European Dialogue on Skills and Migration

Workshop on Health and Care

Background note

I – Challenges in the health and care sector

An expected skills shortage in the health sector

According to CEDEFOP projections[1], employment in "Human Health and Social Work Activities" should rise from 22.2 million in 2013 to 24.0 million in 2025. Moreover, in addition to the 1.8 million expansion demand in the sector, it is expected that there will be around 10 million job opportunities to be filled over the same period as a large number of health professionals will retire and not enough young recruits are coming through the system to replace those who leave.

Population ageing has a triple effect on the demand and supply of healthcare professionals: (a) working-age population and therefore potential labour force in the sector is declining (b) healthcare professionals age and leave the sector for retirement (c) the number of elderly persons (aged 65 and over) will strongly increase, putting pressure on the needs for long-term care.

In 2012, the European Commission estimated that, without further measures to fill the gap, there could be a "potential shortfall of around 1 million healthcare workers by 2020 rising up to 2 million if long term care and ancillary professions are taken into account"[2]. This would mean that around 15% of total care would not be covered compared to 2010. Moreover, potential shortfalls might worsen the working conditions and increase pressure on the healthcare workforce raising concerns over the impacts on patient safety and quality of care.

Actions developed at EU level to better assess/anticipate skills shortage in the health sector

In 2012, the European Commission developed, in collaboration with the Member States and after consultation of various stakeholders an Action Plan for the EU Health Workforce with concrete actions in the following areas:

- Forecasting workforce needs and improving workforce planning methodologies;
- Anticipating future skills needs in the health professions;

[1] http://skillspanorama.cedefop.europa.eu/sites/default/files/EUSP_AH_Health_0.pdf

[2] European Commission, Action Plan for the EU Health Workforce, 2012

- Share good practice on effective recruitment and retention strategies for health Professionals;
- Addressing the ethical recruitment of health professionals.

Since then the European Commission followed up on this action with a constant dialogue with Member States and stakeholders of the health sector and co-funding the EU Joint Action on health workforce planning, an expert network of over 80 partners to improve forecasting health workforce needs[3]. Several research projects were also developed in order to better understand the current and future labour market needs and strategies[4].

Member States already increasingly rely on migration to address shortages in the health sector

Many EU Member States have stepped up their education and training efforts of health professionals in the last decade. Nevertheless, the magnitude of expected shortages implies that as in other sectors, shortages should be addressed both by training and development of the existing domestic work force, but also by attracting skills from abroad. In this view, some Member States have included health care occupations among shortage lists in order to facilitate the recruitment of third-country health professionals.

As a matter of fact, in recent decades, health workforce shortages in many Member States have increased the reliance on the recruitment of healthcare professionals from abroad: recent evidence from OECD[5] shows that *foreign-born* doctors and nurses account for a significant share of healthcare professionals in the EU countries (16% among doctors and 11% among nurses) and that a majority of them originate in third-countries, though it varies across Member States (see data in Annex).

The potential implications of recruiting health professionals from third countries

Recruiting health professionals from abroad has several implications. It requires assessing the needs that cannot be covered by the domestic workforce in the future which is a complex task. Moreover, it has to take place in a way that ensure the retention of domestic health professionals and does not lead to undercut local working conditions and wages. Finally, qualifications requirements in the health sector are an important safeguard for the quality of care and act as a strong constraint, especially when recruiting from third-countries, not covered by the EU Professional Qualification Directive. For those who are foreign-trained, some specific programmes have been designed to prevent a waste of skills and competences. Indeed, as in other sectors, there has been evidence of overqualification among health professionals from third-countries, partly due to the strict qualification requirements.

[3] Joint Action on health workforce planning and forecasting: http://healthworkforce.eu/.
[4] EU project, *Mobility of Health Professionals* (MoHPRof) ; Eurofound, *Mobility and migration of healthcare workers in central and eastern Europe*; EU project, Health4all, http://www.healthworkers4all.eu.
[5] OECD, International Migration Outlook, 2015, *Changing patterns in the international migration of doctors and nurses to OECD countries*.

Another implication contains the risk of 'brain drain' from third-countries as severe shortages of health professionals have emerged in last decades, even if only partly due to emigration. To mitigate the negative effects of migration on fragile health systems, EU Member States are committed to the 2010 WHO Global Code on the international recruitment of health personnel. Moreover, the Member States that have engaged in cooperation agreements in order to train and recruit healthcare professionals pay increasing attention to the situation of origin countries health systems.

Better using the potential offered by migrants already in the EU for the Health sector?

Finally, against the background of increasing inflows of refugees, some of them with previous training or experience in the health sector, the question on how to ensure their quick and full labour market integration is raised. Analysis of recent statistics suggests that the number of health practitioners from top countries of origin of asylum seekers has increased but to relatively low numbers in absolute level. Overall it seems that the obstacles related to transferability of skills, language and other barriers to employment of refugees are even more severe than for other workers coming under labour migrations schemes. It is therefore essential to develop an active policy allowing their effective integration into the labour market, involving both public and private stakeholders.

II – Questions for discussion

For the workshop, the discussion will be around the following questions:

Regarding labour shortages in the health sector:

- *How to assess the labour market needs in the health and care sector in the near future?*

- *What further tools should be developed at EU level?*

On the role of migration to address labour shortages issues in the health sector and potential effects on third countries:

- *What can be the role of recruitment from third-countries to fill the future needs in the health and care sector?*

- *How can the EU be more attractive for third countries health sector professionals? Does the EU need specific policies in this regard at EU level?*

- *The cost of recruitment of health workers is very high, (particularly if it incorporates qualification recognition and retraining). Should, and if so how, EU action help reducing recruitment costs for foreign health professionals?*

- *How to ensure that recruitment from third-countries avoids brain drain and occurs in respect of local standards and of qualification requirements?*

- *What measures can be taken in order to avoid brain waste among health professionals coming as workers from third-countries, as well as those having migrated to Europe for other reasons?*

Regarding the use of migrants already in the EU to address labour shortages in the health sector:

- *What specific actions can be taken in order to ensure a better use of the skills of migrants (including refugees) already residing in the EU in the health and care sectors? Which role can the EU play in bridging programmes and on the job training for foreign health professionals?*

- *Should, and if so how, EU action further support Member States as regards recognition of qualifications of health professionals from third-countries?*

- *How do healthcare organisations need to adapt to the growing share of health professionals from diverse cultural backgrounds?*

Annex – recent data on foreign-born doctors and nurses in EU Member States

The OECD recently released, in its International Migration Outlook, a specific chapter on *Changing patterns in the international migration of doctors and nurses to OECD countries*. Based on some of the charts/tables presented, it can be estimated the following figures as regards the share of doctors/nurses among practitioners across EU Member States for which data was made available (21 out 28 Member States):

- Among **doctors** : the share of foreign-born among practising doctors was in 2010-11 **around 16%** in the EU[6], with great variation; from less than 5% in Italy, Slovak Republic and Poland to 25% or more in Belgium, Sweden, the UK, Luxembourg and Ireland. The majority of foreign-born doctors **originate from third-countries** (around 70%) while the others come from other EU Member States (30%), though these shares vary strongly across Member States[7].

- Among **nurses** : the share of foreign-born among practising nurses was in 2010-11 **around 11%** in the EU[8], with great variation; from less than 5% in Greece, Hungary, Finland, Czech Republic, Slovak Republic and Poland to 20% or more in the UK, Estonia, Ireland and Luxembourg. As for doctors, the majority of foreign-born nurses **originate from third-countries** (around 63%) while the others (37%) come from other EU Member States, again with great variation across Member States[9].

[6] Commission calculations, based on the 21 EU Member States for which data is available in OECD *IMO 2015*.

[7] Among the EU countries where foreign-born represent more than 10% of practising doctors, they originate mainly from third countries (>70%) in Ireland, the Netherlands, France, Portugal, the UK, Slovenia, Spain and Estonia while those coming from other EU Member States represent more than 70% only in Luxembourg and Austria. A more balanced distribution between EU and third-countries is found in other Member States (Belgium, Denmark, Sweden, Germany and Hungary).

[8] Commission calculations, based on the 21 EU Member States for which data is available in OECD *IMO 2015*.

[9] Among the EU countries where foreign-born represent more than 5% of practising nurses, they originate mainly from third countries (>60%) in France, Ireland, Portugal, the Netherlands, the United Kingdom, Estonia and Slovenia while those coming from other EU Member States represent more than 60% only in Austria, Italy and Luxembourg. A more balanced distribution between EU and third-countries is found in other Member States (Denmark, Spain, Sweden, Belgium and Germany).