



Mobility of Health Professionals

Country studies: Austria, Ireland, Lithuania and Poland

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Structure of the presentation

- Country studies
 - Main results
 - Scale of mobility
 - Push-pull / stick-stay factors
 - Implications for the micro-phase
- Politically relevant issues



Main results - Austria

- Strong immigration pattern accompanied by outflow of (particularly young) health professionals → factors responsible?
- Importance of language and historical links (Germany, neighboring countries of CEE)
- Importance of introduction of TA (2004 and 2009) → future?
- Education as major pro-migratory factor (immigration):
 - No entry exams at Austrian medical schools
 - Quick recognition of diploma
- Transition from educational system to work as major pro-migratory factor (emigration) → Austria vs. Germany
- Regional disparities with regard to specialization places → Vienna and other larger cities vs. rural areas
- The case of 24-hour-care → legal vs. illegal work → legalization issue.



Composition of foreign nurses in Austria according to citizenship 1995-2005

Countries of origin of foreign nurses in Austria							
Countries/Year	1995	2000	2001	2002	2003	2004	2005
	12.2%	13.6%	13.7%	12.6%	11.5%	11%	16.35
Bosnia and Herzegovina		11%	24%	14%	13%	1%	5%
Czech Republic	6%	8%	6%	6%	3%	8%	10%
Germany	20%	16%	9%	8%	14%	21%	17%
Croatia		11%	15%	7%	3%	10%	5%
Philippines	21%	6%	4%	7%	6%	9%	7%
Poland	13%	5%	7%	9%	13%	3%	14%

Share of foreign trained nurses in nursing homes and hospitals in Austria

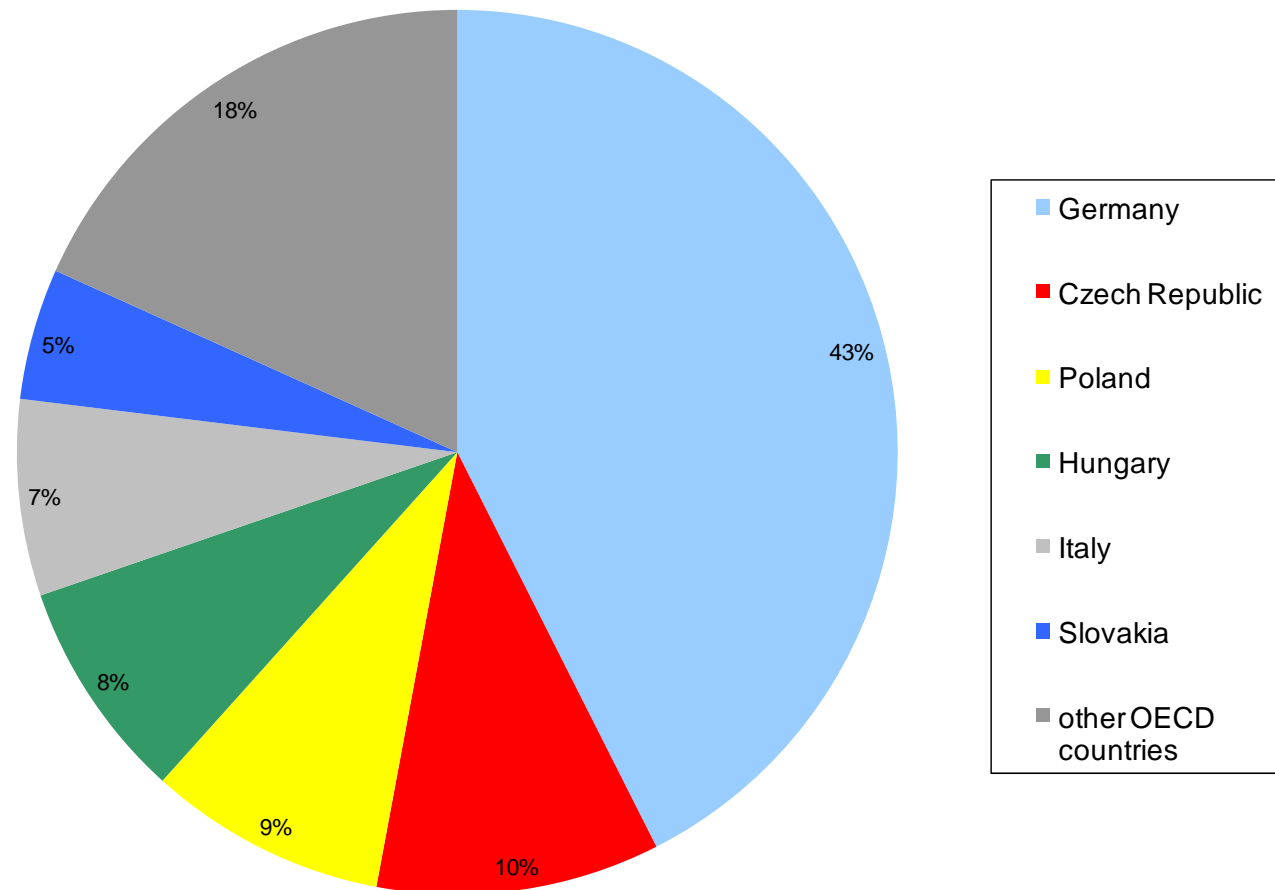
	Nursing homes	Hospitals
Share of foreign trained staff	10.5%	8.2%
Bulgaria	2%	1%
Germany	12%	24%
Poland	8%	11%
Slovakia	21%	8%
Slovenia	2%	3%
Czech Republic	8%	7%
Hungary	4%	3%
Romania	3%	2%
Other EU-countries	2%	1%
Bosnia Herzegovina	9%	6%
Croatia	6%	4%
Macedonia	0%	1%
Serbia and Montenegro	5%	2%
Philippines	7%	16%
India	7%	45
others	4%	7%



Foreign doctors:

2001 Census: 14.6% of the doctors (ISCO 2221) were foreign born (4,400 doctors) → but: **most of them trained in Austria**

Countries of birth of foreign born doctors from OECD countries in Austria



24-hour-care:

- A major issue with regard to the migration of health professionals towards Austria
- According to the media: 40,000 irregular health workers are working in Austria in the sector
- Outcomes of selected studies: around 16,000 to 20,000 foreign health professionals are employed in Austrian families
- Recent developments: legalisation of this situation → **the number of legalised/registered freelancing personal assistants in Austria amounted to almost 17 thousand persons till April 2009**; the biggest group is employed in the federal state of Upper Austria (2493), followed by Lower Austria (2.231) and Vienna (1821)
- Most of foreign health work force employed in 24 hour care come from the Czech Republic and Slovakia.

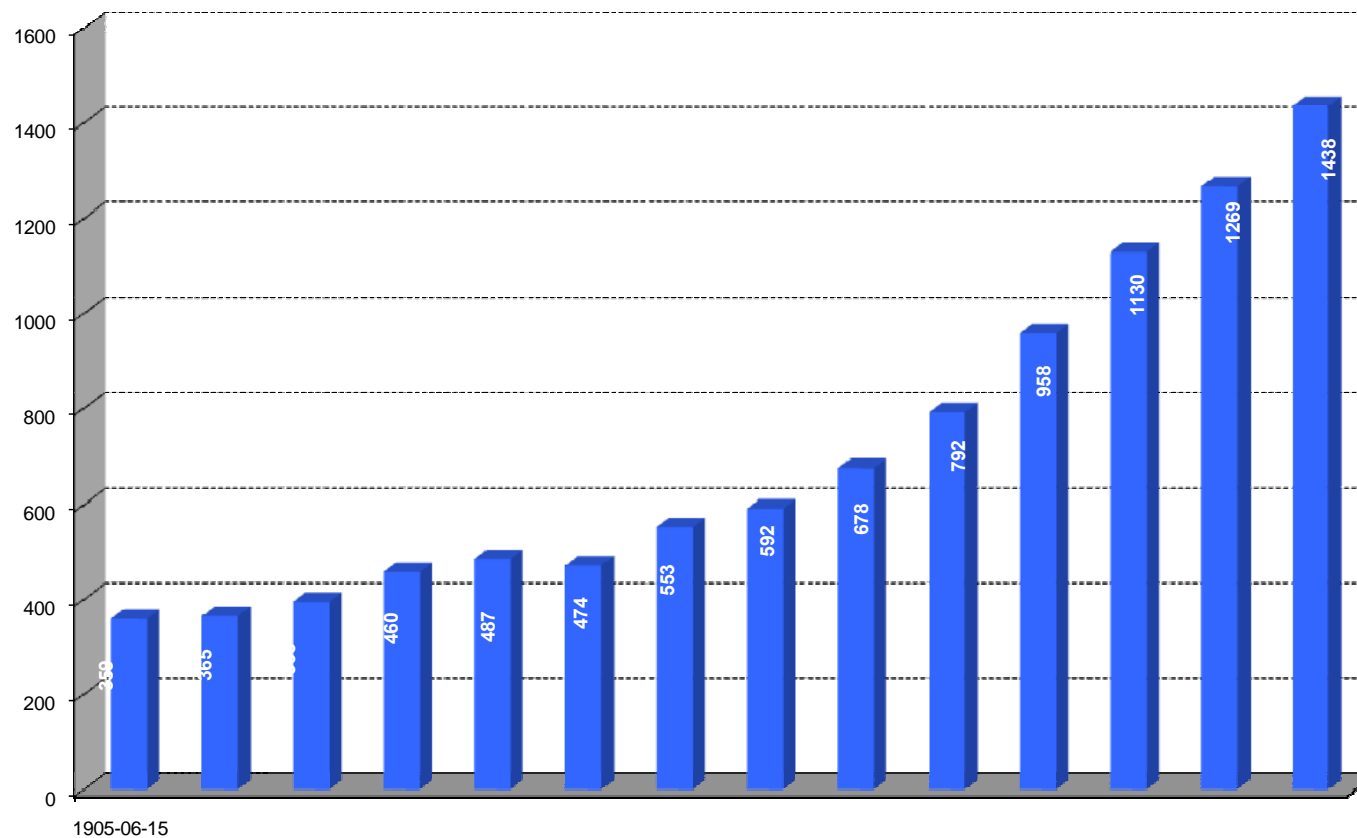


Emigration of health professionals:

García-Pérez et al. (2007): **2,373 Austrian doctors working abroad which corresponds to an emigration factor of 8%**

1,631 of these are working in other European countries.

Number of practicing Austrian doctors in Germany 1993-2006



Push-pull / stick-stay factors

<i>Within Countries of Origin (Source Countries)</i>		<i>Within Recruiting/Destination Countries</i>	
PUSH FACTORS		PULL FACTORS	
Factors related to general situation in Austria	<ul style="list-style-type: none"> Relatively low dynamics of growth 	<ul style="list-style-type: none"> high political stability, low corruption and very high standard of living (14 rank in HDI). high GDP per capita and growth rate low unemployment rate (slightly above 2%) number of vacancies in health professions rising. the recognition of diplomas acquired in different EU countries is automatic, there is no borders within EU (but still some restrictions in labour market access with regard to the new EU countries' nationals) Increasing number of Austrian population, increasing number of pensioners and permanently disabled → growing demand for health professionals 	
Factors regarding health status in Austria	<ul style="list-style-type: none"> Not identified 	<ul style="list-style-type: none"> Overall good health status of Austrian society – lower death risks as in other non-developed countries (especially low infant and maternity mortality) 	
Factors regarding health system in Austria	<ul style="list-style-type: none"> Over-supply of physicians in training in big cities, especially in Vienna. Relatively low level of open posts in selected regions 	<ul style="list-style-type: none"> One of the highest in the EU expenditure on health as percentage of GDP and still rising, substantial amount spent each year on investments – this has immediate effect on working and remuneration conditions of health personnel (incl. access to the advanced medical facilities and techniques) High demand on health professionals in Austria, which could be even higher soon (due to very high replacement need in some Austrian regions and increasing frequency of healthcare visits in Austria) In case of physicians, especially high demand on general practitioners (35.2% of all offers), specialists in convalescent treatment (12.5%), psychiatrists/ neurologists (10.2%) and specialists in emergency medicine (10.2%) High demand on nurses and great employment possibilities for qualified personal 	



Push-pull / stick-stay factors

<p>Factors regarding health resources in Austria</p>	<ul style="list-style-type: none"> • No increase of physicians remuneration over several last years and even tendency to slight decline in case of GPs • Deterioration of working conditions in hospitals, in particular for nurses 	<ul style="list-style-type: none"> • Underemployment of physicians in some Austrian regions and underemployment of certain specialists in some regions such as Burgenland, Vorarlberg • Physicians in Austria are the best paid professions and earn more than 3.2 times more than the average remuneration • Reasonable working time of medical professionals in Austria on the contrary to the working time of health professionals in other countries (e.g. in Poland), but some violations of law by the hospitals in this field happen
<p>Factors regarding education of medical professionals in Austria</p>	<ul style="list-style-type: none"> • Nurses with diplomas from universities of applied science are disadvantaged on the Austrian labour market with regard to graduates from nursing academies • Very long waiting times to start specialization, especially in Vienna and Tirol; need very often to start specialization for GPs, as even less places are available for other specializations • “ius practicandi” awarded to physicians only after specialization training, whereas e.g. in Germany it is awarded directly after studies • Uneven criteria to get a specialization place in Austria or common believe that the criteria are governed by personal connections or membership in political parties. 	<ul style="list-style-type: none"> • No entry exams for admission at medical universities in Austria, available also for EU nationals • Growing number of foreign medical students enrolled at Austrian universities – network connections for immigrants • Declining number of Austrian students interested in studying medicine. • Several exchange mobility programs between Austria and other EU programs
<p>Factors regarding policy framework</p>	<ul style="list-style-type: none"> • Not identified 	<ul style="list-style-type: none"> • Links between countries and networks • Quick qualification recognition procedure for EU nationals in health occupations (in half an hour) • Possibility to practice as “legally qualified to practise doctors” (approbierter Arzt) if foreign trained physicians has no specialization, but with no chance to get a contract with the public health fund; freedom of establishment for foreign doctors



Push-pull / stick-stay factors

<p>Factors regarding general migratory profile of Austria</p>	<ul style="list-style-type: none"> • Knowledge of the German language, therefore the easiness to migrate to Germany, Switzerland, Liechtenstein • Freedom of movement within the EU 	<ul style="list-style-type: none"> • Substantial number of immigrants in Austria – basis for migration networks and connections • Possibility of family reunification and emigration of highly-skilled, but within certain quotas
<p>Factors regarding migratory flows</p>	<ul style="list-style-type: none"> • Long waiting times and additional criteria to get specialization places in some regions (e.g. in Lower Austria medical graduates had to pass an assessment centre in addition to their final examination) • Specialization training lasts in Germany about half of that as in Austria • Active recruitment of Austrian graduates in physicians' studies by Germany; • Bilateral agreements between the German Federal states of Thuringia; Brandenburg, Mecklenburg-Western Pomerania and Saxony with the Austrian Physicians Chamber with regard to the recruitment of doctors • Bilateral recruitment agreements with Denmark • Problems of young general practitioners and specialists to set up their own practice that is licensed by health insurance 	<ul style="list-style-type: none"> • Attractive conditions for education and training for physicians in Austria, as the number of foreign-born physicians is much higher as of foreign-trained • Recruitment agencies recruit e.g. in Czech Republic and Slovakia workers for 24-hour-care sector • Replacement system of work in 24-hour-care for nurses from border countries in Austria (one works 14 days and is replaced by the other person) • Possibility of commuting to Austria for nationals of border regions • Austria must open their labour markets to the rest of EU countries in 2011.



Push-pull / stick-stay factors

	STICK FACTORS	STAY FACTORS
Factors related to general situation in Austria	<ul style="list-style-type: none"> Gradual increase in the number of the elderly people in (higher life expectancy rate) creates special demand on health care professionals, the same effect gives the decreasing death rate 	<ul style="list-style-type: none"> Very good living conditions in a stable environment
Factors regarding health status in Austria	<ul style="list-style-type: none"> High percentage of deaths caused by noncommunicable diseases (especially cardiovascular diseases and cancer) keep the demand for these specialists high 	<ul style="list-style-type: none"> Not identified
Factors regarding health system in Austria	<ul style="list-style-type: none"> Very good funding of the healthcare system, common access to the healthcare of the patients (reimbursement also of the 4/5 costs of visit in non-contracted physicians) including access to long-term care Good organization of the healthcare system, existing problems with efficiency of the system don't really affect the physicians working conditions and their remuneration High demand on physicians and nurses in Austria creates good employment possibilities for Austrian nationals 	<ul style="list-style-type: none"> Not identified
Factors regarding health resources in Austria	<ul style="list-style-type: none"> High remuneration of physicians in Austria (especially radiologists and surgeons) discourage them to emigrate Popular self-employment of physicians in Austria – it gives them the ability to better adjust their working and salary conditions to their needs 	<ul style="list-style-type: none"> Not identified



Push-pull / stick-stay factors

<p>Factors regarding education of medical professionals</p>	<ul style="list-style-type: none"> • Increasing number of medical universities in Austria and education affordable for everyone, without entry exams. • Assistant nurses in Austria don't need to pursue the university education • Good further education possibilities for both physicians and nurses 	<ul style="list-style-type: none"> • Public pressure on foreign medical students in Austria to stay in Austria after studies (huge public objections to foreigners studying medicine in Austria and leaving for abroad) • Some programs aimed at foreigners studying in Austria after having finished studies in Austria, but generally aimed at outsider EU nationals
<p>Factors regarding policy framework</p>	<ul style="list-style-type: none"> • Policy to encourage Austrians to work in healthcare system rather than importing foreigners • Continuous healthcare reforms in Austria aiming at improvement of capacity planning, of quality and financial effectiveness, which probably contributes to more satisfaction with functioning of the system • Broad system of trade unions in Austria, playing important role in representation of health professionals in Austria 	<ul style="list-style-type: none"> • Amnesties for irregular workers in 24-hour-care sectors – possibility to legalize the stay in Austria without any fines and punishments • Extended competences of legalized personal assistants in 24-hour-care after the special training by a nurse or a doctor – at the same time no formal qualifications are required • In 24-hour-care there is a possibility for personal assistants to get state subsidies if they have the education level of at least a nurse, at the same time special courses for personal assistants are organized • Different employment forms for personal assistants in 24-hour-care with the possibility to be a freelancer • Legalization of foreign illegal workers in social care opened new employment possibilities and better conditions for them
<p>Factors regarding general migratory profile of Austria</p>	<ul style="list-style-type: none"> • Not identified 	<ul style="list-style-type: none"> • Not identified.
<p>Factors regarding migratory flows</p>	<ul style="list-style-type: none"> • According to experts – more Turnus places in in future, apart from that there is a discussion about the abolition of Turnus. 	<ul style="list-style-type: none"> • Not identified.



Key points to be addressed in the micro-phase:

- **Patterns and scale of legal health professionals immigration to Austria:**
 - patterns of recruitment and employment of foreigners in healthcare in Austria (commuters, German speaking country migration, intra-EU migration, new EU-countries immigration, non-EU migration)
 - duration of stay and qualifications
 - recognition of qualification (especially in case of non-EU workers)
 - possible effects of labour market opening for new EU Member States (2011).



- **Illegal employment of foreign professionals in social care in Austria (24-Stunden-Betreuung) and the effect of legalization on the emigration patterns:**
 - scale of commuting from neighboring countries
 - origins, qualifications and carrier prospects of foreign social workers in Austria, the possibility of their shift to healthcare system
 - the effect of legalization on the carrier prospects of foreign workers in social care in Austria (the possible replacement effect?)



- **Educational immigration from Germany and the question of return mobility of educational migrants:**
 - foreign students in medicine in Austria, the share of German students, non-EU educational immigrants
 - the duration of this kind of immigration and the undertaken means to keep the educated migrants in Austria
 - transition from education to work (in Austria)
 - causes and consequences of return of education immigrants.



- **Patterns of emigration of young and experienced Austrian health professionals:**
 - regional discrepancies between supply and demand on young graduates in Austria
 - problems with specialization places for young graduates from medical studies in Austria (waiting times, oversupply of workers in some regions)
 - situation of nurses graduating from universities of applied science (who are regarded to be less qualified and could face difficulties on the labour market) and their propensity to emigrate
 - problems with recognition of qualifications abroad of young Austrian graduates without specialization
 - experiences abroad as a way of giving new impetus to professional carriers in Austria.



Main results - Ireland

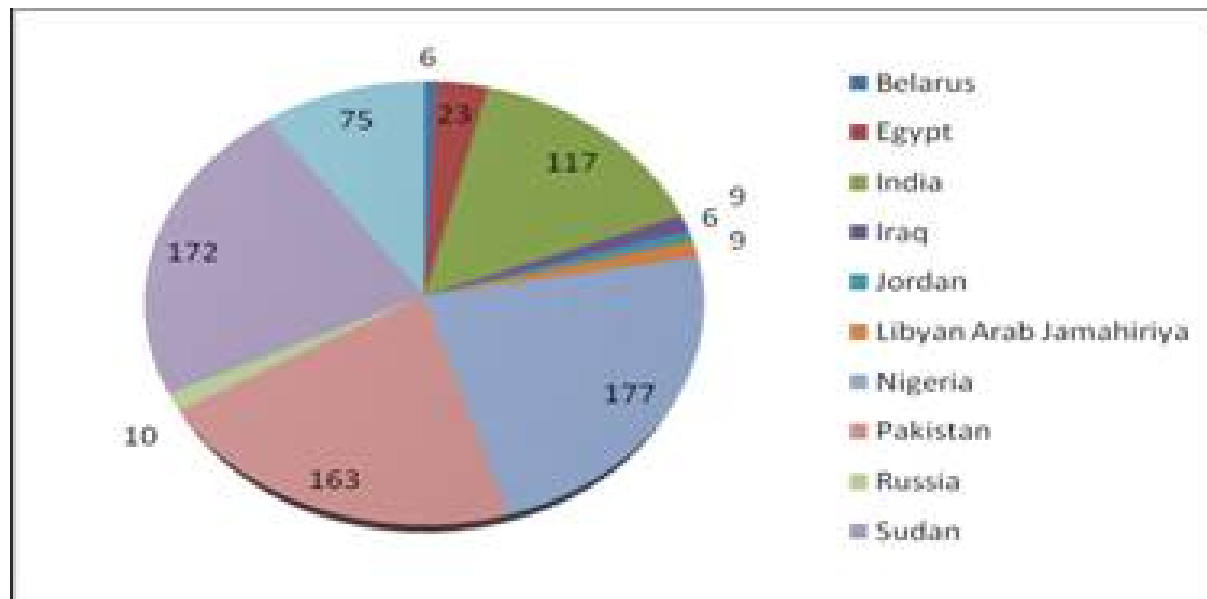
- Change of migratory status of the country and its impact on mobility of health professionals
- Positive demographic tendencies → comparison to other EU-15 economies
- Economic prosperity as major pull and stick factor
- Changes within the system (e.g. selective investment policy) and their impacts on mobility patterns
- Changes in educational system and impacts on mobility (particularly nurses)
- Migration policy → Green Card Scheme → success story?
- Mobility of health professionals at the time of economic downturn (!!!)



Doctors holding full registration on the General Register at Medical Council by country of qualification

	1 st July 2005	1 st July 2006	1 st July 2007	1 st July 2008	1 st January 2009
Republic of Ireland	11,469	10,747	11,076	11,465	11,441
EU/EEA	1,009	1,105	1,320	1,546	1,568
Under section 26 "reciprocity"	882	1,006	1,458	1,925	2,083
Section 27 (2)(d) rules	2,119	2,140	2,369	2,523	2,649
Totals	15,479	14,998	16,223	17,459	17,741

Doctors who gained temporary registration at Medical Council between July 2007 and July 2008 by country



Source: Medical Council 2009

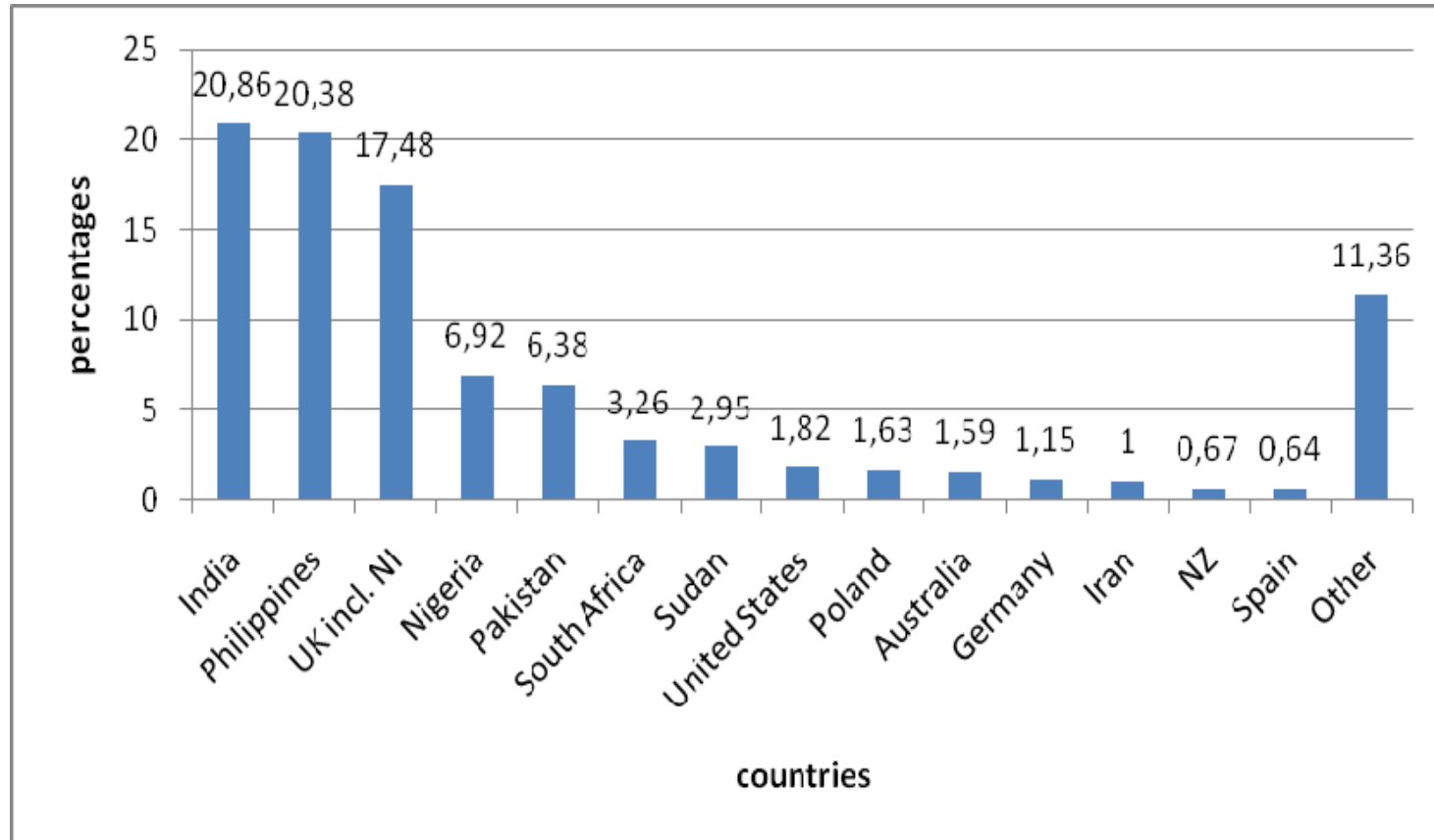
Health professionals: numbers employed, percentage of non-nationals, employment permits issued, 2007-2008

	2007			2008		
	Numbers employed (in thousands)	% non-national	Employment permits	Numbers employed (in thousands)	% non-national	Employment permits
Health Professionals	18.6	18.5	426	17.6	21.2	555
Medical practitioners	11.4	21.2	365	10.7	26.3	523
Pharmacists/Pharmacologists, etc	3.4	15.2	51	3.1	12.7	18
Dental practitioners	1.8	10.1	7	1.4	0.0	9
Health associate professionals	69.6	18.1	1,641	70.5	17.3	1010
Nurses and midwives	55.9	17.9	1,392	56.7	18.9	829
Medical radiographers	1.0	17.0	59	1.2	11.8	40
Physiotherapists	2.2	16.1	41	2.0	3.4	38
Medical technicians/dental auxiliaries	1.9	14.8	32	2.2	8.7	18
Occupational therapists n.e.c.	5.6	25.7	113	6.0	20.3	82
Other health associated professionals	3.7	14.9	5	3.0	5.5	5

Source: National Skills Bulletin 2008, 2009



Origin of health sector staff by country



Source: National Intercultural Healthcare Project and Equal at Work Project, 2007



- **Emigration of health professionals:**
 - As of July 2005 **one in four fully registered doctors** (i.e. 3,809) at Medical Council had overseas address as compared to 18.7% (i.e. 2,814) a year later.
 - In 2007 there were 20.5% (i.e. 3,339) of fully registered doctors with overseas addresses and that percentage grew to **22.4%** (i.e. 3,978) in 2009.
 - Main destinations (2000): the United Kingdom (57.8%), the USA (21.6%), Canada (9.4%), Australia (8.1%), New Zealand (1.2%), France (less than 1%) and Spain (less than 0.5%)



Push-pull / stick-stay factors

	Push	Pull
Factors related to demographic and economic situation in Ireland	<ul style="list-style-type: none"> • Relatively large regional differences with respect to economic and social potential (incomes, living conditions etc.) • High unemployment rate due to economic recession 	<ul style="list-style-type: none"> • English-speaking country • Geographical and cultural proximity with other English-speaking countries • Rising demand for health personnel due to strong population growth, improved life expectancy and ageing of the society • High political stability, „freest” economy • Very favourable economic situation until the current recession: strong economic growth demonstrated by very high GDP per capita and real GDP growth • Very low unemployment rate, far below the EU average, before the recession started • The expansion of the healthcare sector
Factors related to health status and health system in Ireland	<ul style="list-style-type: none"> • Decrease in the number of beds • Uncertainty due to the changing structures e.g. closing beds in some hospitals and centralising into centres of excellence • Recruitment freeze in Irish public sector and fewer vacancies in general • Low to moderate job satisfaction of nurses • Shortage of promotional and professional development opportunities • Pressure on the public health system as the number of privately insured persons is decreasing due to the recession • Oversupply in some sectors (at least temporary) • Lack of sufficient training programmes for some occupations 	<ul style="list-style-type: none"> • Good and increasing health indicators (inc. declining mortality rates) • Adverse trends in risk factor prevalence – obesity, high alcohol and tobacco consumption - result in an increase in chronic diseases, cancers and diabetes and create the demand for specialists in these areas • Additional investments in the areas of primary care services, services for older persons and cancer services • Changes in acute hospitals (less services provided by junior doctors and more services provided by the consultants) • High expenditure on the health sector and better health system infrastructure • Low unemployment rate in the health sector, skills shortages in some areas • Vacancies in the health care sector due to nurses leaving the profession or moving to the private health sector or emigrating • Good social benefits compared to countries of origin • Expansion of private healthcare services • Difficulties with filling in vacancies for non-consultant hospital doctors • Active recruitment of nurses • High wages even compared to its immediate neighbours • Low number of working hours on the one hand and the possibility to work overtime on the other • Flexible working hours



Push-pull / stick-stay factors

Factors related to health professionals' training	<ul style="list-style-type: none"> •Long training to become a consultant •International experience as an advantage in applying for a consultancy post •Similar training programmes in countries of destination 	<ul style="list-style-type: none"> •Cooperation between education institutions in Ireland and countries of origin (e.g. Malaysia) •Special programmes (e.g. Atlantic Bridge Programme, for admitting foreign students e.g. Americans to health-related programmes in Ireland. •Increase in the number of places for EU students at Irish education institutions •Preference for EU graduates at intern programmes
Factors related to policy framework	<ul style="list-style-type: none"> •European Working Time Directive – reduced workload for doctors 	<ul style="list-style-type: none"> •The 2004 and 2007 EU enlargement •The preference to employ EU nationals •Common Travel Agreement with the : freedom of movement between the two States without the need to carry a passport •Recruitment process •Recognition of professional qualifications •Fast track procedure for highly skilled migrants
Factors related to migratory flows	<ul style="list-style-type: none"> •Tradition of emigration after college •Large Irish Diaspora in English-speaking countries •“Working holidays” for nurses abroad •Active recruitment for Irish-based nurses by Australian employers •Pay-cuts •Shifts in demand for given specialities 	<ul style="list-style-type: none"> •A large number of immigrants in , which may result in the creation of social networks between persons in sending countries and immigrants in serving as channels for immigration •An increasing share of non-Irish health workers •Freedom of movement within the EU •Active recruitment of nurses in countries of origin •High remuneration and possibility of working overtime •Same pay for Irish and overseas workers •Shifts in demand on sectoral level •Training and integrational programmes



Push-pull / stick-stay factors

	Stick	Stay
Factors related to demographic and economic situation in Ireland	<ul style="list-style-type: none"> •Rising demand for medical services due to strong population growth, improved life expectancy and ageing of the society •Favourable political situation •Very favourable economic situation until the current recession: strong economic growth demonstrated by very high GDP per capita and real GDP growth •Very low unemployment rate, far below the EU average, before the recession started •The expansion of the healthcare sector 	<ul style="list-style-type: none"> •Dynamic economic development •Dynamic development of the health sector •Future changes in demographic structures (delayed but inescapable ageing of the population → rising demand for care and health services)
Factors related to health status and health system in Ireland	<ul style="list-style-type: none"> •The expansion of private healthcare development •Additional investments in the areas of primary care services, services for older persons and cancer services •Global recession – rising uncertainty •But: in long term very positive tendencies, particularly increase in both public and private spending •Low unemployment rate in the health sector, skills shortages in some areas •Flexible working hours •Additional social arrangements •High degree of trust and confidence in Irish medical professionals among patients. 	<ul style="list-style-type: none"> •High quality of life •Opportunities in the areas of health service indicated in national strategies on health (e.g. cancer treatment) •Global recession



Push-pull / stick-stay factors

Factors related to health professionals' training	<ul style="list-style-type: none"> •Increasing training and further education opportunities •Relatively short education at an undergraduate level •Redesign of curriculum towards more integrated, problem and system-based programmes. 	<ul style="list-style-type: none"> •Possibility of training funded by the employer (especially in public sector) •Possibility of further training through training days and seminars in public sector •Good career opportunities
Factors related to policy framework	<ul style="list-style-type: none"> •Flexible working arrangements •Family friendly working environment including Term Time Working •Legislation to protect temporary employees •More advanced roles for nurses. 	<ul style="list-style-type: none"> •Third Level Graduate Scheme allowing non-EEA graduates from Irish universities to remain in for 6 months following graduation to find employment and apply for an employment permit •Immediate family reunification for green card holders •Family reunification after one year for work permit holders •Long-term residency permit after 5 years •Permanent residency after 2 years for green card holders •Free primary and secondary education for migrants' children •Irish citizenship for migrants' children born in •Eased access to employment of migrants' spouses •Guarantee of national minimum hourly rate of pay •Legislation ensuring equal employment opportunities for non-Irish staff •Flexible working arrangements •Government strategy aiming at the involvement of migrants into cultural, sporting and political aspects of Irish life
Factors related to migratory flows	<ul style="list-style-type: none"> •Retention strategies on the part of Irish government •Work in hospitals that offer development opportunities 	<ul style="list-style-type: none"> •Integration programmes and additional language training for migrant health workers.



Key points to be addressed in the micro-phase:

- **Reorganization of health system and government investments in selected health services:**
 - how have the undergoing changes affected the position of health professionals in Ireland?
 - what is their impact on the demand for health workers?
 - how have they influenced the distribution of tasks and organization of work as well as impacted on migration?



- **Health professionals education and training:**
 - the issue of competitive admission systems to medical universities in Ireland and their impact on emigration
 - insufficient training opportunities in Ireland as the primary cause of emigration of health professionals
 - “Working Abroad” holidays
 - moving abroad after college as part of long-established tradition in Ireland
 - the position of foreign graduates of Irish medical institutions on the Irish labour market and the legal barriers they face
 - cooperation at the university level with sending countries and its impact on attracting foreign medical students.



- **Patterns of migration of health professionals to and from Ireland:**
 - what are the migration strategies of health professionals?
 - what is the scale of return migration to Ireland and what is it motivated by?
 - regional distribution of migrant health professionals
 - how has the EU accession affected the demand for non-EU/non-EEA health professionals?
 - what institutional actors are involved in the mobility of health professionals?
 - the role of recruitment in the mobility of health professionals – mechanisms of recruitment.



- **Integration of health professionals in the workplace:**
 - access to training and career opportunities for foreign health professionals in Ireland
 - do foreign health professionals work below qualifications and occupy positions inferior to native workforce's?
 - the issue of discrimination of foreign health professionals
 - social integration of non EU/EEA health professionals and its impact on their decisions to stay in Ireland.



Main results - Lithuania

- Young but rapidly ageing society → burden or opportunity for the health system?
- Rapid economic growth stopped dramatically by the global financial crisis → consequences for migration processes? (including mobility of health professionals)
- Health system in transition as one of major pro-migratory factors
- Inadequate distribution of health professionals plus age structure of medical staff
- Real impacts of mobility of health professionals
- Policy towards prevention of mobility of health professionals → salaries increase and improvement of working conditions
- Doctors vs. nurses.



- Bhargava and Docquier 2006: **migration rates of Lithuanian physicians are very low – as for 2004 it equalled 0.016** per cent with Denmark, Germany, Sweden and Norway as most important destination countries (e.g. at the same time migration rates for other countries of the region were much higher – in case of Poland it equalled 0.055 per cent, for Hungary 0.064, for Slovakia 0.039 and for the Czech Republic 0.036).
- BMC Health Services Research: 338 Lithuanian physicians were registered in other countries, of which 274 only in European countries in 2003 (**2.5 per cent** and 2.0 per cent of physicians' in the country, respectively).
- **Number of issued certificates of conformity of the diploma to the European Directive 2005/36/EC in the period 01/05/2004-2008**

Year	Physicians	Nurses	Total
2004 (from 01/05/2004)	298	84	382
2005	346	183	529
2006	189	145	334
2007	114	96	210
2008	88	272	360
01/05/2004-2008	1035	780	1815



But:

- **International migration according to data on issued certificates and declaration to depart**

	Received certificates (percentage of the total number of professionals)	Left the country (percentage of the total number of professionals)	Total number of professionals in the country
Physicians			
01/05/2004-30/04/2005	2.7	0.7	13 397
01/05/2005-30/04/2006	1.4	0.3	13 650
Nurses			
01/05/2004-30/04/2005	0.4	0.3	25 620
01/05/2005-30/04/2006	0.7	0.3	25 364
Dentists			
01/05/2004-30/04/2005	3.6	2.7	2 272
01/05/2005-30/04/2006	1.7	1.2	2 453



Source: Kaunas University of Medicine.

Push-pull / stick-stay factors

	<i>Within Countries of Origin (Source Countries)</i>	<i>Within Recruiting/Destination Countries</i>
	PUSH FACTORS	PULL FACTORS
<i>Related to general situation</i>	<ul style="list-style-type: none"> • Low GDP per capita in comparison to other EU countries; • Dramatic decline in GDP growth caused by global financial crisis of 2008/2009; • Already observed and forecasted increase in unemployment; • Relatively poor living conditions in comparison to EU15 countries; • Ageing of the population, resulting in increased health needs of the oldest groups of the population, endangering social insurance and pension systems; • Relatively high level of bureaucracy and corruption in public administration; 	<ul style="list-style-type: none"> • Geopolitical position of Lithuania: membership in the EU, in the Schengen Area; • Till recently (global financial crisis of 2008/ 2009) dynamic economic growth, making potential migrants believe that the tendency of economic growth will be positive in the nearest future; • Changes in the age structure of the population – ageing of the population; • Deepened shortages of health care workers, contributing to the demand on health professionals from abroad as well as for students of medical faculties who would stay in Lithuania after graduation; • Relatively low cost of living in Lithuania, especially if compared to other EU countries;
<i>Related to political framework</i>	<ul style="list-style-type: none"> • Demand on health professionals in other EU countries, which may be easily accessed and migration after 2004 does not pose specific problems regarding formalities. • Inability to achieve professional goals in the native health sector along with the proximity of health care systems offering better conditions of work and better career opportunities. 	<ul style="list-style-type: none"> • Chances that are related to Lithuania's membership in the EU and in the Schengen Area; • Facilitated access to the labour market in Lithuania for EU citizens and facilitations for demanded professions from third countries; • Simplified and clarified procedures of obtaining work and resident permits in Lithuania.



Push-pull / stick-stay factors

	PUSH FACTORS	PULL FACTORS
Related to health status, health system and human resources	<ul style="list-style-type: none"> • Huge workload related to health status of the population, varied health problems of individuals and unhealthy habits such as alcohol and tobacco abuse, dangerous driving, intentional injuries, malnutrition; • Sense of a lack of effectiveness of medical treatment related to wrong health attitudes of Lithuanian population (alcohol abuse, physical inactivity); • Very low level of expenditure on health care; • Remuneration of health professionals still lagging far behind remuneration of health professionals in other countries, especially old EU member states; • Unsatisfactory regulations concerning working time of health professionals; • Insufficiently developed private sector within the health care system, making additional jobs and additional income impossible; • Informal arrangements and corruption affecting the image of the whole health personnel; • Irrational organisation of health services delivery; irrational hospital network; disproportionate development of particular medical branches followed by disproportionate or even irrational spending on these branches (e.g. insufficient funding of palliative care, relatively too high level of funding of cardio-surgery); • Too extensive workload resulting from irrational organisation of work, inappropriate distribution of tasks and bureaucracy; • Education gained in Lithuanian medical colleges and universities more appreciated by foreign employers in the health care system than by native employers (for instance, in case of nurses); • Necessity to get qualifications at one's own expense, lack of circumstances encouraging professional development of medical staff. • Low prestige of medical professionals in Lithuania; • Claimant attitude of patients and their ignorant approach to their own health, which makes performance of responsibilities in the health sector difficult; • Insufficiently developed laws concerning health professionals' rights; • Stressful working conditions; 	<ul style="list-style-type: none"> • Good and improving health indicators (incl. declining mortality rates) in comparison to the less developed countries (although weak with regard to situation in other EU countries) • Future demand for public health specialists, geriatric specialists and health professionals prepared to provide health services in Lithuania in the context of ageing processes, increasing dependency rates; • Vacancies in the health sector and demand for particular specialists (e.g. nurses, anaesthesiologists), especially in smaller towns and in rural areas; • Increased salaries for physicians and other professionals in the nearest future; • Improvement of the resident physicians' status (studying and being employed at the same time, remuneration) and social guarantees provided to resident physicians; • Attempts at regulating working time, responsibilities in accordance with the rational system of health services delivery; • Lithuanian medical and health care related studies compliant with EU education programmes; • Education gained in Lithuanian medical colleges and universities appreciated by foreign employers in the health care system; • EU-wide recognition of medical or health related education in many countries of the world; • Relatively low cost of obtaining medical education in Lithuania • Policy aimed at increasing the funds directed to the health system in Lithuania; • EU funds supporting the attendance of professional courses.



Push-pull / stick-stay factors

<p>•Related to migratory flows</p>	<ul style="list-style-type: none"> • Low wages in Lithuanian health care system in comparison to wages offered in destination countries, e.g. Sweden, UK • Weak interface between workload and remuneration, particularly as compared to expectations concerning (less extensive) workload and (more satisfactory) wages abroad; • Lack of career development opportunities; • Limited opportunities to develop medical skills; • Lack of social dialogue between authorities (i.e. government, policymakers) and health professionals; • Inadequate health funding, unsatisfactory wages, unsatisfactory organization of work, unsatisfactory relations at work (related mostly to the health care authorities' attitude towards physicians), and better opportunities to achieve PhD or residency abroad. 	<ul style="list-style-type: none"> • Social and financial security accessible in Lithuanian health system for health professionals from less developed countries; • Existing migrant networks; • Possibility to get experience or education in the EU country, attractive for those coming from non-EU countries; • Possibility to work in the system which is still being improved, which may give chances for health workers possessing specific knowledge and qualifications; • Clear system of recognition of health professionals' qualifications within the EU.
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Push-pull / stick-stay factors

	STICK FACTORS	STAY FACTORS
Related to general situation	<ul style="list-style-type: none"> • Hope for further economic growth in the nearest future, positive tendencies in salaries, quality of life; • Improvement of socio-economic conditions in Lithuania making health professionals believe that the health system will also experience “better times” in the nearest future, expecting rises in salaries;A • Will to stay in the home country where the health needs, lifestyle of the population is known and the specificity of the health system is familiar to the health workers; • Certain demand for health professionals, especially public health specialists, nurses, physicians which may be followed by some incentives created within the home health care system; • Lack of foreign language knowledge, • Sense of security while working in the environment speaking a health professional’s mother tongue; • Relatively low cost of living in Lithuania. 	<ul style="list-style-type: none"> • Still not satisfactory socio-economic situation in the country of origin; • Getting acquainted with Lithuanian health needs and health system as well as having learnt Lithuanian language; • Advantageous geopolitical position of Lithuania (e.g. UE member, Schengen Area member) and its relative stability in political, terms; • Improvement of economic climate in Lithuania.



Push-pull / stick-stay factors

<p>Related to health status, health system and human resources</p>	<ul style="list-style-type: none"> • Potential for development of particular medical specialisations, accompanied by financial support for practitioners in this specialisation, better equipment, etc. (e.g. in cardiology, oncology, psychiatry, rehabilitation); • Good knowledge of health status of Lithuanian population, its lifestyle, conditions of health related to general situation in the country, population's attitudes to health, which may facilitate daily practice of health professionals. • The trend of increasing salaries of physicians; • The employee status, social guarantees and increased financing provided to resident physicians; • Established position in the Lithuanian health system, followed by satisfactory remuneration and working conditions; • Attachment to one's own family, native health system and to Lithuania; • Preference for working with the usage of the mother tongue (or lack of knowledge of foreign languages). 	<ul style="list-style-type: none"> • Relatively satisfactory working conditions stemming from typical health problems of Lithuanian population that may be cured or prevented effectively • A sense of mission related to work in health sector in Lithuania, since there is still a lot to be done with regard to prevention and public health and the applied measures may be based on experiences of more developed countries; • Persisting demand for health professionals in particular fields of medicine, such as public health, epidemiology, oncology, etc. • Increased salaries of physicians giving hope for increasing salaries in other health occupations; • Development of the private sector of the health system in Lithuania; • Establishing family in Lithuania or bringing one's own family from the country of origin to Lithuania; • Acquiring knowledge of Lithuanian which improves the quality of work in the Lithuanian health system and with Lithuanian patients; • Getting attached to the Lithuanian health system and its specificity. • Good work opportunities after graduating from Lithuanian medical or health related studies;
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Push-pull / stick-stay factors

<ul style="list-style-type: none"> • Fear related to work in foreign health sectors resulting from the level and substance of medical education in Lithuania; • Supporting health professionals' life-long education from the state budget or from EU funds; • Improved status of medical residents (social guarantees, salaries and training provided for medical residents). • Attachment to the health system in Lithuania, being familiar with the specificity of the system and patients' expectations; • Attachment to family based in Lithuania; • Preference to work with patients whose expectations are known and understood by a health professional; • Prospective increase in salaries and improvement of working conditions, among others, due to introduction of private health insurance; • Decreased level of corruption and improved relationship between patients and physicians; • Attachment to mother tongue, well known health system and health problems of the population; • Fear of necessity to work on a lower position abroad due to difference on rules regulating health professionals' work performance. • Attempts of Lithuanian authorities aimed at preventing mass emigration of health professionals through increase of salaries, enforcing regulations defining the status of newly graduated physicians and young health professionals. 	<ul style="list-style-type: none"> • Establishing a family in Lithuania while studying or shortly after graduation and internships; • Incentive schemes for foreign health professionals aimed at filling the gaps in rural areas and smaller towns; • Improved status of medical residents (social guarantees, salaries and training provided for medical residents). • Development of health professionals' rights as employees rights; • Adequately addressed problem of corruption in the health system in Lithuania; • Establishing a family in Lithuania or reunifying with the family from the country of origin; • Getting acquainted and attached to the health care system in Lithuania and its specificity;
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Push-pull / stick-stay factors

<p>Related to political framework</p>	<ul style="list-style-type: none"> • Attachment to mother tongue, well known health system and health problems of the population; • Fear of necessity to work on a lower position abroad due to difference on rules regulating health professionals' work performance. 	<ul style="list-style-type: none"> • Improved legal status due to work in the health sector and performing work, which cannot be done by the native population.
<p>Related to migratory flows</p>	<ul style="list-style-type: none"> • Attempts of Lithuanian authorities aimed at preventing mass emigration of health professionals through increase of salaries, enforcing regulations defining the status of newly graduated physicians and young health professionals. • Potential for improvement of working conditions of health professionals, especially in case of young health professionals (e.g. recent recognition of a professional position of graduates from medicine undergoing further training as resident doctors); Government's activities towards increasing remuneration of medical professionals in Lithuania; Lack of language skills and required qualifications; Sense of security in the health system in which a Lithuanian health professional is acknowledged and has an established position; Attachment to the place of living, social network possessed in Lithuania; Too high entry barriers in the health systems in wealthier EU states. 	<ul style="list-style-type: none"> • Efforts of the Lithuanian authorities aimed at securing the appropriate supply and qualifications of health professionals in Lithuania through increased salaries, enforced regulations clarifying the functioning in health system • Perspective of acquiring a status of the EU citizen after specific period of stay and work in Lithuania; • Possibility of reunifying with family and bringing families to Lithuania; • Establishing a family in Lithuania. • Getting acquainted with the Lithuanian healthcare system, its specificity and optimal ways of dealing within it; • Sense of security of further employment resulting from the fact of significant scale of emigration of Lithuanian health professionals and resulting shortages; • Obtaining more secure status of residency in the country, guaranteeing wider access to different kinds of benefits (such as social benefits, access to citizenship); • Having established one's own family in Lithuania; • Too high entry barrier in the health systems in wealthier EU states.



Key points to be addressed in the micro-phase:

■ **Lithuanian health system as working environment:**

- **Remunerations:** state's activities linked to increasing remunerations or establishing rates; system of establishing remunerations; remunerations in Lithuania in comparison to remunerations for health professionals in other countries.
- **Organisation of work and division of tasks:** what are the advantages and disadvantages of the division of tasks and organisation of work in the health sector, what solutions applied in other countries could be implemented in Lithuania; what regulations or practices are necessary to improve the effectiveness of work, quality of services and to rise the satisfaction of health care workers; facilitate entering the profession
- **Professional development opportunities:** are they higher abroad than in Lithuania; what improvements are needed in Lithuania; what structures of professional development are lacking; what skills are taught but not practised after graduation from medical school
- **Social security:** is the system of social guarantees for health workers sufficient and effective; what solutions are lacking; what lessons may be learnt from abroad
- **Hospital network** – reduction of workplaces or professionalization



- **Migration strategies of health professionals and factors influencing them:**
 - what strategies of (internal and external) migration do health professionals apply,
 - links between gender, age, level of education/specialisation and migration of Lithuanian health professionals;
 - links between (previously) occupied position and preference for migration of health professionals;
 - whether they use social networks to find jobs abroad and accommodate abroad or not;
 - whether they use the intermediary services or not (recruitment agencies, etc)
 - is their migration a survival strategy?
 - what factors would prevent them from emigration - what factors would make them leave Lithuania?
 - is illegality of work or migration still an issue for them?



Main results - Poland

- May 2004 as a turning point in contemporary history of Polish migration → relevance to mobility of health professionals?
- Very high migration of medical professionals expected – reality?
- Different patterns of mobility and their importance
- Immigration negligible and very diverse with respect to sending countries
- General vs. specific pro-migratory factors
- Structure of the health system as major push factor
- Situation of nurses vs. improving (particularly since 2007) situation of doctors
- Very efficient educational system but serious problems with transition to medical practice (limited access to specialization places – recently improved, very long process of becoming a specialist in certain professions)
- Impact – largely exaggerated but severe in case of several specializations (anaesthesiology)



Number of certificates confirming professional qualifications of physicians issued between 2005 and 2009

	31.12.2005	31.12.2006	31.12.2007	31.12.2008	31.03.2009
Overall number of practitioners in Poland	118 736	116 826	116 045	116 492	116 282
Number of issued certificates confirming qualifications (cumulative figures)	3 923	5 305	6 334	6 742	6 805
% of the number of certificates with regard to the overall number of practitioners	4,04	4,54	5,46	5,79	5,85

Source: *The Polish Chamber of Physicians and Dentists*



Certificates issued to medical professionals – specialties with the highest number of certificates issued and the highest share in total number of active specialists (May 2004 – June 2006)

Specialty	No. of economically active doctors	No. of certificates issued	Share of certificates in the total no. of specialists
Specialties with the highest number of certificates issued			
Anaesthesiology	3 984	625	15.6
Surgery	5 395	334	6.1
Orthopedics	2 261	168	7.4
Internal diseases*	11 792	163	1.38
Radiology	1 993	154	7.7
Specialties with the highest relation of certificates issued to the number of active specialists			
Anaesthesiology	3 984	625	15.6
Plastic surgery	142	21	14.7
Chest surgery	218	28	12.8
Radiology	1 993	154	7.7
Orthopedics	2 261	168	7.4
Total	81 346	3 074	3.7



Source: The Polish Chamber of Physicians and Dentists

Number of certificates confirming professional qualifications of dentists issued between 2005 and 2009

	31.12.2005	31.12.2006	31.12.2007	31.12.2008	31.03.2009
Overall number of practicing dentists in Poland	31 048	30 576	30 552	30 873	30 855
Number of issued certificates confirming qualifications (cumulative figures)	800	811	817	817	817
% of the number of certificates with regard to the overall number of dentists	2,58	2,65	2,67	2,65	2,65

Source: The Polish Chamber of Physicians and Dentists



Number of certificates confirming qualifications issued on the request of nurses and midwives

	1.05.04-30.06.05	1.05.04-30.06.06	1.05.04-31.12.07
Overall number of nurses and midwives	299 054	308 620	292402
Number of issued certificated confirming qualifications (cumulative figures)	3 204	5 912	9901
% of number of certification in relation to the number of nurses and midwives in Poland	1.1%	1.9%	3.38%

Source: Polish Chamber of Nurses and Midwives



Work permits for foreign medical workers

Country of origin	I half 2008				II half 2008				I half 2009			
	Healthcare and social care	medical professions	incl. physicians	incl. nurses	Healthcare and social care	medical professions	incl. physicians	incl. nurses	Healthcare and social care	medical professions	incl. physicians	incl. nurses
China (without Taiwan)	9	1	0	0	4	0	0	0	9	0	0	0
Philippines	3	0	0	0	7	4	0	0	10	4	0	0
Lebanon	4	4	4	0	1	1	1	0	0	0	0	0
Mongolia	28	12	5	0	37	16	5	0	41	10	5	0
Russia	6	2	2	0	5	4	2	0	3	0	0	0
Syria	4	7	7	0	2	3	3	0	3	2	2	0
Thailand	0	0	0	0	3	4	0	0	7	13	0	0
Ukraine	52	27	12	1	67	27	17	1	110	39	19	3
TOTAL	127	71	42	1	150	83	40	2	212	92	38	3

Source: Ministry of Labour and Social Affairs



Push-pull / stick-stay factors

<i>Within Countries of Origin (Source Countries)</i>		<i>Within Recruiting/Destination Countries</i>
	PUSH FACTORS	PULL FACTORS
Factors related to general situation in Poland	<ul style="list-style-type: none"> • Low GDP per capita; • Economic crisis – decline in the GDP growth; • Poor living conditions as compared to the EU-15 countries; • Age structure of the population – resulting in: oversupply of labour; relatively high unemployment rate of young persons; low economic activity; poor ratings of institutional stability and efficiency. 	<ul style="list-style-type: none"> • Low costs of living; • Economic growth / economic dynamics; • Positive changes on the labour market – growing absorptive capacity; • Shortages on the labour market, including health sector; • Changes in age structure – future increase in demand for health and care services; • Changes in opportunities' structure as the consequence of economic crisis.
Factors regarding health status in Poland	<ul style="list-style-type: none"> • Lack of comprehensive health policy resulting in the necessity of dealing with diseases that might be prevented effectively; • Huge workload related to health status of the population, varied health problems of individuals; • Unsatisfactory expenditure on prevention, diagnostics, recognised curative measures and procedures which limits the possibility of medical treatment. • Inadequately managed system of consultations, which makes the process of medical treatment longer and less effective. 	<ul style="list-style-type: none"> • Good and increasing health indicators (incl. declining mortality rates) in comparison to the less developed countries (although weak with regards to the other EU countries); • Future demand on geriatrics specialists in Poland, resulted in the ageing of the society and the relatively low number of old-people hospitalisations with regard to the EU average; • Better tools to diagnose and treat certain diseases than in some other less developed countries (e.g. in cardiac diseases), so good career possibilities for these specialists from other countries (mainly less developed); • Lack of sufficient health care in neurology in Polish hospitals (possible demand on foreign high-level specialists in neurology) • Increasing demand on hospitalisations due to psychiatric diseases (demand on psychiatrics).



Push-pull / stick-stay factors

<p>Factors regarding general migratory profile of Poland</p>	<ul style="list-style-type: none"> • Networks and connections abroad (many Poles are already abroad and this fact facilitates the emigration possibilities of the others); • Poland's EU accession opened the labour markets in many countries and made the emigration and legal employment abroad easier; • As Polish emigrants are usually young, the special incentives for emigration of young people exist (friends already abroad + knowledge of languages). 	<ul style="list-style-type: none"> • Polish origins and at least basic knowledge of language in Eastern European countries; • Significant number of immigrants in Poland from communist countries – the networks and family connections exists (also e.g. Vietnamese, Chinese); • High demand on seasonal workers from Eastern European countries in Poland; • UE Erasmus programs allow for coming of foreigners from other EU countries (and associated countries); • Ethnic conflicts in Poland are rare in comparison to old EU countries.
<p>Factors regarding migratory flows</p>	<ul style="list-style-type: none"> • Limited possibilities to open private clinics for some doctor's specialists (e.g. anaesthesiologists), what means often unsatisfactory remuneration; • Working time of Polish physicians makes often the circular migration possible (as they are often employed in hospitals with civic contract, not employment contract, or are self-employed – these forms are more time flexible); • Possibility to work abroad on the short-term (e.g. during unpaid holidays) both for nurses/midwives and doctors; • High remuneration expectations of Polish medicine students (about 280% higher than reality); • Multiple employment necessary to reach the satisfactory remuneration level; • Very dynamic activities of recruitment agencies in Poland, flexible working time and employment forms for Polish physicians who want to emigrate. 	<ul style="list-style-type: none"> • Automatic recognition of qualifications within European Union; • Satisfactory financial conditions for physicians from Eastern European countries, but no interest of Polish government in recruitment; • Probably some knowledge of Polish in Eastern European countries (Polish diaspora); • Remuneration of physicians in Poland could be attractive for physicians from Eastern European countries, but it is less attractive as in other EU countries and procedure is difficult.



Push-pull / stick-stay factors

Factors regarding health system and health resources

- Chaotic or poor management of the system financing: frequent or too immediate changes of the rules of reimbursement of medical services (e.g. JGP system, not guaranteed reimbursement for services delivered over limits from the basic contract), lack of widely accepted methods of pricing medical services;
 - Under-financed system (TEH -6.4 % of GDP in 2007), followed by problems in accessing medical services in reasonable time, long waiting lists due to expired limits of contracted services;
 - Inadequate use of human and other medical resources, e.g. almost not-functioning hospitals are remained in the system, although their existence is unprofitable from both economic and patients' perspective; there is a (virtual) over-employment in particular health care units;
 - Introducing changes "spoiling" the system in the long run (e.g. laws on rises of salaries for health professionals – "ustawa 203", "ustawa wedlowska");
 - Tensions within the system affecting;
 - Patients with claimant attitude and mainly negative image of public health care and medical staff: doctors and other health professionals are regarded bribe-takers;
 - Unsatisfactory salaries for work done in reality;
 - Sense of being overwhelmed with bureaucracy, unnecessary documentation which causes that less time is spent with patients.
- Clear path of professional career offered at the very beginning;
 - Satisfactory wages for expected satisfactory workload and working time;
 - Clear organisation and financing of the system;
 - Clear rules of competition in the system;
 - High expenditure on health as a guarantee of comfortable conditions of work, access to new technologies and new medicines, efficient information system, access to supporting staff, such as medical secretaries, registry secretaries;
 - Expected chance of getting experience and qualifications faster due to more facilitations in foreign health systems (e.g. no exams, more practical than theoretical activities);
 - Accommodation and other benefits offered in destination country(e.g. language courses);
 - Possibility to establish valuable professional contacts, allowing for further professional mobility and development;



Push-pull / stick-stay factors

<p>Factors regarding policy framework</p>	<ul style="list-style-type: none"> • Lack of efficient, consequently conducted reforms in the area of health care system, especially: • Disagreement between ruling parties on the matter of public health financial reform which results in financial instability of the system; • Under funding of public health care system which effects on working conditions of health professionals; • Poor professional development perspectives of young medical staff, especially the limited access to specialization programmers; • Long duration of post-graduate medical education; • The policy of Ministry of Health towards creating and closing specialization is quite unpredictable for the young doctors. • Political power struggle and frequent government changes which block the health care system reform. The main political parties have opposite ideas on necessary changes of the health care system. • The reform of nurses education (the qualifications of nurses, who have tertiary education, are recognized in all EU member states) • Concluding bilateral agreements which enable polish health professionals to work in other countries • The tendency among the key politicians to marginalize the problem of the health professionals outflow. • Lack of coherent state policy to reduce the scope of emigration of health professionals. 	<ul style="list-style-type: none"> • Diplomas and qualifications of health professionals from EU countries are recognized in Poland using a fast-track procedure. • Physicians from EU Member States have been given the right to provide services, become a member of professional bodies and establish private practices
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Push-pull / stick-stay factors

Factors regarding education of medical professionals

- Limited access to medical studies;
 - Post-graduate education have to be paid for by the doctors and nurses (although there is a constitutional obligation for further training);
 - Long process of becoming a specialist (currently it is under reform);
 - Difficulties in: passing the exams confirming professional qualifications (LEP,DEP); getting specialization place paid by the government (residential mode);
 - Limited possibilities of doing specialization in other than residential mode;
 - Obligatory post-graduate stage for physicians and dentists without profession execution rights with the remuneration below Poland's average remuneration level (the abolition of this stage is planned);
 - Long period of specialization training. Full training in basic specialization after starting the detailed one (under reform now);
 - Problems with the adequate number of specialization places – due to shortage of public resources, lack of incentives for health units and mentors, high criteria for accreditation of health units (the last thing under reform);
 - The number of residential specialization places is lower then the number of graduates; other specialization possibilities, especially employment by the hospitals for the period of specialization, are limited and usually not paid.
 - Improper specialization training (e.g. two many residents for one mentor in some units, limited access to modern equipment, overloading the residents with simple tasks instead of learning them the new one);
 - The financial incentives for doing priority specializations;
 - Possibility to supplement professional qualifications of nurses during supplementary studies (enables recognition of qualifications abroad);
 - It is easy to start specialization in Germany and Spain, doing specialization abroad is better if someone is planning to build its carrier there.
 - Costs of postgraduate studies which offer specialization must be covered by nurses themselves
 - Lifelong learning is an obligation of physicians and dentists, but they have to cover its costs; the government doesn't agree to introduce tax deductions in this case
- Medical studies in English offered by several Polish universities and competitive prices in comparison with studies in US or Western European countries;
 - Not very high competition for full-time unpaid studies in nursery, emergency medicine and midwifery, international matura recognized (but knowledge of Polish required)
 - Planned changes in specialization system – the time to achieve some highly advanced specializations would be shorter, possibly even shorter as in some other countries
 - Generation gap and low indices of nurse per patient in Poland – the demand for nurses tend to be at least stable over time
 - Recognition of EU diploma in Poland (unless recognition of other countries diplomas which is more complicated)



Push-pull / stick-stay factors

	STICK FACTORS	STAY FACTORS
Factors related to general situation in Poland	<ul style="list-style-type: none"> • EU accession and its consequences; • Positive tendencies in many areas of live; • Due to changes in demographic situation – potential changes in demand for care and health services’ • Relatively good position of Poland at the time of crisis; • Low costs of living. 	<ul style="list-style-type: none"> • Stable situation both in political as well as in economic terms; • Gradual improvement of Poland’s position in the EU; • EU membership.
Factors regarding health status in Poland	<ul style="list-style-type: none"> • Potential for development of particular medical specialisations, accompanied by financial support for practitioners of this specialisation, better equipment, etc (e.g. in cardiology, oncology, psychiatry, geriatrics, rehabilitation); • Good knowledge about the health status of population in Poland, its conditionings, population's attitudes to health, which may be a facilitation in daily practice of health professionals. 	<ul style="list-style-type: none"> • Relatively good level of health care in Poland with regard to the less developed countries;



Push-pull / stick-stay factors

<p>Factors regarding health system and health resources</p>	<ul style="list-style-type: none"> • Improving condition of the health care system in Poland, especially raised salaries for medical staff; • Known culture and organisation of work, knowledge how to deal with problems appearing in the system; • Sense of stability, security and being recognised in the medical community as well as by patients; • Possibility of getting additional, informal income or make informal arrangements; • Possibility for specialists to work in several places, in both private and public units of health sector, on individual-based medical practice; • Appreciating the possibility in communication with patients in mother tongue – belief in higher effectiveness of medical treatment based on good communication; 	<ul style="list-style-type: none"> • Almost 100% of people in Poland are covered by public health care insurance and the spectrum of free services is generally broad (but the access is sometimes very difficult and requires long waiting times) – working in the medical sector makes the system more “friendly” to the family and relatives (quicker access to the specialists, to better services);
<p>Factors regarding policy framework</p>	<ul style="list-style-type: none"> • The primary health care reform and recognition of family medicine as a specialty with its own under- and postgraduate training programs. The career opportunities (especially high remunerations) in Poland for family doctors; • Local initiatives, such as: local authorities are awarding scholarships to students, directors of hospitals are trying to halt the exodus by giving bonuses to doctors with scarce specializations or by increasing staff benefits • The implementation of the European Working Time Directive (EWTD) resulted in pay rises. Before 1st January 2008 the on-call work of health professionals wasn't compensated; • Improvement of remuneration of doctors with residential status; • Reform of post-graduate education which shortened the length of specializations. 	<ul style="list-style-type: none"> • The number of foreign health professionals in Poland is still very low; • There is lack of state or even local policy to keep foreign health professionals; • Foreigners who study in Poland at the Medical Universities usually leave after graduation. This also might be a result of other counties policy (case of students from Nordic counties which; receive scholarships from their own country during whole education in Poland but after graduation they have to go back to their country and work in national health sector).



Push-pull / stick-stay factors

<p>Factors regarding education of medical professionals</p>	<ul style="list-style-type: none"> • Unpaid studies in medicine offered by several medical universities in many big cities; • Unpaid vocational schools in other medical professions (e.g. massage specialists, rescuers) spread across the country, possible also in evening and weekend study model (although then paid); no matura required; • No additional entry exams for medical studies, admission on the basis of matura scores; low competition for studies in nursery, midwifery, emergency medicine in Poland; • Relatively high remuneration of residents in Poland with regard to some young doctors; higher remuneration in case of priority specializations; • When getting a residential places, the stability of employment for the whole time of specialization is guaranteed; • For dentists – lower dependency on residential places for specialization training, as it is easier for them to find employment (or self-employ) without specialization; • For nurses/midwives – lack of adequate qualifications to find the job abroad as nurse/midwives, emigration means professional degradation or obligation to finish supplementary studies first (paid for some nurses); • Introduction of a profession of medical carers in Poland could limit the overload of nurses in hospitals (but it is not working in practice at the moment); • Abolition of post-graduate stage will result in becoming independent physician just after studies and LEP – it will accelerate carrier of young physicians (but will be introduce only in 2017). 	<ul style="list-style-type: none"> • Possibility to practice as nurse in Poland without university qualifications (in other EU countries, it could mean professional degradation); • Social acceptance of immigrants.
<p>Factors regarding general migratory profile of Poland</p>	<ul style="list-style-type: none"> • The high emigration rate from Poland creates more job opportunities for those who stayed (also for medical professionals). 	<ul style="list-style-type: none"> • Development of ethnic enclaves in Poland (e.g. in case of Vietnamese and Ukrainians);
<p>Factors regarding migratory flows</p>	<ul style="list-style-type: none"> • Multiple employment impede the possibilities to work abroad on weekends; • Working abroad in the grey zone abroad results in losing professional qualifications of nurses; • No bilateral agreements on emigration or exchange of Polish physicians or nurses. 	<ul style="list-style-type: none"> • Very high investment to get not-EU diploma recognised in Poland (difficult language exam, etc.); • Long stay in Poland, as most of the immigrants came to Poland in the communist time.



Key points to be addressed in the micro-phase:

■ **Transition of the health system and its impacts on mobility of health professionals:**

- Working conditions include financing, organization of work and distribution of tasks
- The educational system and professional development opportunities.

Questions:

- What are the advantages and disadvantages of the distribution of tasks and organisation of work in the health sector?
- What regulations or practices are necessary to improve the effectiveness of work and quality of services, and to raise the satisfaction of health care workers?
- What is the influence of the Working Time Directive on the working conditions?
- How does the current shape of polish medical education boost the emigration of young health professionals?
- How it contributes to both shortages and surplus of medical staff?
- Why some specializations are not popular among students?
- Which countries provide Polish young health care professionals the possibility to enter their system easily and develop their qualifications?



■ Patterns of health care mobility:

Medical professionals with diverse migratory experience:

- health professionals working simultaneously in many places in PL
- health professionals working simultaneously in PL and abroad
- health professionals working abroad (no presence in Polish health system)
- health professionals with migration experiences;
- health professionals without migration experiences.

For all mentioned above:

- What are the factors leading to choices of each of the options above? (Although it is difficult to treat these separately);
- What strategies do Polish health professionals apply?
- Are there any patterns of mobility typical for certain profession?
- Which groups (concerning age as well as specialization) of health professionals are mobile and which are not, and why?
- How the internal migration is stimulated (for e.g. by hospitals, regions, recruitment agencies)?
- What factors induce internal migration?
- What kind of institutional actors are involved in mobility of health professionals?



Politically relevant issues

- Legal and illegal flows to the health system – causes, impacts, importance of general measures of migration policy
- Role of structure and characteristics of educational system in shaping mobility of health professionals
- Modes of transition from education to professional career and their impacts on mobility behavior.
- Entry barriers in Western European countries for health professionals coming from Eastern European countries – are there still inconsistencies in the law, training programmes etc. that make recognition of qualifications of immigrant health workers difficult?
- Recruitment – methods and their evaluation



Politically relevant issues

- Lower positions of health professionals in health systems (or health and social work system) in destination countries than in countries of origin – preference (due to profitability) or lack of choice (no possibility to have qualifications recognized in practice)?
- Changes in health systems under transition and their impacts on mobility of health professionals (both emigration and immigration)
- Training and professional strategies involving (at least) temporary stay abroad and future migration paths
- Economic integration of health professionals – differences between immigrant and native workforce (occupational and earnings discrimination? public vs. private sector?)
- Immigration of health professionals in net emigration countries. Are immigrant workers substitutes or compliments to native workers? Are they filling gaps on the labour markets (left by those who went abroad)?

