

Joint Action on Health Workforce
WP4 Workshop on Terminology/Data sources and
Mobility

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Activity 2 – Mobility
Results from Germany



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What are the main health professional data sources in your country related to mobility? Does your country have more data sources e.g. labour market data, also related to HWF mobility?

- ❖ Registration at regional chambers for physicians, dentists, pharmacists.
- ❖ Recognition of foreign diplomas for medical personnel.
- ❖ Employment data if employed under social security scheme (esp. nurses and midwives).

Which healthcare professions are covered by mobility data (inflow and outflow mobility)? (1/2)

Inflow:

a) physicians, dentists, pharmacists,

b) nurses and midwives

→ only if

a) registered to practice at chamber or employed under social security scheme

b) employed under a social security scheme

Which healthcare professions are covered by mobility data (inflow and outflow mobility)? (2/2)

Outflow:

inconsistent data on physicians only.

Caveats:

- ❖ Returning physicians are not monitored.
- ❖ Focus on nationality, „foreign“ professionals may have lived in Germany for many years, or have been trained in Germany (= not really inflow)

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What are the main indicators regarding health professional mobility applied in your country?

❖ Country of nationality

❖ Country of degree

Can you evaluate the validity and reliability of this data?

Limited options for evaluation:

- ❖ Limited data availability
- ❖ To assess validity, similar data from different collecting agency/process needed
→ here many collectors of parts of data
- ❖ Informal market for nursing and care for elderly difficult to monitor
- ❖ But: mandatory registration for physicians, dentists and pharmacists makes data reliable.

In case you have a health workforce planning process in your country, are mobility data considered?

- ❖ The overall planning process focuses on a desired ratio of doctors to inhabitants
→ how the number is reached not specified.
- ❖ No planning for other health professions=
no consideration of mobility of these professions.

How do you interpret the data relating to the health workforce of country in the Regulated Professions Database of DG Markt?

- ❖ In Germany, health professions are highly regulated
- ❖ Could potentially make inclusion of mobility data into planning easier

What is the added value of considering int. mobility data in health workforce planning?

- ❖ More adequate picture of potential future workforce supply.
- ❖ Question of aim of considering mobility: information for better planning, or actively directing of migration flows?
- ❖ Would have to consider migration in demand or need-side approaches as well

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Sources

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