



The balancing act of regulating HRH migration - experiences from Ireland

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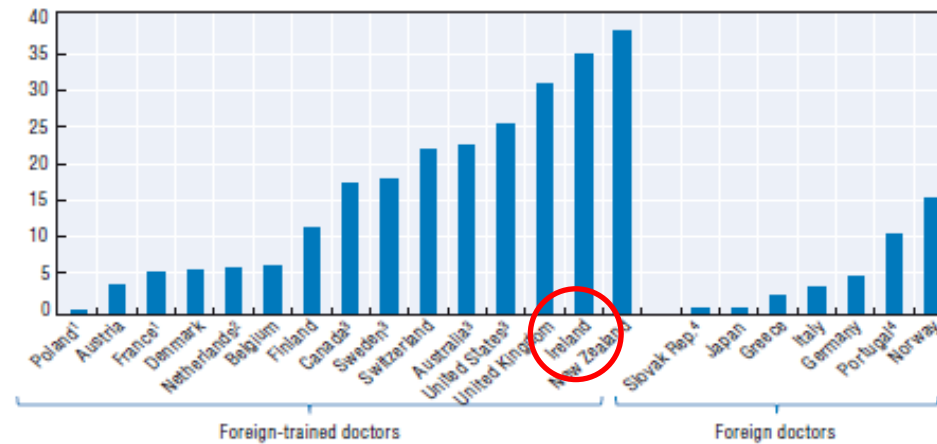
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Graph 1.

SHARE OF FOREIGN-
TRAINED OR FOREIGN
DOCTORS IN SELECTED
OECD COUNTRIES
IN 2008 (OR LATEST
YEAR AVAILABLE)

Percentage



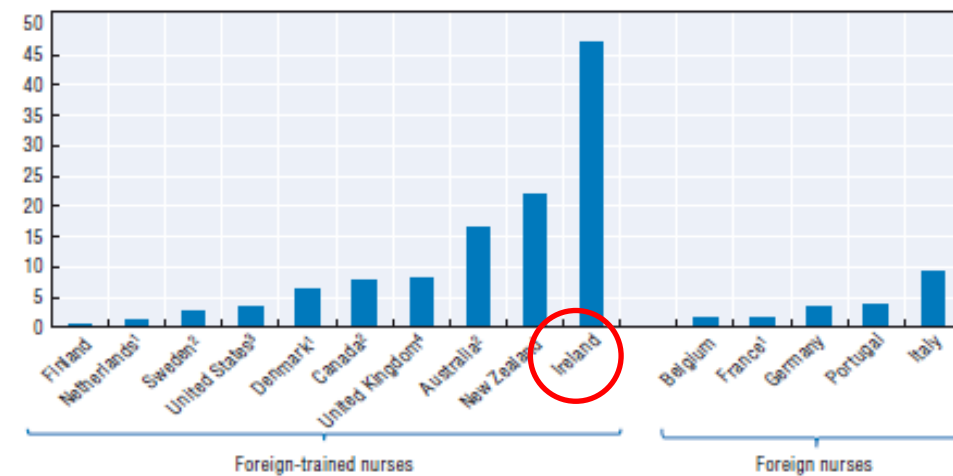
1. 2005.
2. 2006.
3. 2007.
4. 2004.

Source: www.oecd.org/health/workforce.

Graph 2.

SHARE OF FOREIGN-
TRAINED OR FOREIGN
NURSES IN SELECTED
OECD COUNTRIES IN 2008
(OR LATEST YEAR
AVAILABLE)

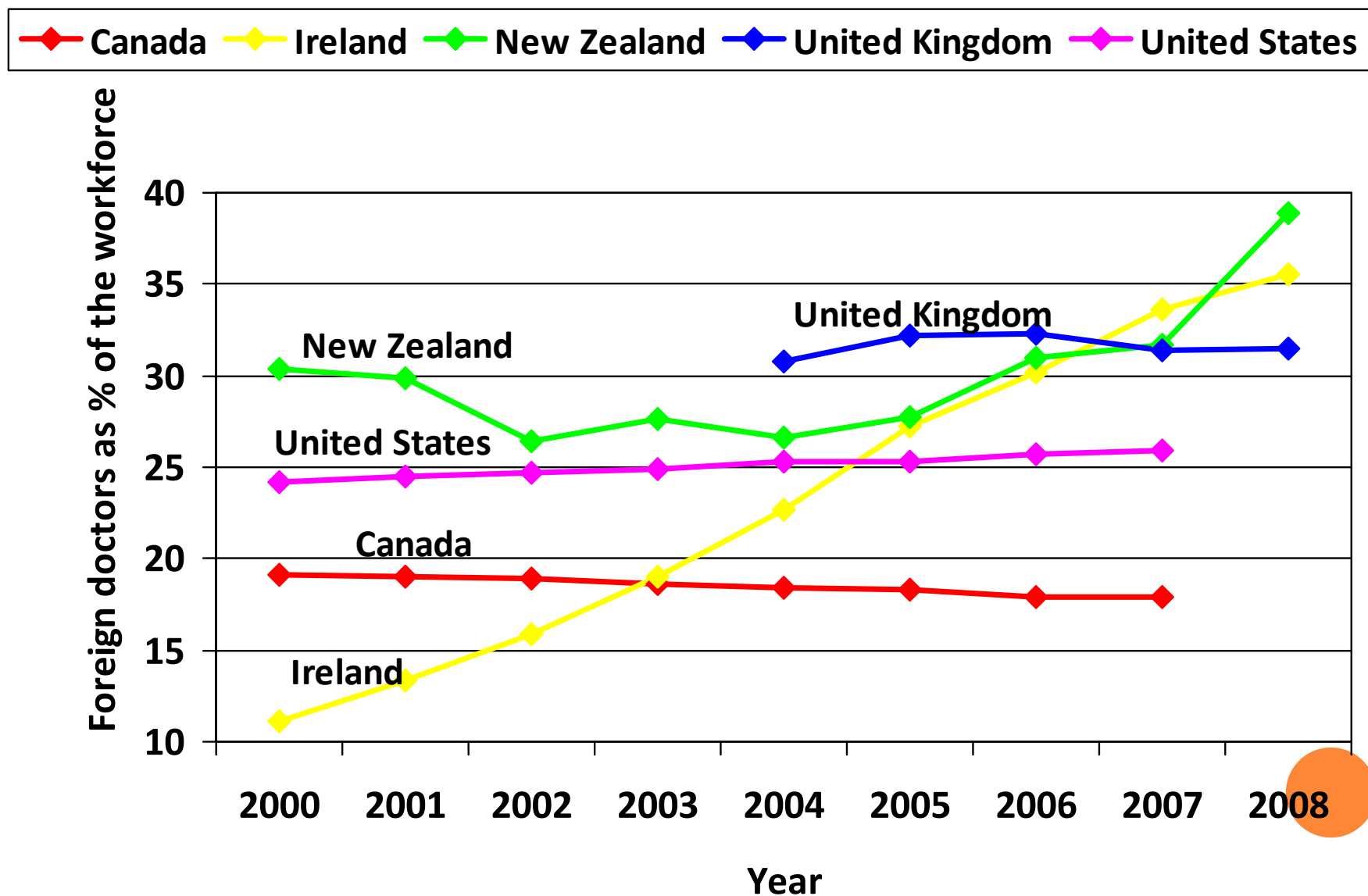
Percentage



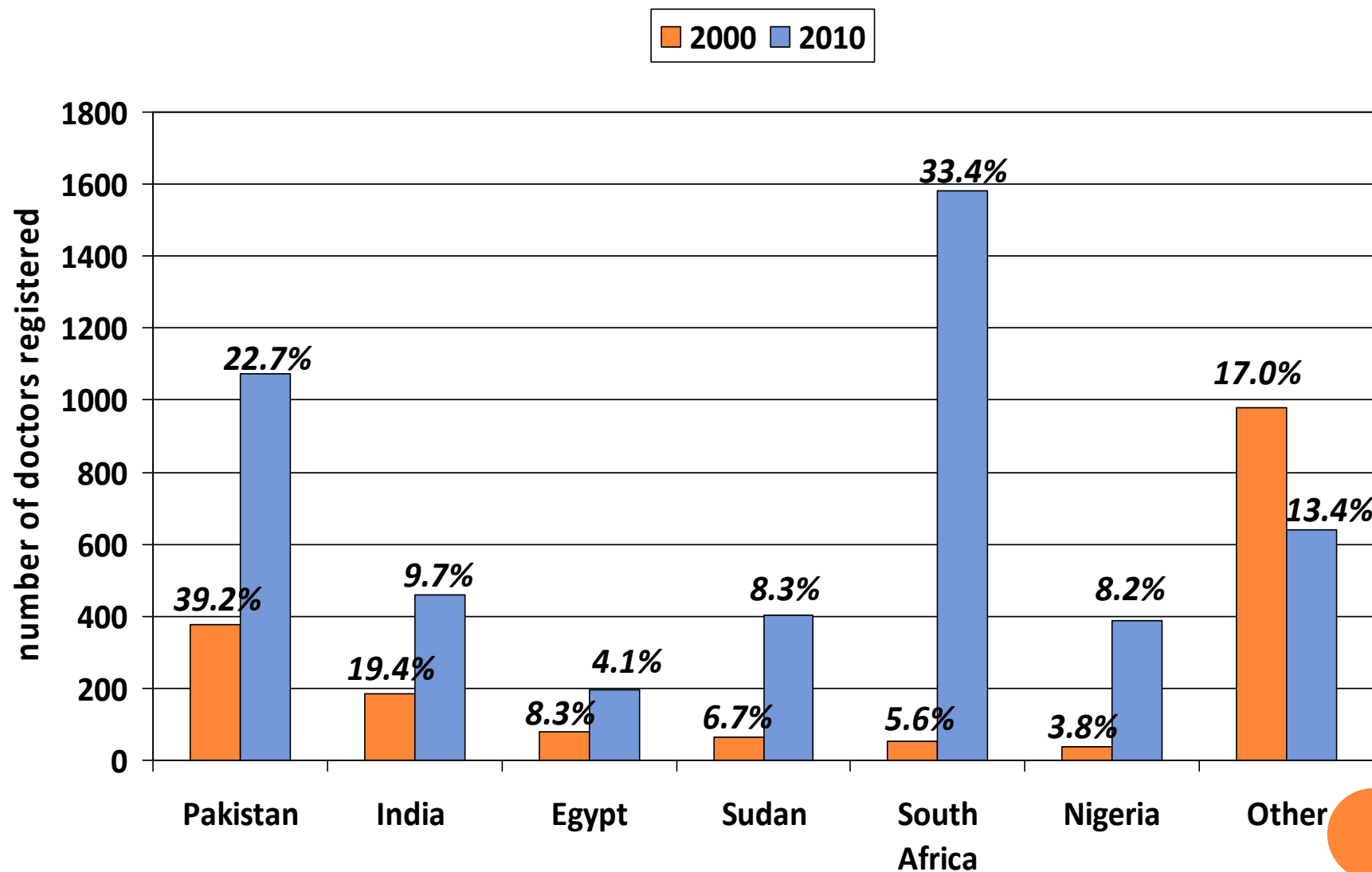
1. 2005
2. 2007
3. 2004
4. 2001.

Source: www.oecd.org/health/workforce.

Trends in foreign-trained doctors as % of national medical council registrants: selected OECD countries, 2000-2008



COUNTRY OF QUALIFICATION FOR NON-EU GRADUATES, 2000 + 2010



% indicates the proportion of total non-EU registrations

SUMMARISING THE CHALLENGES

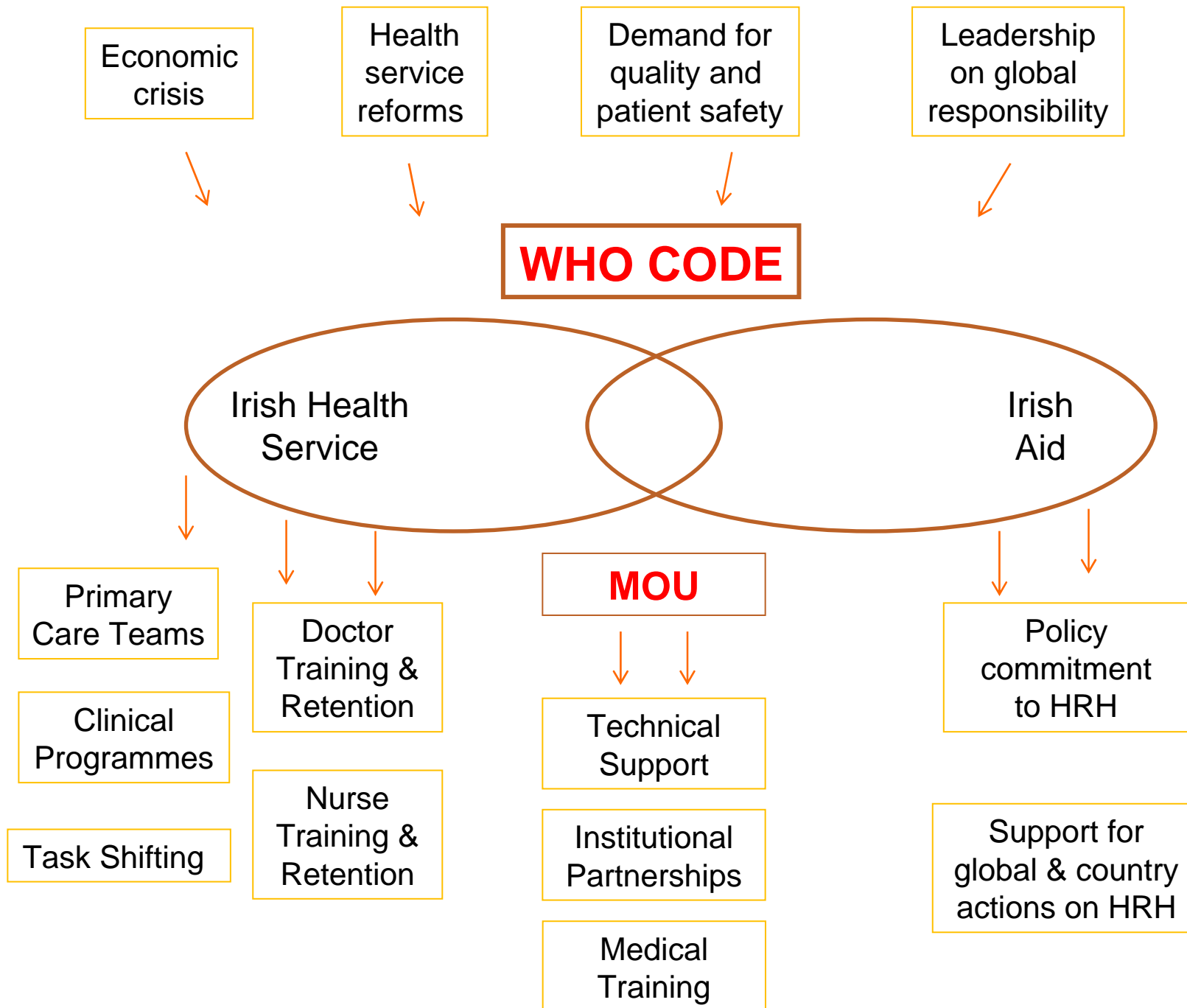
We needed to:

1. Address the drivers of migration in Ireland – ‘pull factors’
 - Reduce dependence on international recruitment
 - Train sufficient personnel to satisfy domestic requirements
 - Retain graduates
 - Utilise personnel more effectively and efficiently
2. Address the drivers of migration in source countries – ‘push factors’
 - Support strengthening of HRH and health systems
3. Manage international recruitment in ethical manner

Irish Health
Service

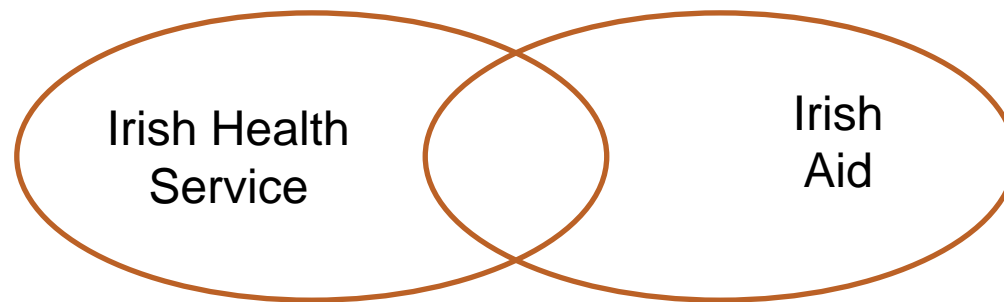
Irish
Aid





SERVICE

- FOR COHERENT AND EFFECTIVE RESPONSE TO MIGRATION



→
Technical support

←
Policy guidance



- Policy coherence
- Global responsibility
- Joint initiatives
 - Institutional partnerships
 - ESTHER Ireland



RCSI – COSECSA COLLABORATION PROGRAMME



RCSI

ROYAL COLLEGE OF SURGEONS IN IRELAND
COLÁISTE RÍOGA NA MÁINLEÁ IN ÉIRINN

- Capacity deficit
 - 1,390 qualified surgeons for 265 million people; a ratio of one for 190,000 people
- Collaboration
 - Training; E-Learning; Exams; Organisational development
- Organisation
 - Governance by steering committee of Irish-based and African-based members
 - Funded by Irish Aid & RCSI
- Achievements
 - COSECSA Membership and Fellowship programmes in 10 countries in general surgery and 6 specialties
 - 90 specialist surgeons have graduated; now 184 trainees in 33 training locations



INTERNATIONAL RECRUITMENT – COMPLYING WITH CODE FOR MUTUAL BENEFITS

6. Data gathering

- Research on migration
- Medical Council workforce intelligence report

1. Ethical international recruitment

- Managed in collaboration with overseas sponsored states and/or medical training colleges
- Governed by bilateral agreements (Pakistan)

5. Support to developing countries

- Linked to Irish Aid HRH support

International Medical Graduate Training Initiative

2. Health workforce development and health systems sustainability

- Ireland now training sufficient doctors
- Training posts for Irish health service are protected

4. International cooperation

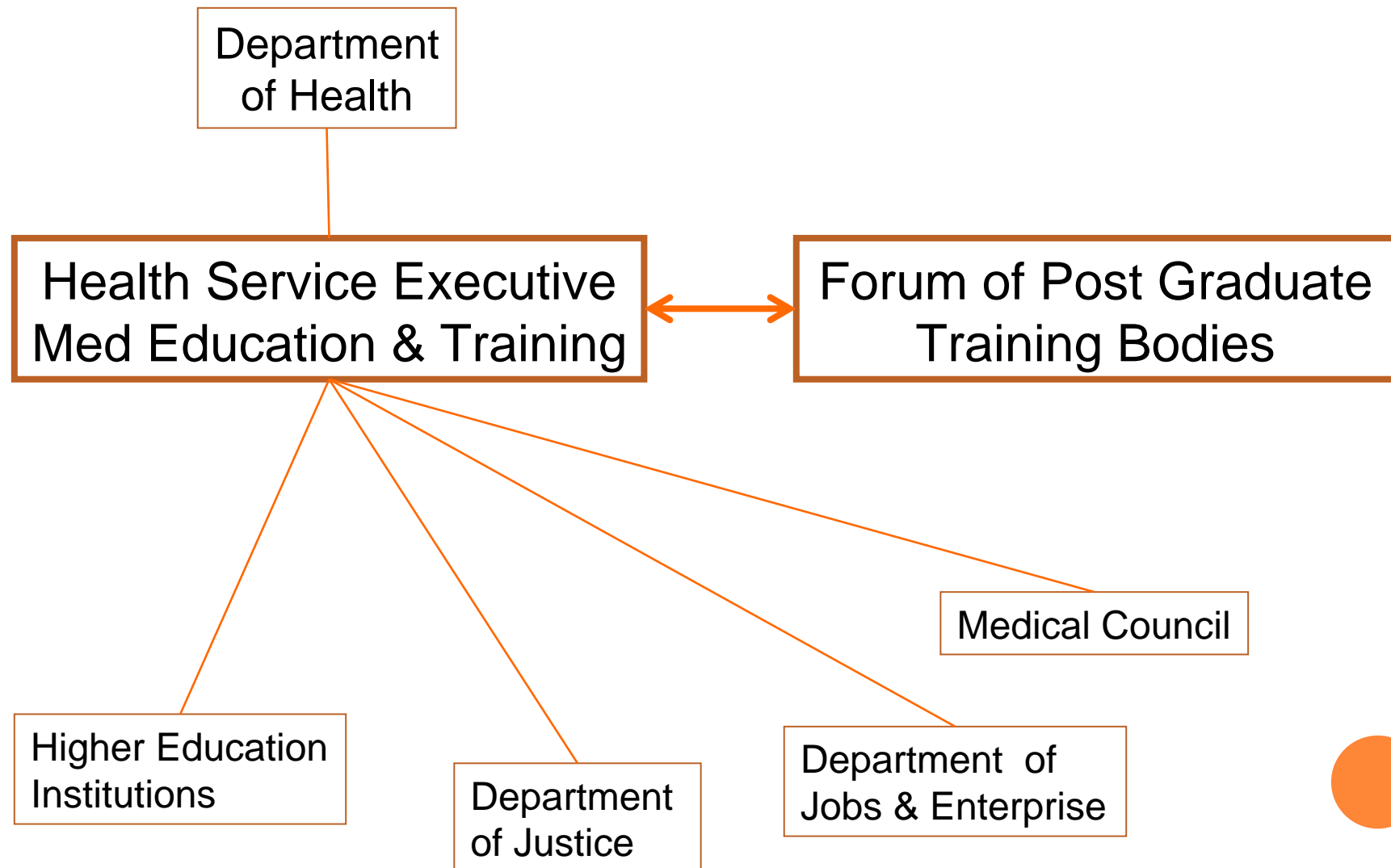
- Bilateral agreements
- Plan for return migration

3. Fair treatment of migrant personnel

- Training posts equivalent to Irish post-grad training programmes
- Doctors fully informed before travelling
- Certification provided by home country



REGULATION AND RELATIONSHIPS FOR EFFECTIVE MEASURES ON MIGRATION



CONCLUSIONS

- Migration needs to be managed better by destination as well as source countries, or UHC will not be achieved
- The WHO Code is a comprehensive framework for addressing migration and health workforce development in all countries
- Bilateral arrangements assist HRH strengthening and management of migration to mutual benefit of source and destination countries
- Migration is best addressed through a range of regulatory, policy and programme measures. Effective action requires stakeholders to work collaboratively and in partnership

With leadership and innovation the challenges of health worker migration can be addressed

