



Main results from country studies: Portugal

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Background

- Population (estimated at 10.7 mio in 2010) is growing at a slow rate, mainly thanks to positive migratory flows
- 0-15 dependency rate has decreased due to low fecundity rates
- 65+ dependency rate has increased
- Great challenges are expected for the National Health Service (NHS) and the national social security systems due to aging population
- Unemployment rates have increased regularly, currently accentuated by severe economic crisis
- Unequal wealth distribution: Low GDP per capita in Northern and interior of the center regions ⇒ internal mobility of workforce



Background

- 3 coexisting, overlapping funding and service delivery systems: the NHS, public and private insurance schemes for specific professional groups, and private voluntary health insurance
- Total expenditure on health is around 10% of GDP
- NHS is predominantly funded through general taxation
- Out-of-pocket payments in Portugal are estimated to be among the highest in Europe, accounting for approximately 23.1% of total health expenditure in 2008
- No services explicitly excluded from NHS coverage, but in reality most dental care is paid out-of-pocket



Stock of HPs

- All health professions have significantly grown (between 1985 and 2004 +44.6%)
- Professional council data give information on the total stock of professionals registered, but the number of those actually working is difficult to establish
- No reliable information is available on the workforce employed in the private sector, but it is known that many professionals work in the public and the private sector as well
- The density of physicians per inhabitants is above the European average, BUT for nurses, Portugal is among the lowest



Physicians

- Constant increase in the number of physicians (including migrants) over the last 10 years. This does not seem to meet the demand, as many physicians work in several institutions (multiple employment is frequent) or work overtime in the public sector
- Demand for GPs is not satisfied as 7% of the population does not have access to a family physician
- This problem is likely to become more critical in view of the aging of the GP population and of high numbers retiring early from the NHS, mainly because of dissatisfaction with working conditions and payments



Nurses

- Ratio of nurses per inhabitant has increased consistently since 2000, but not enough to change the ratio of nurse per physician (one of the lowest among the EU-15)
- Nursing trade unions estimate that 5.000 nurses are missing in health centres, and 20.000 nurses are missing in hospitals
- **BUT:** Despite high numbers of overtime hours paid to nurses many nurses enrolled in multiple employment, there is an increase of nurses registered in unemployment centres (it doubled from 2005 to 2006 and from 2006 to 2007)
- In 1998 change of responsibility for nurse training from MoH to Ministry of Higher Education ⇒ supply of places has significantly increased (n of private schools has grown from 7 to 20)
- A “surplus” of nurses, dentists and technicians, relative to demand but not to needs, is observed



Immigration

- Portugal has traditionally been an emigration country, but recently became an immigration country as well
- Portugal has received health care professionals since the 1990's, between 1998 and 2004, the number of foreign health HPs has more than tripled
- According to Medical Council, Dental Council and Nursing Council registrations, in 2007, 9.5 % of physicians, 9.4% of dentists and 4.8% of nurses had a foreign nationality
- Until 1998, the majority of the foreigners were nationals from African Portuguese speaking countries. Later, Spain became the main source.
- In 2007, Spanish (42 %), Angolan (12 %) and Brazilian (11%) were the main groups of foreigners working in the NHS. Brazilians are the dominant group (72 %) among foreign dentists.
- There is cross border migration, mainly from Spain to Portugal, but at a lesser level now that working and study conditions have improved in Spain
- The MoH actively recruits foreign physicians through contracts with Cuba, Colombia and Uruguay



Emigration

- Blatant lack of data on outflows
- The Dental Council estimates that at least 200 dentists migrated to the United Kingdom, 4 % of the overall dentists, in 2007
- Interviews with the Nursing Council and the Nurses Trade Unions suggest a more important outflow, mainly to the United Kingdom, Ireland and the USA
- In the case of medical students, the outflows are a consequence of an unmet demand, due to the *numerus clausus*. An estimated 1200 Portuguese medical students are currently in foreign schools, in Spain, the Czech Republic, Poland, Germany, France, Hungary or Slovakia



Planning and Monitoring

- There is no monitoring system of migratory flows, and no strategic plan for the development of the health workforce in Portugal
- The first formal National Health Plan (1998- 2002) proposed the formulation of an explicit health workforce policy (not implemented)
- The second one (2004-2010) proposed inter alia the development of an integrated health workforce information system, but interviews indicate that those objectives have not been achieved
- Policies for the development of human resources for health will be proposed in the 2011-2016 Plan, but this is not high on the political agenda



Challenges

Portugal faces a combination of major challenges

- an aging workforce
- scarcity in some health professions
- Geographical imbalances between levels of care distribution
- the absence of discussion on how to address these issues

Conclusion

- Urgent need for a strategic plan for human resources for health and for policies of attraction and retention of health workers in underserved geographical areas and categories of services, such as Family Medicine and Public Health



Micro phase case study 1: Cross border mobility of HPs between Portugal and Spain

- **Objective:** document current trends of mobility of health professionals between Portugal and Spain
- **Methods:** Interviews with key informants (8 human resource managers of border region hospitals)

Spanish physicians in Portuguese hospitals

- There has been immigration of Spanish doctors to Portugal for more than 10 years, triggered by the availability in Portugal of positions and opportunities to specialize
- Mainly GPs who work in hospitals or health centres
- Spanish professionals have been an important pool of resources to help meet the demand for services in border regions, which from the point of view of Portuguese professionals are remote and isolated regions
- Spanish personnel benefits from incentives to attract health professionals to interior regions, such as emergency shifts paid as extra hours or the possibility to advance academic training
- Informants were in general satisfied with the work of Spanish doctors and noted only concerns about the potential negative impact of language differences on the doctor-patient relationship



Portuguese nurses in Spain

- Spanish informants reported that, since 2008, there has been an increase of Portuguese nurses coming to Spain for periods of one or two years
- Motives: unemployment in Portugal and search for better working conditions
- There is a consensus on both sides of the border that benefits of migratory flows are much greater than the limited problems that they may bring



Conclusions

- Flows have indeed been observed on both sides and even encouraged by recruitment efforts
- No policy to manage these flows
- Informants satisfied with the current situation

- Migrant professionals are a gain for the receiving country, **but** a loss of investment for the sending one
- Migratory flows, when they reach a significant level, are a symptom of labour market deficiencies and of poor planning



Micro phase case study 2: Recruitment agencies operating in Portugal

- **Objective:** Analyse existing practice of recruitment agencies
- **Methods:** Interviews with and written statements of key informants (6 recruitment agencies)

Observations

- Recruitment for abroad targets principally nurses, but also dentists, pharmacists and physicians
- Preference goes to professionals with at least one year experience, registration with the professional council and language skills are prerequisites
- Clients are mainly health organizations in Ireland, France, Switzerland, and England
- One agency working mainly for Portuguese clients recruits in Portuguese-speaking countries in Sub-Saharan Africa (Angola, Cape Verde and Guinea Bissau), but also in Argentina, Brazil, Chile, Cuba, Moldavia, Russia, Spain, Ukraine and Venezuela
- Main reasons for migration: Unemployment in home countries
- Retention strategies: „Golden handshake“and access to continuing education

Conclusions

- Recruitment agencies play an important role in the Portuguese health labour market, provide information and support candidates to emigration. However, they do not provide information on the number of professionals which use their services, nor on those who were actually recruited.
- Exact figures are not available, but interviews indicate that mainly nurses are recruited to work abroad and foreign physicians to work in Portugal
- No information on the financial aspects of the work of recruitment agencies available.
- There does not seem to exist a code of ethics or of good practices with respect to recruitment procedures and practices, in particular in relation to what happens to foreign recruits once they are in the destination country

