

Results from the Medical Career Tracking survey of NCHDs

Consultation meeting with Forum of Irish Postgraduate Medical Training Body Trainee Reps

28th November 2019, Department of Health

High Line points

SURVEY

- Email invitation sent to 5,260 NCHDs (trainees and non-trainees – excluding interns¹), November 2017, requesting them to complete a structured questionnaire. Survey closed February 2018
- 1148 NCHDs responded to the question on career intentions / migration and 1120 to the likert scale questions on training and working conditions.
- 34% of the sample were non-trainees and 66% were trainees. 39% were in HST (response rate 30%); 41% BST (25% RR). 21% run-through. 74% were Irish, 20% non-EU and 6% other EU.
- NCHDs responded to 8 Likert scale questions on training and working conditions. These were collapsed to: better, worse, the same or new to post. They were asked if they planned to remain in Ireland, go abroad but return to Ireland, go abroad and not return, or quit medicine.
- The Medical Career Tracking Study (MedTrack) is funded by the Health Research Board and led by the RCSI Health Workforce Research Group (see <http://www.healthworkforceireland.com/>).

FINDINGS on TRAINING and WORKING CONDITIONS

- Percentages of respondents who reported that specific **training conditions** were worse ranged from: *training costs* (44%); *protected training time* (33%); *mentoring supports* (21%) and level of *supervision* (20%). More NCHDs reported mentoring (29%) and supervision (26%) as better.
- **Working conditions** were viewed more negatively, with close to half of respondents reporting that *levels of stress* (46%) and *staffing levels* (46%) were worse. Lower proportions reported that *non-core tasks* (29%) and *bullying* in the workplace (22%) had become worse.

TRAINING

- **Training costs** – **Table 1** were reported as worse by 61% of over 30 year olds, 56% of Irish respondents, 55% of trainees, 61% of those in HST, and 70% of those planning a career in Psychiatry. Each of these predictors was statistically significantly associated with reporting training costs as ‘worse’ versus ‘same or better’ in bivariate logistic regression models.
- **Protected training** – **Table 2**, reported as worse versus same or better, was significantly associated in a logistic regression model with being male, having no dependents, being a non-training scheme doctor (NTSD) and planning a career in medicine or surgery.
- **Mentoring** – **Table 3**, reported as worse, was significantly associated with being a non-EU/EEA national, a GEM graduate, a NTSD, doing BST and planning a career in medicine or surgery.
- **Supervision** – **Table 4**, reported as worse, was significantly associated with being a non-EU/EEA national, a NTSD, doing BST and planning a career in medicine or surgery.

¹ Interns excluded as they lacked sufficient experience to answer questions on changes in training and working conditions.

WORKING CONDITIONS

- **Stress levels – Table 5**, reported as worse, was significantly associated with being a non-EU/EEA national, graduate of a non-EU/EEA medical school, and planning a career in medicine or surgery.
- **Staffing levels – Table 6**, reported as worse, was significantly associated with doing BST; and planning a career in medicine, surgery or psychiatry.
- **Non-core tasks – Table 7**, reported as worse, was significantly associated with being single.
- **Staffing levels – Table 8**, reported as worse, was significantly associated with being a non-EU/EEA national, a graduate of a non-EU/EEA medical school, being a NTSD, doing BST; and planning a career in, surgery.

CAREER / MIGRATION INTENTIONS

- Less than half (**45%**) of 1148 responding NCHDs plan to **remain in Ireland**; one third (**35%**) plan to **go abroad but return**; **17%** intend to **go abroad and not return**; and **3%** plan to **quit medicine**
- Of those planning to leave, 21% would do so before, 21% during and 58% after specialist training
- Most popular intended countries: UK 27%, Australia 23%, Canada 22%, US 9%, NZ 8%, Other 11%.
- NCHDs were significantly more likely to remain in Ireland if they were: ≥ 30 years, female, married, having dependents, graduate entry, non-trainees, planning to specialise in General Practice.
- Respondents more likely to report the 4 dimensions of *training* (costs, protected training, supervision, mentoring) and the 4 dimensions of *working conditions* (non-core tasks, stress levels, bullying, staffing levels) as getting worse, if they are intending to:-
 - Leave Versus remain in Ireland – 7 of 8 dimensions rated as worse: $P \leq 0.01$ – **Table A**
 - Stay away Versus return to Ireland – 6 of 8 dimensions rated as worse: $P \leq 0.01$ – **Table A**
 - Quit Versus continue in medicine – 7 of 8 dimensions rated as worse: $P \leq 0.05$ – **Table B**
- Three multivariable models (combined in **Table C**) show that the statistically significant predictors *independently* associated with the career outcomes were:
 - *Leave Versus Remain* in Ireland: being under 30 years, non-EU/EEA, being a trainee, reporting training costs as worse or same; and all hospital specialties, compared with GP as the baseline.
 - *Stay away Versus Return* to Ireland: being over 30 years, non-EU/EEA or non-Irish EU/EEA, GEM graduate, reporting mentoring as worse; and Psychiatry compared with General Practice.
 - *Quit Versus Continue in Medicine*: being under 30 years, married / co-habiting, reporting mentoring as worse.

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Report not to be disseminated beyond national Forum trainee representatives and MacCraith implementation monitoring group without permission of Professor Brugha.

Research Question 1: Are training and working conditions improving – levels and predictors of NCHDs’ views?

Q. To what extent have the following training / working conditions become better or worse since you began working as an NCHD in Ireland?

- i) My costs associated with training in my specialty
- ii) Protected training time
- iii) Level of supervision of my training
- iv) Mentoring supports within my training programme
- v) Non-core task allocation
- vi) Level of stress in my working environment
- vii) Level of bullying in the workplace
- viii) Staffing levels in my workplace

Response set: *Much better* *Somewhat better* *About the same* *Somewhat worse*
 Much worse *Haven't been in position long enough to judge*

Research Question 2: what are the levels, patterns and predictors of NCHDs’ career intentions?

Q. What is your long term plan in relation to your decision to practice medicine in Ireland?

	Number	Percent
1. Remain in Ireland to practice medicine	520	45%
2. Go abroad to practice medicine, but return to Ireland to continue my medical career	399	35%
3. Go abroad to practice medicine and not return to Ireland	196	17%
4. Leave Medicine	33	3%
TOTAL	1148	100%

Demographics: age, sex, marital status, dependents, nationality, country where qualified
(all statistically significant –see Highline points)

Training characteristics DEM/GEM, Trainee/Non-trainee, BST/HST/Run Through, Specialty

Migration plans: leave before/during/after completing training, destination country (see above)

Specialties categories (NDTP)	
General Practice	General Practice
Emergency Medicine, Ophthalmology Radiology, Surgery, Paediatric Surgery	Surgery
Anaesthetics	Anaesthetics
Medicine, Geriatrics, Obstetrics and Gynaecology Paediatrics, Global international medicine, Pathology	Medicine
Psychiatry	Psychiatry

Perceptions of Training and Working Conditions: overall scores

Item	Worse	Same	Better	New to Post	Total
Training					
My costs associated with training in my specialty	492 (44%)	378 (34%)	79 (7%)	171 (15%)	1120
Protected training time	371 (33%)	395 (35%)	219 (20%)	136 (12%)	1121
Mentoring supports within my training programme	231 (21%)	416 (37%)	324 (29%)	151 (13%)	1122
Level of supervision of my training	223 (20%)	467 (42%)	295 (26%)	136 (12%)	1121
Working conditions					
Level of stress in my working environment	520 (46%)	348 (31%)	178 (16%)	74 (7%)	1120
Staffing levels in my workplace	518 (46%)	356 (32%)	168 (15%)	79 (7%)	1121
Non-core task allocation	322 (29%)	476 (43%)	223 (20%)	98 (9%)	1119
Level of bullying in the workplace	220 (20%)	542 (48%)	243 (22%)	115 (10%)	1120

Two of four **TRAINING** dimensions were reported by a higher proportion of NCHDs as having become **worse** compared with those who reported them as having become better:

- **costs** of training (44% worse versus 7% better)
- **protected** training (33% worse versus 20% better)

Two **training** dimensions were viewed by a higher proportion of NCHDs as having become **better**:

- **mentoring** supports (29% better versus 21% worse)
- level of **supervision** (26% better versus 20% worse)

Three of four **WORKING CONDITIONS** were viewed by more NCHDs as having become **worse**:

- Level of **stress** in my working environment (46% worse versus 16% better)
- **Staffing** levels in my workplace (46% worse versus 15% better)
- **Non-core task** allocation (29% worse versus 20% better)

A slightly higher proportion of NCHDs reported improvement in

- Level of **bullying** in the workplace (22% better versus 20% worse).

Table 1 A. Training Costs *frequencies*

Variable	Item	Worse	Same	Better	P-value
Age (n=858) *	< 30 years	182 (44%)	204 (49%)	29 (7%)	<0.0001
	>= 30 years	269 (61%)	137 (31%)	37 (8%)	
Nationality (n=859) *	Irish	363 (56%)	248 (39%)	33 (5%)	<0.0001
	Non-Irish EEA	20 (41%)	23 (47%)	6 (12%)	
	Non-EEA	65 (39%)	77 (46%)	24 (14%)	
Country of BMQ (n=931) *	Irish	365 (55%)	256 (39%)	41 (6%)	0.0021
	Non-Irish EEA	58 (50%)	43 (37%)	14 (12%)	
	Non-EEA	63 (41%)	71 (46%)	20 (13%)	
Training status (n=947) *	Trainee	364 (55%)	246 (37%)	48 (7%)	0.0030
	Non-trainee	126 (44%)	132 (46%)	31 (11%)	
Training grade (n=658) **	BST	119 (49%)	108 (45%)	15 (6%)	0.0251
	HST	168 (61%)	86 (31%)	23 (8%)	
	Run-through Training	78 (56%)	54 (39%)	7 (5%)	
Specialty (n=944) *	General practice	38 (46%)	37 (45%)	7 (9%)	0.0344
	Surgery	112 (51%)	86 (39%)	21 (10%)	
	Medicine	221 (50%)	192 (43%)	32 (7%)	
	Anaesthesiology	58 (53%)	39 (36%)	12 (11%)	
	Psychiatry	62 (70%)	22 (25%)	5 (6%)	
Migration timing (n=493) ***	Before specialist training	36 (44%)	40 (49%)	5 (6%)	0.0036
	During specialist training	46 (44%)	54 (51%)	5 (5%)	
	After specialist training	188 (61%)	101 (33%)	18 (6%)	

Only statistically significant associations included.

* 200-300 responders dropped out before reaching later questions on demographic factors

** Training grade excludes Non Training Schemed Doctors (NTSDs) – captured in previous variable.

Interns not included in analysis, as they had not sufficient experience on which to answer questions

*** Question on migration timing only answered by those planning to leave Ireland.

Logistic regression models

Simple (i.e. not multiple) logistic regression models were created, comparing 'worse' with 'same or better'; and comparing 'better' with 'same or worse'. The models were in almost all cases mirror images of each other. For example, non-Irish EU/EEA NCHDs were significantly more likely to report that costs of training were better: odds ratio (OR) = 2.58, P=0.044. Tables 1 to 8 below show the statistically significant associations for 'worse' versus 'same or better'.

TRAINING

Table 1 B: Costs of training ²

Predictor	Group	Comparator	Odds-ratio	95% CI	p-value
Age	>= 30	< 30	1.98	1.51 - 2.60	0.000
Nationality	Irish	Non-Irish EU/EEA	1.87	1.04 - 3.38	0.037
Nationality	Irish	Non-EU/EEA	2.01	1.42 - 2.84	0.000
Training status	Trainee	Non-trainee	1.60	1.21 - 2.12	0.001
Training grade	HST	BST	1.59	1.12 - 2.26	0.009
Specialty	Psychiatry	General practice	2.66	1.42 - 4.97	0.002

NCHDs who were 30 years and over were twice as likely to report that training costs had become worse compared with <30 year olds (odds ratio [OR] = 1.98). Irish nationals were also twice as likely to report worse training costs compared with NCHDs from countries outside of the European Union (EU) and European Economic Area (EEA – OR=2.01); and compared with nationals from other EU/EEA countries (OR=1.87).

Trainees versus NTSDs (OR=1.60) and those specializing in Psychiatry versus General Practice (OR=2.66) were more likely to report training costs getting worse. General Practice was the baseline with which other specialties were compared. Specialties were collapsed to Medicine, Surgery, Anaesthesia, Psychiatry, as well as General Practice, in line with NDTP categories.

Table 2: Protected training

Predictor	Group	Comparator	Odds-ratio	95% CI	p-value
Sex	Male	Female	1.58	1.21 - 2.07	0.001
Dependents	No	Yes	1.37	1.00 - 1.87	0.054
Training status	Non-trainee	Trainee	1.52	1.15 - 2.00	0.003
Specialty	Surgery	General practice	4.41	2.26 - 8.58	0.000
Specialty	Medicine	General practice	5.10	2.70 - 9.65	0.000

Males, those without dependents and non-trainees were more likely to report protected training having become worse. The strongest associations were for Surgery (OR=4.41) and Medicine (OR=5.10).

² Country of medical school had a similar profile to nationality. Usually, the one with highest odds ratio is presented.

Table 3: Mentoring

Predictor	Group	Comparator	Odds-ratio	95% CI	p-value
Nationality	Non-EU/EEA	Irish	1.83	1.27 - 2.65	0.001
Under-grad pathway	GEM	DEM	1.58	1.06 - 2.35	0.024
Training status	Non-trainee	Trainee	1.37	1.00 - 1.87	0.051
Training grade	BST	HST	3.01	1.97 - 4.60	0.000
Specialty	Surgery	General practice	2.76	1.25 - 6.10	0.012
Specialty	Medicine	General practice	4.19	1.97 - 8.92	0.000

Table 4: Supervision

Predictor	Group	Comparator	Odds-ratio	95% CI	p-value
Nationality	Non-EU/EEA	Irish	1.69	1.16 - 2.45	0.006
Training status	Non-trainee	Trainee	1.59	1.16 - 2.17	0.004
Training grade	BST	HST	3.31	2.14 - 5.12	0.000
Specialty	Surgery	General practice	3.08	1.33 - 7.10	0.008
Specialty	Medicine	General practice	4.93	2.22 - 11.0	0.000

Mentoring and supervision showed similar profiles with non-EU/EEA versus Irish nationals, non-training scheme (NTSDs) versus trainees, NCHDs in Basic Specialist Training (BST) versus HST; and those planning careers in Medicine and Surgery versus General Practice all significantly more likely to report that these dimensions of training had become worse. There was a weak but significant association of poorer mentoring with having trained through a graduate entry medicine (GEM) route.

WORKING CONDITIONS

Table 5: Stress levels

Predictor	Group	Comparator	Odds-ratio	95% CI	p-value
Nationality	Non-EU/EEA	Irish	1.37	0.99 - 1.90	0.055
Country of BMQ	Non-EU/EEA	Irish	1.88	1.34 - 2.64	0.000
Speciality	Surgery	General practice	2.03	1.20 - 3.42	0.008
Speciality	Medicine	General practice	2.19	1.34 - 3.57	0.002

Factors significantly associated with reporting stress levels having become worse were being a non-EU national and having qualified from a medical school outside of the EU, in both cases compared with being Irish. Stress levels were reported as about two-times worse among those specialising in Medicine or Surgery versus General Practice.

Table 6: Staffing levels

Predictor	Group	Comparator	Odds-ratio	95% CI	p-value
Training grade	BST	HST	1.55	1.11 - 2.16	0.010
Speciality	Surgery	General practice	3.07	1.81 - 5.21	0.000
Speciality	Medicine	General practice	2.34	1.43 - 3.85	0.001
Speciality	Psychiatry	General practice	1.90	1.03 - 3.50	0.040

Those in BST versus HST and NCHDs planning careers in three specialties – Surgery, Medicine and Psychiatry – versus General Practice were each more likely to report that staffing levels had become worse.

Table 7: Non-core tasks

Predictor	Group	Comparator	Odds-ratio	95% CI	p-value
Marital status	Single	Married/ Co-habiting	1.32	1.00 - 1.74	0.046

Table 8: Bullying

Predictor	Group	Comparator	Odds-ratio	95% CI	p-value
Country of BMQ	Non-Irish EU/EEA	Irish	1.88	1.21 - 2.91	0.005
Country of BMQ	Non-EU/EEA	Irish	2.71	1.86 - 3.94	0.000
Training status	Non-trainee	Trainee	2.09	1.54 - 2.85	0.000
Training grade	BST	HST	1.64	1.04 - 2.58	0.032
Speciality	Surgery	General practice	2.18	1.08 - 4.39	0.029

Bullying had a similar profile to Stress and was more likely to be reported among nationals and graduates who had come from outside of the EU/EEA; and among those planning a career in Surgery. NTSDs and those in BST posts were each more likely to report bullying as worse, compared with trainees and those in HST posts, respectively.

Table A: associations of training and working experiences with migration plans:

Migration level 1	Migration level 2	Better No. (%)	Worse No. (%)	New to post No. (%)	Same No. (%)	TOTAL No. (%)	P value
1. Training costs Remain Ireland Leave Ireland		49 (10)	200 (39)	92 (18)	167 (33)	508 (100)	<0.001
	go but return	28 (5)	272 (47)	73 (13)	203 (35)	576 (100)	
	go not return	18 (5)	175 (45)	55 (14)	140 (36)	388 (100)	0.31
2. Protected training Remain Ireland Leave Ireland		118 (23)	145(28)	77(15)	169(33)	509(100)	<0.001
	go but return	97 (17)	206(36)	57(10)	216(38)	576(100)	
	go not return	74(19)	116(30)	42(11)	156(40)	407(100)	<0.001
3. Supervision Remain Ireland Leave Ireland		161 (32)	90 (18)	73 (14)	184 (36)	508	<0.001
	go but return	130 (23)	118 (20)	61 (11)	268 (46)	577	
	go not return	90 (23)	57 (15)	47 (12)	194 (50)	388	<0.001
4. Mentoring supports Remain Ireland Leave Ireland		168 (33)	86 (17)	84 (17)	171 (34)	509	<0.001
	go but return	152 (26)	126 (22)	65 (11)	234 (41)	577	
	go not return	114 (29)	51 (13)	49 (13)	174 (45)	388	<0.001
5. Non-core tasks Remain Ireland Leave Ireland		107 (21)	137 (27)	54 (11)	213 (42)	511	0.28
	go but return	109 (19)	167 (29)	44 (8)	252 (44)	572	
	go not return	84 (22)	97 (25)	33 (9)	172 (45)	386	0.006
6. Stress levels Remain Ireland Leave Ireland		100 (20)	205 (40)	42 (8)	161 (32)	508	0.001
	go but return	75 (13)	287 (50)	32 (6)	182 (32)	576	
	go not return	59 (15)	169 (44)	25 (6)	134 (35)	387	<0.001
7. Bullying Remain Ireland Leave Ireland		126 (25)	81 (16)	63 (12)	238 (47)	508	0.007
	go but return	111 (19)	124 (22)	51 (9)	290 (50)	576	
	go not return	81 (21)	64 (17)	38 (10)	204 (53)	387	<0.001
8. Staffing levels Remain Ireland Leave Ireland		93 (18)	208 (41)	41 (8)	167 (33)	509	0.01
	go but return	72 (12)	283 (49)	38 (7)	183 (32)	576	
	go not return	49 (13)	184 (48)	28 (7)	126 (33)	387	0.66

NOTE: Table A shows associations of the four training and four working conditions' Likert scale questions with the migration options, firstly comparing doctors planning to remain with doctors planning to leave Ireland; secondly, comparing those planning 'go but return' with those planning to 'go and not return'. Likert options were collapsed into four categories: better, worse, the same or new to post. Those who intended to leave rated seven of eight statements significantly worse ($P \leq 0.01$) compared with those planning to remain. Among those who planned to leave, those planning to 'go and not return' rated six of eight dimensions as worse ($P < 0.01$), compared with those planning to 'go but return' to Ireland.

The highest negative ratings among those planning to **leave Ireland permanently** were for '**stress levels**', where 62% ($P < 0.001$) reported these as worse, followed by '**staffing levels**' and '**training costs**' (52% - neither significant) and '**protected training**' (48%; $P < 0.001$).

TABLE B: Associations of training and working experiences with decision to continue versus leave medicine

Migration level 1	Better No. (%)	Worse No. (%)	New to post No. (%)	Same No. (%)	TOTAL No. (%)	P value (fishers exact test for all)
1. Training costs Continue Quit	77 (7) 1 (3)	472 (44) 17 (53)	165 (15) 6 (19)	370 (34) 8 (25)	1085 (100) 32 (100)	0.560
2. Protected training Continue Quit	215 (20) 4 (12)	351 (32) 19 (59)	134 (12) 2 (6)	385 (36) 7 (22)	1085 (100) 32(100)	= 0.028
3. Supervision Continue Quit	291 (27) 4 (12)	208 (19) 14 (44)	134 (12) 2 (6)	452 (42) 12 (38)	1085 (100) 32 (100)	= 0.011
4. Mentoring supports Continue Quit	320 (30) 4 (12)	212 (20) 18 (56)	149 (14) 2 (6)	405 (37) 8 (25)	1086 (100) 32 (100)	<0.001
5. Non-core tasks Continue Quit	216 (20) 6 (19)	304 (28) 16 (50)	98 (9) 0 (0)	465 (43) 10 (31)	1083 (100) 32 (100)	0.031
6. Stress levels Continue Quit	175 (16) 3 (9)	492 (45) 24 (75)	74 (7) 0 (0)	343 (32) 5 (16)	1084 (100) 32 (100)	0.012
7. Bullying Continue Quit	237 (22) 6 (19)	205 (19) 14 (44)	114 (10) 1 (3)	528 (49) 11 (34)	1084 (100) 32 (100)	0.011
8. Staffing levels Continue Quit	165 (15) 3 (9)	491 (45) 24 (75)	79 (7) 0 (0)	350 (32) 5 (16)	1085 (100) 32 (100)	0.011

Table B shows the results of a bivariate analysis that presents the associations of the eight Likert scale questions on training and working conditions with an intention to leave (quit) versus stay in medicine.

Seven of the associations were statistically significant, with only one (costs of training) not significant. For every training and work experience, a higher proportion of those planning to quit medicine reported these as worse than did the three categories of those continuing in medicine.

Staffing levels and **stress levels** were reported as worse by 24 (**75%**) **planning to quit**; half or more reported that **protected training time (59%)**, **mentoring (56%)**, **training costs (53%)** and **non-core tasks (50%)** were worse, and **44%** reported that **bullying** had become worse.

Table C: Multivariable model odds ratios for 3 career / migration options

Variable	Leave v Remain odds ratio	Stay away v return odds ratio	Quit v Continue Medic Odds ratio
Age (<30 years)	1.08****		1.14
Age (>30 years)		1.15****	
Single			
Married / cohabiting			2.98 *
Irish			
Non-EU/EEA	1.56*	9.91****	
Non-Irish EU/EEA	0.59	3.15	
Direct Entry Medicine			
Graduate Entry Medicine		2.36*	
Specialty: General practice			
Specialty: Medicine	2.9****		
Specialty: Surgery	3.12****		
Specialty: Anesthesiology	5.11****		
Specialty: Psychiatry	2.61**	4.73*	
Non trainee			
Trainee	1.53*		
Training costs: new to post			
Training costs: same	1.89*		
Training costs: worse	2.35**		
Mentoring: new to post			
Mentoring: worse		4.42*	6.97*

* p<0.05 ** p<0.01 *** p<0.005 **** p<0.001

NOTE for Table C: A multivariable model means that each predictor in the final model is associated with the outcome independently of all the other predictors. In the case of those with an *asterisk*, the associations are statistically significant.

For example, an intention to leave Ireland is significantly associated with planning a career in Medicine (P<0.001). The association of migration with a career in Medicine is not because these respondents are younger, or because they report training costs as getting worse. Age, specialty, being a non-EU/EEA national and the view that training costs are worse are associated with this outcome, *independently* of each other.

A particularly interesting finding is that **mentoring getting worse** has a strong association with an intention to stay abroad when compared with those who plan to leave but return; and 'mentoring' getting worse is even more strongly associated with planning to quit a career in medicine. However, those planning to quit was a relatively very small cohort (33 of 1,147 doctors) which means the association should be treated cautiously.

An odds ratio can be understood, in layman's terms as follows: those planning to stay abroad were 4.42 times more likely to report mentoring as getting worse compared with those planning to abroad and return later to practice in Ireland.

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Predictors significantly associated with reporting that specific training and working conditions were worse versus same/better

Variable	Item	Costs of training	Protected training	Mentoring	Super-vision	Stress levels	Staffing levels	Non-core tasks *	Bullying
Age	< 30 years	X							
	>= 30 years								
Sex	Male		X						
	Female								
Nationality	Irish	X							
	Non-Irish EEA								
	Non-EEA			X	X	X			X
Country of BMQ	Irish	X							
	Non-Irish EEA								X
	Non-EEA			X	X	X			X
Undergrad path	DEM								
	GEM			X					
Training status	Trainee	X							
	Non-trainee		X	X	X				X
Training grade	BST			X	X		X		X
	HST	X							
	Run-through Training								
Specialty (v GP)	Surgery		X	X	X	X	X		X
	Medicine		X	X	X	X	X		
	Anaesthesiology								
	Psychiatry	X					X		

Note: marital status (being single) was weakly associated with reporting 'non-core tasks' as worse: OR=1.32, P=0.05