Health worker migration

INFORMATION NEEDS TO MANAGE PACIFIC HEALTH WORKER MIGRATION

Jennifer Doyle, Graham Roberts, Sharon Biribo and Apenisa Ratu

UNSW AUSTRALIA | Human Resources for Health Knowledge Hub

www.hrhhub.unsw.edu.au

An AusAID funded initiative

ACKNOWLEDGEMENTS

We would like to acknowledge the input of key informants and alumni of the Fiji School of Medicine and the assistance provided by members of the Pacific Human Resources for Health Alliance. We would also like to thank Sarah Faletoese Su'a for her contribution to the study and Dr John Dewdney (Visiting Fellow, UNSW) for his comments on earlier drafts of the report.

This report has been externally reviewed by Dr Joel Negin (University of Sydney) whose comments were gratefully received and incorporated.

Suggested citation:
Doyle, J et al. 2013, *Information needs to manage Pacific health worker migration,* Human Resources for Health Knowledge Hub, Sydney, Australia.

National Library of Australia Cataloguing-in-Publication entry

Doyle, Jennifer.
Human Resources for Health Knowledge Hub, School of Public Health and Community Medicine, The University of New South Wales, Sydney, Australia.

Information needs to manage Pacific health worker migration / Jennifer Doyle ... [et al.]

9780733432781 (pbk.)

Medical personnel—Islands of the Pacific
Public health personnel—Islands of the Pacific
Labor mobility—Islands of the Pacific
Islands of the Pacific—Emigration and immigration

Roberts, Graham.
Human Resources for Health Knowledge Hub, School of Public Health and Community Medicine, The University of New South Wales, Sydney, Australia.

Biribo, Sharon.
College of Medicine, Nursing and Health Sciences, Fiji National University.

Ratu, Apenisa.
College of Medicine, Nursing and Health Sciences, Fiji National University.

362.10995

The Human Resources for Health Knowledge Hub

This report has been produced by the Human Resources for Health Knowledge Hub of the School of Public Health and Community Medicine at the University of New South Wales.

Hub publications report on a number of significant issues in human resources for health (HRH), currently under the following themes:

- leadership and management issues, especially at district level
- maternal, newborn and child health workforce at the community level
- intranational and international mobility of health workers
- HRH issues in public health emergencies.

The HRH Hub welcomes your feedback and any questions you may have for its research staff. For further information on these topics as well as a list of the latest reports, summaries and contact details of our researchers, please visit www.hrhhub.unsw.edu.au or email hrhhub@unsw.edu.au

This research has been funded by AusAID. The views represented are not necessarily those of AusAID or the Australian Government.

Published by the Human Resources for Health Knowledge Hub of the School of Public Health and Community Medicine at the University of New South Wales.

Level 2, Samuels Building,
School of Public Health and Community Medicine,
Faculty of Medicine, The University of New South Wales,
Sydney, NSW, 2052,
Australia

Telephone: +61 2 9385 8464

Facsimile: +61 2 9385 1104

Web: www.hrhhub.unsw.edu.au

Email: hrhhub@unsw.edu.au

Twitter: http://twitter.com/HRHHub

Please send us your email address and be the first to receive copies of our latest publications in Adobe Acrobat PDF.

CONTENTS

LIST OF TABLES

ACRONYMS

ANMC	Australian Nursing & Midwifery Council
AVI	Australian Volunteers International
CIHNA	Cook Islands Health Network Association
CI	Cook Islands
FBO	faith-based organisations
FSMed	Fiji School of Medicine
HP	health professional
HR	Human resources
HRH	Human resources for health
HRIS	Human Resource Information System
HW	health worker
MoFA	Ministry of Foreign Affairs
MoFAI	Ministry of Foreign Affairs and Immigration
MoFAT	Ministry of Foreign Affairs and Trade
MoH	Ministry of Health
MH&MS	Ministry of Health and Medical Services
PACTAM	Pacific Technical Assistance Mechanism
PHRHA	Pacific Human Resources for Health Alliance
PIC	Pacific Island country
PMA	Pasifika Medical Association
PMO	Prime Minister's Office
PNG	Papua New Guinea
PSC	Public Service Commission
RAMSI	Regional Assistance Mission to the Solomon Islands
SCMS	Six Country Migration Study
SI	Solomon Islands
SICHE	Solomon Islands College of Higher Education
UPNG	University of Papua New Guinea
WHO	World Health Organization

A note about the use of acronyms in this publication

Acronyms are used in both the singular and the plural, e.g. NGO (singular) and NGOs (plural).

Acronyms are also used throughout the references and citations to shorten some organisations with long names.

EXECUTIVE SUMMARY

International migration of health workers (HWs) from Pacific Island countries (PICs) and its impact on health systems within the Pacific region are recurrent themes in much of the Pacific-based literature.

However, past attempts to estimate the extent of the HW loss and to develop policies which mitigate the negative effects of these losses have been hampered by information systems which fail to capture relevant and detailed data (such as demographic and occupational characteristics, and reasons for leaving) about departing health workers.

The Human Resources for Health (HRH) Knowledge Hub contracted the Fiji School of Medicine (FSMed) to describe and quantify various dimensions of migration by HWs from six PICs - Cook Islands, Fiji, Papua New Guinea (PNG), Samoa, Solomon Islands and Vanuatu. These countries are the most populated of those belonging to the Melanesian and Polynesian groups, with each having training institutions for health professionals.

The overall purpose of the Six Country Migration Study (SCMS) was to help fill information and knowledge gaps by visiting each of the selected PICs and collecting available data on migrating and returning HWs. Information was also to be compiled on both policy and procedures governing exit from public service, and the emigration and immigration of health personnel. This paper reports the findings of the study.

Conclusion and Recommendations

The SCMS found that none of the selected PICs had data collection procedures which allowed for accurate quantification of HW migration. Although key informants provided valuable input, much of it was anecdotal and based on personal perceptions. In addition, the numerical data that was supplied often relied on personal knowledge and recall, and as a result could not be verified for accuracy or completeness.

In summary, the limited and patchy nature of the data produced for the SCMS meant that it was not possible to establish numerical baselines for any of the participating PICs. The study found that HW migration data at the level of detail required to compile a minimum dataset for each of the countries were not readily available; nor was is possible to identify intended destinations or reasons for leaving. Accordingly, the key message emerging from the study is the need for systematic collection of HW migration data.

Recommendations

Exit interviewing of staff leaving public service is not currently conducted in any of the selected PICs. It is recommended that:

1. Public sector health workforce employers, such as Public Service Commissions and Departments of Personnel Management, implement systems of exit interviewing as a component of employee resignation and separation procedures.
2. Regular entry and analysis of exit interview data are conducted to facilitate frequent reporting on the demographic and professional characteristics of departing HWs, including reasons for leaving and intended destinations of exiting HWs.

While not a complete solution to the lack of reliable HW migration data, exit interviewing, combined with regular analysis and reporting of the data, has the potential to provide health planners with sufficient data to identify areas where policy and strategies to minimise staff losses should be targeted.

Exit interviewing is a relatively simple, flexible and effective data-collection method often found within healthcare organisations. To assist policymakers and human resource managers an exit interview survey template consisting of six sections (employee details, employer details, type of exit, destination, reasons for leaving and the most important reason for leaving) is provided in this report. In designing the template we have assumed that it will be filled out by the departing HW and that its completion will be a mandatory part of the exiting process.

For more detailed discussion of the design and application of an exit survey in a healthcare setting see Doyle & Roberts [2012 & 2013b].

INTRODUCTION

International migration of health workers (HWs) from Pacific Island countries (PICs) and its impact on health systems within the region are recurrent themes within Pacific-based health literature. Evidence suggests significant levels of migration among HWs, especially amongst those with postgraduate and specialist qualifications [Oman 2007]. Despite anecdotal evidence of eventual return by some health workers to their home country, net losses are believed to be substantial.

Several small-sample studies of health worker migration have been conducted and the reasons for emigration have become clearer. (Recent studies include Connell [2009], Henderson & Tulloch [2008], Oman, Moulds & Usher [2009], and Rokoduru [2008].) A number of attempts have also been made to quantify the extent of 'brain drain' (the loss of qualified health personnel through emigration) using census and other data from destination countries (for example Doyle & Roberts [2013a], Dumont & Zurn [2007], and Negin [2008]). However, the limitations associated with using census data to estimate numbers migrating into a country requires cautious consideration of the findings.

Despite these efforts, the migration of HWs from PICs is not well documented. Producing current, accurate and comprehensive information and data on numbers, occupations and demographic characteristics of HW emigrants, immigrants and returnees has proved elusive. Attempts to estimate the extent of the HW loss and to develop policies which mitigate the negative effects of such losses have been hampered by information systems which fail to capture the required data (specifically demographic and occupational characteristics, destinations and reasons for leaving) about departing health workers.

The Six Country Migration Study (SCMS)

To help inform this situation, the Human Resources for Health (HRH) Knowledge Hub contracted the Research Unit at the Fiji School of Medicine (FSMed) to obtain information on the migration of HWs from six PICs - Cook Islands, Fiji, Papua New Guinea (PNG), Samoa, Solomon Islands and Vanuatu (referred to herein as 'selected PICs'). These countries are the most populated of those belonging to the Melanesian and Polynesian groups, with each also being the site of a training institution for health professionals. These countries also exhibit a range of migration flows and structures. For instance, Samoa and Cook Islands experience large outflows of health workers in search of employment in New Zealand. The Fijian health sector also loses staff through emigration; however, unlike Samoa and Cook Islands it gains health workers from other PICs. [Connell 2010].

Producing current, accurate and comprehensive information and data on numbers, occupations and demographic characteristics of HW emigrants, immigrants and returnees **has proved elusive**.

The overall purpose of the SCMS was to help fill information and knowledge gaps by visiting each of the selected PICs and collecting available data on migrating and returning HWs. Information was also to be compiled on both policy and procedures governing exit from public service, as well as the emigration and immigration of health personnel. This paper reports the findings of the study.

The study's aims and objectives are outlined in the next section (page 5), followed by presentation of the findings from the study. The paper concludes with recommendations proposing the adoption of a data gathering instrument.

Definitions

The study was concerned with documenting the migration of PIC health personnel. In this paper *emigration* refers to health workers who leave one of the selected PICs with the intention of residing in another country regardless of whether intending to work in the health field or not. *Immigration* refers to health workers who enter the selected PIC with the intention of working in the health field. *Migration* is a collective term referring to all HW emigration, immigration and return migration to the home country.

SIX COUNTRY MIGRATION STUDY PROJECT DESCRIPTION

Background to the study

This paper is one of two publications produced by the HRH Knowledge Hub which focus on the migration and mobility of health workers from the selected PICs. The first [Doyle & Roberts 2013a] presented data on the movement of skilled health workers from the selected PICs which was obtained from databases held in destination countries and international agencies. The present paper focuses on the availability of relevant information and data from within the selected PICs.

Aims and objectives

The principal aim of the SCMS was to inform human resource policy development by collecting data from official sources in the selected PICs about the migration of health workers. It was intended that this data would provide baselines for future monitoring and assessment of health worker emigration, immigration and return migration in each country. The main objectives of the study were as follows:

- to describe the extent of health worker migration in regard to each of the selected PICs
- to discuss the potential to better inform policy development concerned with the management of health worker migration
- to recommend human resource management actions.

In 2010 the FSMed was contracted by the HRH Knowledge Hub to carry out the following:

1) to locate and collect current migration data (numbers, characteristics and occupations of recently migrating HWs (including returning HWs), and
2) to compile information on policy and procedures within each of the selected PICs relating to the migration of health personnel.

FSMed was selected due to its central role in the production of the Pacific health workforce and its networks of alumni and key informants. Members of the Pacific Human Resources for Health Alliance (PHRHA) were approached to assist with information collection in each of the selected countries.

Data Items and Coverage

Tables A1 and A2 (Appendix) outline the data collection guide and a complete list of possible cadres about which information on migration was to be obtained where applicable.

Parts A & B of the data collection guide were concerned with gathering national and health sector policy regarding HW migration. Part B also sought to document where HWs considering migrating could find information about gaining employment.

Part C of the guide consists of core data items regarding emigrating, immigrating and returning health personnel to be included in a dataset within each country. Collection of this data would facilitate the creation of baselines and indicators for monitoring HW migration within each of the selected PICs. Parts D & E focus on data about training and the current health workforce.

Fieldwork

Researchers from the FSMed identified key informants in the participant countries through the PHRHA and provided each with the data collection guidelines. The study began in Fiji in order to pilot and finalise the data collection instrument.

The researchers assessed the capacity of the PHRHA network in the remaining five countries to access and collate the information required. It was agreed that Samoa would forward its information and that a researcher would travel to Solomon Islands and Vanuatu. Key informants in the PNG National Department of Health and the School of Medicine and Health Sciences were unable to identify relevant sources of information.

As the paucity of information on migration in the other participant countries became apparent the decision was made to defer further data collection in PNG until the potential to collect data from multiple employers (Department of Personnel Management, Church Health Services and provinces) was further assessed.

ANALYSIS AND FINDINGS

Data Gathering and Availability

It soon became evident that most of the selected PICs were able to provide some indication of numbers of resignations from the workforce by cadre. The data was not sufficient to distinguish reasons for resignation (whether for emigration, alternative employment at home, or for family or other reasons, such as dissatisfaction with career opportunities or deployment).

The amount and type of data available in each country varied widely, largely reflecting differences in information systems and public sector employment arrangements. We were unable to verify the accuracy or completeness of quantitative data obtained through personal recall by key informants. As the study progressed it was also evident that a much larger study would be required in PNG to achieve the project objectives; hence the number of participating countries was reduced to five (Cook Islands, Fiji, Samoa, Solomon Islands and Vanuatu).

Given the difficulties encountered in data collection the focus of this report has been twofold: first, to highlight the need to strengthen data collection to enable the development of responsive human resource management approaches to migration and workforce planning; and second, to draw attention to the need for more systematic methods of obtaining an accurate description of the phenomenon of migration.

An additional issue arising during the study was recognition of the need to collect information on returning health workers and their reasons for returning, as this may also inform policy development.

Policy and Procedures (Parts A & B)

Table 1 (page 7) provides a summary of the data collected on migration policy and procedures (Parts A & B of the data collection guide) from the five PICs. As the table shows, Part A indicates that none of the selected PICs have a national emigration policy. Part B covers a range of topics concerning policy and procedures in regard to migrating health personnel. Sections 2 to 4 document organisations within each country which provide information to potential health trainees and workers who might be considering professional emigration. Relevant sources, documents and procedures are presented for the following groups:

1) potential HP trainees (individuals considering pre-service training in an overseas country)
2) qualified HPs interested in post-basic or postgraduate studies in another country
3) other health workers (not included in the previous categories) considering working or training overseas.

Section 5 of the table describes the activities of agencies involved in international recruitment of health workers, and Section 6 covers sources of information and employment conditions for health workers considering immigrating to the selected PICs. Key informants and interviewers provided additional information regarding migration policy and procedures, which is reproduced in Box 1 (page 10).

Migration Data (Part C)

The pilot study in Fiji revealed that information on those leaving employment within the Fijian public health sector referred to all resignations. Given that numbers of resigning HWs who intended to emigrate could not be differentiated, the extent of international migration could not be estimated.

It was also noted that neither the Fiji MoH nor the Public Service Commission (PSC) collected data which identified emigrants' destinations or their reasons for leaving.

From the outset of the study we realised that our data collection guide was comprehensive but beyond the scope and capacity of the routine information systems in use. Table 2 (page 10) indicates the types and categories of data that were able to be provided.

As it shows, none of the selected PICs were able to provide a complete set of migration data for the study. Cook Islands, Fiji and Samoa partially fulfilled data requirements (excluding trainees and those seeking further education), while key informants from Solomon Islands and Vanuatu relied on personal recall to provide the data.

It is also important to note that although Cook Islands staff were able to provide a fair amount of data in comparison to the other PICs, this level of detail (i.e. disaggregated by age and sex) was also obtained through interview with a key informant rather than through the MoH HRIS data system.

TABLE 1. POLICY AND PROCEDURES (PARTS A & B)

	Cook Islands	Fiji	Samoa	Solomon Islands	Vanuatu
Part A: National Emigration Policy					
Extant Policy	No	No	No	No	No
Part B: Policy and Procedures: Migrating Health Personnel					
1. Health Sector Policy					
a) Policy relating to emigration/ immigration of health workers	No	No	No	No	No
b) Bilateral Employment Agreements	Dual citizenship with NZ	No	No	Yes With Vanuatu	Yes With Solomon Islands
2. Information and procedures for individuals considering pre-service training overseas					
a) Sources of information	HR Division, MoH	• PSC (Fiji) • Foreign Missions • AusAID	• MoH • WHO • AusAID • NZAID High Commission • PSC	National scholarship scheme to study medicine in Cuba, PNG or Fiji	MoH coordinates international training
b) Source documents	Calendar of training & scholarship opportunities	• Scholarships provided by Foreign Missions are advertised & executed by PSC • PSC advertises overseas programs – info on PSC website	• WHO fellowship information • Forms • High Commissions for information about scholarships	Scholarship application form from MH&MS Training Officer	• Forms in PSC manual • Assists with forms & access to scholarship schemes
c) Procedure	Individual applies to supervisor, application endorsed by Director, forwarded to Secretary of Health. HR Division requests placement for training, seeks funding	Individual submits app, PSC (Training Div) selects, interview panel convened (includes rep from MoH and medical staff member from FSMed	Individual applies through chain of command of their organisation. Form submitted to Scholarship Committee (MoFAT), then to WHO for processing of award	Submit to MH&MS	Individual applies to DG (MoH) who communicates with Donor Unit. MoH training committee coordinates selection. Receiving academic institution processes and offers place

	Cook Islands	Fiji	Samoa	Solomon Islands	Vanuatu
3. Information and procedures for HPs considering post-basic or postgraduate training overseas					
a) Sources of information b) Source documents c) Procedure	As above	As above	MoH advertises internally for government sponsored training opportunities	Apply through MH&MS to Training Committee. MH&MS negotiates with training institution	As above. Request must conform to MoH training needs (although these not articulated)
4. Information and procedures for other health workers considering working or training overseas					
a) Sources of information	As above	Regulatory authorities	As above Also High Commission of destination country	Individual applications to work abroad are discouraged. Consular representatives	Consular Officers of destination country Govt email system
b) Source documents	As above	Overseas regulatory authorities	Forms	No written information	Destination country
c) Procedure	As above	Advertisements by overseas governments placed in local newspapers. Individuals apply directly. Arrangements for recruitment made through country's diplomatic office in Fiji.			
5. International recruitment					
a) Activities	Job description & app form placed on websites	PSC advertises online and through its foreign missions. Consulted recruiting agencies.	MoH vacancies tag on website	• AVI advertises PACTAM and project assignment positions • Recruitment for RAMSI in international press & locum agencies	• Vacancies posted on government website • Direct contracting of those who contact DG (MoH) and approved by Health Practitioners Board
b) Agencies involved	• MoH website • PHRHA website • Fiji media • Professional assoc websites • PMA • CIHNA	• PSC • MoH • Fiji Foreign Missions • Private agents	• MoH • PSC	• AVI • PACTAM	• AVI • PACTAM

	Cook Islands	Fiji	Samoa	Solomon Islands	Vanuatu
5. International recruitment (cont.)					
c) Outcomes (recent)	4 RNs 1 Chief Pharmacist	Doctors recruited from Bangladesh, India and Philippines		Positions generally filled. Difficult to attract specialists	Negotiations with SI for 25 trained experienced nurses
6. Information and procedures for health workers from other countries considering immigration					
a) Sources of information	• MoFAI website • MoH (HR) website	• Professional assocs • Regulatory authorities • MoH • Private employer	• MoFAT • PMO • MoH	• As above • Contact MH&MS	View government website
b) Source documents	Forms on websites		MoH website links to registration requirements		
c) Procedure	Submit completed form, various security checks, itinerary submitted		MoFAT or PMO informs MoH or national health services	As above	

BOX 1. AVAILABILITY OF INFORMATION ON EMIGRATION IN SELECTED PICS

Cook Islands

Concerns about the volume of emigration have been expressed in *Te Kaveinga Nui – National Sustainable Development Plan 2007-2010* [Office of the Prime Minister & Ministry of Finance and Economic Management 2007]. Positions must be advertised locally before being filled by expatriate workers.

Fiji

Information for HP trainees considering emigration is available from Australian, New Zealand, Malaysian, Indian, British and Japanese Foreign Missions. Trained HPs can also obtain information from local regulatory authorities such as the Fiji Medical and Dental Council and the Nurses Midwives & Nurse Practitioners Board, as well as those authorities within potential destination countries such as the Australian Nursing & Midwifery Council and the NZ Nursing Council.

Fiji has advertised internationally for HPs, (especially those with specialist qualifications). India, Philippines, New Zealand, Australia and Bangladesh have been targeted. Recruitment agents have been consulted in the past, particularly in regard to the recruitment of doctors.

Samoa

National Human Resources for Health Policy and Plan of Action [MoH & JTA International 2007] refers to internal migration but makes no mention of international migration (except in relation to adhering to ethical codes of practice).

Solomon Islands

National Workforce Plan 2000-2010 [MH&MS 2011] makes no mention of migration, nor does the current strategic plan for health. Agreement made with Vanuatu (overseen by the Melanesian Spearhead Group) whereby 25 experienced trained nurses from Solomon Islands took up work in Vanuatu. Nursing unions negotiated the terms and conditions of their employment.

Vanuatu

The Cook Islands has advertised in Vanuatu for nurses (by email circulated through government email system). Department of Labour and the PSC oversee the private and public sectors respectively. There is no information sharing between them. Likewise Bureau of Statistics does not collect workforce statistics.

TABLE 2. SUMMARY OF AVAILABILITY OF MIGRATION DATA (PART C)

	Cook Islands	Fiji	Samoa	Solomon Islands	Vanuatu
Categories					
C1 Pre-service trainees	-	-	-	-	None known
C2 HP Post-basic/ graduate trainees	-	-	-	-	KI recall
C3 Other health workers	Partial[1]	Partial[2]	Partial[1]	KI recall	-
C4 'In the pipeline'	-	-	-	KI recall	Partial

1. Numbers of leaving and returning HPs by cadre, sex, age range
2. Numbers of leaving HPs by cadre

Workforce and Training Data (Parts D & E)

Table 3 (page 12) summarises the workforce and training data each country was able to provide. None of the countries were able to provide all the data items specified in Parts D and E of the data collection guide. Although each produced some workforce and training data for the study, in all cases it was incomplete in some way.

Comments Regarding Future Migration Policy Options (Part F)

Brief observations were volunteered by PHRHA members and key informants from each country. With the exception of Vanuatu, all referred to migration as having 'an effect' on the health workforce but were unable to be more specific.

Only the Cook Islands described international migration as a 'problem', suggesting that the best approach was to offer incentives such as 'decent salaries and continuing education'.

Most comments indicated that as a single issue international migration was not regarded with a great deal of concern. Other human resourcing issues, consistent with those raised at the annual PHRHA meeting in February 2011 (such as shortages of health workers, ageing of the workforce, slow production of replacement health workers identified in Doyle, Asante & Roberts [2011]) were also mentioned by key informants in the study.

Three of the selected PICs placed the issue of emigration within the broader context of health workforce development. A number of key informants advocated for increased support of career progression and professional development for doctors and nurses, as well as improved conditions of service for nurses, such as better shift allowances, educational opportunities and lowering of nurse to patient ratios.

These views are supported by research suggesting that professional factors such as heavy workloads, limited opportunities for professional development and so on can function as 'push' factors motivating HWs to emigrate. (For a discussion and summary of various Pacific-based research studies focusing on motivations to emigrate among professional health workers see Doyle & Roberts [2013a].)

However, without accurate, reliable and comprehensive estimates of numbers of migrating HWs and the resultant limits to service provision, success in convincing governments to change employment policies or provide additional resources remains unlikely.

Informants confirmed that levels of migration vary over time according to international labour dynamics and internal issues regarding national and personal security. In addition it is commonly believed that opportunities for career development are greater overseas.

One key informant from the Solomon Islands, a country regarded as having minimal international migration [Connell 2010], commented that 'the idea to migrate is increasing' and that 'people are looking for information on the requirements'.

TABLE 3: SUMMARY OF AVAILABLE WORKFORCE AND TRAINING DATA (PARTS D & E)

Part D: Current Health Workforce Situation	
Cook Islands	Establishment 2010 (by cadre) Expatriate staff by country of origin 2010 *Source: MoH CI 2010 (unpublished report)*
Fiji	Establishment (at January 2010) (by cadre) (including vacancies) Private sector health workforce (August 2010) (cadre) *Source: MoH – data provided for Asia Pacific Observatory on Health and Systems Policy [2011]*
Samoa	Establishment 2010 (by cadre by local/expat, sex & age) (including vacancies) – Pubic sector Establishment 2010 (by cadre by local/expat, sex & age) – Private sector *Source: Ministry of Health, Samoa*
Solomon Islands	All nursing staff paid directly 2010 Establishment 2010 *Source: Not provided*
Vanuatu	Establishment 2010 (by cadre) (including vacancies) *Source: Not provided*
Part E: Current Health Workforce Training Situation	
Cook Islands	Staff & students on international scholarships (by cadre, institution & expected completion date) *Source: MoH 2010 (unpublished report)*
Fiji	Local & regional trainees in Fiji or overseas 2010 (by institution, pre-service, post-basic/postgraduate) *Source: Not provided*
Samoa	Trainees 2011 (by institution, category/cadre) *Source: FNU student enrolments 2010*
Solomon Islands	No table. *Source: Not provided*
Vanuatu	Trainees 2010 (by institution, category/cadre) *Source: Not provided*

CONCLUSION AND RECOMMENDATIONS

The SCMS found that none of the selected PICs had data collection procedures which allowed for accurate quantification of HW migration. Although key informants provided valuable input, much of it was anecdotal and based on personal perceptions. In addition, the numerical data that was supplied often relied on personal knowledge and recall, and as a result could not be verified for accuracy or completeness.

In summary, the limited and patchy nature of the data produced for the SCMS meant that it was not possible to establish numerical baselines for any of the participating PICs. The study found that HW migration data at the level of detail required to compile a minimum dataset for each of the countries were not readily available; nor was is possible to identify intended destinations or reasons for leaving. Accordingly, the key message emerging from the study is the need for systematic collection of HW migration data.

Recommendations

Exit interviewing of staff leaving public service is not currently conducted in any of the selected PICs. It is recommended that:

1. Public sector health workforce employers, such as Public Service Commissions and Departments of Personnel Management, implement systems of exit interviewing as a component of employee resignation and separation procedures.
2. Regular entry and analysis of exit interview data are conducted to facilitate frequent reporting on the demographic and professional characteristics of departing HWs, including reasons for leaving and intended destinations of exiting HWs.

While not a complete solution to the lack of reliable HW migration data, exit interviewing, combined with regular analysis and reporting of the data, has the potential to provide health planners with sufficient data to identify areas where policy and strategies to minimise staff losses should be targeted.

Exit interviewing is a relatively simple, flexible and effective data-collection method often found within healthcare organisations. To assist policymakers and human resource managers an exit interview survey template consisting of six sections (employee details, employer details, type of exit, destination, reasons for leaving and the most important reason for leaving) is provided in this report. In designing the template we have assumed that it will be filled out by the departing HW and that its completion will be a mandatory part of the exiting process.

While not a complete solution to the lack of reliable HW migration data, **exit interviewing, combined with regular analysis and reporting of the data, has the potential to provide health planners with sufficient data to identify areas where policy and strategies to minimise staff losses should be targeted.**

For more detailed discussion of the design and application of an exit survey in a healthcare setting see Doyle & Roberts [2012 & 2013b].

EXIT SURVEY TEMPLATE

1. Employee Details

Sex: Male/Female *(circle)*

Age: __ __ *(years)*

Nationality: *(specify)*

Current Position: *(specify)*

Specialisation: *(specify)*

Length of service (agency): _____ *(years)* ____ *(months)*

Length of service (sector): _____ *(years)* ____ *(months)*

2. Employer Details

Organisation/Service: *(specify)*

Location: *(specify)*

3. Type of Exit

Is the exit: Temporary / Permanent *(circle)*

If permanent what is the type of exit: *(tick)*

Retirement ☐ End of contract ☐

Resignation ☐ Redundancy ☐

Termination ☐ Other_____ ☐
(specify)

If temporary what is the type of leave: *(tick)*

Sick ☐ Maternity ☐ Study ☐

Other _____ ☐
(specify)

4. Destination

(tick and circle ALL that apply)

- I have a new job to go to. ☐
  - Health sector / No in health sector *(circle)*
  - Lower level / Same level / Higher level *(circle)*
  - Public sector / Private sector *(circle)*
  - In this country / Overseas *(circle)*
- I will be looking for a job in the .... ☐
  - Health sector / Other sectors / Both *(circle)*
- I am taking up further education. ☐
- I am migrating to another country. ☐
  - Which country? _____ *(specify)*
  - Do you intend to return? Yes / No / Unsure *(circle)*
  - If 'yes' within how many years? _____ *(specify)*
- I am moving within the country. ☐
  - Where are you moving to? _____
    (specify)

5. Reasons for Leaving

What are the main factors in your decision to leave?
(tick ALL that apply)

a) Professional

Dissatisfaction with remuneration ☐
Poor work environment ☐
Heavy workloads/long hours ☐
Lack of recognition ☐
Conflict with colleagues ☐
Lack of career prospects ☐
Insufficient professional development ☐
Location/poor living conditions ☐
Lack of/inadequate allowances ☐
Lack of resources/funding ☐
Lack of or weak support/supervision ☐
High stress and frustration ☐
Lack of safety/risk of violence ☐
Rather not say ☐
None of the above ☐
Other _____ ☐
(specify)

b) Personal

Family issues ☐
Children's education ☐
Security ☐
Career change ☐
Travel ☐
Further education ☐
Improve quality of life ☐
Health problems ☐
Rather not say ☐
None of the above ☐
Other _____ ☐
(specify)

c) Social/Political

Instability ☐
Safety ☐
Rather not say ☐
Other _____ ☐
(specify)

6. Most Important Reasons for Leaving

1. _____
2. _____
3. _____
(specify)

REFERENCES

Asia Pacific Observatory on Health Systems and Policies 2011, *Fiji Islands Health System Review, Health Systems in Transition*, vol 1, no 1.

Connell, J 2009, *The Global Health Care Chain: From the Pacific to the World*, Routledge, New York.

Connell, J 2010, *The Migration of Health Workers in the Asia-Pacific Region*, Human Resources for Health Knowledge Hub, University of New South Wales, Sydney.

Doyle, J, Asante, A & Roberts, G 2011, *Human Resources for Health Issues and Challenges in 13 Pacific Island Countries*, Human Resources for Health Knowledge Hub, University of New South Wales, Sydney.

Doyle, J & Roberts, G 2012, *Exit Interviews – Determining Why Health Staff Leave,* Policy Brief, Human Resources for Health Knowledge Hub, University of New South Wales, Sydney.

Doyle, J & Roberts, G 2013a, *Migration and Mobility of Skilled Health Workers from Selected Pacific Island Countries*, Human Resources for Health Knowledge Hub, University of New south Wales, Sydney.

Doyle, J & Roberts, G 2013b, *Why Do They Leave and Where Do They Go? Exit Interviewing of Resigning Staff,* Policy Brief, Human Resources for Health Knowledge Hub, University of New South Wales, Sydney.

Dumont, J-C & Zurn, P 2007, Immigrant health workers in OECD countries in the broader context of highly skilled migration', *International Migration Outlook, Part III*, OECD, Paris, pp. 161-228.

Henderson, L & Tulloch, J 2008, 'Incentives for retaining and motivating health workers in Pacific and Asian countries', *Human Resources for Health*, vol. 6, no. 18.

Ministry of Health Cook Islands 2010, *Cook Islands Workforce Development Plan 2010-2020*, Ministry of Health. Unpublished report.

Ministry of Health & Medical Services 2011, *National Health Strategic Plan*, Solomon Islands Government, March. URL: http://www.wpro.who.int/health_services/solomon_islands_nationalhealthplan.pdf

Ministry of Health Samoa & JTA International 2007, *National Human Resources for Health Policy and Plan of Action*. Report prepared for AusAID, Apia.

Negin, J 2008, 'Australia and New Zealand's contribution to Pacific Island health worker brain drain', *Australian and New Zealand Journal of Public Health*, vol. 32, no. 6, pp. 507-511.

Office of the Prime Minister & Ministry of Finance and Economic Management 2007, Cook Islands, *Te Kaveinga Nui – National Sustainable Development Plan 2007-2010*, URL: http://www.spc.int/prism/country/ck/stats/NewsEvents/Te%20Kaveinga%20Nui%20NSDP.pdf

Oman, K 2007, '*Should I migrate or should I remain? Professional satisfaction and career decisions of doctors who have undertaken specialist training in Fiji*', PhD thesis, James Cook University, Townsville.

Oman, K, Moulds, R & Usher, K 2009, 'Specialist training in Fiji: Why do graduates migrate, and why do they remain? A qualitative study', *Human Resources for Health*, vol. 7, no. 9.

Rokoduru, A 2008. 'Transient greener pastures in managed, temporary labour migration in the Pacific: Fiji nurses in the Marshall Islands' in John Connell (ed), *The International Migration of Health Workers*, Routledge, New York, pp 172-181.

APPENDICES

APENDIX 1: TABLE A1. LIST OF DATA ITEMS

A	**National Migration Policy**
1)	*Written policy*
B	**Policy and Procedures: Migrating Health Personnel**
1)	*Written policy or statements* Bilateral agreements Codes of Practice
2)	*Individuals considering pre-service training overseas* Sources of information about overseas pre-service training Written information available Procedures for trainees to follow
3)	*Health Professionals considering post-basic or post-graduate training overseas* Sources of information about post-basic and postgraduate training
4)	*Other Health Workers considering working or training overseas* Sources of information regarding emigration Written information available
5)	*International Recruitment of Health Workers* Advertise/recruit from overseas? Recruitment activities Participating agencies Outcomes
6)	*Immigrant Health Workers* Sources of information regarding immigration
C	**Health Personnel Migration Data (2005-2009)**
1)	*Workforce data (disaggregated by age and sex)* *(1)* Emigrant Health Worker numbers - Cadres by year - Destinations - Purpose/intentions (e.g. study, training, employment) including location/institution - Sources of above data *(2)* Immigrant Health Worker numbers - Cadres by year - Source country - First-time entrants - Purpose/intentions of first-time entrants (e.g. study, training, employment) including location/institution - Returning experienced personnel - Purpose/intentions on return - Returning trainees - Purpose/intentions on return *(3)* Sources of above data All data items in Section C above for each of the following groups of health personnel: • Health Worker Trainees • Post-basic and Postgraduate Health Professionals • Other Health Workers • Health personnel and trainees 'in pipeline' to emigrate/immigrate post 2010
D	**Current Health Workforce Situation 2010**
	e.g. establishment positions, vacancies
E	**Current Health Workforce Training Situation 2010**
	e.g. training shortfalls, oversupplies
F	**Suggestions, Proposals, Opinions and Comments**
	e.g. regarding future migration policy options

APPENDIX 2: TABLE A2. HEALTH PERSONNEL

1. Medical Specialist
2. General medical practitioner
3. Medical Assistant
4. Health Extension Officer
5. Dental Practitioner
6. Dental Assistant
7. Health Officer
8. Health Inspector
9. Environmental Health Officer
10. Nurse Practitioner/Clinical Nurse Specialist
11. Registered Nurse/Midwife
12. Registered Nurse (w/o midwifery qual)
13. Registered Midwife (w/o RN qual)
14. Community Health Worker
15. Enrolled Nurse/Nurse Aide (completed training)
16. Nursing Assistant/Auxiliary (no formal training)
17. Dental Nurse (formally trained)
18. Pharmacist
19. Medical Laboratory Scientist
20. Medical Laboratory Technician
21. Radiographer
22. Physiotherapist
23. Occupational Therapist
24. Speech Therapist
25. Clinical Psychologist
26. Nutritionist/Dietician
27. Orthotist/Prosthesist
28. Biomedical engineer
29. Biomedical Engineering Technician
30. Health Service Administrator/ Manager/ Accountant with formal training
31. Pre-service Health Professional Trainee

The table above provides a complete list of possible cadres about which migration information was sought (where relevant).

ALSO AVAILABLE FROM THE HUMAN RESOURCES FOR HEALTH KNOWLEDGE HUB

Publications by the Human Resources for Health Knowledge Hub report on a number of significant issues in human resources for health. Resources are available on:

- Leadership and management issues
- Maternal, newborn and child health workforce
- Migration and mobility of the health workforce
- Human resource issues in public health emergencies
- Strategic intelligence on critical health workforce issues.

To obtain publications or to subscribe to our email news visit www.hrhhub.unsw.edu.au or email hrhhub@unsw.edu.au

THE KNOWLEDGE HUBS FOR HEALTH INITIATIVE

The Human Resources for Health Knowledge Hub is one of four hubs established by AusAID in 2008 as part of the Australian Government's commitment to meeting the Millennium Development Goals and improving health in the Asia and Pacific regions.

All four Hubs share the common goal of expanding the expertise and knowledge base in order to help inform and guide health policy.

Human Resource for Health Knowledge Hub
University of New South Wales

Some of the key thematic areas for this Hub include governance, leadership and management; maternal, newborn and child health workforce; public health emergencies; and migration.

www.hrhhub.unsw.edu.au

Health Information Systems Knowledge Hub
University of Queensland

Aims to facilitate the development and integration of health information systems in the broader health system strengthening agenda as well as increase local capacity to ensure that cost-effective, timely, reliable and relevant information is available, and used, to better inform health development policies.

www.uq.edu.au/hishub

Health Finance and Health Policy Knowledge Hub
The Nossal Institute for Global Health (University of Melbourne)

Aims to support regional, national and international partners to develop effective evidence-informed national policy-making, particularly in the field of health finance and health systems. Key thematic areas for this Hub include comparative analysis of health finance interventions and health system outcomes; the role of non-state providers of health care; and health policy development in the Pacific.

www.ni.unimelb.edu.au

Compass: Women's and Children's Health Knowledge Hub
Compass is a partnership between the Centre for International Child Health, University of Melbourne, Menzies School of Health Research and Burnet Institute's Centre for International Health.

Aims to enhance the quality and effectiveness of WCH interventions and focuses on supporting the Millennium Development Goals 4 and 5 – improved maternal and child health and universal access to reproductive health. Key thematic areas for this Hub include regional strategies for child survival; strengthening health systems for maternal and newborn health; adolescent reproductive health; and nutrition.

www.wchknowledgehub.com.au

Human Resources for Health Knowledge Hub

Send us your email and be the first to receive copies of future publications. We also welcome your questions and feedback.

UNSW AUSTRALIA | Human Resources for Health Knowledge Hub

HRH Hub @ UNSW

School of Public Health and Community Medicine
Samuels Building, Level 2, Room 209
The University of New South Wales
Sydney, NSW, 2052
Australia

T +61 2 9385 8464

F + 61 2 9385 1104

hrhhub@unsw.edu.au

www.hrhhub.unsw.edu.au

http://twitter.com/HRHHub

A strategic partnership initiative funded by the Australian Agency for International Development

Australian AID

Health Information Systems Knowledge Hub
School of Population Health
University of Queensland

COMPASS
Women's and Children's Health Knowledge Hub
Burnet Institute
Centre for International Child Health, University of Melbourne
Menzies School of Health Research

UNSW AUSTRALIA
Human Resources for Health Knowledge Hub

The University of Melbourne | The Nossal Institute for Global Health
Health Policy & Health Finance Knowledge Hub