



Joint Action Health Workforce
Planning and Forecasting

Experiences of European countries with health workforce migration

Implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel and applicability of its principles within the EU

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challenging for international migration of health workers

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Initiatives of the European Commission

Action Plan for the EU Health workforce			
Improve workforce planning (Joint Action)	Recruitment and retention	Anticipate skills needs	International ethical recruitment

EU Blue Card Directive

fast track procedure for special residence and work permit, possibility for a MS to reject application on ethical recruitment grounds

European Migration Network Query

EU Mobility Partnerships: e. g. Moldova

HealthWorkers4All: WHO Global Code

Joint Action activities on mobility and migration

Joint Action Health Workforce Planning and Forecasting

Work Package 4 on data – mobility activity

WHO Code activity

The ***Joint Action Health Workforce Planning and Forecasting*** is a 36 months project (from April 2013 to March 2016). A shortage of 1 million health workers is expected by 2020 in Europe. This Joint Action targets to support collaboration among Member States and tackle the challenges of understanding health workforce terminology, update information on mobility, estimate future skill mixes and needs and increase impact of planning on policy decision making. (30 associative and 45 collaborative partners)

Work Package 4 (WP4) has its focus on available data and related terminology. The so-called ***mobility activity*** of WP4 will explore and summarize the current knowledge on HWF mobility data situation in the EU, focusing on gaps in mobility terminology, data and their availability. Examines existing HWF mobility data relevant recommendations, and also investigates the use and development potential and applicability of existing EU and international tools. Examines which mobility indicator(s) could be suggested into international data collection.

Activity on WHO Code

"As an expansion to activities related to mobility research, efforts will be made to initiate a discussion on the applicability of the WHO Global Code of Practice on the International Recruitment of Health Personnel within a European context including the mapping of best practices."

Implementation of the WHO Code of Conduct

Best practices from Member States - 1.

Ireland

- Ireland **biggest recruiter** of foreign trained nurses and second biggest for doctors (in %terms) among OECD countries (2008) – (35% of doctors non-Irish) - now commitment to WHO Code
- **International Medical Graduate Training Initiative** (2011-2013) - Enables suitably qualified overseas postgraduate medical trainees to undertake fixed period of clinical training in Ireland
- Currently developing **long-term strategic** health workforce planning **framework** and approach (2014-2015)
- **Doctor Emigration Project**, 2014-16
- 2013 Health Worker Migration Policy Council Innovation **Award**

United Kingdom

- a **Code of Practice** for more than 10yrs
- **invested** considerable resources in **workforce planning** and is moving toward a position of self-sustainability
- **NHS** as a signatory to the WHO code it **aims avoid recruitment from countries where it is not desirable** – considerable decrease in the reliance on workforce from third countries with severe shortages (esp. Africa), slight increase in the reliance on other EU countries' workforce

Finland

- **Action Plan for Labour Migration** in 2009-2011, **guidelines** of international mediation/public employment services in 2011
- **Translation** of the Code into Finnish
- **Kaste** program (**National Development Programme**) 2012-2015 defines the objectives for the reform of the sector as well as the actions to achieve them (incl. ensuring the sufficiency of workforce by means of clarifying the practices on international recruitment)
- **pilot project** in 2012 - develop **an ethical recruitment model** with all main actors of the health care sector in Finland **by the end of 2014**.
- Multilateral and regional agreements

Implementation of the WHO Code of Conduct

Best practices from Member States - 2.

Germany

- **No direct recruitment** (only for Fed. Auth.) of healthcare personnel from countries of origin that belong to the 2006 WHO list (**critical shortage**)!
- First pilot projects with source countries that are **not** on the 2006 WHO list were initiated recently with the aid of or through the German government (Vietnam, China, Tunisia, the Philippines, Serbia & Bosnia)
- Idea: **Triple Win Migration**[®]: beneficial for the source and sending country, and also for the migrant – solutions to implement this concept are being developed

Moldova (non-EU)

- High level meetings: The delegation of the Republic of Moldova, attested the intention of country to pursue the signing of **bilateral agreements** in the field of health personnel migration, via formal negotiations, agreements
- **a Cross-Sector Working Group** was established in July 2013
- **Draft agreement approved** by Government Decision No.936 dated 22 November 2013
- 19 countries selected for negotiations, including RO, IT, ES, PT, DE, ISR, FR, UK, TR, BG

Mobility situation in the EU

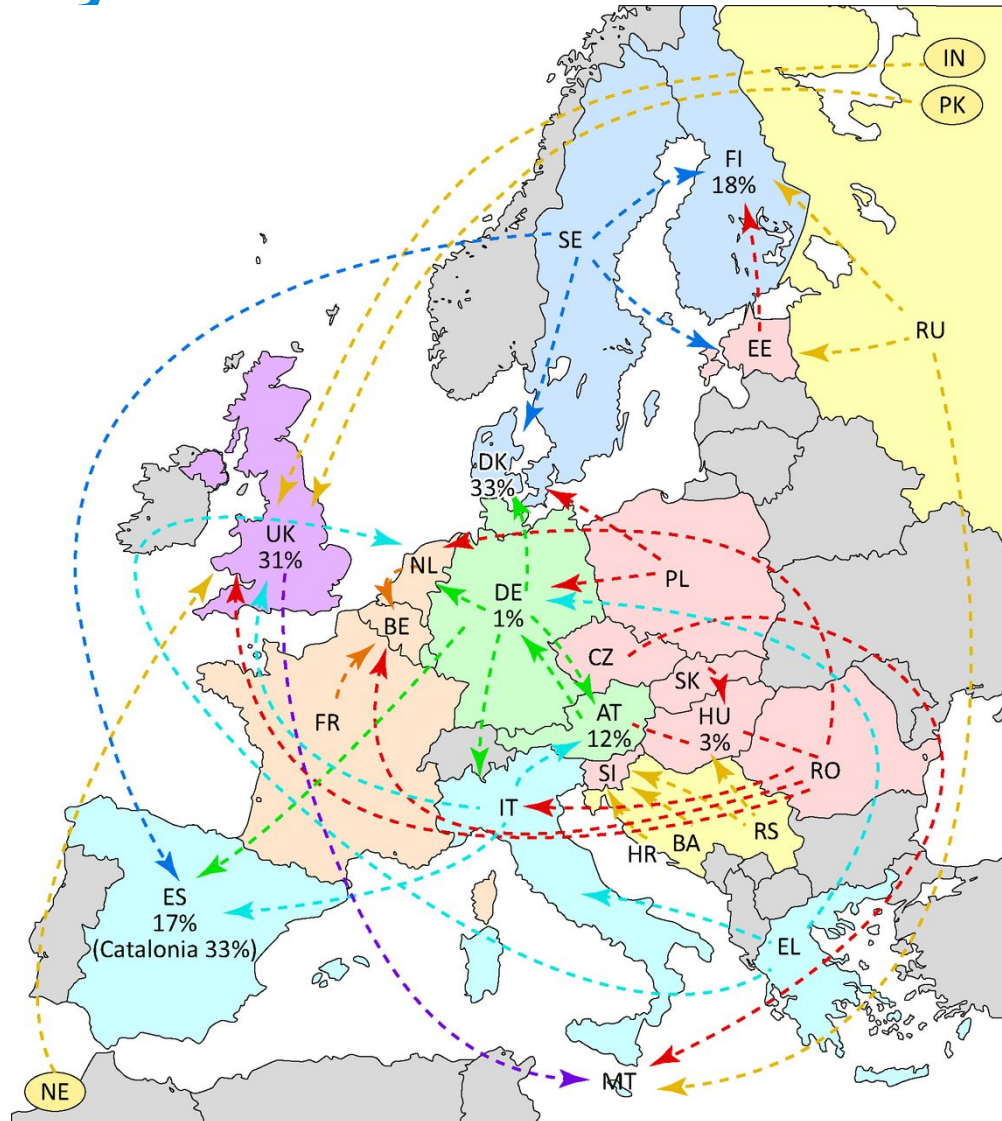
Fig 1. **Mobility of medical doctors.**

Based on the ratio of newly registered medical doctors with foreign training in the respective Member States (2008-2010)


AT = Austria; BA = Bosnia and Herzegovina; BE = Belgium; CZ = Czech Republic; DE = Germany; DK = Denmark; EE = Estonia; EL = Greece; ES = Spain; FR = France; FI = Finland; HU = Hungary; HR = Croatia; IN = India; IT = Italy; MT = Malta; NE = Nigeria; NL = the Netherlands; PK = Pakistan; PO = Poland; RO = Romania; RS = Republic of Serbia; RU = Russia; SE = Sweden; SI = Slovenia; SK = Slovakia; UK = United Kingdom.

Mobility trends:

- Neighbouring countries
- East-West, South-North
- Mostly within EU, Except for UK & Spain, lesser for France & Belgium
- 2 projects: Prometheus, MoHProf



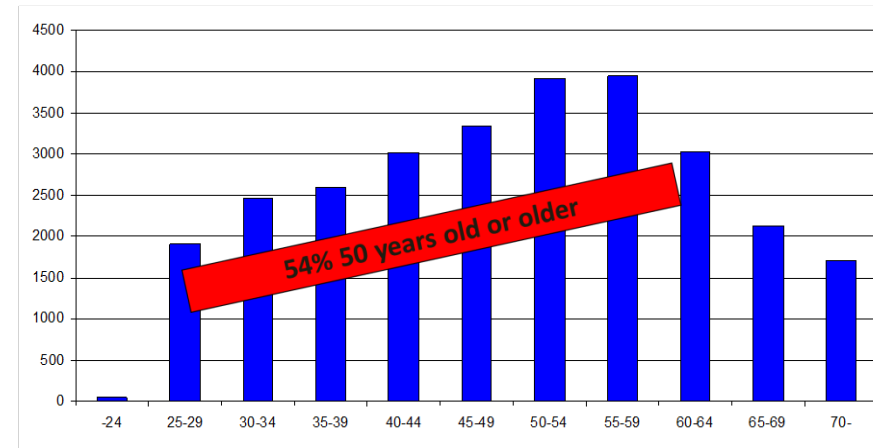
The applicability of the Code's principles within the EU

- Implementation of the Code in relation to the non-EU countries is a priority for the European Region
- The European Union is an area of free movement of persons  equal access to health care for all EU citizens is an aim of health ministers (Council Conclusions adopted on this with unanimity)
- Since 2004 13 countries joined the EU resulting in distortions in the availability of adequately trained health professionals in adequate number in some countries or regions – flows from lower income countries to higher income countries
- The question arises, whether the WHO Code's principles can be applied in such circumstances, and how?

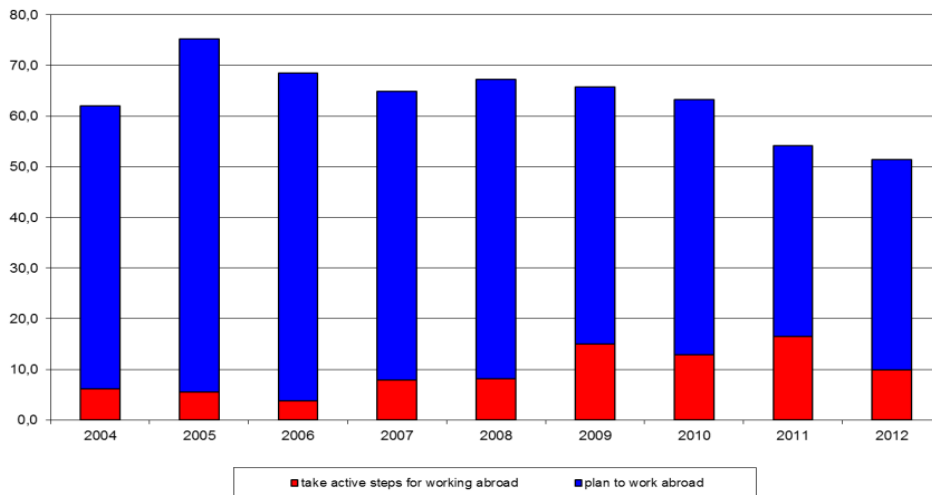
A country example - Hungary

age distribution	2004	2005	2006	2007	2008	2009	2010	2011
20-29	52	80	77	92	121	155	364	413
30-39	243	263	228	229	312	360	431	466
40-49	149	171	153	172	182	245	212	200
50-59	53	81	53	84	89	111	91	109
60-69	7	9	9	13	26	16	13	12
Total	504	604	520	590	730	887	1111	1200

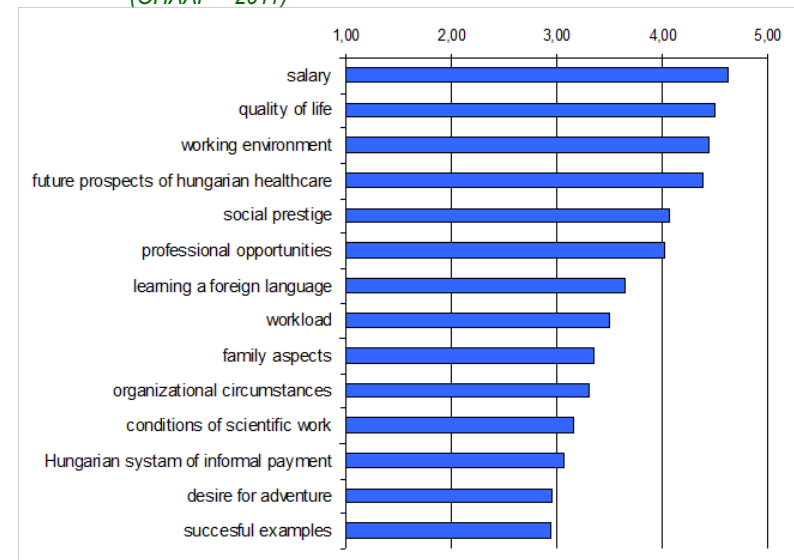
Age distribution of medical doctors, who applied for diploma certification 2004 - 2011 (Office of Health Authorisation and Administrative Procedures - OHAAP)



Age distribution of Hungarian active medical doctors (OHAAP - 2011)



Migration potential (Resident Survey, SU HSMTC, Hungary, n=518, medical residents)



Motivations to go (Resident Survey, SU HSMTC, Hungary) (2010 residents, n= 294, Lickert scales with 5 grades, 5 = decisive influence, 1 = no influence at all)

Conclusions of the workshops on WHO Code

- Further awareness-raising is needed – the Code is not widely known or narrowly interpreted (lack of translation and proper dissemination may be among the reasons for that)
- The Code's principles are relevant also within the EU
 - Control of recruitment agencies is a difficult question – at least more transparency is needed
 - Retention strategies have to be strengthened within the EU through cohesion policies and other funds
 - Bilateral agreements, circular mobility is relevant also within the EU, as a form of cooperation within the free movement context
 - Flows are difficult to control in the free movement zone, information exchange as automatic as possible should be fostered
 - EU level Code of Conduct is not necessary, not feasible, however a handbook of best practices would be useful

Thank you for your kind attention!

<http://euhwforce.weebly.com/>



Questions?