



Third Meeting of the Research Steering Group

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Some Western European countries:

**France, Germany, Netherlands,
Portugal, Sweden, United Kingdom**



Similarities:

- Most of these countries are to a varying extent destination countries with a varying mix of professions. They are to a smaller extent sending countries (with the exception of Portugal).



- Push factors are mainly the reverse of pull factors. The latter have to be sufficiently strong in concert with push factors to overcome consequences of leaving ones country of birth.



- Stay (abroad) factors are similar to pull (to country) factors that have been strengthened and added to during stay in destination country.



- Stick (in home country) factors are circumstances in home country that outbalance push and pull factors. Stick factors often are related to social/cultural/family aspects of life



- Sufficient data on **immigration** in all countries available, but often scattered in different organisations
- Data on **emigration** of health professionals is weak, anecdotal or missing. These country reports show the need for a monitoring centre in EU with links to national focal points that is continuously monitoring migration streams and motives within, to and from EU countries (collecting quantitative **and** qualitative information on regular basis → policy briefs)



- Also, this monitoring centre should collect information on bilateral, multilateral and international initiatives/actions/ agreements regarding migration of professionals between countries (including health workers). Without such continuous collection of information, national and EU level policymakers will not have enough factual background for their decisions on policy.



- If there is a shortage of health workers it appears usually in remote areas far from larger cities.
- Also shortages may appear in certain nursing and medical specialties like in geriatrics due to greying populations.



Some national peculiarities/ differences:

- **France.** Immigration from non-EU member states is minimal. What about immigration from former French colonies and French speaking countries? There is no active recruitment of health professionals abroad, neither any discussion of ethical recruitment. Information shows that better qualified professionals from non-EU member states may be disfavoured to the advantage of less qualified health workers from some in particular new EU member states.



- **Germany.** Emigration of health professionals from Germany is of minor importance. The ones migrating go either to English or German speaking countries and they prefer Western European destination countries. Immigration, in particular from Eastern Europe to Eastern Germany, is shown in the statistics. However, the largest proportion of foreign physicians in all Germany is originating from Austria, who mainly come for specialisation.

Rates of foreigners in health professions remain lower than in the overall workforce. However, the most significant group of immigrants in the health/social sector work in the irregular sector in care of the elderly, home care etc. and they may be as many as some hundred thousand according to estimates. Lower physician/pop. rate in Eastern parts of Germany. Physicians mainly from new EU member states fill these gap in ambulatory care in particular.



- **Netherlands.** Migration of health professionals is currently not high on the agenda, although there is a net immigration surplus, which is mainly dependant on inflow from other EU countries. Cross-boarder work is relatively common from Belgium (of Dutch physicians based there?) and of Dutch doctors to Germany boarder regions. Migration to other countries of physicians and nurses is of minor importance.



- **Portugal.** This country has changed over time from a receiving to a sending nation. Because of unemployment among nurses, dentists and technicians due to overproduction, these categories emigrate. Nurses got to United Kingdom and Ireland and dentists to UK and Sweden. Over 1,200 Portuguese medical students study abroad (Spain, England, Czech Republic). In the past nurses from Spain and dentists from Brazil migrated to Portugal. There are no policies to retain health workers. There is a significant diaspora in the country from Mozambique and Angola.



- **Sweden.** The counties and regions, as main employers in the health care sector, actively recruit physicians and dentists abroad (mainly from EU/EEA). The market for nurses is saturated (except for specialists) due to enough number of produced nurses that balances the available vacancies. Training and educational efforts (language and laws/regulation) are mainly aiming at foreign physicians. They are coming from Eastern Europe countries and Germany. More that 2,000 Swedish medical students are currently studying abroad (Denmark, Hungary, Poland, Romania) and Swedish state authorities are currently issuing more than 2,000 licences for doctors educated abroad, some of them swedes but the great majority are foreigners. There is a large, mainly short term, cross boarder traffic of nurses and doctors to Norway due to EU work directive and higher salaries there.



- **United Kingdom.** There are nine separate bodies for different categories of health workers that set standards and register practitioners. Thereby fairly reliable figures are available for immigrating health professionals. UK has since mid 90`s prioritised funding to train and recruit sufficient health personnel from within their own country (as later stated in the Kampala Declaration 2005). Officially UK currently trains enough health professionals for its needs. Official policy states (soon to be law) that UK will apply ethical practices for recruitment of foreign health professionals. Further, that UK will recognise and support health services and promote health in low income countries.

However, in the past there has been a significant immigration of health professionals (in particular doctors, nurses and dentists) from EU countries and former colonies. Certainly in the past the UK recruited actively from resource poor countries like Ghana. In 2002 in all 31% of practising doctors and 13% of nurses were born outside UK. In 2002 over 50% of new nurses registered in UK were from overseas. Lately it has been a rapid decline in registration of foreign physicians since the peak 2003, when around a quarter of immigrating physicians came from non-EEA countries (South Africa, India, Pakistan,) while the largest EU sending country was Germany.

