



# **Group 2 Feedback**

## Priority areas

- High global demand, low investment in countries such as Sweden, USA, EU-wide.
- Some directives: working time, recognition of qualification (automatic) – how do we ensure quality and validity of qualifications?
- Countries should educate enough health professionals. Migration of students should be tracked; it is a growing phenomenon. The reasons for depending increasingly on third countries for training; with consideration of future demands for health professionals, impact on the other countries

- Information availability for exchange of data across countries; often difficult to know what the competent regulatory authority is for the different professionals; identification card with 2 sides country and EU authority – implemented in France, Italy. Microchip with relevant information?
- Can we get more data from these identification systems? Still to be worked upon; presently used only for fitness to practice assessment, patient safety. Could be used to track emigration of health professionals.
- Policy decision could enable such data to be captured and contribute to available information.

- IMI: Cooperative efforts between different players, e.g. Pharmacy Council in France and other competent health authorities and MoHProf to generate and utilise data on mobility of health professionals. Voluntary at the moment
- Ministerial meeting in Barcelona focussed on e-health and use of e-cards to track mobility of health professionals
- Issues of security – how to ensure lack of abuse/identity theft.
- What would be the feasibility/desirability of including issues of the e-chip in micro-phase?
- Eurostat – collecting data on workforce within the region but do not include occupations and excludes EU citizens; collected by OECD in a more comprehensive manner.
- WHO-OECD: workshop on minimum data sets; 31 May-1 June, Madrid – which sets of professionals, e.g. Foreign born or foreign trained?

- Regulation on public health statistics (adopted 2008) – implementation regulations under discussion among the countries; requires utilisation of national stats.
- Beyond quantitative data: need for qualitative data e.g. on reasons for moving between countries: MoHProf contribute

- Could we have less attention on more skilled health workers in favour of less skilled (mid-level) professionals, especially in facilities outside the hospitals.
- Loss of health professionals to other sectors should also be addressed.
- EU member states are already committed to being self-sufficient in health professionals: that should help policy recommendations for medium to long-term plans
- EU is supporting OECD in data collection, such data should be accessible to EU member state authorities.

# On the WHO Code?

- Priorities: priority will be dissemination to countries, health workers: contents.
- Monitoring of data: comparability and availability
- MoHProf could be useful in the implementation of the Code
- The EU supports the global code; already has some initiatives- Green Paper, Blue Card

# MoHProf contribution?

- Focus on future demand
- Focus on the factors responsible for mobility
- Definition of data sets to be collected

# Research on internal imbalances

- Priority area for all countries; many countries recruit to fill vacancies in rural areas.

# Summary

- **Development of H.Pro Card**
- **More information on health worker mobility within the EU countries**
- **Additional qualitative information to explain the patterns and trends**
- **Future demand for health professionals, and country preparations for that**
- **National imbalances (urban/rural).**

