International Migration of Health Workers

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Overview

• U.S. Implementation of the Code of Practice
• Initial Migration Data
• Challenges
• Conclusions
Code of Practice: In Brief (1)

• The WHO Global Code of Practice on the International Recruitment of Health Personnel was adopted by the 63rd World Health Assembly on 21 May 2010

• This voluntary Code aims to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel as well as promote health system strengthening

Code of Practice: In Brief (2)

• Each country has been asked to designate a National Authority to be responsible for Code implementation, with responsibilities to include managing domestic implementation as well as communicating progress to WHO

• Member states are requested to provide a regular national report to the WHO Secretariat every three years, with the first report requested in 2012

Key Elements of the Code

- Ethical recruitment practices
- Foreign educated health workers should be treated fairly and receive appropriate wages and benefits (fair labor practices)
- Tracking and data reporting of migration data and trends
- All countries, developed and developing, should do more to meet their own health workforce needs
- Developed countries should provide assistance and guidance to less developed countries

Code of Practice: Implementation in the U.S. (1)

- The U.S. supported the initial passage of the Code at the 2010 World Health Assembly

- An inter-governmental work-group, lead by the Health Resources and Services Administration (HRSA) and the Office of Global Affairs (OGA) at the U.S. Department of Health and Human Services, has been convened to develop and guide a U.S. strategy for Code implementation

Source: The National Center for Health Workforce Analysis.
Code of Practice: 
Implementation in the U.S. (2)

• HRSA and OGA have been designated as the joint National Authority for the U.S.

• The next critical phases in implementation are:
  o Establishing relationships with non-governmental stakeholders, including the Alliance for Ethical International Recruitment Practices and others
  o Developing the data required for the national report due to the WHO Secretariat in 2012

Source: The National Center for Health Workforce Analysis.
The National Authority: A HRSA/OGA Partnership

• OGA is the lead HHS office in global health and international matters. OGA provides advice and direction to the HHS leadership regarding international health, family, and social affairs, including health diplomacy in support of U.S. foreign policy.

• HRSA provides national leadership, program resources and services needed to improve access to culturally competent, quality health care. HRSA focuses on improving access to health care services for people who are uninsured, isolated or medically vulnerable and on training health professions to improve the supply, capacity and distribution of the health workforce
Draft Reporting Guidelines

• The WHO issued their most recent draft guidelines on monitoring the implementation of the Code of Practice in March 2011

• In addition to a draft regular national reporting instrument, these guidelines include a rationale for monitoring and suggestions for the reporting and monitoring process

• The draft national reporting instrument includes a qualitative section and a quantitative section to address the question of minimum data sets, with an initial focus on medical doctors, nurses, and midwives for quantitative reporting

Foreign Educated Physicians

• Graduates of foreign medical schools have historically been an important part of the physician workforce in the U.S.
• Almost all International Medical School Graduates (IMGs) must go through graduate medical education (GME) in the US to become licensed
• IMGs represent 25% of all practicing physicians in the US and 25% of those in training (GME); India is the single largest source of IMGs (20.7% of total)
• The number of US citizens attending medical school outside of the US has been increasing (they are considered IMGs); while the number of non-US citizen IMGs has been decreasing in recent years

IMG Resident Physicians in the U.S.

• The Association of American Medical Colleges annually surveys U.S. residents

• Data acquired includes country of education

• Numbers of physicians educated outside the U.S. experienced steady but slight growth from 2001 to 2008; decline seen from 2008 – 09 may be due in part to lags in reporting

Source: Association of American Medical Colleges Center for Workforce Studies.
Trends in IMGs

Foreign Medical Graduates in Accredited U.S. Residency Programs
2001 – 2009

Note: Caribbean countries excluded for illustrative purposes due to large numbers of U.S. citizens attending medical schools in these countries.
Source: Association of American Medical Colleges Center for Workforce Studies.
Internationally Educated Nurses

• In 2008, approximately 165,539 internationally-educated nurses (IENs) were living in the United States
  o Of these nurses, approximately 146,000 of these were employed in nursing

• As a percentage of the total licensed employed nurse population, IENs represented:
  o 5.1% of the total population prior to 2004
  o 8.1% of the total population between 2004 and 2008

Internationally Educated Nurses: Country of Origin

The majority of IENs in the U.S. in 2008 came from the following countries:

• Philippines (50.1%)
• Canada (11.9%)
• India (9.6%)
• United Kingdom (6.0%)

Challenges to U.S. Implementation

• Privatized nature of the US health care system

• Attractive professional and personal opportunities in the U.S.; strong interest in migration

• Challenges to ensuring an adequate US production level to meet future needs

• Incomplete data and information to track migration of health professionals
Next Steps (1)

• The National Authority will track updates from WHO regarding the Code, its implementation, and monitoring.

• The inter-governmental work-group will continue to meet to address key issues in the U.S. implementation of the Code.

• Relationships with relevant NGOs will be explored; the National Authority will shortly meet with interested NGOs.
Next Steps (2)

• HRSA will compile available data to respond to suggested WHO reporting guidelines

• The National Center for Health Workforce Analysis will continue to develop data to describe supply of and demand for the health workforce across the U.S. in order to inform public policy and private investments in the domestic health workforce

• The U.S. government will continue to encourage and participate in international conferences dedicated to health workforce data and analysis, including meetings sponsored by the WHO and Organisation for Economic Cooperation and Development
Summary (1)

• The U.S. supports the principles espoused by the WHO Code of Practice

• The U.S. will continue to participate in partnerships that are designed to strengthen local health resources in developing countries, such as the Medical Education Partnership Initiative (MEPI) and the Nursing Education Partnership Initiative (NEPI)
Summary (2)

• Due to the privatized nature of the U.S. health care and health personnel recruitment systems, our country will face challenges in the implementation of the Code of Practice

• Partnerships across federal agencies and with non-governmental organizations will be critical to the U.S. Implementation of this Code
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