



EHFG 2011: HEALTH SERVICES STAFF SHORTFALL BY 2020 BEING FILLED BY MIGRANTS

There is a marked shortage of medical staff and care workers all over Europe which could become critical in the next decade. More and more countries are resolving the problem by hiring personnel from other EU countries or beyond – countries which are themselves threatened with staff shortages. Experts at today at the European Health Forum Gastein said solutions were needed, both at European and a global level. Otherwise some countries would solve their staffing problems at the expense of others.

Bad Hofgastein, October 6, 2011 – There was already a marked shortage of staff in many European health services, ranging from doctors to hospital nurses to trained carers, especially those working in homes, Dr Armin Fidler, strategic advisor for public health policy at the World Bank told the European Health Forum Gastein. The outlook was gloomy, he said. Unless active measures were taken to fill the gap, the European Commission estimated that by 2020 there would be a Europe-shortage of 1 – 2 million health workers. Among nurses alone the prognosis was of a shortfall of 600,000 within a decade, and a shortage of 230,000 doctors. The main reason: a doubling of the ageing problem.

“Europeans are living longer, and that increased longevity also means there are more and more of us in need of medical treatment and care,” said Dr Fidler. “But what is often grossly underestimated is the lopsided age pyramid of health workers themselves. A not insubstantial proportion of health workers are themselves heading for pensionable age – and the next generation is simply not sufficiently filling the gap.” The WHO recently calculated that health care staff in Denmark, France, Iceland, Norway and Sweden were on average aged between 41 and 45. On top of that the unequal distribution of medical and care resources within individual countries was problematic, he said. In densely-populated areas these were usually better developed, but in rural areas there was a real danger of collapse if the current trend continued, said Dr Fidler.

Almost one in two doctors in UK from abroad – just 3% in Poland

Countries were developing various different strategies to meet the challenge. These included targeted policies such as improved working conditions to retain health staff. But people’s increased mobility was also used to fill the gap. “The fact that health professionals emigrate can be motivated by all sorts of things – personal motives, social, economic – as we saw following the last round of EU enlargement.” But, said Dr Fidler, one factor which was gaining ground was targeted recruitment, ranging from highly-qualified hospital doctors to carers working in people’s homes. But migrant health workers were very unevenly distributed. HEALTH PROMeTHEUS, an EU research project carried out by an international consortium and co-financed by the European Commission, found that 43% in doctors working in the UK were foreigners, in Belgium 25%. At the other end of the spectrum was Hungary with just 5% and Poland with 3% of immigrant doctors. The distribution of foreign nurses and carers was also very varies – 47% in Ireland down to only 2% in Hungary.

The dynamics of international mobility, migration and recruitment of health professions was enormously complex, Dr Fidler said. “Fundamentally, professional mobility is a very positive, welcome development, and that goes for health workers too. Supply meets demand, professionals go wherever they have the best chances, and their experience abroad improves their qualifications.

Romanian doctors earning 10 times as much in France

But the other side of the coin is that such mobility widens inequalities and worsens the availability of care in the countries people have left, including within the EU.” Poorer EU countries found it more difficult to retain health professionals, making the staff shortages worse. In Romania, for example, more than 10% of doctors left for Western Europe. For many, the chance of being paid better is a prime motivation, experts think. “An Estonian doctor, for example, earns six times as much in Finland as at home. A Romanian GP working in France earns 10 times as much as at home. The urge to emigrate is not hard to understand,” Dr Fidler said. “But money is not the only factor. Working conditions also play a part, and the chance of personal and professional development.”

Even more problematic is the brain drain from outside the EU, from countries where already inadequate health services were severely affected by emigration. Only 3% of the world’s medical staff work in sub-Saharan Africa. The striking shortage of health professionals in this region is made even worse by demand in industrialised countries: “If no appropriate measures are developed to ensure that enough health workers can be trained and educated, and above all retained at home, then the negative consequences of such emigration from developing countries risks becoming unstoppable,” said Dr Fidler. “Evidently Europe has to find a solution to its problems, but it cannot resolve its problems, but it is not right to do this at the expense of poorer countries and their development. Global solidarity is what is needed here.”

The EHFG is the most important conference on health care policy in the EU. This year it attracted more than 600 decision-makers from 45 countries for discussions on the latest developments in health care policy.

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EHFG Press Office:

Dr. Birgit Kofler

B&K Medien- und Kommunikationsberatung

Ph. during the Congress: +43 6432 3393 239

Mobile: +43 676 636 89 30

Ph. Vienna office: +43 1 319 43 78

e-mail: kofler@bkkommunikation.com