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EU Cooperation to reduce the health worker migration

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Health worker migration is threatening the health services, therefore, Member States have to find a common solution, EU health ministers declared at their two-day informal meeting in Gödöllő on 4-5 April.

Acting as chair of the meeting, Minister for National Resources, Miklós Réthelyi, pointed out that although healthcare falls within national competence, the economic crisis and demographic problems have forced Member States to face serious challenges, which “Calls for the extension and improvement of our cooperation.” The politician said that the health sector also plays a crucial role in the implementation of the Europe 2020 Strategy, because, “Europe cannot be strong and competitive without healthy people and labour force.” The minister spoke about the Presidency’s healthcare programme titled, “Patient paths, and careers of professionals in Europe.” In respect to the programme, Mr Réthelyi said that the Presidency is mainly focusing on the upgrading of the healthcare systems, and the mobility of health workers.

Migration and shortage of professionals

“The migration of health workers causes more problems to donor countries than providing professionals,” warned Miklós Szócska, Minister of State for Healthcare, of the Ministry for National Resources, in his keynote remarks. The discussion made it clear that professional salaries can be six times as high in certain western Member States compared with eastern ones. As a result, professionals leave their native countries, in the hope of better remunerations. Mr Szócska underlined that the migration from certain Member States is so intensive that it threatens the safety of health services. “Member States should be aided in keeping their workers,” the Minister of State stressed. He added that Member States have to find a common solution and they have to agree on the ethical exchange programmes.”

The State Minister reminded that the European Commission published a [green paper](#) in 2008 it reviewed the general issues and problems that EU health workers have to face. Mr Szócska emphasised that this document is one of the cornerstones of the Hungarian Presidency’s future work.

“A vicious circle”

Speaking at the meeting, John Dalli, EU Commissioner for Health and Consumer Policy, also stressed a set of increasingly serious problems, “There is more and more demand for health services, but workers are becoming fewer. This is a vicious circle,

so the question is how can we break this cycle?" Mr Dalli added, "European directives are needed to draft solutions." The Commissioner advocated the importance of exchanging information and highlighted the role of research programmes, such as the Health PROMeTHEUS (Health Professionals Mobility in the European Union Study), aimed to map the migration of healthcare professionals within the EU, and between the European Union and OECD countries. The Commissioner also mentioned that the health worker training, should also receive extra attention.

In the course of the debate, Member States spoke highly of the Presidency's choice of subject matter, and stressed the importance of the continuation of data exchange, which could help track professional migration in every county. In this context, several suggestions were made, for developing a unified system regarding data collection. Member State representatives also emphasised the significance of regulating experience sharing, and many of them underlined that EU Member States have to consult about the training of health workers, so as to ensure the availability of the appropriate number of professional with the appropriate obtained qualifications in Europe.

EU intervention needed

"European healthcare is short of 1 million workers," Miklós Szócska declared at the follow-up press conference. The Minister of State stressed that Member States face several problems, which need to be addressed at European level. In addition to the shortage and migration of health workers, Mr Szócska mentioned the creation of the sustainability of healthcare systems, and a number of epidemic interventions. "There are pressing daily problems in our healthcare systems, but our task here was rather to give a strategic outline," the State Minister said regarding the meeting. He added that, "Societies are aging, so it is no wonder that certain Member States suggested the need for radical changes to the healthcare systems."

Miklós Réthelyi welcomed almost every Member State representative to contribute to the issues put forth by the Presidency, as "These matters affect each member state." The minister found the first day of the meeting especially valuable for looking at ways to adapting the healthcare systems to new challenges and patient needs. The minister also mentioned that everybody could express their opinion on the east-to-west migration, of health workers.

John Dalli stressed that funds for new challenges are scarce, which makes it even more important to increase the efficiency in healthcare. The Commissioner especially welcomed the discussions about the directive on non-smoker protection, and emphasised that the European Commission is currently working on the issue.

After the press conference, a joint study by the European Observatory on Health Systems and Policies and the World Healthcare Organisation's European Office prepared for the informal meeting was presented. The publication titled, "Health Professional Mobility and Health Systems - Evidence from 17 European Countries," examines the flow of labour force and its impact on the healthcare systems.

Information note

Health Professional Mobility and Health Systems Evidence from 17 European countries

Gödöllő (Hungary), 5 April 2011

At the occasion of the informal meeting of health ministers (Gödöllő, 4-5 April 2011), where the Hungarian Presidency of the Council of the European Union has put health professionals' mobility on the agenda, the European Observatory on Health Systems and Policies, in partnership with the WHO Regional Office for Europe, is presenting a new study on this issue. This volume draws on the first results of a research project funded by the European Union (EU) on health professional mobility in the EU (PROMeTHEUS) that started in 2009. Based on evidence provided by 17 country case studies, the study looks into the scope of health professionals' migration in the EU, both in terms of the flows and the reliance on foreign health professionals. The study also provides a better understanding of the underlying push and pull factors, the impact on health systems and the policies to address the related problems.

European integration has opened up possibilities and opportunities for health professionals to study, work and improve their skills and knowledge across borders. Most of this mobility is traditionally taking place between neighbouring countries. EU enlargement since 2004 has generated a new impetus for mobility, although it did not generate outflows as large as initially expected – with mobility intentions in EU-12 hovering at around 3% of health professionals and actual migration being even lower. The new mobility has further emphasized East-West asymmetries with the EU-15 as the main destination for migrants from the new Member States. Certain countries indeed rely much more than others on health professionals coming from abroad to address growing shortages in the health workforce and meet increasing needs. Figures from 2008 show that foreign medical doctors make up over 10% of doctors in Belgium, Portugal, Spain, Austria, Norway, Sweden, Switzerland, Slovenia, Ireland and the United Kingdom (up to 36.8%), while reliance on foreign nurses exceeds 10% of the nursing workforce in Italy, the UK, Austria and Ireland (up to 47%). Especially in recent years inflows seem to have been particularly high in certain countries, with 43% of newly licensed doctors in the United Kingdom and 25% in Belgium or 28% of new nurses in Italy. Very recent data from certain Member States (Estonia, Hungary, Romania) seem to suggest a new surge in outflows, presumably related to the economic downturn since 2008. However, also the reverse trend was observed, with Polish medical doctors returning to Poland.

Flows overall have so far increased only moderately, but the relevance of professional mobility is increasingly understood by policy-makers. As the health workforce is a vital element of any well-performing health system, any impact - even subtle - may have wider consequences over the longer run. Also, professional migration may be a symptom of more fundamental health system problems. Although income differences are clearly the most-cited motivating factor for professional mobility, also other elements such as working environment, career and training opportunities and social recognition can be decisive for health workers to stay or leave. In that sense, health professional mobility cannot be considered in isolation. It is

part of a wider problem in national health workforce policies which are confronted with increasing pressures both in terms of demand and supply. Besides an overall growing shortage of health professionals, many countries also struggle with maldistribution, both geographically and in terms of specialities and skills needed. Another important challenge is that of incentives and motivations to retain existing workforce and attract new entrants. All this needs to be situated within the broader labour market dynamics and social-economic context within and between countries. Countries can react to health professional mobility by further strengthening their general workforce policies, and further elaborate workforce planning mechanisms.

The complexity of the phenomenon of professional mobility and its close interconnection with broader health workforce strategies across countries pleads for an integrated approach, linking and supporting policies at all levels. Therefore, the EU has an important role to play in coordinating national efforts and policies, in exchanging best practice, in providing a framework to manage cross-border mobility and in ensuring more and better data for monitoring flows and providing tools for evaluating workforce strategies. Also rules for international recruitment, bilateral agreements, and international collaboration on training and staff exchange can help steering and managing health professional mobility. This new Observatory study on *Health Professional Mobility and Health Systems: evidence from 17 European countries* intends to strengthen the evidence base and stimulate the policy debate on this important issue.

The **European Observatory on Health Systems and Policies** supports and promotes evidence-based health policy-making through comprehensive and rigorous analysis of the dynamics of health care systems in Europe and beyond. It engages directly with policy-makers and experts and works in partnership with research centres, governments and international organizations to analyse health systems and policy trends.

The Observatory is a partnership that includes international organizations (the World Health Organization Regional Office for Europe, World Bank, the European Investment Bank, the European Commission), national governments and decentralized authorities (Belgium, Finland, Ireland, Netherlands, Norway, Slovenia, Spain and Sweden, the Veneto Region, the French Union of Health Insurance Funds), and academia (London School of Economics and Political Science, and London School of Hygiene & Tropical Medicine).

For more information please contact:

Matthias Wismar
Senior Health Policy Analyst
European Observatory on Health Systems and Policies
WHO European Centre for Health Policy
WHO Regional Office for Europe
Zelfbestuursstraat 4 rue de l'Autonomie,
B-1070 Brussels, Belgium
Tel.: +32 (0)2 525 0938
E-mail: mwi@obs.euro.who.int

Jeni Bremner (coordinator of the PROMeTHEUS project)
Director
European Health Management Association
Rue Belliard 15-17, 6th Floor
B - 1040 Brussels
Tel: +32 2 502 65 25
Fax: +32 2 503 10 07
Jeni.Bremner@ehma.org

Dr Zsófia Pusztai
Head of Country Office
WHO Country Office for Hungary
C/o National Institute of Pharmacy
H-1051 Budapest, Zrínyi utca 3, 1st Floor
Tel: +36 1 328 6080 (GPN: 74814)
Fax: +36 1 328 6086
e-mail: puz@euro.who.int

Dr Réka Kovács (Hungarian EU Presidency)
Head of Unit
Ministry of National Resources
Department for International and European
Health Affairs
H-1051 Budapest
Arany János utca 6-8.
Tel: (+36)795-1092
Fax: (+36 1) 795 0187
e-mail: reka.kovacs@nefmi.gov.hu