**Mobility groupwork structure, facilitators, statements**

**2014/12/03 Rome WP4**

**Table1 - Three analytical dimensions for WP4 Rome WS Group Work**

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| **THREE ANALYTICAL DIMENSIONS** | | |
| **A** | **B** | **C** |
| **Objectives** of HWF mobility information (HWF Planning) and  **terminology of HWF mobility types** | **Content and validity** of mobility data/indicators | **Methodology** of data collection and process management |
| Definition and terminology of HWF mobility  Connection between HWF mobility data collection and HWF Planning  (This topic will be discussed in each working group with a special focus described below.) | Related indicators  Objective/ necessity/ feasibility of common minimum set of mobility indicators  (This topic will be discussed in each working group with a special focus described below.) | Regular and/or project/pilot study/ survey based data collection  National and international level: available data, data sources, and management  International level:  individual data management (in relation with data protection, legal framework), necessity and feasibility of joint mobility data collection  (This topic will be discussed in each working group with a special focus described below.) |

**Table 2 - Three defined HWF mobility challenge areas with HWF mobility indicators in focus**

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| **Group name and THREE defined HWF mobility CHALLENGE AREAS**  invited facilitator, WP4 member | **Mobility indicators in focus (Main analytical dimension B)** |
| **Group 1**  "Worldwide students" - Mobility in professional training  Melanie Boeckmann, Edit Eke | **1/B**  Mobility indicators in focus:  Students’ intake, scholarship programmes, number of graduates, proportion of foreign students, uotas, numerus clausus, etc. |
| **Group2**  "Promised land" – Reliance on foreign health professionals,  Matt Edwards, Réka Kovács | **2/B**  Mobility indicators in focus:  reliance on foreign HWF Inflow, recognition of foreign diplomas, long term mobility, circular mobility, commuters, etc. |
| **Group3**  "Damaged HWF and health care provision"– Facing loss  Paolo Michelutti, Zoltán Cserháti | **3/B**  Mobility indicators in focus:  HWF Outflow, “Intention to leave”, long term mobility, return migration, commuters, etc. |

**Table 3 - Statements to discuss in the three groups according to the three main analytical dimensions**

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| **Group1, Melanie**  "Worldwide students" - Mobility in professional training |
| **1/A** Mobility of health students during graduate training and mobility of graduated HWF in postgraduate professional training for specialisation is an increasing phenomenon that should be monitored and studied in detail. As this mobility type can challenge country level stakeholders of HWF planning and have implications at EU level, related indicators should be channeled into HWF planning. |
| **1/B** Data categories and indicators can be identified, agreed and shared at EU level to monitor and follow the training mobility of health students and graduated health professionals. |
| **1/C** By providing benefits for MDs in their Continuing Professional Development (CPD)- whether obtained abroad - MDs’ interest should be governed to update their multiple registration and licences. CPD completed abroad should be mutually recognised between Member States. |

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| **Group2, Matt**  "Promised land" – Reliance on foreign health professionals |
| **2/A** HWF mobility has a strong relevance to HWF Planning. Accurate information on HWF mobility could be directly channeled into HWF planning. As intra-EU mobility data is of limited use on its own within the framework of global HWF mobility, non-EU mobility should be included in the data collections and used for HWF planning. |
| **2/B** A common HWF mobility indicator set is to be agreed upon that all EU countries are able to collect and provide. This indicator set should monitor the most relevant types of HWF mobility regarding healthcare provision, and also should ensure the estimation of reliance on foreign HWF and the hazard of health workforce outflow for the healthcare provision. |
| **2/C**, Legally regulated, automatic direct information exchange between Member States is essential to monitor HWF mobility in a timely manner. Any HWF mobility data collection can be effective only with two-way communications, and incentives that demonstrate mutual benefits. |

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| **Group3, Paolo**  "Damaged HWF and health care provision"– Facing loss |
| **3/A** Monitoring HWF mobility gives opportunity for policy makers to include HWF mobility information into HWF planning, and establish focused/targeted recruitment and retention interventions/strategies for balancing inequalities and managing the composition of HWF (HRH management). |
| **3/B** Various types of data/indicator and methodology may be important to gain at least estimations on HWF mobility. Qualitative methods (e.g. interviews with hospital leaders, fieldwork at institutes, units) should be incorporated into the process of gaining a deeper understanding of HWF mobility at national level. Proper quantitative methods should be identified at least for estimating HWF outflow. |
| **3/C** Data protection should allow the tracking of individual data, since using aggregated data does not make HWF mobility monitoring satisfactory or possible at all. |

**Brief description of the groupwork:**

**STRUCTURE**

**There are three analytical dimensions (A, B, C).**

These are to structure and guide the group discussions. Each group will discuss what type(s) of HWF mobility to monitor, with what objective (A), what kind of indicators to consider for that (B), and how to collect data for those indicators (C). (Table 1) Possible indicators to focus according to three defined HWF mobility challenge areas are listed in Table 2 separately.

**There are three groups (1,2,3).**

Each group has a defined HWF mobility challenge area the group members focus on: training mobility (Group 1), reliance on foreign HWF (Group 2), massive outflow of HWF (Group 3). Composition of the groups will follow this main theme as much as possible: some group members (optimally bigger part) represent states that face this challenge, the others are kinds of consultants to contribute with “fresh” eyes and expertise.

**There are three statements in each group. (1/ A-B-C, 2/ A-B-C, 3/ A-B-C)**

These statements are composed according to the three analytical dimension, reflecting the defined HWF mobility challenge area of that group . These reflect WP4 suggestion on related D042 recommendations, thus the results of the discussion and the agreed modification also serves as kind of a validation of that recommendation. (Table 3)

**COURSE OF DISCUSSION**

1. The group chooses **one group representative** to give plenary summary and feedback (10 minutes) on the discussion of the group theme. A template supports to take notes of the discussion.
2. Facilitated discussion of the HWF mobility challenge area according to the three main analytical dimension, and sharing views on the three statements.
3. The group identifies together **one related question** they want to bring up at plenary.

**PLENARY FEEDBACK AND INTERACTIVE DISCUSSION**

Each group representative gives summary and feedback, plus shares the ONE question the group agreed on to have the other participants’ views (10+10 minutes / group). The template filled in can help the feedback and the plenary interaction.