%	1.9%
<b>Agree</b>	23.1%	21.3%	25.0%	17.5%
<b>Neither</b>	20.5%	15.4%	13.5%	23.4%
<b>Disagree</b>	29.1%	40.4%	36.5%	37.7%
<b>Strongly disagree</b>	22.2%	21.3%	15.6%	19.5%
<b>Overall</b>	100%	100%	100%	100%

Uncertainty about the structure of the health services was causing a lot of anxiety for 34.7% of 1999 graduates and 29.5% of 1994 graduates. Over a third of graduates in each cohort indicated it worried them moderately.

**Table 48: Percentage of graduates indicating level of anxiousness over the uncertainty of the health services**

	1994	1999
<b>Yes, an extreme amount</b>	7.6%	8.1%
<b>Yes, very much so</b>	21.9%	26.6%
<b>A moderate amount</b>	33.1%	35.1%
<b>Only a little</b>	18.7%	15.3%
<b>No, not at all</b>	18.7%	14.9%
<b>Overall</b>	100%	100%

**Table 49: Percentage of graduates indicating how they would encourage a young person seeking advice on pursuing a career in Medicine**

	1994	1999
<b>Strongly Encourage</b>	3.6%	2.0%
<b>Allow individual to make his/her own choice</b>	90.4%	92.0%
<b>Strongly Discourage</b>	6.0%	6.0%
<b>Overall</b>	100.0%	100.0%

**Satisfaction**

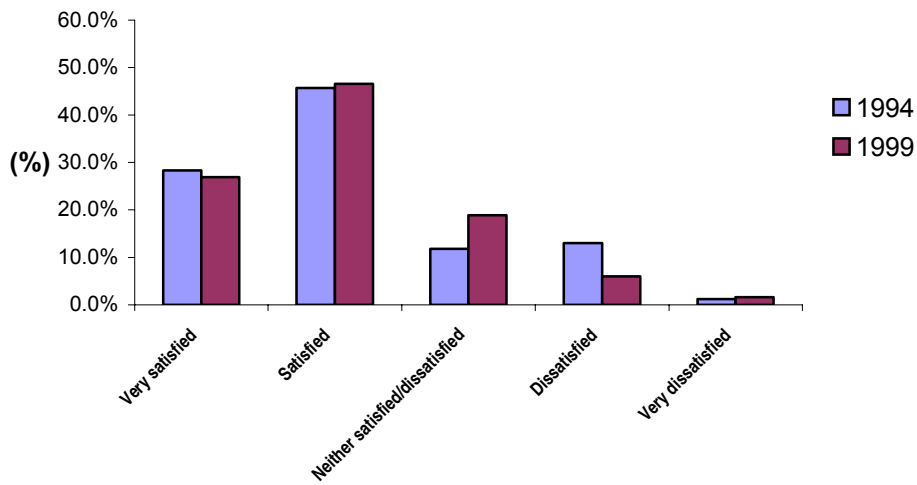
**Table 50: Percentage of graduates who indicate they are satisfied with their future career prospects in those graduates who are working in medical employment in the ROI**

	1994	1999
<b>Very Satisfied</b>	15.1%	11.8%
<b>Satisfied</b>	38.9%	40.4%
<b>Neither Satisfied nor Dissatisfied</b>	17.5%	30.1%
<b>Dissatisfied</b>	21.4%	16.2%
<b>Very Dissatisfied</b>	7.1%	1.5%
<b>Overall</b>	100.0%	100.0%

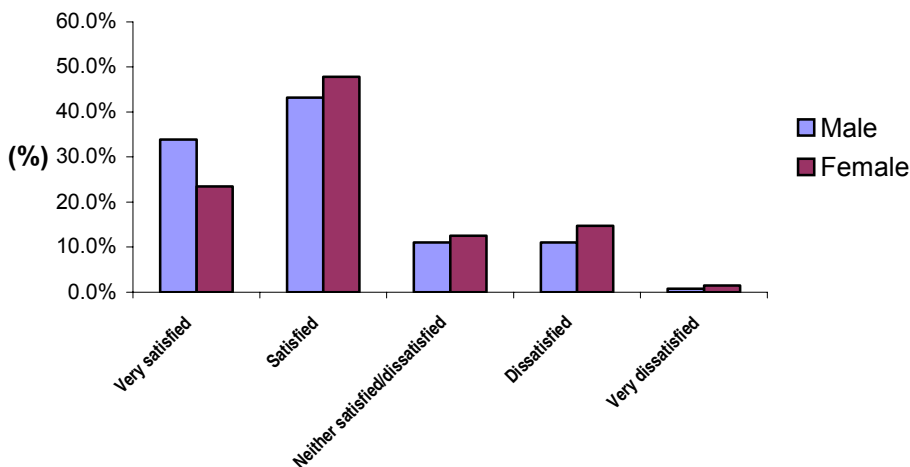
**Satisfaction**

Satisfaction with current position of career was high among both 1994 and 1999 graduates with 74.0% of graduates in each cohort satisfied or very satisfied with the current position of their career. When further explored by sex, only small differences exist in satisfaction levels between males and females in each cohort. 77.1% of 1994 male graduates (91/118) indicated they were satisfied or very satisfied with their current career compared with 71.3% of 1994 female graduates (97/136). 74.7% of 1999 male graduates (71/95) indicated they were satisfied or very satisfied with their current career compared with 72.8% of 1999 female graduates (112/154). However, graduates working in a medical post outside the ROI are distinctly more satisfied and less dissatisfied with the current position of their career than graduates working in the ROI in both cohorts.

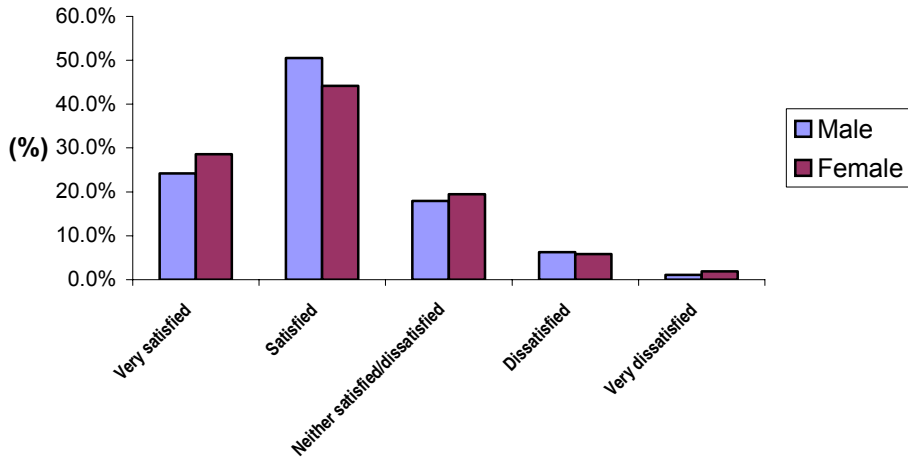
**Barchart 2: Satisfaction with current position of career (In each cohort)**



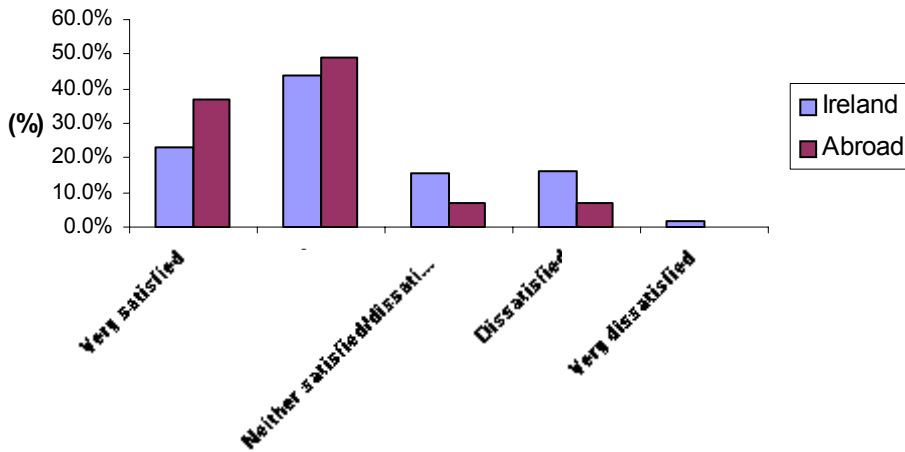
**Barchart 3: Satisfaction with current position of career (1994 Graduates)**



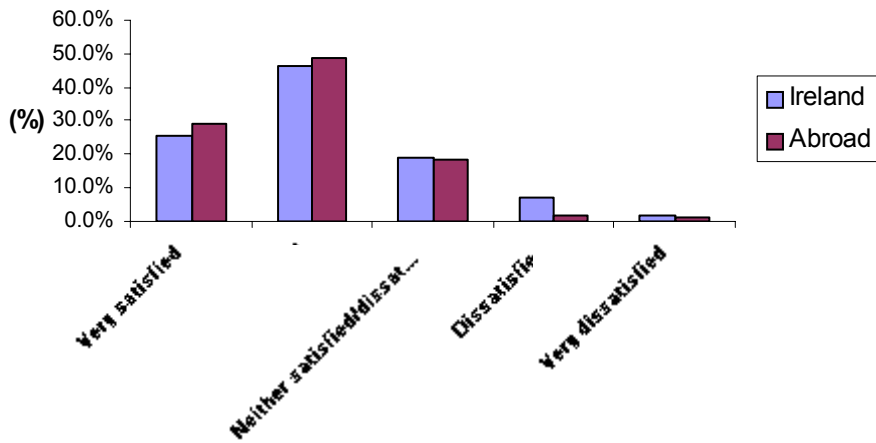
Barchart 4: Satisfaction with current position of career (1999 Graduates)



Barchart 5: Satisfaction with current position of career (By Location of post – 1994 Graduates)



Barchart 6: Satisfaction with current position of career (By Location of post - 1999 Graduates)



**Discrimination**

Graduates were asked whether they ever experienced discrimination whilst working in medical employment in the ROI. A higher percentage of females in each cohort indicated they definitely experienced discrimination in relation to age, gender and role as a parent. Over one third of non-nationals in each cohort felt they had definitely experienced discrimination in relation to their nationality.

**Table 51: Percentage of graduates indicating they ever experienced discrimination whilst in medical employment in the ROI**

1994	Definitely		Perhaps	
	Male	Female	Male	Female
Age	4.7%	8.0%	5.7%	10.4%
Gender	4.8%	15.2%*	1.9%	24.8%*
Sexual Orientation	1.0%	2.0%	-	-
Role as a parent	1.0%	2.9%	5.2%	7.8%
Physical Disability	3.1%	1.0%	-	-
Mental Disability	-	-	-	-
Mental Illness	1.1%	-	1.1%	-
Physical Attributes	3.0%	1.8%	4.0%	2.7%
Nationality	8.7%	4.2%	5.8%	2.5%

**Table 52: Percentage of graduates indicating they ever experienced discrimination whilst in medical employment in the ROI (By Gender)**

1999	Definitely		Perhaps	
	Male	Female	Male	Female
Age	6.0%	7.6%	6.0%	14.4%
Gender	2.4%	16.3%*	6.0%	22.2%*
Sexual Orientation	1.2%	0.8%	3.6%	-
Role as a parent	-	3.9%	-	2.0%
Physical Disability	1.3%	1.9%	5.3%	1.0%
Mental Disability	1.4%	1.0%	1.4%	-
Mental Illness	-	1.9%	2.7%	-
Physical Attributes	-	0.9%	5.2%	13.0%
Nationality	13.4%	7.8%	13.4%	3.1%

**Table 53: Percentage of 1994 graduates indicating they experienced discrimination in relation to nationality whilst in medical employment in the ROI**

1994	Definitely	Perhaps	Unsure	Probably not	Definitely not	Overall
Irish	2.5%	3.0%	2.0%	8.0%	84.5%	100.0%
Other Nationality (n=24)	37.5%	12.5%	16.7%	16.7%	16.7%	100.0%

**Table 54: Percentage of 1999 graduates indicating they experienced discrimination in relation to nationality whilst in medical employment in the ROI**

1999	Definitely	Perhaps	Unsure	Probably not	Definitely not	Overall
Irish	2.5%	1.2%	-	5.6%	90.7%	100.0%
Other Nationality (n=49)	34.5%	26.5%	4.1%	16.3%	18.4%	100.0%

## Discussion

This study was carried out in anticipation of major changes in the structure and delivery of medical education and training in Ireland and, the European Working Time Directive (EWTD), which has applied to doctors in training as of the 1<sup>st</sup> August 2004. The National Task Force on Medical Staffing Report recommended a major reduction in the current numbers of non-consultant hospital doctors (NCHDs) and a move towards a consultant provided service, with a doubling of consultant numbers.

The aim of this study was to establish a clear understanding of the issues surrounding career choice, perceived barriers, attrition factors, career progression and job flexibility from the perspective of two cohorts of our recent graduates. Gaining knowledge of the careers of Irish medical graduates will not only address issues surrounding education and training but will also greatly inform future workforce planning.

## Response Rate

The overall response rate to this study was somewhat lower than hoped, as similar studies in the UK have achieved slightly higher rates<sup>20</sup>. However, as it is estimated that approximately 70% of Irish nationals in the 1994 cohort and 61% of Irish nationals in the 1999 cohort responded to the study some concern about the low response rate to the study should be dispelled; a particular aim of this study was to determine attrition rates and predict the numbers of graduates working abroad who are likely to return to a post in the Republic of Ireland (ROI). As most non-EU nationals return to their home countries after graduation or internship and have no intentions of returning to a post in the ROI, their non-response is of less concern. In comparison with studies conducted in the UK, ours was a more difficult task, given the diversity of country of origin and training destinations of our graduates, which are not found among UK doctors in general.

## Workforce Participation

The attrition rate from medicine among graduates in this study was approximately one in twenty graduates, with the vast majority remaining in medical employment. Ten and five years after graduation there was no significant difference in the percentage of each cohort not in medical employment. Of twenty-eight graduates not medically employed, sixteen indicated they had decided or were considering a return to a medical post in the ROI in the short to medium term. This indicates that some of the current loss from Irish Medicine is temporary only and that the actual percentage of Irish medical graduates who have left Medicine permanently as a career is lower. Results from the most recent UK cohort study may provide some supportive evidence to this as nine years after graduation approximately 9% of the cohort were absent from the medical workforce at any one time - 6% of graduates were temporarily absent while 3% of graduates had left Medicine as a career<sup>21</sup>.

Non-responder bias may be a factor for consideration in estimating the percentage of graduates no longer in medical employment, as graduates who have moved outside of a medical career may be less concerned about current issues and less inclined to participate in a study such as this one. In addition they may not have maintained registration with the Irish Medical Council, which served as our main source of contact details, or may be less likely to keep up-to-date with medical news or medical colleagues. However in order to circumvent this we were careful not to confine ourselves to medical news publications only in publicising the study.

Ten years after graduation 97.5% of 1994 male graduates were in medical employment compared with 89.8% of their female colleagues. In the 1999 cohort the numbers remaining in medical employment were similar in males (96%) and females (95%). Females in both cohorts were more likely to want to take a career break at some point in their careers, although figures from the 1999

cohort indicate this balance is changing, with males similar to females in their future intentions and with a much greater proportion (almost one quarter) of both sexes stating they intended to take a career break at some future point.

The numbers of Irish trained medical graduates working abroad was high and much higher than emigration figures reported from the UK estimated between 6 and 9% nine years after graduation<sup>21</sup>. The UK was the most popular location of work, with nearly one quarter of graduates from each cohort working there. Males were more likely to be working abroad than females, particularly in the 1994 cohort. There was no difference in the percentage of females abroad by cohort with 42% of female graduates in each cohort working abroad.

### **Working less than full-time**

Eighty-five percent of graduates working in the ROI were working in a full-time post. The percentage of graduates working less than full-time was shown to vary according to year of graduation and gender. Five years after graduation, 12% of female graduates and 2% of male graduates working in medicine in the ROI were working less than full-time. Ten years after graduation, the percentage of female graduates working less than full-time had increased to 33.3% compared with 5.8% of 1994 male graduates. Almost all graduates working less than full-time were female. Family commitments such as spending time with children and difficulties with combining work and home life when full-time were the most frequently cited reasons for working less than full-time. However, a positive choice to work less than full-time was also referred to by nearly one third of graduates. These findings concur with findings from other studies, which highlight an increasing desire [in the UK] for part-time work because of domestic circumstances<sup>22</sup>. However, it is evident that some doctors also make an active choice to work less than full-time, mainly to pursue other activities.

One third of all graduates working less than full-time indicated they intended to return to full-time work in the future; this comprised all males and one quarter of females. The main factors identified by graduates as encouraging a return to more full-time work were regular working hours, manageable workload and the greater pay and benefits associated with a full-time post. A positive choice to return to more full-time work was also cited.

A recent study of Irish female General Practitioners found that almost 90% of graduates would consider part-time work in the future. Flexibility was identified as the key factor in encouraging these graduates to remain full-time<sup>11</sup>. Almost one quarter of female graduates in both cohorts in this study cited lack of work flexibility as a major hindrance to their preferred career progression. Graduates working less than full-time in this study were concentrated around a small number of specialties - General Practice, Public Health Medicine and Anaesthesia. Indeed, many graduates, particularly females, may choose these careers because of the potential for flexible or part-time working. Given the increasing number of women entering the medical workforce, flexible working opportunities will become more and more essential in the future if women are forced to drop out temporarily or work part-time because the system does not support their needs.

## Postgraduate Training

Two thirds of 1994 graduates and one fifth of 1999 graduates working in the ROI had completed their training; among these, the completed training in over two thirds of 1994 graduates and all the 1999 graduates was in General Practice. The large increase in numbers of non-consultant hospital doctors (NCHDs) over the years in response to service requirements has resulted in some NCHDs occupying posts that are not accredited for training. 7% of graduates still in training indicated they were not part of a formal training scheme or in an accredited post while a worrying 5.2% of graduates were unsure of the training status of their posts.

Traditionally, Irish medical graduates have gone abroad at some point in their careers for further training. Irish postgraduate training is considered sub-standard to training in other countries by many graduates and a perception exists that the chances of achieving consultancy in Ireland is increased if experience is gained abroad. When asked about problems with their current post in the Republic of Ireland (ROI), one quarter of 1999 graduates and one fifth of 1994 graduates identified poor structure, quality and organisation of training as a major problem. A previous survey of the views of House Officers and Registrars indicated that 50% of respondents rated their postgraduate training as less than good<sup>3</sup>. This negative perception of Irish postgraduate training appears to exist even among more newly qualified graduates, a recent study of interns showed that 24% strongly agreed and a further 39% agreed that postgraduate training is not as good in Ireland as it is elsewhere<sup>8</sup>.

This negative perception of postgraduate training highlights one of the main reasons graduates go abroad following graduation or at some point in their careers. Over a quarter of 1994 graduates and 40% of 1999 graduates were undertaking postgraduate training abroad at the time of this study. Almost 60% of 1999 graduates indicated they intended to go abroad for training in the future, over 60% of 1994 graduates went abroad for training in the past. The main reason identified by both male and female graduates in each cohort was to avail of better training facilities; this supports claims that training is not as good here as it is elsewhere. Graduates also cited further training and a better chance of a job in Ireland if experience was gained abroad. These findings concur with other studies; three quarters of recently surveyed medical students have signalled their intention to work outside Ireland after they qualify<sup>23</sup>.

Postgraduate training abroad is regarded positively and seen as an enhancement to the quality of our trainees and the final skill mix in Ireland after graduates return. Concern has been expressed over the years about the retention of Irish medical graduates in Irish medicine due to an anecdotal increase in dropouts from medicine and losses to other health services. While going abroad to train does not necessarily indicate that graduates will not return to a post in the ROI, a recent study of 1978 graduates indicates that some of these concerns may not be unjustified. Twenty-five years after graduation, one third of 1978 Irish medical graduates were practising overseas<sup>6</sup>. Insufficient consultant posts to cater for all our graduates is the likely cause of a large proportion of these graduates remaining abroad. Should the number of consultant posts rise as recommended by the National Task Force on Medical Staffing, then the concern will be to have sufficient numbers of Irish graduates trained in the required specialties to fill these posts.

## Working abroad but considering returning to a medical post in the Republic of Ireland

Thirty-five graduates working outside of Ireland indicated they had decided to return to a post here. A non-significant higher percentage of 1999 graduates indicated they were decided on returning. Importantly also, ninety-one graduates indicated they are considering returning to a post here. There was no significant difference by cohort in the percentage of graduates considering returning although male and female graduates from 1994 were most likely to return.

There were major differences in the main influencing factors to return by cohort. As would be expected, three quarters of 1994 graduates who were considering or had decided on returning indicated that availability of consultant posts was the most influential factor for returning to a post here. More immediate work factors such as workload, hours of work and on-call commitments were the most influential factors for 1999 graduates but were also rated highly by over 45% of 1994 graduates. Location of the medical post within Ireland was important for over 60% of graduates in each cohort. Males and females in each cohort indicated broadly similar influences to returning to a post here. However work flexibility and social factors such as childcare and compatibility with partner's career were distinctly more important factors for females.

Currently we are experiencing a medical workforce shortage in certain specialties such as General Practice, which up to now has required the highest proportion of all graduates. A recent survey showed that only 15% of all Irish medical graduates had General Practice as their first choice (8% of males and 21% of females)<sup>8</sup>. However, the numbers of graduates ultimately becoming General Practitioners has normally increased greatly from this initial statement of career intent. Thirty-eight graduates working in medicine abroad and five graduates not working in medicine indicated General Practice was one of the specialties they might be interested in on returning to a post in the ROI.

### **Changing Trends**

Debate has continued about the changing gender balance in medicine and the increased need for flexible and part-time training among female medical graduates. As of the 1<sup>st</sup> January 2002, 62% of Irish medical undergraduates were female and 55% of Irish national non-consultant hospital doctors (NCHDs) were female<sup>16</sup>. Lack of flexible or part-time training or working opportunities were the most pressing problems with current posts for female graduates in both cohorts in this study. Internationally however, there is evidence of a change in the attitudes of both male and female junior doctors to work<sup>15</sup>. Fewer doctors appear as willing to undergo onerous working hours and work commitments that doctors have endured in the past. Findings in our study support these claims. 38% of 1999 male graduates indicated they found lack of flexible training a major problem with their current post while one quarter indicated they found lack of part-time training a major problem. This is in contrast to 1994 male graduates where only 14.6% and 8.3% of male graduates respectively cited these as major problems. Taking time off, workload, and support from management were the greatest problems with current posts for 1994 male graduates. The intention to take a career break was high among male 1999 graduates (almost one quarter of graduates). Male graduates from 1999 cited work-related factors (such as workload, hours and on-call commitments) as influential factors to returning to a post here, similar to female graduates. While this may be partly reflective of stage of career it also highlights changing work preferences. There is an increasing emphasis on work-life balance among females and also younger male doctors.

### **Career Choice**

Six out of ten graduates followed their intended career path. 30% of female graduates in both cohorts did not pursue their intended career. In the 1999 cohort, females were less likely to have followed their intended career than male graduates; numbers were similar in both males (28%) and females (30%) in the 1994 cohort. The remaining graduates had no intended career path. Job satisfaction was identified as the biggest attraction to a particular career irrespective of year of graduation, gender or specialty, although 1999 graduates working in General Practice rated work conditions above job satisfaction. Quality of training and working conditions were very strong attractions to favoured careers for both groups. Acceptable working hours and availability of flexible or part-time training were significantly greater attractions for females than males. When explored by specialty, graduates in General Practice rated favourable work-related factors as important attractions. In contrast, quality training, senior colleague support and role models were more important attractions for doctors in Medicine or Surgery.



Work related factors (working hours, on-call commitments, working conditions) were identified as the greatest hindrances to preferred career progression for graduates in both cohorts, more so for females than males. Unsurprisingly, lack of availability of consultant posts was a hindrance for almost one in three 1994 graduates while competition for training posts was a major hindrance for almost 40% of 1999 graduates.

### **Career Advice/Mentoring**

Less than one third of graduates in each cohort rated career advice received as excellent or good and less than one in four had ever attended a structured career advice session. Medical colleagues and hospital consultants were the main sources of career advice in each cohort. High quality career advice cannot be under-estimated, it may well help some doctors access their aptitude for certain specialties while giving a realistic view of career opportunities in Medicine, in turn improving career advancement.

This study highlights the large proportion of Irish medical graduates who go abroad to work and the potential pool of graduates who might be persuaded to return to a post here should conditions be right. Of 218 graduates working outside the ROI and 29 graduates not in medical employment, eighty graduates from 1994 and sixty-two graduates from 1999 were considering or had decided on a return to a post here. This is a minimal estimate of the numbers considering returning in two cohorts based on a response rate of 61%, actual numbers are likely to be greater. Extrapolating these figures for a ten-year period (1992 to 2001) suggests a conservative estimate of 710 doctors working in Medicine outside Ireland who are likely to consider returning or intend to return to medicine in Ireland. Even at this, numbers are insufficient to meet the full consultant expansion as recommended by the National Task Force on Medical Staffing. However it does represent a significant resource for consultant recruitment across a fairly wide age-span, which the Irish medical system may be in a position to access.

It is evident from this study there are certain areas requiring further research, and it is the view of the Steering Group that the adoption of a policy proposal aimed at facilitating greater participation by medical graduates, would benefit future research. Recommendations for further research together with the recommended policy measure are outlined below.

## **Recommendations for further research**

### **Proposed follow-up research on the two cohorts of medical graduates included in this study**

#### **(1) Follow-up study in the future**

A follow up study of the two cohorts of medical graduates in a number of years would show changes over time in workforce participation, work commitment, career choice and workforce flexibility.

#### **(2) Graduates who are working abroad (Considering returning)**

Ninety-one graduates working abroad indicated they were considering returning to a medical post in the ROI. Considering the huge cost in training each and every medical graduate and the workforce shortages we are currently facing, it is imperative we attract back as many Irish trained graduates as possible. Further research of graduates 'considering' returning would help identify the main influences on their decision and the main factors that might encourage them to return.

#### **(3) Graduates who are working abroad (Not considering returning)**

Eighty-four graduates working abroad indicated they had no intention of returning to a medical post in the ROI. Forty of these graduates are Irish Nationals. Further research is required to explore the motivation for this decision. It may well be that many of the reasons are related to lifestyle preferences and hence not amenable to policy changes in the working environment. Interviewees would be asked about factors influencing their decision, timing of decision, interest in returning to a post in the ROI at any stage, and the type of posts they might be attracted too. Knowledge and awareness of recent reform of the Irish health services would also be explored.

#### **(4) Stages at which graduates went abroad**

To determine stages at which graduates left the ROI - following graduation, upon completion of internship or later in their careers and the main determinants at each stage.

#### **(5) Hindrances to career progression**

This study identified major hindrances to preferred career progression. However, some further research is required to ascertain factors which acted as hindrances along one's intended career path and factors which acted as barriers to preferred career progression. In addition, it was outside the scope of this study to ascertain whether hindrances to career progression differ according to location of post – ROI or working in a medical post outside the ROI.

### **Proposed Research for other cohorts of medical graduates**

This study provided a comprehensive insight into the careers of two recent cohorts of Irish medical graduates and the issues surrounding medical education and training. Recommendations for further research of these two cohorts are provided above. In carrying out this study, consent was sought from all graduates to be contacted again in the future for follow-on studies.

It is however the view of both the research team and the Steering Group that there is scope for further research among other cohorts of medical graduates, not just graduates involved in this study. Recommendations have been made below regarding the setting up and maintenance of an up-to-date information system of names and addresses, which would greatly facilitate any other research. Studies of younger or older cohorts of graduates would serve to illustrate changes in work preferences, career progression and workforce participation over time. Another area of interest would be to carry out a tracking study of a single cohort of medical graduates whereby graduates are surveyed on a regular basis such as annually, and activities on the previous year are reviewed.

### **Recommendations for Research Policy**

One of the major difficulties encountered in carrying out this research was obtaining up-to-date and accurate contact details, particularly for graduates working abroad. To improve our response rate in line with comparative studies, it would be advantageous if there existed an accessible and up-to-date information system, enabling us to track graduates. One method of generating such an information database might be to approach students whilst in medical school. Students would be formally invited to consent to the use of their contact details held on specific databases (e.g. university admissions / alumni database etc) for the purpose of being invited to participate in future research, and, where consent was granted, contact details would be obtained and stored for future studies. In approaching students, it would be necessary to outline;

- The aim of future studies
- Ethical approval would be sought prior to each study
- Who specifically might be carrying out such research – The Irish Medical Council, Irish Universities, Health Services Executive (HSE), Department of Health and Children (DoHC)
- All contact details would remain confidential
- All contact details would be used solely for the purpose of the proposed research, no details would be divulged to any third party
- Consent would be sought prior to participation in each study
- Consent to participate could be withdrawn at any time.

The research team would like to thank members of the MET group who met with us and shared their valuable thoughts on this research.

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## Annexe 1 – Demographic and training characteristics

### Demographic Characteristics

At the time of the study, the mean age of 1994 graduates was 35 years (range 32-57). The mean age of 1999 graduates was 30 years (range 28-41). The mean age of entry to medical school was 18.6 years (SD 2.323). The minimum age of entry to medical school was 16 years, while the maximum age was 41 years in the 1994 cohort and 30 years in the 1999 cohort.

90.5% of 1994 graduates and 74.0% of 1999 graduates were Irish. Overall, 92.3% of graduates working in the Republic of Ireland (ROI) were Irish – 94.4% of 1994 graduates (117/124) and 90.4% of 1999 graduates (123/136).

Table 55: Nationality of Respondents

	1994		1999	
	N	%	N	%
Irish	229	90.5%	185	74.0%
Naturalised Irish	7	2.8%	6	2.4%
Other EU	2	0.8%	8	3.2%
Non-EU	15	5.9%	51	20.4%
Total	253	100.0%	250	100.0%

### Marital status

22.5% of 1994 graduates (57/253) and 46.0% of 1999 graduates (115/250) were single or never married. 76.7% of 1994 respondents (194/253) and 53.6% of 1999 respondents (134/250) were married or in a long-term relationship. 1 graduate from each cohort was separated and 1 graduate from 1994 was divorced.

40.7% of those married or in a long-term relationship had a spouse or partner who was also medically qualified (133/327).

Just over one third of graduates 33.7% indicated they had children. This varied from 54.9% of 1994 graduates (139/253) to 11.8% of 1999 graduates (29/246).

### Post-school Qualification

Overall, 12.5% of graduates (63/504) indicated they had a post-school qualification prior to medical school entry. The percentage of graduates with a post-school qualification did not differ significantly by cohort – 10.6% of 1994 graduates (27/255) and 14.5% of 1999 graduates (36/249).

38 graduates with a post-school qualification entered medical school with a degree, 8 graduates had a diploma and 15 graduates had a certificate.

Having a post-school qualification differed significantly by nationality. 6.8% of Irish nationals had a post-school qualification (28/413) compared with 38.2% of non-nationals (34/89).

Table 56: Numbers of graduates not in a formal training scheme (By Grade)

	1994	1999
Senior House Officer	-	5
Registrar	2	28
Senior Registrar	2	-
Other	3	4
<b>Total</b>	<b>7</b>	<b>37</b>

Table 57: Percentage of graduates at each stage of training

	1994 (n=43)		1999 (n=104)	
	N	%	N	%
General Professional Training	-	-	18	17.3%
Higher Medical Training	13	30.2%	37	35.6%
Basic Surgical Training	-	-	-	-
Higher Surgical Training	16	37.2%	10	9.6%
Vocational GP Training	1	2.3%	18	17.3%
Other	13	30.2%	21	20.2%
<b>Total</b>	<b>43</b>	<b>100.0%</b>	<b>104</b>	<b>100.0%</b>

Table 58: Percentage of graduates at each stage of training (By Gender)

	1994 (n=43)				1999 (n=104)			
	Male		Female		Male		Female	
General Professional Training	-	-	-	-	8	19.5%	10	15.9%
Higher Medical Training	5	22.7%	8	38.1%	17	41.5%	20	31.7%
Basic Surgical Training	-	-	-	-	-	-	-	-
Higher Surgical Training	15	68.2%	1	4.8%	5	12.2%	5	7.9%
Vocational GP Training	-	-	1	4.8%	4	9.8%	14	22.2%
Other	2	9.1%	11	52.4%	7	17.1%	14	22.2%
<b>Total</b>	<b>22</b>	<b>100.0%</b>	<b>21</b>	<b>100.0%</b>	<b>41</b>	<b>100.0%</b>	<b>63</b>	<b>100.0%</b>

# Annexe 2 – Questionnaire

Survey ID Number \_\_\_\_\_

## Career Tracking Study

This questionnaire should take approximately 10-12 minutes of your time to complete. Not all sections will be applicable to you. Please follow the instructions as given throughout the questionnaire.

### Section A: Current Employment

(1) Year of graduation: 1994  1999  Other

(2) College of graduation: UCD  TCD  UCC  UCG  RCSI


(3) Are you currently registered with


(a) The Irish Medical Council: Yes  No

(b) Other Medical Council: Yes  No

If **yes** please specify medical council: .....

(4) Are you currently in medical employment?

Yes  

No  

**S, are you currently**

(a) Working in medical employment

(b) Working in a research/academic post and intending to return to medical employment

**, are you currently**

(a) Working in a field allied to medicine   
(please specify) .....

Working in non-medical employment   
(please specify) .....

(c) Working in the home

(d) Not working

**Please go to Section B on page 2**

**Please continue to Question 5 below**

(5) Please indicate

(a) when were you last employed in a specific medical job  
month \_\_\_\_\_ year \_\_\_\_\_

(b) the grade ..... and specialty ..... of your last medical post

**Please go to SECTION D on page 9**

**Section B: Currently in medical employment**

**(6) Please indicate from the attached list your current specialty:  
(Please tick only one)**

<b>Anaesthesia</b>	<input type="checkbox"/>	<b>Paediatrics</b>	<input type="checkbox"/>
<b>Emergency Medicine</b>	<input type="checkbox"/>	<b>Pathology</b>	
<b>General Practice</b>	<input type="checkbox"/>	Chemical Pathology	<input type="checkbox"/>
<b>Medicine</b>		Haematology (Clinical and Laboratory)	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	Histopathology	<input type="checkbox"/>
Clinical Genetics	<input type="checkbox"/>	Immunology (Clinical and Laboratory)	<input type="checkbox"/>
Clinical Neurophysiology	<input type="checkbox"/>	Microbiology	<input type="checkbox"/>
Clinical Pharmacology & Therapeutics	<input type="checkbox"/>	<b>Psychiatry</b>	
Dermatology	<input type="checkbox"/>	Child and Adolescent Psychiatry	<input type="checkbox"/>
Endocrinology & Diabetes Mellitus	<input type="checkbox"/>	Psychiatry of Learning Disability	<input type="checkbox"/>
Gastroenterology	<input type="checkbox"/>	Psychiatry of Old Age	<input type="checkbox"/>
General Internal Medicine	<input type="checkbox"/>	<b>Public Health Medicine</b>	<input type="checkbox"/>
Genito-urinary Medicine	<input type="checkbox"/>	<b>Radiology</b>	
Geriatric Medicine	<input type="checkbox"/>	Radiation Oncology	<input type="checkbox"/>
Infectious Diseases	<input type="checkbox"/>	Radiology	<input type="checkbox"/>
Medical Oncology	<input type="checkbox"/>	<b>Surgery</b>	
Nephrology	<input type="checkbox"/>	Cardiothoracic Surgery	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	General Surgery	<input type="checkbox"/>
Palliative Medicine	<input type="checkbox"/>	Neurosurgery	<input type="checkbox"/>
Rehabilitation Medicine	<input type="checkbox"/>	Ophthalmic Surgery	<input type="checkbox"/>
Respiratory Medicine	<input type="checkbox"/>	Oral and Maxillo-Facial Surgery	<input type="checkbox"/>
Rheumatology	<input type="checkbox"/>	Otolaryngology	<input type="checkbox"/>
Tropical Medicine	<input type="checkbox"/>	<b>Paediatric Surgery</b>	<input type="checkbox"/>
<b>Obstetrics and Gynaecology</b>	<input type="checkbox"/>	Plastic, Reconstructive and Aesthetic	<input type="checkbox"/>
<b>Occupational Medicine</b>	<input type="checkbox"/>	<b>Surgery</b>	<input type="checkbox"/>
<b>Ophthalmology</b>	<input type="checkbox"/>	Trauma and Orthopaedic Surgery	<input type="checkbox"/>
		Urology	<input type="checkbox"/>
		<b>Other</b> (please specify):.....	



(7) Please indicate whether

(a) you currently undertaking some postgraduate training outside of the Republic of Ireland: Yes  No   
If yes, please indicate where? (please tick only one)  
N.Irl.  UK  USA  Canada   
Australia  New Zealand  Other (please specify): .....

(b) you have taken some postgraduate training outside of the Republic of Ireland: Yes  No   
If yes, please indicate where? (please tick all that apply)  
N.Irl.  UK  USA  Canada   
Australia  New Zealand  Other (please specify): .....

Please indicate the specialty(s) if different from current specialty area:  
.....

(c) you hope to undertake some postgraduate training outside of the Republic of Ireland: Yes  No   
If yes, please indicate where? (please tick all that apply)  
If yes, please indicate where? (please tick all that apply)  
N.Irl.  UK  USA  Canada   
Australia  New Zealand  Other (please specify): .....

(8) If you answer yes to a, b or c in Question 7, please indicate the reasons for undertaking or hoping to undertake postgraduate medical training outside the Rep. of Ireland: (otherwise please go to question 9)  
(Please tick all that apply)

<b>Training/Working</b>	
Specialist training not available in the Rep. of Ireland	<input type="checkbox"/>
Better training facilities offered	<input type="checkbox"/>
Further training	<input type="checkbox"/>
<b>Pay and Conditions</b>	
Better pay	<input type="checkbox"/>
Better working conditions	<input type="checkbox"/>
Better chance of job in Ireland if experience gained abroad	<input type="checkbox"/>
Competition for training places in the Rep. of Ireland	<input type="checkbox"/>
To work outside the Rep. of Ireland during training	<input type="checkbox"/>
To pursue a permanent career outside the Rep. of Ireland	<input type="checkbox"/>
<b>Social</b>	
To accompany partner or spouse	<input type="checkbox"/>
To travel	<input type="checkbox"/>
<b>Other (please specify):</b>	<input type="checkbox"/>

.....

.....

**(9) Is your current post in?**

(Please tick only one)

- |                  |                          |             |                          |
|------------------|--------------------------|-------------|--------------------------|
| Rep. of Ireland  | <input type="checkbox"/> | Canada      | <input type="checkbox"/> |
| Northern Ireland | <input type="checkbox"/> | Australia   | <input type="checkbox"/> |
| UK               | <input type="checkbox"/> | New Zealand | <input type="checkbox"/> |
| USA              | <input type="checkbox"/> | Other ..... | <input type="checkbox"/> |
- Please specify

**If your current medical post is in the Rep. of Ireland, please continue to **SECTION C** below**  
 If your current medical post is outside the Rep. of Ireland, please go to **SECTION D** on page 9

**Section C: In medical employment in the Republic of Ireland**

**(10) Please indicate your current grade:**  
 (Please tick only one)

Not completed training	Completed Training
Senior House Officer <input type="checkbox"/>	Consultant <input type="checkbox"/>
Registrar <input type="checkbox"/>	General Practitioner <input type="checkbox"/>
Specialist Registrar <input type="checkbox"/>	Public Health Medicine/Occupational Medicine Specialist <input type="checkbox"/>
Senior Registrar <input type="checkbox"/>	Awaiting a Consultant/Specialist Post <input type="checkbox"/>
GP Registrar <input type="checkbox"/>	
<b>Other (please specify):</b>	<b>Other (please specify):</b>



**Please continue to Question 11**



**Please go to Question 13 on page 5**

**(11) If you have not completed training, are you currently in a formal training scheme?**

- Yes  No

If **no**, is your current post accredited for training?

- Yes  No  Unsure

**(12) If you haven't completed training, please indicate whether you are undertaking**  
 (Please tick only one)

<b>(a)</b> General professional training (any training received prior to entry onto HMT)	<input type="checkbox"/>
<b>(b)</b> Higher medical training (HMT)	<input type="checkbox"/>
<b>(c)</b> Basic surgical training	<input type="checkbox"/>
<b>(d)</b> Higher surgical training	<input type="checkbox"/>
<b>(e)</b> Vocational GP training	<input type="checkbox"/>
<b>(f)</b> Other (please specify): .....	<input type="checkbox"/>

**(13) Please indicate your current work commitment:**

**(Please tick only one)**

**(a) Full-time**  **—————> (If full-time, please go to question 17)**

**(b) Part-time**

**(c) Locum**

If part-time or locum, please indicate the average number of hours/week .....

**(14) If your current work commitment is less than full-time, please indicate the reasons for this:**

(Please tick all that apply)

<b>Training/Working</b>	
Location of full-time post	<input type="checkbox"/>
Location of part-time post	<input type="checkbox"/>
<b>Pay and Conditions</b>	
Inadequate remuneration full-time	<input type="checkbox"/>
Workload when full-time	<input type="checkbox"/>
On-call commitment when full-time	<input type="checkbox"/>
Study for examination(s)	<input type="checkbox"/>
Stress of full-time post	<input type="checkbox"/>
Ill-health	<input type="checkbox"/>
Cost of childcare	<input type="checkbox"/>
Lack of job satisfaction in full-time post	<input type="checkbox"/>
Lack of variety in full-time post	<input type="checkbox"/>
<b>Social</b>	
Unsupportive spouse or partner	<input type="checkbox"/>
Priority of partner's career	<input type="checkbox"/>
Desire to spend more time with children	<input type="checkbox"/>
Need to care for older relatives	<input type="checkbox"/>
Difficulty with combining work with family commitments when full-time	<input type="checkbox"/>
Difficulties with childcare arrangements	<input type="checkbox"/>
Desire eventually to leave medicine	<input type="checkbox"/>
Positive choice to work less than full-time	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>
<b>Other (please specify)</b>	
.....	
.....	

**(15) If your current work commitment is less than full-time, what do you hope your future work commitment will be?**

**(a) Full-time**

**(b) Not full-time, but more than I am working at the moment**

**(c) Stay the same**

**(d) Unsure**

**(16) If you wish to return to more full-time work, please indicate from the following list what factors might encourage you to return to more full-time work?  
(If not applicable, please don't tick)**

	encourage me enormously	encourage me a great deal	encourage me to a certain extent	encourage me a little
<b>Training/Working</b>				
Concern about increased length of training part-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of more full-time post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pay and Conditions</b>				
Better pay and benefits full-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manageable workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular working hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-call commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protected time for study leave in post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Success at examination(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A return to full health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social</b>				
Support from spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A solution to childcare problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner working fewer hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to return to more full-time work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End of pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b>				
.....				
.....				

Please go to Question 18

**(17) If your current work commitment is full-time, what do you hope your future work commitment will be?**

- (a) Full-time:**
- (b) Part-time:**
- (c) Unsure**

**(18) Please indicate whether you find any of the following problems with your current position:**

**(If not a problem, please don't tick)**

	<b>Very major problem</b>	<b>Major problem</b>	<b>Moderate problem</b>	<b>Minor problem</b>
<b>Training/Working</b>				
Lack of availability of consultant posts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of flexible training or working opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of part-time training or working opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of training post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor structure, quality and organisation of training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training programme not available in Ireland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No time for participation in CME/CPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No job description received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covering for absent doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time spent carrying out inappropriate tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with taking time off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with re-entry after time away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pay and Conditions</b>				
Current pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-call work commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties with study leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress of current post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male dominated specialty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female dominated specialty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying and harassment in current post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low job satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low morale in profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low job security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social</b>				
Lack of support from spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of support from colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of support from senior colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of support from management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current post incompatible with partner's career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with balancing work-life commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of childcare facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No key mentor in current post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please specify)</b>				
.....				
.....				
.....				
.....				

**(19) Which of the following statements best describes your future career intentions?**

<b>(a)</b> I wish to continue working in Medicine in my current specialty	<input type="checkbox"/>
<b>(b)</b> I wish to continue working in Medicine but not in my current specialty. I feel it will be possible to change to a preferred specialty. Please indicate preferred specialty .....	<input type="checkbox"/>
<b>(c)</b> I wish to continue working in Medicine but I would prefer to change specialty. However, I do not think it will be possible at this stage	<input type="checkbox"/>
<b>(d)</b> I see myself opting out of Medicine in the near future	<input type="checkbox"/>

**(20) Do you intend to practise mainly in the Republic of Ireland?**

Yes                       No                       Unsure

**(21) Have you any plans to take a career break from medicine at any point?**

Yes                       No                       Unsure

If **yes**, please indicate for how long .....

**(22) How satisfied are you with your future career prospects?**

Very satisfied   
Satisfied   
Neither satisfied nor dissatisfied   
Dissatisfied   
Very dissatisfied

**Please go to SECTION E on page 11**

**Section D: Not currently in medical employment in Ireland**

**(23) If you are not currently in medical employment in the Republic of Ireland (i.e. not currently working in medicine or working in medicine outside the Republic of Ireland) have you considered or are you planning a return to a medical post in the Republic of Ireland in the short-medium term?**

- (a) Yes decided
- (b) Yes considering
- (c) No, not at all  → **If not at all, please go to SECTION E on page 11**

If **yes**, have you decided or are you considering to work

- (a) Full-time
- (b) Part-time
- (c) Don't know

**(24) Please indicate the area(s) of work you would be interested in:**  
(You may tick more than one):

<b>Anaesthesia</b> <input type="checkbox"/>	<b>Paediatrics</b> <input type="checkbox"/>
<b>Emergency Medicine</b> <input type="checkbox"/>	<b>Pathology</b>
<b>General Practice</b> <input type="checkbox"/>	Chemical Pathology <input type="checkbox"/>
<b>Medicine</b>	Haematology (Clinical and Laboratory) <input type="checkbox"/>
Cardiology <input type="checkbox"/>	Histopathology <input type="checkbox"/>
Clinical Genetics <input type="checkbox"/>	Immunology (Clinical and Laboratory) <input type="checkbox"/>
Clinical Neurophysiology <input type="checkbox"/>	Microbiology <input type="checkbox"/>
Clinical Pharmacology & Therapeutics <input type="checkbox"/>	<b>Psychiatry</b>
Dermatology <input type="checkbox"/>	Child and Adolescent Psychiatry <input type="checkbox"/>
Endocrinology & Diabetes Mellitus <input type="checkbox"/>	Psychiatry of Learning Disability <input type="checkbox"/>
Gastroenterology <input type="checkbox"/>	Psychiatry of Old Age <input type="checkbox"/>
General Internal Medicine <input type="checkbox"/>	<b>Public Health Medicine</b> <input type="checkbox"/>
Genito-urinary Medicine <input type="checkbox"/>	<b>Radiology</b>
Geriatric Medicine <input type="checkbox"/>	Radiation Oncology <input type="checkbox"/>
Infectious Diseases <input type="checkbox"/>	Radiology <input type="checkbox"/>
Medical Oncology <input type="checkbox"/>	<b>Surgery</b>
Nephrology <input type="checkbox"/>	Cardiothoracic Surgery <input type="checkbox"/>
Neurology <input type="checkbox"/>	General Surgery <input type="checkbox"/>
Palliative Medicine <input type="checkbox"/>	Neurosurgery <input type="checkbox"/>
Rehabilitation Medicine <input type="checkbox"/>	Ophthalmic Surgery <input type="checkbox"/>
Respiratory Medicine <input type="checkbox"/>	Oral and Maxillo-Facial Surgery <input type="checkbox"/>
Rheumatology <input type="checkbox"/>	Otolaryngology <input type="checkbox"/>
Tropical Medicine <input type="checkbox"/>	Paediatric Surgery <input type="checkbox"/>
<b>Obstetrics and Gynaecology</b> <input type="checkbox"/>	Plastic, Reconstructive and Aesthetic
	<b>Surgery</b> <input type="checkbox"/>
<b>Occupational Medicine</b> <input type="checkbox"/>	Trauma and Orthopaedic Surgery <input type="checkbox"/>
<b>Ophthalmology</b> <input type="checkbox"/>	Urology <input type="checkbox"/>
	<b>Other (please specify):</b> .....

**(25) If you have decided or you are considering a return to medicine in the Republic of Ireland, please indicate whether any of the following are influencing factors:  
(If not at all, please don't tick)**

	The deciding factor	Influence decision a great deal	Influence decision to a certain extent	Influence decision a little	
<b>Training/Working</b>					
Availability of consultant posts	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Success at interview for consultant post	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Flexible training or working opportunities	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Part-time training or working opportunities	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Location of medical post	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Re-entry training scheme available	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Pay and Conditions</b>					
Better pay	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Acceptable workload	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Working hours	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Acceptable on-call commitments	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Better working conditions	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
A return to full health	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Social</b>					
A solution to childcare problems	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Wish to go back to work	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Partner working fewer hours	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Availability of childcare facilities	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
New job compatible with partner's career	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Encouragement and support	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Decide I like medicine after all	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please specify):</b>					
.....					
.....					
.....					



(26) Do you find it relatively easy to keep up-to-date with what's happening in the Irish healthcare system?

Yes

No

Not interested

If **yes**, please indicate your main sources of information

**(Please tick all that apply)**

Department of Health Website

Media

Colleagues abroad

Colleagues at home

Family and friends

Other (please specify): .....

| **Please go to SECTION E on next page** |

**Section E: Career Development to date**

This section aims to gather an understanding of the factors both positive and negative that have affected your career progression to date irrespective of whether you are currently working in Medicine or not.

(27) In the list below, please indicate how much each of the following factors have attracted you to a particular career or facilitated your career progression within medicine at any stage:  
(If not at all, please don't tick)

	Enormously	A lot	To a certain extent	Only a little
<b>Training/Working</b>				
Availability of flexible training or working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of part-time training or working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of consultant posts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of training post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of obtaining a training post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structure, quality and organisation of training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to gain experience outside the Rep. of Ire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duration of training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pay and Conditions</b>				
Remuneration/Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptable working hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptable on-call commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protected time for study leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to quality career advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Success at examination(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male dominated specialty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female dominated specialty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My quality of health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social</b>				
Support from spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support from colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support from senior colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support from training organisers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of childcare facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouragement or positive role model(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a key mentor throughout my career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b> (please specify)				
.....				
.....				
.....				

**(28) In the list below, please indicate whether any of the following factors have acted at any stage or are now acting as a hindrance to your preferred career progression:**  
 (If not at all, please don't tick)

	<b>Enormously</b>	<b>A lot</b>	<b>To a certain extent</b>	<b>Only a little</b>
<b>Training/Working</b>				
Lack of flexible training or working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of part-time training or working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of availability of consultant posts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of training post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competition for training posts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structure, quality and organisation of training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to gain experience outside the Rep. of Ire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with taking time off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with re-entry after time off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duration of training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pay and Conditions</b>				
Remuneration/Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irregular working hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-call commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties with study leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of quality career advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interview transparency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsuccessful at examination(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male dominated specialty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female dominated specialty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My quality of health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying and harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social</b>				
Unsupportive spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsupportive colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsupportive senior colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsupportive training organisers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of childcare facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with balancing work-life commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No positive role models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of a key mentor throughout my career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please specify)</b>				
.....				
.....				
.....				

(29) Was it your intention to follow the career path that you have taken?

- (a) Yes, it was my intention
- (b) No, it wasn't my intention
- (c) I had no intended career path

(30) Are you satisfied with the current position of your career?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

(31) Have you ever attended a structured career advice session? Yes  No

(32) Are you aware of the government flexible training strategy for medicine in the Republic of Ireland?

Yes  No

(33) Is the current uncertainty about the structure of the health services causing you anxiety?

- Yes, an extreme amount
- Yes, very much so
- A moderate amount
- Only a little
- No, not at all

(34) Please rate overall the advice you have been given to help you plan and manage your career:

- Excellent
- Good
- Basic
- Inadequate
- Non-existent
- Never sought advice

(35) Please indicate your main sources of career advice to date:

(Please tick all that apply)

- |                                              |                          |
|----------------------------------------------|--------------------------|
| Hospital consultant(s)                       | <input type="checkbox"/> |
| Other medical colleagues                     | <input type="checkbox"/> |
| Organisers of postgraduate medical education | <input type="checkbox"/> |
| Informal advice from family and friends      | <input type="checkbox"/> |
| Published literature                         | <input type="checkbox"/> |
| Never sought advice                          | <input type="checkbox"/> |
| Other (please specify) .....                 |                          |

(36) Do you agree that your experience at medical school prepared you well for the jobs you have undertaken so far?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**(37) Please indicate whether any of the following were your reasons for originally choosing medicine:**

**(Please tick all that apply)**

Inclinations before medical school	<input type="checkbox"/>
Wanted to help others	<input type="checkbox"/>
Variety within job	<input type="checkbox"/>
Encouragement or positive role model(s)	<input type="checkbox"/>
One/both parents medically trained	<input type="checkbox"/>
Success in final school exams	<input type="checkbox"/>
Respected profession	<input type="checkbox"/>
Eventual financial prospects	<input type="checkbox"/>
Career guidance teacher advised me to	<input type="checkbox"/>
Other (please specify):.....	

**(38) Do you feel you have personally experienced discrimination whilst working in medical employment in Ireland in relation to:**

	Definitely	Perhaps	Unsure	Probably Not	Definitely Not
(a) <b>Age</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) <b>Gender</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) <b>Sexual orientation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) <b>Nationality/Ethnicity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) <b>Role as a parent</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) <b>Physical Disability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) <b>Mental Disability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) <b>Mental Illness</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) <b>Physical attributes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Please comment:</b>	.....				
	.....				

**(39) If given the choice, would you train as a doctor again?**

**Yes, definitely**  **Yes, probably**  **Unsure**  **No, probably not**  **No, definitely not**

**Please comment on your choice**

.....

**(40) If you were pursuing your career path again, would you make all the same career choices?**

**Yes, definitely**  **Yes, probably**  **Unsure**  **No, probably not**  **No, definitely not**

**(41) How would you encourage a young person seeking advice on pursuing medicine as a career?**

I would strongly encourage pursuing a career in medicine	<input type="checkbox"/>
I would try and give a realistic and comprehensive insight into pursuing a career in Medicine but I would allow the individual to make his or her own choice	<input type="checkbox"/>
I would strongly discourage pursuing a career in medicine	<input type="checkbox"/>

**Please go to SECTION F on next page**

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**Section F: Personal Information**

(42) Please indicate your gender: Male  Female

(43) Please indicate your nationality: Irish   
Naturalised Irish   
Other EU   
Non-EU

(44) Please indicate your current marital status:  
Single (never married)   
Married/In a long-term relationship   
Separated   
Divorced   
Widowed

(45) Do you have children?  
Yes  If **yes**, please state how many: .....  
No

**Age of eldest child: .....years Age of youngest child: ..... years**

(46) What was your age at entry to medical school: ..... years

(47) Did you have any post-school qualifications prior to entry to medical school?  
Yes  No

**If yes, please indicate nature of qualification:**  
**Certificate**  **Diploma**  **Degree**

(48) Were any of your family members medically qualified when you started Medicine?  
Mother Yes  No   
Father Yes  No   
Sibling(s) Yes  No   
Extended family members Yes  No

(49) Is your spouse or partner medically qualified?  
Yes  No  Not applicable

(50) Please comment on any additional factors determining the career path that you've undertaken that would help us understand positive and negative factors influencing and determining career choices in medicine.

.....

.....

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**Thank you very much for your help with this study.**

**To return this hardcopy of the questionnaire from within the Republic of Ireland**  
**Please put your completed questionnaire and signed consent form in the freepost return envelope provided and return within 10 days. You do not need a stamp for this envelope.**

If you have mislaid the return envelope, please post the questionnaire to:

**Career Tracking Study**  
**Dept. of Public Health Medicine and Epidemiology**  
**Woodview House**  
**University College Dublin**  
**Belfield**  
**FREEPOST F3724**  
**Dublin 4**

**To return this hardcopy of the questionnaire from outside the Republic of Ireland**  
Please put your completed questionnaire and signed consent form in the return envelope provided and return within **10 days**. Please affix a stamp to this envelope. Please post to

**Career Tracking Study**  
**Dept. of Public Health Medicine and Epidemiology**  
**Woodview House**  
**University College Dublin**  
**Belfield**  
**Dublin 4**

We guarantee that all information gathered during the course of this study is strictly confidential and will be used solely for the purpose of the study.

**On return of the questionnaire, all respondents will be entered into a prize-draw for a weekend break for two at the Great Southern Hotel, Co. Kerry or a €300 voucher for Amazon.com**

**Thank you very much for your help.**