

Equally, the same rates of trainees in Portugal (as in Europe overall) had 'ever' considered leaving the country and were considering leaving the country 'now'. A higher rate (one-third) in Portugal had taken practical steps towards migration compared to the European results (one-fourth).

Among trainees in Portugal, the most important push factor is by far personal reasons, such as health or having a partner or children (59.6%), which was similar to the main push factor in Romania.¹⁶

Whereas for the pull factors, financial reasons were considered one of the main reasons to leave Portugal. It should be noted that although a HIC, Portugal is among the European countries where psychiatric trainees are paid the worst, after the Eastern European countries.¹³ This may explain why the majority of the psychiatric trainees were dissatisfied or very dissatisfied with their income. Financial reasons were also the top reason to leave the country in Romania and Turkey.^{15,16} However, trainees in Romania considered social factors as the second most important pull factor, while this reason was mentioned by fewer trainees in Portugal.¹⁶ As for the conditions that should be improved in the Psychiatry profession, the main three were: working conditions, financial and academic conditions. In other countries such as Turkey, trainees expressed the same recommendations but in a different order of priority.¹⁵

Strengths and limitations

To the best of our knowledge, this is the only study on migration trends of psychiatric trainees in Portugal. The response rate of more than half is another of its strengths, as well as the characteristics of the sample (with the majority being female) which is in line with the population of psychiatric trainees in Portugal¹⁴ and in Europe.¹³ Currently, at least 60% of new graduates and 30% of the medical workforce are women,⁹ and there is an increasing number of female psychiatrists in various countries.^{17,18}

However, some limitations should be noted. A self-reported questionnaire is subject to recall and reporting bias, as well as social desirability bias. Moreover, there may also have been a selection bias, where trainees that were keener in migrating may have been more prone to respond to this survey, which could lead to potential higher rates of positive attitudes towards migration. In addition, as the survey was circulated in English, it could be the case that trainees who are fluent in English could be more interested in migration.

Still, this study only focused on trainees who are currently training in Portugal, and Portuguese junior doctors who have emigrated were not included in this sample. These could either be the case of junior doctors who are currently training in other countries or specialists who after finishing their training in Portugal, have already migrated to other countries. Future studies should explore the push and pull factors among psychiatrists and psychiatric trainees who are currently emigrated to further understand the reasons to migrate in those that have moved country already.

Of note, our findings refer to different types of migratory tendencies ('ever', 'now' and 'practical steps'), and it is unclear which parameter optimally assesses the intention to migrate. Future studies should explore the actual migratory flows of these doctors, checking where they have migrated and how many times. In order to ensure accuracy, efforts should be made to harmonise definitions of migration as well as mechanisms of data collection. This is also to facilitate the comparison of migration statistics across countries on data that is already routinely collected for administrative purposes.¹⁹

Finally, as the sample size is small, it is not possible to explore possible sub-groups and the impact of individual characteristics in the intention to migrate in Portugal.

Relevance of the findings and implications for practice, policies and research

This study provides valuable data on previous, current and future international migration tendencies among psychiatric trainees in Portugal, as well as their reasons for migrating or remaining in the country. These findings can assist decision-makers in implementing strategies to promote stability in the country's medical workforce, while recognising doctors as autonomous people with rights.

Our findings suggest that in order to maintain a stable health workforce, policy-makers must improve working, financial and academic conditions. Tackling salaries and academic conditions (e.g. addressing doctor's reasons for leave or encouraging them to return) might help modulate these 'pull factors' and provide countries with the tools to improve training conditions and address migration caused by training dissatisfaction.

Wage adjustment, while an important factor, in Portugal is not at the reach of managers at an institutional level. Therefore, the focus could be on improving working and academic conditions, providing financial support to attend at congresses and courses, and providing opportunities for continuous professional development. The authors suggest the creation of a special interest day for psychiatry training in Portugal, which would provide dedicated time for trainees to conduct activities of their own interest, such as research or psychotherapy, that otherwise trainees may not have time to pursue during their mandatory rotations. Such 'special interest days' are popular in countries such as the UK, with a positive impact in the trainees' development²⁰.

Furthermore, the standardisation of psychiatry training *curricula*, could be an important step to empower psychiatrists and to make them capable of transferring their skills into different social and cultural situations, ensuring that the essential core knowledge for practicing psychiatry in all contexts is acquired.