Health workforce migration in Europe: new trends emerging?

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Outline

• The Observatory
• PROMeTHEUS project
• Data, flows, reliance
• Student migration / costs of training
• The financial crisis
• Conclusions
The European Observatory on Health Systems and Policies: An Effective Partnership for knowledge brokering

Core Mission: to support and promote evidence-based health policy-making

International Agencies
- WHO Regional Office for Europe (host)
- European Commission
- European Investment Bank
- World Bank

National and Regional Authorities
- Austria
- Finland
- Norway
- Spain
- UK
- the Netherlands
- French Union of Health Insurance Funds
- Veneto Region of Italy
- Belgium
- Ireland
- Slovenia
- Sweden

Academia
- London School of Economics and Political Science (LSE)
- London School of Hygiene & Tropical Medicine (LSHTM)
- Technical University of Berlin (TUB)
Comparative Analysis: Tools

Vertical: Country Monitoring (HiTs)

Describing national health systems
Common template for direct comparison
53 European + selected OECD countries

Horizontal: Health Systems and Policy Analysis

Detailed focus on one topic across national health systems
Primary and secondary research

European Observatory on Health Systems and Policies
Engaging Policy-makers

Two channels: policy briefs and face-to-face policy dialogues

Tailor-made, focused on one specific issue

Bring together evidence, assess options and formulate implementation roadmaps
The project:

Health PROfessional Mobility in The European Union Study

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.
Volume I: 17 countries

EU-15: Austria, Belgium, Finland, France, Germany, Italy, Spain, UK
EU-12: Estonia, Hungary, Lithuania, Poland, Romania, Slovakia, Slovenia
Non-EU: Serbia, Turkey
Volume II: thematic (2014)

1. Perspectives: data, definition/typology, EU enlargement, financial crisis

2. Motivations of health professionals: Germany, Ireland, Lithuania, UK, nurses skill levels

3. Policy instruments
   1. Domestic responses
   2. Bilateral agreements
   3. International frameworks
   4. Managerial responses
   5. Retention of nurses
   6. Policy responses outside Europe
Findings
Mobility patterns Europe region (I)

Neighbouring countries!
Mobility patterns in Europe (II)

- PLUS: East-West / South-North movements!
- UK major destination country
Mobility patterns in Europe (III)

- Movements mostly within European region
- With exceptions: UK, Spain, French-speaking countries
Reliance on foreign doctors – STOCK DATA 2008
Reliance on foreign nurses – STOCK DATA 2008
Reliance on foreign ‘newcomers’ – INFLOWS 2007-2008

Proportions of foreign inflows/ all new entrants:

**Foreign medical doctors:** Luxembourg (41%), UK (37%), Belgium (25%), Finland (25%), Austria (13.5%), Hungary (5%), Poland (3%)

**Foreign nurses:** Lux (69%), Italy (28%), Spain (20%), UK (15%), Belgium (14%), Hungary (2%)

**Foreign dentists:** Finland (43%), Austria (41%), UK (34%), Belgium (19%), Hungary (10%), Poland (3%)

= high reliance in some countries
Migration of students

Inflows of foreign students:

**Belgium:** 40% of enrolled secondary level nursing students are not Belgian residents (W.)
- Physiotherapy: 75% (W.)
- Midwifery: 63% (W.)
- Medical/dentistry: 10% (Vl.)

2006: ceiling for non-resident students (30%)

**Austria:** inflows of German medical students
2006: ceiling 25%

Outflows:

**Portugal:** 1400 students at foreign universities
Costs of training

Outflows of domestically trained health prof:

Slovakia: 33.000 € /yr for basic medical degree + 26.000€ for GP training (3yrs) = 224.000 €

Serbia and Montenegro: ca. $10billion costs of ‘medical Diaspora’

Bulgaria: 2009-2012 state funding per student cut by 30%

(medical student: 3330 €; nursing student: 1770 €)
The economic crisis: new context, new flows?

Fig New admissions to UK register from selected EU countries 2006/7 to 2011/12

Nurses

Source: Buchan & Seccombe 2012
The economic crisis: new context, new flows?

1. Flows depend on home country context

→ In EU, inflows/outflows are hard to plan

Examples source countries: Bulgaria, Portugal
Outflow intentions
Bulgarian doctors 2009-2012
(number certificates issued in home country)

Over the period
doctors: 1441
nurses+other: 1717
5% of health workforce
Outflow intentions
Portuguese nurses 2011-2012
(number certificates issued in home country)

Portugal

2011
2012 (1 Jan- 31 Oct)
The economic crisis: new context, new flows?

1. Flows depend on home country context
   → In EU, inflows/outflows are hard to plan

   Example: Spain (Portugal, Ireland...)

   1990s: exporter (surplus)
   Mid 2000s: importer (high demand)
   After 2010: exporter (econ. crisis)

   England: young nurses migrating to USA?
   → No country is ‘safe’
The global context

Dependence on foreign inflows
• >20% of new entrants in AU, BE, Italy, IRL, UK, Spain
... creates interdependence
• Ex: anaesthetists (AU, FR, HU, Italy, POL, Spain, RO)
• EU-wide shortage: 1mill health professionals
• Free mobility is a constitutional right in EU
• Internationalisation of curricula and shortages
• Global shortage: 12.9mill by 2035 (WHO)

Health systems “fish from the same pond” and in the EU the pond is particularly easy to fish from

<table>
<thead>
<tr>
<th>Health professionals</th>
<th>Estimated shortage by 2020</th>
<th>Estimated % of care not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDs</td>
<td>230.000</td>
<td>13.5%</td>
</tr>
<tr>
<td>Dentists, pharmacists, physiotherapists</td>
<td>150.000</td>
<td>13.5%</td>
</tr>
<tr>
<td>Nurses</td>
<td>590.000</td>
<td>14%</td>
</tr>
<tr>
<td>Total</td>
<td>970.000</td>
<td>13.8%</td>
</tr>
</tbody>
</table>
Conclusions: changing contexts, changing flows?

- Volatility and unpredictability of flows
- New trends:
  - EU enlargements: east-to-west
  - Economic crisis: south-to-north
- Crisis effect > enlargement effect?
- Global context = interdependence?

England’s place in this context?
Thank you for your attention

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Analysing Health Systems and Policies