## Europe faces shortfall of health workers

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*Europe faces a growing demand for care due to the ageing population that coincides with the increasing age of the health workforce. East-west and south-north migration has contributed to alleviating the problem for some western and northern European countries, but patterns of health professional mobility are changing and often unpredictable, experts told the European Health Forum Gastein. Governments of outward migration countries need to implement strategies to keep their health service personnel at home. Bilateral agreements between outward migration and destination countries are one policy option to adequately deal with health professional mobility.*

**Bad Hofgastein, 2 October 2014** – The outlook, in particular for West and North European countries, is not good: “They are facing a demographic double whammy of an ageing population and an ageing workforce”, Prof James Buchan from Queen Margaret University Edinburgh explained at the European Health Forum Gastein (EHFG). Therefore, a growing demand for care will fall together with a greater number of health carers retiring. The resulting shortfall of health professionals in the EU is estimated by the European Commission at up to 1 million by 2020, the expert added – and the gap between available supply of workers and projected demand for care is growing, unless policy action is initiated to counterbalance this trend.

**No country is “safe” when it comes to health professional mobility**

This development is increasing the competition for qualified health care personnel within the EU, and so far some western and northern member states were able to fill the gaps at least partly by admitting eastern and southern European professionals. The number of doctors and dentists from the new EU states (EU10: e.g. Poland, Slovakia, Hungary, etc.), for instance, clearly increased from 2003 to 2007 in major destination countries of the EU15. But in general, data suggest that the estimated annual outflows (based on intention-to-leave data) in the new EU countries have rarely exceeded 3 per cent of the domestic health workforce.

In a recent report\* Prof Buchan and colleagues suggest that the direction of migration can change and that these shifts are sometimes difficult to predict. There are therefore risks, they argue, for countries in relying on foreign health personnel to supplement their workforce. “The changing and unpredictable patterns of health professional mobility and its enduring importance, together with the evolving context in which it takes place, mean that no country can disregard health professional mobility or consider itself ‘safe’. It might benefit from inflows of health professionals today, but be losing health workforce tomorrow,” the experts argue.

Indeed, even states classically categorised as “recipient” countries of health workforce migration are increasingly battling with medical brain drain. For instance, current data from Austria show that approximately a mere 60 percent of medical graduates of the class of 2013 are working as doctors in Austria. Many have moved abroad: in 2013, around 2,700 Austrian doctors were working in Germany.

**Better opportunities abroad**

Several key factors have to be acknowledged, says Prof Buchan, when it comes to the motives for health care workers to migrate: “Expectation of better income is one motive, but by far not the only one. It is risky to over-simplify what is a different dynamic for each individual, but poor or relatively poor opportunities in the home country are usually the main driver to leave one’s country. Other significant motives are opportunities for a better career, better education for the children or the political stability of a destination country.”

Governments of countries affected need to be confident they understand why personnel are leaving and to correctly identify the factors pushing personnel away and attracting them to destination countries. Prof Buchan: “Then they can act with policies that respond to these factors.” These countries may not be able to always compete with destination countries in terms of offering the same levels of pay, but they can look at improving the overall package they would offer to workers and so improve retention. As a practical measure, “they should also assess the possibilities of developing bilateral agreements with destination countries and ensure that recruiting countries are observing the WHO Code on international recruitment of health personnel. That way, there would be a focus for policy dialogue between source and destination countries to contain so called brain-drain”, the expert added.

“Electing Health – The Europe We Want” is the motto for this year’s EHFG. Around 600 participants from more than 50 countries are attending the most important health policy conference in the EU to exchange view on key issues affecting European health systems. The future direction of European health policy is the key topic on the conference agenda.

*\* For many facts and figures on health professional mobility in Europe see: www.euro.who.int/en/about-us/partners/observatory/studies/health-professional-mobility-in-a-changing-europe.-new-dynamics,-mobile-individuals-and-diverse-responses*

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