

Date last modification of documentation sheet: 18-04-2012

Compared to previous version documentation sheet (08-12-2011) the following issues were adapted:

- New section on relevant policy areas added to the documentation sheet

<i>ECHIM Indicator name</i>	D) Health interventions: health services 65. Mobility of professionals
<i>Relevant policy areas</i>	<ul style="list-style-type: none"> - Sustainable health systems - Health inequalities (including accessibility of care) - (Planning of) health care resources - Health in All Policies (HiAP)
<i>Definition</i>	To be developed, definition covering both inflow and outflow aspects, e.g.: (1) The number and percentage of health care professionals emigrating (2) The number and percentage of health care professionals immigrating.
<i>Key issues and problems</i>	<p>Still a lot of methodological and data availability issues to be resolved, as shown by the PROMeTHEUS project:</p> <ul style="list-style-type: none"> - For defining country of origin the PROMeTHEUS project could be followed. For this project most countries provide data for ‘foreign trained’ or ‘foreign nationals’. Only one country (Finland) provides only data for foreign-born. All three show different aspects of mobility with large variations. Using a combination of foreign trained and foreign nationals therefore seems most practical and also most valuable from the perspective of health services provision. - Data on professional migration are available from various data-collection processes: Population census, population registers, professional registers, LFS data and other surveys. However data from different data-collection methods are not comparable (Wismar et al., 2011c; ECOTEC Research & Consulting, 2006). - For immigration professional registers can be used. These registers indicate that a professional is registered as such in that country. Using national registrations results in data that are far from comparable because registry data is collected differently in each country. - Furthermore, registers only provide data for those professions which legally require registration, but data on other types of health workers (such as low-skilled and management level workers which do not legally require registration) are almost impossible to find (Wismar et al., 2011c). The professional register usually includes information on place of education, therefore allowing identifying foreign-educated health workers. International comparisons of foreign-trained health professionals are more difficult and less straightforward than for foreign-born or foreign-national health professionals. This information complements the foreign-born or foreign-national approach (OECD, 2007). - For emigration the PROMeTHEUS project used ‘intention-to-leave’ data based on certificates issued when applying in another Member State for the recognition of diplomas. Directive 2005/36/EC obliges Member States to provide statistical data on the mutual recognition of professional qualifications. However these data only measures the intention to work in a certain country and not actual employment. Therefore this kind of data can be used only as a proxy in the absence of more detailed information. - The PROMeTHEUS project has documented and analyzed data on health professional mobility in Europe. In 13 of the 17 country case-studies (Belgium, France, Germany, Hungary, Italy, Lithuania, Poland, Romania, Serbia, Slovakia, Spain, Turkey, United Kingdom) insufficient availability of updated, comprehensive and reliable data on migration was reported (see Wismar et al., 2011a and b).
<i>Preferred data type and data source</i>	<p>Preferred data type: professional registers</p> <p>Preferred data source: In the future maybe through WHO.</p>
<i>Data availability</i>	In the future data might be collected by the WHO. One of the objectives defined in The WHO Global CODE of Practice on the International Recruitment of Health Personnel is to “Develop and implement guidelines on a minimum data set (MDS) for the monitoring of international health workforce migration”.

<i>Rationale</i>	The EU has promoted the freedom of movement of workers, the freedom of establishment and the freedom to provide services as the cornerstones of the EU structure. Therefore, professional mobility has been high on the European political agenda in recent years. Health professionals are key players in the provision of health services, but in the health sector, occupational mobility should never be at the expense of quality and safety of care in any Member State. Thus, the role of mobility of health professionals should be adequately addressed and evaluated, from a (public) health perspective.
<i>Remarks</i>	<p>-The OECD (International Migration Outlook 2007) assembled information on people employed in health occupations by detailed place of birth for 24 OECD countries using population censuses and population registers. Although these data have some limitations, they provide comparable estimates of the share of foreign-born health professionals in the total health workforce across OECD countries and of the distribution of health workers by country of origin.</p> <p>-Until 2001, DG Market surveys and the LFS had both sought to map levels of professional migration in the health sector, but significant gaps in their statistics over time exist, and for many countries data are unavailable. No newer survey data are available.</p> <p>-The Mobility of Health Professionals (MoHProf) project is aiming to investigate and analyse current trends of the mobility of health professionals (nurses and doctors).</p>
<i>References</i>	<p>-The WHO Global CODE of Practice on the International Recruitment of Health Personnel http://www.who.int/hrh/resources/Code_implementation_strategy.pdf</p> <p>- PROMeTHEUS project: http://www.euro.who.int/en/home/projects/observatory/activities/research-studies-and-projects/prometheus</p> <p>-Wismar et al., 2011a. Health professional mobility and health systems: evidence from 17 European countries. Euro Observer Summer 2011 Volume 13, Number 2. http://www.euro.who.int/_data/assets/pdf_file/0006/145158/EuroObserver-Summer-2011_web.pdf</p> <p>- Wismar et al., 2011b. Health Professional Mobility and Health Systems Evidence from 17 European countries. Observatory Studies Series 23, World Health Organization 2011. http://www.euro.who.int/_data/assets/pdf_file/0017/152324/e95812.pdf</p> <p>-Wismar et al 2011c. Cross-border health care in the European Union. Mapping and analysing practices and policies. World Health Organization 2011 http://www.euro.who.int/_data/assets/pdf_file/0004/135994/e94875.pdf</p> <p>- ECOTEC Research & Consulting (2006). Cross-border recruitment of hospital professionals. Birmingham, ECOTEC Research & Consulting (Final report to European Hospital Employers' Association (HOSPEEM) and the European Federation of Public Service Unions (EPSU)) (http://www.epsu.org/IMG/pdf/EN_ECOTEC_report_Mobility.pdf, accessed 22 August 2011).</p> <p>-OECD International Migration Outlook 2007. PART III. Immigrant Health Workers in OECD Countries in the Broader Context of Highly Skilled Migration: http://www.oecd.org/dataoecd/22/32/41515701.pdf</p> <p>-For the most up to date OECD statistics see: OECD, Health Workforce and Migration Project: http://www.oecd.org/health/workforce</p> <p>-EU rules of the recognition of professional qualifications, for "specific sectors": http://ec.europa.eu/internal_market/qualifications/specific-sectors_en.htm</p> <p>-Database of regulated professions in the EU Member States, EEA countries and Switzerland http://ec.europa.eu/internal_market/qualifications/regprof/index.cfm</p> <p>-Mobility of Health Professionals (MoHProf): http://www.mohprof.eu/LIVE/index.html</p>
<i>Work to do</i>	<p>- Contact experts to discuss and solve key issues and problems.</p> <p>- Monitor WHO developments.</p>