Policy Brief B

Relevance and effectiveness of the WHO Global Code in Ireland:
processes and achievements*

June 2015

Key messages

- Country-level health workforce research can demonstrate the relevance of the Global Code in countries experiencing large-scale inward or outward migration of health personnel.

- Linkages between health workforce researchers and national decision-makers can become a platform for creating Global Code champions, establishing additional channels for developing awareness of its relevance and promoting more rapid take-up.

- Where national authorities recognize the need for health workforce strategy reform in response to the outward migration of health personnel, Global Code implementation can benefit source and destination countries.

- Countries that are heavily reliant on international recruitment of health personnel can develop innovative strategies that promote circular migration.

Health worker migration has been increasing worldwide over recent decades, especially from lower-income countries with already fragile health systems. To address this challenge, the World Health Organization developed and adopted the Global Code of Practice on the International Recruitment of Health Personnel in 2010. Ireland is a high-income Anglophone country with a highly permeable health system characterized by high levels of outward migration of its trained doctors, resulting in the recruitment of foreign-trained doctors to take up vacant posts.

This policy brief describes the processes through which awareness and relevance of the Global Code to Ireland was disseminated over the period 2011–2013, which contributed to national medical workforce responses and two transnational initiatives that are supporting implementation of the Global Code, 2013–2015. These processes and achievements demonstrate the relevance and effectiveness of the Global Code in Ireland.

* The development of this policy brief has been funded by the European Union and NORAD “Brain Drain to Brain Gain – Supporting WHO Code of Practice on the International Recruitment of Health personnel for Better Management of Health Worker Migration” project, coordinated by WHO and GHWA
1. **Overview**

1.1 **Processes**

- The relevance of the Global Code to Ireland was demonstrated through research on inward migration of foreign nurses and doctors conducted between 2007 and 2012, which made the link between the research evidence and Ireland’s obligations under the Global Code.

- Pre-existing links between health workforce researchers and individuals in relevant national agencies – the Health Service Executive (HSE), Medical Council and national medical training bodies – provided channels for highlighting the relevance of the Global Code to Ireland in 2011–2012.

- These individuals became champions in promoting the importance of the Global Code, identifying the need for and developing and implementing medical workforce responses within the remit of their agencies from 2013.

- New research findings were presented at a series of policy dialogues in 2013–2014, hosted by national health workforce researchers and attended by the relevant national stakeholders. Among these was the Department of Health, which was developing comprehensive medical workforce training and career responses to address Irish doctor emigration, which has been the root cause of inward migration of foreign doctors.

1.2 **Achievements**

A national Strategic Review of Medical Training and Career Structures in 2013–2014, which has as its primary aim the retention of Irish-trained doctors, recommended specific measures to address the posts (mainly “service” posts with no official training) that are predominantly filled by foreign-trained doctors. The monitoring of implementation is being supported by national health workforce researchers.

Additional initiatives to support implementation of the Global Code include:

- an International Medical Graduate Training Initiative, which is providing tailored postgraduate training in Ireland to doctors from low- and middle-income countries. The doctors must return to their countries to complete their training and graduate;

- the College of Surgeons of East, Central and Southern Africa (COSECSA) programme, whereby surgeons from the Royal College of Surgeons in Ireland (RCSI) are supporting postgraduate training of surgeons in situ in Africa;

- a series of research studies, including evaluation of the International Medical Graduate Training Initiative and the COSECSA programme, being undertaken by the RCSI Health Workforce Research Group under the Brain Drain to Brain Gain: Supporting the WHO Global Code of Practice on the International Recruitment of

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Ireland epitomizes the type of country where the Global Code has particular relevance, in that it has a highly permeable health system and is an important source and destination country for migrating doctors and nurses. It is not unique in this respect and to some extent typifies some other high-income Anglophone countries, including Australia, Canada and the United Kingdom. These are attractive destination countries and recruit large numbers of health personnel from low- and middle-income countries. They are also important source countries from which doctors and nurses – those trained domestically and those that have migrated to these countries – migrate to other high-income Anglophone countries.

Ireland has a long history of outward migration of Irish-trained doctors and nurses, which predates the increasing global migration of health personnel of the last 10 years. While data are not available, many of the doctors working as specialists in Irish national centres of excellence have trained overseas, especially in Canada, the United Kingdom and the United States of America.

Since 2000, there have been significant increases in inward migration of foreign-trained nurses and doctors. By 2008, Ireland ranked first among Organisation for Economic Co-operation and Development (OECD) countries for the proportion of foreign-trained nurses and second for doctors.

In the mid-2000s, national authorities recognized that the numbers of doctors graduating from Irish medical schools was insufficient to meet domestic needs. A substantial increase in training capacity and intake was recommended in a 2006 national report and implemented rapidly from 2007, which predated the development and adoption of the Global Code.

From 2007, research evidence reported large-scale inward migration of foreign-trained doctors and nurses in response to increased outward migration of Irish-trained health personnel. High levels of intention to leave Ireland are now reported for both Irish and international medical graduates, many of whom may not intend to return to Ireland. Figure 1

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1. Zubaran 2011; Edge and Hoffman 2013

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• **2012.** A conference on the global health workforce is hosted by the RCSI, co-organized by the Irish Forum for Global Health.

• **2013.** The incoming head of the HSE’s National Doctor Training and Planning Unit makes the issue of foreign doctors in Ireland a priority, resulting in the design and roll-out of the International Medical Graduate Training Initiative.

• **2013.** Production of the first Medical Workforce Intelligence Report of the Medical Council of Ireland specifies inward migration of foreign-trained doctors as an important issue.

• **2013.** A working group is established by the Department of Health to carry out a Strategic Review of Medical Training and Career Structures, which develops a set of recommendations in 2014 around the “service” posts that are mainly filled by foreign-trained doctors.

• **2013.** A presentation is made by the HSE’s Global Health lead to the Third Global Forum on Human Resources for Health, Recife, on WHO Global Code implementation in Ireland; an award is presented to Ireland for its implementation of the Global Code.

• **2013–2014.** A series of policy dialogue events, funded by Ireland’s Health Research Board, is hosted by the RCSI Health Workforce Research Group in January and September 2013 and December 2014. The 2013 events focused on research findings from the Doctor Migration Project, jointly conducted by researchers from the RCSI and Trinity College, Dublin. The 2014 event focused on unpublished findings from a survey of emigrant Irish-trained doctors and nurses. These policy dialogue events were conducted under the Chatham House Rule. Key decision-making agencies represented at the policy dialogue events included the Department of Health, several sections and divisions of the HSE, the Medical Council of Ireland, Irish Aid (Ireland’s official development assistance programme), national training bodies and the Irish Medical Organization.

**Dissemination and take-up of the WHO Global Code among those with a remit for medical workforce policy and strategy in Ireland was facilitated by:**

- multiple channels of influence and communication from global to national level;
- emergence of Global Code champions in relevant national bodies who understood its relevance and importance;
- a combination of bilateral communications between stakeholders and dissemination and discussion forums, which have contributed to a growing collaboration between decision-makers and health workforce researchers, where trust was fostered through a series of policy dialogue events;
- academic outputs (conference presentations and journal articles).

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4. Achievements: national medical workforce policy responses in Ireland

4.1 Undergraduate medical training 2006–2007

In 2006–2007, Ireland developed and quickly implemented a policy of self-sufficiency in undergraduate and specialist medical training to reduce its dependency on foreign-trained doctors. It moved quickly to increase the Irish/European Union (EU) annual student intake to medical school from 305 per year towards the 725 estimated to be required for medical workforce self-sufficiency, partly through the creation of new graduate entry medical programmes. The target intake was reached by 2011, with the graduation of 700+ Irish/EU medical graduates expected in the year 2014/15.

4.2 Strategic Review of Medical Training and Career Structures 2013–2014

In 2013 the Irish Department of Health established a working group to carry out a Strategic Review of Medical Training and Career Structures. In three reports between July 2013 and June 2014, the group made 25 high-level recommendations relating to training and career pathways for doctors with a view to improving graduate retention in the public health system; planning for future service needs; and realizing maximum benefit from investment in medical education and training. Among the recommendations to address a range of barriers and issues relating to the recruitment and retention of doctors in the public health system, one was specifically focused on doctors in service posts, many of whom are foreign-trained doctors.

4.3 Specific medical workforce initiatives supporting Global Code implementation

In 2013, Ireland launched an innovative bilateral relationship between Ireland’s and Pakistan’s national training colleges, the International Medical Graduate Training Initiative, which is helping to implement Article 5.2 of the Global Code. The initiative, which was established under the leadership of the head of the HSE’s National Doctor Training and Planning Unit, provides two-year postgraduate training in Irish hospitals to doctors from Pakistan, in specialties identified as priorities in Pakistan (initially surgery and anaesthesia). On successfully completing this training, the doctors must return to Pakistan to complete their specialist training and be awarded their postgraduate training certificates. The first cohort (28 surgeons) started in 2013 and will finish in mid-2015; the second cohort (90 doctors) was recruited in 2014; and the third cohort (90 doctors) will start in June 2015.

In 2007, the Royal College of Surgeons in Ireland (RCSI) and the College of Surgeons of East, Central and Southern Africa (COSECSA) established a collaboration programme in 2007. The aim of the RCSI-COSECSA initiative is to increase the provision of quality, essential surgical and emergency care in the COSECSA region, particularly at district level, through training and retaining African surgeons in Africa. The programme, which is supported by Irish Aid (the Government of Ireland’s official development assistance programme), has contributed to the in situ training and graduation of 126 surgeons, almost all of whom continue to practise in the region. The RCSI provides staff, most of which is a pro
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The Global Code has reinforced and helped to shape some of the national health workforce policies and strategies in Ireland. It has supported the national strategy being rolled out to scale up the training of doctors in Ireland, and has provided the context for the development and implementation of measures to ensure medical career structures are in place to retain Irish-trained doctors.

National Global Code champions have drawn support from the Global Code in putting in place new initiatives, funded by Irish Aid, the HSE and national training bodies, to support postgraduate training of doctors from low- and middle-income countries, which are designed to retain those doctors in their source countries.

5. Factors that facilitate national uptake of the Global Code

Factors that have contributed to the relevance and effectiveness of the Global Code, and which may be found or applied in other national settings, include:

- There was pre-existing awareness of the need to significantly increase national training capacity and to double numbers of medical graduates; and this recommendation was being implemented in 2007, three years before the Global Code was adopted.

- A national Health Workforce Research Group was established in 2006 at the RCSI, which was publishing articles and producing empirical evidence of the scale of inward migration of foreign-trained nurses into Ireland by 2008. Research on foreign doctor migration to Ireland was undertaken from 2011 by researchers from the RCSI and Trinity College, Dublin.

- The scale of Ireland’s reliance on and recruitment of foreign-trained nurses and doctors was increasingly disseminated through research outputs and national media coverage.

- There were two direct channels from the global to the local level, which meant that awareness and dissemination of the Global Code was not only reliant on the national reporting authority, which was Ireland’s Department of Health: (a) the principal investigator of the new body of research at the RCSI had been a member of the Global Policy Council that co-drafted the Global Code; and (b) Irish Aid was a founding member and is a funder of the Global Health Workforce Alliance and has strong links to the HSE’s Global Health Programme.

Factors conducive to rapid national uptake and application of the Global Code in Ireland included:

- Positive working relationships existed between the global–local conduits (see (a) and (b) in previous paragraph) and individuals in positions of influence in key national agencies and bodies, who quickly appreciated the relevance of the Global Code to...
Ireland and its importance in terms of Ireland’s role on the global stage. These individuals became national champions for the Global Code.

Factors conducive to the effectiveness of the Global Code in Ireland included:

- Ongoing funding and emerging research findings, dissemination of background papers and meetings with national decision-makers to outline the significance of the Global Code to Ireland, and existing linkages with new Global Code champions, have all been contributory factors.

- Dissemination of research findings and uptake into policy and practice were facilitated through a series of policy dialogues between the researchers and national decision-makers, using the Chatham House Rule.

- These dialogues and the development of relationships of trust have contributed to collaboration in implementation and monitoring of the new national Strategic Review of Medical Training and Career Structures.

- Funding from the EC-FP7, 2014–2016, through the WHO Global Health Workforce Alliance, is supporting the evaluation of the two initiatives whereby Irish national bodies are supporting the postgraduate training and retention of doctors in low- and middle-income countries.

This policy brief was prepared by Dr Sara McAleese and Professor Ruairí Brugha from the Health Workforce Research Group in the Royal College of Surgeons in Ireland, 2015. We acknowledge our funders – the European Community FP7 and the Irish Health Research Board – and coordinators of the Brain Drain to Brain Gain: Supporting the WHO Global Code of Practice on the International Recruitment of Health Personnel for Better Management of Health Worker Migration project, based at the Global Health Workforce Alliance, World Health Organization.