An "Ethical" Approach to Health Workforce Sustainability: Desirable? Achievable?

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Health workforce sustainability

- What is sustainability/ self sufficiency?
- The policy context [WHO Code]
- The health workforce context
- Sustainability: What is the objective?
- Fuzzy/ loose sustainability
What is meant by health workforce sustainability?

- “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” (NHHRC 2008, p321).

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 Global Code (2010)

- “Countries should implement effective health workforce planning, education, training and retention strategies to sustain a health workforce that is appropriate for the specific conditions of each country, and to reduce the need to recruit migrant health personnel” (WHO 2010).

What is “Sustainability” in health workforce?

- Is it train domestically to meet ALL staffing requirements?
- Is it meet specified % of any staffing growth targets, from domestic sources? [time lag]
- Is it end all “active” international recruitment [from designated countries?]
- [What is “domestic”? different regions/ states, sectors, 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
- It's not just “brain drain”
- Things change
- Sustainability, self-sufficiency: ethics and efficiency

We are not all the same: Nurse:population, and physician:population ratios, selected countries (WHR 2006)
Connections vary: the % of practising doctors / nurses who are “foreign born” (OECD countries)

Impact varies: Composition of inflow of nurses, by type of source country, c 2004/5
It’s not just ‘brain drain’

- Right of individual to move and improve their career/life [WHO Code]
- The “train for export” model and remittances [India, Philippines]
- Different motivations, different objectives, different career plans: e.g.
  - NZ “backpacker”; Filipino economic migrant; Kenyan looking for a job; South African looking for career development

Things change: % of “new nurses” from domestic training and international sources, UK 1989-2009

Source: UKCC/NMC data
Things change! UK: Flows of nurses to and from Australia (Source: NMC)

Sustainability: What is the 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 Code)
  - (e.g. Domestic 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)
Sustainability: Doing what you should be doing?

- Increase numbers completing training [$$$, time]
- Increase returners
- Improve retention
- Retrain/ redistribute
- Improve productivity/ change skill mix
- International recruitment [$$, quick fix]
- **NEED FOR JOINED UP PLANNING/ GOVERNMENT**

Sustainability- Summary

- Not just an issue of “train more” to be self sufficient- emphasis must be on policy and planning to effectively meet population needs (retention, productivity, skill mix change, new roles, etc).
- [International recruitment not the first resort]
- Scope for more international recruitment activity via bilateral agreements, via Code, joined up government, other forms of mutuality
- “Loose”/fuzzy sustainability is desirable, as a means of framing broader based policy efforts
- “Efficiency” can be “ethical”