



Joint Action Health Workforce
Planning and Forecasting

Report on the activity: applicability of WHO Code on international recruitment of health personnel

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EU Joint Action on Health Workforce
Planning and Forecasting
Plenary Assembly
Madrid, 23th March 2015



Funded by
the Health Programme
of the European Union

Joint Action activities on mobility and migration

Work Package 4 on data – mobility activity

WHO Code activity

WHO Code report

- will explore and summarize the current knowledge on **HWF mobility data situation (gaps)**

- **examines** existing HWF mobility data relevant **recommendations**, existing EU and international tools.

- examines which **mobility indicator(s)** could be suggested into international data collection.

- **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."

- JA Milestone - **report of the discussions**

The report gives food for thoughts for WP7 activities:

- policy recommendations
- circular mobility report

Working method

*„Discussion on the applicability of the WHO Code including the identification of best practices will be initiated **through workshops** and meetings taking also into account the measures taken with regard to implementation.”*

Bratislava workshop – 30th January 2014

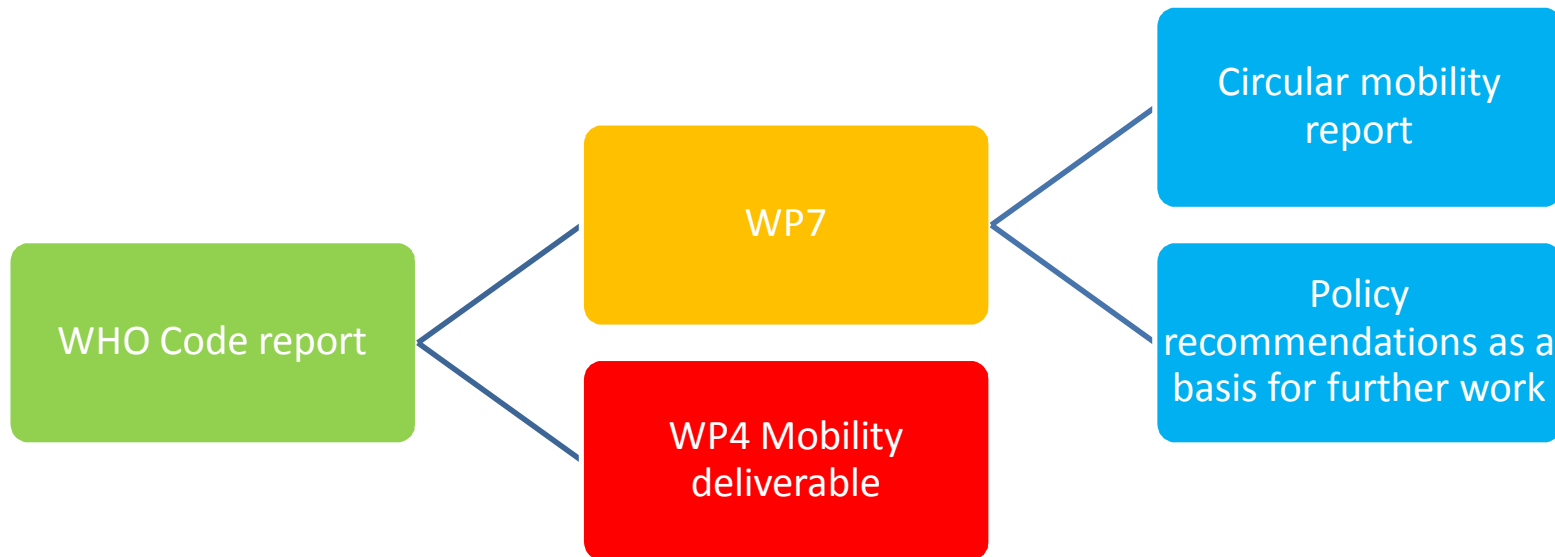


Lisbon workshop – 16th June 2014



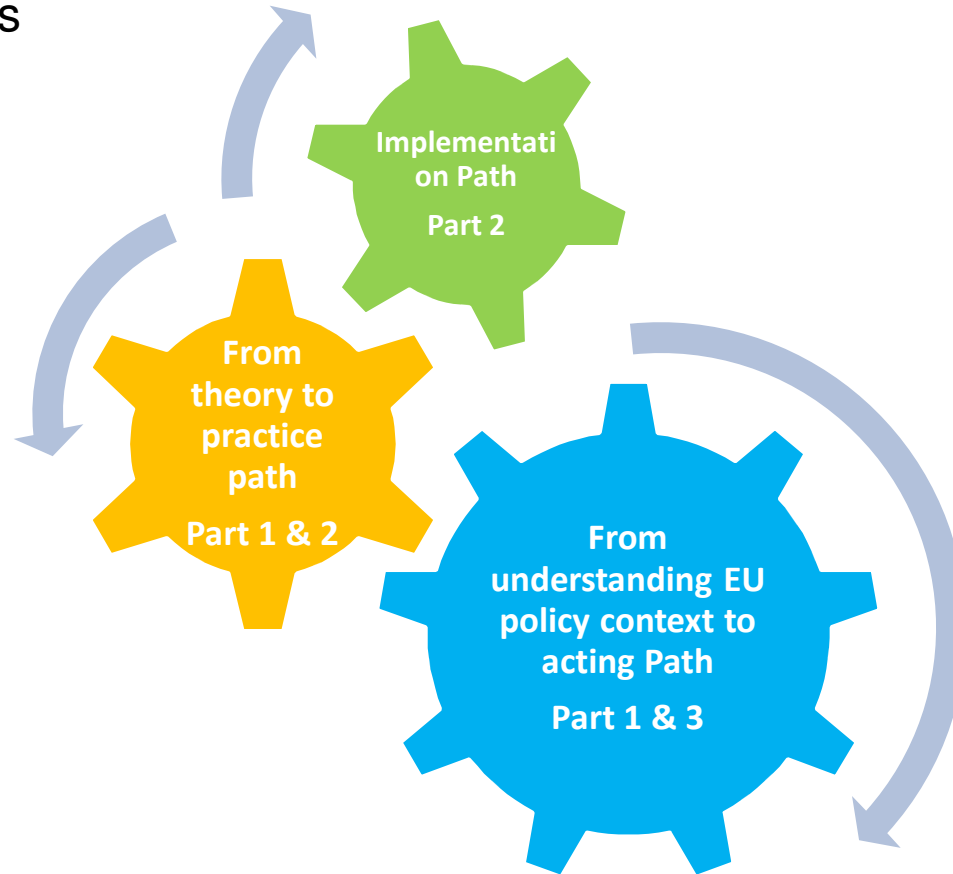
What is this report?

- ✓ not a deliverable, but only a milestone
- ✓ structured report of a descriptive nature of the discussions
- ✓ scope is limited
- ✓ does not aim to provide a detailed analysis

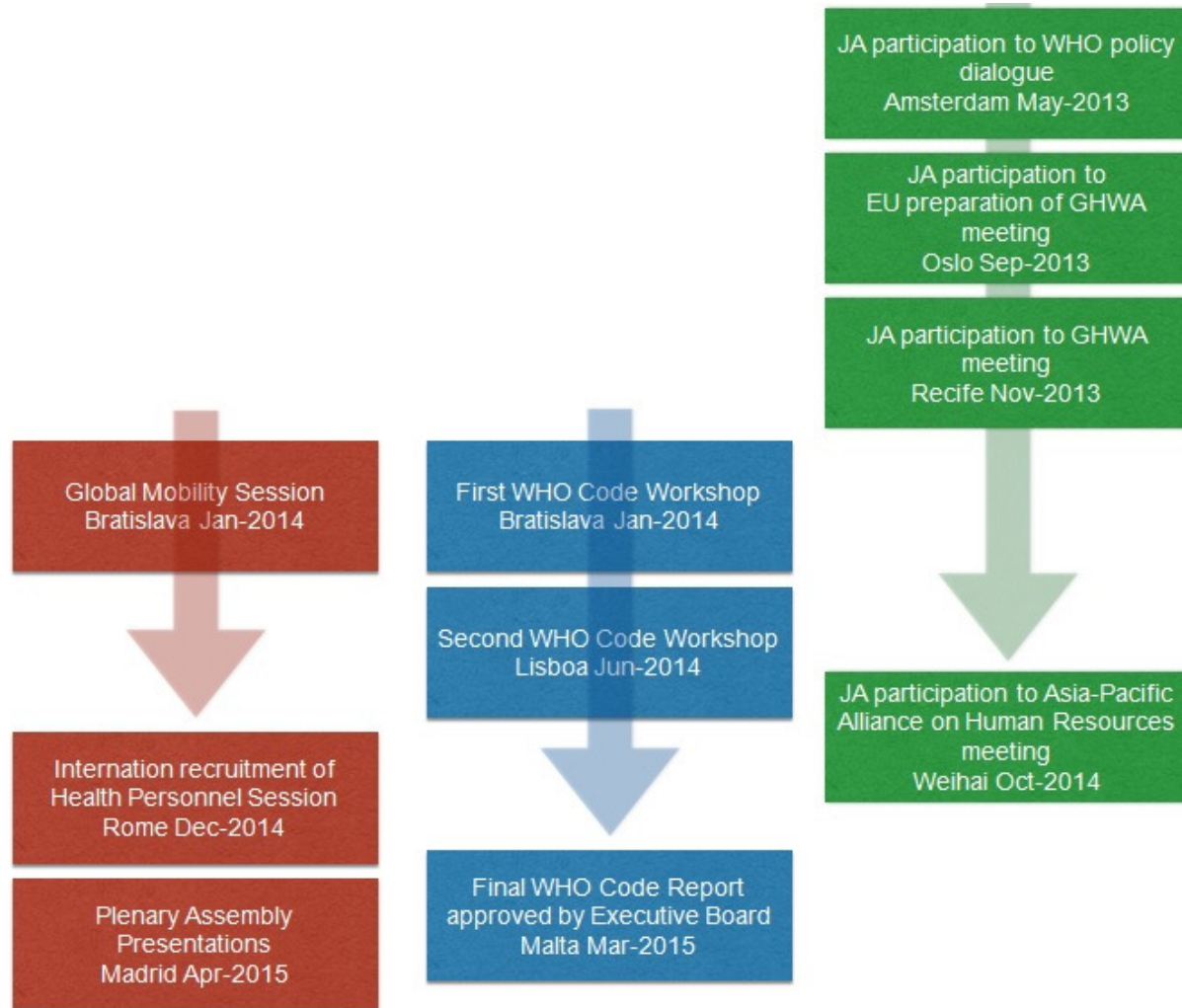


How to read this report?

- ✓ has not a special target group or audience
- ✓ can be used for experts or even decision makers with suggested reading paths

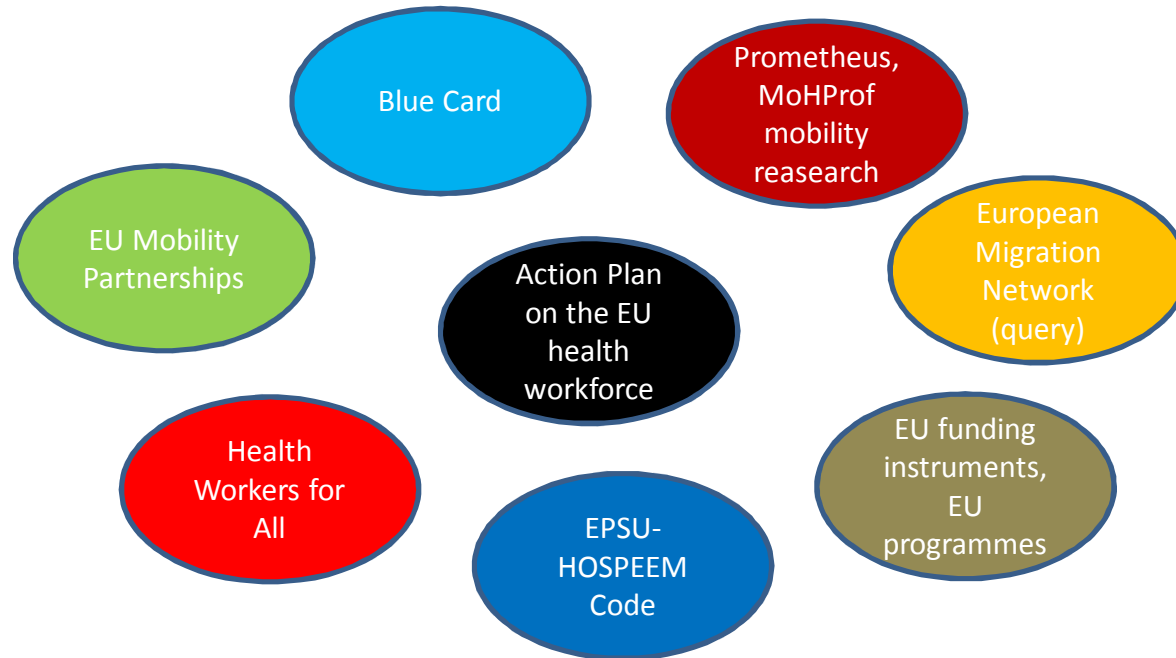


Wider JA context



Part 1 – Knowledge base

- ✓ very limited literature review
- ✓ introduction of related activities of the Joint Action
- ✓ introduction of international context the discussion is embedded in, including
 - **WHO** first reporting circle experiences
 - **EU** initiatives and related projects:



Part 2 - Implementation of the WHO Code of Conduct

Good practices from Member States

Ireland

- Ireland **biggest recruiter** of foreign trained nurses and second biggest for doctors (in % terms) among OECD countries (2008)
- **International Medical Graduate Training Initiative** (2011-2013)
- 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**

Germany

- **No direct recruitment** 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) – **Triple win idea**

Moldova

- Intention to sign **bilateral agreements** in the field of health personnel migration, via formal negotiations - **a Cross-Sector Working Group** was established in July 2013
- **Draft agreement approved** by Government Decision, 19 countries selected for negotiations, including RO, IT, ES, PT, DE, ISR, FR, UK, TR, BG

Finland

- **Translation** of the Code into Finnish
- **Kaste** program (**National Development Programme**) 2012-2015
- **Action Plan for Labour Migration** (2009-2011), **guidelines** of international mediation/public employment services (2011)
- **pilot project to develop an ethical recruitment model** with all main actors by the end of 2014.

Specific articles of the WHO Code covered by the country examples

Article	Number of the WHO Code Article and the focus point of the Article							
	4	4	5 & 10	5	5	6	7 & 9	8
	Employer & State recognition of the need for ethical recruitment	Implementation of fair treatment and encouraging education	Collaboration between countries with mutual benefits	Developing evidence based HWF planning and taking measures for monitoring	Enhancing Education and building on creative curricula	Improve data collection, evidence based building and strengthening HWF research	Exchange information at Local & Global level	Promote the code and implement in local laws
Ireland	X	X	X	X	X	X	X	X
Germany	X	X	X		X		X	X
Moldova	X		X				X	X
Finland	X		X	X			X	X

Note: this table is set up for providing an overview of the areas of the WHO Code implementation that were presented by 4 countries – and does not intend to provide a detailed scientific insight.

Part 3 - The applicability of the Code's principles within the EU - context

- ✓ **Implementation of the Code** in relation to the non-EU countries is a **priority**
- ✓ The European Union is an area of **free movement** of persons , however **equal access to health care** for all EU citizens also have to be ensured (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
- ✓ The question arises, whether the **WHO Code's principles can be applied** in such circumstances, and how?



Perspective of a sending and receiving country

HUNGARY

- Outflow of 2000/year, inflow 200/year
- Main target countries: DE (1200 registered), UK (1300 registered)

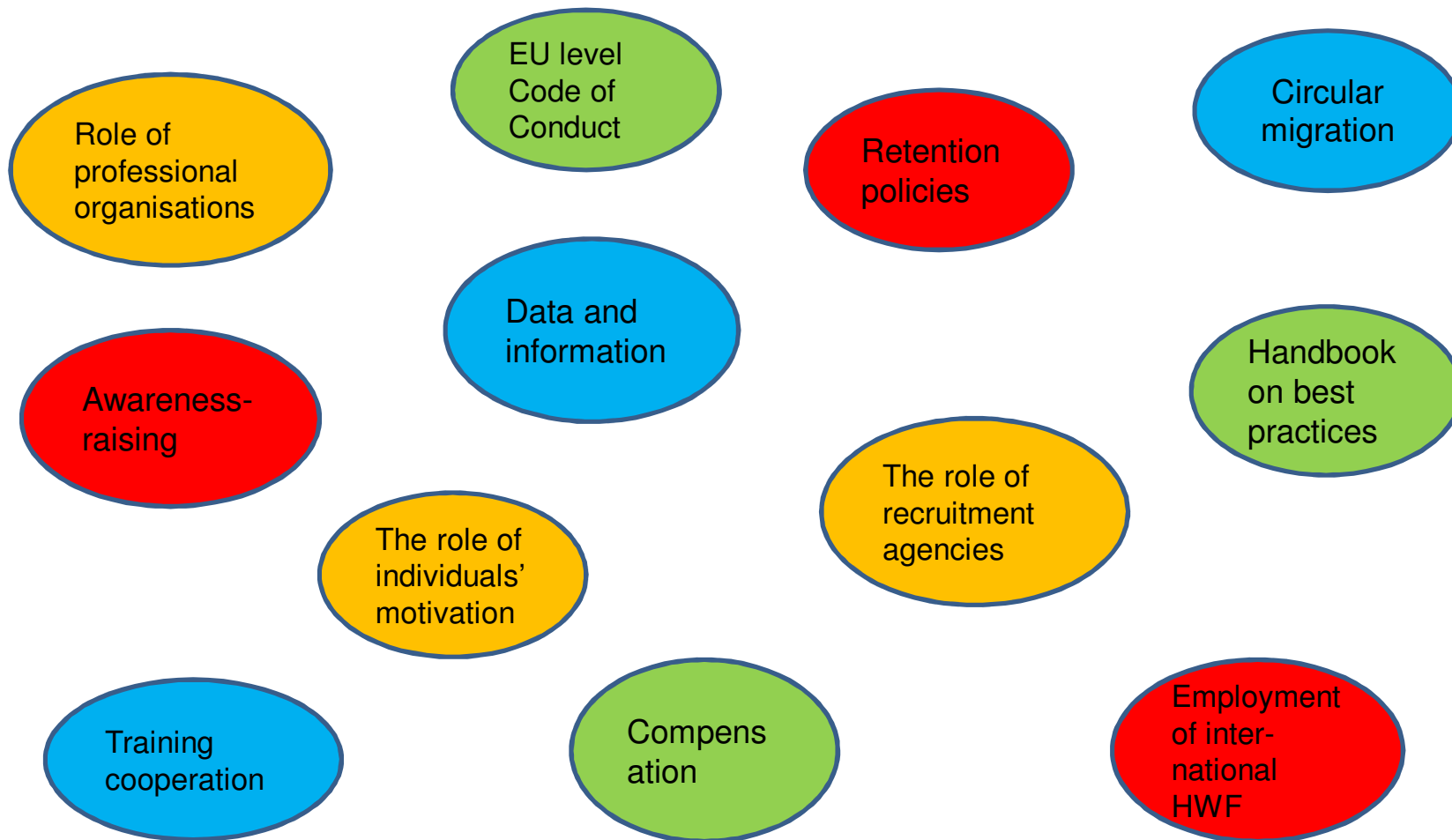
- Measures taken: increasing of salaries by a scholarship programme
- Some measures are not an option – increasing numerus clausus does not guarantee retaining (40% foreign students, capacities are full)

UNITED KINGDOM

- Code of Practice for more than 10 years
- Considerable resources invested in workforce planning (self-sustainability)
- NHS will always need to recruit, however aims to avoid unethical solutions

- Treaty obligations have to be followed, if an individual wants to work in other MS
- Current initiatives aim at circular migration solutions (potential exist within the EU, but Treaty is first))

Relevant issues chosen for EU context discussion



Connections with country examples or EU-specificity

Issues identified specifically for EU context:

- EU level Code – „do we need an own Code?”
- EU level „best” practice book – „shall we collect country examples?”
- automatic data exchange between MSs – „is would be useful, but feasible?”
- intention to leave – „behind free movement individuals motivation counts best?”

Issues identified in country practices:

- integration of the migrant (DE, FI,IE,MO – equal treatment, training, language courses, etc.)
- solutions of bilateral agreements – training cooperation, circular mobility (MO,DE,IE)
- recruitment agencies (DE – regulation on not recruitment from WHO-list countries)
- compensation (DE, – triple win idea – source country has to benefit as well, but how?)
- retention policies (IE – training and retaining, DE – fair wages, rec.of qualifications, etc.)

General issues to enhance the implementation

- awareness-raising
- engagement of stakeholders

Result of the discussion

GROUP RESPONSES XXXXO1

1. In order to help MSs to prevent imbalances of healthcare personnel - from sending & receiving countries - the activities between employer & recruitment agencies should be provided within a framework of transparency, ethical and quality cooperation. (2/1)

2. Cooperation in the field of graduate and post-graduate education in health within MSs and within the EU should be a process that is transparent, planned in due time and regulated on a multi-lateral & multi-stakeholder basis otherwise countries might get into a situation of imbalance in their own health care systems. (5B)

3. Countries within the free movement zone have poor control over flows of health professionals, therefore an as automatic as possible information exchange based on existing processes is requested for HWFP. (7/-)

Retention is essential part of health workforce planning - retention is a voluntary choice to stay, and it can be fostered by creating fair, equitable working conditions. Circular mobility can be beneficial to source and destination countries. (23)

Professional organisations have a role determining standards of quality of professional exercise. The extent of their involvement in question of mobility, ethical recruitment and overall workforce policies depends on the Member States. (2B)

The feasibility, applicability and necessity of an EU level Code of Conduct should be examined by the Commission. (6/10)

STATEMENTS NEWLY FORMED (IF NEEDED) OR THE 'OLD, ORIGINAL' ONE(S) RESPONSE

7. PATIENT SAFETY COMES FIRST, EACH HEALTH SYSTEM NEEDS THE RIGHT PEOPLE (QUALIFICATIONS, SKILLS, COMPETENCIES...) AT THE RIGHT PLACES (JOBS), WITHOUT DISCRIMINATION OF ANY KIND OF THE HWFP. TRAINING, INFO IN A PROPER WAY FOR MIGRANT HEALTH PROFESSIONALS NEEDED IN ADVANCE.

9. INDIVIDUAL MOT. PATTERNS PLAY A VERY IMPORTANT ROLE IN EU HWFP MOBILITY, THAT ARE INFLUENCED BY REG. & SOCIAL ENVIRN. FREE MARKET ANALYSIS IS NEEDED.

8. A HANDBOOK OF BEST PRACTICES DERIVING FROM THE EXPERIENCES AND KNOWLEDGE OF MSs IS THE BEST TOOL TO SUPPORT THE PRACTICAL IMPLEMENT OF THE WHO CODE & COULD ALSO SUPPORT THE DIVERSITY OF INTRA EU SOLUTIONS.

MAHILDE + MARILADE - PRESENTERS

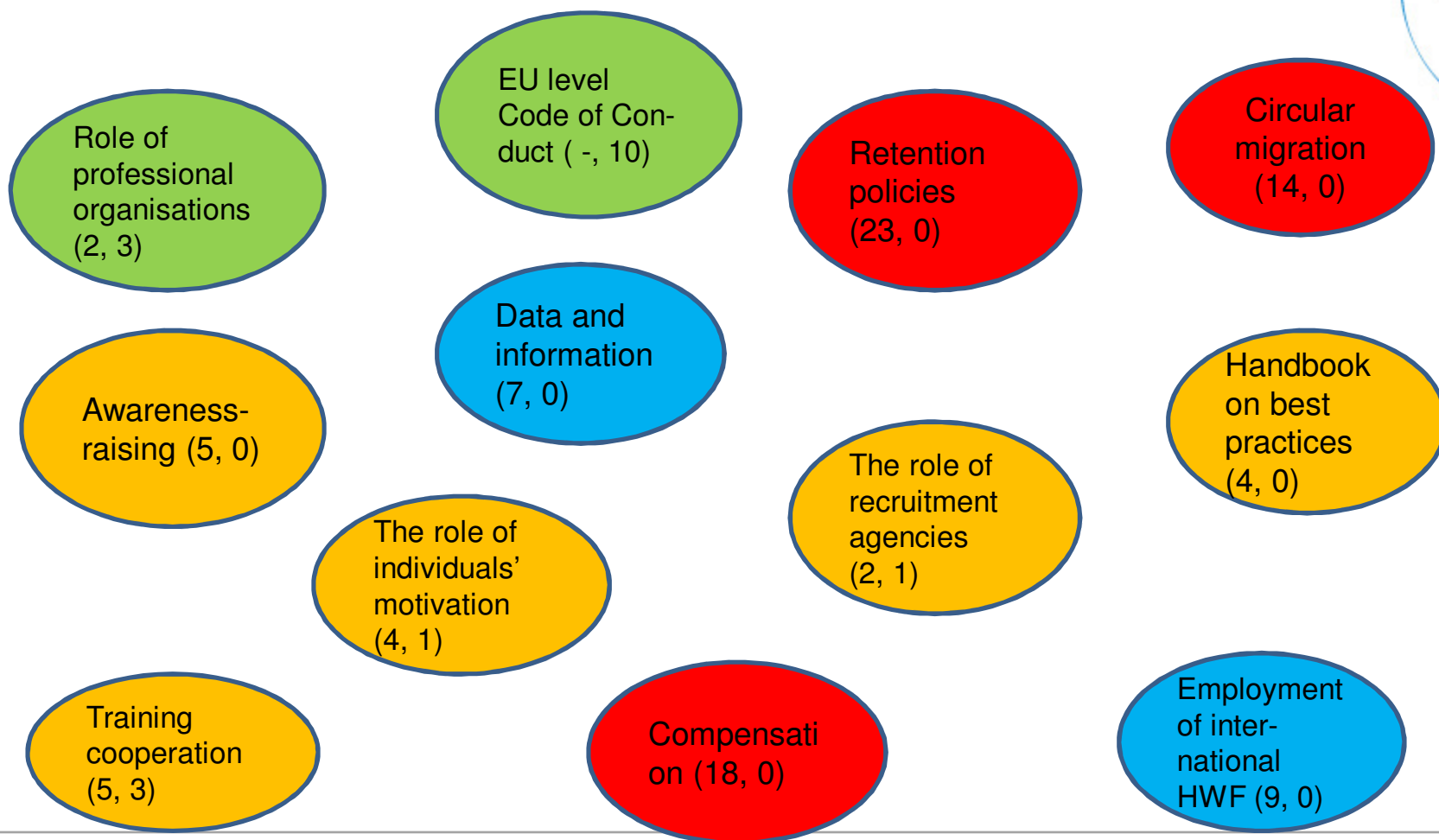
GROUP RESPONSE 17 (7.8.19) (4/6)

Circular migration within the EU has to be looked at as a way to benefit source countries, destination countries and the individual health professionals themselves. Tailored approaches tailored to different types/profiles of health professionals could be developed. (14)

WHO Code is not widely known or is narrowly interpreted among the stakeholders involved in health workforce migration. Reasons for this may include the lack of translation into national languages. An international recruitment cannot be guaranteed commitment to training and retaining has to be reinforced at all levels. (5/-)

Mobility within the EU is also related to the question of solidarity and equal access. To support ethical solutions, external policies and other funds have to be used to strengthen training and retention strategies in source countries. (18)

Evaluation of the effectiveness of identified tools within the EU



General conclusions



- ✓ The main result of EU-context discussion: **12 statements** - containing often concrete **recommendations** - on topics identified as having relevance in the first round, and being formulated and to a certain extent evaluated during the second round.
- ✓ **Joint Action contribution to sharing knowledge** and building a room for **discussion** between various type of stakeholders is of very **high value**
- ✓ The **unfinished agenda** of the applicability of the WHO Code for EU is undoubtedly a **major topic for future networking**

Implementation of the Code 1.

There are considerable efforts in some Member States counted as big recruiters to avoid recruiting from countries on the WHO list with critical shortage.

Solutions to benefit all actors affected by the international recruitment (source country, receiving country and the migrant professional) have to be elaborated, with special focus on benefiting also the source country.

Useful practices in European countries are available in growing number, introducing them as part of the Joint Action activities had a real added value for several countries, and the sharing of knowledge be continued.

The WHO Code is much broader in scope than ethical recruitment practices. More attention has to be given to the integration and fair treatment of foreign health personnel.

Implementation of the Code 2.

Engaging professional organisations, and especially the level of employers with the messages of the WHO Code is inevitable for the proper implementation. Governments have responsibility in implementation, and thus in engaging stakeholders.

Further awareness-raising is needed – the Code is not widely known or narrowly interpreted

EU Member States should invest the necessary resources for the operation of the national designated authority for the WHO Code and communicate and share information on health worker recruitment and migration issues.

Initiatives aiming to better monitor migration flows could support decision-makers in finding the necessary points of intervention, where the implementation of the Code has to be strengthened.

Applicability of the Code's principles within the EU 1.

The principles of the WHO Code are relevant also within the EU, in the situation of free movement. However, some tools developed as part of the implementation of the WHO Code cannot be applied, and other solutions have to be found.

Retention measures seem to be the most feasible and effective way of keeping health workforce within the free movement context. Creating fair, equitable working conditions from the source country is necessary. Retention focus can be enhanced at European level by disseminating best practices and sharing case studies.

Circular migration has been identified as a tool which can also be effective within the EU context. Institutional level bilateral cooperation seems to be the most feasible, tailored to the needs of different types/profiles of health professionals.

Applicability of the Code's principles within the EU 2.

Free movement does not make it possible to set up EU systems of financial compensation, solutions have to be found at national level (loans, reimbursement of training costs when migrating, etc. could be examples). Ethical solutions can be supported by better use of cohesion policies and other funds.

Employment of foreign health workforce also from other EU countries has to be based also on ethical principles, avoiding the discrimination when offering jobs. Directive 2005/36/EC (amended by EU/2013/55) should be properly implemented and no extra barriers introduced (e.g. disproportionate fees for recognition).

Data exchange on mobility should be as automatic as possible, especially data from receiving countries on the registration of foreign workforce in their system is required. Use of existing channels for data provision should be investigated.



What's next?

- ✓ Report has been **adopted by the JA Executive Board** on the 5th of March 2015
- ✓ The report will be **disseminated** in order to be channeled into the discussion around WHO Code of Practice
- ✓ The report will feed **deliverable D042 on mobility** and **WP7 policy recommendations** and **circular mobility** report
- ✓ The **WHO Advisory Group** working on the review of the Code' effectiveness and relevance will hopefully take on board some ideas coming from this activity, where **EU is represented by IE and HU**



Thank you for your kind attention!



Questions?