The Impact of Labour Migration in the Field of Medical Care

Ivi Normet MoSA





















MAIN TOPICS

- >The health professional's educational system
- Main regulations registration and licensing
- Health care personnel mobility
- Health care workforce planning policy



















Educational system (I)

The University of Tartu,

responsible for undergraduate training in medicine, pharmacy and dentistry, postgraduate specialization as well as masters and doctoral level training for all areas including nursing and public health.

2 medical colleges (Tallinn, Tartu)

- provides basic training for nurses and midwives
- specialized nursing education
- radiology technician, optometrist, laboratory technician, physiotherapist etc.

















Educational system (II)

There is a state budget (state commissioned student places) for health professionals training.

Admission quotas for publicly funded are set by the Ministry of Education, based on proposals by the Ministry of Social Affairs and agreed to by the university, medical colleges and the professional associations.

















CURRICULUM

Duration of the basic training

- Doctors 6 years
- ▶ Dentists 5 years
- Pharmacists 5 years
- ➤ Nurses 3,5 years
- ➤ Midwives 4,5 years

The new curriculum witch is accordance of EU requirements

- ➤ Doctors 1997
- Dentists 1997Pharmacists 1997
- ≻Nurses 1996
- ➤ Midwives 1997

















National legislation system

Registration

All health professionals (doctors, dentists, nurses, midwives) must apply for registration in the Health Board since 2001

An activity licence is required for:

- the provision of emergency medical care;
- the provision of specialised medical care;
- the independent provision of nursing and midwifery.

Registration + Activity Licence = gives health professionals right to provide health services

















COMPETENT AUTHORITY

The Health Board is government agency, which started operations on 1st of January 2002 under the jurisdiction of the Ministry of Social Affairs, according to the Health Services Organisation Act

The responsibilities of HB are:

- registration of health professionals
- recognition of foreign diplomas in Estonia
- >issuing of activity licence
- supervise the provisions of health services
- also issues the appropriated Certificates to Estonian health professionals who wish to work in Member States.

















Relevance of mobility

From 2004 to 2008

- The outflow of professionals to foreign countries was moderate
- EST is mainly a source country

The cross-border health professional mobility has no major influence on Estonian health workforce supplies

From 2009 to ...

- the outflow has been increasing
- the ageing of health professional
- >still EST is mainly a source country and out-flow is manly temporary

Concurrence with ageing the cross-border health professional mobility became more considerable





















Health care workforce planning policy

ADVISORY COMMISSION

formed by the Order of the Minister of Social Affairs

consists of 20 members:

- training institutions
- different associations from health system
- advisors of medical and dental specialists
- Ministry of Education and Research
- proposals from training institutions
- health care policy reports and the development plans of specialities
- proposals from health care associations

National policy of planning of higher education

- continuity
- accreditation
- no more than 10% state commissioned education* study places compared to previous years

Approved state commissioned education by Ministry of Education and Research in training of health workforce

"state commissioned education"
the number of graduates by academic
level according to broad groups of studies or,

if necessary, fields of study or curricula;

















Health care workforce planning policy

The planning of health care workers is based on the following initial data:

- The model for the projection of future state commissioned medical education requirements;
- Training capacity of the educational institutions;
- Data from previous years on the level of competition for the admission to the universities (was the number of applicants sufficient);
- Recommendations of the Medical Staff Training Committee to the Ministry of Education and Research and the subsequent admission quota established by the Ministry for the state commissioned study places at the Faculty of Medicine and institutions of higher medical education;
- Needs of the employers.

















GENERAL POLICY ALTERNATIVES

- Wages and working conditions increase the salary
 - the main reasons for migration
- Educating more doctors/nurses
- Use internal resources
 - decrease falling out from the health system
 - professional counseling
- Benefits for special target groups ie. GP, nurses
- Improve working conditions, including attitude
- Agreements with other countries concerning to avoid the active enlisting?
- Recruiting from other countries?
- Repay the study-related costs of all those that wish to work abroad ??

















Thank you for your attention!