

Health worker migration in Europe: assessing the policy options

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Summary: The issue of the migration of health workers has become a more significant feature of international health policy debate in the last few years, in Europe and elsewhere. It has taken on additional prominence in Europe as more countries have joined the European Union. This paper examines trends in general migration in Europe, and highlights the key policy options for 'source' and 'destination' countries when monitoring and assessing the implications of health worker migration.

Key words: migration, workforce planning, international recruitment

Polish physicians working in Germany. German physicians flying to England to work at weekends. Angolan nurses working in Portugal. Estonian pharmacists working in Finland. Doctors from the Kyrgyz Republic migrating to Kazakhstan. The issue of the migration of health workers has become a more significant feature of international health policy debate in the last few years, in Europe and elsewhere,¹⁻⁴ and has taken on additional prominence in Europe as more countries have joined the European Union (EU).⁵

The international recruitment of health workers has become a "solution" to the health professional skill shortages in some countries. It offers a "quick fix" which can be attractive to policy makers. It can take three to five years to train a nurse, and fifteen to twenty to train an experienced senior physician. Recruiting in other countries can deliver these staff much quicker - and with the training costs having been met by someone else. This active recruitment of nurses, doctors and other workers is in addition to any "natural" migration flows of individuals moving across borders for a range of personal reasons.

Just as international recruitment can be a solution to the staff shortages in some countries, it can also create the additional problem of skills shortages in others. Countries that lose scarce skilled staff may suffer a negative impact on the effectiveness of their health care systems. This issue has been debated at the World Health Assembly,⁶ has received attention at EU level and in the Council of Europe, and has been identified as a critical human resources for health issue within the European region of the World Health Organization.⁴

Some European countries have been actively recruiting health workers from other countries. Others, particularly in the east, are concerned about the out-migration of health workers as a result of accession to the EU.

General migration trends in Europe

In relation to the countries of the EU, and EU enlargement, a recent overview for the European Foundation for the Improvement of Living and Working Conditions⁵ reported the following key estimates:

- There were thirteen million non-national citizens living in the fifteen EU member states in 2000, but half were nationals of other EU countries;
- the income gap between central and eastern acceding countries and existing member states is estimated at 60%,

which is much higher than in the previous enlargement of the EU;

- migrants from the accession states are likely to be relatively young and educationally well qualified, with women making up to 40-45% of the total, creating a potential 'youth drain' in the source countries.

Assessing trends in the migration of health workers

How important is the migration of health workers to health system effectiveness in Europe? The simple answer is that we do not know, because of limitations in available data. There are two main indicators of the relative importance of migration and international recruitment to a country: by examining the 'inflow' of workers into the country from other source countries (and/or the 'outflow' to other countries), or by assessing the actual 'stock' of international health workers in the country at one point in time.

Many countries in Europe and elsewhere currently cannot monitor with any accuracy the stocks and flows of migrant health workers. This limits their capacity to assess the impact of policies and means that they cannot be clear about the impact of migration. This constrains any attempt to develop a clear Europe-wide picture of the overall flows of health workers. Many countries, both 'source' and 'destination', need therefore to improve their ability to

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assess the dynamics of migration, in order to decide if migration is a problem or a solution, and to identify the correct policy solutions.

'Source' countries

Governments and policy makers in countries that are experiencing a net outflow of health workers, such as some in the east of Europe and central Asia, need to be able to assess why this is happening and evaluate what impact it is having on the provision of health care in the country. It is important that the available information enables policy-makers to assess the relative loss of staff due to outflows to other countries in comparison with other internal flows, such as health workers leaving the public sector to work in the private sector, or leaving the health professions to take up other forms of employment. Migration may be the most obvious source of "loss" of health workers, but it may not be the most important.

In addition, for some of these countries, out-migration may be encouraged, either to reduce oversupply of specific types of worker, to encourage some workers to acquire additional skills or qualifications before then returning, or to stimulate the return of hard currency through remittances from these migrant workers. Other policy responses to reducing outflow relate to a more direct attempt to curtail the push factors, for instance by dealing with matters concerning poor pay and career prospects, poor working conditions and high workloads, as well as responding to concerns about security, and improving educational opportunities.

'Destination' countries

The first concern of stakeholders in destination countries should be the monitoring and assessment of inflow trends (in terms of numbers and sources), as this is vital if a country is to be able to integrate this information into its workforce and service planning process, as well as assess the relative contribution of international recruitment compared with other key interventions (such as home-based recruitment, improved retention, and the return of home-based non-practising health professionals).

A second element of the 'management' of migration for destination countries is that of efficiency and effectiveness. If there is an inflow of health workers from source countries, how can this inflow be moderated and facilitated so that it makes

Table 1: International recruitment of health workers: opportunities and challenges

	Opportunities	Challenges
Destination countries	Solve skills/ staff shortages. A "Quick Fix".	How to be efficient and ethical in recruitment.
Source countries	Remittances Upskilled returners (if they return)	Outflow causes shortages with negative impact on delivery of care. Costs of "lost" education. Increased costs of recruitment of replacements. "Manage" migration?
Internationally mobile health workers	Improved pay, career opportunities, education.	Achieving equal treatment in destination country
Static health workers	[If worker oversupply] Improved job and career opportunities	Increased workload as staff leave. Lower morale.

an effective contribution to the health system? Policy responses have included 'fast tracking' of work permit applications; developing coordinated, multi-employer approaches to recruitment to achieve economies of scale in the recruitment process and developing multi-agency approaches to coordinated placement of health workers when they have arrived in the source country. These may include the provision of initial periods of supervised practice or adaptation as well as language training, cultural orientation and social support to ensure that the newly arrived workers can assimilate effectively into the new country, culture and organisation. Another related challenge may be that of trying to 'channel' or direct international recruits to the geographic or speciality areas that most require additional staff.

The migration and international recruitment of health workers creates challenges for both individual health workers and policy makers in 'source' and 'destination' countries, and at European level. Some of the key issues are summarised in Table 1 which also highlights some of the potential opportunities created when health workers are, or can be, internationally mobile.

Policy options

Essentially there are two viable policy stances for states and regions faced with the issue of in-migration and/or out-migration of health workers. Either non-intervention, or some level of intervention either to moderate flows via some type of framework or code, or to attempt to manage the migration process so that it is

nearer 'win-win', or at least is not exclusively 'win-lose', with the countries that can least afford to lose being the biggest losers.

One option is for individual countries to establish bilateral agreements to recruit health workers; one example was that between England and Spain to encourage Spanish nurses to work in England. Another option is to introduce a code of practice, either unilaterally or multilaterally, which sets down principles for effective and 'ethical' international recruitment. The Department of Health in England has a Code of Practice on International Recruitment.⁷ The Code requires National Health Service employers not to actively recruit from developing countries, unless there is government-to-government agreement. It also lists approved recruitment agencies.

Another option would be for a regional bloc such as the EU as a whole to introduce some type of guidelines, code or framework. There is already an example of a multilateral code, which was introduced by the Commonwealth.⁸ Some international health professional associations have also promoted codes and principles for international recruitment, as in the case of the European Federation of Nurses.⁹

Whatever the source of such a framework or code, its effectiveness will be based on three factors: content, coverage, and compliance. What is its content? What are the principles and practical details set out to guide international recruitment? What is its coverage? Does it cover all relevant employers and countries? Is compliance assured? Are there systems in place to

Table 2: Examples of potential policy interventions in international recruitment

Level	Characteristics/ examples
Organisational	
'Twinning'	Hospital in 'source' and 'destination' country develop links, based on staff exchanges, staff support and flow of resources to source country.
Staff exchange	Structured temporary move of staff to another organisation, based on career and personal development opportunities/ organisational development.
Educational support	Educators and/or educational resources and/or funding in temporary move from 'destination' to 'source' organisation.
National	
Government-to-government bilateral agreement	'Destination' country develops agreement with 'source' country to underwrite costs of training additional staff, and/or to recruit staff for a fixed period, linked to training and development prior to staff returning to 'source' country, or to recruit 'surplus' staff in 'source' country
Ethical recruitment code	'Destination' country introduces code that places restrictions on employers, in terms of which source countries can be targeted, and/or length of stay. Coverage, content and compliance issues all need to be clear and explicit.
Compensation	Much discussed, but not much evidence in practice. Destination country pays compensation, in cash or in form of other resources, to source country. Possibly some type of sliding scale of compensation related to length of stay and/or cost of training, or cost of employment in destination country possibly "brokered" via international agency?
Managed migration (can also be regional)	Country (or region) with outflow of staff initiates programme to stem unplanned out-migration, partially by attempting to reduce impact of push factors, and partially by supporting other organisational or national interventions that encourage planned migration.
Train for export	[Can be a subset of managed migration] Government or private sector makes explicit decision to develop training infrastructure to train health professionals for export market- to generate remittances, or up-front fees.
International	
International code	As above, but covering a range of countries. Its relevance will depend on content, coverage, and compliance, the Commonwealth Code is an example.

Source: [4]

monitor cross border recruitment activity, and what are the penalties for non-compliance?

Table 2 sets out some options for policy at organisational, state and international levels; some are relevant for 'source' countries, some for 'destination' countries, but few have been fully implemented or evaluated. The next round of policy research should focus on two aspects of migration. Firstly, there is a clear need to improve the available data so that the monitoring of trends in flows of health workers can be more effective. Secondly, it should assess the viability and effectiveness of the various possible policy interventions, to

identify which, if any, are relevant and may have the potential for mutual and beneficial impact in Europe.

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