Health professional mobility and EU health systems

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• Counterfactual analysis
• Drivers of mobility
  – high reliance on foreign health professionals
  – economic and financial crisis
  – volatile HR policies
  – Geopolitical changes
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• Outlook
  – Structured cooperation
  – Next crisis just around the corner

• Five professions
  – doctors, general care nurses, midwives, dentists and pharmacists

• Automatic procedure (for the 5 professions)
  – 52 specialties (medical doctors)
  – minimum requirements of number of hours and theoretical/practical training
  – depending on the profession if certain competencies are taught according to the curricular
  – Certificates (conformity, good standing)
  – Authorities max 3 month time allowed for issuing documentation
• General system (for all other professions)
  – National competent authorities assess qualification on a one-by-one basis

• Update 2013
  – Network of competent authorities
  – Language test requirements tightened
  – Entry qualification for nurse training raised to 12 years of schooling (contentious)
  – Continuous professional development remains an unresolved and contentious issue
“The EEA doctors were asked how easy or difficult it is to get permission from the UK authorities to come to the UK and train/practice. They were also asked how easy or difficult it is to actually get a training position once they have obtained their GMC registration number. Of those who responded to the questionnaire,

- 89% found it was very easy or easy to get permission to train in the UK,
- whereas only 51% found it to be very easy or easy to get a job here.
- In addition 14% found it difficult or very difficult to get a job.”

Jinks, Ong and Paton 2000
Comparing with other regions. A counter-factual analysis

Non-diploma recognition issues
- No residence permit
- Limited access to social protection
- No portability of social entitlements
- No return perspective
- No skill-transfer
Domestic drivers: Reliance on foreign doctors and nurses in selected European countries, 2014 or latest year available

Glinos et al. 2015
Economic drivers: Stock growth of foreign medical doctors in Germany, selec. 2000–2014

Glinos et al 2015
Economic drivers: Push for outflows

Bulgarian doctors: numbers of certificates

Certificates issued 2009-2012
MD: 1441
Nurses+other: 1717
5% of health workforce

European Observatory on Health Systems and Policies
Economic drivers: push for outflows

Portuguese nurses: numbers of certificates

- 2011: 1724
- 2012 (1 Jan-31 Oct): 3202

Source: European Observatory on Health Systems and Policies
Changes between 2008 and now

- Switzerland: German health professionals returning
- Iceland lost temporarily most foreign health professionals
- United Kingdom stopped recruiting of foreign health professionals (non-EEA professionals)
- Latvia temporarily large outflows
- Reversed trends
  - Spain formerly recruiting from Latin America now loosing to Ecuador
  - Ireland formerly importing now loosing
  - Polish health professionals returning
- Germany net-winner
- Increased outflows: Greece, Bulgaria, Romania, Hungary
Financial and economic crisis

- Estonia 2009 health care budget cut of 24%
- Ireland: 2010 1 bil Euro; 2011 746 Mio, 2012 750 mil (forecast)
- Latvia 2009 health care budget cut of 40%
- Greece, 2010 cut by 1,4 bil.
- Portugal public sector budget cuts 5-10%
- Portugal 5-10% cut of Salaries over 1400 Euro,
- Bulgarien: Salary cut of 10-25%
- Hungary: Salary cuts of 8-10%
- Latvia: Salary cuts 20-40%
- Irland: Salary cuts of 5-8%
- Cuts in pension benefits, changes in retirement age, cuts in perks, income tax and other tax
Trends in “inflow” of nurses to the UK, as measured by annual registration of EU and non-EU international nurses, 1990–2015

European Observatory on Health Systems and Policies
## EU enlargement: less than expected

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

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

- South-North
- East-West
- Neighbourhood
- Special role of United Kingdom and Spain
The effect of free mobility in terms of efficiency and equity in the EU, destination and source countries

A joint labour market

Recruitment is easier, cheaper and faster

Remittences, Expertise

Equity of opportunities

Better access for patients

It ain't broke (but continuous improvement is necessary!)

<table>
<thead>
<tr>
<th>Implications/Level</th>
<th>EU</th>
<th>Destination</th>
<th>Source</th>
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<tbody>
<tr>
<td>Merits:</td>
<td></td>
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<tr>
<td>Inefficiency</td>
<td>I</td>
<td>H</td>
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<tr>
<td>Inequity</td>
<td>J</td>
<td>K</td>
<td>L</td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>Differences in attractiveness</td>
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<tr>
<td>Unstable source; not manageable</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Underserved areas; scarce qualifications</td>
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</table>

European Observatory on Health Systems and Policies
POLICY BRIEF 18

How can countries address the efficiency and equity implications of health professional mobility in Europe?

Adapting policies in the context of the WHO Code of Practice and EU freedom of movement

Irene A Glinos
Matthias Wismar
James Buchan
Ivo Rakovac

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www.healthobservatory.eu
Policy responses: on the political agenda
Informal meeting of Ministers for Health, 05 April 2011
Outlook 1: Structured cooperation

- Training
- Workforce exchange
- Rare diseases
- Reference networks
- Hikes in medical demand
Outlook 2: the next domestic, economic, geopolitical crisis is just around the corner

- Mid-term effects of the economic and financial crisis
  - Broken training pipeline, slowdown/shut down in recruitment, depreciation of the professions, unattractiveness of health sector, aging of the workforce

- U-turns in workforce policies and international recruitment
  - from shutting down borders to binge-recruiting
  - Public pressure for larger domestic recruitment

- Economic governance and the health sector
Thank you!
Thank you!