

# Israeli Medical Association



Founded 1912, 36 years before the founding of the State of Israel

President: Dr. Leonid Eidelman

**The Israeli Medical Association (IMA) is an independent professional organization, judicially recognized as the representative organization of physicians in Israel.**

Although membership is on a voluntary basis, approximately 90% of publicly employed physicians in Israel are members. The IMA encompasses 125 scientific associations, societies and workgroups.

Once every four years the IMA holds its General Assembly, at which the leadership and the members of its institutions are elected. These individuals work voluntarily for the advancement of physicians and medicine in Israel.



## Goals of the Israeli Medical Association

- To improve and promote the medical profession, medical services and the health of people in Israel and formulate a system of quality improvement in health care.
- To establish comprehensive health policy within a broader context of social policy.
- To secure the physician's status, rights and autonomy.
- To champion the cause of the patient and preserve a positive doctor-patient relationship in the face of diminishing resources and external obstructions.
- To ensure high clinical standards combined with ethical behavior and professional integrity.

**Israel is close to Europe both geographically and in terms of outlook.**

**In an age of global medicine, IMA has both what to offer and what to learn from its European neighbors.**



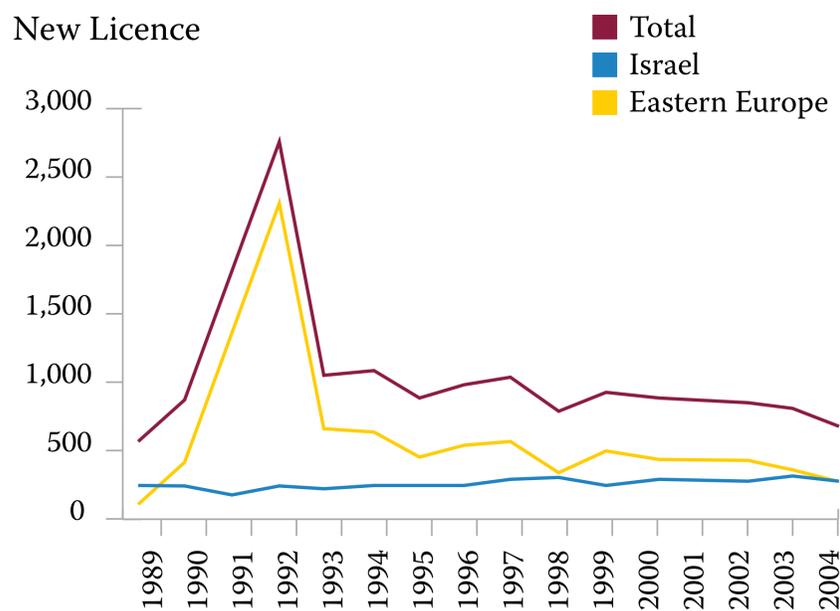
# Israeli Medical Association Licensing and Specialization



The process of licensure and retraining has been designed to ensure that all physicians practice to an agreed Israeli standard. The recognition of professional qualifications has played a great role in the absorption process for immigrant doctors.

There are ways to maximize the number of physicians who pass the licensing examination and can therefore be absorbed as physicians, while not compromising on the level of medical knowledge tested. Two possibilities are preparatory courses; and allowing the examination to be taken in the immigrant's native tongue. The period of observation required of doctors exempt from the licensure examination, and the personal review of each file also contributed to the success of the process.

## New Licenses by country of study



## Successful large scale absorption

The migration of large numbers of physicians did not have a negative effect on physicians' salaries; in fact, there was actually a rise in salaries.

The migration of physicians also did not appear, overall, to have a major impact on the availability and accessibility of health care services or the satisfaction with such services.

## Physician Migration: today

- Immigration to Israel has greatly slowed.
- Immigration to Israel from Western countries has risen.
- Israel is now facing a shortage of physicians, especially in certain fields.
- The population has increased (1.7% per year) and aged; immigration has declined and numbers of doctors in domestic training remains stable.
- Physician/ 1000 population ratio of 3.6 in 2000 and 3.4 in 2008 is expected to decline to 3.0 by 2015 and 2.6 by 2020.

## Conclusions

The immigration wave in the early 1990's doubled the number of Israel's physicians. Many were absorbed without major repercussions into the health system. However, there were professional, sociological and economic repercussions for some individual doctors.

The success of the absorption was due to the system wide response, with participation of professional and immigrant groups and non-formal support systems; quick organization and implementation of strategies to absorb immigrant physicians; and national policy regarding immigration and absorption of professionals.

Today there is less system-wide mobilization. The trend is for stricter licensing and specialization criteria and for greater emphasis on absorbing the increasing number of Western physicians.

# Israeli Medical Association Rehabilitation Mission in Haiti



Following the major earthquake which struck Haiti in 2010, the office of Israeli President Shimon Peres, the Ministry of Foreign Affairs and Magen David Adom joined efforts and put together a comprehensive team which was sent to Haiti in order to assess the needs and plan a long term rehabilitation mission.

Dr. Itzhak Siev-Ner MD, Orthopedic Surgeon and Physiatrist, and Vice President of the Israeli Medical Association, played an important part in this team.

## The goals of the mission included:

- Assessing rehabilitation needs after the earthquake
- Mapping the existing resources.

## The mission findings were:

1. The field of rehabilitation was underdeveloped in Haiti before the earthquake, but the disparity between the needs and service availability was increased one hundredfold.
2. The estimated number of new amputees was around 4,000.
3. The patients were of all ages including infants, children, adults and elderly people.
4. Five weeks after the earthquake, the patients encountered in the hospitals were not yet ready for prosthesis fitting.
5. Fractures were in the early phases of union. Many will require further treatment due to non-union, infections, soft tissue and nerve injuries and misalignment.
6. Facilities and trained personnel to deal with these injuries were scarce.



A joint Haitian-Israeli Rehabilitation Centre in Haiti was established, based on rotating Israeli multidisciplinary teams, treating patients and training personnel.

The goal is to hand the centre over to full Haitian operation eventually.

The Rehabilitation Centre was opened at Haiti's University and Educational Hospital (HUEH) in May 2010.



In order to ensure that their work is sustained, the Israeli team trains the trainers and renovated the centre, ensuring that it has all the equipment it needs.

A contract for the next three years has been agreed stating that the department will continue to run as a Rehabilitation Center.

The Israeli team is working in collaboration with Magen David Adom (MDA), Jewish Distribution Committee (JDC), local Red Cross and a government run hospital.



A programme of rotating specialists, including a physiatrist, orthopaedic surgeon, physiotherapist, O.T., and a prostheses technician has been established.

All travel to Haiti, continue to treat patients and maintain the programme. A major part of the work focuses on the development of prostheses.

The aim is to make and provide prostheses for the people of Haiti free of charge.

The team also works on gait training and orthopaedic rehabilitation in all post traumatic conditions.

# Israeli Medical Association

## Developing Initiatives



### Humanitarian Activities

#### Tsunami Victims' Aid

News of the 2004 tsunami reached Israel on December 26th. Dr Yoram Blachar, (then president of the IMA), contacted his colleague, Prof. Ravindra Fernando, (President of the Sri Lanka Medical Association), and offered his help immediately.

Based on a list compiled by Prof. Ravindra, the IMA worked round the clock to provide Sri Lanka with the life saving medical supplies, baby food, towels, sheets, blankets and other equipment needed to sustain a stable existence.

Thanks to the generosity of several Israeli companies, (such as Rekah Israeli Pharmaceuticals, Dexxon Pharmaceuticals, Vitamed, Promedico, Remedia, Kitan, Vardinon and Agis), the support of the health service organizations and the assistance of the charity organization "Koah Latet" the IMA collected over €60,000 worth of provisions.

Israel was one of the first countries to send out a humanitarian relief mission to the areas devastated by the tsunami. Medical personnel were dispatched from many medical institutions, including Hadassah, Sourasky, Rabin, Haemek and Kaplan Medical Centres, and went to the devastated areas of Thailand. They liaised with the respective countries in order to locate and treat injured persons and respond immediately to the acute emergency situation.



Soldiers pack supplies for Sri Lanka (©Reuters/Nir Elias)

### Israeli-Palestinian Initiatives

**Numerous Israeli-Palestinian collaborative health care initiatives take place at any time.**

Israeli doctors learn and work side by side with their Arab colleagues, treating Jewish and Arab patients, Israeli and Palestinian.

The Israeli programme "Save a Child's Heart," is based at the Wolfson Hospital. Doctors repair congenital heart defects. Children from the Palestinian territories, Iraq, Jordan and Africa have been treated. More than 2,700 children, have been helped so far by the programme.



Teams at Bethlehem and Tel-Aviv Universities work together on a programme to investigate the genetic causes of deafness.

Graduate programmes enable Palestinian students to pursue post-graduate research at many Israeli University.

**The Israeli sentiment of medicine as a platform for co-operation has been echoed throughout the world - including by many of our Arab colleagues.**

# Israeli Medical Association Physician Migration



Israel has always actively encouraged immigration. At the beginning of the 1990's, Israel absorbed almost one million immigrants from the former Soviet Union. Among these immigrants were over 12,000 physicians who arrived between 1989 -1995.

In 2004 the IMA was contracted by the WHO to develop a case study on migrating physicians. There is much to be learned from the Israeli experience. Israel is a country of immigrants and supports the concept of immigration positively and constructively.

## Israeli Immigration 1989-2000

535,000 families; 1,042,720 immigrants

### Continents of origin of largest immigrant groups:

- *North America*: 26,330 (2.5%)
- *Western Europe*: 35,100 (3.4%)
- *Africa*: 48,850 (4.7%)
- *Former Soviet Union (FSU)*: 885,850 (85%)

Total of 50,000 physicians, pharmacists and nurses

Average aid provided by government for absorption of immigrants: NIS 62,800 (€12,400)

### Additional aid for physicians included:

- Vocational Hebrew studies,
- Licensing procedures  
(*preparatory course, licensing examination*)
- Employment (*for purposes of specialization*).

## Reasons for Migration

### Professional:

- Changing demographics/physician ratios
- Resources expended on health care and technologies
- Health Care Reforms
- Opportunities for Advancement
- Poor Physician remuneration

### Personal:

- Economic conditions
- Political conditions
- Religious discrimination
- Quality of life

## Physician Immigration to Israel from the FSU

Year	Number of Physicians*	Percent of Immigrants
1989	500	3.9
1990	5,900	3.2
1991	3,500	2.4
1992	1,200	1.8
1993	1,100	1.7
1994	1,000	1.5
1995	1,100	1.7
Total	14,300	2.3%

\* Based on the actual self-declared occupation of the new immigrants. The number of recognised physicians is estimated to be 90% of the total, or 12,870.

Sources: Israel Central Bureau of Statistics and Ministry of Immigrant Absorption. Taken from Shuval & Bernstein, 1997. Immigrant Physicians, p. 50.

## System-Wide Response

Many disparate partners needed to cooperate in finding and implementing solutions to the needs of the new immigrants. These had to cover assistance in re-licensing, creation of new residency positions, retraining and employment.

Cooperation and common interest were key elements in the success of the absorption of large numbers of immigrant physicians.

- Inter-ministry committee
- Ministries of Health and Immigration
- Hospitals
- IMA
- Parliamentary and Judicial systems
- Immigrants associations