



**THE OFFICE OF CITIZENSHIP
AND MIGRATION AFFAIRS**



**THE EUROPEAN MIGRATION
NETWORK**

SMALL SCALE STUDY

**MANAGED MIGRATION
AND THE LABOUR MARKET—
THE HEALTH SECTOR**

Riga, March 2006

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SUMMARY

The topic of the second small scale study by the European Migration Network is “Managed Migration and the Labour Market – the Health Sector”.

The **purpose of the study** is to make a contribution to the important discussion about the future of migration and its management, through gaining knowledge and information about the changes in the migration patterns and the current trends in the health sector.

The **first part of the report** discusses the health sector in Latvia, looks at health care within the social and economic context, and follows its development over the past five years.

The **second part of the report** contains the methodology of the study, i.e., it describes the methodology used in research, lists the institutions that provided research data and necessary information, and discusses the problems encountered during the analysis process.

The **third part of the report** focuses on the state migration policy and its role in the health sector; the impact of regulations passed by the European Union upon migration of the labour force; bilateral and multi-lateral agreements, as well as information on institutions responsible for employment and hiring procedures.

The **fourth part of the report** looks at employment of immigrants in health care positions in Latvia. This section contains quantitative data on those employed in the health sector and analysis of the data.

The **fifth part of the report** discusses education and professional training in the health care sector and lists the requirements for employment in the health sector. This section also examines the procedure to have one’s education and qualifications officially recognized and the costs associated with the process.

The **final part of the report** lists conclusions about migration in the labour market of the health care sector.

The study is based on regulations and publications related to health care sector, employment, education and training of health care professionals, as well as information provided by various institutions, such as the Ministry of Health, Health Statistics and Medical Technology State Agency, Latvia Pharmacists Association, Central Statistics Bureau, State Employment Agency, and the Migration Policy Division of the Office of Citizenship and Migration Affairs.

The study report is 38 pages long and contains eleven tables.

1. HEALTH SECTOR IN LATVIA

The central institution responsible for administering the health sector in Latvia is the Ministry of Health. The health sector encompasses public health, health care, pharmaceuticals, and distribution of legal drugs/medications.

When Latvia regained its state independence the area of health care became the mandate of the Ministry of Welfare, re-established in 1991. The Health Department used to be one of the Ministry's structural divisions (between 1997 and 2001 it was called Health Care Department). The Ministry of Health was established as an independent institution on February 1, 2003. Ever since the establishment of the Ministry of Health the issues of public health take a more and more prominent place on the agendas of administrative and legislative institutions, emphasizing that public health should be one of the state priorities.

The state budget portion of the overall funding allocated to the health sector under administration of the Ministry of Health between years 2000 and 2006 is presented in the following table:

Table 1.1
The State Budget Portion of the Overall Funding¹

	2000	2001	2002	2003	2004	2005	2006
Funds for health care (million Ls)	144.2	156.1	176.1	202.0	236.9	288.0	347.0
Consolidated state budget ² (million Ls)	1449.9	1536.5	1695.1	1878.6	2226.1	2851.0	3353.8
Gross Domestic Product ³ (million Ls)	4685.7	5168.3	5691.1	6317.8	7333.0	8404.0	9439.1
% of the consolidated state budget	9.95	10.19	10.39	10.75	10.64	10.10	10.35
% of Gross Domestic Product	3.08	3.03	3.09	3.20	3.23	3.43	3.68

An important indicator of the economic development and government policy is the funding for health care per person. The following table highlights the respective figures for the past years.

¹ Data provided by the Ministry of Health

² Consolidated state budget = basic budget expenditures (net) + special budget expenditures (net)

³ Data on Gross Domestic Product: Direction of Macroeconomic Development and Fiscal Policy for 2006-2010, Ministry of Finance, September 2005

Table 1.2
Funding for Health Care per Person⁴

	2000	2001	2002	2003	2004	2005	2006
Funds for health care (million Ls)	144.2	156.1	176.1	202.0	236.9	288.0	347.0
Funds per person (Ls)	60.8	66.2	74.4	85.4	101.6	123.5	148.8

As illustrated by the above data, funds allocated to health care per person have doubled within the past five years.

The growth of salaries paid to health care professionals within the past five years can be illustrated by the following:

Table 1.3
**Average Monthly Salary for a Regular Work Day
for Health Care Employees (Ls)**

	2002	2003			2004	2005		2006	
		Jan-Aug	Sep-Oct	Nov-Dec		1st half	2nd half	1st half	2nd half
Physicians	198	215	265	291	291	291	364	418	440
Intermediate Level Employees	116	125	155	169	169	169	211	251	264
Junior Level Employees	83	90	118	122	122	122	153	167	176
Average	130	141	175	190	190	190	237.5	275	290

The salary increase was executed from the funding allotted in the 2nd half of 2005 to overcome crisis in the health care system. A total of Ls 14.7 million was allocated for this purpose.

During the course of the past five years many legislation and policy planning documents have been passed. The following legislative acts have to be noted with regard to this study:

- ✓ In accordance with the July 26, 2002, Cabinet of Ministers Directive No. 401 "On Meeting the Demands of the Strike"⁵, the average salary for health care employees was set at Ls 175 starting September 1, 2003, and, consequently, raised to Ls 190 starting November 1, 2003.
- ✓ In accordance with the August 4, 2003, Cabinet of Ministers Directive No. 487 "On Implementing the Concepts for Developing the Education System for

⁴ Data provided by the Ministry of Health

⁵ July 26, 2002, Cabinet of Ministers Directive No. 401 "On Meeting the Demands of the Strike", Latvijas Vēstnesis (Latvia Herald), No. 110, July 30, 2002

2002-2005”⁶, all the secondary professional trade schools formerly administered by the Ministry of Health were handed over to the Ministry of Education and Science starting July 1, 2004.

- ✓ Regulations No. 691 “Health Insurance Regulations for Foreign Nationals”⁷ were passed on December 9, 2003. This document clarifies the circumstances that allow a foreign national to enter and reside in the Republic of Latvia without a health insurance policy, and establishes the procedure for foreign nationals to obtain a health insurance policy and receive health care services in the Republic of Latvia.
- ✓ A Directive No. 1003 “On Professional Development of Health Care Employees Providing Services to Out-patients and In-patients”⁸ was ratified by the Cabinet of Ministers on December 20, 2004. The goal of the programme is to ensure a continuous development of an integrated health care system by optimizing the number and location of service providers, thus, improving quality of the services provided, cost efficiency and realistic accessibility of services.
- ✓ On December 21, 2004, the Cabinet of Ministers passed Regulations No. 1036 “Protocol for Organizing and Financing Health Care”⁹. This document highlights the procedure of organizing and financing health care; describes the kind and range of health care services financed from the state budget and/or paid by the patient; looks at payment terms for the above services; and establishes a manner in which waiting lists for certain kinds of planned health care services should be organized.
- ✓ Starting January 1, 2005, municipal sickness insurance funds are being restructured; and the flow of funding has since been administered by a single agency, the Mandatory Health Insurance State Agency.
- ✓ On May 18, 2005, the Cabinet of Ministers ratified Directive No. 326 “Main Issues in the Development of Human Resources in the Health Sector”¹⁰. The

⁶ August 4, 2003, Cabinet of Ministers Directive No. 487 “On Implementing the Concepts for Developing the Education System for 2002-2005”, Latvijas Vēstnesis (Latvia Herald), No. 111, August 6, 2003

⁷ December 9, 2003, Cabinet of Ministers Regulations No. 691 “Health Insurance Regulations for Foreign Nationals”, Latvijas Vēstnesis (Latvia Herald), No. 176, December 12, 2003

⁸ December 20, 2004, Cabinet of Ministers Directive No. 1003 “On Professional Development of Health Care Employees Providing Services to Out-patients and In-patients”, Latvijas Vēstnesis (Latvia Herald), No. 204, December 24, 2004

⁹ December 21, 2004, Cabinet of Ministers Regulations No. 1036 “Protocol for Organizing and Financing Health Care”, Latvijas Vēstnesis (Latvia Herald), No. 9, January 18, 2005

¹⁰ May 18, 2005, Cabinet of Ministers Directive No. 326 “Main Issues in the Development of Human Resources in the Health Sector”, Latvijas Vēstnesis (Latvia Herald), No. 80, May 20, 2005

document was drafted to establish priorities in developing human resources in the health sector and to continue advancing an effective and qualitative health care system geared towards patients.

- ✓ A document “On Development of Emergency Medical Care Service” has been prepared. It describes the current situation, identifies problems, and establishes the main directions for development and government policy targets when developing the emergency medical care service.

2. METHODOLOGY

In order to reach the goal of this study several institutions having the necessary information on the health sector and migration of the labour force in Latvia were approached. The Ministry of Health, Health Statistics and Medical Technology State Agency, Latvia Pharmacists Association, Central Statistics Bureau, State Employment Agency, and the Migration Policy Division of the Office of Citizenship and Migration Affairs were all involved in providing information.

Official requests to obtain information were sent to respective institutions. One of the largest contributors to this study was the Ministry of Health which provided detailed and thorough responses about the health sector in the context of Latvia's social and economic situation, the principal phases of the health sector growth, the bi-lateral and multi-lateral agreements, education and professional training of employees, and the institutions responsible for regulating hiring practices.

The quantitative information for the research was provided by the Health Statistics and Medical Technology State Agency, Latvia Pharmacists Association, Central Statistics Bureau and State Employment Agency.

The Office of Citizenship and Migration Affairs supplied information about migration policy and provided statistical data on the residence permits issued for those employed in the health sector.

The study utilized the statistical data received, the applicable legislative acts, and the publications about the health sector, employment, education and professional training of the health care service providers.

Case studies were used in research for this project. A case study is a research strategy utilizing empirical research of a separate current occurrence in a real life context while using diverse sources. Analysis of statistical data was also conducted.

Several problems arose during the course of the research. The chapter "Employment of Immigrants in the Health Sector" required obtaining quantitative information about the number of nationals and immigrants employed in the health sector.

Unfortunately, this information is not available as the health care personnel in Latvia are not being classified in this manner. Only the total number of those employed in the health sector is available. Similarly, the State Employment Agency only has a list of vacancies for health care positions as reported by employers.

The Central Statistics Bureau supplied data on health care employees by citizenship and by place of birth using the 2000 National Census information. The data provided by Central Statistics Bureau and by Health Statistics and Medical Technology State Agency do not completely agree. However, the information obtained allows us to estimate the ratio of foreign nationals employed in the health sector in Latvia.

3. MIGRATION POLICY AND THE HEALTH SECTOR IN LATVIA

The legislation concerning immigration issues was developed in Latvia almost instantly after the country regained its independence on May 4, 1990. The law “On the Procedure for Foreign Nationals and Stateless Persons to Enter and Reside in the Republic of Latvia”¹¹ came into force as early as July 1, 1992. However, with the passage of time some of the norms became outdated. The process of harmonizing Latvia’s legislation with the legislation of the European Union crystallized new requirements, and, as a result, a new Immigration Law¹² was drafted and came into effect on May 1, 2003. The law determines the procedure in which foreign nationals can enter Latvia, reside there, transit and leave the country, as well as the protocol for detaining foreign nationals in the Republic of Latvia or deporting them from the country so that the immigration policy implemented meets the requirements of international rights and the interests of the Republic of Latvia.

Paragraph 9 of the Immigration Law states that foreign nationals require a work permit if they intend to enter labour relations by signing an employment contract, or to be employed in accordance with a different legal agreement (as a member of a board or a member of administration of a corporation), or to be self-employed.

Work permit is not required if a foreign national:

- 1) has received a permanent residence permit;
- 2) has received a temporary residence permit for the time period not exceeding one year and has arrived in Latvia on a student exchange programme, or as an intern or trainee at an educational establishment of the Republic of Latvia or at a commercial company/business registered in the Commercial Register, or with some other assignment, and does not receive remuneration for the job done;
- 3) arrives in the Republic of Latvia on a tour as a performer (musician, singer, dancer, actor, circus artist, etc.), an author/creator (composer, choreographer, artistic director, stage designer, etc.), or a member of a

¹¹ Law “On the Procedure for Foreign Nationals and Stateless Persons to Enter and Reside in the Republic of Latvia”, LR Augstākās Padomes un Valdības Ziņotājs (Messenger of the Supreme Council and Government of the Republic of Latvia), No. 27/28, 1992

¹² Immigration Law, Latvijas Vēstnesis (Latvia Herald), No. 169, November 20, 2002

stage crew, and the anticipated length of stay in the Republic of Latvia does not exceed 14 days;

- 4) arrives in the Republic of Latvia having received an invitation from an educational or research organization or from an individual scientist in connection with scientific research or implementation of an educational programme, and the anticipated length of stay in the Republic of Latvia does not exceed 14 days.

The Regulations No. 44 "On Work Permits for Foreign Nationals"¹³, issued by the Cabinet of Ministers on January 24, 2004, determine the procedure for requesting and issuing work permits. The Regulations set forth the procedure for applying for and obtaining a work permit for a foreign citizen who wishes to establish legal employment relations by signing an employment contract, or to be employed in accordance with a different legal contract (e.g. as a board member of a capital company or an executive of a partnership registered in the Commercial Register), or to be self-employed in the Republic of Latvia. The Regulations also set forth the procedure for paying the application fee when requesting the work permit and the amount of the fee. Work permits are issued by the Office of Citizenship and Migration Affairs.

To receive a residence permit in the Republic of Latvia based on an employment contract or an enterprise agreement, a foreign national has to present a valid travel document recognized in the Republic of Latvia and submit the following documents:

- ✓ an official application form for a residence permit;
- ✓ two photos;
- ✓ a radiologist's report on the results of an x-ray or fluoroscopic examination;
- ✓ a certificate on criminal record issued by an authority of the country of residence (if a foreign national is 14 years of age or older);
- ✓ a document verifying that he/she has sufficient financial means;
- ✓ a document verifying the anticipated place of residence in the Republic of Latvia;
- ✓ a receipt confirming the application fee payment;
- ✓ a letter of invitation authorized by the State Employment Agency.

¹³ January 24, 2004, Cabinet of Ministers Regulations No. 44, "On Work Permits for Foreign Nationals", Latvijas Vēstnesis (Latvia Herald), No. 12, January 23, 2004

The party extending the invitation to a foreign national has to have the letter of invitation approved at the Office of Citizenship and Migration Affairs before the foreign national can submit his/her application.

In accordance with the April 22, 2004, Amendments to the Immigration Law, citizens and family members of citizens of member states of the European Union and European Economic Area can enter and reside in the Republic of Latvia as prescribed by legislative acts of the European Union and ratified by the Cabinet of Ministers. Based on the above Amendments to the Immigration Law, the Cabinet of Ministers on November 9, 2004, passed Regulations No. 914 "Protocol for Entry and Residence in the Republic of Latvia of Citizens of Member States of the European Union and European Economic Area, and their Family Members"¹⁴. According to this document, a citizen of a member state of the European Union and European Economic Area can enter the Republic of Latvia if he/she has a valid travel document and does not pose a threat to national security, public security, and public health.

If a citizen of a member state of the European Union and European Economic Area wishes to stay in the Republic of Latvia for longer than 90 days within a six-month period counting from the day of entry, he/she should register at the Office of Citizenship and Migration Affairs and receive a residence permit. A residence permit is a document that allows a foreign national to reside in the Republic of Latvia for a determined period of time.

Citizens of a member state of the European Union and European Economic Area and their family members do not require a work permit. Citizens of a member state of the European Union and European Economic Area who wish to receive a residence permit in the Republic of Latvia due to employment need to present a valid travel document recognized in the Republic of Latvia and submit an official application form for a residence permit, a photo, and a copy of an employment contract or other legal document that serves as the basis for the employment. The application is processed within 30 days and, if granted, a temporary residence permit is issued for either one

¹⁴ Cabinet of Ministers Regulations "Protocol for Entry and Residence in the Republic of Latvia of Citizens of Member States of the European Union and European Economic Area, and their Family Members", Latvijas Vēstnesis (Latvia Herald), No. 180, November 12, 2004

year or five years. Citizens of a member state of the European Union and European Economic Area do not pay an application fee for a temporary residence permit.

Citizens of a member state of the European Union and European Economic Area, who stay longer than 90 days within a six-month period counting from the day of entry, do not require a residence permit if they have a valid travel document and they:

- ✓ work as seasonal employees;
- ✓ are employed in the Republic of Latvia but live in another European Union country where they return to at least once a week;
- ✓ stay in the Republic of Latvia for up to six months a year counting from the day of entry and the reason for their stay is to establish legal employment relations in the Republic of Latvia by signing an employment contract or other legal contract.

Latvia does not have a specific policy regarding immigrants employed in the health sector.

Some of the most important bi-lateral and multi-lateral agreements relating to the health sector are the following:

- ✓ The July 22, 1946, Constitution of the World Health Organization. By ratifying this multi-lateral agreement Latvia became a member of the World Health Organization.
- ✓ An agreement signed by the Republic of Latvia and the Republic of Estonia on August 22, 1996, on co-operation in the field of social security. The goal of the agreement is to ensure social security rights of people moving back and forth from Latvia to Estonia.
- ✓ An agreement signed on February 4, 1998, by the Republic of Latvia and the government of the Kingdom of Sweden on providing health care for temporary residents. The goal of the agreement is to help residents of one country receive health care while temporarily staying in the other country.
- ✓ An agreement signed by the Republic of Latvia and Ukraine on February 26, 1998, on co-operation in the field of social security. Paragraph 10 of this bi-lateral agreement provides for entitlement to emergency medical care whereas Paragraph 12 provides for entitlement to planned medical services.

- ✓ The February 6, 2002, agreement signed by the Ministry of Welfare of the Republic of Latvia and the Ministry of Health of Ukraine on co-operation in the fields of health care and medical science. The goal of the agreement is to further co-operation between the two countries in the above-mentioned areas.
- ✓ The May 21, 2003, World Health Organization Framework Convention on Tobacco Control which intends to protect population from the harmful effect of tobacco use on one's health and on society, environment and economy. It also intends to lessen the supply of and demand for tobacco.
- ✓ A co-operation agreement for 2006-2007 signed by the Ministry of Health of the Republic of Latvia and the World Health Organization's Regional Office for Europe. This bi-lateral agreement is signed for the duration of two years and highlights the following co-operation priorities: increasing the prevention and control of non-infectious diseases, improving the basic functioning of the health care system, and increasing capacity of the health care system in the battle with infectious diseases.

The Ministry of Health, Ministry of Welfare, Ministry of Education and Science and Ministry of Finance are all responsible for drafting and administering regulations for hiring labour force for the health sector.

The Ministry of Health is the leading administrative institution of the health sector. The Ministry sets the direction of health policy and co-ordinates its implementation; and drafts legislative and policy planning documents for the health sector. It approves requirements for medical positions and evaluates documents drafted by other ministries that relate to health care issues.

The Ministry of Welfare is the leading administrative institution in the employment area; it sets the policy direction and co-ordinates its implementation, and drafts the respective legislative and policy planning documents. The Ministry establishes the state policy for decreasing unemployment; takes part in drafting the employment policy and in advancing the system of career guidance; establishes policy for creating a safe and healthy work environment; and sets the policy for determining the minimum wage and for regulating employee rights.

The Ministry of Education and Science sets the education policy and drafts the respective legislative and policy planning documents.

The Ministry of Finance is the leading administrative institution in the finance area. It sets and implements the policy determining public employee salaries; develops, implements and supervises a unified accounting system of salaries for employees of institutions financed from the state budget; and drafts the respective legislative and policy planning documents.

Those employed in the health sector work at state-run, municipal or private health care organizations, and their employment relations are governed by the Employment Law¹⁵. In accordance with the Employment Law the employment relations of the employer and the employee are established by a written employment contract which may be either for the duration of unspecified period of time or specified period of time as prescribed by special cases noted in the legislative documents.

The decision to hire a specific employee is made by the employer. The employee must meet the requirements set out for the specific position by the employer, based on the following normative acts:

- ✓ Law “On Regulated Occupations and Recognition of Professional Qualifications”¹⁶ sets out the educational and professional training requirements for the regulated occupations.
- ✓ The August 6, 2002, Cabinet of Ministers Regulations No. 337 “On the List of Professional and Paraprofessional Positions of the Regulated Occupations”¹⁷ establishes the listing of regulated health care occupations.
- ✓ Medical Profession Regulations, confirmed by the Directive of the Ministry of Health, set out the required knowledge base and experience for medical professions.

The above law establishes the requirements for accepting the medical qualification credentials acquired while studying in the Republic of Latvia or abroad.

¹⁵ Employment Law, Latvijas Vēstnesis (Latvia Herald), No. 105, July 6, 2001

¹⁶ Law “On Regulated Occupations and Recognition of Professional Qualifications”, Latvijas Vēstnesis (Latvia Herald), No. 105, July 6, 2001

¹⁷ August 6, 2002, Cabinet of Ministers Regulations No. 337 “On the List of Professional and Paraprofessional Positions of the Regulated Occupations”, Latvijas Vēstnesis (Latvia Herald), No. 80, May 20, 2005

The documents confirming medical education and professional qualifications received while studying abroad are recognized in accordance with the credentials evaluation system. The following Cabinet of Ministers regulations are being employed:

- ✓ The March 29, 2005, Cabinet of Ministers Regulations No. 207 “On Documents Certifying Education and Professional Qualifications Received by Physicians, and Recognition of Such Documents by Applying the Credentials Evaluation System”¹⁸.
- ✓ The May 24, 2005, Cabinet of Ministers Regulations No. 351 “On Documents Certifying Education and Professional Qualifications Received by Nurses, and Recognition of Such Documents by Applying the Credentials Evaluation System”¹⁹.
- ✓ The March 1, 2005, Cabinet of Ministers Regulations No. 149 “On Documents Certifying Education and Professional Qualifications Received by Midwives, and Recognition of Such Documents by Applying the Credentials Evaluation System”²⁰.
- ✓ The February 15, 2005, Cabinet of Ministers Regulations No. 124 “On Documents Certifying Education and Professional Qualifications Received by Pharmacists, and Recognition of Such Documents by Applying the Credentials Evaluation System”²¹.
- ✓ The February 15, 2005, Cabinet of Ministers Regulations No. 125 “On Documents Certifying Education and Professional Qualifications Received by Dentists, and Recognition of Such Documents by Applying the Credentials Evaluation System”²².

¹⁸ March 29, 2005, Cabinet of Ministers Regulations No. 207 “On Documents Certifying Education and Professional Qualifications Received by Physicians, and Recognition of Such Documents by Applying the Credentials Evaluation System”, Latvijas Vēstnesis (Latvia Herald), No. 52, April 1, 2005

¹⁹ May 24, 2005, Cabinet of Ministers Regulations No. 351 “On Documents Certifying Education and Professional Qualifications Received by Nurses, and Recognition of Such Documents by Applying the Credentials Evaluation System”, Latvijas Vēstnesis (Latvia Herald), No. 84, May 27, 2005

²⁰ March 1, 2005, Cabinet of Ministers Regulations No. 149 “On Documents Certifying Education and Professional Qualifications Received by Midwives, and Recognition of Such Documents by Applying the Credentials Evaluation System”, Latvijas Vēstnesis (Latvia Herald), No. 38, March 4, 2005

²¹ February 15, 2005, Cabinet of Ministers Regulations No. 124 “On Documents Certifying Education and Professional Qualifications Received by Pharmacists, and Recognition of Such Documents by Applying the Credentials Evaluation System”, Latvijas Vēstnesis (Latvia Herald), No. 28, February 18, 2005

²² February 15, 2005, Cabinet of Ministers Regulations No. 125 “On Documents Certifying Education and Professional Qualifications Received by Dentists, and Recognition of Such Documents by Applying the Credentials Evaluation System”, Latvijas Vēstnesis (Latvia Herald), No. 28, February 18, 2005

The Employment Law states that a foreign national (a person who is not a citizen or non-citizen of Latvia) can be employed only if he/she has a work permit, unless the specific situation has been singled out in legislative documents. As noted before, a citizen or a family member of a citizen of a member state of the European Union or European Economic Area does not require a work permit in accordance with the November 9, 2004, Cabinet of Ministers Regulations No. 914 "Protocol for Entry and Residence in the Republic of Latvia of Citizens of Member States of the European Union and European Economic Area, and their Family Members"²³.

The hiring process utilizes the following methods for employee selection – employment posting/advertisement and an employee selection based on an employment interview and the evaluation of the applicants.

The legislative documents of the Republic of Latvia do not pose serious barriers to foreign nationals (especially to citizens of member states of the European Union and European Economic Area) for employment in the health sector since the protocol and the methods used in the hiring process are geared towards equal opportunities and non-discriminatory practices.

²³ Cabinet of Ministers Regulations "Protocol for Entry and Residence in the Republic of Latvia of Citizens of Member States of the European Union and European Economic Area, and their Family Members", *Latvijas Vēstnesis (Latvia Herald)*, No. 180, November 12, 2004

4. THE EMPLOYMENT OF IMMIGRANTS IN THE HEALTH SECTOR

The number of foreign nationals in Latvia is not big. Compared to European countries where foreign nationals constitute around 4-5% of the population, on January 1, 2006, Latvia had only approximately 37 000 foreign nationals, or 1.6%²⁴. Besides, 60% of these foreign nationals had become citizens of another country while residing in Latvia, thus effectively becoming foreign nationals in their country of residence.

Currently one of the priorities in the health sector is development of human resources. Shortage of human resources in the health care sector is becoming more and more pronounced and the situation is worsening with every year. Consequently, it is paramount to find ways to (1) retain health care employees so that they would not switch to jobs outside this sector, or outside Latvia, and (2) encourage young people to study medicine²⁵.

To ensure quality service on all health care levels, the professional qualifications of the employees, adequate number and efficient location of human resources in Latvia are all important.

Medical employees in Latvia are all registered in the Register of Health Care Personnel. The procedure of forming, adding to and maintaining the Register was established by the October 11, 2005, Cabinet of Ministers Regulations No. 760 "Forming, Adding to and Maintaining the Register of Health Care Personnel"²⁶. The Register is the state information system and its goal is to ensure the circulation of pertinent information. It is being managed by the Health Statistics and Medical Technology Agency.

The Register lists the following health care employees: physicians, nurses, midwives, physician assistants, dental assistants, dental technicians, dental hygienists, cosmeticians, nursing aides, dental nurses, physiotherapists, ergotherapists, equestrian therapy specialists, technical orthopedists, speech

²⁴ Data provided by the Central Statistics Bureau

²⁵ Developing a Common Vision for Medical Education in Latvia.

<http://www.vm.gov.lv/index.php?sadala=260&id=1447> (accessed on Internet February 28, 2006)

²⁶ October 11, 2005, Cabinet of Ministers Regulations No. 760 "Forming, Adding to and Maintaining the Register of Health Care Personnel", *Latvijas Vēstnesis (Latvia Herald)*, No. 164, October 14, 2005

therapists, physiotherapist assistants, ergotherapist assistants, and equestrian therapy assistants.

The Register contains the following information on each health care employee registered:

- 1) code of his/her occupation,
- 2) number and date of registration,
- 3) first name, last name, personal ID code, and gender;
- 4) information about education received: educational establishment attended and the certificate number and year of issue;
- 5) information on the study major and the degree earned,
- 6) mailing address, phone number and e-mail address,
- 7) information on any postgraduate education,
- 8) employment record,
- 9) language skills,
- 10) information on the license held,
- 11) certificate issued by an agency or centre.

The Register does not compile information about the employees' nationality or citizenship; therefore the Health Statistics and Medical Technology Agency does not have statistical data of this sort. The below table shows the data available, i.e., total medical employment positions (see Table 4.1).

Table 4.1
Number of Employed Medical Personnel

Occupations	1997	1998	1999	2000	2001	2002	2003	2004
Total	20769	19213	18682	18731	18095	18171	18362	18763
Medical Doctors/ Physicians	7833	6900	6877	6856	6499	6653	6596	6697
Dentists	1111	1064	1164	1278	1245	1268	1287	1390
Dental Assistants	67	58	67	101	96
Nurses	11172	10576	10020	9927	9680	9557	9720	9863
Midwives	653	617	539	486	477	472	464	473
Physiotherapists and Assoc. Professionals	...	56	82	117	136	154	194	244

... Data not available or too uncertain for presentation

Starting with 2001 the division by gender of employees is also available (see Table 4.2).

Table 4.2
Number of Employed Medical Personnel by Gender

Occupations	2001		2002		2003		2004	
	Male s	Female s	Male s	Female s	Male s	Female s	Male s	Female s
Medical Doctors/ Physicians	1734	4765	1772	4881	1743	4853	1810	4887
Dentists	138	1107	138	1130	145	1142	167	1223
Dental Assistants	1	57	0	67	1	100	3	93
Nurses	156	9524	75	9482	104	9616	118	9745
Midwives	2	475	0	472	0	464	1	472
Physiotherapists and Assoc. Professionals	11	125	27	127	22	172	34	210
Total	2042	16053	2012	16159	2015	16347	2133	16630
	18095		18171		18362		18763	

The research report and analysis “Development of Human Resources in Health Care” conducted by the Ministry of Health concludes that from 1994 to 2004 the number of physicians decreased and only the last two years show a tendency for the number of physicians to increase slightly. However, the number of family physicians in Latvia per 10 000 population is one of the lowest among the new member states of the European Union, thus creating high work load for doctors and hindering accessibility of health care services to general public²⁷.

Currently, almost 25% of physicians registered in the Register of Health Care Personnel do not work in the health care sector²⁸. With the existing rate of training and licensing new doctors, approximately 200 years are necessary to replace the 400 practicing family physicians who are close to retirement. The biggest problems today are: (1) the age of practicing doctors (20% or 1416 are over the age 60, and this number is likely to grow to 32% in the very near future), and (2) the ‘brain drain’ to other countries or other sectors of national economy. According to Latvia Physicians Association, during just one year 217 physicians expressed their wish to work in another European Union country²⁹.

²⁷ May 18, 2005, Cabinet of Ministers Directive No. 326 “Main Issues in the Development of Human Resources in the Health Sector”, Latvijas Vēstnesis (Latvia Herald), No. 80, May 20, 2005

²⁸ May 18, 2005, Cabinet of Ministers Directive No. 326 “Main Issues in the Development of Human Resources in the Health Sector”, Latvijas Vēstnesis (Latvia Herald), No. 80, May 20, 2005

²⁹ Physicians Retire or Move Abroad, Latvijas Avīze (Latvia Newspaper), No. 284, October 19, 2005

To ensure quality health care service to patients it is essential to increase the number of nurses. There is a shortage of nurses in the country and therefore patients do not always receive the quality of care they are entitled to. Today Latvia has approximately 500 nurses per 100 000 population, and a quality service requires at least 700-900 nurses³⁰. The future outlook in this regard is negative since the “aging” trend is true for practicing nurses as well³¹.

Registering of pharmacists and pharmaceutical assistants is determined by the April 27, 2004, Cabinet of Ministers Regulations No. 454 “Procedure of Registering Pharmacists and Pharmaceutical Assistants”³². In accordance with the above regulations, Latvia Pharmacists Association manages the Register of Pharmacists and Pharmaceutical Assistants. The Association registers pharmacists and pharmaceutical assistants who work at one of the pharmacies.

The Register contains the following information:

- 1) personal information,
- 2) information on education received (the entry for foreign nationals says “Latvia Pharmacists Association”),
- 3) information on the individual’s work experience at a pharmacy (the entry for foreign nationals says “Latvia Pharmacists Association”),
- 4) a document recognizing education or professional training received abroad, if applicable,
- 5) information on any other courses attended, their duration and certificate issued,
- 6) language skills,
- 7) any breach of the Ethics Code of Latvia Pharmacists Association, if applicable,
- 8) number and date of issue of a certificate attesting to professional training for pharmacists, if applicable; and a branch manager’s certificate for pharmaceutical assistants, if applicable,

³⁰ To ensure quality health services Latvia needs more nurses. <http://www.masas.lv/page.php?id=169> (accessed on Internet March 1, 2006)

³¹ May 18, 2005, Cabinet of Ministers Directive No. 326 “Main Issues in the Development of Human Resources in the Health Sector”, *Latvijas Vēstnesis (Latvia Herald)*, No. 80, May 20, 2005

³² April 27, 2004 Cabinet of Ministers Regulations No. 454 “Procedure of Registering Pharmacists and Pharmaceutical Assistants”, *Latvijas Vēstnesis (Latvia Herald)*, No. 454, May 1, 2004

- 9) a membership card number for members of Latvia Pharmacists Association,
- 10) registration number in the Register,
- 11) information about revoking a registration, if applicable.

According to the information provided by Latvia Pharmacists Association, the registration of pharmacists and pharmaceutical assistants working in Latvia's pharmacies was started only in 2005. Consequently, the Association has no data pertaining to previous years, nor information about citizenship.

The data compiled show that on January 1, 2006, 1290 pharmacists (of which 1265 were female and 25 male) and 1414 pharmaceutical assistants (1412 female and 2 male) worked at a **pharmacy** in Latvia.

Since Latvia Pharmacists Association only keeps track of those employed at pharmacies, their data is incomplete. The Pharmacy Department of the Ministry of Health has data from various pharmaceutical organizations, including pharmacies, drug wholesalers and drug producers (see Table 4.3).

Table 4.3

Pharmacists and Pharmaceutical Assistants Registered in 1997-2004³³

	1997	1998	1999	2000	2001	2002	2003		2004
							Males	Females	
Pharmacists	1626	1537	1549	1434	1487	1476	37	1443	1439
Pharmaceutical assistants	1867	1682	1674	1567	1639	1732	10	1693	1616
Total	3493	3219	3223	3001	3126	3208	47	3136	3055

As illustrated by the table, the number of pharmacists has stayed relatively constant. The number of pharmacists employed in 1997 was 1626, in 2000 – 1434, and in 2003 – 1480, or 6.3 pharmacists per 10 000 population. The number of pharmaceutical assistants in 1997 was 1867, in 2000 – 1567, and in 2003 – 1703, or 7.3 pharmaceutical assistants per 10 000 population³⁴.

Although the Minister of Health admits that the shortage of labour force in the health sector in Latvia is real and that the situation will grow worse in the coming years

³³ Data provided by the Pharmaceutics Department of the Ministry of Health

³⁴ May 18, 2005, Cabinet of Ministers Directive No. 326 "Main Issues in the Development of Human Resources in the Health Sector", Latvijas Vēstnesis (Latvia Herald), No. 80, May 20, 2005

because time is needed to educate and train new doctors, there is no intention to facilitate or encourage inflow of cheaper medical labour force from such countries as Belarus, Ukraine or Russia³⁵.

According to Latvia Central Statistics Bureau, the 2000 National Census shows that foreign nationals employed in the health sector in Latvia constituted only 0.53% of the total number of employees in the sector (see Table 4.4).

Table 4.4
Number of Medical Personnel by Citizenship, 2000³⁶

Citizenship	Medical doctors	Dentists	Dental assistants	Pharmacists	Nurses	Psychologists	Total
Total	6579	1204	611	1781	14228	301	24704
Latvia	5389	994	532	1335	11088	240	19578
Non-citizens of Latvia	1131	205	75	430	3095	58	4994
Lithuania	5	1	2	2	7	0	17
Estonia	5	0	0	0	4	0	9
USA	1	0	0	0	0	0	1
Germany	0	0	0	0	1	0	1
Armenia	1	0	0	0	0	0	1
Belarus	3	0	0	1	1	0	5
Georgia	1	0	0	0	0	0	1
Russia	36	3	1	12	27	3	82
Ukraine	4	1	0	1	4	0	10
Austria	0	0	1	0	0	0	1
Czech Republic	0	0	0	0	1	0	1
Lebanon	3	0	0	0	0	0	3

The number of medical employees born outside of Latvia constituted 18.55% of the total health care employees (see Table 4.5).

³⁵ Shortage of physicians in various regions could be solved by attracting medical professionals or interns from other medical occupations. <http://www.masas.lv/page.php?id=232> (accessed on Internet March 1, 2006)

³⁶ Data provided by Latvia Statistics Bureau

Table 4.5
Number of Medical Personnel by Country of Birth, 2000³⁷

Country of Birth	Medical doctors	Dentists	Dental assistants	Pharmacists	Nurses	Psychologists	Total
Total	6579	1204	611	1781	14228	301	24704
Latvia	5381	1007	542	1385	11551	256	20122
Austria	0	0	1	0	0	0	1
Finland	0	0	0	0	2	0	2
Germany	20	3	2	5	12	1	43
Poland	5	3	0	0	3	0	11
Lithuania	61	7	3	16	179	2	268
Czech Republic	0	0	0	0	4	0	4
Estonia	20	2	2	6	26	0	56
Hungary	1	0	0	0	3	0	4
Non-EU/EEA	1091	182	61	369	2448	42	4193

A lot of it can be explained by history. When Latvia was still part of the Soviet Union it took in a considerable number of citizens of the former Soviet Union and their children. Therefore 16.97% of health care employees were born in a third country.

The Office of Citizenship and Migration Affairs has information on residence permits issued due to employment in health care and social care areas for the following time periods: May 1 – December 31, 2004, and January 1 – December 31, 2005.

In 2004, following Latvia's accession to the European Union on May 1, 2004, a total of 1255 residence permits were issued due to employment. Of those, 8 people (or 0.64%) received a residence permit due to employment in health care or social care (see Table 6).

Table 4.6
Residence Permits Issued due to Employment in Health Care and Social Care
May 1 – December 31, 2004³⁸

Citizenship	Total
France	2
Cuba	2
Nepal	1
Nigeria	1
Hungary	1
Venezuela	1
Total	8

³⁷ Data provided by Latvia Statistics Bureau

³⁸ Data provided by the Office of Citizenship and Migration Affairs

In the time period January 1 – December 31, 2005, a total of 2076 residence permits were issued due to employment. Of those, 17 people (or 0.81%) received a residence permit due to employment in health care or social care (see Table 7).

Table 4.7
Residence Permits Issued due to Employment in
Health Care and Social Care
January 1 – December 31, 2005³⁹

Citizenship	Total
Belarus	1
Estonia	1
Israel	1
China	1
Lithuania	1
Mongolia	1
Poland	1
Ukraine	1
The Philippines	2
Thailand	3
Russia	4
Total	17

The most recent statistical data show that there is a shortage of 444 doctors of various specializations. This is the result of years-long “reforms” that diminished prestige of the profession⁴⁰.

In accordance with the July 29, 2003, Cabinet of Ministers Regulations No. 425 “State Employment Agency Statute”⁴¹, the State Employment Agency compiles information about all the employment vacancies, as reported by employers, and ensures the information is available to the unemployed and those seeking employment. 576 medical employment vacancies were reported by employers in 2005 (see Table 8). However, this data does not reflect the true situation in the country as employers do not always report vacancies to the State Employment Agency.

³⁹ Data provided by the Office of Citizenship and Migration Affairs

⁴⁰ Mr. Rinalds Muciņš, Minister of Health, in the “Apollo” video chat room.

<http://www.apollo.lv/portal/news/articles/24757> (accessed on Internet February 28, 2006)

⁴¹ July 29, 2003, Cabinet of Ministers Regulations No. 425 “State Employment Agency Statute”, Latvijas Vēstnesis (Latvia Herald), No. 111, August 6, 2003

Table 4.8
Medical Employment Vacancies Recorded by
the State Employment Agency
(as Reported by Employers), 2005⁴²

Profession	Total
Pharmacologist	1
Physician	49
Physician Assistant	1
Physician-Intern	1
Acupuncture Specialist	1
Physical Rehabilitation Specialist	1
Internal Disease Specialist	1
Laboratory Physician	1
Sports Injuries Specialist	2
Cosmetologist	11
Surgeon	1
Ophthalmologist	1
Psychiatrist	2
Dentist	11
Pharmacist	29
Nurse	45
Psychologist	13
Clinical Psychologist	1
Educational Psychologist	7
Practical Psychologist	1
General Practitioner	14
General Practitioner – Emergency Care	2
Laboratory General Practitioner	2
Dental Assistant	1
Physiotherapist	1
Massage Therapist	22
Ergo therapist	1
Physiotherapy Assistant	1
Pharmaceutical Assistant	2
Cosmetician	7
Speech Therapist	6
Out-patient Nurse	2
Paediatrics Nurse	6
Physiotherapy Nurse	4
Intensive Therapy & Anaesthesia Nurse	2
Nurse	114
Daycare or School Nurse	2
Psychiatry Nurse	7
Radiology Nurse	5
Dentistry Nurse	7
Medical Attendant	128
Sanitizer/Disinfectant	8
Nursing Aide	48
Sterile Preparation Technician	4
Total	576

⁴² Data provided by the State Employment Agency

Currently immigrants are not very interested in Latvia. 2500-3000 foreign nationals enter Latvia annually, which is not a significant number. People leaving the country is a lot bigger problem since the number of emigrants exceeds the number of immigrants. Population in Latvia is estimated to drop by 30% in the near future, not only due to emigration but also because of demographic changes. Compared to other member states of the European Union, Latvia's demographic situation is poor and the shortage of human resources may bring on a crisis that would impact all areas of national economy.

According to Latvia Physicians Association, during just one year (2005) 217 physicians expressed their wish to work in another European Union country; this number includes 53 dentists, 16 anesthetists, 12 surgeons, 10 eye doctors, 10 gynecologists, 8 family physicians, etc. To stop physicians from leaving the health sector, the Ministry of Health intends to increase the average monthly salary for doctors to Ls 530 by year 2010 and to introduce liability insurance for health care professionals⁴³.

⁴³ Physicians Retire or Move Abroad, *Latvijas Avīze* (Latvia Newspaper), No. 284, October 19, 2005

5. EDUCATION AND TRAINING

At a time when more and more medical professionals retire and only a few young people choose to study medicine, ways to develop medical education are gaining utmost importance. Shortage of human resources in the health care sector is becoming more pronounced and the situation is worsening with every year. One of the ways to alter the situation is to encourage youth to study medicine.

According to the Law “On Regulated Professions and Recognizing Professional Qualifications”⁴⁴ an individual has the right to engage in independent activities of a **physician** and maintain a practice in one of the professional or paraprofessional positions if the individual has a diploma certifying completion of an accredited full-time university medicine programme, a certificate of professional qualifications, and has registered in the Register of Health Care Personnel. The minimum time required to complete the requirements of the university programme in medicine is six years or 5500 credit hours.

An individual has the right to engage in independent activities of a **dentist** and maintain a practice in one of the professional or paraprofessional positions if the individual has a diploma certifying completion of an accredited full-time university dentistry programme, a diploma certifying completion of an accredited resident dentistry education, a certificate of professional qualifications, and has registered in the Register of Health Care Personnel. Dentistry education requires completion of an accredited full-time study programme with a minimum duration of five years.

To be employed as a **pharmacist** one has to have a diploma certifying completion of an accredited professional or academic pharmaceuticals programme. Pharmacist’s diploma is issued upon completion of a five-year study programme, including a four-year university course and at least a 6-month long internship at a general or open pharmacy, or at a closed hospital or clinic pharmacy. The requirements for completion of pharmaceuticals education and professional qualifications are set out in the February 19, 2002, Cabinet of Ministers Regulations No. 68 “Minimum

⁴⁴ Law “On Regulated Professions and Recognizing Professional Qualifications”, Latvijas Vēstnesis (Latvia Herald), No. 105, July 6, 2001

Requirements for Completion of Education and Professional Qualifications for Dentists, Pharmacists, Nurses and Midwives”⁴⁵.

Requirements for qualifications of **pharmaceutical assistants** are governed by accredited education programmes.

An individual has the right to engage in professional activities of a **nurse** if the individual has a diploma certifying completion of secondary occupational education, or first level university education, or an accredited full-time university programme in nursing. An individual has the right to engage in independent activities of a **nurse** if the individual, besides the afore-mentioned education diploma, also has a certificate of professional qualifications and has registered in the Register of Health Care Personnel.

The minimum duration for completing the education programme in nursing is:

- ✓ At a nursing or medical school/college – a full-time three-year study programme or 4600 academic or clinical credit hours, of which at least 1/3 were academic schooling and at least ½ were practical training;
- ✓ At a university following secondary education – four years.

An individual has the right to engage in professional activities of a **midwife** and maintain a practice if the individual has a diploma certifying completion of secondary occupational education, or first level university education, or an accredited full-time university programme in midwifery, as well as a certificate of professional qualifications, and has registered in the Register of Health Care Personnel. For somebody having secondary education the minimum study time required would be three years or 4600 academic or clinical credit hours, of which at least 1/3 were academic schooling and at least ½ were practical training. This study programme covers the occupational knowledge for a midwife, knowledge of professional ethics and relevant legislative acts, as well as practical and clinical experience. For somebody having completed the nursing education the minimum study time required is 18 months or 3000 credit hours. This is a full-time study programme consisting of courses that are not part of the nursing studies.

⁴⁵ February 19, 2002, Cabinet of Ministers Regulations No. 68 “Minimum Requirements for Completion of Education and Professional Qualifications for Dentists, Pharmacists, Nurses and Midwives”, Latvijas Vēstnesis (Latvia Herald), No. 32, February 27, 2002

Requirements for qualifications of **dental assistants and physiotherapists** are governed by accredited education programmes.

To have one's professional qualifications from abroad recognized in Latvia the following documents have to be submitted to the Centre of Academic Information:

- ✓ Application;
- ✓ Copy of a passport;
- ✓ Education and professional qualification documents;
- ✓ A document from a competent authority in one's home country certifying the individual's right to work in the given capacity;
- ✓ A document from a competent authority in one's home country about the individual's work experience;
- ✓ A document from a competent authority in one's home country about the individual's work conduct and absence of any disciplinary breaches.

An official translation is required for documents which are issued in a language other than Latvian, English or Russian. The Centre of Academic Information collects documents, drafts their assessment and sends out a notice to the institution certifying the recognition of the credentials in the given specialization. The said institution makes a decision on recognizing, partly-recognizing or refusing to recognize the credentials, and sends their decision back to the Centre of Academic Information. The Centre of Academic Information then notifies the applicant of the decision within four months since receipt of the documents.

Requirements for recognizing the applicants' credentials are the same for all countries. The credentials of applicants from countries outside the European Union and European Economic Area are recognized only if the level of their education and professional experience, in terms of content and duration, are close to the requirements for any given specialization in the Republic of Latvia.

Continuing professional training in the Republic of Latvia takes the form of courses and is governed by the respective requirements for any given specialization. The health care professional is responsible for covering the costs of any such course.

The requirements for continuing professional training are the same for citizens and non-citizens of Latvia, citizens of the European Union and European Economic Area, and citizens of a third country.

CONCLUSIONS

1. Currently, one of the priorities in the health sector is developing human resources. Shortage of human resources in health care is becoming more and more pronounced and the situation is worsening with every year. Therefore ways are being sought to (1) retain the current health care employees and stop them from switching to jobs outside this sector, and (2) encourage youth to study medicine.
2. To ensure quality health care services on all levels the professional qualifications, adequate number and efficient location of human resources are all important.
3. Although the shortage of labour force in the health sector in Latvia is real there is no intention to facilitate or encourage inflow of cheaper medical labour force from such countries as Belarus, Ukraine or Russia.
4. The dynamics of the quantity of human resources in health care does not show a completely negative trend. However, taking into account the demographics (aging) of the practicing professionals and their impending retirement, and comparing the statistical data of Latvia to that of the European Union countries in terms of the number of required professionals, and considering the uneven placement of the professionals among the different regions of Latvia, it is safe to say that the number of health care professionals in Latvia is inadequate to ensure the required accessibility of health care services to general public.

APPENDICES

Appendix 1**Institutions and Organizations Involved in Managing Migration
with Regard to the Health Sector**

1. Ministry of Health
2. Health Statistics and Medical Technology Agency
3. The Office of Citizenship and Migration Affairs of the Ministry of the Interior
4. State Employment Agency of the Ministry of Welfare
5. Central Statistics Bureau of the Ministry of Economics
6. Latvia Pharmacists Association

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