



# Processes and experiences of Portugal's international recruitment scheme of Colombian physicians: Did it work?



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## ABSTRACT

The Portuguese Ministry of Health performed five international recruitment rounds of Latin American physicians due to the need for physicians in certain geographic areas of the country and in some specialties, as a temporary solution to shortages. Among these recruitments is that of Colombian physicians in 2011 that was the largest of the five groups. This paper presents an evaluation of the international recruitment procedure of Colombian physicians based on the criteria of procedural outcomes and health system outcomes. The methodology used is qualitative, based on semi-structured interviews with key informants and Colombian physicians recruited in Portugal and also on documentary analysis of secondary sources.

International recruitment of Colombian physicians coincided with a period of political change and severe economic crisis in Portugal that caused some problems in the course of this recruitment, mainly family reunification in the later group of Colombian physicians and non-compliance of the salary originally agreed upon. Furthermore, due to the continuous resignations of Colombian physicians throughout the 3-year contract, procedural outcomes and health system outcomes of this international recruitment were not fulfilled and therefore the expected results to meet the temporary needs for medical personnel in some areas of the country were not accomplished.

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## 1. Introduction

Skilled migration of health professionals sometimes responds to active recruitment policies of states, employers or agencies. In this context, state institutions and bilateral or international agreements play an important role in the management of these migratory flows, their development and the integration conditions of these migrants in the countries of destination. Also, with growing awareness of negative effects of health professional migration on source countries, ethical codes of practices of recruitment and bilateral labour agreements have been developed since 1999 [1]. However, few countries have adopted bilateral agreements or codes for international recruitment of health professionals.

Some examples of bilateral labour agreements in the health sector outside Europe include agreements between Kenya and Namibia and between China and Singapore [2]. In Europe, the United Kingdom was one of the pioneer countries to introduce an ethical code in the international recruitment of nurses and physicians (Code of Practice for international recruitment for National Health Service employers in 2001, revised in 2004) [1–3]. The

United Kingdom developed bilateral agreements and memorandums of understanding with countries within the EU (Spain, Germany, Italy, France) as well as with non – EU countries (India, China, the Philippines, South Africa and Indonesia) [2–4]. However, bilateral labour agreements are currently losing importance worldwide in favour of other channels, such as private recruitment agencies [2].

Portugal is another European country that has resorted to international recruitment of non-EU physicians through its Ministry of Health in response to the need for physicians in certain geographical areas and the lack of family doctors [5–8]. In 2015 there were 4.7 physicians per 1000 inhabitants in the country and the evolution of this indicator has increased in the last decade (Table 1). So, rather than a problem of scarcity, there are asymmetries in the geographical distribution of physicians in the country [6]. Alentejo, autonomous regions of Açores and Madeira and Algarve are the regions with lower values in this indicator, while the North, the Centre and especially the metropolitan area of Lisbon have higher values and this unequal distribution has been maintained over time (Table 1). Family Medicine is one of the medical specialties that is lacking in Portugal, besides presenting an unequal distribution in the country. The highest percentage of users with no family doctor in October 2015 were in Regional Health Administration (RHA) of Algarve (23.5%) and RHA of Lisbon & Tagus Valley (19.7%), while

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**Table 1**  
Evolution of the number of physicians per 1000 inhabitants in Portugal by region.

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Portugal	3.6	3.7	3.8	3.9	4.1	4.2	4.3	4.5	4.7
North	3.3	3.4	3.5	3.7	3.8	3.9	4.1	4.3	4.5
Centre	3.1	3.1	3.3	3.4	3.6	3.8	3.9	4.1	4.3
Lisbon metropolitan area	5.2	5.3	5.4	5.4	5.6	5.7	5.9	6	6.2
Alentejo	1.9	2	2	2.1	2.2	2.3	2.4	2.6	2.7
Algarve	2.9	3	3	3.2	3.2	3.3	3.4	3.5	3.7
Autonomous region of Açores	1.9	2	2.1	2.2	2.3	2.5	2.6	2.8	3
Autonomous region of Madeira	2.4	2.5	2.7	2.8	2.7	2.8	3	3.3	3.6

Source: Health personnel statistics, Portuguese National Statistics Institute (INE).

RHAs of the North, the Centre and Alentejo had the lowest values (2.9%, 5.9% and 7.5% respectively) [9].

International recruitment of physicians has been considered by the Portuguese authorities as one of the short-term solutions to address the regional inequalities of physicians, while awaiting the results of the structural measures taken by the Ministry of Health in recent years, based on training strategies [8]. Since 2008, Portugal has performed five international recruitments of Latin American physicians: approximately 12 Uruguayan physicians in 2008 and 40 from Cuba in 2009, followed by about 85 Colombian physicians and 9 from Costa Rica in 2011, and more recently, approximately 51 Cuban physicians were recruited in 2014. The Colombian physicians group is the largest recruited in the country of origin by the Portuguese Ministry of Health, in addition to being the group whose hiring ended later (June 2014) at the time of writing this article. Therefore, it is necessary and appropriate to conduct a specific evaluation of this international recruitment in particular. There is a previous evaluation study on international recruitment practices of Uruguayan, Cuban, Colombian and Costa Rican physicians in Portugal [8]. However, this article includes a specific analysis of the recruitment of Colombian physicians and other evaluation elements.

Colombian physicians recruited by the Portuguese government arrived in two groups at different time periods in 2011: the first group arrived in March 2011 and consisted of approximately 45 Colombian physicians, and the second group arrived in June 2011 and was composed of approximately 40 physicians. The vast majority of them were general practitioners. These figures are approximate because exact number of these Colombian physicians was not made available by the Ministry of Health. However, through statistics of the newsletters of the "Foreign Human Resources in the Ministry of Health", prepared periodically by the Central Administration of the Health System of the Portuguese Ministry of Health, news of Portuguese press and data provided by the interviewees an approximate figure was ascertained. Colombian physicians were recruited to meet the needs of family doctors in various municipalities and regions of the country, namely the Lisbon metropolitan area, the Central Region of the country, the Algarve and the Açores. The duration of the employment contract was 3 years, like the rest of Latin American physicians recruited.

The socio-economic and political context in which the recruitment of Colombian physicians occurred is important to consider as factors that affected the insertion of these physicians into the Portuguese public health system. Thus, the arrival and insertion of these physicians in Portugal in 2011 coincided with the intervention in the country by the International Monetary Fund, the European Commission and the European Central Bank (the so-called "Troika"). The austerity measures imposed by the Troika resulted in a series of reforms in public services, including the Portuguese Public Health System to ensure its sustainability. The bailout by international organisations is significantly associated with the implementation of reductions in healthcare expenditure [10].

These reforms in the Portuguese Public Health System, specifically in the health workforce, resulted in salary cuts, reduction of existing staff, limiting recruitment and freezing promotions, reduced spending on overtime, extension of physicians' working hours and pay-for-performance mechanisms, among others [11]. In addition, another effect of these reforms in primary healthcare has been the increase in the number of patients per family doctor.

In Colombia, with the implementation of Law 100 of 1993, a significant increase in coverage of health care was achieved in the country [12,13], reaching 96% of the insured population in 2013 [14]. However, urban-rural and regional disparities persist in health care [12,13] and the ratio of physicians per 1000 inhabitants is low (1.77 in 2013) [15], especially compared to Portugal.

The aim of this article is to provide an evaluation of the international recruitment procedure of Colombian physicians based on the distinction of two types of outcomes achieved [16]: health system outcomes and procedural outcomes. The first concerns the ability of Colombian physicians recruited to solve the problem of medical shortages and give more Portuguese citizens access to primary care. The initial objective of this recruitment was to cover some of the need for family doctors in certain regions and areas with significant shortcomings: 85 physicians recruited to attend to approximately 1800 users each, covering a total of approximately 153,000 users with family doctors. On the other hand, the procedural outcomes refer to whether Colombian physicians remained employed in the public system during the three-year period. The degree of compliance with the agreed issues between the two countries would be one of the factors to achieve this. Procedural outcomes are a necessary condition (but not enough) for health system outcomes.

To evaluate the recruitment scheme, the paper examines: a) formal aspects of recruitment (nature and characteristics of the agreement between Portugal and Colombia, institutional stakeholders, selective process and family reunification); b) reasons for the emigration of Colombian physicians; c) processes of professional integration into the Portuguese National Health System and working conditions; d) monitoring the group of Colombian physicians who remained in Portugal, once employment within the scope of the agreement is finished; and e) improvement of primary care coverage.

## 2. Material and methods

### 2.1. Design and sample

The methodology used in this research is qualitative, based on semi-structured interviews and documentary analysis of various secondary sources. As for the documentary analysis, the following secondary sources were used. First, the minutes of the meeting between the Ministry of Foreign Affairs of Colombia and the Ministry of Health of Portugal, signed on August 5, 2010 in Bogota (Colombia). In which the bases were established for the transfer of Colombian physicians to Portugal. Secondly, the document of the call for the recruitment of Colombian physicians to work in

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