



SUPPORT FOR THE HEALTH
WORKFORCE PLANNING AND
FORECASTING EXPERT NETWORK

WORKSHOP 3 - SUMMARY REPORT HEALTH WORKFORCE MOBILITY MATTERS - AGGREGATED DATA AND INDIVIDUAL PATHWAYS HIDDEN BEHIND

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The contract is signed with the joint tender led by Semmelweis University (SU), and further partners are KU Leuven, the Italian National Agency for Regional Health Services (AGENAS), the Italian Ministry of Health (MDS) and the Standing Committee of European Doctors (CPME).

INTRODUCTION

The “[Support for the health workforce planning and forecasting expert network](#)” (SEPEN) Joint Tender organized its third workshop in the series of five SEPEN workshops. Experts were invited to exchange knowledge on health workforce (HWF) mobility and to take general labour market trends, international data collections, policy, and mobility related to educational context into account.

In order to implement evidence-based policy making, development of indicators and data collections is the undisputed approach. During workshop 2, participants reinforced the need of extensive centralised database, but also favored specific data set and indicators for tailor made evaluation of the political ambitions. The standard aggregate supply & demand model was challenged in many ways.

Workshop 3 explored the data sets related to mobility issues, with a special highlight on the disaggregation of data to the individual level and on the support of qualitative data for mobility issues in health workforce planning.

LEARNING OBJECTIVE AND THE DISCUSSION QUESTIONS OF THE WORKSHOP

The workshop aimed at fostering and exchanging knowledge, experience and expertise among Member States and experts in the field.

The learning objectives of the workshop focused on the following areas:

1. Develop a deeper understanding of key indicators and data connected to health workforce mobility.
2. Improve minimum quantitative and qualitative data requirements in health workforce mobility to support health workforce planning.
3. Improve health workforce planning skills by discussing relations and similarities with labour market dynamics and analytics.
4. Enrich theoretical knowledge with practical cases, testimonials and expert discussions on data collections and data management.

Consequently, the three discussion questions of the workshop were the following:

1. International data collections: How could we collect more precise data and better monitor health workforce mobility better at European level also through the development and further harmonization of international data collections?
2. Mobility-related data collections: Which good practices and methods in mobility research could support health workforce planning (e.g. planning training capacities by measuring student mobility)?
3. Mobility patterns: How to use qualitative methods to obtain more precise overview about mobility for planning purposes?

SUMMARY OF DISCUSSIONS, KEYNOTE SPEECHES, AND CONCLUSIONS

Three keynote speeches were delivered.

Dr. Ibadat Dhillon opened the session, providing an overview of health worker migration in the context of the WHO Global Code of Practice on the International Recruitment of Health Personnel. Dr. Dhillon presented the available data at WHO and the ongoing third round of reporting of the WHO Global Code. Dr. Dhillon explained the significant blur between source and destination countries as well as the structural reliance of some countries on foreign trained health workers. He closed by stressing the importance of collection and analyses of mobility data.

Dr. Alicja Domagala followed Dr. Dhillon, presenting a cross-sectional study on migration intentions among physicians working in Polish hospitals. The main aims of the study was to evaluate the scale of migration intentions among Polish physicians practising in local hospitals, and to identify the main predictors and barriers related to migration intentions. Among those the relationship between the level of physicians' satisfaction and the tendency of migration received focus. The option of migration is considered more frequently by male physicians than females. Marital status and family composition, younger age and experience are contributing factors to migration. A majority of doctors intending to migrate considered a temporary stay abroad. Generally, higher salaries, better working and living conditions, and better work-life balance emerged as the main factors of the intentions of migration.

Dr. Ruairi Brugha closed the session with a methodological insights regarding the monitoring of health workforce migration. He addressed different methods for profiling and tracking the international medical workforce migrations, issues with professional registers, and ways routine data can be used for decision-making. Dr. Brugha stressed out the importance of distinguishing country of training and country of nationality. Evidence shows that foreign-trained doctors are highly mobile. Dr. Brugha highlighted how powerful workforce data can be when properly analysed and utilized. However, as more evidence and data accumulates, the proper use of them becomes more difficult. Therefore, consistency in utilizing data should be the key factor of data collection. Dr. Brugha calls the 'Holy Grail' of data analytics the longitudinal year-on-year tracking of health workers in national datasets, from entry to exit, using a unique identifier.

MAIN MESSAGES OF THE WORKSHOP

- Different international data collections provide an overview on numbers of health workforce in different countries. OECD-Eurostat-WHO Europe Joint Questionnaire on non-monetary health care statistics and the WHO National Health Workforce Accounts have growing importance and relevance in European Member States, and their use in national level policy making is considerable. Both reports have a valuable mobility section and set of indicators
- Doctor and nurse statistics show different patterns, so mapping their mobility could be a powerful tool if utilized properly. The most relevant indicators to monitor mobility patterns are the numbers of foreign-trained professionals, and the migration potential that is the intention to leave of the domestic workforce.
- Labour market trends mirror trends of health workforce mobility and can also support policy-making. Intersectionality is a phenomenon difficult to track. Its definition is lacking stability. Particularly, interactions between health care and social care require specific attention, with regards to the increasing emphasis on integrated care. More data is needed about intersectoral movements and better linkage of health and social care sector datasets is inevitable.
- Benefits of internationalisation of education are undisputed. They include curriculum improvement, financial benefits for universities, improved teaching performance and quality. Though it is not mirrored in the organisation of health workforce planning yet. Universities and competent authorities should decide on international training together. Where not included yet,

representatives of universities could participate in health workforce planning committees in order to achieve more precise future scenarios and planning. International training capacities in other member states - where relevant according to evidence - should be taken into account in health workforce planning, as global shortage of health workers requires standardized qualifications, comprehensive and harmonized planning interventions. Monitoring part-time student mobility has added value, even if student mobility is not necessarily linked to health workforce mobility later on. Retaining EU foreign-born graduates is hardly feasible and might bring ethical considerations and regulatory issues.

- Participants conceded that patient mobility has several beneficial influence on healthcare systems, however mobility needs to be monitored and assessed in order to consider its consequences on the demand side of the workforce planning equation. The possible measurement of patient flows in the private sector remains a challenge, however, sharing official certificates of patient movement and payment across health systems can be a source of evidence. Trends and flows, and their impact need to be better addressed, policy makers should be alert and clear about assessing mobility flows of patients, by gathering more data and assessing emerging trends.

- There is a significant difference between migration potential and real mobility. Intention to leave or stay is also likely to vary over time, which underlines the need for continuous data collection. International comparison of mobile professionals is extremely difficult and time consuming due to the complexity of diverse taxation systems, social security systems, and contracting solutions. The accuracy of such tracking is to be questioned. There is no internationally applicable questionnaire to monitor intention to leave. When selecting survey items, sending and host countries should be take local context, challenges and needs into account. A measurement tool/instrument supporting the forecast of future cohorts of health workforce migration potential would be helpful to support retention and recruitment policies.

- Classic data are insufficient to assess mobility trends. Drivers leading to departure from a given country include disappointment in the healthcare system and institutions, lack of professional recognition and respect, insufficient financial incentives, poor career progression, and nepotism. In addition, non-health system related push factors, such as political stability and economic environment play a significant role. Push and pull factors however cannot be separated completely, as their combination only leads to professionals' mobility. Qualitative data are more than complementary to classic quantitative data regarding mobility issues, Effective retention strategies can be formulated based on qualitative information. The different administrative levels expect recommendations to implement evidence-informed actions. Tailor-made interventions focusing on push factors are the most effective in order to manage migration in the different countries facing significant shortages. A major bottleneck of using qualitative methods is the difficulty to convince decision makers and important stakeholders of the value of qualitative data.

- Migrant workers report that integration is a crucial determinant of the decision of long-term settlement, in which language barriers and cultural differences are key factors to focus on. Migrating resources, particularly foreign health workforce, significantly contribute to the receiving health systems, therefore easing and facilitating their adaptation period and integration is essential. Mentoring can offer an ideal solution to smooth the integration process, in which governing bodies and employers share responsibility. Contribution of foreign

workforce is often not fully recognized by the health system or even by patients of the destination country, and working conditions tend to differ from local workers. There is a need to fully exploit the potential of foreign health workforce, along with equal treatment and integration. Monitoring their progress and assessing the possible need for further professional development would contribute to a performant health care system.

- Circular mobility is regarded as a possible way of mobility management with benefits for the sending country, the recipient country, and the health professionals themselves. Migrating professionals tend to stay informed regarding the health care system of their home countries, which suggests a general intention to return. The pattern of moving abroad to gain professional experience and return home afterwards is widespread. National level interventions should focus on managing professional talents in member states to plan retention and prevent uncontrolled emigration. From a sending-country perspective, planned programs to attract professionals to return home could facilitate circular migration, with consideration for ethical aspects and mutual benefits.

PROPOSED FOLLOW-UP ACTION

1. The set-up of workshop sessions built around testimonials has been experienced as highly positive. This method will be reused for further workshops.
2. The conclusions on the influence of mobility on working conditions and local HR management might find a spot in a workshop 4 session
3. Several aspects of migration factors, integration, intake and retention, students intentions, are potential subjects for Webinars.