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Migration

The challenges faced by countries with insufficient numbers of trained personnel due to the phenomenon of medical migration was one of the main themes to emerge from the conference on the future of the health sector organised by the European Federation of Public Service Employees (Eurofedop) in Brussels in early March.

"Of course, this is a problem. We do not see it with just one country, but also with a lot of new and old member states," explains Bert Van Caelenberg, Eurofedop's secretary general.

The Federation has recently completed a study examining best practices in five European cities – Bucharest, Bratislava, Madrid, Paris and London – to see how the authorities can attract and retain healthcare staff in large cities. One scheme which may attract wider interest is the initiative in the UK to help provide nurses with affordable accommodation.

"What we have found is that many medical professionals in central and eastern Europe will leave as soon as possible. This is not simply due to money. Other factors count as well, such as if politicians blame the sector for shortcomings," says Van Caelenberg.

A detailed presentation to the conference of the challenges facing policy makers from the brain drain of trained medical staff came from Miklos Szocska, the director of the management training centre at Semmelweis university in Budapest. He contrasted the drivers which lead doctors and nurses to leave their home country with those that convince them to stay.

In the first category come financial incentives such as better pay, living and working conditions and quality of life; professional development and opportunities; public respect for the profession; and proficiency in the relevant foreign languages. The second contains more personal criteria: love for one's home country, family and friends; and a feeling of responsibility for Hungarian patients and the country's healthcare system.

He pointed out that there was a migration intention level of 70% among medical personnel in the country. This phenomenon is already leading to noticeable shortages of specialists in key areas. These reach just under 13% for radiology, over 10% for psychiatry and 7.4% for surgery.

As Marcela Gaticiova, the president of the Slovakian organisation SLOVES, told the 100 or so participants, the phenomenon is spreading: "The lack of health professionals causes major problems for patients in Slovakia. A woman I know was diagnosed with breast cancer and faced exceptionally long waiting lists. Once under treatment, the process was very slow. This shows that even in the case of life-threatening diseases there is simply not enough personnel available."

Mr Szocska, who is currently conducting a study into medical migration, suggested policies which national authorities could implement to slow down, if not stem, the brain drain. He pointed to the need for local initiatives to improve career and living conditions. This should be backed by EU-wide debates on value conflict and the promotion of ethical frameworks for recruitment to prevent trained staff being poached.

He is also advocating that training systems take account of ways to retain staff once they have qualified and the promotion of international exchange schemes that emphasise the importance of retention in the long run. Finally, he would like to see evidence used to convince decision makers to compensate countries who receive personnel trained in other countries.

The same themes were emphasised by Anton Szalay, the chairman of the Slovak trade union of health and social services. He began by emphasising the need to improve salaries in a country where a physician typically earns less than 1,150 euro a month and a nurse below 500 euro.

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He underlined the need to improve working conditions and to ensure that staff, and patients, had access to modern equipment that takes account of the latest trends in science and technology. Eurofedop is suggesting that an EU health platform should be established to focus on issues in the health sector that affect its employees.

This would provide a venue where trade unions, non-governmental organisations, politicians and regulators could examine together issues such as patient mobility which have wide-ranging implications for all concerned.

Speaking at the conference, Austrian Christian Democrat MEP Othmar Karas insisted that successive judgements from the European Court of Justice (ECJ) on this sensitive issue were not sufficient against a background of increasing patient and professional mobility.

Political prerequisites were also required, he said, calling for "a European policy approach".

The view is supported by the public services federation which believes that EUwide legislation is necessary to clarify the implications of the ECJ's rulings on patient mobility.

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