

# WHO Global Code of Practice on the International Recruitment of Health Personnel

Ergebnisbericht

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Im Auftrag des Bundesministeriums für Gesundheit



# WHO Global Code of Practice on the International Recruitment of Health Personnel

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Der Umwelt zuliebe:

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## Vorwort

Eine ausreichende Anzahl an Gesundheitspersonal mit der passenden Qualifikation ist für ein funktionierendes Gesundheitswesen unerlässlich. Österreich sorgt mit einem Bündel an Maßnahmen und in Zusammenarbeit mit der Europäischen Union und der Weltgesundheitsorganisation vor, dass die gewohnt hohe Versorgungsqualität auch in Zukunft sichergestellt ist. Dabei spielen die langfristige Anwerbung und Bindung von Mitarbeiterinnen und Mitarbeitern eine ebenso große Rolle wie die Planung, wie viele Personen im Gesundheitswesen mit welcher Qualifikation ausgebildet werden sollen. Die Weltgesundheitsorganisation leistet dazu mit einem ethischen Kodex über die internationale Anwerbung von Gesundheitspersonal einen Beitrag aus globaler Perspektive. Sie macht darauf aufmerksam, Gesundheitspersonal im eigenen Land auszubilden, zu halten und insbesondere wirtschaftlich schwächere Länder nicht ihrer Arbeitskräfte im Gesundheitswesen zu berauben.

Österreich bekennt sich zu diesem Anliegen und unterstützt die Weltgesundheitsorganisation bei der Entwicklung angemessener Instrumente und Datenverfügbarkeit. Im Jahr 2015 legte Österreich wie die anderen Mitgliedstaaten der Weltgesundheitsorganisation zum zweiten Mal nach 2012 einen Bericht über die Umsetzung des ethischen Kodex vor. Die Ergebnisse dieses Berichts dürfen wir Ihnen hiermit vorstellen.

Ich bedanke mich bei allen Personen und Organisationen, die an der Umsetzung des ethischen Kodex mitgewirkt haben und weiterhin mitwirken. Gemeinsam leisten damit alle einen wertvollen Beitrag zu einer qualitativvollen Gesundheitsversorgung.



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# Abkürzungen

BMG	Bundesministerium für Gesundheit
EG	Europäische Gemeinschaft
EU	Europäische Union
GÖG	Gesundheit Österreich GmbH
GÖG/ÖBIG	Gesundheit Österreich GmbH / Geschäftsbereich ÖBIG
MDS	Minimal Data Set
NRI	Nationales Berichtsinstrument (National Reporting Instrument)
OECD	Organisation for Economic Co-operation and Development
WHO	Weltgesundheitsorganisation



# 1 Zweck und Umsetzung des Verhaltenskodex

Auf der 63. Weltgesundheitsversammlung 2010 wurde der *Verhaltenskodex der WHO für die internationale Anwerbung von Gesundheitsfachkräften (WHO Global Code of Practice on the International Recruitment of Health Personnel)* von den 193 Mitgliedstaaten der Vereinten Nationen, darunter Österreich, verabschiedet.

Der Kodex fordert den ethischen Umgang in der Anwerbung von Gesundheitspersonal im globalen Kontext. Die Umsetzung des Kodex bedingt die Zusammenarbeit mit relevanten regionalen, nationalen und globalen Organisationen und Stakeholdern des öffentlichen und privaten Sektors. Seit dem Jahr 2012 ist jeder Mitgliedstaat aufgefordert, alle drei Jahre mittels eines „Nationalen Berichtsinstruments“ (NRI) der WHO über gesetzte Maßnahmen, erzielte Ergebnisse, gewonnene Erkenntnisse sowie Informationen und Daten zur Migration von Gesundheitspersonal zu berichten. Für Österreich berichtet die Abteilung II/A/2 des Bundesministeriums für Gesundheit (BMG) in ihrer Funktion als nationale Kontaktstelle.

Die Gesundheit Österreich GmbH (GÖG), Abteilung Gesundheitsberufe des Geschäftsbereichs ÖBIG (in der Folge GÖG/ÖBIG), wurde vom Bundesministerium für Gesundheit im Juli 2014 zum zweiten Mal mit der Bearbeitung des NRI auf der Grundlage des Kodex beauftragt.

Die Empfehlungen des Kodex enthalten folgende wesentlichen Aspekte (Terre des hommes Deutschland e. V. 2013):

- » Ethisch vertretbare internationale Abwerbung: Auf Abwerbung von Personen aus Ländern mit kritischem Mangel an Gesundheitsfachkräften soll verzichtet werden.
- » Personalausbau im Gesundheitswesen und nachhaltige Gesundheitssysteme: Alle Länder sollen wirksame Personalplanung und Strategien für Aus- und Weiterbildung und Personalbindung im Gesundheitswesen umsetzen, um den Bedarf an zuwandernden Gesundheitsfachkräften zu minimieren.
- » Faire Bezahlung und Gleichbehandlung von zugewanderten Gesundheitsfachkräften: Dabei sollen alle Gesundheitsfachkräfte die Möglichkeit haben, Risiken und Nutzen der verschiedenen Arbeitsbedingungen bewerten zu können.
- » Internationale Zusammenarbeit mit Herkunftsländern zu beiderseitigem Nutzen
- » Finanzielle und technische Unterstützung für Entwicklungsländer hinsichtlich Umsetzung des Kodex
- » Datensammlung zur Erforschung der treibenden Kräfte und Auswirkungen von Migration: Die Mitgliedstaaten sind aufgefordert, Informationssysteme zur Personalsituation und Migration im Gesundheitswesen zu schaffen oder auszubauen sowie Daten zu sammeln, zu verarbeiten und in Form von effektiven Strategien und Planungen betreffend Gesundheitspersonal umzusetzen.
- » Informationsaustausch: Die Mitgliedstaaten sollen regelmäßig Fakten zu Gesetzen und Regelungen bezüglich der Anwerbung und Migration von Gesundheitsfachkräften sowie Daten aus den Personalinformationssystemen zusammentragen und dem WHO-Sekretariat berichten.

## 1.1 Zeitschiene zur Umsetzung

Die Berichterstattung über die Kodex–Umsetzung erfolgt in zwei Stufen: Die erste Stufe besteht aus der Berichterstattung der Mitgliedstaaten über die jeweiligen Regionalbüros an die WHO, die zweite Stufe stellt der Bericht des Generaldirektors / der Generaldirektorin der WHO an die Vollversammlung dar. Beide Berichte erscheinen gemäß Abbildung 1 jeweils in Drei–Jahres–Intervallen.

Das BMG übermittelte erstmalig im Juni 2012 einen Bericht an die WHO.

Abbildung 1.1:

Zeitplan: Berichte der Mitgliedstaaten an das WHO–Sekretariat und des Generaldirektors an die Weltgesundheitsversammlung



Quelle und Darstellung: GÖG/ÖBIG nach WHO (2011)

## 1.2 Zentrale Aspekte des Kodex

Eines der wesentlichen Ziele im Rahmen des WHO–Kodex zur ethischen Rekrutierung von Gesundheitspersonal ist die Verbesserung der Verfügbarkeit und Vergleichbarkeit von Daten und Statistiken zur internationalen Migration von Gesundheitspersonal. Um die Umsetzung des Kodex überprüfen zu können, wird die Erstellung eines Minimum Data Sets (MDS), welches Migrationsströme von Gesundheitspersonal sichtbar machen kann, als vordringlich betrachtet.

Mithilfe dieses Minimum Data Sets sollen in einem dreistufigen Prozess die Grundinformationen zu Ausbildung, Nationalität, soziodemografischen und Qualifikationsdaten erhoben werden (siehe nachfolgend Abbildung 1.2): Die erste als „Level A“ bezeichnete Stufe inkludiert die Kerndaten, die jedenfalls von den Mitgliedstaaten erfasst und der WHO berichtet werden sollen. Die Mitgliedstaaten werden darüber hinaus aufgefordert, Informationen des „Levels B“ zur Verfügung zu stellen. So weit wie möglich ist aus Sicht der WHO eine Erschließung der Informationen des Levels C wünschenswert (NRI 2015, vgl. WHO 2015).

Abbildung 1.2:

Minimum Data Set der WHO für das Monitoring der internationalen Migration von Fachkräften des Gesundheitswesens

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Quelle und Darstellung: GÖG nach WHO (2011)

Entsprechende Leitlinien für die Datenerhebung sowie Art und Umfang der zu erhebenden Daten wurden gemeinsam von WHO-Sekretariat und OECD-Sekretariat in Absprache mit den Mitgliedstaaten und anderen Interessengruppen entwickelt (WHO 2011).

Im Zuge der ersten Berichtslegung im Jahr 2012 wurde zu verschiedenen Gesundheitsberufen unter anderem grundsätzlich danach gefragt, ob Daten zum Land der Erstqualifikation, zum Zeitpunkt der Erstanwerbung, Alter, Geschlecht erhoben werden und ob diese Informationen geteilt werden können (Aistleithner/Schuchter 2012).

Grundsätzlich strebt die WHO an, alle Gesundheitsberufe wie insbesondere Ärzteschaft, diplomierte Gesundheits- und Krankenpflege, Hebammen, Apothekerschaft, Zahnärzteschaft, Physiotherapie, medizinisch-technische Dienste und Gesundheitsmanagement zu erfassen. Um jedoch den Datenerfassungsprozess überschaubar zu halten, wird seitens der WHO vorgeschlagen, zunächst die Datensammlung auf Ärzte/Ärztinnen und diplomierte Gesundheits- und Krankenpflegepersonen zu konzentrieren (WHO 2015).

Vorrangig ist dabei die Erhebung, in welchem Land die praktizierenden Ärztinnen und Ärzte sowie diplomierte Gesundheits- und Krankenpflegepersonen ihre Erstausbildung absolviert haben. Angesichts der zunehmenden Internationalisierung der Hochschulbildung ist es auch nützlich, diese Informationen um das Geburtsland/Nationalität der betreffenden Personen zu ergänzen. Damit

können Personen identifiziert werden, die im Ausland studiert haben, aber dann in ihrem Heimatland oder in einem anderen Land ihren Beruf ausüben (WHO 2015).

Im Jahr 2015 wurde auf Basis des quantitativen Berichtsinstrumentes „Questionnaire on Foreign-trained Doctors and Nurses“ der Fokus für den Zeitraum 2000–2014 insbesondere auf die Differenzierung der im Inland ausgebildeten Ärztinnen und Ärzte sowie diplomierten Gesundheits- und Krankenpflegepersonen und jenen, die im Ausland (unter Angabe des Herkunftslandes) ausgebildet wurden, gelegt. Das entspricht gemäß dem Schema der WHO noch immer dem Level A der Datensammlung (WHO 2015).

Um ein Migrationsmuster im Zeitverlauf feststellen zu können, müssen Daten zum Bestand von Gesundheitspersonal (Gesamtzahl von Gesundheitspersonal in einem Land zu einem bestimmten Zeitpunkt) sowie zu Strömungen (Gesamtzahl des neu rekrutierten Gesundheitspersonals bzw. der Neuzulassungen im Vorjahr oder im letzten verfügbaren Jahr) erhoben werden. Aus der Perspektive der Quell- und Zielländer ist es wichtig zu unterscheiden, ob Gesundheitspersonal, das in anderen Ländern ausgebildet wurde, im Zielland im Gesundheitssektor tätig ist oder nicht (WHO 2015).

Aus Sicht der WHO bieten sich für die Datenerhebung in den Ländern folgende Quellen an:

- » Arbeitserlaubnis, Zulassung und Anerkennung von Abschlüssen
- » Berufsregister/Registrierungen
- » Gesundheitspersonal-Erhebungen
- » Arbeitskräfte-Erhebungen
- » Volkszählung

## 2 Bericht 2015

### 2.1 Erhebungsinstrumente und Erhebungsmethodik

Die WHO übermittelte den Mitgliedstaaten die für den Bericht erforderlichen Erhebungsinstrumente im März 2015 (siehe Anhang 1). Die WHO verlegte den im Jahr 2014 angekündigten Abgabeterminpunkt für den Bericht von Februar 2015 auf 31. 07. 2015, da sie den Mitgliedstaaten die Erhebungsinstrumente verspätet zur Verfügung stellte.

In Abstimmung mit dem BMG führte die GÖG im Jahr 2014 folgende Vorarbeiten durch:

- » Recherche zu internationalen Fachbeiträgen bezüglich des WHO-Verhaltenskodex
- » Anlegen einer Adressatenliste für die Erhebung in Österreich auf der Grundlage des Berichts zum WHO Code 2012 (Aistleithner/Schuchter 2012)
  - » Bundesländer
  - » Kammern (Ärztchamber, Zahnärztekammer, Hebammengremium)
  - » Träger von Gesundheits- und Sozialeinrichtungen (zur Weiterleitung der Erhebungsbögen durch die Länder)
- » Vorschlag für eine Information der Stakeholder auf Grundlage einer deutschen Broschüre (Terre des hommes Deutschland e. V. 2013)<sup>1</sup> und des Protokolls einer Informationsveranstaltung aus dem Jahr 2013 (siehe Anhang 2 und 3)
- » Erstellen eines Textes als Information für den BMG-Newsletter im 3. Quartal 2014 auf Basis der erwähnten Broschüre

Am 27. 02. 2015 sandte das BMG ein Informationsschreiben über den globalen Verhaltenskodex an die Bundesländer mit dem Ersuchen, dieses an die Träger von Gesundheits- und Sozialeinrichtungen auszuschicken. In dem Schreiben wurde auch darauf hingewiesen, dass die GÖG mit dem Ersuchen um konkrete Informationen an die Bundesländer herantreten wird, sobald die WHO den Mitgliedstaaten die gewünschten Berichtsinhalte bekanntgegeben hat (siehe Anhang 2 und 3).

Im März 2015 übermittelte die WHO an die Abteilung II/A/2 des BMG wieder eine Berichtsvorlage in Form eines Online-Tools. Das Online-Tool gestattete die vorläufige Beantwortung und Speicherung der Antworten unter Verwendung des von der WHO dem BMG als nationaler Kontaktstelle übermittelten Zugangscodes. Die GÖG übernahm die vorläufige und das BMG die endgültige Beantwortung sowie Übermittlung an die WHO. Die Berichtsvorlage setzte sich aus einem qualitativen und einem quantitativen Teil zusammen. Der qualitative Teil wird in der Folge qualitativer Bericht bzw. NRI genannt, der quantitative Teil wird als quantitativer Bericht bzw. „Questionnaire on Foreign-trained Doctors and Nurses“ bezeichnet.

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[http://www.healthworkers4all.eu/fileadmin/docs/de/WHO\\_Verhaltenskodex\\_tdh.pdf](http://www.healthworkers4all.eu/fileadmin/docs/de/WHO_Verhaltenskodex_tdh.pdf)

Auf die jeweiligen Erhebungsinstrumente und die Unterschiede zum Bericht 2012 (Aistleithner/Schuchter 2012) sowie den Prozess der Berichtslegung wird im Folgenden näher eingegangen.

## 2.2 Qualitativer Bericht – Nationales Berichtsinstrument 2015

### 2.2.1 Struktur und Inhalt des NRI 2015

Das NRI 2015 umfasst – wie schon das NRI 2012 – inhaltlich unterschiedliche Bereiche. Eine erste Gruppe von Fragen bezieht sich auf die rechtlichen Rahmenbedingungen hinsichtlich im Ausland ausgebildeter Personen in Gesundheitsberufen, insbesondere darauf, ob diese dieselbe Rechte und Verantwortlichkeiten wie im Inland ausgebildete Arbeitskräfte haben und mit welchen Rechtsinstrumenten die Gleichstellung gesichert wird (Fragen 1 bis 4).

Ein zweiter Fragenkomplex bezieht sich auf die nachhaltige Entwicklung des Gesundheitspersonals und des Gesundheitssystems (Fragen 5 bis 12). Neu gegenüber dem NRI 2012 ist darin die Frage nach drei wesentlichen Maßnahmen, die als geeignet angesehen werden, um Gesundheitspersonal so auszubilden, zu halten und nachhaltig zu unterstützen, wie es den spezifischen Anforderungen des Bundeslandes – einschließlich der Regionen mit dem größten Bedarf – entspricht (Frage 10). Ebenso sollen jene drei wesentlichen Maßnahmen genannt werden, die einer geographischen Fehlverteilung von Gesundheitspersonal entgegenwirken (Frage 12).

Wie auch im Jahr 2012 bezieht sich ein dritter größerer Fragenkomplex darauf, ob statistische Aufzeichnungen und Daten sowie Datenbanken zu Arbeitskräften, die ihre Erstausbildung außerhalb Österreichs absolviert haben, einschließlich damit zusammenhängender Gesetze und sonstiger Bestimmungen vorhanden sind. (Fragen 15 bis 17).

Die vierte Gruppe von Fragen zielt auf die national eventuell bereits ergriffenen Maßnahmen in der Umsetzung des Kodex sowie auf die (möglichen) Hindernisse dabei.

Weitere Fragen betreffen die Forschung zur Migration in Österreich (Fragen 13 und 14) sowie die internationale Zusammenarbeit hinsichtlich der Migration von Arbeitskräften (Fragen 22 und 23).

### 2.2.2 Vorgehensweise

Zu Beginn der Arbeiten wurden die Fragen und Antworten des NRI 2012 mit den jetzigen Datenerfordernissen abgeglichen und die notwendigen Aktualisierungen und Recherchen mit dem BMG abgestimmt. Infolgedessen holte die GÖG von den Bundesländern Antworten zu den Fragen 5, 7, 8 und 11 des NRI 2015 ein. Diese Fragen umfassten folgende Bereiche:

- » Abkommen oder Vereinbarungen eines Bundeslandes im Zusammenhang mit der Rekrutierung von Apothekerinnen und Apothekern, diplomierten Gesundheits- und Krankenpflegepersonen, Hebammen, Ärztinnen und Ärzten, Zahnärztinnen und Zahnärzten oder anderen Gesundheitsberufen;
- » Bemühungen eines Bundeslandes, den Bedarf an Gesundheitspersonal mit in Österreich ausgebildeten Personen zu decken, insbesondere mit Maßnahmen, um Gesundheitspersonal so auszubilden und zu halten und nachhaltig zu unterstützen, wie es den spezifischen Anforderungen des Bundeslandes einschließlich der Regionen mit dem größten Bedarf entspricht;
- » Maßnahmen eines Bundeslandes, die die geographische Fehlverteilung von Gesundheitspersonal adressieren und die Bindung von Personal in unterversorgten Gegenden unterstützen.

Die Antworten der Bundesländer wurden in das Online-Tool (siehe Anhang 4) eingespeist. Zusätzlich wurde ein Dokument erstellt, in dem – über die von der WHO geforderten Maßnahmen hinaus – zusätzliche Aktivitäten der Bundesländer angeführt wurden, um Gesundheitspersonal bedarfsgerecht auszubilden und es im Beruf zu halten. In dieses Dokument wurden auch Ergänzungen zu den Fragen 16.2 und 17.2 des NRI aufgenommen, die sich auf Gesundheitsberufe beziehen, die im NRI nicht genannt werden.

Zusätzlich wurde in diesem Dokument die Bitte an die WHO gerichtet, das Online-Tool userfreundlicher zu gestalten, da der eingegeben Text nicht ausreichend sichtbar war (siehe Anhang 5).

## 2.3 Quantitativer Bericht – Questionnaire on Foreign-trained Doctors and Nurses

### 2.3.1 Inhalt des Fragebogens

Zusätzlich zum qualitativen Berichtsteil forderte die WHO für den Bericht im Jahr 2015 differenziertere Angaben zur Migration von Gesundheitsfachkräften in den Mitgliedstaaten ein als im Jahr 2012. Das von der WHO dafür zur Verfügung gestellte quantitative Berichtsinstrument „Questionnaire on Foreign-trained Doctors and Nurses“ umfasst zu Ärztinnen und Ärzten sowie diplomierten Gesundheits- und Krankenpflegepersonen, die über eine Zulassung zur Berufsausübung in Österreich verfügen, folgende Bereiche:

- » Anzahl der im Ausland ausgebildeten Ärztinnen und Ärzte sowie diplomierten Gesundheits- und Krankenpflegepersonen je Kalenderjahr im Berichtszeitraum. Der Berichtszeitraum umfasst für Ärztinnen und Ärzte die Jahre 2003 bis 2014 und für diplomierte Gesundheits- und Krankenpflegepersonen die Jahre 2000 bis 2014. Folgende Daten werden dabei miteinander in Beziehung gesetzt:
  - » Gesamtzahl der berufsausübenden Personen;
  - » Anzahl der im Herkunftsland ausgebildeten Personen;
  - » Anzahl der im Ausland ausgebildeten Personen;
  - » Anzahl der Inländerinnen und Inländer, die im Ausland ausgebildet wurden;

- » Anzahl der Personen, deren Ausbildungsort unbekannt ist;
  - » Land der Erstqualifizierung sowie der jährliche prozentuelle Anteil von berufsausbildenden Personen, die im Ausland ausgebildet wurden.
- » Jährlicher Zugang von im Ausland ausgebildeten Ärztinnen und Ärzte sowie diplomierten Gesundheits- und Krankenpflegepersonen je Kalenderjahr im Berichtszeitraum. Der Berichtszeitraum umfasst für beide Berufe die Jahre 2000 bis 2014. Dabei wurde die Gesamtzahl der Ärztinnen und Ärzte sowie der diplomierten Gesundheits- und Krankenpflegepersonen nach Land der Erstqualifizierung und Kalenderjahr erfasst.

## 2.3.2 Vorgehensweise

Die WHO übermittelte den Mitgliedstaaten eine Übersicht über die Ansprechpartner in Organisationen, die in den einzelnen Staaten für statistische Erhebungen zuständig sind, und forderte die Staaten auf, mit der jeweils zuständigen Organisation in Kontakt zu treten. Für Österreich ist dafür Statistik Austria zuständig. Der Informationsaustausch zwischen GÖG und Statistik Austria ergab, dass die von der WHO geforderten Daten – soweit sie der Statistik Austria zur Verfügung standen – bereits im März 2015 an Eurostat übermittelt worden waren.

Die Statistik Austria übermittelte die geforderten Daten bzgl. Ärztinnen und Ärzte für den Zeitraum von 2006 bis 2014 an Eurostat. Für die Jahre davor konnten mangels gesetzlicher Grundlage keine Angaben gemacht werden. Angaben zu diplomierten Gesundheits- und Krankenpflegepersonen konnten überhaupt nur für die Jahre 2013 und 2014 gemacht werden und auch für diese beiden Jahre nur zur Gesamtzahl des jährlichen Zugangs von im Ausland ausgebildeten Personen. Die Ersterhebung startete bei der Statistik Austria im Schul-/Studienjahr 2012/13, weshalb keine früheren Daten zur Verfügung stehen. Grund dafür ist die gesetzliche Regelung des Bildungsdokumentationsgesetzes in Verbindung mit den Zuständigkeiten der Statistik Austria. Die Daten wurden dem Bildungsstandregister entnommen und sind Daten der Bildungsstatistik. Sie treffen daher keine Aussage über eine tatsächliche Berufsausübung. Da das BMG und die Bundesländer als anerkennende bzw. nostrifizierende Stellen nicht verpflichtet sind, Daten über die Nationalität der betreffenden Personen zu übermitteln, kann dazu ebenfalls keine Aussage gemacht werden. Zudem ist auf der Basis der Bildungsstatistik keine Aussage zum Bestand an diplomierten Gesundheits- und Krankenpflegepersonen möglich.

Daher führte die GÖG in Absprache mit dem BMG weitere Erhebungen zu diplomierten Gesundheits- und Krankenpflegepersonen durch, wohl wissend, dass die Datenlage unvollständig ist. In diesem Zusammenhang wurden die Länder ersucht, die Anzahl der im jeweiligen Kalenderjahr positiv abgeschlossenen Nostrifizierungsverfahren sowie die Staaten anzugeben, in dem die nostrifizierten Personen ihre berufliche Erstqualifikation erworben hatten. Die Angaben sollten den Zeitraum von 2000 bis 2014 umfassen. Sofern der Staat der Erstqualifikation im jeweiligen Bundesland nicht erhoben wird, sollte lediglich die Gesamtzahl der nostrifizierten diplomierten Gesundheits- und Krankenpflegepersonen je Kalenderjahr angegeben werden.



Alle Bundesländer mit Ausnahme von Wien konnten im Erhebungszeitraum die Gesamtzahl der nostrifizierten diplomierten Gesundheits- und Krankenpflegepersonen sowie das Land der Erstqualifizierung nennen. Mangels gesetzlicher Verpflichtung für die Erhebung der von der WHO geforderten Daten im Rahmen von Nostrifikation gestaltete sich die Aufbereitung der teilweise unvollständigen Daten für die Bundesländer häufig schwierig. Zudem war unklar, ob sich die Angaben auf die Anzahl der Nostrifizierungsverfahren oder der Personen bezog. Ebenso war es nicht für alle Länder möglich, für den gesamten fraglichen Zeitraum Angaben zu machen.

Das BMG entschied deshalb, dass die von der GÖG zusätzlich erhobenen Daten nicht der WHO übermittelt werden, sondern nur jene Daten, welche von der Statistik Austria bereits an Eurostat übermittelt worden waren (siehe Anhang 6). Die Statistik Austria wurde von der GÖG über diese Vorgangsweise informiert.

Das BMG übermittelte am 30. 07. 2015 das NRI einschließlich des Questionnaires sowie der zusätzlichen Informationen fristgerecht an das Regionalbüro Europa der WHO.

## 3 Empfehlungen

### 3.1 Verstärkte Kommunikation des WHO-Kodex auf nationaler und internationaler Ebene

Das österreichische Gesundheitssystem war bisher in der Lage, Engpässe bei Gesundheitsfachkräften durch Rekrutierung insbesondere aus den Nachbarländern auszugleichen. Ob auf ausländische Gesundheitsfachkräfte zukünftig im gleichen Ausmaß zurückgegriffen werden kann, ist fraglich. Den Schätzungen der Europäischen Kommission zufolge wird bis zum Jahr 2020 etwa eine Million Gesundheitsfachkräfte in der Akutversorgung fehlen, wenn keine adäquaten Maßnahmen getroffen werden. Wenn der Langzeitbereich in die Berechnung eingeschlossen wird, ist die Zahl noch beträchtlich höher (Buchan et al. 2014).

Der WHO-Kodex enthält umfangreiche Empfehlungen für eine faire, transparente und nachhaltige internationale Rekrutierung von Gesundheitsfachkräften zur Vermeidung negativer Auswirkungen (Terre des hommes Deutschland e. V. 2013). Ziel einer verstärkten Kommunikation des Kodex ist die Berücksichtigung bei der Erstellung von nationalen Gesetzen und bei anderen europaweiten politischen Entscheidungsprozessen, die das Gesundheitspersonal betreffen.

Dass die Mitgliedsländer nachhaltige, effektive Strategien zu Personalplanung, Ausbildung sowie Personalbindung entwickeln, um auf die Migration von Arbeitskräften im Gesundheitswesen nicht angewiesen zu sein, ist eine der zentralen Empfehlungen des Kodex.

### 3.2 Gesundheitsberuferegister

Die Registrierung von Gesundheitsberufen ist unter anderem deshalb von Bedeutung, weil Eurostat für das Jahr 2018 die Durchführungsverordnung "Implementing Regulation on Health Care Non-Monetary Statistics - IR HCARE" plant. Damit wird die Meldung der Zahl der diplomierten Gesundheits- und Krankenpflegepersonen in Österreich verpflichtend.

Seit vielen Jahren wird diese Meldung in Form des „Joint Questionnaire Eurostat/WHO/OECD“ von der Statistik Austria als Gentleman Agreement durchgeführt. Bislang werden nur jene diplomierten Gesundheits- und Krankenpflegepersonen erfasst, die von den Krankenanstalten gemeldet werden.

Die geänderte Richtlinie 2005/36/EG über die Berufsankennung mit der Richtlinie 2013/55/EU sowie die europäische Verordnung (EG) Nr. 223/2009 über europäische Statistiken, geändert durch die Verordnung (EU) 2015/759 des Europäischen Parlaments und des Rates, erfordern eine verstärkte Berücksichtigung europäischer Entwicklungen.

# Literatur

Aistleithner, Regina; Schuchter, Patrick (2012): WHO Code of Practice on the International Recruitment of Health Personnel, Im Auftrag des Bundesministeriums für Gesundheit. Unveröffentlicht. Gesundheit Österreich GmbH / Geschäftsbereich ÖBIG, Wien

Buchan, James; Glinoz, Irene A.; Matthias, Wismar (2014): Introduction to health professional mobility in a changing Europe. In: Health Professional Mobility in a Changing Europe. Hg. v. Buchan, James et al. Health Organization on behalf of the European Observatory on Health Systems and Policies: 3–17

Terre des hommes Deutschland e. V. (2013): Der globale Verhaltenskodex der WHO für die internationale Anwerbung von Gesundheitsfachkräften – Handbuch. 1. Aufl., H. Heenemann, Berlin

WHO (2011): WHO Global Code of Practice on the International Recruitment of Health Personnel. Draft guidelines on monitoring the implementation of the WHO Global Code, World Health Organization, Geneva

WHO (2015): WHO Global Code of Practice on the International Recruitment of Health Personnel. National Reporting Instrument (2015). Geneva: World Health Organization, Health Systems and Innovation Cluster / Department of Health Workforce



# Anhang

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- Anhang 1: NRI 2015 Formular
- Anhang 2: Newsletter Länder
- Anhang 3: Informationen Länder
- Anhang 4: NRI 2015 Qualitative Information
- Anhang 5: NRI 2015 Additional Information
- Anhang 6: NRI 2015 Questionnaire





**WHO Global Code of Practice on the  
International Recruitment of Health  
Personnel**

National Reporting Instrument (2015)

World Health Organization  
Geneva  
**02 February 2015**

## Background

On May 21, 2010 the WHO Global Code of Practice on the International Recruitment of Health Personnel (the “Code”) was adopted by the 193 Member States of the World Health Organization. This ground breaking instrument marks the first time that WHO Member States have used the constitutional authority of the Organization to develop a non-binding code in thirty years.

The Code establishes and promotes voluntary principles and practices for the ethical international recruitment of health personnel and the strengthening of health systems. The Code was designed by Member States to serve as a continuous and dynamic framework for global dialogue and cooperation to address challenges associated with the international migration of health personnel.

The Code encourages information exchange on issues related to health personnel and health systems in the context of migration, and suggests regular **reporting every three years** on measures taken to implement the Code. The reporting process is an integral component of the effective implementation of the voluntary principles and practices recommended by the Code.

To facilitate the reporting process under the Code and in accordance with the request of the World Health Assembly (Resolution WHA63.16) a series of consultations and discussions were conducted between June 2010 and November 2011, including consultation with Member States and other stakeholders concerned with the Code. Upon a number of reviews by experts, member states and regional offices, the document was further condensed into the **National Reporting Instrument** as a country-based, self-assessment tool to monitor the progress made in implementing the Code. Comprising 24 questions, the instrument will enable WHO to examine the global status of health personnel recruitment and where possible assess the availability of data to explore time trends with inputs from governments and other stakeholders.

A key purpose of this *instrument* is to provide a simple, user-friendly method for governments and other stakeholders to use in monitoring the implementation of the Code. The common use of this method will facilitate participation as well as promote the comparability of data and regularity of information flow.

## Submission of reports

To submit Reports, Member States and other stakeholders are invited to directly complete the online reporting questionnaire via the following link:

<https://extranet.who.int/dataform/survey/index/sid/378366/token/xxxx>

**The deadline for submitting reports is 31 July 2015.** If technical difficulties prevent national authorities or other stakeholders from filling in the online questionnaire, it is also possible to download it via the link :

[http://www.who.int/hrh/migration/code/code\\_nri/en/](http://www.who.int/hrh/migration/code/code_nri/en/) complete it in a separate document and to return it to the WHO Secretariat, either electronically or in hard copy to the following address:

World Health Organization  
Health Systems and Innovation Cluster  
Department of Health Workforce  
20 Avenue Appia, 1211 Geneva 27  
Switzerland  
[hrhinfo@who.int](mailto:hrhinfo@who.int)



# Regular National Reporting instrument

Name of Member State:

Date National Report submitted:

Austria

If your country has designated a national authority (the “national authority”) responsible for the exchange of information regarding health personnel migration and the implementation of the Code as recommended by Article 7.3, please provide the following information:

Austria

Full name of institution:

Federal Ministry of Health

Name and title of contact officer:

Dr. Meinhild Hausreither

Mailing address:

meinhild.hausreither@bmg.gv.at

Telephone number:

0043 1 71100 4707

Fax number:

0043 1 71344 041415

Email:

WHO-Health-Personnel@bmg.gv.at

# National Reporting instrument

## Section 1: Qualitative information

### Responsibilities, Rights and Recruitment Practices (Article 4)

This questionnaire has been developed for all Member States irrespective of their situation in terms of international health personnel recruitment. As a result, some questions may be less relevant to the specific context of some countries. If a question appears irrelevant to your country, please submit an explanation in the comment box provided. If a question addresses issues under the responsibility of decentralized authorities, please provide as consolidated an answer as possible describing the national situation.

1. In your country, do equally qualified and experienced migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce in terms of employment and conditions of work?

Yes  No

2. Which legal safeguards and/or other mechanisms are in place to ensure that migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce? Please tick all options that apply from the list below:

2.a Migrant health personnel are recruited internationally using mechanisms that allow them to assess the benefits and risk associated with employment positions and to make timely and informed decisions regarding them

2.b Migrant health personnel are hired, promoted and remunerated based on objective criteria such as levels of qualification, years of experience and degrees of professional responsibility on the same basis as the domestically trained health workforce

2.c Migrant health personnel enjoy the same opportunities as the domestically trained health workforce to strengthen their professional education, qualifications and career progression

2.d Other mechanism, please provide details if possible:

3. Please submit any other comments or information you wish to provide regarding legal, administrative and other measures that have been taken or are planned in your country to ensure fair recruitment and employment practices.

4. Please submit any other comments or information you wish to provide regarding difficulties faced by your health personnel working outside your country and any measures that have been taken or are planned in your country to ensure their fair recruitment and employment practices.

## Health Workforce Development and Health System Sustainability (Article 5)

5. Has your country or its sub-national governments entered into bilateral, regional or multilateral agreements or arrangements addressing the international recruitment of health personnel?

Yes                      x No

6. Please use Table A below to describe these bilateral, regional or multilateral agreements or arrangements:

**Table A Description of Bilateral, multilateral, regional agreements or arrangements**

Type of Agreement	Countries Involved	Coverage	Validity period (from-to)	Categories of Skilled Health Personnel (Include all that apply)	Please attach a documentation on file if possible	Please provide a web-link if possible
1) Bilateral				1) Doctors		
2) Multilateral		1) National		2) Nurses		
3) Regional		2) Sub-national		3) Midwives		
				4) Nurses/Midwives*		
				5) Dentists		
				6) Pharmacists		
				7) Other (include details as necessary)		
....e.g. (a)		....e.g. (a)		....e.g. (a)		

*Add as necessary...*

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

7. If your country or its sub-national governments entered into bilateral, regional or multilateral agreements, do those take account of the needs of developing countries and countries with economies in transition?

Yes                      x No

8. If "Yes", please tick all options of type of support that apply from the list below:

- 8.a** Training
- 8.b** Twinning of health care facilities

- 8.c** Promotion of circular migration
- 8.d** Retention strategies
- 8.e** Education programs
- 8.f** Other mechanism, please provide details if possible:

9. Does your country strive to meet its health personnel needs with its domestically trained health personnel, notably through measures to educate, retain and sustain a health workforce that is appropriate for the specific conditions of your country, including areas of greatest need?

- Yes       No

10. If “Yes”, use Table B below to indicate the top 3 measures in place :

**Table B – measures taken to educate, retain and sustain the health workforce**

Measure Type	Description
10.a1 Education	Moratorium on the unrestricted access to study of medicine: Favorable admission to medical schools for Austrian citizens over other EU-citizens
10.b1 Retain	Upgrade working conditions for health professionals, e.g. competitive salaries, assistance for children and pupils, providing staff-housing or support in finding flats, internal wide-ranging professional training.
10.c1 Sustain	Study on needs of medical doctors in Austria as well as on needs of of nurses in Carinthia and Salzburg.

11. Has your country adopted measures to address the geographical mal-distribution of health workers and to support their retention in underserved areas?

- Yes       No

12. If “Yes”, use Table C below to indicate the top 3 measures in place :

**Table C – measures taken to address the geographical mal-distribution of health workers**

Measure Type	Description
12.a1 Education	Additional schools of nursing and training courses for care assistants in rural areas
12.b1 Expand Primary Health Care	Expand Primary Health Care in rural areas
12.c1 Survey	Survey on the skills and mix of qualifications in nursing

## Gathering, Research and Information Exchange (Articles 6 and 7)

13. Does your country have any (government and/or non-government) programs or institutions undertaking research in health personnel migration?

- Yes       No

**14. Please use Table D below to provide the contact details for these research programs or institutions**

14.1 Name of Program or Institution	Name of contact person	Contact details	Web-link (if available)
Vienna University of Economics and Business/ Department Socioeconomics	August Österle	august.oesterle@wu.ac.at	<a href="http://www.wu.ac.at/altersoekonomie">http://www.wu.ac.at/altersoekonomie</a>
Danube University Krems/Department Migration and Globalization	Gudrun Biffel	gudrun.biffel@donau-uni.ac.at	<a href="http://www.donau-uni.ac.at">http://www.donau-uni.ac.at</a>
Gesundheit Österreich GmbH	Ines Czasny	ines.czasny@goeg.at	<a href="http://www.goeg.at/">http://www.goeg.at/</a>
Institute for Advanced Studies	Thomas Czypionka	thomas.czypionka@ihs.ac.at	<a href="https://www.ihs.ac.at/">https://www.ihs.ac.at/</a>

**15. Has your country established a database of laws and regulations related to international health personnel recruitment and migration and, as appropriate, information related to their implementation?**

Yes      x  No

**15.1 Please provide details of the database reference or a web-link:**

**16. Does your country have any mechanism(s) or entity(ies) to maintain statistical records of health personnel whose first qualification was obtained overseas?**

x  Yes       No

**16.1 Please use Table E below to provide the contact details of each entity.**

**Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas**

Name of mechanism or entity	Contact details	Web-link (if available)
16.1a Österreichische Ärztekammer/Austrian Medical Chamber	Austrian Medical Chamber, International Department, Weihburggasse 10-12 1010 Wien Austria, Phone: 0043-1-514 06 Ext 931	<a href="http://www.aerztekammer.at/">http://www.aerztekammer.at/</a>
16.1b Österreichische Zahnärztekammer	Österreichische Zahnärztekammer 1010 Wien, Kohlmarkt 11/6 Phone: 0043-1-71728163	<a href="http://www.zahnaerztekammer.at/">http://www.zahnaerztekammer.at/</a>
16. 1c Hebammengremium	Österreichisches Hebammengremium, Landstraße Hauptstraße 71/2, 1030 Wien, Phone: 0043-1-71728 163	<a href="http://www.hebammen.at/">http://www.hebammen.at/</a>
16.1d Bundesministerium für Gesundheit	Federal Ministry of Health, Radetzkystraße 2, 1030 Wien, Phone: 0043-1-71100	<a href="http://www.bmg.gv.at/home/Schwerpunkte/Berufe/Anerkennung">http://www.bmg.gv.at/home/Schwerpunkte/Berufe/Anerkennung</a>
16.1e Österreichische Apothekerkammer	Österreichische Apothekerkammer, Spitalgasse 31, 1091 Wien, Telefon: 0043-1-40414 Ext 100	<a href="http://www.apotheker.or.at/">http://www.apotheker.or.at/</a>

**16.2 For the entity named in Q(16.1) please use Table F below to specify whether the information gathered include the following:**

**Table F Description of the statistical information available on the internationally recruited health personnel**

Entity	Occupation category	Country of first qualification	Year of first recruitment	Age	Sex
Österreichische Ärztekammer/Austrian Medical Chamber	Doctors	Yes	No	Yes	Yes
Bundesministerium für Gesundheit	Nurses	Yes	No	No	Yes
	Health Care Psychologists	Yes	Yes	Yes	Yes
	Clinical Psychologists	Yes	Yes	Yes	Yes
	Qualified Cardio-technicians	Yes	No	Yes	Yes
	Music Therapists	Yes	No	Yes	Yes
	Psychotherapists	Yes	No	Yes	Yes
	Exercise Therapists	Yes	Yes	Yes	Yes
Hebammengremium	Midwives	Yes	Yes	Yes	Yes
Österreichische Zahnärztekammer	Dentists	Yes	Yes	Yes	Yes
Österreichische Apothekerkammer	Pharmacists	No	No	No	No

**17. Does your country have any mechanism(s) or entity(ies) to regulate or grant authorization to practice to internationally recruited health personnel and maintain statistical records on them?**

Yes  No

**17.1 Please use Table G below to provide the contact details of each entity.**

**Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel**

Name of mechanism or entity	Contact details	Web-link (if available)
16.1a Österreichische Ärztekammer/Austrian Medical Chamber	Austrian Medical Chamber, International Department, Weihburggasse 10-12 1010 Wien Austria, Phone: 0043-1-514 06 Ext 931	<a href="http://www.aerztekammer.at/">http://www.aerztekammer.at/</a>
16.1b Österreichische Zahnärztekammer	Österreichische Zahnärztekammer 1010 Wien, Kolmarkt 11/6 Phone: 0043-1-71728163	<a href="http://www.zahnaerztekammer.at/">http://www.zahnaerztekammer.at/</a>
16. 1c Hebammengremium	Österreichisches Hebammengremium, Landstraße Hauptstraße 71/2, 1030 Wien, Phone: 0043-1-71728 163	<a href="http://www.hebammen.at/">http://www.hebammen.at/</a>
16.1d Bundesministerium für Gesundheit	Federal Ministry of Health, Radetzkystraße 2, 1030 Wien, Phone: 0043-1-71100	<a href="http://www.bmg.gv.at/home/Schwerpunkte/Berufe/Anerkennung">http://www.bmg.gv.at/home/Schwerpunkte/Berufe/Anerkennung</a>
16.1f Österreichische Apothekerkammer	Österreichische Apothekerkammer, Spitalgasse 31, A-1091 Wien, Telefon: 0043-1-40414 Ext 100	<a href="http://www.apotheker.or.at/">http://www.apotheker.or.at/</a>

**17.2 For the entity named in Q(17.1) please use Table H below to indicate whether the information gathered include the following details:**

**Table H Description of information available on authorization and regulation of practice of internationally recruited health personnel**

Entity	Occupation category	Country of first qualification	Year of first recruitment	Age	Sex
Österreichische Ärztekammer/Austrian Medical Chamber	Doctors	Yes	No	Yes	Yes
Bundesministerium für Gesundheit	Nurses	Yes	No	No	Yes
	Health Care Psychologists	Yes	Yes	Yes	Yes
	Clinical Psychologists	Yes	Yes	Yes	Yes

	Qualified Cardio-technicians	Yes	No	Yes	Yes
	Music Therapists	Yes	No	Yes	Yes
	Psychotherapists	Yes	No	Yes	Yes
	ExerciseTherapists	Yes	Yes	Yes	Yes
Hebammengremium	Midwives	Yes	Yes	Yes	Yes
Österreichische Zahnärztekammer	Dentists	Yes	Yes	Yes	Yes
Österreichische Apothekerkammer	Pharmacists	No	No	No	No

## Implementation of the Code (Article 8)

18. Has an assessment of what is needed to implement the Code at the national, sub-national and local level been made?

Yes       No

18.1 Please submit any other comments or information you wish to provide regarding question:

19. Has your country taken any steps to implement the Code?

Yes       No

20. To describe those steps taken to implement the Code, please tick all items that apply from the list below – the box can be ticked even if only some of the elements per step have been applied:

- 20.a** Actions have been taken to communicate and share information across sectors on health worker recruitment and migration issues, as well as the Code, among relevant ministries, departments and agencies, nationally and sub-nationally
- 20.b** Measures have been taken to involve all stakeholders in *any* decision-making processes involving health personnel migration and international recruitment.
- 20.c** Actions are being considered to introduce changes to laws or policies to bring them into conformity with the recommendations of the Code.
- 20.d** Records are maintained of all recruiters authorized by competent authorities to operate within their jurisdiction.
- 20.e** There exists a mechanism for regulation and accreditation of all recruiters authorized by competent authorities to operate within their jurisdiction.
- 20.f** Good practices are encouraged and promoted among recruitment agencies.

**20.g** If *Other* steps have been taken, please give more details:

21. Please list in priority order, the three main constraints to the implementation of the Code in your country and propose possible solutions:

Main constraints	Possible solution
21.a1 Lack of statistical information about nurses because of no registration	Registration of nurses
21.b1 Fragmented responsibilities due to the federal political system in Austria	Nationwide statistics
21.c1 No further main constraint	No further main constraint

## Partnerships, Technical Collaboration and Financial Support (Article10)

22. Has your country provided assistance to one or more Member States or other stakeholders to support their implementation of the Code?

Yes       No

22.1 Please provide more information or evidence of agreements or evidence of financial assistance as appropriate:

23. Does your country receive / requested assistance from one or more countries or other stakeholders to support its implementation of the Code?

Yes       No

23.1 Please provide more information or evidence of agreements or evidence of financial assistance as appropriate:

24. Please submit any other complementary comments or material you wish to provide regarding the international recruitment and management of migration of the health workforce that would relate to implementation of the Code.



## Regular National Reporting instrument

### Section 2: Quantitative information – Minimum Data Sets

#### Guiding principles for the compilation of a Minimum Data Set for the monitoring of health workforce migration

Improving the availability and international comparability of migration data and statistics for health personnel is essential to helping countries develop more evidence-based policies. Central to this is the compilation of a minimum data set (MDS) to effectively monitor international health workforce migration. Such MDS is a key element in monitoring the implementation of the Code, and resolution WHA63.16 specifically requested the rapid development of these *NRI* include a MDS.

The objective of these guiding principles for the monitoring of health workforce migration is to provide guidance for data collection and to describe the possible nature and scope of data to be collected in the context of the MDS. These guiding principles have been developed jointly by the WHO Secretariat and the OECD Secretariat in consultation with Member States and other stakeholders and build upon the longstanding cooperation between these two Organizations on health workforce issues.

#### Basic principles for the MDS data collection

- Coverage of health professions:** ideally, monitoring should include all categories of health personnel, including doctors, nurses, midwives, pharmacists, dentists, physiotherapists, medical laboratory technologists, health management and support workers, etc., because all these personnel are engaged in actions with the primary intent to enhance health.

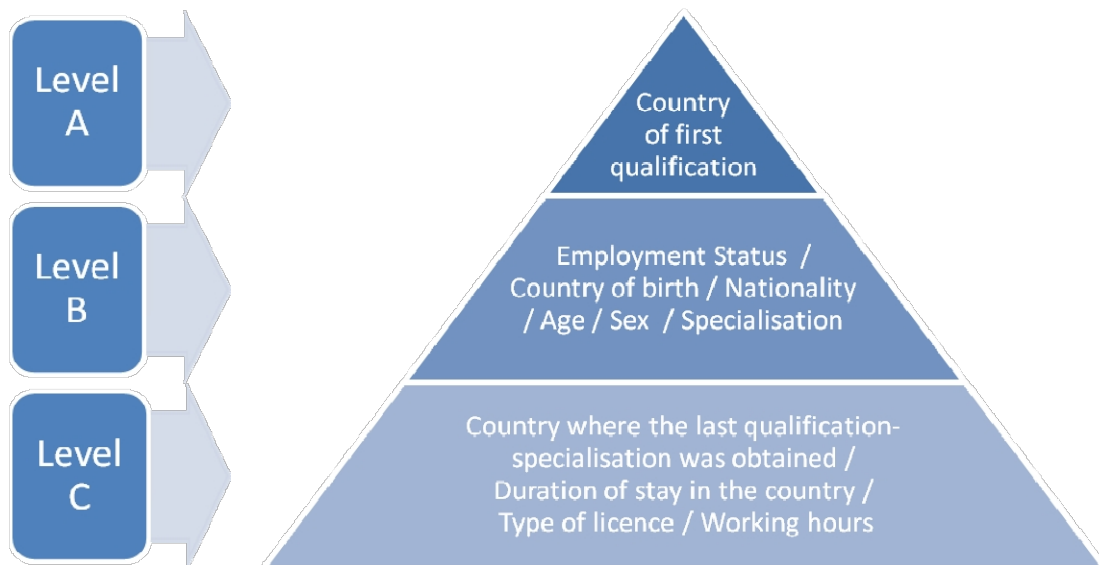
However, to keep the data collection process manageable, it is proposed to initially focus the data collection effort on medical doctors (all categories included) and nurses. Over time, the MDS may be extended for other categories of health personnel.
- Identifying/defining international migrant health personnel:** it is proposed that the main priority is to collect data on international health worker migrants according to the country where their first education/training qualification leading to a health professional designation was completed/obtained. Given the increasing internationalization of higher education, it is also useful to complement the information on place of education/training with information on country of birth/nationality in order to identify those who studied abroad but then returned to practice in their home country or moved on to another country. It is also proposed that data collection be limited to health personnel actually residing in destination countries (i.e. excluding health professionals who are registered but who are currently living and working abroad).
- Collecting data on migrant health workers** is of limited use if it is not complemented by other efforts to improve information on domestic health workers in countries of origin. This is why it is also crucial to support the improvement of health workforce information systems in all low and middle income countries, including systems to monitor international migration.
- Monitoring both stocks and flows of migrant health workers:** Data on both stocks (total number of health workers in the country at a specific point in time) and flows (total number of newly recruited health workers/new registrations in the previous year, or latest year available) of international health personnel migrants should be collected, reported and used to provide a comprehensive picture of migration patterns over time. Based on existing data sources in countries, comparable data on stocks tend to be a bit more widely available.

- **Distinguishing immigrant health workers active in the health sector from those who are not:** From the perspective of both source and destination countries, it is important to differentiate between migrant health personnel working in the health sector, those who are inactive and those working outside the health sector. The data collection focusses on migrant health workers working in the health sector.
- **Finally, data collection for the MDS should build on current data sets as much as possible.**

## Structuring the MDS

The proposed MDS may be conceived as a pyramid (Figure 1), identifying a core minimum of variables for international reporting in the short-term, supported by additional variables that would allow more in-depth analyses and which might be expanded over time. The proposed framework is based on a hierarchy of three levels of informational needs reflecting the proposed order of priorities (that is, levels A, B and C). Following the first principle mentioned above, the first and most important level of priority for data to be collected is level A (monitoring the country of first qualification of migrant health personnel).

Figure 1. Minimum data set to monitor international migration of health workers



## Information to be provided by Member States

Specifications of the proposed definitions of Level A variable is provided in the first sheet of the attached excel sheets "*Adapted Template\_Workforce migration 2015 (English).xls*". The worksheet describe data collections for doctors and nurses as stock and inflow in the period 2000-2014. The key aspect of the data collection is to separate domestically-trained personnel from those foreign-trained (excluding those native-born but foreign-trained). The main data sources, from a destination country's perspective, include the following:

- Work permits
- Licensing & recognition of foreign credentials
- Professional registers/registries
- Surveys of health personnel
- Labour force surveys

- Population censuses

Based on a preliminary review of available data sources across countries, professional registries and existing surveys of health personnel seem to be the most promising data sources as they often offer both stock and flow data by country of education (foreign-trained health workers) and possibly also the required information on employment status. Nonetheless, countries have the flexibility to use the most appropriate and reliable sources at their disposal to collect and report the necessary information.

## PART 3 – Reporting instrument for other stakeholders (OPTIONAL)

### Reporting instrument for other stakeholders

Submitted by: \*

Contact details:

Name of entity submitting the report:

Responsible and/or contact person:

Mailing address:

Telephone number:

Fax:

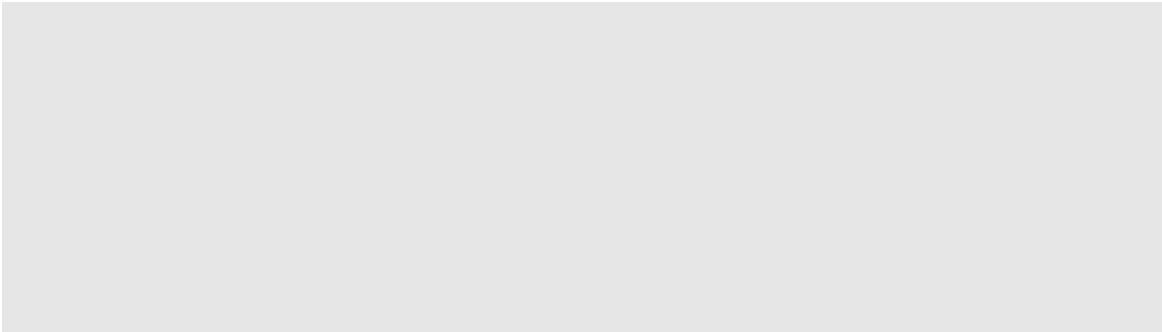
Email:

Website URL:

Description of the entity submitting the report:

\* This form should be used by entities recognized under the Code that wish to provide information on activities related to the implementation of the Code. Article 2.2 describes stakeholders to include entities "such as health personnel, recruiters, employers, health-professional organizations, relevant subregional, regional and global organizations, whether public or private sector, including nongovernmental, and all persons concerned with the international recruitment of health personnel." The requested information should be included on attached sheets.

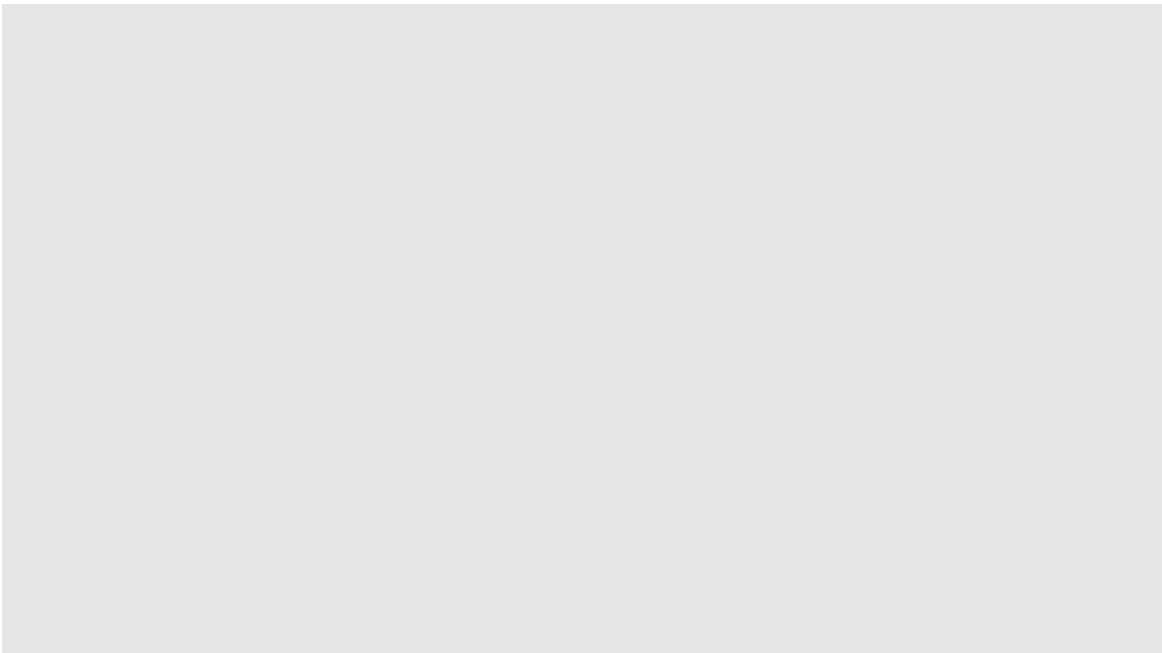
Please describe the entity submitting this report and the nature of its involvement or interest in international health personnel migration issues relevant to the Code.



Information to be included in the report:

Please provide information that you consider relevant to activities related to the implementation of the Code, in accordance with the provisions of the Code and the *NRI* to which this form is attached. In order for the information to be considered, it should:

- Indicate what provision(s) of the Code is/are being addressed.
- Address a matter relating to the implementation of the provision(s).
- Describe the factual basis on which the report is being submitted and how these facts relate to the implementation of the Code.
- Provide sufficient information to enable the Secretariat to compile a summary of the issue(s) relating to implementation.
- Be provided for the purpose of promoting implementation of the Code.



## WHO Contacts – National Reporting Instrument

	Focal Point	Mailing Address	Email	Telephone & Fax
Headquarters	James Campbell	(HIS/HWF) World Health Organization Avenue Appia 20 CH-1211 Genève 27 Switzerland	<a href="mailto:campbellj@who.int">campbellj@who.int</a>	+41 22 791 3599  +41 22 791 4153
WHO Regional Office for Africa (AFRO)	Djona Atchenemou Avocksouma  Jennifer Nyoni  Adam Ahmat	(WHO/AF/RGO/HSS/HRH) Cité du Djoué, P.O.Box 06 Brazzaville, Republic of Congo	<a href="mailto:avocksoumad@who.int">avocksoumad@who.int</a>  <a href="mailto:nyonij@who.int">nyonij@who.int</a>  <a href="mailto:ahmata@afro.who.int">ahmata@afro.who.int</a>	+47 241 39174  +47 241 39236  +47 241 39169  +47 241 39563
WHO Regional Office for the Americas (AMRO/PAHO)	Rose Maria Borrrell-Bentz	(AMRO/HSS/HR) 525 Twenty-third Street, N.W., Washington, D.C. 20037, USA (WHO/EM/RGO/DHS	<a href="mailto:borrellr@who.int">borrellr@who.int</a>	+1 202 974 3876  +1 202 974 3612
WHO Regional Office for the Eastern Mediterranean (EMRO)	Fariba Abdul Wahab Ahmed	/HRD) Abdul Razzak Al Sanhoury Street, P.O. Box 7608, Nasr City, Cairo 11371, Egypt	<a href="mailto:aldarazif@who.int">aldarazif@who.int</a>	+201006019081  +202 22765416
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### **Der globale Verhaltenskodex der WHO für die internationale Anwerbung von Gesundheitsfachkräften**

Auf der 63. Weltgesundheitsversammlung 2010 wurde der *Verhaltenskodex der WHO für die internationale Anwerbung von Gesundheitsfachkräften* von den 193 Mitgliedstaaten der Vereinten Nationen, so auch von Österreich, verabschiedet.

Ziel des Kodex ist, einen Beitrag zur Sicherstellung der globalen Gesundheitsversorgung zu leisten. Dies betrifft die ärmsten Länder und hochentwickelte Industrienationen gleichermaßen. Faktoren wie demografischer Wandel, Zunahme von chronischen Erkrankungen, Entwicklungen der Wirtschaft und des Arbeitsmarktes wirken sich auf die Gestaltungsmöglichkeiten des Gesundheitssektors der jeweiligen Länder und insbesondere auf die Mobilitätsströme von Gesundheitspersonal aus.

Jeder Mitgliedstaat berichtet seit dem Jahr 2012 alle drei Jahre der WHO über gesetzte Maßnahmen, erzielte Ergebnisse, gewonnene Erkenntnisse sowie Informationen und Daten über die Migration von Gesundheitspersonal. Für Österreich berichtet die Abteilung II/A/2 des BMG in ihrer Funktion als nationale Kontaktstelle.

Ausführliche Informationen zum Verhaltenskodex bietet die Broschüre *Health Workers for all* ([http://www.healthworkers4all.eu/fileadmin/docs/de/WHO\\_Verhaltenskodex\\_tdh.pdf](http://www.healthworkers4all.eu/fileadmin/docs/de/WHO_Verhaltenskodex_tdh.pdf)).





### Der globale Verhaltenskodex der WHO für die internationale Anwerbung von Gesundheitsfachkräften

Auf der 63. Weltgesundheitsversammlung 2010 wurde der *Verhaltenskodex der WHO für die internationale Anwerbung von Gesundheitsfachkräften* von den 193 Mitgliedstaaten der Vereinten Nationen, darunter von Österreich, verabschiedet.

Der Kodex fordert den ethischen Umgang in der Anwerbung von Gesundheitspersonal im globalen Kontext. Die Umsetzung des Kodex bedingt die Zusammenarbeit mit relevanten regionalen, nationalen und globalen Organisationen und Stakeholdern des öffentlichen und privaten Sektors. Beginnend mit dem Jahr 2012 sind die Mitgliedstaaten aufgefordert, alle drei Jahre der WHO Bericht über gesetzte Maßnahmen, erzielte Ergebnisse, gewonnene Erkenntnisse sowie Informationen und Daten zur Migration von Gesundheitspersonal zu erstatten. Für Österreich berichtet die Abteilung II/A/2 (Allgemeine Gesundheitsrechtsangelegenheiten und Gesundheitsberufe) des Bundesministeriums für Gesundheit in ihrer Funktion als nationale Kontaktstelle.

Die vorliegende Information zielt darauf ab, den WHO-Verhaltenskodex in Österreich bei allen Stakeholdern bekannt zu machen. Die nachfolgenden Ausführungen geben einen kurzen Überblick zu wesentlichen Prinzipien und zum Hintergrund des WHO-Verhaltenskodex.

#### **Wesentliche Empfehlungen des Kodex**

1. Ethisch vertretbare internationale Abwerbung, d. h. Verzicht auf Abwerbung von Personen aus Ländern mit kritischem Mangel an Gesundheitsfachkräften.
2. Personalausbau im Gesundheitswesen und nachhaltige Gesundheitssysteme, d. h. alle Länder sollen wirksame Personalplanung und Strategien für Aus- und Weiterbildung und Personalbindung im Gesundheitswesen umsetzen, um den Bedarf an zuwandernden Gesundheitsfachkräften zu minimieren.
3. Faire Bezahlung und Gleichbehandlung von zugewanderten Gesundheitsfachkräften, wobei alle Gesundheitsfachkräfte die Möglichkeit haben sollen, Risiken und Nutzen der verschiedenen Arbeitsbedingungen bewerten zu können.
4. Internationale Zusammenarbeit mit Herkunftsländern zu beiderseitigem Nutzen
5. Finanzielle und technische Unterstützung für Entwicklungsländer hinsichtlich Umsetzung des Kodex.
6. Datensammlung zur Erforschung der treibenden Kräfte und der Auswirkungen von Migration. Die Mitgliedstaaten sind aufgefordert, Informationssysteme zur Personalsituation und Migration im Gesundheitswesen auszubauen oder zu schaffen und Daten zu sammeln, zu verarbeiten und in Form von effektiven Strategien und Planungen zum Gesundheitspersonal umzusetzen.
7. Informationsaustausch, d. h. die Mitgliedstaaten sollen regelmäßig Fakten zu Gesetzen und Regelungen bezüglich der Anwerbung und Migration von Gesundheitsfachkräften sowie Daten aus den Personalinformationssystemen zusammentragen und dem WHO-Sekretariat berichten.

## Hintergrund des Kodex

Ein kritischer Mangel an Gesundheitsfachkräften in 57 Ländern, meist hervorgerufen durch Abwanderung von Gesundheitspersonal ins Ausland, gefährdet das Erreichen der Millenniums-Entwicklungsziele in Entwicklungsländern, insbesondere in Asien und Afrika; in einzelnen Ländern verließen laut OECD bereits mehr als 50 Prozent der hochqualifizierten Gesundheitsfachkräfte ihr Land in der Hoffnung auf bessere Berufsaussichten .

Doch auch die entwickelten Länder stehen vor besonderen Herausforderungen: Der Versorgungsbedarf steigt durch den demografischen Wandel, die Zunahme an chronischen und anderen, neu auftretenden Erkrankungen. Gleichzeitig wird eine große Gruppe an Gesundheitsfachkräften altersbedingt aus dem Berufsleben ausscheiden (Buchan et al. 2014). Zudem wirken sich Wirtschaftskrisen und Rezessionen auf die Gestaltungsmöglichkeiten des Gesundheitssektors sowie auf die Richtung der Mobilitätsströme aus. Für die Mobilität von Arbeitskräften innerhalb der EU wurden mit der EU-Erweiterung seit 2004 neue Impulse gesetzt, wobei die EU-15 Hauptzielländer für Migrantinnen aus den neuen Mitgliedstaaten sind.

Das österreichische Gesundheitssystem war bisher in der Lage, Engpässe durch die Rekrutierung von Fachkräften aus den Nachbarländern auszugleichen. Fraglich ist jedoch, ob zukünftig auf ausländische Gesundheitsfachkräfte im gleichen Ausmaß zurückgegriffen werden kann. Schätzungen der Europäischen Kommission zufolge wird bis zum Jahr 2020 etwa eine Million Gesundheitsfachkräfte in der Akutversorgung fehlen, wenn keine adäquaten Maßnahmen getroffen werden. Zählt man den Langzeitbereich dazu, ist diese Zahl noch beträchtlich höher.

Der Kodex enthält umfangreiche Empfehlungen für eine faire, transparente und nachhaltige internationale Rekrutierung von Gesundheitsfachkräften, um negative Auswirkungen zu vermeiden. Eine zentrale Empfehlung des Kodex ist, dass die Mitgliedsländer nachhaltige, effektive Strategien zur Personalplanung, Ausbildung sowie Personalbindung entwickeln, um auf die Migration von Arbeitskräften im Gesundheitswesen nicht angewiesen zu sein.

Weitere Informationen bietet die Broschüre *Health Workers for all* ([http://www.healthworkers4all.eu/fileadmin/docs/de/WHO\\_Verhaltenskodex\\_tdh.pdf](http://www.healthworkers4all.eu/fileadmin/docs/de/WHO_Verhaltenskodex_tdh.pdf)).

## Literatur

Buchan, James; Glinos, Irene A.; Wismar, Matthias (2014): Introduction to health professional mobility in a changing Europe: In: Health Professional Mobility in a Changing Europe. Hg. Buchan, James, et al., Health Organization on behalf of the European Observatory on Health Systems and Policies, 3-17  
WHO (2019): WHO Global Code of Practice on the International Recruitment of Health Personnel [http://www.who.int/hrh/migration/code/code\\_en.pdf](http://www.who.int/hrh/migration/code/code_en.pdf)

## National Reporting Instrument - 2015

Date submitted
30.07.2015 15:10:31

### Section: Background

Monitoring progress on the implementation of Code – Second round reporting (2015-2016)

On May 21, 2010 the WHO Global Code of Practice on the International Recruitment of Health Personnel (the “Code”) was adopted by the 193 Member States of the World Health Organization. The Code encourages information exchange on issues related to health personnel and health systems in the context of migration, and suggests regular reporting every three years on measures taken to implement the Code. The reporting process is an integral component of the effective implementation of the voluntary principles and practices recommended by the Code.

A self-assessment tool for countries second-round reporting

To monitor the progress made in implementing the Code, and in accordance with the request of the World Health Assembly (Resolution WHA63.16), a national self-assessment tool was created for Member States.

You have been nominated as Designated National Authority (DNA) to respond to the updated national reporting instrument (NRI) via this web-based data interface.

**Disclaimer: The data and information collected through the National Reporting Instrument will be made publicly available via the WHO web-site following the proceedings of the World Health Assembly, May 2016.**

**Please proceed usinig 'Next' button**

### Contact details

Name of Member State
Austria [AUT]
Contact information of DNA [Full name of institution]
Federal Ministry of Health
Contact information of DNA [Name of contact officer]
Meinhild Hausreither
Contact information of DNA [Title of contact officer]
Doctor
Contact information of DNA [Mailing address]
meinhild.hausreither@bmg.gv.at
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Contact information of DNA [Email address]
WHO-Health-Personnel@bmg.gv.at

### Section 01: Qualitative information (1-4)

**1) In your country, do equally qualified and experienced migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce in terms of employment and conditions of work?**

Yes [A1]

**2) Which legal safeguards and/or other mechanisms are in place to ensure that migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce? Please tick all options that apply from the list below:** [2.a) Migrant health personnel are recruited internationally using mechanisms that allow them to assess the benefits and risk associated with employment positions and to make timely and informed decisions regarding them]

Yes [Y]

**2) Which legal safeguards and/or other mechanisms are in place to ensure that migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce? Please tick all options that apply from the list below:** [2.b) Migrant health personnel are hired, promoted and remunerated based on objective criteria such as levels of qualification, years of experience and degrees of professional responsibility on the same basis as the domestically trained health workforce]

Yes [Y]

**2) Which legal safeguards and/or other mechanisms are in place to ensure that migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce? Please tick all options that apply from the list below:** [2.c) Migrant health personnel enjoy the same opportunities as the domestically trained health workforce to strengthen their professional education, qualifications and career progression]

Yes [Y]

**2) Which legal safeguards and/or other mechanisms are in place to ensure that migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce? Please tick all options that apply from the list below:** [2.d) Other mechanism, please provide details if possible:]

**2) Which legal safeguards and/or other mechanisms are in place to ensure that migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce? Please tick all options that apply from the list below:** [Other]

**3) Please submit any other comments or information you wish to provide regarding legal, administrative and other measures that have been taken or are planned in your country to ensure fair recruitment and employment practices.**

**4) Please submit any other comments or information you wish to provide regarding difficulties faced by your health personnel working outside your country and any measures that have been taken or are planned in your country to ensure their fair recruitment and employment practices.**

## Section 01: Qualitative information (5-12)

**5) Has your country or its sub-national governments entered into bilateral, regional or multilateral agreements or arrangements addressing the international recruitment of health personnel?**

No [A2]

If 'No', please proceed using 'Next' button at the bottom of the screen.

## Section 01: Qualitative information (5-12) contd.

**7) If your country or its sub-national governments entered into bilateral, regional or multilateral agreements, do those take account of the needs of developing countries and countries with economies in transition?**

No [N]

**9) Does your country strive to meet its health personnel needs with its domestically trained health personnel, notably through measures to educate, retain and sustain a health workforce that is appropriate for the specific conditions of your country, including areas of greatest need?**

Yes [Y]

**10) If “Yes”, use Table B below to indicate the top 3 measures in place :**

Table B – measures taken to educate, retain and sustain the health workforce

[10.a) ][Measure Type]

Education

**10) If “Yes”, use Table B below to indicate the top 3 measures in place :**

Table B – measures taken to educate, retain and sustain the health workforce

[10.a) ][Description]

Moratorium on the unrestricted access to study of medicine: Favorable admission to medical schools for Austrian citizens over other EU-citizens

**10) If “Yes”, use Table B below to indicate the top 3 measures in place :**

Table B – measures taken to educate, retain and sustain the health workforce

[10.b) ][Measure Type]

Retain

**10) If “Yes”, use Table B below to indicate the top 3 measures in place :**

Table B – measures taken to educate, retain and sustain the health workforce

[10.b) ][Description]

Upgrade working conditions for health professionals, e.g. competitive salaries, assistance for children and pupils, providing staff-housing or support in finding flats, internal wide-ranging professional training.

**10) If “Yes”, use Table B below to indicate the top 3 measures in place :**

Table B – measures taken to educate, retain and sustain the health workforce

[10.c) ][Measure Type]

Sustain

**10) If “Yes”, use Table B below to indicate the top 3 measures in place :**

Table B – measures taken to educate, retain and sustain the health workforce

[10.c) ][Description]

Study on needs of medical doctors in Austria as well as on needs of of nurses in Carinthia and Salzburg.

**11) Has your country adopted measures to address the geographical mal-distribution of health workers and to support their retention in underserved areas?**

Yes [Y]

**12) If “Yes”, use Table C below to indicate the top 3 measures in place :**

Table C – measures taken to address the geographical mal-distribution of health workers

[12.a)][Measure Type]

Education

**12) If “Yes”, use Table C below to indicate the top 3 measures in place :**

Table C – measures taken to address the geographical mal-distribution of health workers

[12.a)][Description]

Additional schools of nursing and training courses for care assistants in rural areas

**12) If “Yes”, use Table C below to indicate the top 3 measures in place :**

Table C – measures taken to address the geographical mal-distribution of health workers

[12.b)][Measure Type]

Primary Health Care

**12) If “Yes”, use Table C below to indicate the top 3 measures in place :**

Table C – measures taken to address the geographical mal-distribution of health workers

[12.b)][Description]

Expand Primary Health Care in rural areas

**12) If “Yes”, use Table C below to indicate the top 3 measures in place :**

Table C – measures taken to address the geographical mal-distribution of health workers

[12.c)][Measure Type]

Survey

**12) If “Yes”, use Table C below to indicate the top 3 measures in place :**

Table C – measures taken to address the geographical mal-distribution of health workers

[12.c)][Description]

Survey on the skills and mix of qualifications in nursing

## Section 01: Qualitative information (13-17)

**13) Does your country have any (government and/or non-government) programs or institutions undertaking research in health personnel migration?**

Yes [Y]

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.1][Name of Program or Institution]

Vienna University of Economics and Business/ Department Socioeconomics

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.1][Name of contact person]

August Österle

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.1][Contact details]

august.oesterle@wu.ac.at

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.1][Web-link (if available)]

<http://www.wu.ac.at/altersoekonomie>

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.2][Name of Program or Institution]

Danube University Krems/Department Migration and Globalization

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.2][Name of contact person]

Gudrun Biff

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.2][Contact details]

gudrun.biff@donau-uni.ac.at

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.2][Web-link (if available)]

<http://www.donau-uni.ac.at/mig>

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.3][Name of Program or Institution]

Gesundheit Österreich GmbH

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.3][Name of contact person]

Ines Czasny

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.3][Contact details]

[ines.czasny@goeg.at](mailto:ines.czasny@goeg.at)

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.3][Web-link (if available)]

<http://www.goeg.at/>

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.4][Name of Program or Institution]

Institute for Advanced Studies

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.4][Name of contact person]

Thomas Czipionka



**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.4][Contact details]

thomas.czyypionka@ihs.ac.at

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.4][Web-link (if available)]

<https://www.ihs.ac.at/>

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.5][Name of Program or Institution]

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.5][Name of contact person]

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.5][Contact details]

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.5][Web-link (if available)]

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.6][Name of Program or Institution]

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.6][Name of contact person]

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.6][Contact details]

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.6][Web-link (if available)]

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.7][Name of Program or Institution]

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.7][Name of contact person]

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.7][Contact details]

**14) Please use Table D below to provide the contact details for these research programs or institutions**

Table D Detailed information on research programs or institutions assessing health personnel migration

[14.7][Web-link (if available)]

**15) Has your country established a database of laws and regulations related to international health personnel recruitment and migration and, as appropriate, information related to their implementation?**

No [N]

**16) Does your country have any mechanism(s) or entity(ies) to maintain statistical records of health personnel whose first qualification was obtained overseas?**

Yes [Y]

**16.1) Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 a)][Name of mechanism or entity]

Österreichische Ärztekammer/Austrian Medical Chamber

**16.1) Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 a)][Contact details]

Austrian Medical Chamber, International Department, Weihburggasse 10-12 1010 Wien Austria, Phone: 0043-1-514 06 Ext 931

**16.1) Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 a)][Web-link (if available)]

[www.aerztekammer.at](http://www.aerztekammer.at)

**16.1) Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 b)][Name of mechanism or entity]

Österreichische Zahnärztekammer

16.1) **Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 b)][Contact details]

Österreichische Zahnärztekammer 1010 Wien, Kolmarkt 11/6 Phone: 0043-1-71728163

16.1) **Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 b)][Web-link (if available)]

[www.zahnaerztekammer.at](http://www.zahnaerztekammer.at)

16.1) **Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 c)][Name of mechanism or entity]

Hebammengremium

16.1) **Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 c)][Contact details]

Österreichisches Hebammengremium, Landstraße Hauptstraße 71/2, 1030 wien, Phone: 0043-1-71728 163

16.1) **Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 c)][Web-link (if available)]

[www.hebammen.at](http://www.hebammen.at)

16.1) **Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 d)][Name of mechanism or entity]

Bundesministerium für Gesundheit

16.1) **Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 d)][Contact details]

Federal Ministry of Health, Radetzkystraße 2, 1030 Wien, Phone: 0043-1-71100

16.1) **Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 d)][Web-link (if available)]

[www.bmg.g.at/home/Schwerpunkte/Berufe/Anerkennung](http://www.bmg.g.at/home/Schwerpunkte/Berufe/Anerkennung)

16.1) **Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 e)][Name of mechanism or entity]

Österreichische Apothekerkammer

16.1) **Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 e)][Contact details]

Österreichische Apothekerkammer, Spitalgasse 31, 1091 Wien, Telefon: 0043-1-40414 Ext 100

16.1) **Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 e)][Web-link (if available)]

<http://www.apotheker.or.at/>

16.1) **Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 f)][Name of mechanism or entity]

16.1) **Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 f)][Contact details]

16.1) **Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 f)][Web-link (if available)]

16.1) **Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 g)][Name of mechanism or entity]

16.1) **Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 g)][Contact details]

16.1) **Please use Table E below to provide the contact details of each entity.**

Table E Contact details of mechanism(s) or entity(ies) maintaining statistical records of health personnel whose first qualification was obtained overseas

[16.1 g)][Web-link (if available)]

16.2) **For the entity named in Q(16.1) please use Table F below to specify whether the information gathered include the following:**

Table F Description of the statistical information available on the internationally recruited health personnel

16.2)

**Entity**

**Occupation category**

**Country of first qualification**

**Year of first recruitment**

**Age**



**Sex**

Entity 1

Entity  
Österreichische Ärztekammer/Austrian Medical Chamber

**Categories of Skilled Health Personnel (Include all that apply)**  
  
\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres  
  
[Doctors]  
Yes [Y]

**Categories of Skilled Health Personnel (Include all that apply)**  
  
\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres  
  
[Nurses]

**Categories of Skilled Health Personnel (Include all that apply)**  
  
\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres  
  
[Midwives]

**Categories of Skilled Health Personnel (Include all that apply)**  
  
\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres  
  
[Nurses/Midwives\*]

**Categories of Skilled Health Personnel (Include all that apply)**  
  
\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres  
  
[Dentists]

**Categories of Skilled Health Personnel (Include all that apply)**  
  
\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres  
  
[Pharmacists]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Other]

**Country of first qualification**

Yes [A1]

**Year of first recruitment**

No [A2]

**Age**

Yes [A1]

**Sex**

Yes [A1]

Entity 2

Entity

Österreichische Zahnärztekammer

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Doctors]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Nurses]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Midwives]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Nurses/Midwives\*]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Dentists]

Yes [Y]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Pharmacists]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Other]

**Country of first qualification**

Yes [A1]

**Year of first recruitment**

Yes [A1]

**Age**

Yes [A1]

**Sex**

Yes [A1]

Entity 3

Entity

Hebammengremium

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Doctors]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Nurses]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Midwives]

Yes [Y]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Nurses/Midwives\*]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Dentists]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Pharmacists]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Other]

**Country of first qualification**

Yes [A1]

**Year of first recruitment**

Yes [A1]

**Age**

Yes [A1]

**Sex**

Yes [A1]

Entity 4

Entity

Bundesministerium für Gesundheit

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Doctors]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Nurses]

Yes [Y]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Midwives]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Nurses/Midwives\*]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Dentists]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Pharmacists]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Other]

Health Care Psychologists, Clinical Psychologists, Qualified Cardio-technicians, Music Therapists, Psychotherapists, Exercise Therapists

**Country of first qualification**

Yes [A1]

**Year of first recruitment**

No [A2]

**Age**

No [A2]

**Sex**

Yes [A1]

Entity 5

**Entity**

Österreichische Apothekerkammer  
Spitalgasse 31  
Postfach 87  
A-1091 Wien  
Telefon: 01/404 14/100  
Telefax: 01/408 84 40

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Doctors]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Nurses]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Midwives]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Nurses/Midwives\*]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Dentists]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Pharmacists]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Other]

**Country of first qualification**

No [A2]

**Year of first recruitment**

No [A2]

**Age**

No [A2]

**Sex**

No [A2]

## Section 01: Qualitative information (13-17) contd.

**17) Does your country have any mechanism(s) or entity(ies) to regulate or grant authorization to practice to internationally recruited health personnel and maintain statistical records on them?**

Yes [Y]

**17.1) Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 a)] [Name of mechanism or entity]

Ärztammer

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 a)][Contact details]

Austrian Medical Chamber, International Department, Weihburggasse 10-12 1010 Wien Austria, Phone: 0043-1-514 06 Ext 931

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 a)][Web-link (if available)]

[www.aerztekammer.at](http://www.aerztekammer.at)

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 b)][Name of mechanism or entity]

Zahnärztekammer

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 b)][Contact details]

Österreichische Zahnärztekammer 1010 Wien, Kolmarkt 11/6 Phone: 0043-1-71728163



17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 b)][Web-link (if available)]

[www.zahnaerztekammer.at](http://www.zahnaerztekammer.at)

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 c)][Name of mechanism or entity]

Hebammengremium

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 c)][Contact details]

Österreichisches Hebammengremium, Landstraße Hauptstraße 71/2, 1030 Wien, Phone: 0043-1-71728 163

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 c)][Web-link (if available)]

<http://www.hebammen.at/>

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 d)][Name of mechanism or entity]

Bundesministerium für Gesundheit

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 d)][Contact details]

Federal Ministry of Health, Radetzkystraße 2, 1030 Wien, Phone: 0043-1-71100

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 d)][Web-link (if available)]

<http://bmg.gv.at/home/Schwerpunkte/Berufe/Anerkennung/Kontakt>

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 e)][Name of mechanism or entity]

Österreichische Apothekerkammer

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 e)][Contact details]

Österreichische Apothekerkammer, Spitalgasse 31, A-1091 Wien, Telefon: 0043-1-40414 Ext 100

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 e)][Web-link (if available)]

<http://www.apotheker.or.at/>

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 f)][Name of mechanism or entity]

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 f)][Contact details]

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 f)][Web-link (if available)]

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 g)][Name of mechanism or entity]

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 g)][Contact details]

17.1) **Please use Table G below to provide the contact details of each entity.**

Table G Contact details of mechanism(s) or entity(ies) regulating or granting authorization to practice to internationally recruited health personnel

[17.1 g)][Web-link (if available)]

**For the entity named in Q(17.1) please use Table H below to indicate whether the information gathered include the following details:**

Table H Description of information available on authorization and regulation of practice of internationally recruited health personnel

17.2)

**Entity**

**Occupation category**

**Country of first qualification**

**Year of first recruitment**

**Age**

**Sex**

Entity 1

Entity

Österreichische Ärztekammer  
Weihburggasse 10-12  
Phone: 0043-1-51406-0

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Doctors]

Yes [Y]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Nurses]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Midwives]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Nurses/Midwives\*]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Dentists]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Pharmacists]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Other (include details as necessary)]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Other]

**Country of first qualification**

Yes [Y]

**Year of first recruitment**

No [N]

**Age**

Yes [Y]

**Sex**

Yes [A1]

Entity 2

**Entity**

Österreichische Zahnärztekammer  
Kohlmarkt 11/6  
1010 Wien  
Phone: 0043-1-5 05 11

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Doctors]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Nurses]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Midwives]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Nurses/Midwives\*]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Dentists]

Yes [Y]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Pharmacists]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Other (include details as necessary)]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Other]

**Country of first qualification**

Yes [Y]

**Year of first recruitment**

Yes [Y]

**Age**

Yes [Y]

**Sex**

No [A2]

Entity 3

Entity

Österreichisches Hebammen-Gremium, Landstraßer Hauptstraße 71/2,  
1030 Wien  
Phone: +43 1 71728 163

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Doctors]



**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Nurses]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Midwives]

Yes [Y]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Nurses/Midwives\*]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Dentists]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Pharmacists]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Other (include details as necessary)]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Other]

**Country of first qualification**

Yes [Y]

**Year of first recruitment**

Yes [Y]

**Age**

Yes [Y]

**Sex**

Yes [A1]

Entity 4

**Entity**

Bundesministerium für Gesundheit  
Bundesamtsgebäude  
Abteilung II/A/2, 2. Stock  
Radetzkystraße 2  
1030 Wien

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Doctors]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Nurses]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Midwives]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Nurses/Midwives\*]

Yes [Y]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Dentists]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Pharmacists]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Other (include details as necessary)]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Other]

Health Care Psychologists, Clinical Psychologists, Qualified Cardio-technicians, Music Therapists, Psychotherapists, Exercise Therapists

**Country of first qualification**

Yes [Y]

**Year of first recruitment**

No [N]

**Age**

No [N]

**Sex**

Yes [A1]

Entity 5

Entity

Österreichische Apothekerkammer  
Spitalgasse 31  
Postfach 87  
A-1091 Wien  
Telefon: 01/404 14/100  
Telefax: 01/408 84 40

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Doctors]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Nurses]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Midwives]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Nurses/Midwives\*]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Dentists]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Pharmacists]

Yes [Y]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Other (include details as necessary)]

**Categories of Skilled Health Personnel (Include all that apply)**

\* Please use this category only if the information available has no clear separation in reported numbers between the two cadres

[Other]

**Country of first qualification**

No [N]

**Year of first recruitment**

No [N]

**Age**

No [N]

**Sex**

No [A2]

Section 01: Qualitative information (18-21)

**18) Has an assessment of what is needed to implement the Code at the national, sub-national and local level been made?**

No [N]

**19) Has your country taken any steps to implement the Code?**

Yes [Y]

**20) To describe those steps taken to implement the Code, please tick all items that apply from the list below – the box can be ticked even if only some of the elements per step have been applied:** [20.a) Actions have been taken to communicate and share information across sectors on health worker recruitment and migration issues, as well as the Code, among relevant ministries, departments and agencies, nationally and sub-nationally]

Yes [Y]

**20) To describe those steps taken to implement the Code, please tick all items that apply from the list below – the box can be ticked even if only some of the elements per step have been applied:** [20.b) Measures have been taken to involve all stakeholders in any decision-making processes involving health personnel migration and international recruitment.]

**20) To describe those steps taken to implement the Code, please tick all items that apply from the list below – the box can be ticked even if only some of the elements per step have been applied:** [20.c) Actions are being considered to introduce changes to laws or policies to bring them into conformity with the recommendations of the Code.]

**20) To describe those steps taken to implement the Code, please tick all items that apply from the list below – the box can be ticked even if only some of the elements per step have been applied: [20.d) Records are maintained of all recruiters authorized by competent authorities to operate within their jurisdiction.]**

**20) To describe those steps taken to implement the Code, please tick all items that apply from the list below – the box can be ticked even if only some of the elements per step have been applied: [20.e) There exists a mechanism for regulation and accreditation of all recruiters authorized by competent authorities to operate within their jurisdiction.]**

**20) To describe those steps taken to implement the Code, please tick all items that apply from the list below – the box can be ticked even if only some of the elements per step have been applied: [20.f) Good practices are encouraged and promoted among recruitment agencies.]**

**20) To describe those steps taken to implement the Code, please tick all items that apply from the list below – the box can be ticked even if only some of the elements per step have been applied: [20.g) If Other steps have been taken, please give more details:]**

**20) To describe those steps taken to implement the Code, please tick all items that apply from the list below – the box can be ticked even if only some of the elements per step have been applied: [Other]**

**21) Please list in priority order, the three main constraints to the implementation of the Code in your country and propose possible solutions: [21.a)] [Main constraints]**  
Lack of statistical information about nurses because of no registration

**21) Please list in priority order, the three main constraints to the implementation of the Code in your country and propose possible solutions: [21.a)] [Possible solution]**  
Registration of nurses

**21) Please list in priority order, the three main constraints to the implementation of the Code in your country and propose possible solutions: [21.b)] [Main constraints]**  
Fragmented responsibilities due to the federal political system in Austria

**21) Please list in priority order, the three main constraints to the implementation of the Code in your country and propose possible solutions: [21.b)] [Possible solution]**  
Nationwide statistics

**21) Please list in priority order, the three main constraints to the implementation of the Code in your country and propose possible solutions: [21.c)] [Main constraints]**  
No further main constraint

**21) Please list in priority order, the three main constraints to the implementation of the Code in your country and propose possible solutions: [21.c)] [Possible solution]**  
No further main constraint

## Section 01: Qualitative information (22-24)

**22) Has your country provided assistance to one or more Member States or other stakeholders to support their implementation of the Code?**  
No [N]

**23) Does your country receive / requested assistance from one or more countries or other stakeholders to support its implementation of the Code?**  
No [N]

**24.1) Please submit any other complementary comments or material you wish to provide regarding the international recruitment and management of migration of the health workforce that would relate to implementation of the Code.**

**24.2) Please submit any other complementary material you wish to provide regarding the international recruitment and management of migration of the health workforce that would relate to implementation of the Code.**  
Attachment\_WHO\_Code\_Austria\_2015.pdf (63.171KB) Attachment\_WHO\_Code\_Austria\_2015 -

filecount - **24.2) Please submit any other complementary material you wish to provide regarding the international recruitment and management of migration of the health workforce that would relate to implementation of the Code.**

1

## Section 02: Quantitative information - Minimum Data Sets

### Questionnaire on Foreign-trained Doctors and Nurses

Please follow the instructions within the spreadsheet to complete the questionnaire.

To download the spreadsheet please follow the link: [https://extranet.who.int/dsform/upload/surveys/CTRSSE/docs/Attached\\_Template\\_Workforce%20Migration\\_2015.xls](https://extranet.who.int/dsform/upload/surveys/CTRSSE/docs/Attached_Template_Workforce%20Migration_2015.xls)

Please upload the filled out spreadsheet here

WHO\_AUT\_Workforce%20migration\_2015.xls (181.248KB) WHO\_AUT\_Workforce\_Migration\_2015 -

filecount - Please upload the filled out spreadsheet here

1

## Section 03: Reporting instrument for other stakeholders (optional)

**Submitted by:**

Contact details:

Name of entity submitting the report:

Responsible and/or contact person:

Mailing address:

Telephone number:

Fax:

Email:

Website URL :

Description of the entity submitting the report:

Please describe the entity submitting this report and the nature of its involvement or interest in international health personnel migration issues relevant to the Code.





# WHO Code of Practice on the International Recruitment of Health Personnel – Austria

Additional Information and Comments

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# 1 General Information on the National Reporting Instrument (2015)

Based on the experience with the National Reporting Instrument (NRI 2015) Austria highly recommends a different layout for an easier handling. It would be very useful to save the questionnaire respectively the answers separately. The actual layout does not provide an overview of the text within a specific text box. It should be possible to print the NRI in a readable format during the whole working process to have all informations of the NRI at a glance.

In general, the recognition of the professional qualification and the requirements to practice in Austria are in accordance with the Directive 2005/36/EC on the recognition of professional qualifications.

The following additional comments refer to questions 10, 16.2 and 17.2 of the National Reporting Instrument (NRI) and to the Joint Questionnaire.

## 2 NRI: Question 10

The following measures are in addition to the measures indicated in question 10 of the NRI.

Educate/ Retain/ Sustain	Measure	Description
Educate/ Retain/ Sustain	» Health Care Reform, e.g. reinforcing Primary Health Care, education reforms particularly for medical doctors and nurses, tasks and obligation for health professionals, distribution of roles, reorganization of competencies and tasks, lifelong learning	» The actual comprehensive Health Care Reform started in 2013 to ensure the high quality of the Austrian health care system for the future; the reform covers the control areas care structure, care processes, result orientation and financial targets.
Educate	<ul style="list-style-type: none"> <li>» Additional schools of nursing and training courses for care assistants in rural areas</li> <li>» Expansion of education capacities, especially for medical education, nurses and medical-technical professions</li> <li>» Education of nurses: Upgrade from secondary level to universities of applied sciences</li> <li>» New regulation for medical education and training</li> <li>» Programs for upgrading the skills of nurses e.g. University course on Case Management</li> <li>» School of nursing and training courses for care assistants</li> </ul>	<ul style="list-style-type: none"> <li>» Sufficient supply in education and training für health professionals</li> <li>» e.g. upgrade of education for interns in medicine</li> </ul>
Retain	<ul style="list-style-type: none"> <li>» Comprehensive remuneration-reforms for care staff</li> <li>» Implacement-foundations for job seekers in case and care</li> <li>» Support of physicians through doctor-and-documentation assistance, consistent job-description for interns in medicine.</li> </ul>	
Sustain	<ul style="list-style-type: none"> <li>» Expand Primary Health Care in rural areas</li> <li>» Survey on the skills and mix of qualifications in nursing</li> <li>» Demand and acceptance analysis for education at universities of applied sciences</li> <li>» Survey on the skills and mix of qualifications in nursing</li> </ul>	» Nurses, midwives, medical-technical professions

### 3 NRI: Questions 16.2 und 17.2

The following data refer to questions 16.2 und 17.2 of the NRI. The Bundesministerium für Gesundheit (Federal Ministry of Health) gathers information for nurses and other health professions as mentioned in 16.2 and 17.2. The data concerning country of first qualification, year of first recruitment, age and sex vary between these professions, but cannot be indicated separately in the NRI. The data of the NRI, which are gathered by the Bundesministerium für Gesundheit, refer only to nurses.

Therefore we provide a table below with particular information on the data of health professions except of nurses.

Entity	Occupation Category	Country of first qualification	Year of first recruitment	Age	Sex
Bundesministerium für Gesundheit / Federal Ministry of Health	Health Care Psychologists	Yes	Yes	Yes	Yes
	Clinical Psychologists	Yes	Yes	Yes	Yes
	Qualified Cardio-technicians	Yes	No	Yes	Yes
	Music Therapists	Yes	No	Yes	Yes
	Psychotherapists	Yes	No	Yes	Yes
	ExerciseTherapists	Yes	Yes	Yes	Yes



## OECD/Eurostat/WHO-Europe Joint Data Collection on Health Workforce Migration

### Questionnaire on Foreign-trained Doctors and Nurses

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#### **General instructions for filling in the questionnaire:**

1. Update the **time series** collected in the worksheets. **Mark updates in bold or colour.**
2. Update (**in track change**) the **Sources and Methods** underlying the data (see attached Word document).

**Please do not change the format of this Excel file.**

If you wish, you can provide further **comments** about the data collection by using the box below (do not write any comments in the other worksheets).

This document is identical to the questionnaire that has been sent to Eurostat by Statistics Austria via the Online-Tool Edamis in March 2015.

Due to the actual legal regulations in Austria there exists no survey on the stock of nurses nor on the annual inflow of nurses. In addition to the data provided by the Statistics Austria there are only data available regarding nostrifications of nurses by the Ministry of Health, which are restricted to **European countries of first qualification**. The Ministry of Health reports these data to the EU Regulated Professions Database ([http://ec.europa.eu/internal\\_market/qualifications/regprof/index.cfm](http://ec.europa.eu/internal_market/qualifications/regprof/index.cfm)). Nostrifications for **countries of first qualification outside of Europe** are undertaken and reported by the Austrian Federal States (Bundesländer), but the country of first qualification is not collected regularly as there is no legal obligation for this indicator.

For the future an obligatory registration of nurses is planned, which would provide have reliable

# OECD/Eurostat/WHO-Europe Joint Data Collection on Non-Monetary Health Care Statistics

## Definitions for data collection on Foreign-trained Doctors and Nurses

### Definitions

#### TOTAL NUMBER OF DOCTORS (PHYSICIANS)

The data should refer to practising physicians where possible. (If not possible, the data can be reported for professionally active physicians or physicians licensed to practise).

##### Foreign-trained doctors: number (stock)

The number of doctors who have obtained their first medical qualification (degree) in another country and are entitled to practice in the receiving country.

##### Inclusion

- Foreign-trained doctors who have obtained any type of registration to practice in the receiving country.
- Medical interns and residents who have obtained a medical degree in another country but have not yet obtained a (full) registration to practice in the receiving country.

##### Exclusion

- Foreign-trained doctors who are registered to practice in the receiving country but are practicing in another country (temporarily or permanently).

Note: The number should be at the end of the calendar year.

##### Foreign-trained doctors: annual inflow

The number of doctors who have obtained their first medical qualification (degree) in another country and are receiving a new authorisation in a given year to practice in the receiving country.

##### Inclusion

- If the source is professional registers (preferred source): Foreign-trained doctors coming in the country under all types of registration status (full, temporary, limited, provisional or conditional registration).
- If the source is working permits delivered to immigrants (possible alternative source): Foreign-trained doctors coming in the country under a permanent or temporary working permit.
- Medical interns and residents who have obtained a medical degree in another country but have not yet obtained a (full) registration to practice in the receiving country.

Note: The number should be at the end of the calendar year.

#### TOTAL NUMBER OF NURSES

The data should refer to practising nurses where possible. (If not possible, the data can be reported for professionally active nurses or nurses licensed to practise).

##### Foreign-trained nurses: stock

The number of nurses who have obtained a recognised qualification in nursing in another country and are working as a nurse in the receiving country.

##### Inclusion

- Foreign-trained nurses who have obtained any type of registration to practice in the receiving country.
- Nurses who have obtained a recognised qualification in nursing in another country but have not yet obtained a (full) registration to practice in the receiving country.

##### Exclusion

- Foreign-trained nurses who are registered to practice in the receiving country but are practicing in another country (temporarily or permanently).

Note: The number should be at the end of the calendar year.

##### Foreign-trained nurses: annual inflow



The number of nurses who have obtained a recognised qualification in nursing in another country and are receiving a new authorization in a given year to practice in the receiving country.

Inclusion

- If the source is professional registers (preferred source): Foreign-trained nurses coming in the country under all types of registration status (full, temporary, limited, provisional or conditional registration).
- If the source is working permits delivered to immigrants (possible alternative source): Foreign-trained nurses coming in the country under a permanent or temporary working permit.

Note: The number should be at the end of the calendar year.



























