DEPENDENCY OF THE HEALTH CARE SYSTEM ON FOREIGN TRAINED HWF

Author: Matt Edwards

The mobility of health personnel has distinct characteristics within and between specific national contexts (OECD, 2010). It is likely to be a dynamic situation with particular factors affecting the health workforce overall(103) and potentially specific workforces.

Highlighting that this is a dynamic situation, health economies such as the United States, United Kingdom (UK), Australia and Canada have seen considerable changes over time to the flows of health workforces and their perception as destination countries to health workforces and individuals globally. In 2010 the OECD identified that:

"For example, in the United States, the number of overseas-educated doctors passing Step 3 of the USMLE exam (the stepping stone to full registration to work as a medical doctor in the United States) has increased by 70% between 2001 and 2008. Over the same period, temporary migration of doctors has increased two-fold in Australia and by 40% in Canada. In these two countries, regulations on permanent migration for doctors have been relaxed and flows have been increasing rapidly. Inflows of foreign doctors with long-term permits have also increased markedly in Switzerland (+70% between 2001 and 2008), mainly from Germany. On the contrary, the number of new full registrations of foreign-trained doctors has been declining in the United Kingdom since 2003, when it peaked at about 14 000. In 2008, only just over 5000 new registrations were recorded."

Historically and as seen in the late 1990's the UK has implemented significant increases of domestic health professional education and training with the aim of self-sufficiency and enabling improvements in healthcare delivery and outcomes. In 1960 the UK medical school intake was 2000, this grew to almost 8000 in 2010(104) as part of this strategy.

The continued aim of a self-sustaining workforce is subject to the reality that the size, nature and complexity of health workforces suggests there may always be some

(103) Buchan, 2006. ***Migration of health workers in Europe: policy problem or policy solution?*** Accessed online September 2014. Available at: http://www.lse.ac.uk/LSEHealthAndSocialCare/pdf/eurohealth/VOL13No1/Buchan.pdf

(104) Centre for Workforce Intelligence, 2012. *Shape of the medical workforce - Starting the debate on the future consultant workforce*. Accessed online September 2014. Available at: http://www.cfwi.org.uk/publications/leaders-report-shape-of-the-medical-workforce

gaps between supply and demand in specific contexts. The debate on health personnel migration has often been polarised between negative migration effects and freedom of individual health professionals to migrate (OECD, 2010), whilst the World Health Organization (WHO) Code focuses also on the need for Member States to take effective measures appropriate to the areas of greatest need, built upon an evidence based workforce plan(105). Specifically on intra-European Union health professional mobility, Directive 2005/36/EC ensures the mutual recognition of qualifications of dentists, doctors, midwives, nurses and pharmacists(106).

The UK places importance on observing treaty obligations, including those which require the allowance of free movement and to support EURES, meaning that the UK may likely be attractive to some people wishing to take up individual employment or indeed countries with excess numbers of professionals from within the EEA.

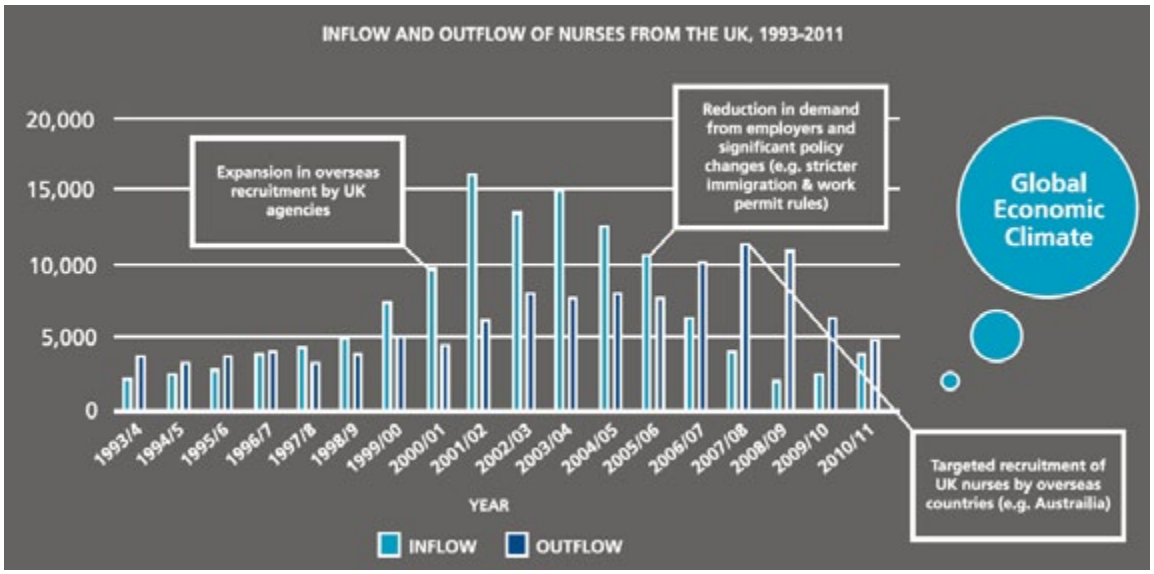
This has led to some changes in flows of international workforces and how the UK is perceived as a destination country. The reasons for these movements are multi-factorial(107) that span the macro-, meso- and micro- levels with push and pull features. The same study reveals that factors such as professional development and the environment for learning within the UK healthcare system may surpass financial reasons. For some workforces such as nurses, the largest healthcare profession across Europe, there has been a net outflow since 2006-07(108) which highlights the dynamic nature of mobility.

(105) WHO, 2010. *WHO global code of practice on the international recruitment of health personnel*. Accessed online September 2014. Available at: http://www.who.int/hrh/migration/code/code_en.pdf?ua=1

(106) European Commission, 2013. *Directive 2005/36/EC*. Accessed online September 2014, available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2005:255:0022:0142:en:PDF

(107) Young, 2011. *A major destination country: the United Kingdom and its changing recruitment policies.* In Wismar M et al., eds. Health professional mobility and health systems. Evidence from 17 European countries. Copenhagen, WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies. , Accessed online September 2014. Available at: http://www.euro.who.int/__data/assets/pdf_file/0017/152324/e95812.pdf and Buchan et al, 2014. Health professional mobility in a changing Europe. Volume II.Accessed online September 2014. Available at: http://www.euro.who.int/en/publications/abstracts/health-professional-mobility-in-a-changing-europe.-new-dynamics,-mobile-individuals-and-diverse-responses

(108) RCN, 2012. *Labour Market Review 2012*, Accessed online September 2014. Available at: http://www.rcn.org.uk/__data/assets/pdf_file/0016/482200/004332.pdf and HEE Strategic Framework, 2014. Accessed online September 2014, http://hee.nhs.uk/work-programmes/strategic-framework/



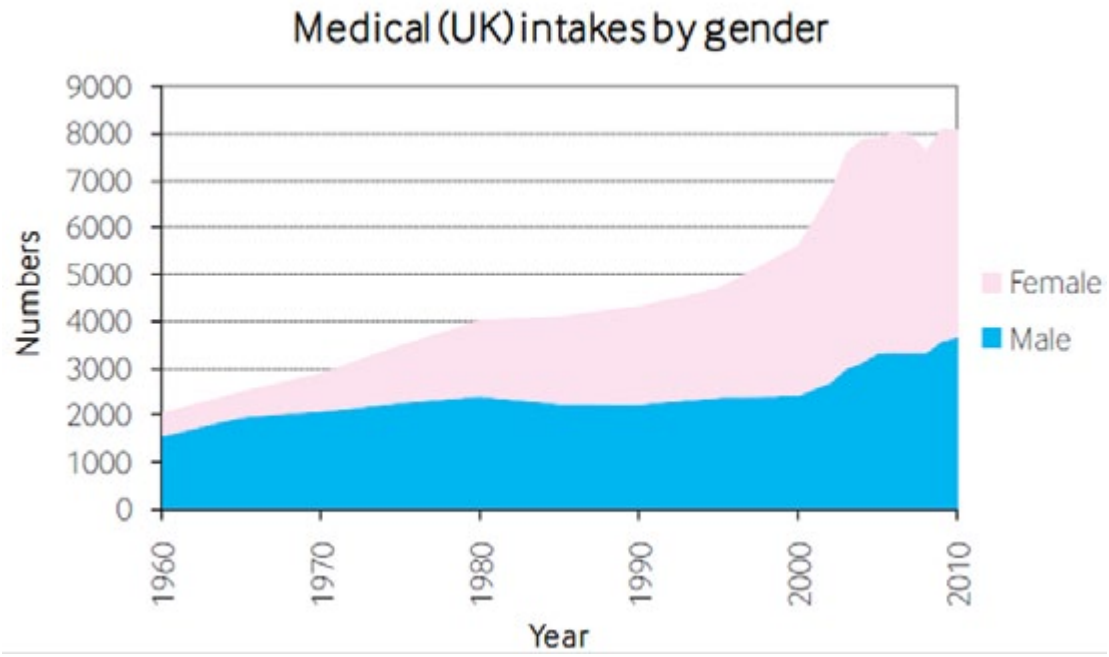
Inflow and outflow of Nurses from the UK, HEE Strategic Framework, 2014

Investment in the UK healthcare workforce

There has been substantial investment into the NHS workforce and in training new healthcare professionals. The aim was for the NHS to become more self-sufficient and less dependent upon healthcare professionals from outside the European Economic Area (EEA). There is no centralised recruitment of healthcare professionals and the NHS recruits to fill staff shortages when required.

Because of the time it takes to expand medical school capacity and the lengthy training period, the NHS initiated measures to address this in the late 1990's as shown within Figure 2.

Funded by
the Health Programme
of the European Union



Headcount of UK medical students by gender from 1960 to 2010, HEFCE 2010 and CfWI 2012

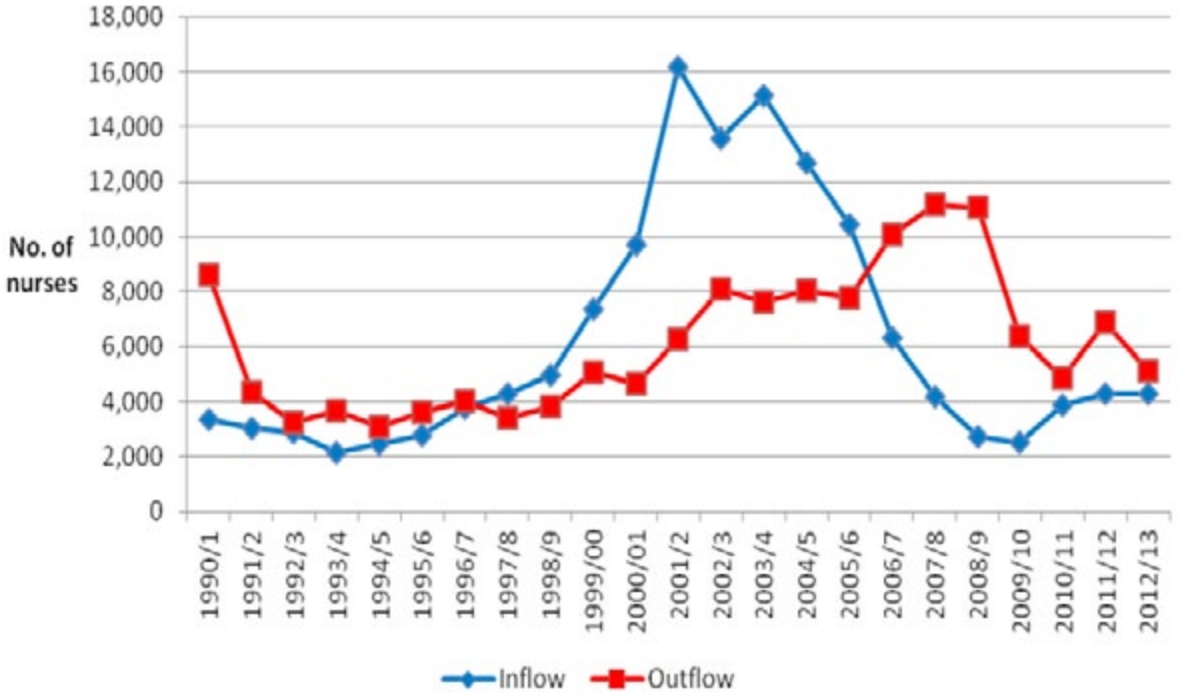
Source: Medical School Intake

Data from the General Medical Council shows that between 2008 and 2013 the number of UK qualiifed doctors applying for registration increased by 13%[109]. In the same time period there was a decrease of 45% of applications from doctors qualified ouside the EEA.

Recent information on nurses from the Royal College of Nursing in 2013 showed that "the UK has moved from being a net importer to an exporter of nurses". The outflow of nurses surpassing inflow after 2005/6 (see Figure 3) and that English speaking countries such as Australia, Canada, USA and Ireland were now the main destinations of UK nurses.

(109) GMC, 2014. Annual Reports 2008 and 2013. Accessed online September 2014, available at: http://www.gmc-uk.org/publications/corporate_publications.asp#Annual_Review

Funded by
the Health Programme
of the European Union



Inflow and outflow of nurses from the UK, 1990/1 - 2012/13, RCN Labour Market Review 2013

While the NHS is increasing the number of UK medical graduates to help ensure a sustainable workforce long into the future, NHS services and International doctors continue to benefit in many ways through training and practice and from the rich mix of healthcare professionals who come to work in the UK, whether for a short or a sustained period.

Health Education England (HEE)

From April 2013, responsibility for workforce planning and delivery of education and training in the NHS and the public health system was mandated to Health Education England (HEE). The key purpose of HEE is to ensure that the healthcare workforce has the right skills, behaviours and training, and is available in the right numbers to support the delivery of healthcare and health improvement. HEE supports healthcare providers and clinicians to take greater responsibility for planning and commissioning education and training through the development of Local Education and Training Boards (LETBs), which are statutory committees of HEE. HEE spend approximately £5bn a year to ensure that the whole health and healthcare sector in England, including the NHS, the independent sector and public health have the most highly qualified new professionals in the world.

Funded by
the Health Programme
of the European Union

HEE provides leadership for the new education and training system. It will ensure that the shape and skills of the future health and public health workforce evolve to sustain high quality outcomes for patients in the face of demographic and technological change. The workforce plan for England[110] sets out the investments it will make in 2014/15 on behalf of the system.

Health Partnership Scheme (HPS)

On 4 June 2010, the Prime Minister announced the £5m HPS. It aims to improve health outcomes in low-income countries through effective transfer of health services skills, in ways that also benefit the UK public health sector. It provides opportunities for British nurses, doctors and health professionals to play a crucial role in the UK's effort to reduce maternal and child deaths in some of the world's poorest countries. It will be an umbrella for a diverse range of links activity, from small-scale institutional pairing, through to multi-country partnerships. It will include existing International Health Links activity funded by DFID, as well as launch new activity.

The HPS aims to:

- *Support International Health Links activity that is consistent with supporting the delivery of the Millennium Development Goals;*
- *Focus on UK priorities and strengths (in particular maternal, neonatal and child health in the first instance), but not exclusively. Other areas (e.g. mental health) will be able to make a case for funding;*
- *Promote innovative approaches to linking, and innovation in the delivery of activity;*
- *Take existing good practice and International Health Links activity to the next level - with more ambitious activity;*
- *Achieve benefits for the UK Public Health sector (NHS);*
- *Enable effective, long-term volunteering;*
- *Evaluate and share good practice.*

To date, the scheme has involved 68 UK institutions including hospitals, universities and Royal Colleges. In April 2014, the Secretary of State for International Development announced a £10 million extension of the HPS which will allow it to continue running until 2017.

(110) Health Education England, 2013. *Investing in people: Workforce Plan for England - proposed education and training commissions for 2014/15*. Accessed online September 2014. Available at: http://hee.nhs.uk/wp-content/blogs.dir/321/files/2013/12/Workforce-plan-UPDATE-interactive.pdf

Key aspects

The UK was the first developed country to implement and systematically review policies that explicitly prevent the targeting of developing countries for international recruitment. This led to the Department of Health publishing a Code of Practice, implemented by NHS Employers, involved in the International Recruitment of Healthcare Professionals in 2001, updated in December 2004[111].

The UK's Code outlines guiding principles promoting high standards in the recruitment and employment of healthcare professionals from overseas. It is also concerned with the protection of developing countries and seeks to prevent targeted recruitment from those developing countries who are experiencing shortages of healthcare staff. There is much commonality between the WHO Code and the UK DH Code.

The Department of Health has commissioned the NHS Employers organisation to promote the use and adherence to the principles of the WHO code of practice both to employers and agencies who supply permanent and temporary staff to the NHS.

Domestically, NHS organisations are strongly advised to adhere to the Code of Practice in all matters concerning the international recruitment of healthcare professionals across all disciplines - including the appointment of medical staff, nurses, dentists, radiographers, physiotherapists, occupational therapists and all other allied health professionals.

Current immigration rules allow an employer to recruit skilled workers from outside the European Economic Area (EEA) only after an employer has demonstrated there is no suitable candidate available from the UK or EEA. The Department of Health works with the Department for International Development (DFID) to produce an agreed list of developing countries that should not be targeted for recruitment. This is based upon the economic status of the countries and how many healthcare professionals are available.

(111) Department of Health, 2004. *Code of Practice for the International Recruitment of Health Professionals*. Accessed online September 2014. Available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4097734.pdf