



Health workers for all - CASE STUDY

POLAND

Attempt to obtain reliable data on the scale of migration of Polish medical personnel



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WHO Code* correspondence:

Article 3.7 Effective gathering of national and international data, research and sharing of information on international recruitment of health personnel are needed to achieve the objectives of this Code.

Article 7.1 Member States are encouraged to, as appropriate and subject to national law, promote the establishment or strengthening of information exchange on international health personnel migration and health systems, nationally and internationally, through public agencies, academic and research institutions, health professional organizations, and subregional, regional and international organizations, whether governmental or non-governmental.

** WHO Global Code of Practice on the International Recruitment of Health Personnel*

1) The context

One of the most effective ways of addressing the shortage of medical personnel is the proper planning of resources, which is clearly indicated in Article 5 of the WHO Global Code of Practice on the International Recruitment of Health Personnel. However, developing medical personnel resources and thus sustainable health systems must be done through evidence-based data and a well-functioning system that allows the gathering of such information. This problem was highlighted in Article 6 of the WHO Code of Practice. Recognition of the scale of health personnel shortages in different countries should be based on an analysis of the processes related to the education of new medical staff, as well as on decreasing resources related to demographic change and migration. The shortages of medical personnel can be considered to be the result of these processes.

In Poland, the number of candidates admitted each year to medical school and the number of graduates entering the labour market are known. However, it should be noted that, especially in the case of the nursing staff, graduation is not synonymous with finding a job in the profession, a fact that has been highlighted by the Polish National Chamber of Nurses and Midwives.¹ In the opinion of the professional accreditation body, the number of medical personnel currently being educated is still inadequate to the needs of the Polish health system, which will undoubtedly result in the strong deterioration of medical services for an aging Polish society in the future.

The number of medical staff presently working in the health system is also widely known. According to the OECD, the number of doctors per 1,000 people in Poland differs significantly from other European countries.² The real scale of the migration of medical personnel and how it is contributing to deepening shortages remains unclear. In the analyses of the health system, indirect indicators of medical staff migration are taken into consideration: the number of certificates issued by the professional accreditation body in Poland for recognition of Polish qualifications outside Poland, are necessary to work in other European countries. According to the Polish Chamber of Medical Practitioners, since Polish accession to the European Union at the beginning of 2004, 9,082 certificates have been issued, representing 7.11 percent of doctors practising in the country.³

A bigger problem appears in relation to nursing personnel. According to the National Chamber of Nurses and Midwives, on March 2013, 212,638 nurses and 24,137 midwives were employed in the Polish system.⁴ The same source reports that since Polish accession to the European Union, up to 31 December 2013, 16,115 certificates of professional qualifications were issued.⁵ In its report on the number of registered and employed nurses and midwives in Poland from 2004, the National Chamber of Nurses and Midwives stated that the average age of nurses registered in the Central Register of Nurses and Midwives is 45.6 years.

¹ <http://www.nipip.pl/attachments/article/1782/Wstepna.ocena.zasobow.kadrowych.pdf>

² <http://data.oecd.org/healthres/doctors.htm#indicator-chart>

³ http://www.nil.org.pl/_data/assets/pdf_file/0005/97862/Zestawienie-nr-06a.pdf

⁴ <http://www.nipip.pl/index.php/samorzad/stat/1919-liczba-pielegniarek-i-poloznych-zarejestrowanych-i-zatrudnionych>

⁵ http://www.nipip.pl/attachments/article/2622/Wydane_z%C5%9Bwiadczenia_2004-2013.pdf

In a preliminary analysis of nursing staff resources, it is predicted that in 2010-2020, almost 30 percent of registered nurses will reach retirement age, which at the date of the report was 60 years of age for women. Comparing the figures on the number of nurses reaching retirement age in the coming years and the numbers of newly educated medical staff demonstrates the difficulties of ensuring generational replacement. Thus, it is predicted that by 2035 the number of nurses will fall to 5.48 per 1,000 inhabitants, while in 2011 it was 7.33.⁶ Clearly, this analysis demonstrates how important it is to take into account an aging Polish society.

2) Description of the case

The migration of health professionals, including doctors, nurses and midwives, is a potential secondary cause of a health personnel shortage in the Polish health care system. In this regard, it is important to keep in mind that migration can be effectively addressed, above all by implementing the principles of the WHO Code of Practice, which also makes reference to the collection and exchange of statistical data between countries and across all of the relevant institutions with the potential to influence migration policy and affect medical personnel resources. To efficiently address the issue of migration there is a need to first understand its precise impact on the levels of domestic medical personnel.

The National Chamber of Nurses and Midwives has attempted to determine the actual scale of migration using direct requests for the average number of Polish nursing personnel registered with the appropriate authorities (mainly professional associations) and working in the respective health care systems of other Member States of the European Union (including Germany, Greece, the United Kingdom, Sweden and Portugal). The most reliable feedback, offered by the Nursing and Midwifery Council of the United Kingdom (NMC), indicated that there are 1,775 nursing staff with Polish origin on the British Register of Nurses and Midwives.⁷ It was remarked, however, that the number of registered nurses and midwives is not equivalent to the number actually working in the British health care system overall, information that the NMC was not able to provide. Similar problems were also pointed out by representatives of other bodies questioned in other countries.

Despite these initial set backs, there is little doubt that the attempts of the Polish National Chamber of Nurses and Midwives to obtain accurate figures should be considered good practice, as it seeks to establish reliable data which can be used as the basis for further action, and also to raise the awareness of other stakeholders who can in turn influence human resource policy in the Polish health system. For this reason, the innovative nature of the initiative taken by the National Chamber of Nurses and Midwives, not to mention the difficulties it faced, should be recognised.

⁶ <http://www.nipip.pl/attachments/article/2010/Prognoza%20liczby%20zarejetrowanych%20i%20zatrudnionych%202015-2035.pdf>

⁷ <http://www.nipip.pl/attachments/article/1790/Liczba%20piel%C4%99gniarek%20pracuj%C4%85cych%20w%20UE.pdf>

3) What is to be learned?

The creation of a well-functioning system that can provide reliable data on the real scale of migration across the European Union is required. Such data should be publicly available and its exchange between the institutions concerned should not be made difficult. The attempt to institute good practices presented here can offer a starting point for the creation of such a system, for which, first and foremost, good cooperation at the national and international levels is essential. The creation of such a system should involve all of the professional associations in the field of health in the countries concerned, who are responsible for the recognition of professional qualifications and are the central registers of practising medical staff. The methods for obtaining the necessary information should be widely discussed. It seems that the call for professional associations to properly establish and maintain regularly updated systems for data collection, storage and dissemination, including migration statistics, may be a good option.