

# Intention of Final Year Medical Students to Go abroad and Impact of Central Induction Policy on Brain Draining

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## ABSTRACT

**Aim:** To access the intention in final year medical students of MBBS and BDS to go abroad after graduation and impact of central induction policy and other factors on brain draining.

**Method:** This cross sectional study was conducted on 150 final year students of University college of medicine and dentistry, Lahore (UOL) during July - August, 2016. The pretested self-administered questionnaire was designed after extensive literature review and was distributed. Data was analyzed using SPSS version 2.0 and p value <0.05 was considered statistically significant.

**Results:** Out of 150 students, 84 were females (56%) and 66 were males (44%). Majority of students (91.3%) were in age group of (21-25 years). There were 91(60.7%) students who have planned to migrate abroad, 30(20%) have no plan to go abroad and 29(19.3%) were not sure about going abroad. Majority of students, 40.7% planned for UK, 34.7% planned for USA, 7.6% planned for Middle East countries, 6.8% planned for Australia and 10.2% mentioned other countries for migration. 83.4% were agreed that central induction policy(CIP) will increase brain draining, 5.3% were disagree and 10.7% had no idea about CIP.

**Conclusion:** Better carrier opportunity, Central induction policy, doctor harassment, peer pressure, to establish quickly and political instability were the reasons for the intentions in final year medical students to be established abroad. Lack of family support and resources, patriotisms, acism were reasons for rest of students(19.3%) to not go abroad.

**Keywords:** Brain drain ,final year medical students,central induction policy.

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## INTRODUCTION

Rising trend of migration among medical graduates towards developed countries is a phenomenon of "brain drain" that is continuing to promote the huge inequities in global health. About 23-28% of doctors working in the four major recipient countries like (USA, UK, CANADA and AUSTRALIA) are international medical graduates (IMGs) and developing countries supply 40-75% Of these IMGs . Pakistan is the third leading source of IMGs in the opulent countries. Estimated emigration ratio in Pakistan is as high as 13.5%-17.6% in 2006<sup>1,2,3</sup>. Physician migration has only recently been highlighted as a trouble for both the donor and the recipient countries, due to a larger number of doctors migrating as compared to the past. It is natural for a doctor to expect at a sky-high level as compared to other professionals most of which revolves around better salary, acknowledgement and better lifestyle. Striving to get all these things, when deprived of these necessities in their own country, results in increase of intention of migration which is a major contributory factor<sup>4</sup>.

Developing countries were particularly hard-hit by shortages: 57 of them were facing critical shortage out of which 36 were sub-Saharan African countries<sup>5</sup>. According to world health organization (WHO), there is a worldwide shortage of 4.3 million health workers, primarily in south Asia followed by Africa<sup>6</sup>. A 2005 study by Fitzhugh Mullen determined that Pakistan had contributed about 13,000 clinical graduates to the USA, UK, Canada, and Australia<sup>7</sup>.

But a number of these Pakistani graduates do return<sup>8</sup>. Emigration of doctors has increased over the past decade. On the one side, demands are accelerating for skilled workers in developed countries experiencing labor shortages. On the other side, better employment conditions, better information and cheaper transportation are encouraging skilled migrants to seek jobs in developed economies<sup>9</sup>.

Migration has significant impact on all source countries, but mainly for Pakistan with an anticipated shortfall in the year 2020 of 58,000 to 451,000 physicians<sup>1</sup>. Both donor and recipient countries are responsible for this increasing migration; for example, poor salary structure, poor quality of training ,stronger history of violent events and harassment was found a major "push factors". In addition to these, favorable immigration policies, better way of life and quality of training are pull factors of the recipient countries<sup>4</sup>.

Although recipient nations and immigrating Doctors benefit from this migration, developing countries lose important health care capacity as a result of the loss of doctors<sup>10</sup>. Many countries paid attention on this problem like, the Government of Ethiopia have recently focused on strengthening the health care system through establishing new health care facilities and training of physicians and other skilled health workers. The range of public hospitals, clinical schools, and health centers increased from three, 102 and 583 in 2004/05 to seven, 129 and 2142 in 2009/10, respectively. Despite the increase in the number of health facilities and medical colleges, the health care delivery system suffers from the shortage of and maldistribution of healthcare workers<sup>11</sup>.

A survey in Pakistan indicated that low remuneration, poor training and work environment influenced potential migration of physicians. The policy debate surrounding Doctors migration in the USA is having multiple aspects,

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with recommendations to limit physician migration weighed against the decisions of individual physicians and ongoing gaps in the US physician workforce<sup>12</sup>. As Lebanon stated, in 2004, approximately, 40% of those who had graduated from Lebanese medical schools from previous 25 years were worked in the US<sup>13</sup>. Main reasons of migrating abroad are that the international training is superior and a mark of fulfillment, the expectations to excel financially, the lure of high-tech training and remarkable-specialization, a reaction against the Pakistani government's poor management of the service structure of Doctors. We should improve local working conditions to reduce migration, instead of expecting graduates to lower their aspirations and standards<sup>6</sup>.

As of March 2013, total number of Doctors registered with Pakistan Medical and Dental Council (PMDC) was 175,600<sup>14</sup>. Doctor-to-population ratios in developing countries are already very low and there is concern that migration of health practitioners can only exacerbate these problems. Despite the potential importance of salaries, we know very little about whether increasing the salaries of health professionals actually leads to a reduction in the rate of migration<sup>15</sup>.

The subject of economic migration of doctors has received intensive attention, yet little is known about such migration from Pakistan<sup>16</sup> and none of study manipulates effect of Central Induction Policy (CIP) on brain draining.

The objective of the study was to access the intention in final year medical students of MBBS and BDS to go abroad after graduation and impact of central induction policy and other factors on brain draining.

**METHODOLOGY**

A cross sectional study was conducted at University College of medicine and dentistry, university of Lahore (UOL) during July-August, 2016. The population included in the study was final year students of medicine and dentistry .A convenient sampling size include one hundred and fifty students, one hundred and fourteen (76%) MBBS and thirty six (24%) BDS students in which eighty four (56%) were female and sixty six (44%) were male,most of them were in age group (21-25). A data was collected by a predesigned, pretested questionnaire survey which was developed after extensive literature review and distributed Fig. 1:

to students in their class rooms. Verbal informed consent was taken and confidentiality was ensured. The questionnaire was divided into three sections. The questionnaire was approved by institutional ethics committee. All questionnaires were reviewed by all batch members and analyzed using SPSS version 20. Descriptive statistics were applied to examine differences in demographic variables.

**RESULTS**

Out 150 students 91(60.7%) have plane to migrate abroad,30(20%) have no plane to go abroad and 29(19.3%)was not sure about migration. 42.4% students want to migrate for better career opportunity, 22.6% for the sake of knowledge, 16.4 % for better standard of living ,7.9% to establish quickly and 5.1% due to terrorism in Pakistan ,5.6% mentioned other reasons for migration, shown in figure 1.

Many students mentioned pressure responsible for their migration, 29.7% parents pressure 12.7% peer pressure, 5.9% spouse pressure 51.7% mentioned other pressure for migration. Appropriate time for migration, 60.2% migrate one year after house job, 28.8% migrate soon after house job, 5.9% migrate more than one year after house job and 5.1% mentioned other time for migration. Country planned to migrate, 40.7% planned for UK, 34.7% planned for USA, 7.6% planned for Middle East countries, 6.8% planned for Australia and 10.2% mentioned other countries for migration.

Majority of students have intention to return to Pakistan, 72% students have intentions to return and 28% have no intentions to return. 28.4% students will return soon after completing education, 10.3% after 5 years, 6.9% after 10 years and 54.3% answered not sure about when will return. Only 27.3 answered yes about question (is there proper service structure running in Pakistan) and 72.7% answered negative. 62% students thought that service structure in Pakistan increasing migration. 62.7% students have knowledge about the new central induction policy of Punjab government and 37.3% have no idea about this policy.83.4% were agreed that central induction policy(CIP) will increase brain draining, 5.3% were disagree and 10.7% had no idea about CIP as shown in Fig. 2.

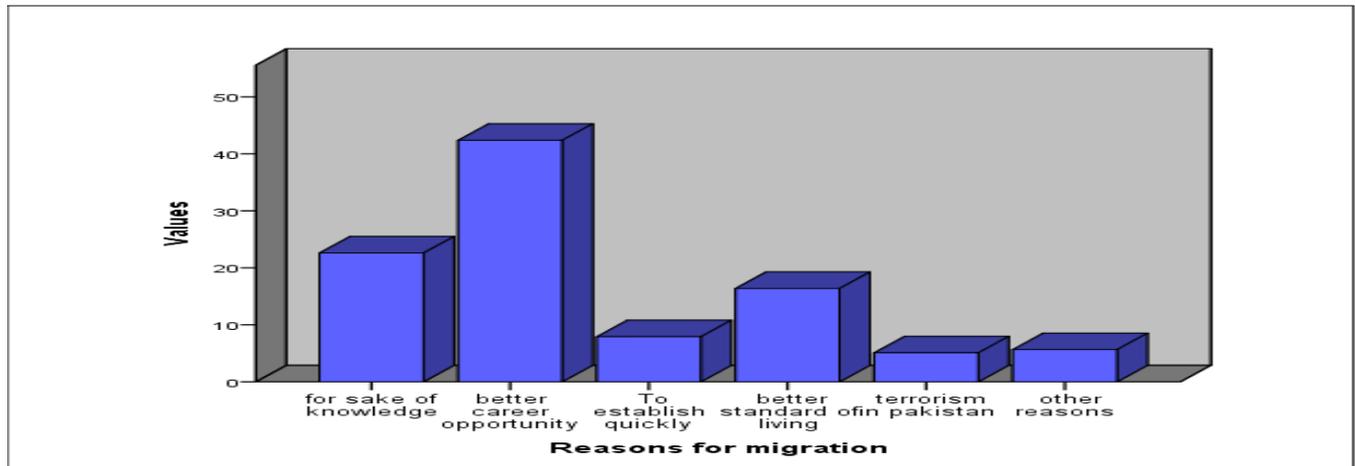
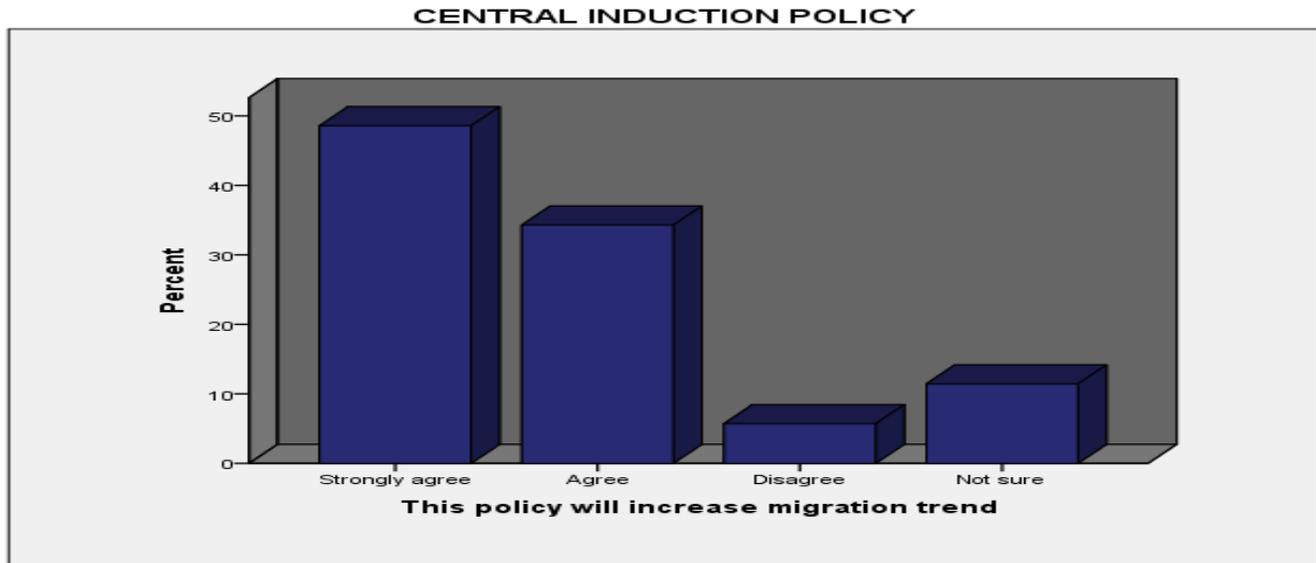


Fig. 2:



Following in the table 1 are responses of students regarding issues in Pakistan and table no.2 shows reasons for not going abroad.

Table 1

Statement	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
Central induction policy will increase the migration trend in Pakistan	48.7%	34.7%	5.3%	0%	10.7%
Doctors are facing more problems in Pakistan	55.3%	39.3%	2.7%	.7%	2%
Migration trend has increased because of harassment of doctors in Pakistan	32.7%	37.3%	17.3%	4%	8.7%
Stressful working environment in Pakistan is also responsible factor	38.7%	38%	14%	2%	7.3%
Political interference (favoritism) in the appointment, posting and transfer of doctors	50%	36.7%	9.3%	0.7%	3.3%

Table 2

Statement	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
My family cannot support that's why I'm not going abroad	8.7%	11.3%	42%	26.7%	11.3%
I don't have enough resources for migration abroad	9.3%	14%	45.3%	26%	5.3%
I don't want to migrate because I want to live with parents	23.3%	33.3%	29.3%	5.3%	8.7%
I don't want to migrate because of Patriotism	18.7%	22%	37.3%	10.7%	11.3%
Racism in abroad is the reason for not going abroad	14.7%	20.7%	42%	9.3%	13.3%

## DISCUSSION

The main objective of our study is to identify the intention of migration among medical students of UOL and the effect of CIP on brain draining including other factors. The study has shown that large number of medical students is interested to go abroad for post graduate training. We found that 61% of medical students responding to our survey intended to migrate abroad while 19.3% are not clear about their future intention. These results are similar to other studies conducted in Pakistan, sub-Saharan Africa and India. This increasing trend of migration compromises the success of health care system in Pakistan<sup>10</sup>.

Our study has shown that the trend of migration is increased by certain pull and push factors and that's causing huge inequities in global health. Main reasons for dissatisfaction to work in home country that our respondents has mentioned are: doctors are facing more problems in Pakistan (55.3%), Favoritism (50%), Stressful

working environment (38.7%) harassment of doctors in Pakistan (32.7%). Among reasons of pursuing career abroad maximum respondents (42.4%) of our survey has mentioned better career opportunity is the main reason for migration, followed by for the sake of knowledge 22.6%, better standard of living 16.4% and to establish quickly 7.9%. These results are similar to previous published studies showing an increasing trend of migration. This shows that factors that push medical students to pursue their career abroad should be addressed. According to our survey top destinations that our respondents mentioned are UK (32%), USA (27%), MIDDLE EAST (6%), and AUS (5.3%). In previous studies conducted in Pakistan, Lahore USA was the top destination but in our study maximum respondents mention UK as top destination<sup>1</sup>.

This study results are same as obtained with previous studies which have cited financial factors, poor working condition, heavy work load and lack of opportunities as

motivating factors for migration. Recently GOVT of Punjab has introduced central induction policy according to which residency will be given to medical graduates for FCPS part 2 exam on the basis of merit with the discrimination among public and private sector<sup>17</sup> This policy has many good and bad things. Like giving extra points to graduates of public sector, research publishes, 1 year job in backward area, making the graduates of private sector to move abroad. Our respondents think that this central induction policy will increase migration trend among medical students of private sector. So this is the time when government should change the health care policies in Pakistan to ensure the retention of medical graduates in Pakistan.

## CONCLUSION

In our study the major pull factors to emigrate abroad were better career opportunity, better standard of living, to establish quickly, central induction policy and for sake of knowledge. However, terrorism in Pakistan contributed least to the decision of participants to emigrate. Lack of family support to go abroad was top rated by majority of the participants as the reason to stay in Pakistan, followed by lack of resources to go abroad, long emigration process, patriotism and racism abroad.

**Suggestion:** Health ministry of Pakistan should evaluate the reasons for increasing migration trend. This migration can be reduced by taking comprehensive steps and giving better carrier opportunities and better environment of practice.

**Limitation:** Limited sample population. Study conducted on private sector only. Central induction policy was not explored in questionnaire.

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