

Critical Challenges for HR in the health sector in Europe

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Critical Challenges for HR in the health sector in Europe

- Challenges
- Dynamics in Europe
- “Stocks and Flows”
- Health Worker Migration
- Framework for solutions/ evaluation

Common challenges: Policy maker priorities

- How do we **plan** how many doctors, nurses, and other health workers to educate, and employ?
- How can we improve **recruitment, retention and return**?
- Which **incentives** are effective in **motivating** doctors, nurses etc
- How can we determine and deploy the most effective **skill mix** of doctors, nurses and other staff?
- How can we improve **productivity** of health workers?
- How do we maintain **workload** with reasonable limits, for individuals and for teams of health workers?

Common HRH Challenges

- Skills shortages
- Geographic maldistribution
- Fragmented planning
- Education- employer linkages
- Managing Staff Performance
- Effective Skill mix
- Migration
- (Data; research/evaluation; informing policy)

“Shortages”?

- “There are reports of current nurse shortages in all but a few OECD countries....shortages are likely to persist or even increase in the future.. (OECD 2005)
- World shortage of 2.4 million doctors, nurses and midwives (WHO 2006)
- USA shortage of 340,000 nurses by 2020 (Auerbach et al, 2007)
- (But what is a “shortage”???....)

Dynamics in Europe

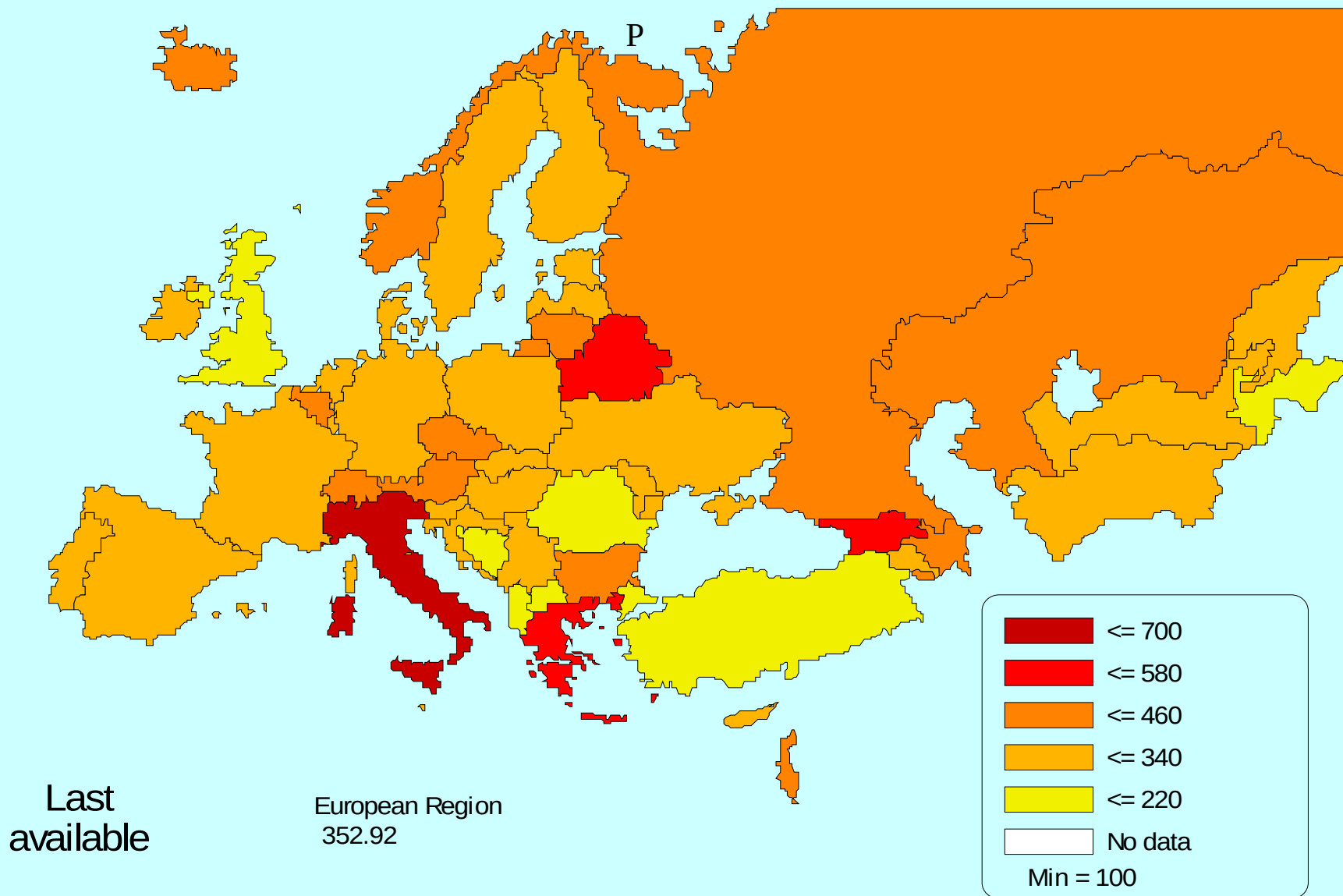
- European health care labour markets are dynamic- will change in response to:
 - demographic change (ageing populations)
 - general economic conditions
 - health sector reform and funding
 - relative earnings and career prospects
 - regulatory change

Dynamics in Europe

- Accession- countries with relatively low paid health professionals – outflow to established “richer” EU countries? (Knock on effect to East/ CIS?)
- Permanent/ temporary “migration”?
- Patient safety/ country level regulatory issues
- “Stocks and Flows” : Different data sets- different pictures

Distribution of physicians in the European Region

Physicians per 100000



Diversity in the European region

Health professionals / 100.000 population, 2002

	Physicians	Nurses	Midwives	Pharmacists
European Region	351.22	669.02	45.07	50.93
EU	343.56	708.26	35.95	77.54
Central Asian Republics and Kazakhstan	293.14	767.68	66.9	16.38
CIS	373.55	794.18	54.15	18.44
Lowest	118.54 (Albania)	245.15 (Turkey)	11.30 (Germany)	3.03 (Uzbekistan)
Highest	618.52 (Italy)	1856.91 (Ireland)	122.77 (Azerbaijan)	204.31 (Malta)

Source: WHO HFA database, 2007

“Flows” (Maldistribution)

- FROM:
- rural
- “poor” districts
- public sector
- nursing
- “poorer” countries
- TO
- urban
- “richer” districts
- private sector
- non nursing
- “richer” countries

Assessing trends and impact of migration

- Important to contextualise international migration- other flows may be more important (e.g public- private sector flow; rural to urban flow)
- Important to assess trends over time rather than take a single year- the situation is dynamic and changes rapidly

Migration

- Into / out of EU

Flows are variable: main driver is existence of “pull” factors

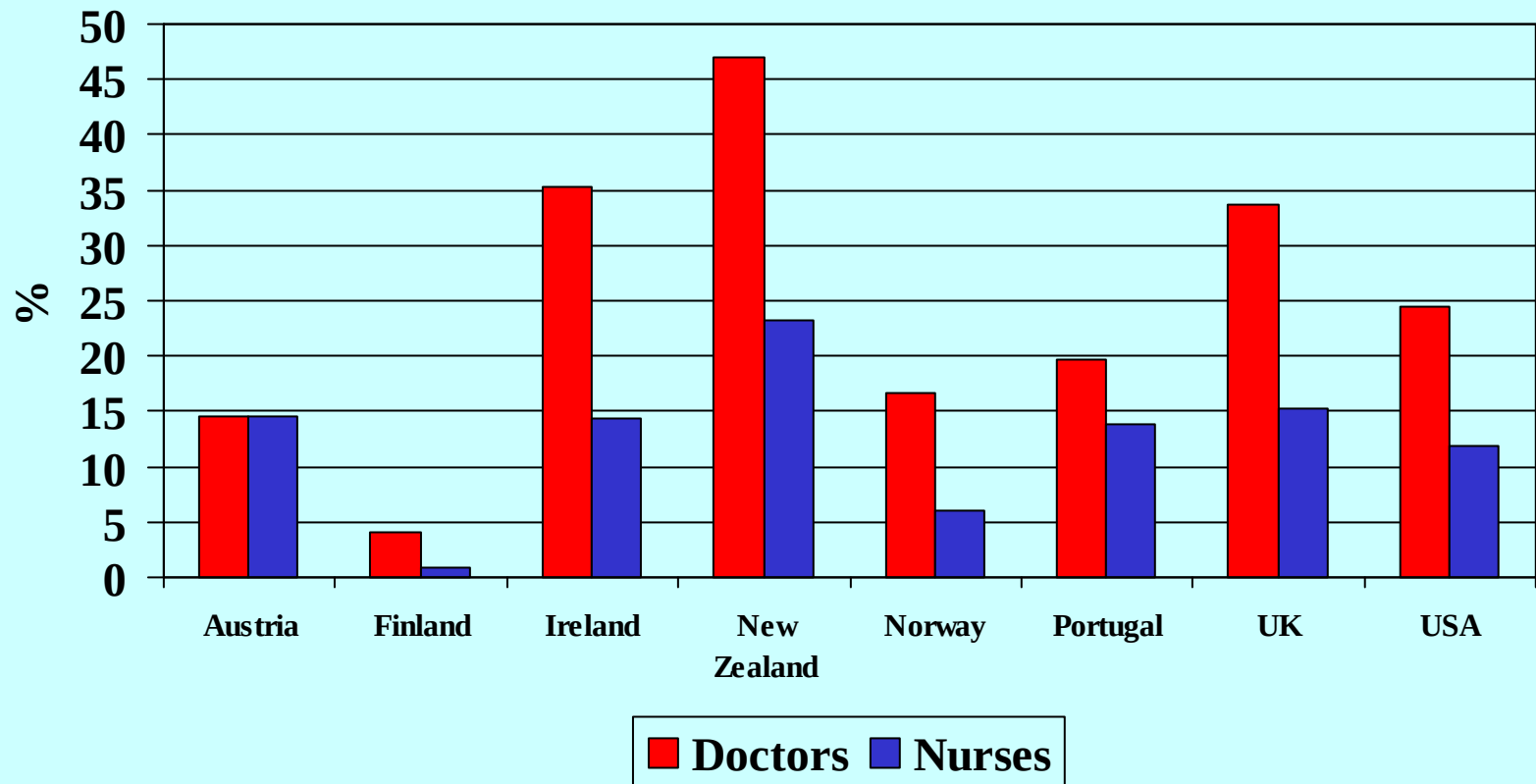
Flows are channeled/ moderated by:
-shared language, culture, historical links (post colonial), regulation
(e.g Angola > Portugal;
S.Africa > UK))

Migration

- Within EU
 - pre 2004; relatively low level of mobility in relation to “stock” of health workers in EU countries
 - cross border flows are related to:
 - a) shared culture, language etc (e.g. France/ Belgium, within Scandinavia, UK/Ireland) or
 - b) supply imbalances (e.g Spanish nurses to UK)
- Post 2004?- flows out from new accession countries not, as yet, as high as anticipated

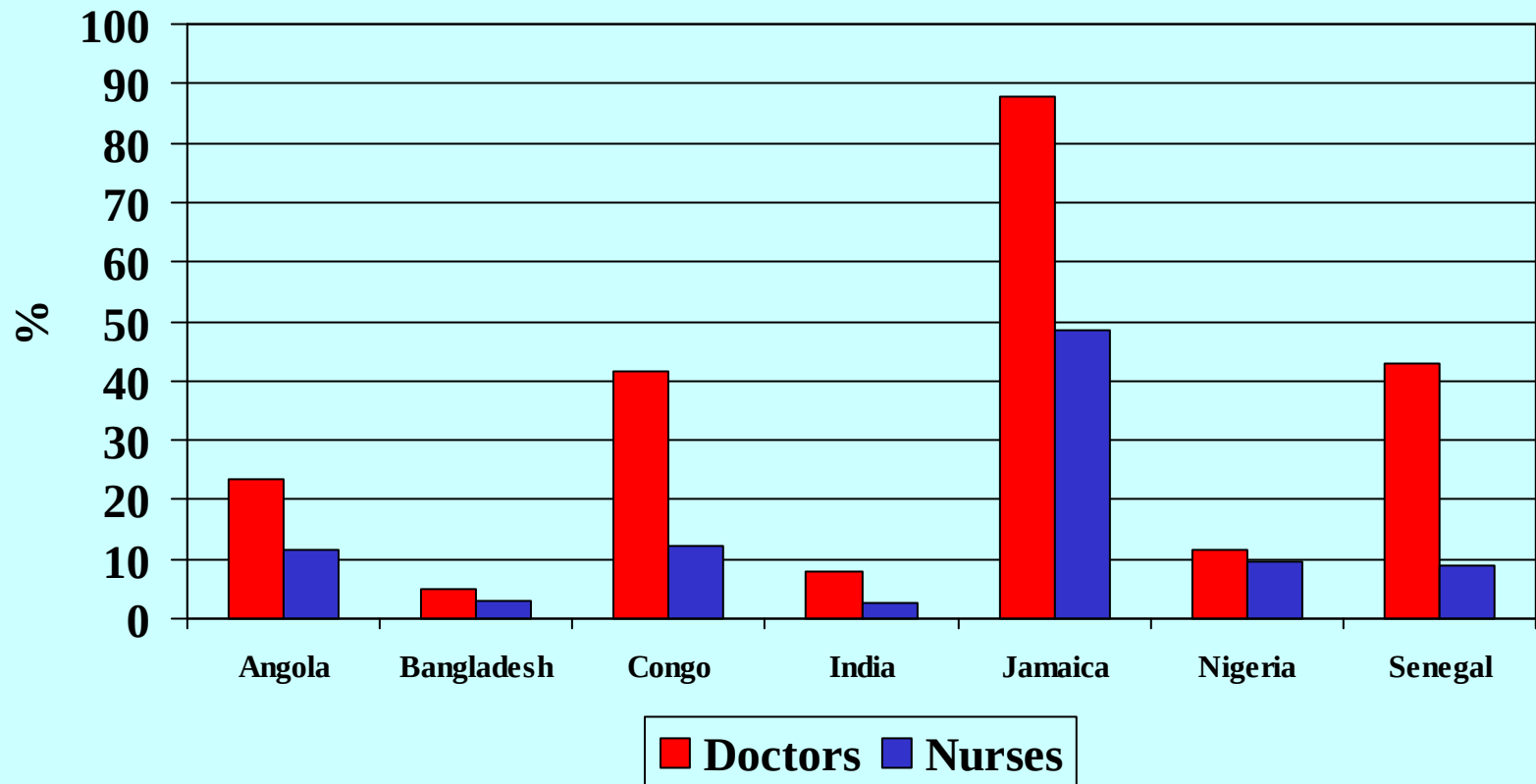
Destination countries: % of practising doctors and nurses who are “foreign born”

(source: OECD 2007)

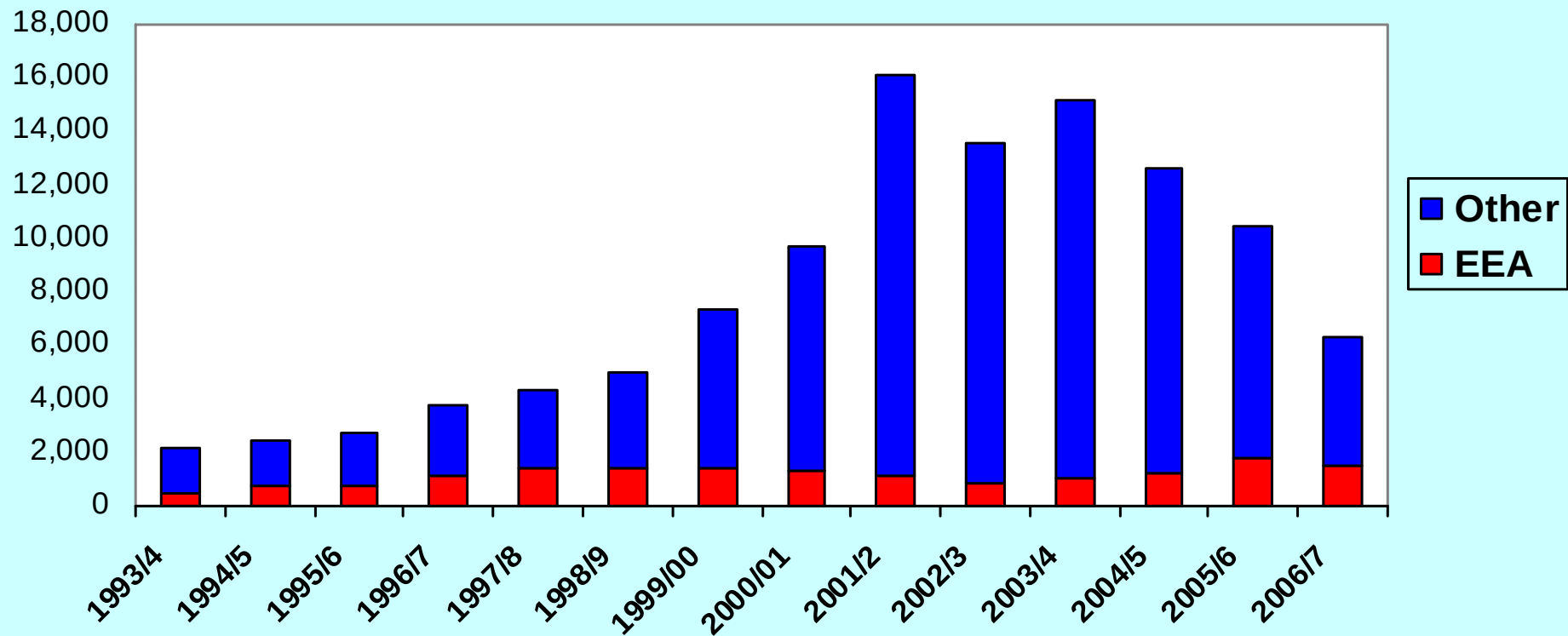


“Source” countries: % of doctors and nurses working in OECD destination countries

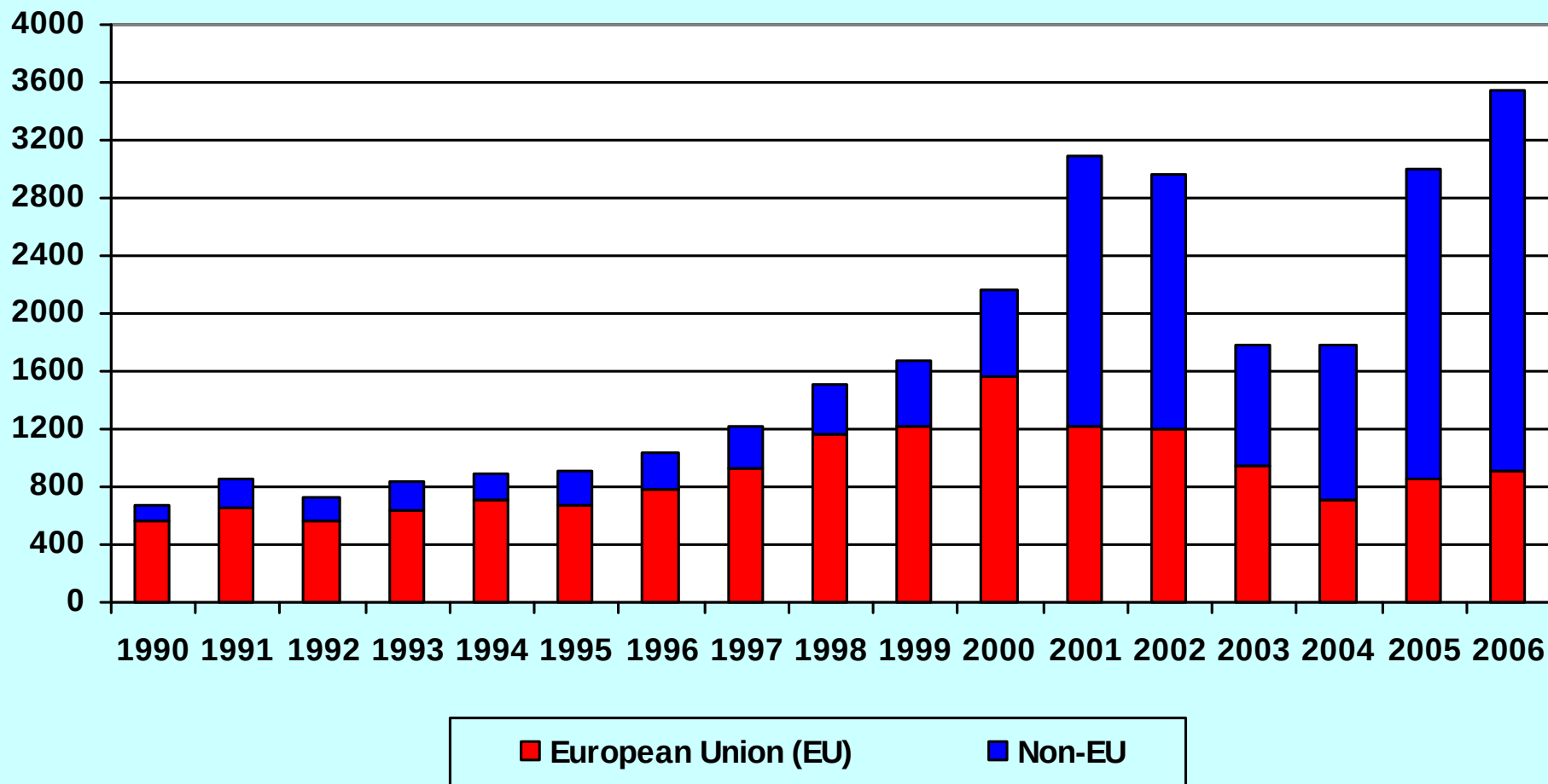
(OECD 2007)



UK: new nurses registering from European Economic Area (EEA), and “other” countries 1993-2007

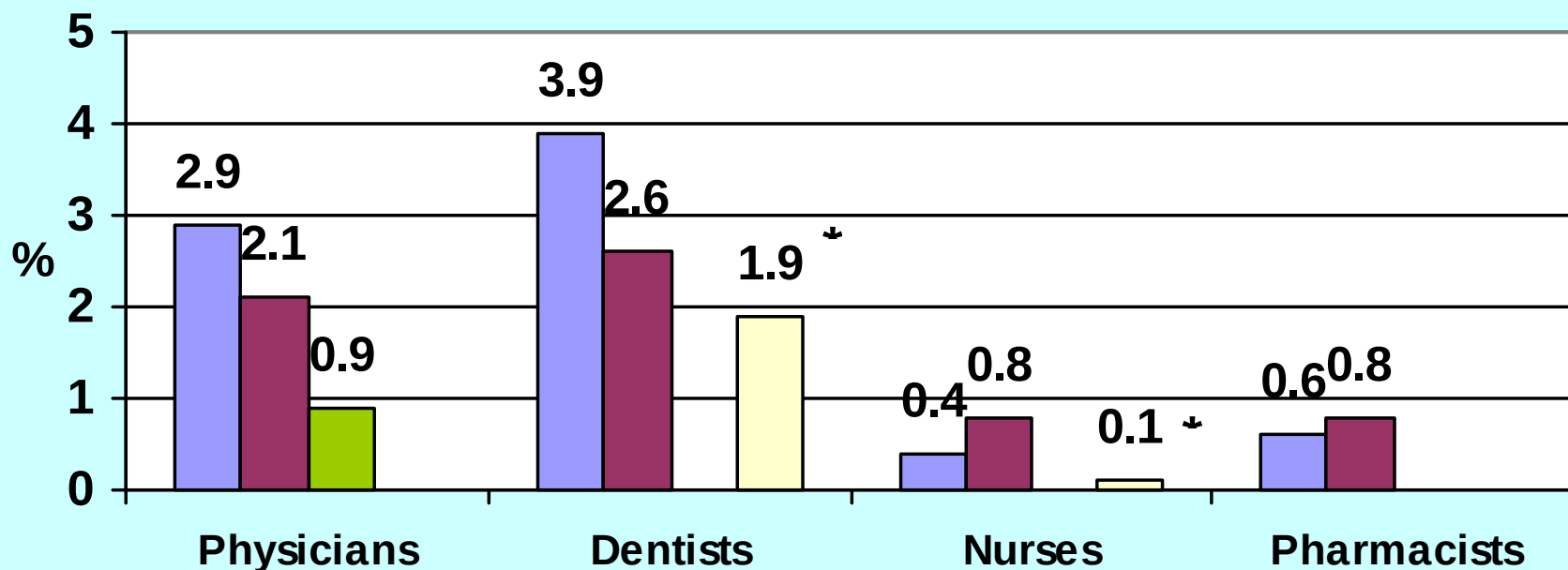


Ireland: EU and non EU Nurse registrants 1990-2006



Lithuania

Percentage of HRH who were issued certificates or emigrated,
% of national stock

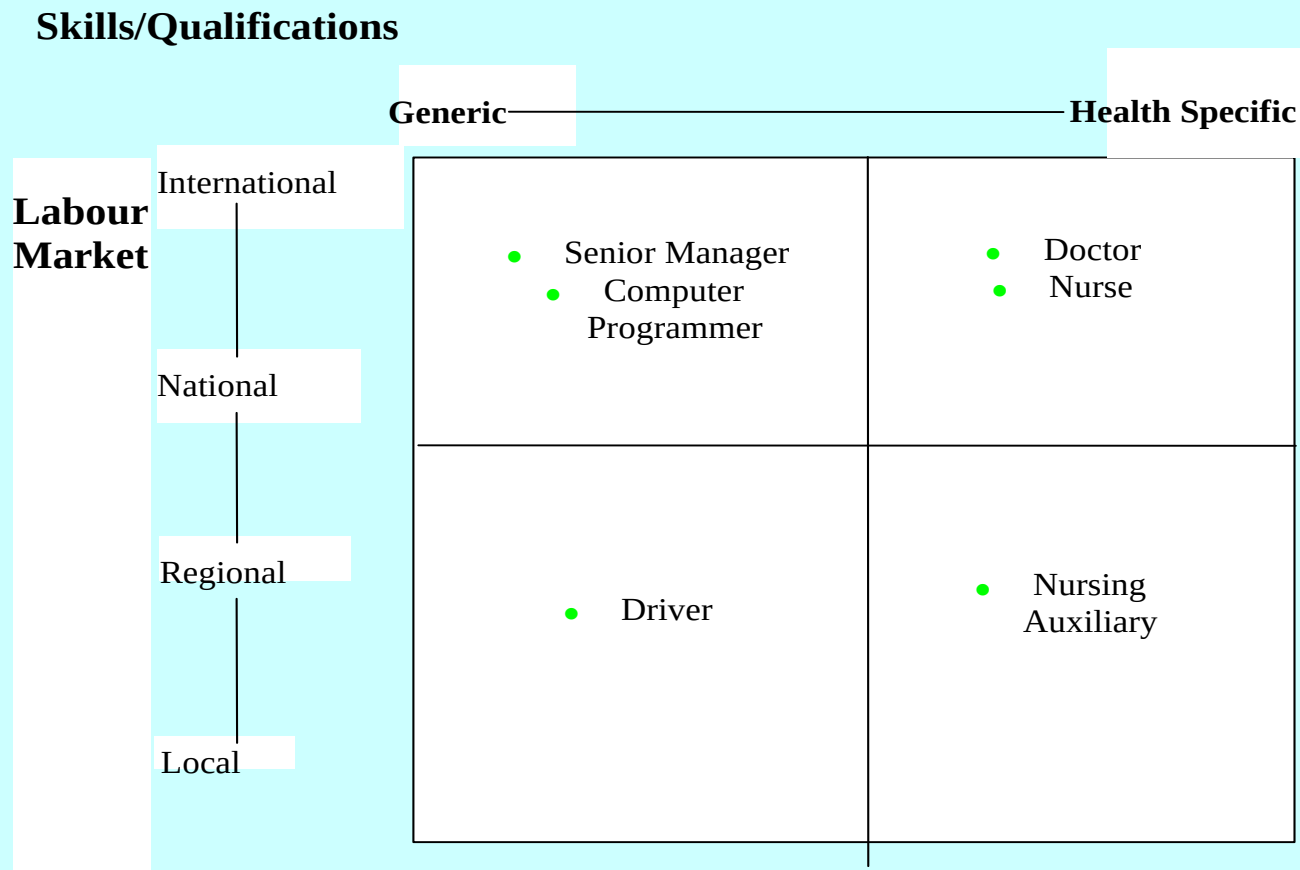


■ Certificates, May 2004-April 2005 ■ Certificates, May 2005-April 2006
■ Emigrated, May 2004-April 2005 ■ Emigrated, May-December 2004

A Framework for Solutions

- Integrated workforce planning
- Improve recruitment and retention
- Improve skill mix/ utilisation
- Improve deployment

What will be effective, for which occupation groups?



HRH Priorities

(possible WHO Euro support)

- collecting, analysing and improving available data on HRH
- supporting exchange of experience and expertise on HRH issues
- support for cross national comparison of HRH assessment and data analysis
- advice/ support to strengthen HRH management and policy research capacity

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References

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- Buchan J Perfilieva G (2006) Health Worker Migration in the European Region: Country Case Studies and policy implications. WHO Europe Office, Copenhagen