www.plattformglobalegesundheit.de

dpgg
Deutsche Plattform
für Globale Gesundheit

POSITION PAPER OF THE DPGG ON THE INTERNATIONAL RECRUITMENT OF HEALTH PROFESSIONALS

INTRODUCTION:

Since the dpgg's last position paper on the recruitment of health professionals in 2016, the staffing crisis in the German health system has worsened enormously. The immigration of skilled workers is currently being presented across all sectors as a solution to the shortage of skilled workers in Germany. The Federal Government's draft law to facilitate the immigration of qualified migrants is currently in the parliamentary process.

Although the global shortage of health professionals has decreased since 2016, according to the World Health Organization's (WHO) data, there is still a shortage of 15 million professionals to provide health care to the world's population in 2022. The distribution of health workers remains extremely uneven, with shortages increasing particularly on the African continent and in the Middle East.

Under the current conditions of the global economy and the transnational labour market, the recruitment of health workers from one country to another can only postpone, rather than solve, problems in the provision of health care to the population. This shift is based on political and economic power imbalances between countries: from the Global South to the Global North, and from the poorer southern and eastern European countries to the richer central and northern European countries.

By actively recruiting health workers, countries of the Global North save themselves the high training costs for doctors and nurses, which are largely transferred to the countries of origin. Remittances to the countries of origin do little to change this situation; private-sector actors in particular profit from them.

Viable structural solutions are needed for the crisis of the health system in Germany. However, the current focus is on the private and public recruitment of health workers from poorer countries, thus further exacerbating the unequal distribution of health workers worldwide.

By recruiting health workers, Germany is profiting from poor working conditions and the underfunding of health systems in other countries and is shirking its responsibility to effectively improve working conditions in its own country.

Contact:
Karen Spannenkrebs
Head of Project
„Pillars of Health"
Verein demokratischer
Ärzt*innen
https://www.vdaeae.de/

Karen.spannenkrebs@
vdaeae.de

DEMANDS:

1. Instead of supporting existing structures by enticing them away, structural solutions are needed for the crisis of the German health system.

- Economised competition between hospitals must be overcome. There is a need for a public welfare-oriented, needs-based hospital financing without profit possibilities.
- The care budget must be consistently developed further: self-financing of all personnel costs in hospitals is needed.

2. A sustainable health personnel policy must be established as an essential element of the WHO Code.

- The attractiveness of the health professions must be increased in order to bring back people who have left the profession, to encourage people to train and to keep health professionals in the job.
- Working conditions must be improved: collective agreements, higher wages especially for non-medical staff, lower work load, higher reliability in service planning, and part-time working models that allow private care work in the family.
- Binding and needs-based staffing ratios for all areas are to be developed and adhered to.
- The procedure for a 'lane change' between a humanitarian residence title and a labour migration title must be simplified in order to create opportunities for people already living in Germany.

3. Recruitment must lead to good working conditions.

- Employers must implement binding onboarding concepts that are transparent for all parties involved and that take into account not only the recruited colleagues but also those trained in Germany. Employees' representative groups must be involved in the framework of co-determination.
- This includes compulsory participation in free in-service language courses beyond the level required for recognition. Employees must be released from work with full pay for this purpose.
- Employers are responsible for ensuring that recognition of full professional competence takes place as quickly and as best as possible. The time until the qualification is recognised must be used for familiarisation and preparation. During this time, skilled workers trained abroad must not be employed as fully qualified workers, while being paid less than their local counterparts.
- The trade union principle of equal pay for equal work in the same place must be applied. Work experience in the country of origin must also be taken into account when determining the pay scale.
- The linking of the residence permit to employment with only one employer must be abolished, because this results in dependency relationships to the detriment of the workers.

dpgg
Deutsche Plattform für Globale Gesundheit

4. Recruitment must be fair for health workers.

- The Federal Government must sign the International Labour Organization (ILO) Convention 181 on Private Employment Agencies.
- Binding legal standards for recruitment are needed, and compliance with these standards must be publicly enforced and monitored.
- Recruiting companies must transparently disclose the channels through which they recruit skilled workers; they must be held accountable for violations of the rules.
- Migrant professionals must be informed about their rights and counselling options as early as the preparation stage for working in Germany.
- Clear case law is needed to prevent binding clauses in contracts and hidden costs for recruited professionals.

5. Recruitment must be fair for the countries of origin.

- Recruitment may only take place within the framework of bilateral agreements between governments, with the decisive involvement of the Ministry of Health of the country of origin, and the relevant trade unions there.
- No recruitment may take place from countries on the regularly updated WHO Health Workforce Support and Safeguard List.
- The concrete added value for the country of origin must be presented in bilateral agreements in line with the WHO Code. Appropriate compensation must be part of the agreements.

BACKGROUND: GLOBAL SHORTAGE AND RECRUITING OF HEALTH WORKERS

The shortage of health workers is a global phenomenon with specific national and regional characteristics. Health worker recruitment and displacement, whether state-regulated, migration or flight, has long been known. The health care systems of the USA, England and Australia have been dependent on immigrant doctors and nurses since the 1970s. West Germany also had large recruitment agreements for South Korean nurses in the 1950s and 1960s.

In the meantime, almost all western industrialised nations are training fewer health professionals than they actually need and at the same time are not in a position to retain the professionals in their learned professions. Instead, they are increasingly relying on the influx of qualified workers from (mostly poorer) foreign countries. The resulting global brain drain of health workers has become a systemic problem, leading to the emergence of complex global care chains.

Some countries have actively responded to this challenge. For example, Indonesia and the Philippines are training far more health workers than they need to meet the demand on the global labour market. The main motive for this is the remittances that migrant workers send back to their families in their home countries. In the Philippines, remittances accounted for 9.3% of gross domestic product in 2021, according to the World Bank. However, this money is not reaching the health system. In 2005, 3.2% of GDP was spent on health, ranking the country 178th out of 194 WHO countries.

The financial incentives are offset by the loss of well-trained health workers, who are urgently needed to care for the population.

From the perspective of health workers, cross-border migration is usually a reaction to inadequate job opportunities and poor working conditions in their countries of origin, which are closely linked to the funding of health systems. Underfunding is often linked to international debt policies, such as International Monetary Fund (IMF) programmes or the so-called aid packages in the course of the euro crisis, which are linked to conditions such as austerity measures in the health system. For example, the number of health workers from Spain and Greece willing to migrate rose sharply after the eurocrisis and the subsequent austerity measures led to staff cuts in the state health systems.

In this sense, unemployed health workers are not a sign of „overproduction", because their number says nothing about the needs of the population.

By recruiting health workers, Germany benefits from poor working conditions and underfunding of health systems in other countries. Instead, we must work to strengthen health systems worldwide and to ensure that health workers can be employed under good working conditions in their countries of origin. To this end, it is essential that international debt policy does not come at the expense of health and social systems.

The WHO dedicated its 2006 annual report to health workers and their migration, triggering an intensive international debate. In this context, a voluntary Code of Practice on the international recruitment of health workers was negotiated and adopted by the WHO General Assembly in 2010.

The code primarily calls on states to adopt sustainable national health workforce policies with the aim of significantly reducing dependence on foreign-trained professionals. Secondarily, it calls for standards for controlled cross-border recruitment of health workers and discourages recruitment from countries with major health worker shortages. These countries are identified in a regularly updated „Health Workforce Support and Safeguard List", currently 55.

The only aspect of this codex which the Federal Government has incorporated into its national law is the negative list (§ 38 BeschV) which prohibits private recruitment from these countries. At the same time, it does not adhere to its own standards when it actively promotes the recruitment of nurses from Ghana, where, according to the WHO, there is a critical shortage of health workers.

HEALTH WORKERS IN GERMANY

Germany has a massive and growing staffing problem in the health system. There is a shortage of nursing staff in particular, and according to all forecasts, the bottlenecks will continue to worsen. Even conservative estimates indicate a shortage of between 140,900 and 229,100 nurses in 2040.

A common explanation for the shortage of skilled workers in the health system is demogra-

phic change. On closer examination, however, this explains only part of the phenomenon. Instead, it is important to look at the working conditions and the underlying system: the financing of hospitals through a flat-rate system (Diagnosis Related Groups (DRGs)) and the market-mediated competition between hospitals have led to working conditions that drive nurses in particular to leave their jobs en masse. Until the introduction of the nursing budgets in 2020, nursing personnel costs in particular represented a cost factor for the hospital groups, which had to be reduced through savings. The elimination of nursing positions to reduce costs while at the same time increasing the number of cases was the beginning of a downward spiral of increasing workload per nurse, and more and more nurses resigning. In view of the poor working conditions, the number of trainees has also dropped and a relevant part of the trained professionals quit their jobs during the training period or shortly afterwards.

The situation is better for doctors, but in this occupational group, too, the increased workload and poor training conditions mean that hospitals are unable to fill their vacancies and are increasingly looking abroad.

For some years now, temporary employment agencies have also increasingly been recruiting nursing staff and doctors from permanent employment contracts. From 2014 to 2021, the number of temporary nurses more than doubled from 12,000 to 25,000. Temporary work agencies offer higher wages and greater flexibility, with preferred holiday days and preferred work schedules. The professionals‘ choice of acceptable working conditions is understandable. In return, the professionals are then flexibly deployed across clinics, cities or even nationwide in order to compensate for gaps in the permanent staff. In this way, another player - the temporary employment agencies - earns a share of the German health system. The disintegration of the core teams makes union organisation and quality teamwork more difficult and has negative effects on patient care.

According to a recent publication sponsored by the Hans Böckler Foundation entitled „I will care for patients again when…“, a great many trained nurses would be quite willing to work in their profession again - if there were fundamental changes in the conditions. The respondents were interested in adequate pay, but also in more time for good care through more staff and reliability with regard to duty scheduling. The study calculates an untapped potential of 302,000 to 661,000 care workers in long-term and elderly care.

Health workers in Berlin, North Rhine-Westphalia and most recently in the only private university hospital in Germany, Gießen-Marburg, have already won collective agreements in industrial action for fixed staffing levels and better working conditions. They are part of a global wave of protests and strikes in the health sector by workers and patients who no longer want to accept the growth of a profit-oriented health system.

Due to the pressure of the workers and not least also in the wake of the Covid-19 pandemic and the public attention for the staffing crisis in the hospitals, German politics has also recognised the need for action.

The nursing staff crisis was to be tackled as early as 2019, when the Concerted Action on Nursing. Various measures were initiated, but they did nothing to change the fundamental problem. Even the legally binding minimum staffing levels that have been in place since 2021

are unfortunately far from ensuring good quality in care. They do not apply in all areas and are simply based on the level of the 25% worst-staffed hospitals instead of the actual need.

A correct step was the creation of the nursing budget. Since 2020, the personnel costs for nursing staff are no longer financed via the Diagnosis Related Groups (DRGs), but negotiated separately between hospitals and health insurance funds. As long as the other personnel costs are not outsourced, however, savings are now being made on them: on operating theatre and anaesthesia nursing, cleaning staff and transport services. As a result, nurses who are urgently needed for the care of patients now often have to push beds and hand out meals. The pressure on medical staff has also increased.

The recommendations of the expert commission appointed by the current Minister of Health to reform hospital remuneration promise fundamental improvements, but it must be doubted whether they can keep this promise.

The aim must be to organise work in health professions in Germany in such a way that there is no need for cross-border recruitment of health professionals. For this to happen, the working conditions in the German health system must be sustainably improved, which requires a consistent reorganisation of the structures. Instead, they are currently stabilised by the recruitment of foreign professionals.

RECRUITMENT OF HEALTH PROFESSIONALS TO GERMANY

Since 2012, i.e. two years after the adoption of the WHO Code of Practice, an aggressive and state-supported recruiting of nursing staff from abroad has been observed in Germany.

Health professionals are still being recruited to Germany primarily from Eastern European countries. However, the Federal Government is also increasingly trying to recruit from the Global South. Federal Labour Minister Hubertus Heil sees Germany in international „competition for talent and helping hands“.

According to the Federal Government‘s answer to a minor interpellation by the Die Linke party, ten bilateral placement agreements of the Federal Employment Agency were in force in 2022: Vietnam (2012), Tunisia (2013), Philippines (2013), Bosnia-Herzegovina (2014), Mexico (2019), India (2021), Indonesia (2021), Jordan (2022). In addition, the „Fair Recruitment Care Germany“ programme promoted recruitment from Colombia and Brazil.

In parallel to the above-mentioned state programmes, there is a growing market of profit-oriented agencies, which handle about 75% of the recruitment, and which open up new markets through intergovernmental (bilateral) agreements and support, for example of the embassies.

Many skilled workers come from Eastern European EU countries such as Romania or via the Western Balkans regulation, which has been in force since 2016 and is to be extended both spatially and temporally in parallel with the new Skilled Worker Immigration Act. The number of care workers who came to work in Germany from the six countries of the Western Balkans tripled between 2016 and 2020. In 2022, a total of 40,695 care workers from the Western Bal-

kans were working in Germany. A comparison with the absolute number of nurses in these countries of 108,018 gives an impression of the loss for the health systems of the Western Balkan countries due to German recruiting practices. The situation appears most extreme in Bosnia-Herzegovina: 17,041 Bosnian nurses work in Germany: almost as many as in Bosnia-Herzegovina itself (19,057).

At the same time, a large part of the outpatient care for the elderly in Germany has for years been based on a growing, irregular market of poorly paid foreign care workers who provide care and nursing services as so-called live-in caregivers under the worst possible working conditions.

EXPERIENCES OF PROFESSIONALS TRAINED ABROAD IN GERMANY

Nurses and doctors from within and outside Europe come to the German labour market with great expectations. They end up in fields of activity that many colleagues trained in Germany have already left in frustration and where there is a lack of staff.

In the past, dubious private placement agencies have tried to pass on the costs of placement fees and language courses to the migrating professionals. Particularly controversial are binding clauses in employment contracts that oblige the recruited professionals to pay high fees if they terminate their employment before the end of a minimum working period. This is to ensure that the employer does not run the risk of being stuck with its „investment costs“ if the professional decides to change jobs, for example because of poor working conditions. This practice has already been criticised by lawyers as „modern debt bondage“, as the sums of money demanded can simply not be raised by those affected.

Government-issued quality seals (Fair Recruitment Germany) that define supposedly fair conditions for recruitment are voluntary for recruitment agencies and are only used by a fraction of recruitment agencies.

In practice, the recruited professionals face many problems in their everyday work: until their training is recognised in Germany, nursing professionals are only paid as nursing assistants, but often have to do the same work as their registered colleagues and receive little guidance. For employers, they are therefore cheap labour for the period until recognition (which can take many months). This reduces the incentive to actively support the recognition process. Similarly, doctors from non-EU countries, whose path to licensure is often lengthy, are employed with a temporary professional permit and paid as beginners, regardless of their qualifications. In some cases, they are refused payment in accordance with collective agreements completely.

The biggest problem for the foreign colleagues, however, is the same thing that frustrates the health professionals trained in Germany: the lack of staff and the workload in the German health system.

The fact that foreign colleagues, some of whom have insufficient language skills and initial uncertainties about work processes and responsibilities, are expected to fill the gaps, especially in areas where staff are very scarce, causes considerable difficulties. Many migrant

professionals suffer from the fact that they cannot use their knowledge under these circumstances and cannot do a good job. In addition, there is racism from colleagues and patients.

CONCLUSION:

We call on the Federal Government to follow the guidelines of the WHO Code and to adopt a sustainable national health personnel policy. Measures must be taken to increase the attractiveness of training and jobs in the health care professions and to help ensure that well-trained nursing professionals from Germany and abroad find future prospects here.

We call on the Federal Government to advocate for adequately financed, public welfare-oriented and needs-based health care systems in Germany and worldwide.

SOURCES:

Auffenberg J, Becka D, Evans M (2022) Ich pflege wieder wenn ... - Potenzialanalyse zur Berufsrückkehr und Arbeitszeitaufstockung von Pflegefachkräften. Arbeitnehmerkammer Bremen

Bundesregierung (2022) Eckpunkte: Fachkräfteeinwanderung aus Drittstaaten | Bundesregierung. In: Die Bundesregierung informiert | Startseite. https://www.bundesregierung.de/breg-de/suche/fachkraefteeinwanderungsgesetz-2146480. Accessed 24 Jan 2023

DGB Abteilung Arbeitsmarktpolitik (2022) Inländisches Fachkräftepotenzial ausschöpfen, faire Fachkräfteeinwanderung sichern – DGB-Anforderungen in der Fachkräftedebatte. arbeitsmarkt aktuell

Güldemann H (2022) Wemos Report Germany. WEMOS

Jacobs K, Kuhlmey A, Greß S, Klauber J, Schwinger A (2021) Pflege-Report 2021: Sicherstellung der Pflege: Bedarfslagen und Angebotsstrukturen. Springer Berlin Heidelberg, Berlin, Heidelberg

Krankenhaus statt Fabrik: Bewertung der Vorschläge der Regierungskommission »Grundlegende Reform der Krankenhausvergütung«

Lugert-Jones G Hohe Unzufriedenheit bei philippinischen Pflegefachkräften in Deutschland. In: Grace Lugert-Jose. https://gracelugert.com/hohe-unzufriedenheit-bei-philippinischen-pflegefachkraeften-in-deutschland/. Accessed 27 Apr 2023

Masselink LE, Lee S-YD (2010) Nurses, Inc.: Expansion and commercialization of nursing education in the Philippines. Social Science & Medicine 71:166–172. doi: 10.1016/j.socscimed.2009.11.043

Möhring C (2022) Kleine Anfrage: Grenzüberschreitende Abwerbung von Pflegekräften. In: Cornelia Möhring, MdB. https://www.cornelia-moehring.de/parlamentarische-initiative-1/. Accessed 29 Sep 2022

Pütz R, Kontos M, Ruokonen-Engler M-K (2019) Betriebliche Integration von Pflegefachkräften aus dem Ausland. Innenansichten zu Herausforderungen globalisierter Arbeitsmärkte. Hans Böckler Stiftung

Sixty-third World Health Assembly - WHA63.16 (2010) The WHO Global Code of Practice on the International Recruitment of Health Personnel

ver.di (2022) Arbeitsmigration braucht klare Regeln. In: gesundheit-soziales-bildung.verdi.de. https://gesundheit-soziales-bildung.verdi.de/themen/gesundheitspolitik/++co++fe7b5b38-a513-11ec-9781-001a4a160100?kws=Werkvertr%C3%A4ge. Accessed 30 Mar 2023

WHO (2023) WHO Workforce Support and Safeguard List 2023

World Health Organization (2006) The world health report : 2006 : working together for health. Rapport sur la situation dans le monde : 2006 : travailler ensemble pour la santé

correctiv (2020) Wie dubiose Vermittler ausländische Pflegekräfte zur Ware machen. In: correctiv.org. https://correctiv.org/top-stories/2020/11/25/wie-dubiose-vermittler-auslaendische-pflegekraefte-zur-ware-machen/. Accessed 8 Jul 2022

WHO (2022) Global strategy on human resources for health: Workforce 2030. WHO, Geneva

Bundesministerium des Innern und für Heimat und Bundesministerium für Arbeit und Soziales (2023) Entwurf eines Gesetzes zur Weiterentwicklung der Fachkräfteeinwanderung

Gütegemeinsachaft (2023) Positionen zur erleichterten Fachkraefteeinwanderung. Gütegemeinschaft Anwerbung und Vermittlung von Pflegekräften aus dem Ausland e.V., Berlin

Migazin (2023) WHO kritisiert - Deutschland will Pflegekräfte aus Ghana anwerben. https://www.migazin.de/2023/02/21/who-kritisiert-deutschland-will-pflegekraefte-aus-ghana-anwerben/. Accessed 29 Mar 2023

EPSU/FESE (2020) Joint Position Paper on Recruitment and Retention in Social Services. In: EPSU. https://www.epsu.org/article/epsufese-joint-position-paper-recruitment-and-retention-social-services. Accessed 30 Mar 2023

Faire Anwerbung Pflege Deutschland. https://www.faire-anwerbung-pflege-deutschland.de/guete-zeichen-nutzende. Accessed 19 Sep 2022

Germany - Ghana | Medical Education Program. https://gg-med-acad.com/de/about. Accessed 11 Apr 2023

WHO Global Strategy on Human Resources for Health: Workforce 2030: Reporting at Seventy-fifth World Health Assembly. https://www.who.int/news/item/02-06-2022-global-strategy-on-human-resources-for-health--workforce-2030. Accessed 13 Mar 2023

PPR 2.0 statt Mogelpackung. In: gesundheit-soziales-bildung.verdi.de. https://gesundheit-soziales-bildung.verdi.de/themen/mehr-personal/++co++14529504-1224-11eb-9d9b-001a4a160119. Accessed 13 Mar 2023

Zeitarbeitnehmer bei Krankenpflegekräften 2021. In: Statista. https://de.statista.com/statistik/daten/studie/1091074/umfrage/zeitarbeitnehmer-bei-krankenpflegekraeften-in-deutschland/. Accessed 31 Mar 2023