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# Mobility of health professionals - Data, qualification equivalency and safe practice

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# Main Characteristics of HWF Mobility

- A challenge for HWF planning - at a macro level: a response to shortages and surpluses of HWF in different countries
- Push and pull factors: trigger of migration – different wages, professional advancement, additional training options, better working conditions and infrastructures of destination countries
- EU principles: free mobility of labour workforce
- EU facilitates mobility (mutual recognition of qualifications in EU Sectoral Professions 2005/36/EC and of patients 2011/24/EU)





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# Main Characteristics of HWF Mobility

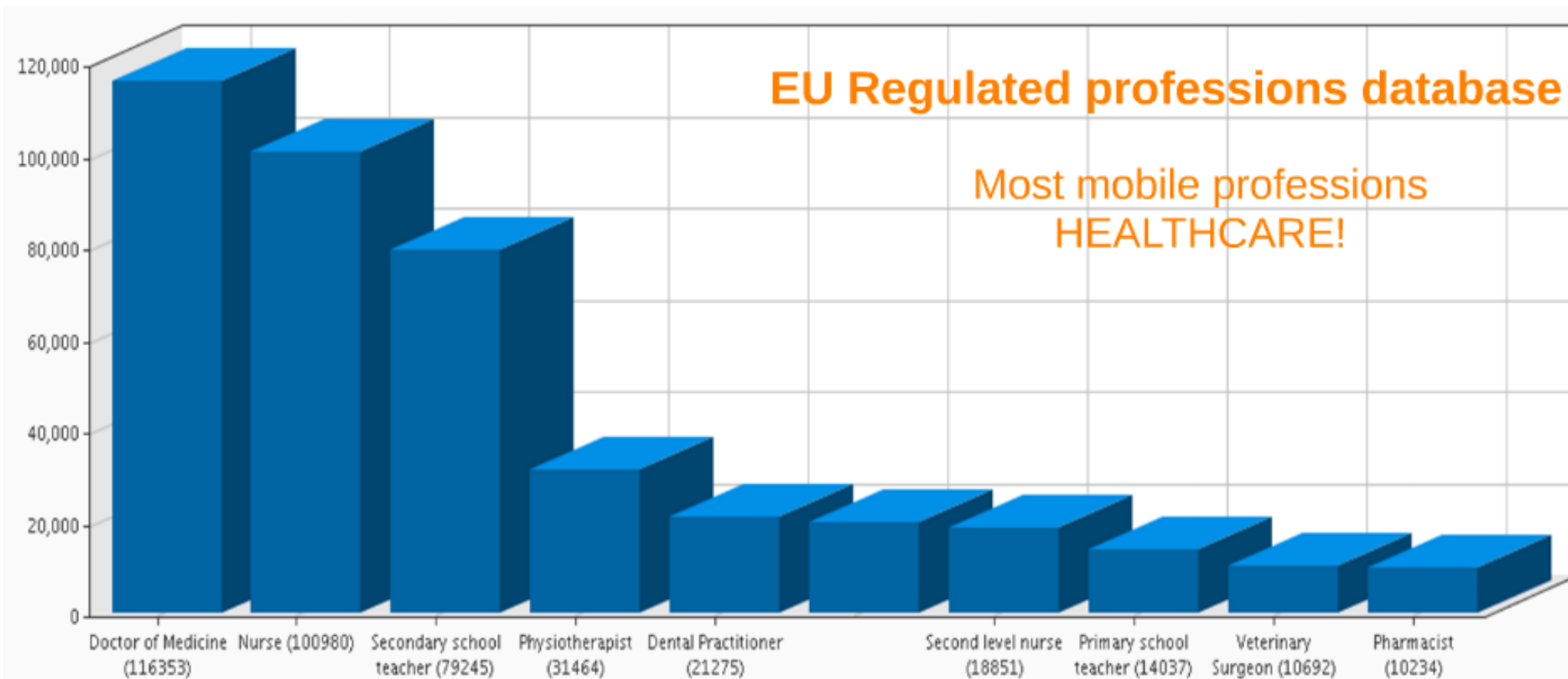
- Migration impacts the composition of HWF of EU Member States and globally
- WHO Global Code of Practice 2010: considerations for ethical recruitment
- Joint Action – initiated discussion on the EU relevance and applicability
- WHO Code Report: by the Joint Action, investigated country practices





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# Mobility of Sectoral Professions in EU





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# Collecting Mobility Data

- Collecting mobility data – essential component of HWF planning
- Complex HWF planning goals – wide scope of data needs
- Reliable data: necessary for monitoring
- Still challenging to obtain precise data on mobility
- Appropriate data categories: requires understanding of motivations behind migration
- Internationally accepted data collection: supports national HWF planning





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# Collecting Mobility Data

## WHY collect

- policy making
- monitoring
- HWF planning
- international benchmarking

## WHAT to collect

- information on different types of mobility
- information on different data categories
- information on the impact of mobility

## HOW to collect

- focus on planning
- overall data collections & surveys
- research, projects
- stock and flow data

(Joint Action, 2014)





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# Data Collections on HWF Mobility

- The Eurostat-OECD-WHO Joint Questionnaire mobility data collection:
  - Main international data collection of HWF mobility
  - Data from over 60 European and OECD countries
- WHO Global Code of Conduct on the International Recruitment of Health Personnel and National Health Workforce Accounts:
  - Supports mobility data collection
  - Establishing HWF information systems
  - Data into policies!
- European Commission (DG GROW) Regulated Professions Database
- European Commission IMI (Internal Market Information) system
- European Core Health Indicators and Monitoring (ECHIM)





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# Measuring the impact of HWF mobility

- Impact of HWF mobility on a national level
- Lack of reliable data can be problematic
- Issues with resources for data collection and validation
  - Methodological, financial, legal factors
- Reliable methodology to measure impact is crucial



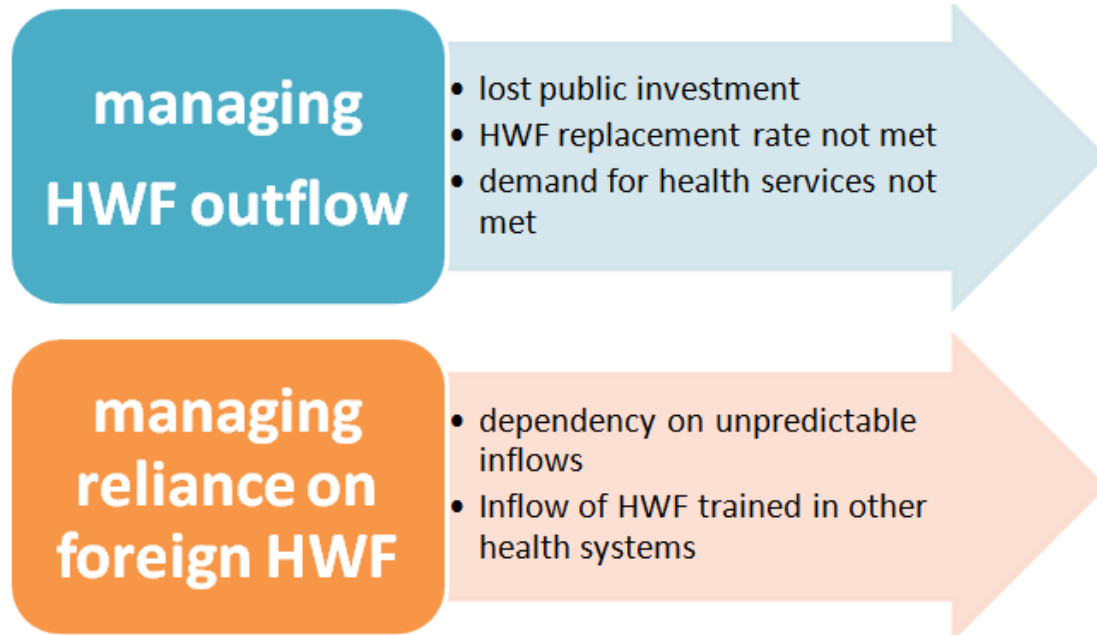




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# National policies responding to HWF mobility

- Impact of HWF mobility differs in countries
- Terms "source" and "destination" country – lack of homogeneity
- Countries must develop their own HWF policy to set right objectives
- Objectives:
  - Monitoring
  - Planning
  - Forecasting
- Two central issues for better mobility systems:

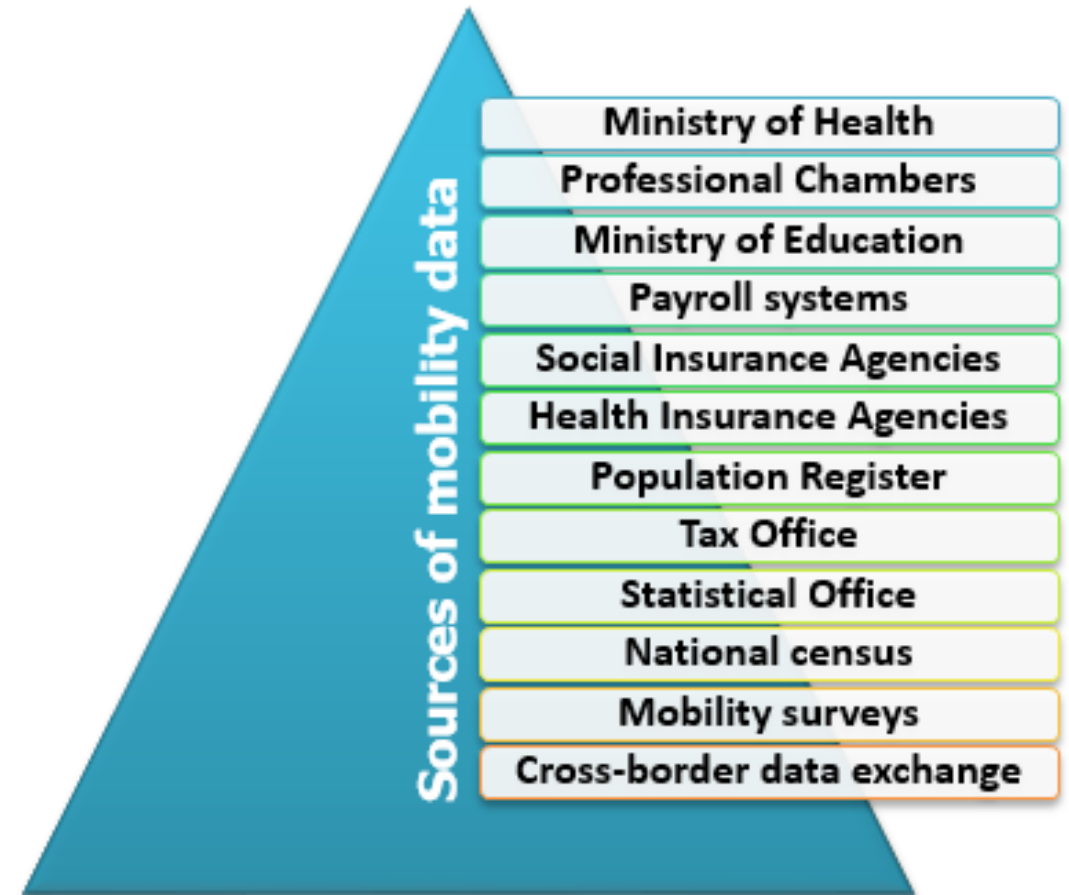




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# National level mobility data collection

- Frequent lack of coordination between information systems
- Lack of harmonised information sets
- Data and indicators not linked adequately to national policy objectives
- Sources of national mobility data:
  - Professional registries
  - Designated competent authorities etc.





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# Measuring HWF outflow and reliance on foreign HWF

- Individual data sets for tracking mobility
- Two important characteristics:
  - Level of professional activity
  - Mobility status
- Indicators measuring outflow:
- Source country indicators:
  - Intention to leave
  - Attitude surveys
- Destination country indicators:
  - Aggregate number of domestic, registered HPs





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# Measuring HWF outflow and reliance on foreign HWF

- Indicators measuring reliance on foreign HWF:
- “the proportion of foreign health professionals among all health professionals”

Ranking table of variables:

Professional activity status	Quantification of professional activity	Mobility status	Number of covered sectoral professions
<ul style="list-style-type: none"><li>• Practising</li><li>• Professionally active</li><li>• Licensed to practice</li><li>• With registered qualification</li></ul>	<ul style="list-style-type: none"><li>• FTE</li><li>• Headcount</li></ul>	<ul style="list-style-type: none"><li>• foreign-trained (first qualification without domestic- born and domestic- nationality)</li><li>• foreign nationality (according to nationality at registration)</li><li>• foreign-trained (by first qualification)</li><li>• foreign-trained (by last qualification)</li><li>• foreign-nationality (according to current nationality)</li><li>• foreign-born</li></ul>	<ul style="list-style-type: none"><li>• 5</li><li>• 4</li><li>• 3</li><li>• 2</li><li>• 1</li></ul>





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# Measuring HWF outflow and reliance on foreign HWF

- Key results of the **workshop on HWF mobility data** organized by the SEPEN Tender:
  - The most relevant indicators:
    - number of foreign-trained professionals
    - migration potential (intention to leave of domestic workforce)
  - Interactions between health care and social care require specific attention
  - Patient mobility: several beneficial influence on healthcare systems – requires adequate monitoring
  - Migration potential vs. realized mobility – differs significantly – need for continuous data collection
  - Measurement tool supporting the forecast of future HWF
  - Exploitation of potentials of foreign HWF (equal treatment and integration)
  - Qualitative data to be added complementary to quantitative data





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# Thank you!

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