
Global Health Workforce Mobility: Trends and Strategies



Lesleyanne Hawthorne
Professor – International Health Workforce
Canadian Health Workforce Conference –
Optimizing the Canadian Health Workforce

3-5 October 2016
Shaw Centre Ottawa

Drivers of Global Health Workforce Migration:

Fertility Rates in Select Countries (2015 CIA World Fact Book)

Select Country	Fertility Rate in 2014 by Rank Order
Papua New Guinea	3.2
Philippines	3.1
Malaysia	2.6
India	2.5
Fiji	2.5
Indonesia	2.2
New Zealand	2.0
USA	1.9
United Kingdom	1.9
Australia	1.8
Canada	1.6
China	1.6
Japan	1.4
Republic of Korea	1.3
Hong Kong SAR	1.2
Singapore	0.8

Case Study: Asia as a Health Worker Source of Supply

Source country variation:

1. **Very high development:** Singapore, Brunei
2. **High development:** Malaysia
3. **Medium development:** Thailand, Indonesia, Philippines
4. **Low development:** Vietnam, Cambodia, Laos, Myanmar

Source country attitudes:

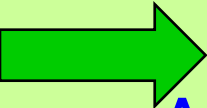
1. **Restrictive :** Eg Singapore
2. **Laissez-faire:** Eg India, China
3. **Over-production for export (remittance-generation):** Eg Philippines, Malaysia, Indonesia....

Individual migrant health professionals:

Wish to maximise individual agency + family opportunity

1. Hyper-Mobility – International Medical Graduates (IMGs)

AUSTRALIA:



A decade back (study) – <60% of IMG's surveyed had made 5-6 geographical moves prior to current location

India → UK → Gulf → South Africa → NZ →

Regional Australia → Capital city.... Stay?

Driven by mal-distribution rather than under-supply ('areas of need')

'NZ' doctors - Level of 'funnelling' to Australia

Escalating 2006-11 migration - Compared to previous 5 years

2006-11 Growth in Permanent Migration to Australia
(All Immigration Categories): Compared to 2001-05 Arrivals

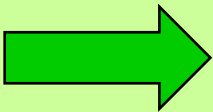
Field	2001-2005 Arrivals	2006-2011 Arrivals
Engineering	18,790	41,407
Accounting	26,145	35,423
IT	22,630	31,968
Education	15,400	29,464
Nursing/ Midwifery (RN)	14,233	26,348
Medicine	7,241	12,696
Pharmacy	1,798	3,005
Dentistry	1,063	2,343
Physiotherapy	755	1,556
Total (All Degrees)	192,940	347,611

2. Individual Agency – Entitlement

Freedom of movement affirmed as a human right:

- Regardless of source country or sector need
- By all major global bodies (including WHO, ILO, OECD, UN)

Canadian case study:

- Canadian citizens/ residents qualify in medicine internationally, then seek residencies to work back home
-  ➤ Growing pressure on carms matching quotas (seek differentiation from other IMGs)
- Subverts workforce planning by governments?
- Potential court case to access training places

3. Migration Trajectories – Rapidly Changing

Asia-Pacific:

- Cuban doctors
- Bulgarian health-workers



Case study – addressing physician shortages in Timor Leste:

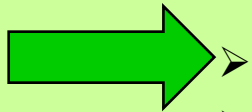
- By 2008 - Around 300 Cuban health workers in Timor Leste
- 2004-08 – 2,720,444 medical consultations provided in Cuba
- 700 Timorese students studying medicine in Cuba

4. Growth of Migration Agents – Accredited Versus Unaccredited

By 2003 growth in agents to facilitate flows (ILO):

- 1,327 in Philippines
- 1,250 in India
- 524 in Sri Lanka
- Scale now?

Role in facilitating IMG entry –



- Saskatchewan (mineral sands)
- Global multinational – FiFo model (eg Afghanistan)
- Australia ('Recruit a doc')

5. Calibre of Training – Growth in Private Sector Schools

Entry levels –

- Significantly lower?

QA –

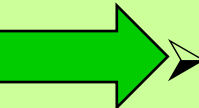
- Mandatory or not?

Residency/ internship access –

- Assured?

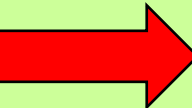
Malaysia –

- 9 QA-assured public medical schools
- By 2015: 14 private medical schools approved + 20 in the pipeline
- 2016: Moratorium on new school approvals
- Impact on subsequent out-migration + registration?



Calibre of Training: Nurse Education in the Philippines

Tertiary sector quality assurance:

- 
- Voluntary (not mandatory)
 - Few institutions engaged

Nursing schools (1970s): 40 nationally


Nursing schools (2005): 441 nationally!

- 332,206 nurses trained (as export commodity)
- 29,467 employed nationally compared to 163,756 overseas
- Vast numbers unemployed (seeking migration)

Nursing school issues:

- Most = private colleges
- Many with lax entry standards, minimal QA, 'invisible' Faculty, linked to migration agents, infiltration of regulatory bodies....

Impact of language + training case study:

- 
- Filipino and Indonesian nurse migration to Japan (1-2% pass the national nurse registration exams compared to 80% from China)

6. Changing Migration Mode – Dominance of Temporary Entry Australia and New Zealand 2008-09 to 2014-15

 **Willingness of health professionals invest in full registration?**

Australia:

Temporary skilled migrants – 41,335

Permanent skilled migrants – 17,808

Total - 58,143

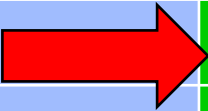
NZ:

Temporary skilled migrants – 28,895

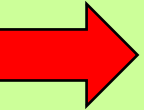
Permanent skilled migrants – 10,053

Total - 38,948

7. Impact of Health Worker Diversity on Registration + Work Access (Canada - Owusu & Sweetman 2015)

Field of Employment in Canada (2006 Census)	Canada-Born Canada-Trained	Canada-Born Foreign-Trained	Foreign-Born Canada-Trained	Foreign-Born Foreign-Trained
Physician 	89%	62%	87%	41%
Dentist	86%	36%	86%	31%
Registered Nurse	64%	53%	64%	45%

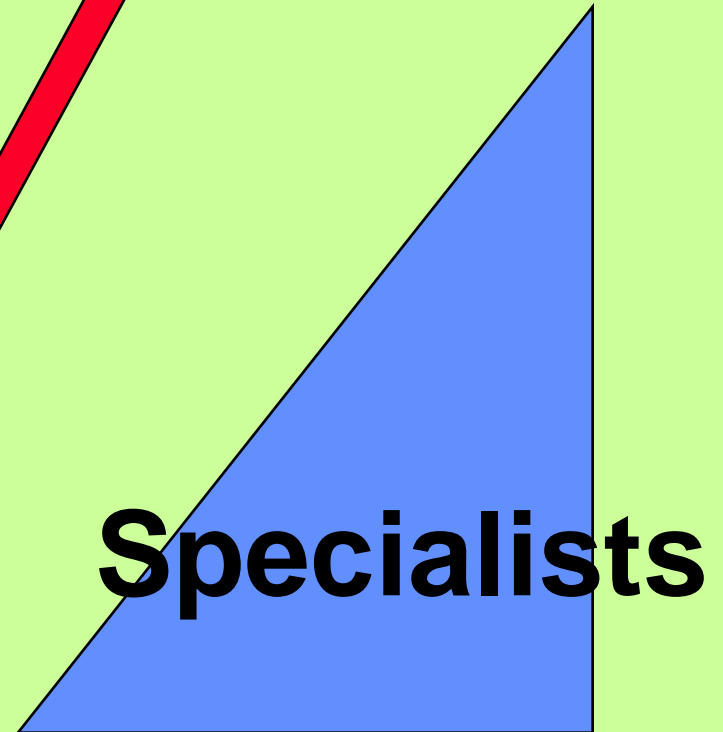
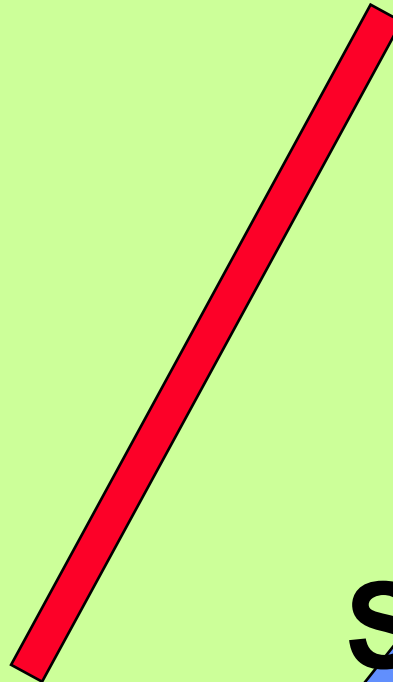
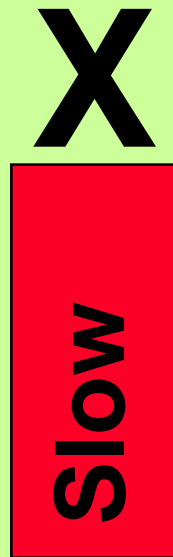
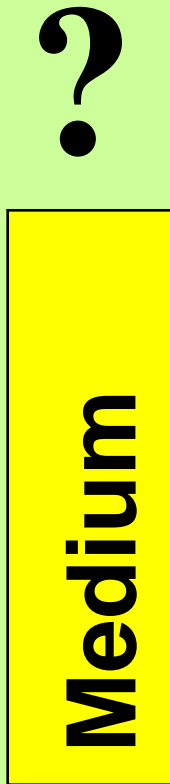
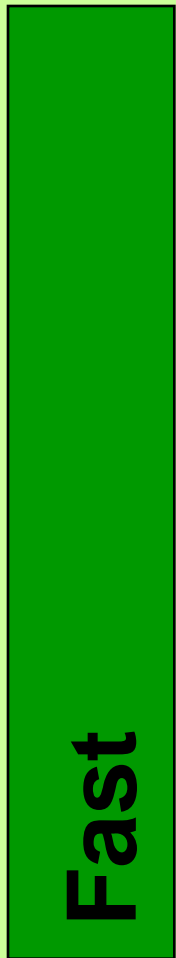
Top 10 Countries for IMGs Admitted as Skilled Migrants to Australia (2008-09 to 2014-15)



Top 10 Source Countries: Temporary 457 Visa New Grants	Top 10 Source Countries: Permanent GSM Visa
Total = 19,569	Total = 6,560
UK (6,181)	UK (1,390)
India (2,310)	Malaysia (1,120)
Malaysia (1,790)	India (991)
Ireland (1,181)	Canada (297)
Sri Lanka (967)	Sri Lanka (283)
Canada (861)	Pakistan (282)
Pakistan (732)	Singapore (250)
Iran (592)	Iran (215)
Singapore (475)	Ireland (214)
South Africa (460)	Myanmar (183)

8. Pressure on Regulatory Bodies

Fit for Purpose Given 21st Century Mobility?



AMC MCQ + Clinical Pass Rates on 1- 4+ Attempts: By Select Candidate Source Country (2015 AMC Report)

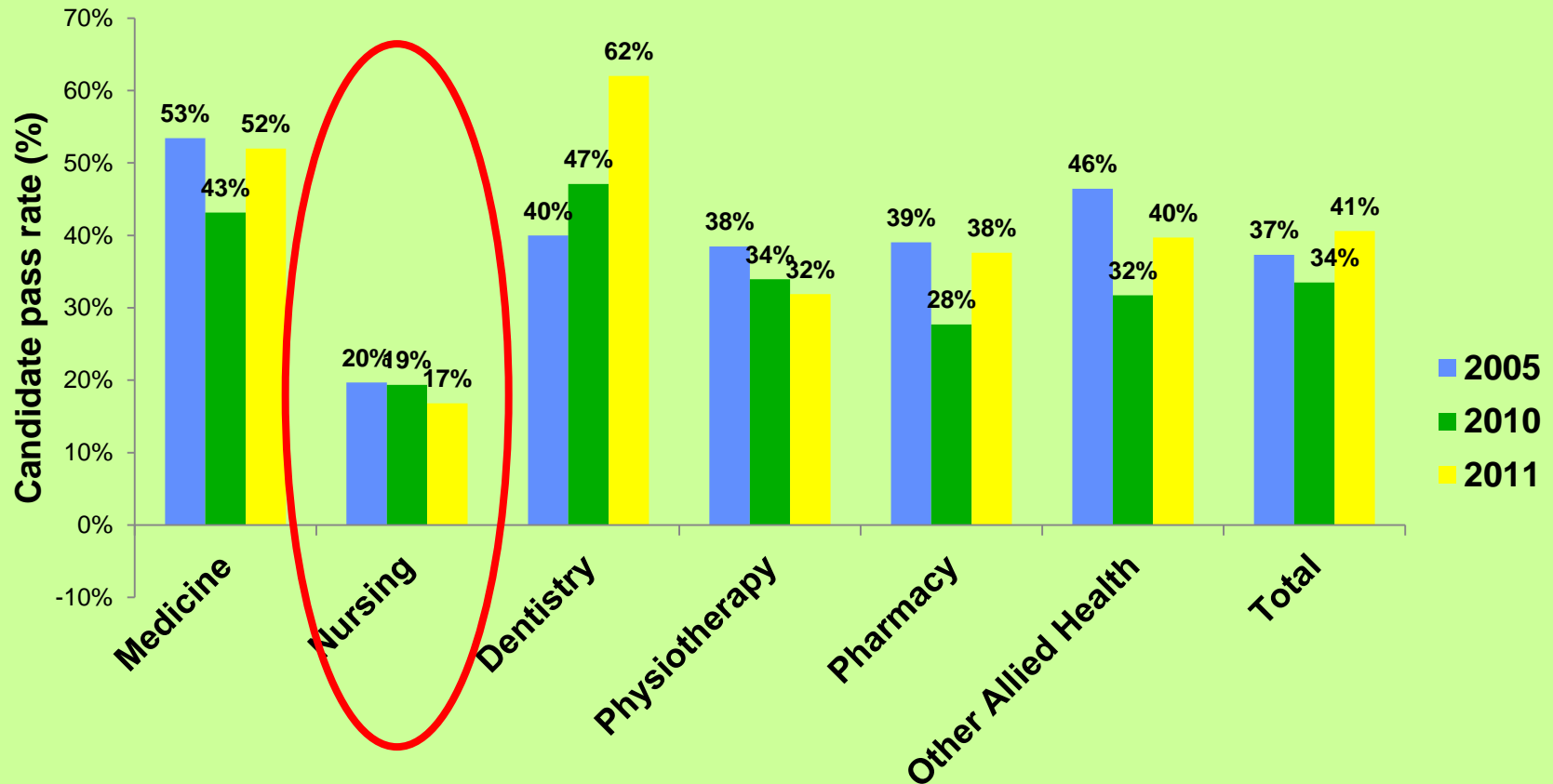
MCQ Exam (N=2,060, 62% pass)

Singapore: 100%
Germany: 91%
Malaysia: 87%
Sri Lanka: 80%
Iran: 75%
PNG: 75%
Fiji: 74%
South Africa: 74%
Egypt: 66%
Bangladesh: 65%
Myanmar: 63%
India: 62%
South Korea: 67%
Vietnam: 40%
Pakistan: 61%
Poland: 60%
China: 49%
Philippines: 46%
Romania: 33%

Clinical Exam (N=1,657, 35% pass)

Singapore 100%
Germany: 60%
Myanmar: 46%
South Africa: 45%
Vietnam: 45%
Malaysia: 44%
Pakistan: 41%
Bangladesh: 39%
Sri Lanka: 35%
China: 35%
Fiji: 33%
South Korea: 33%
Iran: 31%
Egypt: 30%
India: 34%
Philippines: 23%
Poland: 20%
Romania: 0%
PNG: 0%

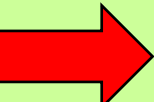
Impact of Language Testing on Access to Registration: Pass Rates in Australia + NZ by 2011)



Medical Workforce Integration – Differential Outcomes 1st 5 Years After Migration (All Migration Categories)

2001 Canada:

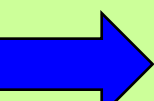
South Africa: 81%

 **India: 19%**

China: 4%

Philippines: 3%

2006 Canada:

 **Overall: 41% of IMGs**

**Foreign-born + Canada
trained: 87%**

(Owusu & Sweetman 2015)

2001 Australia:

South Africa: 81%

India: 66%

Philippines: 33%

China: 5%

2011 Australia:

Overall: 57% of IMGs

South Africa: 83%

India: 61%

Philippines: 47%

China: 8%

9. Retention of Migrant Health Professionals?

Medical Council of NZ 2008-13

Highest OECD dependence on IMGs

NZ medical graduates:

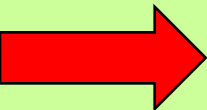
- 83% in NZ 2 years after graduation
- Declines to two-thirds in 8–12 years

International medical graduates:

- 2007 = 41.3% of NZ medical workforce
- 2014 = 43.4% of NZ medical workforce

BUT chronic retention challenges:

- 2/3 resident a year after registration
- 1/3 resident 3 years after registration
- Older Asian doctors most likely to remain



Top 10 Countries for New IMG Registrants in New Zealand (Adapted from MCNZ 2015 Annual Report)

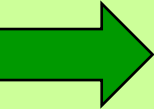


Top 10 Countries of Primary Qualification	2014-15 New
Total Overseas-trained	1,316
England	273
USA	167
Scotland	64
Ireland	49
India	42
Australia	41
Netherlands	30
Canada	27
Wales	23
Germany	19

10. International Students: Growth in the 'Study-Migration' Pathway

The 'productivity premium' relative to IMGs – impact on assessment?

1. Fully recognised qualifications
2. English testing exemption (IELTS 7 on enrolment)
3. Youth + future productivity (aged 24 years)
4. Local experience
5. Acculturation

 Policy priority: Canada, NZ, Australia

Study for medical deans of Australasia (2013):

78% decide to migrate by final year of medical training

Canadians most likely to stay (94%)

Malaysia, Singapore + Canada = top 3 sources

International Student Location by 2008: Higher Education Enrolments by Host Country (Retention in Health?)

Top 12 Global Destination Countries (2007-2008)	International Students Enrolled in Higher/ Vocational Education
1. US	623,805 (2008)
2. Australia	389,373 (2008)
3. UK	389,330 (2008)
4. France	260,596 (2008)
5. Germany	246,369 (2007)
6. China	223,499 (2008)
7. Japan	123,829 (2008)
8. Canada	113,996 (2007)
9. Singapore	86,000 (2007)
10. Malaysia	72,000 (2008)
11. South Korea	63,952 (2008)
12. New Zealand	39,942 (2007)

Source: Compiled from data provided in *International Student Mobility: Status Report 2009*, V Lasanowski, The Observatory on Borderless Higher Education, UK, June 2009

Former International Students as a Resource - Full-Time Employment 6 Months After Australian Graduation Compared to Domestic Students

Qualification Field (2007-11 Graduates)	Australian Graduates (Sample = 371,000)	International Students (Sample = 79,000)
Accounting	83%	35%
Business	76%	40%
IT	78%	42%
Engineering	86%	44%
Medicine	100%	99%
Dentistry	94%	96%
Pharmacy	98%	96%
Physiotherapy	94%	67%
Nursing	92%	71%

Recruit Former International Students: Full Time Employment Outcomes at 4 Months in Australia (Health Professions by 2011)

Comparison with migrant health professionals qualified overseas:

- 2011 employment rates for migrants by field in first 5 years across all immigration categories – nursing (66%), medicine (57%), dentistry (37%)



And youth of former international students compared to IMGs

Medicine:

- **98.8** per cent of international students employed full-time, compared to 99.7 per cent of domestic graduates

Dentistry:

- **95.5** per cent compared to 93.5 per cent of domestic graduates

Nursing (diploma to degree upgrade courses):

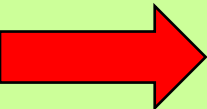
- **71.4** per cent (+17.6 per cent working part time) compared to 91.7 per cent

The Issue: Access to Residency Training Places

2016 – who gets training places?

- Australian citizens/ PR
- IMGs who have migrated
- Former international medical students (essential to transit to permanent skilled migration)

Case study – medical student retention?

- 
- Canadian medical students qualified in Australia
 - 94% stay year after graduation
 - Return to Canada if offered residency match?
 - Malaysian and Singaporean students?

11. Paradigm Shifts –

Who Will Move in the Future – Practitioner or Patient?

- **Development of medical tourism industry:**

- Rapidly expanding

- **Estimated annual value (Deloitte 2009):**

- Worth \$US460 billion a year, with 20% annual growth

- **Avoids:**

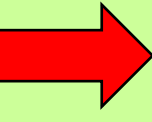
- Skilled migration challenges, including access to registration: Patient bears the risk

- **Top current providers:**

- India (2004):** 1.18 million medical tourists

- Thailand (2004):** 1.1 million medical tourists

- Malaysia (2007):** 341,288 medical tourists



- **USA (2007):** 750,000 patients went abroad for cheap medical care in multiple destinations

- **UAE (2015):** 320,000 medical tourism patients treated

12. Impact of 'Goods + Services' Agreements: 'Offshore' Health Care Services?

Trade in Services Agreement TiSA Negotiations:

Geneva 2015+

'Highly secretive' current negotiations:

50 countries led by Australia, the US and the European Union

TiSA negotiations include:

Discussion of wide-ranging reforms to national public health systems to promote 'offshoring' of healthcare services

Concerns:

Risk of massive growth of 'medical tourism' to the detriment of investment in public hospitals and local healthcare

Leaked concept paper - future location of healthcare services:

Argues there is 'huge untapped potential for the globalisation of healthcare services, creating massive business opportunities... The proposed regime would involve health professionals authorising patients to be treated in other TiSA countries (driven by cost saving)'.

DESPITE COMPLEXITY Lack of Global Data: Mobility Scale, Characteristics, Length of Stay by Field

Growing pressure (governments, employers, migrants):

- **To secure fast-track/ limited / conditional/ provisional registration**

Scale of Circular + Return Health Workforce Mobility?

- **Endorsed by most global bodies + governments**
- **Data availability: Negligible**
- **Data harmonisation: Minimal (European Migration Network case)**
- **Impacts on host + return countries: Unknown**

Global compliance with WHO 2010 code (2014 report):

- **Signatories: 193**
- **Responses: 56**
- **36 countries maintain records on foreign trained personnel**
- **34 countries on authorisation to practise for foreign trained personnel**
- **10 maintain records on recruiters**

Dramatic Policy Shifts in the Past Decade:

Unprecedented Role of Employers + States/ Provinces

1. Scale of skilled migration:

- 
- **Unprecedented**
 - **Quota = Around 60-68% of permanent migrants**
 - **No quota = Temporary skilled migrants**

2. Entry mode:

- **Temporary labour dominates in many countries**
- **Demand-driven**

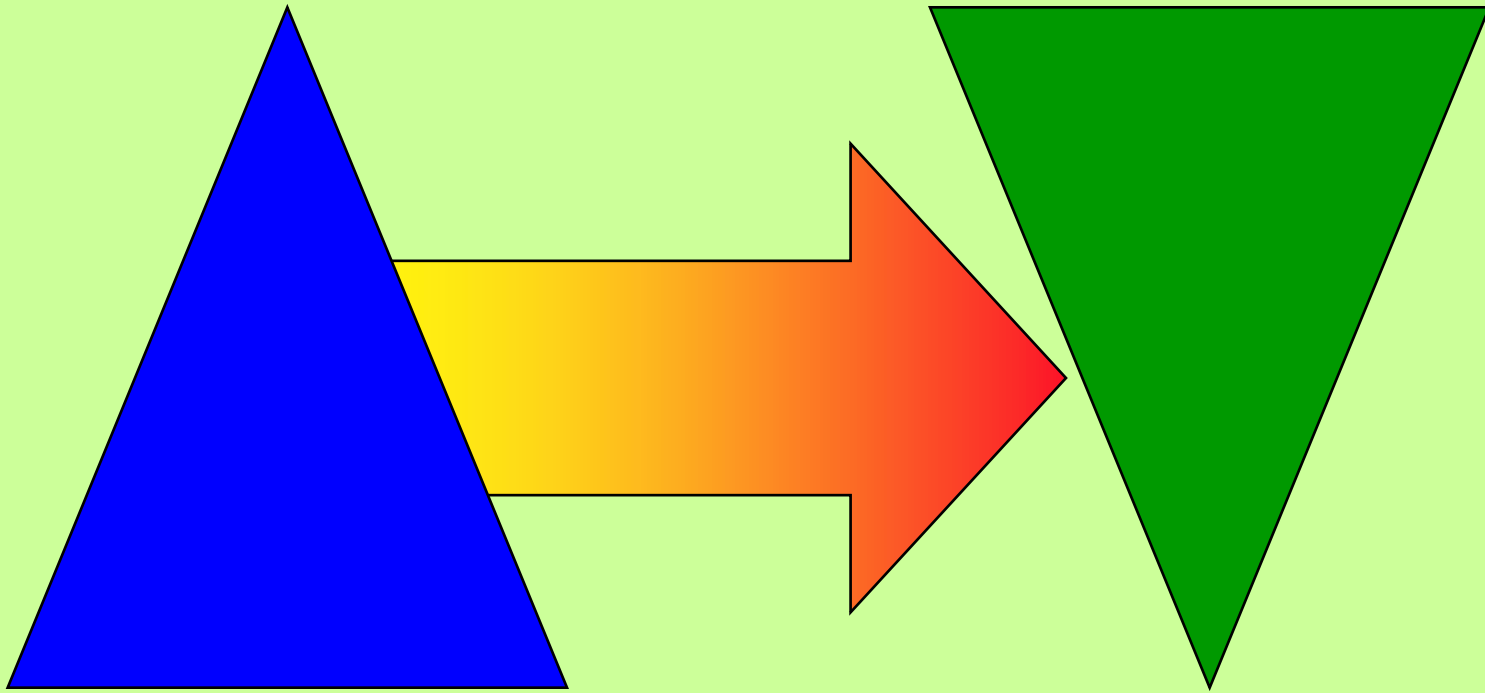
3. Paradigm shifts:

- 
- **Employer and State/ Province selection**
 - **Two-step + Three-step migration the new norm**
 - **Priority processing for sponsored migrants**

4. Place of selection:

- **On-shore**

Conclusion: Scale of Future Global Demand for Migrant Health Professionals



Traditional population structure Emerging population structure

Select Data Sources

SLIDE 12: Owusu, Y & Sweetman, A (2015), 'Regulated Health Professions: Outcomes by Place of Birth and Training', adapted from Table 2 based on 2006 Canada Census data, in Hawthorne, L, McDonald, T & Sweetman, A (Eds) (2015), *Occupational Regulation and Foreign Qualification Recognition, Canadian Public Policy*, Special Issue, XLI Supplement 1, Ottawa, August, <http://www.utpjournals.press/toc/cpp/41/Supplement+1>

OTHER SLIDES:

Hawthorne, L, Hawthorne, G & Crotty, B (2007), *The Registration and Training Status of Overseas Trained Doctors in Australia*, Department of Health and Ageing, Canberra

Hawthorne, L (2007), *Labour Market Outcomes for Migrant Professionals: Canada and Australia Compared*, Citizenship & Immigration Canada, Ottawa, <http://www.cic.gc.ca/english/resources/research/2006-canada-australia.asp>

Hawthorne, L (2008), *The Impact of Economic Selection Policy on Labour Market Outcomes for Degree-Qualified Migrants in Canada and Australia* (Institute for Research on Public Policy, Ottawa, Vol 14 No 5.

Hawthorne, L (2011), *Competing for Skills – Migration Policies and Trends in New Zealand and Australia*, Department of Labour, Government of New Zealand, Wellington.

Hawthorne, L (2012), *Health Workforce Migration to Australia – Policy Trends and Outcomes 2004-2010*, Australian government (Health Workforce Australia), Adelaide.

Hawthorne, L & To A (2012), *The Early Migration and Career Trajectories of International Medical Students Qualified in Australia*, Medical Deans of Australia, Sydney, <http://msod.webd3.com.au/publications-reports/other-reports>

Hawthorne, L (2013), *Recognizing Foreign Qualifications – Emerging Global Trends*, Migration Policy Institute, Washington DC, <http://www.migrationpolicy.org/research/recognizing-foreign-qualifications-emerging-global-trends>.

Hawthorne, L & To, A (2013), *English Language Skills Registration Standards – An Australian and Global Comparative Assessment*, Australian Health Practitioner Regulation Agency, Melbourne.

Hawthorne, L (2014), 'WHO Four Country Study – Health Workforce Migration in Australia', Chapter 9 in *Migration of Health Workers – WHO Code of Practice and the Global Economic Crisis*, Eds A Siyam & M Dal Poz, World Health Organization, Geneva, pp 109-132.

Hawthorne, L (2014), 'Circular Migration of Health Professions – Overview and Critical Issues', *Policy Brief 1*, International Labour Organization, Geneva, pp 1-4, http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-manila/documents/publication/wcms_320606.pdf.

Hawthorne, L & To A (2014), 'Australian Employer Response to the Study-Migration Pathway: The Quantitative Evidence 2007-2011', *Highly Skilled Migration: Politics, Processes and Politics – Special Issue, International Migration*, 52(3): 99-115, August.

Hawthorne, L, McDonald, T & Sweetman, A (Eds) (2015), *Occupational Regulation and Foreign Qualification Recognition*, Canadian Public Policy, Special Issue, XLI Supplement 1, Ottawa, August, <http://www.utpjournals.press/toc/cpp/41/Supplement+1>.

Hawthorne, L (2015), 'The Impact of Skilled Migration on Foreign Qualification Recognition Reform in Australia', *Canadian Public Policy Journal*, August, <http://www.utpjournals.press/toc/cpp/41/Supplement+1>.

Hawthorne L (2016 in press), *International Health Workforce Mobility and Its Implications in the Asia-Pacific Region*, World Health Organization, West Pacific Regional Office, Manila.