



# Professional mobility of physicians in Europe

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# Physician migration in the European Region

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## Dr Daniel Ubani: German Locum doctor in new legal 'gag' row

A German locum doctor, Dr Daniel Ubani, who killed a pensioner with a massive dose of painkillers has taken legal action to "gag" his victim's family from talking to the British media, they claimed.



## Estonia faces medical 'brain drain'

Jan 18, 2006  
By Steve Roman



**READY FOR EXPORT:** Estonia's medics aren't the only ones heading West for higher wages. Students in a number of professional fields, from law to business, plan to pack their bags



## MailOnline

**British firms anger Baltic state by buying doctors and nurses in bulk to supply NHS**



## MailOnline

**Second German doctor refuses to attend GMC death inquiry over 'worst ever op' after claiming he is a scapegoat**

# Free professional mobility in the EU

- Mobility is a civil right for EU and EFTA citizens (Norway, Iceland, Liechtenstein) and Switzerland
- Professional mobility is one of the “four freedoms” of the EU (goods; capital; services and people)
- Mutual recognition scheme
  - Regulated professions (medical doctors, nurses, dentists, pharmacists)



# Health Professional Shortages in the European Union

<i><b>Health professionals or other health workers</b></i>	<i><b>Estimated shortage by 2020</b></i>	<i><b>Estimated percentage of care not covered</b></i>
Physicians	230.000	13,5%
Dentists, pharmacists and physiotherapists	150.000	13,5%
Nurses	590.000	14,0%
Total	970.000	13,8%

# Informal meeting of Ministers for Health, 05 April 2011



- Prague , Venice, Stockholm 2009
- Leuven 2010
- European Parliament 2011

• Belgian Presidency 2010

• Slovenia 2010

• Lithuania 2010

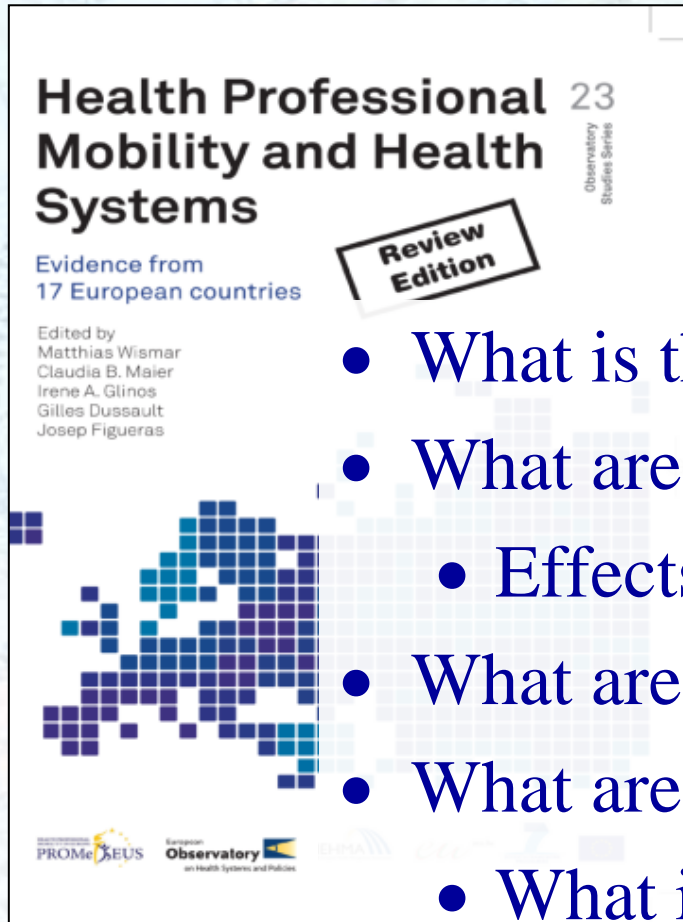
• Hungary





# PROMeTHEUS - the Project

## Health PROfessional Mobility in THe European Union Study



- What is the **magnitude**: reliance & trends?
- What are the **directions**?
  - Effects of EU **enlargement**?
- What are the **motivations** to move?
- What are the **impacts** on HS performance?
  - What is its policy **relevance**?
- What are the **policy options**?



*The research leading to these results has received funding from the European Community's Seventh Framework Programme (FP7/2007-2013) under grant agreement n°223383.*

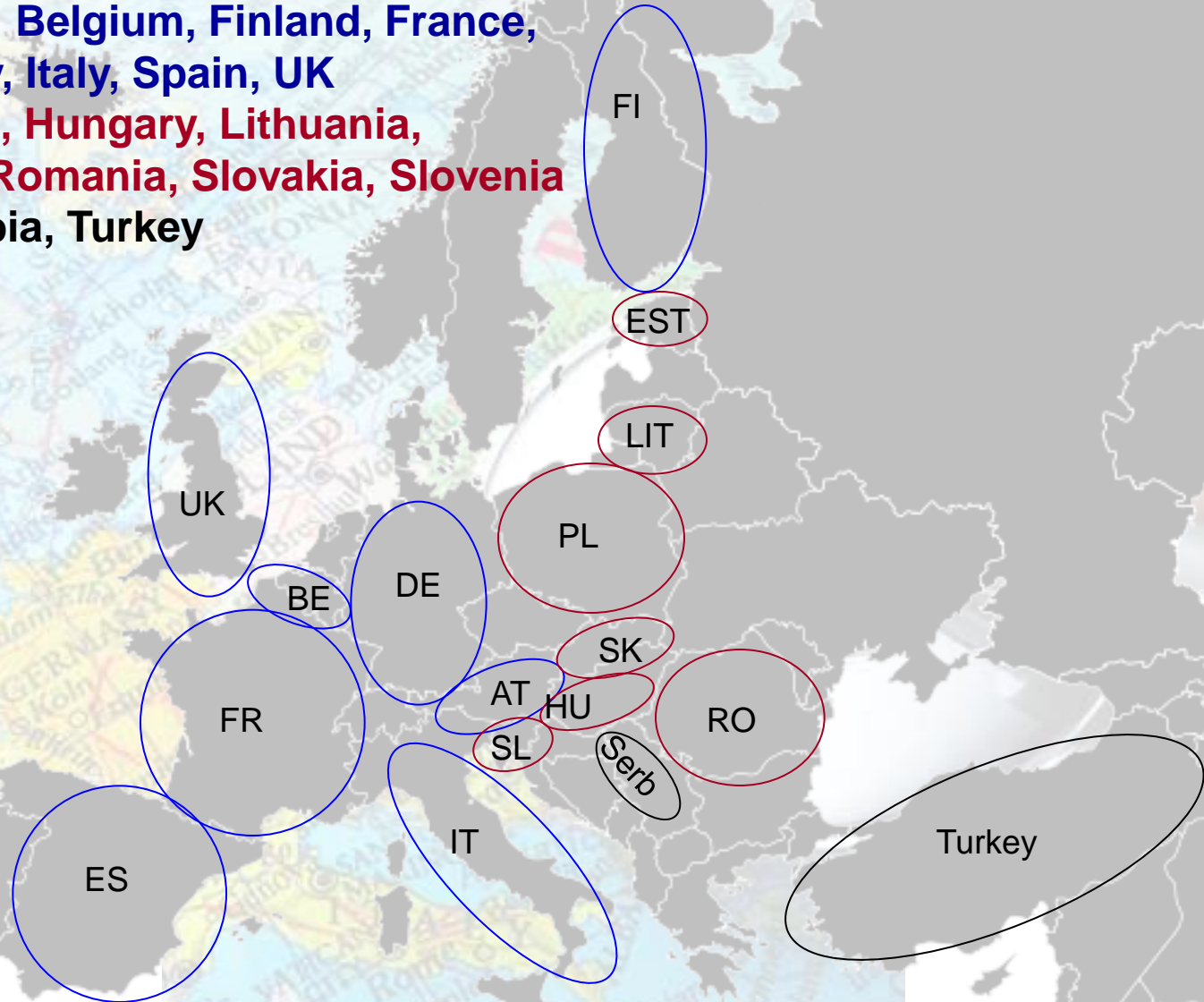
# Coverage: 17 countries

## 15 EU Member States:

**EU-15:** Austria, Belgium, Finland, France, Germany, Italy, Spain, UK

**EU-12:** Estonia, Hungary, Lithuania, Poland, Romania, Slovakia, Slovenia

**2 non-EU:** Serbia, Turkey



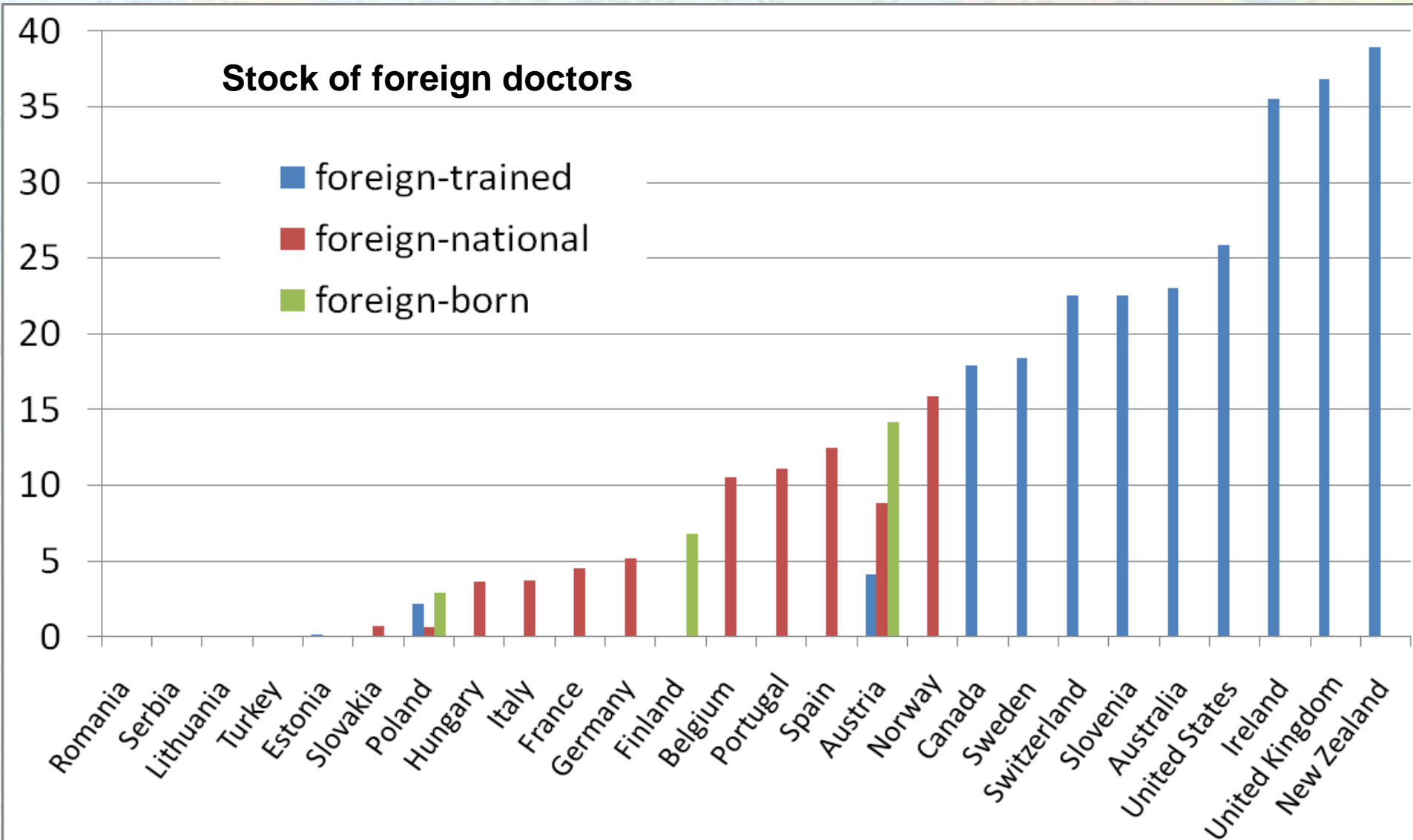


# Health professional mobility

- Who was trained abroad (only latest qualification)
- Who was born abroad?
- Who holds another citizenship?
- Indicators and their limitations
  - Foreign trained (example International training courses, Semmelweis, Hungary)
  - Foreign born (example migration during childhood)
  - Foreign citizen (example Turkish citizen in Germany)

# Magnitude of Mobility

## *Reliance: significant but diverse*





# Magnitude of mobility: significant but diverse **INFLOWS**

Proportions of **foreign inflows/ all new entrants**:

Foreign medical doctors: UK (43%), BE (25%)

AU (13.5%), **HU (5%), POL (3%)**

Foreign nurses: IT (28%), UK (15%), BE (14%),

**HU (2%)**

Foreign dentists: AU (41%), UK (34%), BE (19%)

HU (10%), **POL (3%)**

Time trends: limited data but diversity

# Types of health professional mobility

- Permanent stay
- Temporary stay for specialist training, personal experience, etc.
- Weekend shifts
- Dual practice
- Transit
- Daily commuting
- Temporary assignment (three month contract)
- Temporary contract on basis of special bilateral agreement

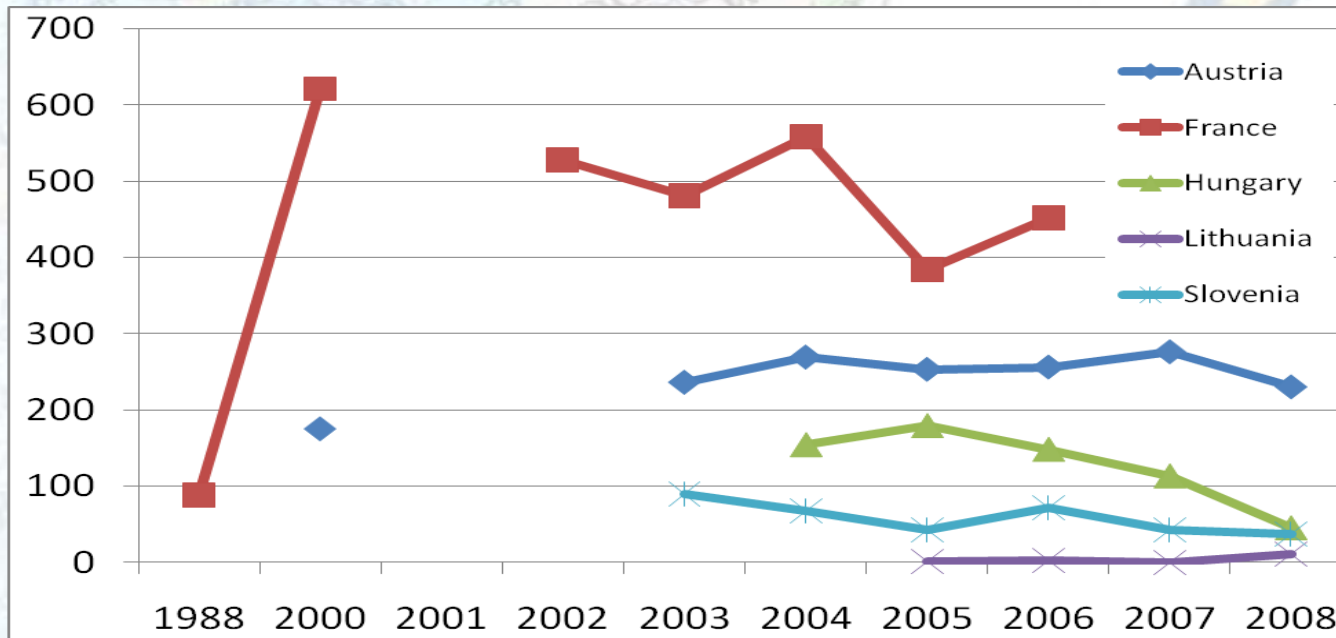
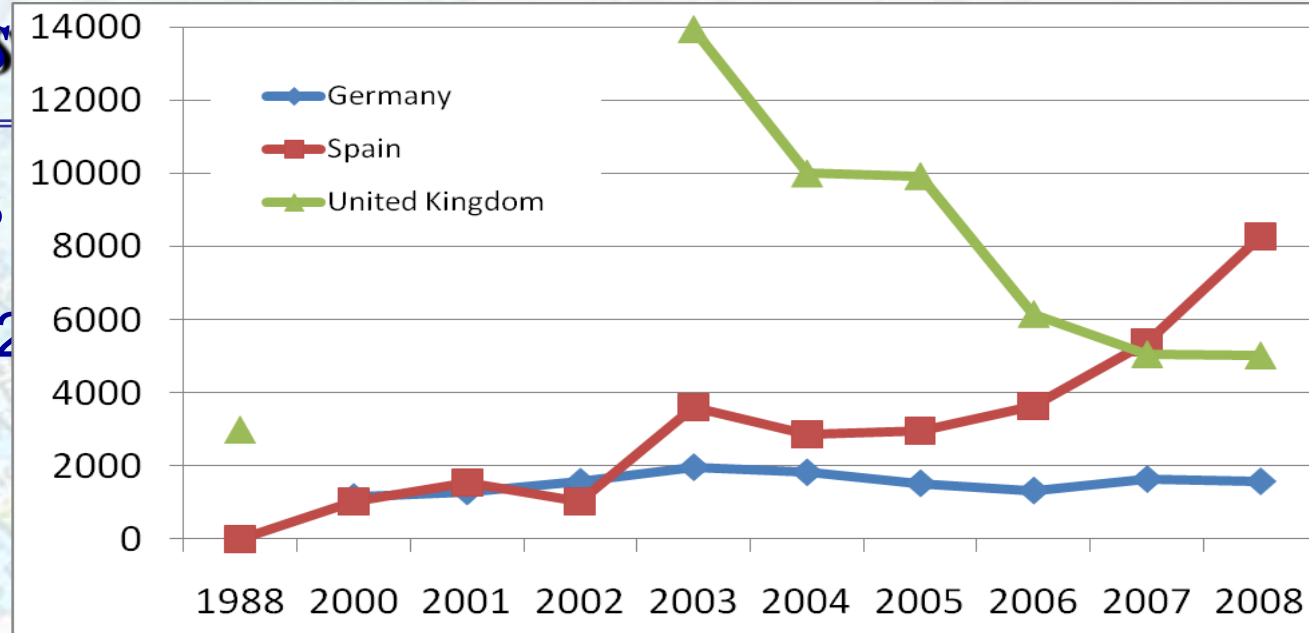


# Magnitude of Mobility

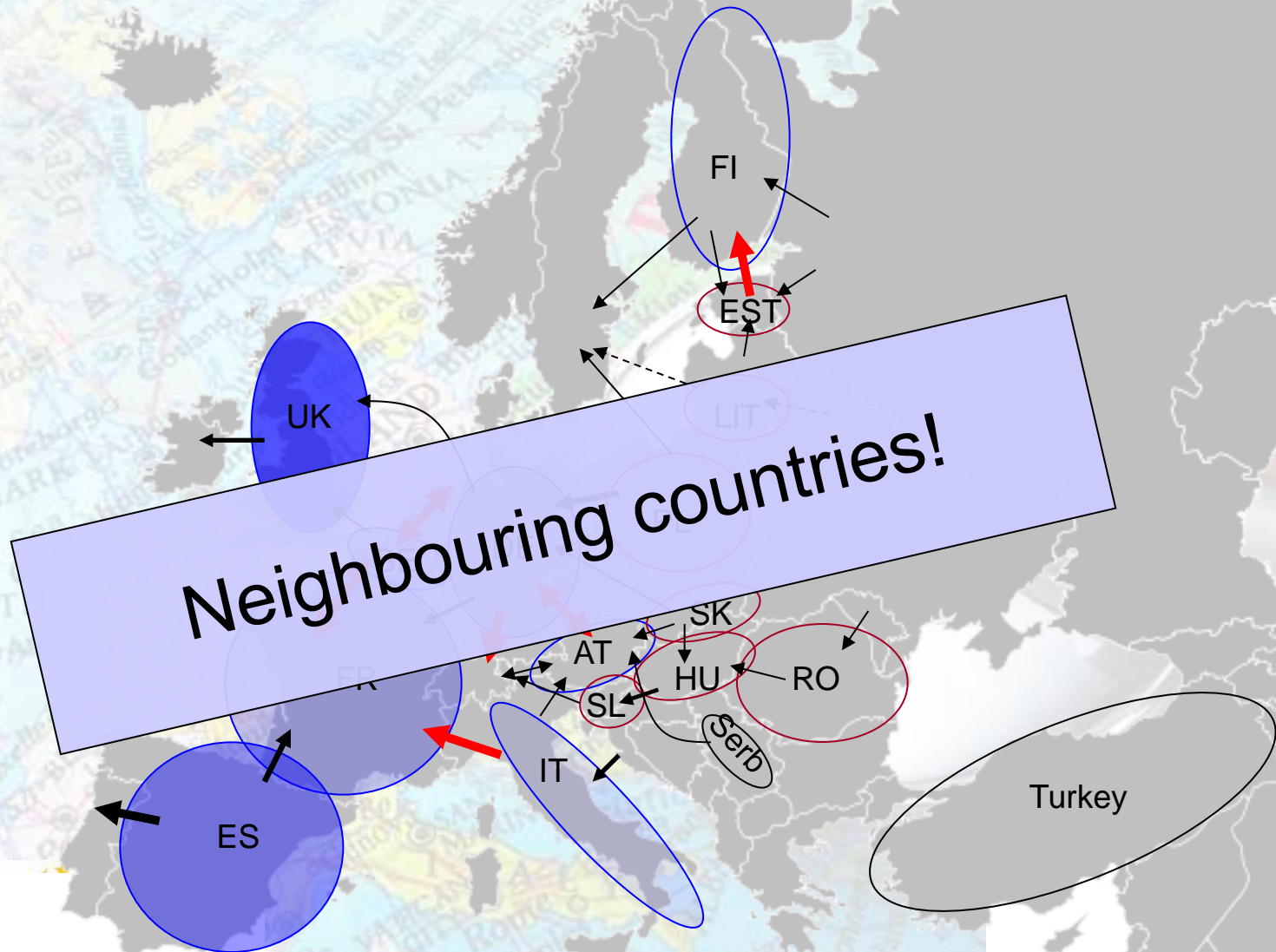
## *Inflows*

### Foreign doctors

- UK (43%), BE (2



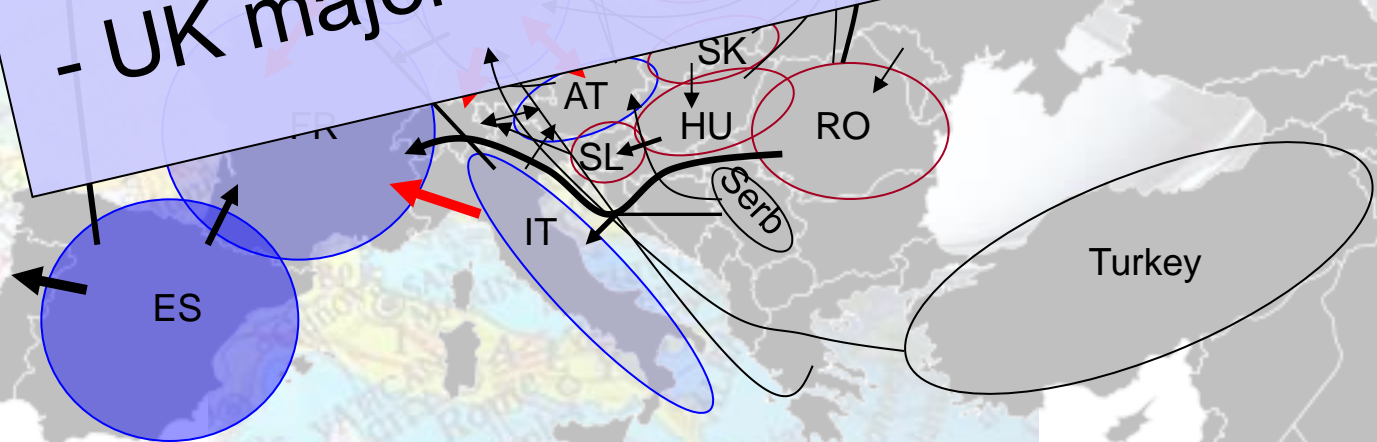
# Mobility directions (I)



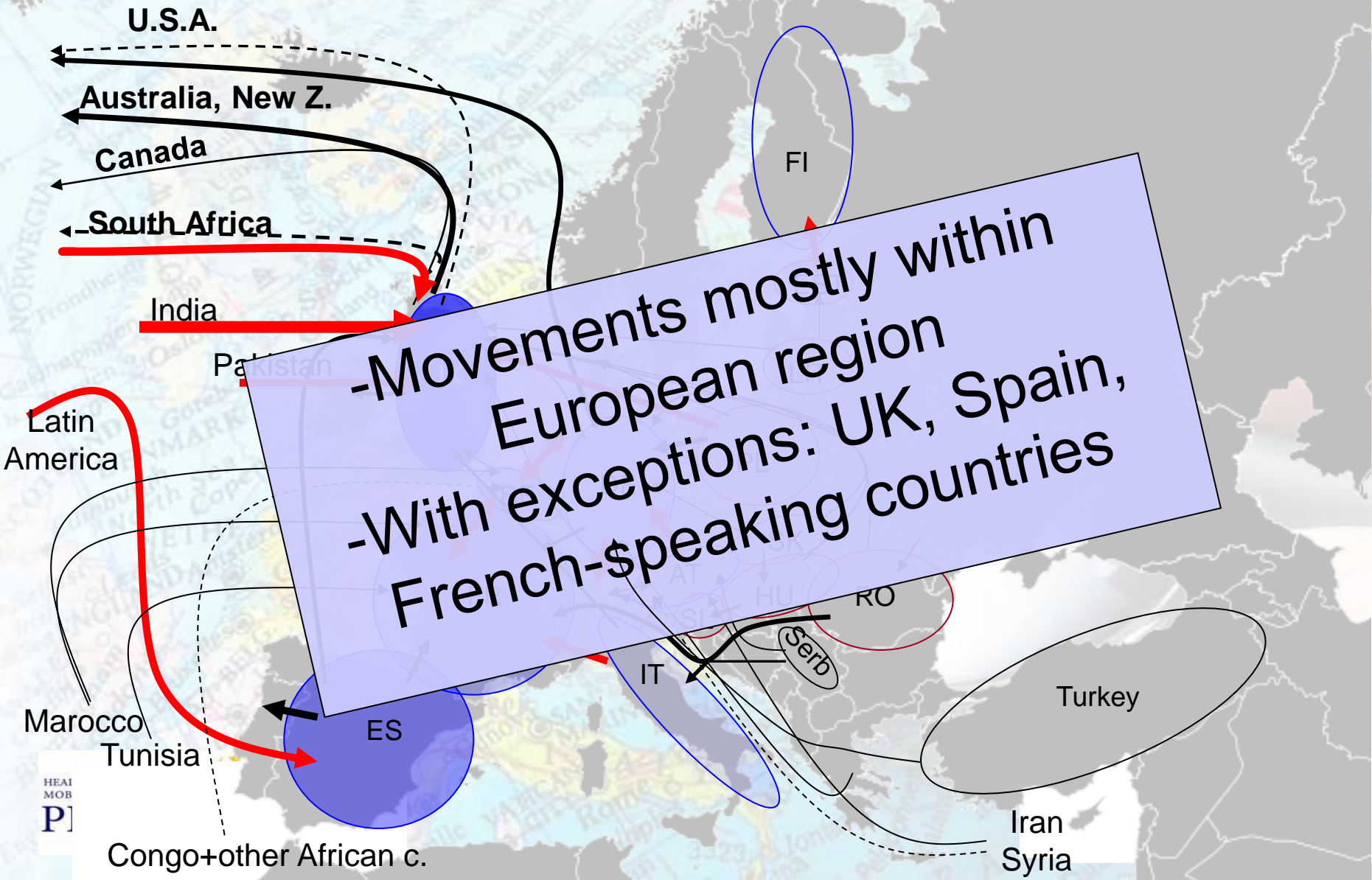


## Mobility directions (II)

- PLUS: East-West / South-North movements!
- UK major destination country



# Mobility directions (III)





# Effects of EU enlargement: less than expected

Table 0.3. Yearly outflows/outflow intentions of medical doctors from selected 2004 and 2007 EU Member States

Country	Indicator	2004 <sup>h</sup>	2005	2006	2007	2008	2009
Estonia	<b>Intention to leave<sup>a</sup></b>	283	79	87	75	79	106
	(% among active workforce)	(6.5%)	(1.8%)	(2.0%)	(1.7%)	(1.8%)	(2.4%)
Hungary	<b>Intention to leave<sup>b</sup></b>	906	889	721	695	803	887
	(% among active workforce)	(2.7%)	(2.7%)	(2.2%)	(2.1%)	(2.4%)	(n/a)
Lithuania	<b>Intention to leave<sup>c</sup></b>	357	186	-	-	-	132
	(% among active workforce)	(2.7%)	(1.4%)				(0.9%)
Poland	<b>Intention to leave<sup>d</sup></b>	n/a	3579 <sup>i</sup>	1535 <sup>i</sup>	1123 <sup>i</sup>	901 <sup>j</sup>	n/a
Slovakia	<b>Intention to leave<sup>e</sup></b>	442	594	376	267	250	217
Romania	<b>Intention to leave<sup>f</sup></b>	-	-	-	4990	2683 <sup>k</sup>	n/a
	(% among active workforce)				(10.2%)		
	<b>Emigration study<sup>g</sup></b>	-	-	-	1421		
	(% among active workforce)				(3%)		

# EU-12 in destination countries: the UK example

**Table 0.4. Medical doctors, nurses and midwives from EU-12 countries newly registered in the United Kingdom, 2003–2008**

	2003	2004	2005	2006	2007	2008
Medical doctors	175	1 172	1 792	1 251	1 039	970
Nurses and midwives	84	87	305	848	958	932

*Sources:* GMC unpublished data 2009, NMC unpublished data 2009.



# Effects of EU enlargement

## *Lower than expected*

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- But higher than outflows from EU-15
- Annual ***emigration intentions*** in EU-12: ca.3%
- Decreasing trend after accession

## **East-West asymmetries worsened**

- Flows predominantly East → West
- Return flows, e.g.: Polish MDs
- Outflows in all MS but EU-15 have significant inflows

# Money motivates mobility

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- **Income** most cited for leavers, returners & 'stayers'

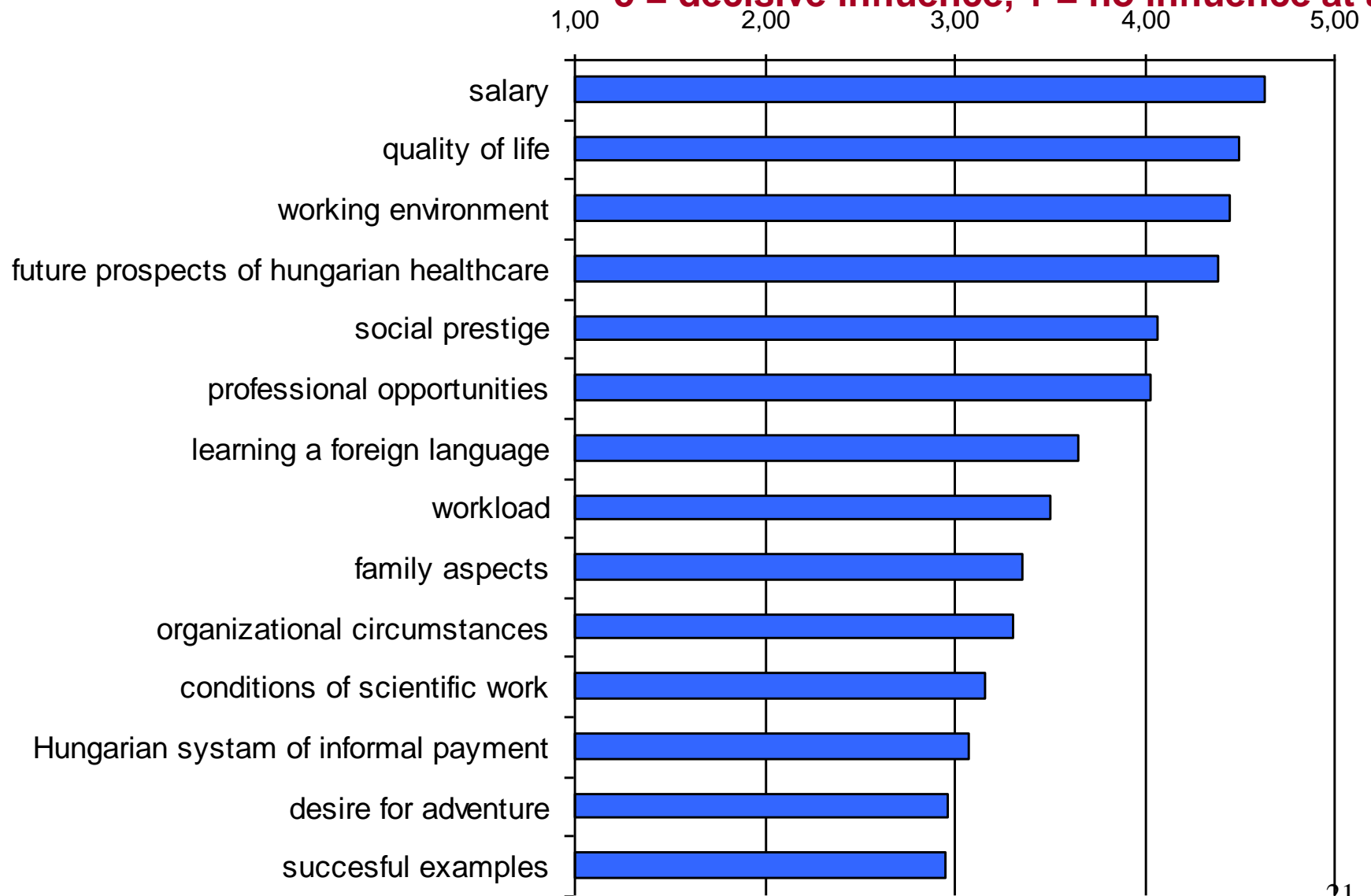
## But also other pull / push factors ....

- Working conditions (environment, infrastructures,..)
- Education / career opportunities
- Low social recognition
- Incomplete health reforms



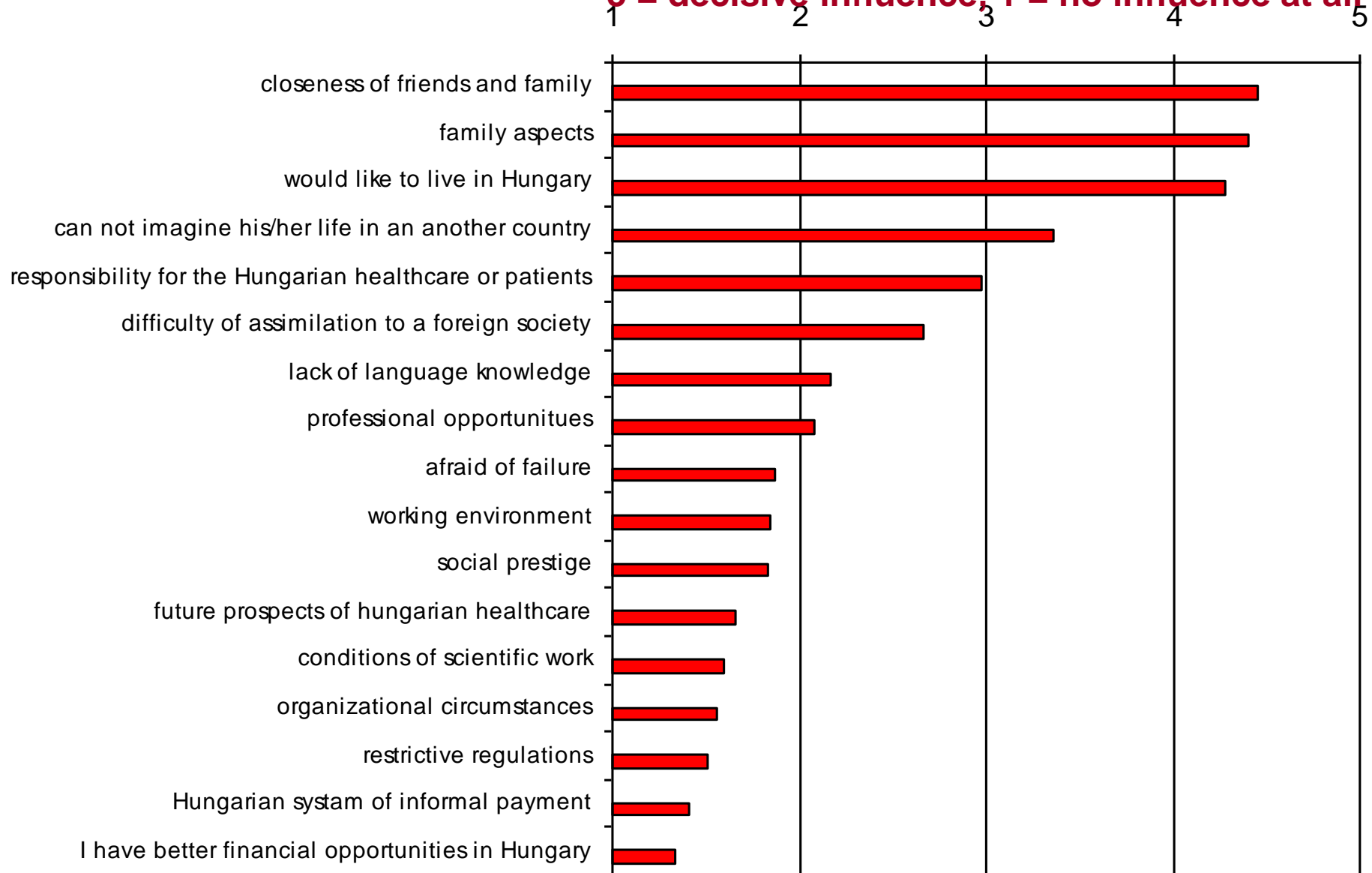
# Motivations to go

(2010 residents, N= 294, Lickert scales with 5 grades,  
5 = decisive influence, 1 = no influence at all )



# Motivations to stay

(2010 residents, N= 171, Lickert scales with 5 grades,  
5 = decisive influence, 1 = no influence at all )





# Impact on Health System Performance

## *Subtle but Significant*

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- **Access:** shortages (size, skill mix & geographical)

- RO: highest emigration from rural areas

- HUN, EST, LIT: losing few specialists upset provision

### **But policy relevance of mobility?**

- Against domestic workforce issues: e.g. distribution, skill mix, ageing, attrition, underproduction,...
- High relevance in AU, HU, RO, SK, ES & UK

- Increase salaries to retain (LIT) or keep salaries low (ES)

- Training costs: e.g. SER US\$ 9-12 billion

# Mobility in a changing context

## *Risks & Uncertainties*

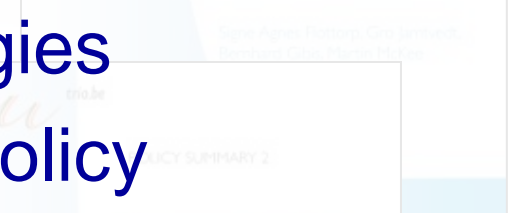
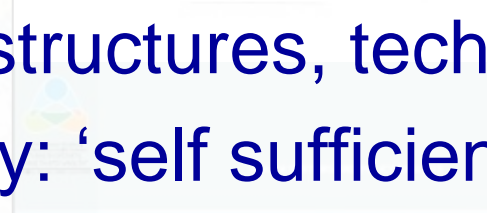
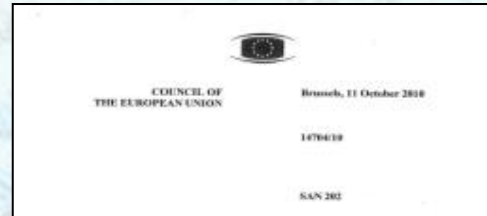
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- Demographic trends: ageing workforce / new skill mix
- Worsening shortages: 1 MM health workers by 2020
- Europeanization
  - Lifting of labour market restrictions
  - Future enlargements
- Unsettling levels of reliance?
- Ethical considerations?

**Financial Crisis**

# 1. Strengthen workforce strategies

- Retention: working conditions & environment
  - Salary, infrastructures, technologies
- Domestic supply: 'self sufficiency' policy
- Optimize skills
- Effective employment of foreign professionals





## 2. Improve workforce planning

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- Advance workforce planning / forecasting
  - FI (public/private), ES (modelling) BE, UK
- Needs assessment responding to changing context
  - Numbers and skills
  - Training & recruiting
  - Motivation (attrition and mobility)
  - Working conditions / environment
- European workforce planning framework
  - Data sources, forecasting methodologies, workforce policies

# 3. Improve data / evidence

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## i. Data: more & better quality

- Agreed measures: stock, inflow, outflow
- Time series
- Improve for nurses
- Compulsory registration, personalized data,..

## ii. Monitoring the workforce overall

- Workforce, recruitment, training policies
- EU wide

## iii. Evaluate workforce strategies

# 4. Apply international frameworks

	Intl Code	Bilateral agreement	Twinning	Staff exch.	Education support	Compensation	Training export
AU							
BE							
EST							
FIN							
FR							
DE							
HU							
IT							
LIT							
PL							
RO							
SER							
SK							
SL							
ES							
TKY							
UK							

- International code useful if....
  - Monitoring
  - Accountability
  - Sanctions
- Bilateral agreements
  - Excluding recruitment from certain countries
  - Mutual recognition of diplomas
  - Particularly effective for third countries
- Twinning, staff exchange, training: complementary



# In Sum ...

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- Health Professional mobility matters
- Impact & policy relevance increasing
- Focus on workforce & planning strategies
- EU wide cooperation



**Health in All Policies**  
Prospects and potentials

**HEALTH TECHNOLOGY  
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# European Diplomas

- Mobility
- Quality assurance
- Mark of excellence
- Promotion
- Certification
- Mutual recognition
- National adoption





# THANKS

