

Health workforce self sufficiency at a time of global financial crises: desirable? achievable?

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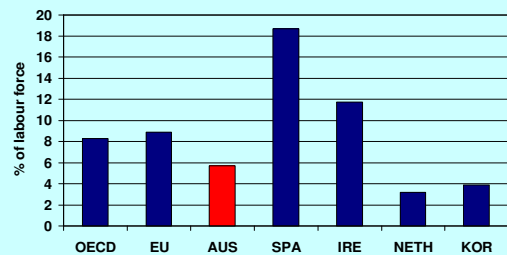
Health workforce self sufficiency

- The crisis (what crisis?)
- What is self sufficiency?
- Policy commitments to self sufficiency
- The health workforce context
- Self sufficiency: What is the policy objective?
- Fuzzy/ loose self sufficiency

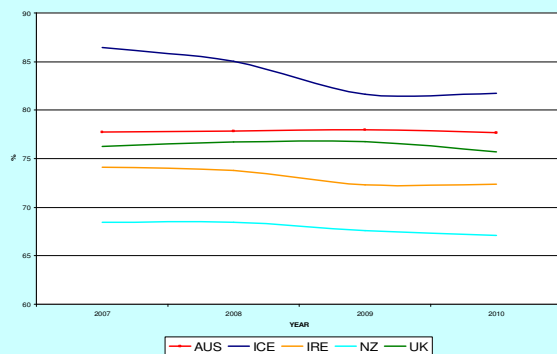
The global economic crisis

- “East Asia and the Pacific had little direct exposure to the toxic securitized assets ...that originated in the financial centers of the OECD. But the region has felt the crises particularly hard because of well developed trade links.”[World Bank, 2009]
- “The key to positive export growth [in Asia Pacific] will be the return of positive economic growth in OECD countries” (AusAID, 2009)

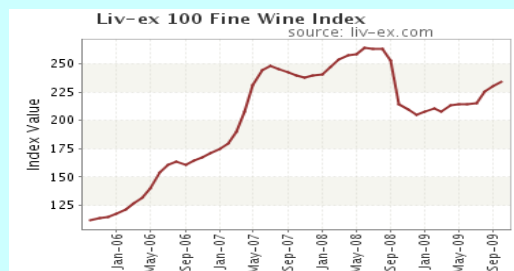
Unemployment rates, May 2009, selected OECD countries



Participation rates, OECD countries



Crisis: the fine wine index



Recession?: Direct impact on labour market (most countries)

- Fewer vacancies and new jobs: **turnover down**
- Reduction in alternative viable careers: **applications up**
- Partners out of work; fewer vacancies: **less geog. mobility;**
- Bills to pay, partners out of work: **more nurse etc hours available;**
- “Grass is greener”: **Net international outflow up, for some**

Economic Crisis

- **Tighter** funding/ expenditure on health (demand for workforce constrained)
- **Looser** health care labour markets (supply of workforce hours/ availability increased)
- Australia relatively unaffected

What is meant by health workforce self sufficiency?

- “self sufficiency”
- “self reliance”
- “sustainable workforce”

Australia

- Principle 1 of the National Health Workforce Strategic Framework: “Australia should focus on achieving, at a minimum, *national self sufficiency in health workforce supply*, whilst acknowledging it is part of a global market” (2004).
- “...provided there is compliance with ethical protocols, it is appropriate for Australia to draw on suitably qualified, overseas trained, professionals to supplement the locally trained workforce, and to recognise that its own health workers will migrate to other countries, either temporarily as part of their broader development, or permanently. Importantly, *access to internationally trained health workers provides a valuable avenue for skills transmission and through this productivity gains...*” (Productivity Commission, 2005, p 39).

Australia

- Interim report of the Australian National Health and Hospitals Reform Commission: high levels of reliance on internationally recruited doctors “ *is neither sustainable, nor ethical*” ; Recommended that “Australian health workforce policy should be guided by the long-term aim of ensuring that *we are self sufficient on a net basis across all categories of health professionals*” (NHHC 2008, p321).

UK

- Medical Workforce Standing Advisory Committee (MWSAC), 1997, published a report which recommended ‘*self-reliance*’ as a long-term goal.
- “The service relying largely upon UK doctors, but not aiming for a workforce comprised entirely of UK doctors (ie mobility should be expected but inward and outward flows should be kept broadly in balance) (Grantham 2008, p3)”

New Zealand

- “Consideration should be given to New Zealand becoming *net self-sufficient* for medical graduates”. (Ministry of Health, New Zealand, 2006, p. 19).

WHO: draft global code

- “4.1.4 National health workforce sustainability: Whether or not a code of practice should include provision(s) promoting national health workforce sustainability has been central to discussions. The concept focuses on strengthening national health worker education. More broadly, *achieving self sufficiency or sustainability in the health workforce is about effective retention and deployment of available workers*” (WHO 2009, p9).

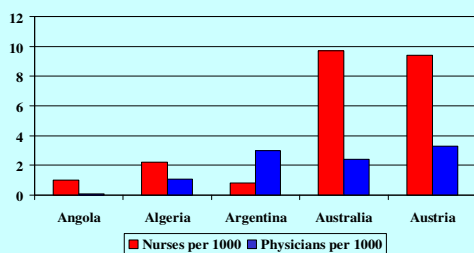
What is “Self sufficiency” in health workforce?

- Aim to train to meet ALL staffing requirements?
- Aim to meet specified % of any staffing growth targets, from home sources? [time lag]
- Aim to end all “active” international recruitment [from designated countries?]
- [What is “home”?]: different regions/specialties-numerical self sufficiency- but are they right skills right place?]
- [Outflow to other countries?]

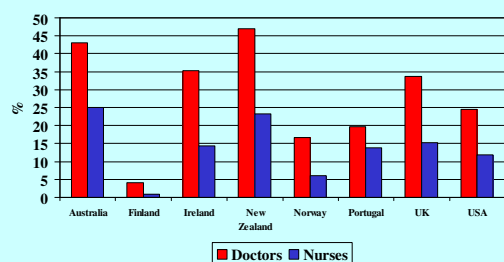
The health workforce context

- We are not all the same
- Our global connections vary
- Our global impact varies
- Things change
- Self sufficiency: ethics and efficiency

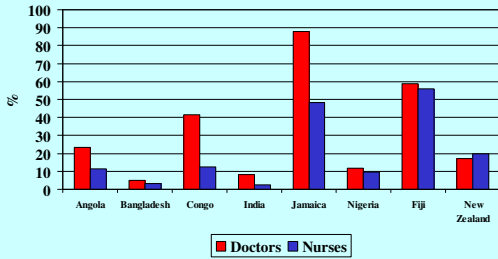
Nurse:population, and physician:population ratios, selected countries (WHR 2006)



Stock: OECD Destination countries: % of practising doctors/ nurses who are “foreign born” (source: OECD 2007)



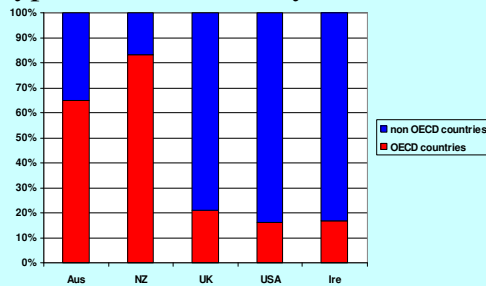
Stock: "Source" countries: % of doctors and nurses working in OECD destination countries (OECD 2007)



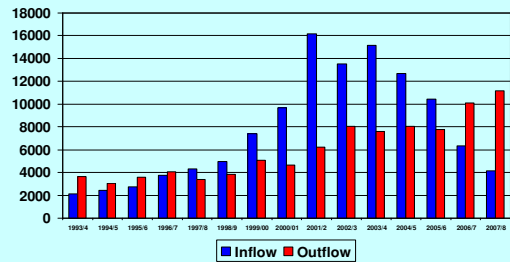
New Zealand

- "Consideration should be given to New Zealand becoming *net self-sufficient* for medical graduates". (Ministry of Health, New Zealand, 2006, p. 19).
- OECD: "The fact that the idea of self-sufficiency has gained importance in New Zealand might be surprising. New Zealand is indeed a very open economy and immigration plays an important role in most economic sectors..... *In this context, it is not totally clear what self-sufficiency means and which policies will ensure it*" (Zurn and Dumont, 2008, p 23).

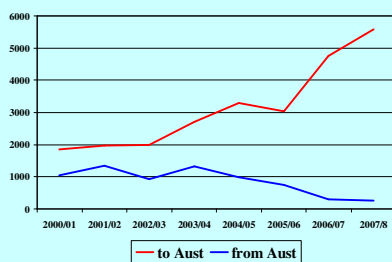
Impact and Ethics:
Composition of inflow of nurses, by type of source country, c 2004/5



UK:Nurse "Inflow"/ "Outflow" 1993-2008



International "Flows": Nurses to and from Australia (Registration data: Source: UK NMC)



What is the policy objective?

- **"Ethical"**
 - Improve "fairness" of employment policy and practice in the health system
 - Improve equal opportunities in access to training and career development
 - Reduce potential negative impact of international recruitment activity/ flows of health workers from developing countries
 - (e.g. support for global code)
 - (e.g. Recruitment of under represented groups)
- **"Efficiency"**
 - Increase investment in the skills of the domestic population/ to reduce reliance on international staff/ to improve relative competitiveness of health sector as an employer
 - Improve international co-ordination and reduce current global imbalances of supply and demand
 - (e.g. scale up of home based training)
 - (target set for timed reduction in use of international staff)

Increasing self sufficiency: Doing what you should be doing?

- *[Increase numbers in training \$\$\$]*
- Reduce attrition during training
- Increase % entering UK workforce on successful completion of training
- Increase returners
- Improve retention
- Retrain/ bridge (ie. health care assistants > nurses)
- Improve productivity/ change skill mix
- *[International recruitment \$]*

Summary

- Not just an issue of “train more” to be self sufficient, even if that was feasible/ economically justifiable- freedom of mobility (MRA), emphasis on productivity, skill mix change, new roles, returners etc
- Scope to look at focusing more international recruitment activity via bilateral agreements, via Code, “train for export”/ other forms of mutuality?
- “Loose” self sufficiency is desirable, as a means of focusing broader based policy efforts; efficiency can be “ethical”