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EAHM

EAHM Acts on Mobility of Health Workforce

After concluding its short survey in September 2007, the EAHM Subcommittee "European Affairs" has decided to further push ahead on the issue of mobility of health workforce.

The EAHM survey, *Mobility of Healthcare Professionals* answered pertinent questions concerning migration of staff within countries and hospitals. Highlighted were inquires into whether staff migration was viewed in general, beneficial or a percentage of hired foreign staff within country/hospital; as well as a focus on main problems and what in the view of hospital management, should be done about them.

Answers showed the following general results:

Benefits

Notable differences appeared between western and eastern European Countries: While western European countries largely reported benefiting from mobility, (i.e. Austria, France, Luxembourg, Netherlands) eastern European countries did not report any benefit, and some stated present problems and/or expected issues to arise in future.

In Bulgaria for example, directors of several hospitals noted that there are doctors working abroad, but most of them specialise in different areas and are expected to return in a year or two. Fluctuation of nurses, midwives, X-ray, and clinical laboratory assistants is more alarming however. There was not a single health institution in the country, which did not lose at least five nurses during the past month. Mobility is a troubling concept for Bulgaria because for the last 16 years the number of doctors decreased by one fifth, which means that within a few short years it will suffer from severe deficit of highly specialized medical personnel. In Croatia, it is expected that after entering the EU, the problem (or benefit) of mobility of healthcare professionals will mimic that of other countries in transition. Lithuania already is suffering from the growing mobility of healthcare professionals, especially in regards to doctors. In Poland, research conducted last year in Ma_opolska Region showed that at the moment, there is no threat for the healthcare delivery system due to growing mobility. There is, though, a threat in the longer term, since most professionals leaving the country are relatively young—meaning that within the next couple of years, Ma_opolska will likely suffer due to a generation gap. Reports from other Polish regions seem to echo this trend, leading to the conclusion that professional mobility is or shortly will be a problem for the Polish healthcare system.

Interestingly, in the UK, the situation can be judged as two-fold: Receiving foreign staff means less stability and less relationship building, but also and more positively, "new blood" injects energy and new ideas into the hospital environment.

Figures

In response to the question regarding the percentage of hired foreign staff in hospitals, figures for doctors in western European countries lie between 3.56% and 7%; for healthcare staff in general—figures are between 3-30% with an average of 5% in Germany and 10% in the Netherlands.

In the Netherlands, the highest percentages of foreign staff are nurses and medical technicians (up to 30%!). Regarding non-medical professionals in France and Germany, the percentage of staff from abroad is lower than for doctors (in France less than 1 %, in Germany, 4%).

Noteworthy is that in Lithuania, it is not possible to hire foreign staff due to lack of a juridical basis (as well as a distinct difference in payment).

Problems

Language barriers were cited as the main problem with mobility of healthcare professionals (Austria, France, Luxembourg, Germany, Netherlands). The second most underlined difficulty concerns bureaucracy (work licence, diploma homologation, registration in appropriate registrar) and was reported in Austria, France, Ireland, and Germany. These issues created time complications and left no possibility for

flexibility. Cultural integration problems were cited by the Netherlands and the UK, but were overshadowed by the other factors. The Netherlands also cited fiscal problems.

Interestingly, Luxembourg stated that education standards are higher abroad, and as a result, staff being trained in Luxembourg is requesting a revaluation of the country's education. Hospitals are also being criticised for hiring foreign doctors, who are often highly specialized. The fear is that it creates a "demand" for specialists, which could influence health insurance budgets.

Regulation

In terms of possible means of solving problems or regulating existing gaps, answers could be classified in two categories: Creating standards for common education/practice; and creating central points of information.

Some countries pleaded for common training standards (France, Ireland, Luxembourg, Germany), whilst others pleaded for common practice standards (Bulgaria, Ireland, UK, Germany), while some pleaded for both. Luxembourg also proposed continued training to acquire necessary knowledge of work practices, including language courses (also the main proposal from Germany).

France also proposed the creation of a "Board" – as the go-between for hospitals and professionals. The Netherlands and Bulgaria appealed for the construction of an information point where migrating professionals can inform themselves on necessary education standards, procedures to follow, etc.

The Netherlands also pointed to the necessity of mutual acceptance of educational and training paths (if training hospitals want to accept residents from abroad). A framework of professional standards is an important basis for this, and should be regulated on a European or at least bilateral level.

After considering these results, the EAHM Subcommittee "European Affairs" decided at its' meeting on 19 October 2007, to suggest to the EAHM Board and Executive Committee to further act on the issue. With the support of several cross-border regions, initial exploratory meetings with involved hospitals (i.e. in the Region Rhine- Maas with the University hospitals of Maastricht and Aachen) and university representatives have been proposed. These proposed meetings will be an opportunity for all involved to further discuss how existing problems and shortfalls for hospitals can be overcome.

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