



EXECUTIVE SUMMARY

Medical workforce governance in the United Arab Emirates (UAE) is a significant and timely topic. Issues of professional recruitment, retention, and integration require attention, as the majority of doctors and other healthcare professionals in the UAE are internationally trained graduates. This policy paper highlights results from a study exploring the policies and processes that could help inform the future improvement of health professional regulation in the UAE. The paper concludes by offering recommendations for future policies and research relevant to key stakeholders, including healthcare employers, regulators, medical practitioners, researchers, and community stakeholders.

Streamlining and Modernizing Medical Workforce Governance: A Case Study of Ras Al Khaimah, United Arab Emirates

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Introduction

The United Arab Emirates (UAE) is committed to the World Health Organization Constitution that recognizes health as a basic right, rather than a commodity. This is to be realized through the achievement of universal access to affordable healthcare for all population groups in the citizenry (universal health coverage) (Sheikh Saud bin Saqr Al Qasimi Foundation, 2015a). The government offers a healthcare plan to Emirati citizens, and employers or sponsors are required to provide private health insurance to their employees and families (Younies et al., 2008). The healthcare system relies on private health insurance to limit out-of-pocket healthcare expenses for expatriate residents who do not have access to free public health services.

In addition to striving to ensure universal access to healthcare services, the UAE has a thriving medical tourism industry, with Dubai and Abu Dhabi amongst the most popular destinations for medical tourism in the region. In 2016 alone, Dubai received over 325,000 medical tourists, generating more than 1.4 billion AED (Khaleej Times, 2017; Gulf News, 2017).

With the healthcare industry continuing to expand in the UAE and greater Gulf region, there has been a large influx of foreign medical professionals. This influx has been aided by high levels of work satisfaction, which has helped the UAE become a preferred country for relocation among medical employees in the region (Malecki & Ewers, 2007; Nadjmabadi, 2010). In fact, the majority of doctors and other health professionals in the UAE are internationally trained, and this has led to health workforce governance issues, especially concerning international health professional (IHP) recruitment, integration, and retention.

Health workforce governance encompasses three fields: 1) improved access, 2) good regulatory practice, and 3) safer patients (Short & McDonald, 2014). This study focuses on the second of these dimensions, good regulatory practice, which protects the public from sub-standard health professionals and practices. More specifically, this study looks at how Ras Al Khaimah, and the greater UAE, could best fit its health workforce to the health needs of its population, both now and into the future. The study identifies, analyzes, and provides recommendations relevant to key stakeholders, including healthcare employers, regulators, practitioners, researchers, and the community on four key challenges: unified licensing, maldistribution of healthcare professionals, a fragmented system of medical regulation, and emiratization.

Study Overview

This study addresses the question of what factors would facilitate or hinder implementation of more streamlined and modernized health workforce governance in Ras Al Khaimah, exploring implications for the UAE and broader Gulf region. Specifically, the aim of the study was to identify the elements of effective policies and processes to inform future health professional regulation reforms and practice in the emirates. To achieve this, the study sought to:

1. Describe the policies and processes currently in place in medical licensure (regulation) in Ras Al Khaimah and the UAE;
2. Identify the key challenges facing health workforce governance in Ras Al Khaimah and the UAE; and
3. Generate ideas and evidence to underpin more streamlined and modernized health workforce governance in Ras Al Khaimah, which could potentially serve as a model for the UAE and broader Gulf region.

Methodology

A mixed-method social scientific case study approach was utilized in order to collect the evidence for this study. This included document analysis of the relevant literature, websites, policy documents, and official statistics. These informed seven semi-structured, in-depth interviews with key stakeholders, including employers in the health and higher education sectors in Ras Al Khaimah, human resources managers, regulators, and public health professionals and scholars.¹

Health Workforce Governance Landscape in the UAE

The document analysis and key stakeholder interviews unearthed four key areas of note and of possible concern, these include: unified licensing, maldistribution of healthcare professionals, a fragmented system of medical regulation, and emiratization. In this section, the policies and processes impacting these areas are explored, providing the foundation for the subsequent policy recommendations and possible reform initiatives relevant to the healthcare industry's key stakeholders.

It is important to note that while medical regulation ensures competence of the healthcare professionals who provide health services and safe medical practice in the UAE, the separation of regulatory duties within the country has led to unintended challenges. Medical regulation bodies are responsible for licensing medical practitioners within a jurisdiction. The jurisdiction may be at emirate level (such as through the Dubai Health Authority or Health Authority

Abu Dhabi) or at the federal level under the Ministry of Health and Prevention, which oversees the northern emirates as well as provides its public health services.

Unified Licensing

For the federal government and private sector healthcare providers, the problem of medical recruitment, integration, and retention is a major challenge (personal communication, 2016). Licensing in particular is a major challenge for employers, human resource managers, and international doctors themselves, as it takes three months minimum, normally four to seven months, to have one's qualifications recognized through a process that involves verification of qualifications through a private entity, examination (such as at Al Ain University of Medical and Health Sciences), licensing, and interview.

In September 2014, the three separate regulatory authorities in the UAE (Dubai Health Authority, Health Authority Abu Dhabi, and the Ministry of Health and Prevention) agreed to respect the licenses from their respective licensing bodies. This is codified in the Unified Healthcare Professionals Qualification Requirements (PQR, 2011). This agreement represents a milestone on the path towards fulfilling the UAE's strategic objective of improving the healthcare service provisions across the country. The document provides a base for the regulatory authorities to assess the documents submitted by applicants within their geographical jurisdiction to ensure safe and competent delivery of services. It places an emphasis on educational standards, experience, and licensure requirements for healthcare professionals to be licensed to practice safely in the UAE.

The Director-General of the Dubai Health Authority, Essa Al Maidoor, believes this will provide a common standard for medical licensure across the country, and that it unifies and streamlines professional medical licensure process, stating:

"The agreement paves way (sic.) for medical professionals to work across the UAE and is important as it unifies as well as streamlines the professional medical licensure process. The move has several benefits for the healthcare sector. With the introduction of this process, all healthcare professionals in the UAE will be evaluated based on the same criteria (WAM, 2014)."

This national agreement enables doctors to move more easily from working in one emirate to working in another, without having to re-apply for a license to practice in the new emirate. Dr. Layla Al Marzouqi, acting director of the Health Regulation Department at the Dubai Health Authority stated, "It's like having a driving license that is recognized throughout the country (Chaudhary, 2014)."

¹ This study was conducted in collaboration with the Ras Al Khaimah Medical and Health Sciences University and Ras Al Khaimah Hospital. It was conducted in the emirate of Ras Al Khaimah and there are plans to conduct a broader study on the UAE and the greater Gulf region in the future.

In theory, unified licensing for doctors and other healthcare professionals across the UAE is a streamlined arrangement that provides a single recognized licensing process as opposed to a process applied on an emirate specific basis. This is a modernized, consistent approach to licensing of healthcare professionals within the UAE. In practice, however, interviewees indicated that the process is still rather cumbersome and time consuming, indicating that sponsorship and employment matters still have to be managed by each employer.

Maldistribution of Healthcare Professionals

There is a worldwide tendency for medical practitioners, dentists, and other health professionals to migrate in order to enhance their professional opportunities, and to achieve improved living standards for themselves and their families (Balasubramanian, Brennan, Spencer, & Short, 2014; Ganji, 2015). Healthcare is comprised of a highly skilled and highly mobile workforce, which leads to the problem of maldistribution, as health professionals are attracted to work in areas of high demand rather than by healthcare need (Balasubramanian, Brennan, Spencer, Watkins, & Short, 2015). High demand occurs in cities and countries that enjoy middle and high-incomes where patients can afford to pay more in the private market for medical tests, procedures, and treatment. Thus, poor patients with high clinical needs who live in less attractive areas and cannot afford to pay more for care in the private market tend to be neglected.

A key challenge in the UAE is the issue of the maldistribution of medical practitioners within and between emirates. Concerns were raised that the UAE may not always have the right doctor in the right place at the right time (personal communication, 2016). In the UAE, the problem of maldistribution is exacerbated by four types of health professional migration:

- Migration from low and middle-income countries such as India, Pakistan, and the Philippines to high-income countries such as the UAE.
- Migration of doctors within Ras Al Khaimah from the public to the private sector. We found evidence of migration from public sector hospitals and healthcare facilities to private providers who offer superior pay and working conditions, in the form of increased flexibility and responsiveness.
- Migration of doctors from more rural regions and emirates, such as the Northern Emirates, towards the larger urban regions of Dubai and Abu Dhabi.
- Migration of doctors outward from the UAE to other Arab nations, Europe, North America, or Australasia. In fact, Ganji (2015) unearthed evidence of migration out of the UAE to countries such as Qatar and Saudi Arabia due to the unnecessary delays and rigidity of the licensing system in the UAE.

The unified licensing arrangements introduced in the UAE in 2014 represent an improvement in the workforce mobility between the emirates, as medical practitioners and other health professionals are not required to take examinations again if they wish to work in another emirate. However, there are still questions about whether this streamlined licensing process is actually improving or exacerbating the problem of health workforce maldistribution.

Maldistribution can exacerbate low staffing levels, and threaten healthcare quality and morale in public and rural hospital and healthcare facilities, and lead to increased staffing costs, as a consequence in the public sector (see for instance: Suad & Al Salmi, 2013). This then cascades into longer waiting times for medical tests and treatments, which can threaten the quality of healthcare provided.

This problem of maldistribution is compounded further by the growth of medical tourism internationally, and in the UAE in particular. Ganji (2015) asks, "...to what extent, then, is inbound medical travel contributing to the internal migration of local health professionals (p. 23)?" This case study suggests that these migratory flows should be monitored in Ras Al Khaimah and in the UAE as a basis for ensuring evidence-informed policies and processes in the future.

A Fragmented System of Medical Regulation

International experience in other federated nations such as Australia (Pacey et al. 2012; Pacey, Smith-Merry, Gillespie & Short, 2017) suggests that there is further room for improvement in terms of streamlining the processes for attaining medical licenses in the UAE. The primary verification process is labor intensive and still takes a long time (personal communication, 2016). As the transfer of licenses between hospitals and other healthcare employers is very much in the hands of the Human Resource Departments they are more or less prompt in their responsiveness. As Stamper (2014) states:

"It remains to be seen how far the aim to develop the UAE as a center for medical tourism ultimately also leads to a greater freedom for medical professionals to be transferred more readily between facilities, whilst preserving the employer's commercial interests. At this stage, the employer continues to benefit from certain restrictions upon the activities of its workforce, but is constrained by established sponsoring formalities from fully exploiting the rapidly developing marketplace."

Indeed, Australia introduced a national registration and accreditation scheme for the key nine health professions in 2010 (medicine, nursing, dentistry, and so on) to protect the public and to increase workforce mobility between Australia's six states and two territories (Pacey, Harley, & Short, 2012).

Despite the agreement to common requirements on paper, in practice the rather fragmented system of medical regulation in the UAE makes it a relatively slow and expensive

process to move between emirates and employers. The shared aspiration of a unified health workforce regulatory system across the UAE is currently hampered by technical and regulator engagement challenges. Each emirate has its own health care facilities, issues, and priorities, which has fragmented the system and blocked it from functioning as efficiently as it could, with wide reaching public health, workforce governance, and economic consequences.

Emiratization

Another concern that emerged in this research is the issue of heavy reliance on expatriate health professionals in the UAE. In Ras Al Khaimah, expatriates comprise up to 99% of the medical workforce and 95% of the nursing workforce (personal communication, 2016). At the Sheikh Khalifa Specialty Hospital in Ras Al Khaimah, which opened in 2015 and is operated and managed by the Seoul National University Hospital in South Korea, 97% of the doctors are expatriates.

Emiratization is an initiative of the government of the UAE to employ its Emirati citizens in an effective and efficient manner in the public and private sectors. As part of that effort, the UAE has embarked on a plan to encourage the private sector to allocate training and jobs for Emiratis who would otherwise seek government employment. It is clear that governments across the Gulf region consider private sector development to be a strategic country goal, and major consultancies operating in the region emphasise the importance of the private sector for employment (Benchiba-Savenius et al., 2016). However, when given a choice between the public and private sector, many national citizens tend to prefer the public sector (Benchiba-Savenius et al., 2016).

This has implications for medical workforce governance, specifically around the training, recruitment, integration, and retention of local Emiratis in the medical and other healthcare professions. The establishment of the first medical school in the emirate in 2005, the Ras Al Khaimah Medical and Health Sciences University, is certainly a step in the right direction. However, Ras Al Khaimah, as well as the broader UAE, is not graduating sufficient numbers of healthcare professionals to meet the local needs.

Another aspect of emiratization that is of concern is that it may lead to disenchantment on the part of the majority expatriate medical workers. It may negatively impact on expatriates, who may feel that the Emirati professionals receive privileged opportunities and status. Traditionally, the public sector accounts for 52% of the Emiratization of jobs and our fieldwork suggests that Emiratis are attracted to the public sector for various reasons, including high remuneration packages, job security, and shorter working hours, among others (see for instance: Al Ali, 2009). With nearly 90% of Emiratis being employed by the government, and with our study revealing that healthcare is looked upon as one of the least attractive employment sectors by the Emirati population (personal communication, 2016), the

emiratization process of the private and public healthcare sectors may require the provision of privileges that could ultimately negatively impact the working conditions and outputs of the expatriate workers, ultimately negatively impacting the UAE's status as a medical tourism destination as well as impacting the quality of care provided to the citizenry.

Recommendations for Key Stakeholders

This policy paper highlighted results from a study exploring the policies and processes that could help inform the future improvement of health professional regulation in the UAE. The Sydney-Ras Al Khaimah-UAE research team who conducted this study met with key stakeholders, employers in the health and higher education sectors in Ras Al Khaimah, human resources managers, regulators, and public health professionals and scholars, to discuss the findings from the first stage of the research with the aim of developing a framework and recommendations for strengthening health workforce governance in Ras Al Khaimah and the greater UAE.

This case study focused on healthcare in Ras Al Khaimah, as a precursor to a broader study of medicine, dentistry, pharmacy, nursing, and midwifery in the UAE and Gulf region. This exploratory, qualitative study provided the questions as a foundation for a future quantitative study that could furnish policymakers with much needed answers to challenging questions in health workforce governance for the Gulf region.

This exploratory project has laid the groundwork for a Sydney-Ras Al Khaimah-UAE collaborative network of engaged researchers and reflective practitioners. Such a network is well positioned to conduct further research, attracting local and international support to strengthen health workforce governance and public health in Ras Al Khaimah, the UAE, and beyond.

The following recommendations could help inform the future improvement of policies and processes in medical regulation in Ras Al Khaimah and the UAE. We direct them towards the key stakeholders in this domain, those who stand to gain or lose as a consequence of significant changes.

Workforce Surveillance

Government and private healthcare employers should conduct workforce surveillance, that is collect data on health professional recruitment, integration, and retention as a basis for improved policies and practices with the aim of employing the right professional at the right time, in the right place.

Monitor for Impact

Regulators should collect evidence in order to monitor the impact of unified licensing in the UAE as a basis for further streamlining and modernization of medical regulation in the UAE.

Research Recent Graduates

It would be beneficial for researchers to conduct interviews with recent medical graduates from Ras Al Khaimah; as they are knowledgeable and up-to-date with what is happening in medical regulation. It would be of great interest to interview them about their career plans and aspirations, given that it takes nine years to qualify as a doctor in the United States, six in the United Kingdom, and five in the UAE.

Research Emiritization

Researchers should conduct research to understand Emirati and expatriate views on emiritization within the healthcare sectors. Their perceptions of the best employers, their ideal job role in the future, the best way for employers to attract Emiratis, the importance of the private sector, and difficulties faced when searching for jobs could be key and serve as a resource for government officials, employers, and members of the media and community who seek to better understand the employment motivations, perceptions and preferences of nationals and their expatriate peers.

Conclusion

As the UAE is becoming a hub for medical tourism (Ganji, 2015), this dynamic context underlines the relevance and timeliness of these recommendations for policymakers in the UAE. With the globalisation of healthcare and the healthcare workforce, this paper highlights benefits accruing from the streamlining of licensing procedures for health professionals in Ras Al Khaimah and in the UAE more generally. This is an improvement, as doctors do not need to take examinations again if they wish to work in another emirate.

There is room for improved streamlining and modernisation of health workforce regulation in the UAE to enhance healthcare quality and workforce mobility and flexibility. This policy paper raises concerns however, for possible unanticipated consequences, particularly in relation to the increased potential for the migration of health professionals from the public to the private sector within Ras Al Khaimah, from the Northern Emirates towards Dubai and Abu Dhabi, and even outwards from the UAE to Qatar, Saudi Arabia, and further afield.

The shared aspiration of a unified health workforce regulatory system across the UAE is currently hampered by technical and regulator engagement challenges. Each emirate has its own health care facilities, issues, and priorities. On the one hand, the emirates of Dubai and Abu Dhabi are focused on investment in health and medical tourism in order to ensure a safe investment and a safe outcome, while in the northern emirates, one challenge is a shortage of suitably qualified staff, which leads to the burden of long waiting times for medical care. The overarching policy objective is to recruit, integrate and train suitably qualified doctors and other health

professionals, both local and expatriate, in order to deliver safe and effective healthcare to local citizens, the expatriate population, and inbound medical tourists.

The challenge for policymakers is to balance meeting the needs of the population of each constituent emirate. They all share an interest in economic growth and a more diversified economy, in doing so they need to be able to meet the health needs in each separate emirate as a basic precondition for economic prosperity and social wellbeing.

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Acknowledgments

We would like to acknowledge the invaluable support received from the Sheikh Saud bin Saqr Al Qasimi Foundation for Policy Research and, in particular, the advice and support provided by Dr. Natasha Ridge, Caitrin Mullan, Susan Kippels, and Holly Cook. We would also like to thank the following individuals for the information and generous assistance they provided:

Mohammad Danish, Manager, Human Resources, Ras Al Khaimah Medical and Health Sciences University.

Sarath Ganji, Fulbright Scholar, Sheikh Saud bin Saqr Al Qasimi Foundation for Policy Research.

Dr. Jean Marc Gauer, Chief Executive Officer and Head of Surgery, Ras Al Khaimah Hospital.

Dr. Mhd Oussama Kayali, Head of Regulation Section, Health Regulation Department, Dubai Health Authority, Government of Dubai.

Dr. Vijaya Kumardhas, Dean RAK College of Nursing, Ras Al Khaimah Medical and Health Sciences University.

Simon Pepper, Research Intern, Sheikh Saud bin Saqr Al Qasimi Foundation for Policy Research.

Dr. S. Gurumadhva Rao, Vice Chancellor, Ras Al Khaimah Medical & Health Sciences University.

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