



Main results country studies: Germany

**Josef Eckert
Caren Weilandt
WIAD**



Relevance of Health sector

- Health industry is one of the most important economic branches in Germany: 2008 turnover 260 billion Euros, 4,3 mio people and represents 12,2 % of GDP



Background

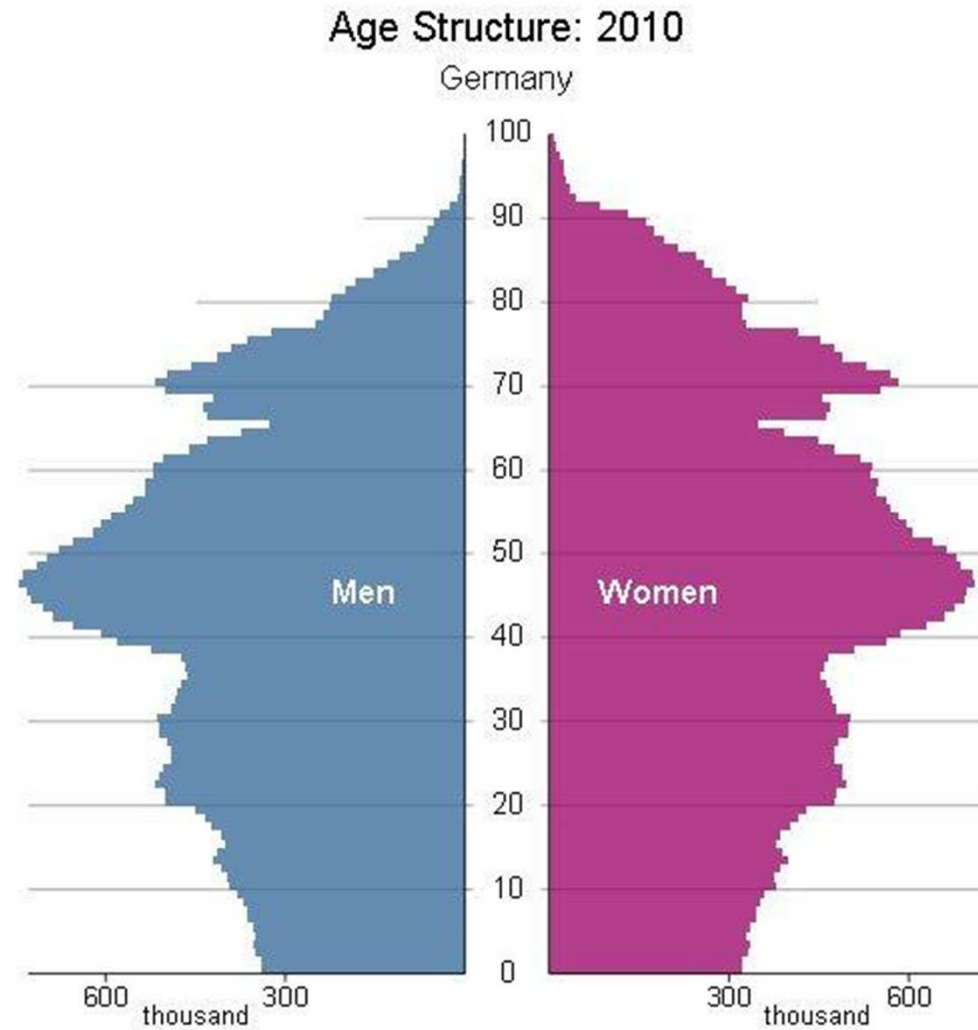
- German **health policy** was mainly focused on containing costs by expenditure control, prospective provider payment and regulated competition among sickness funds
- No specific policy regarding migration of HPs



General challenges

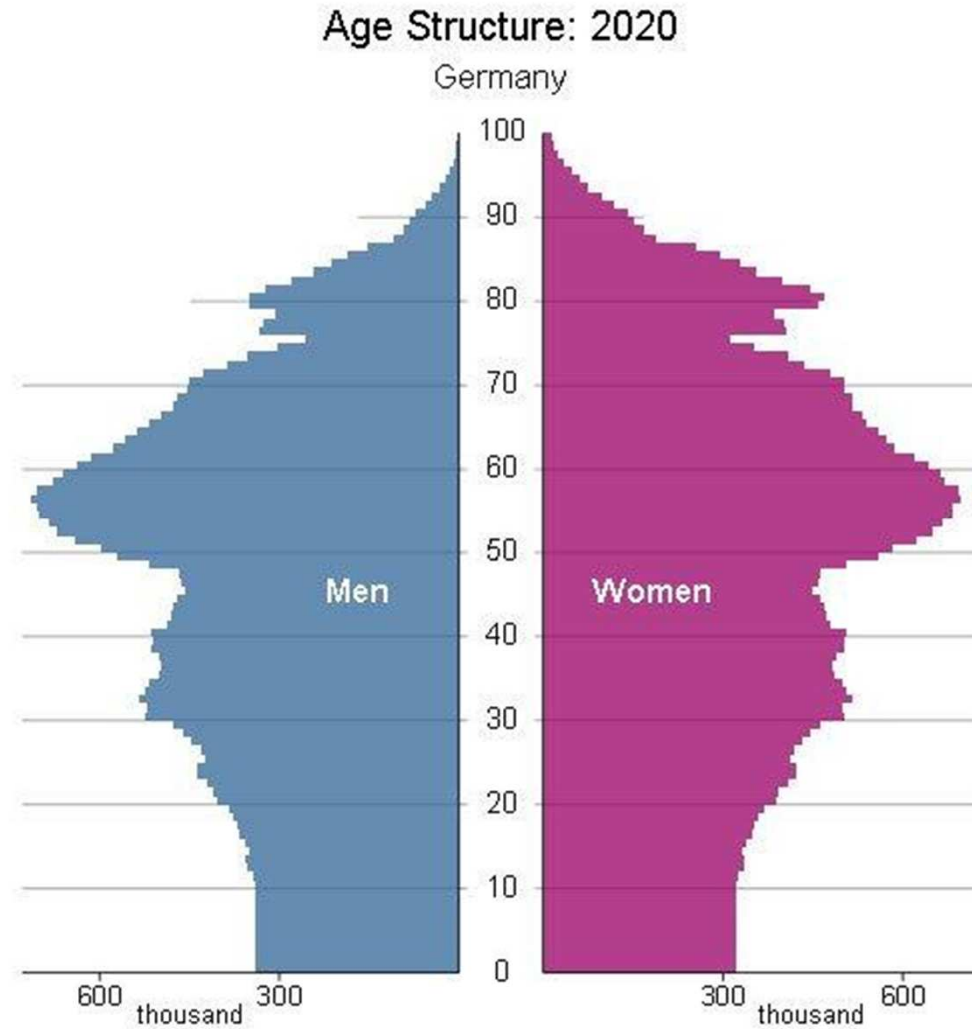
- Demographic change/aging population: leads to increased demand of health care services
- Aging health workforce: less remaining years of work life to be replaced in the near future
- Rising demand of part time work (work-life balance)
- In- and outpatient services are facing severe shortages of doctors and in part. nursing staff
- Workforce competition between inpatient and outpatient services will increase dramatically
- Alarming developments in the informal market for home care
- Regional imbalances (East/West, rural/urban regions)
- German health care system does not seem to be fit for future challenges





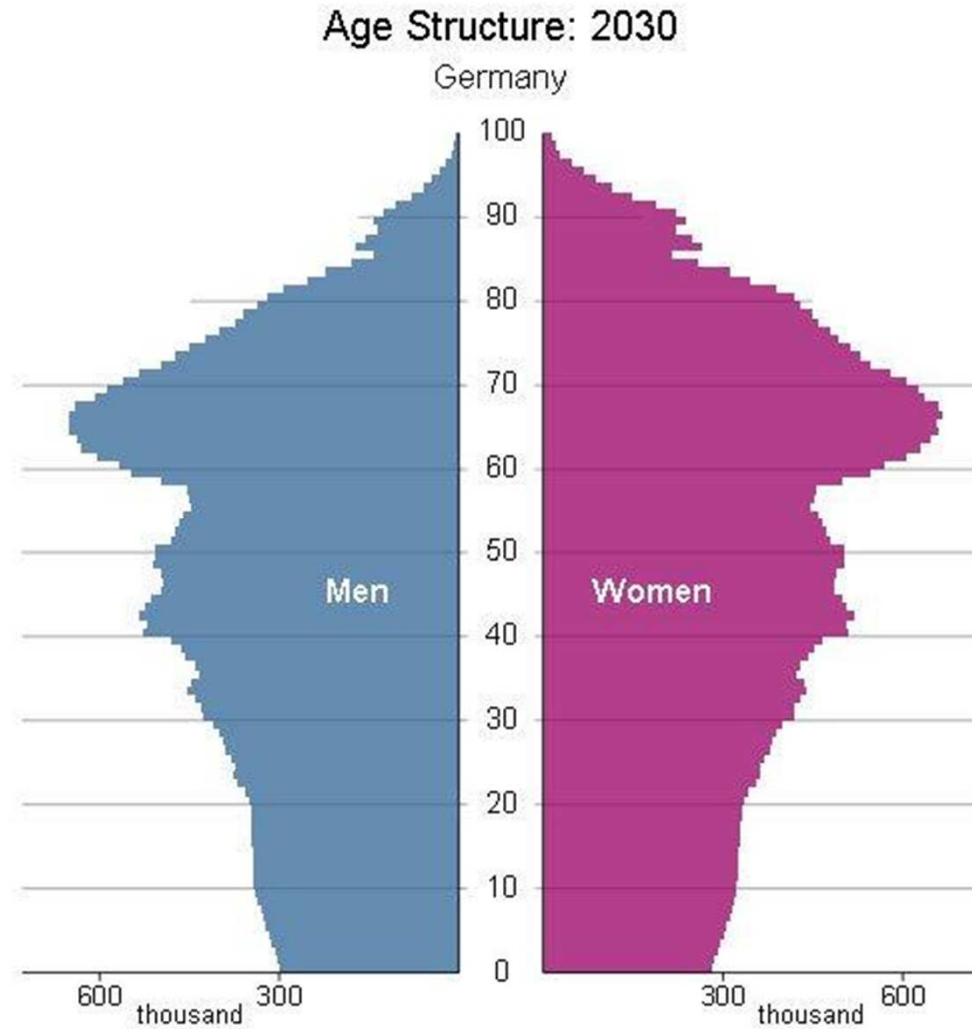
Source: Federal Statistical Office 2011





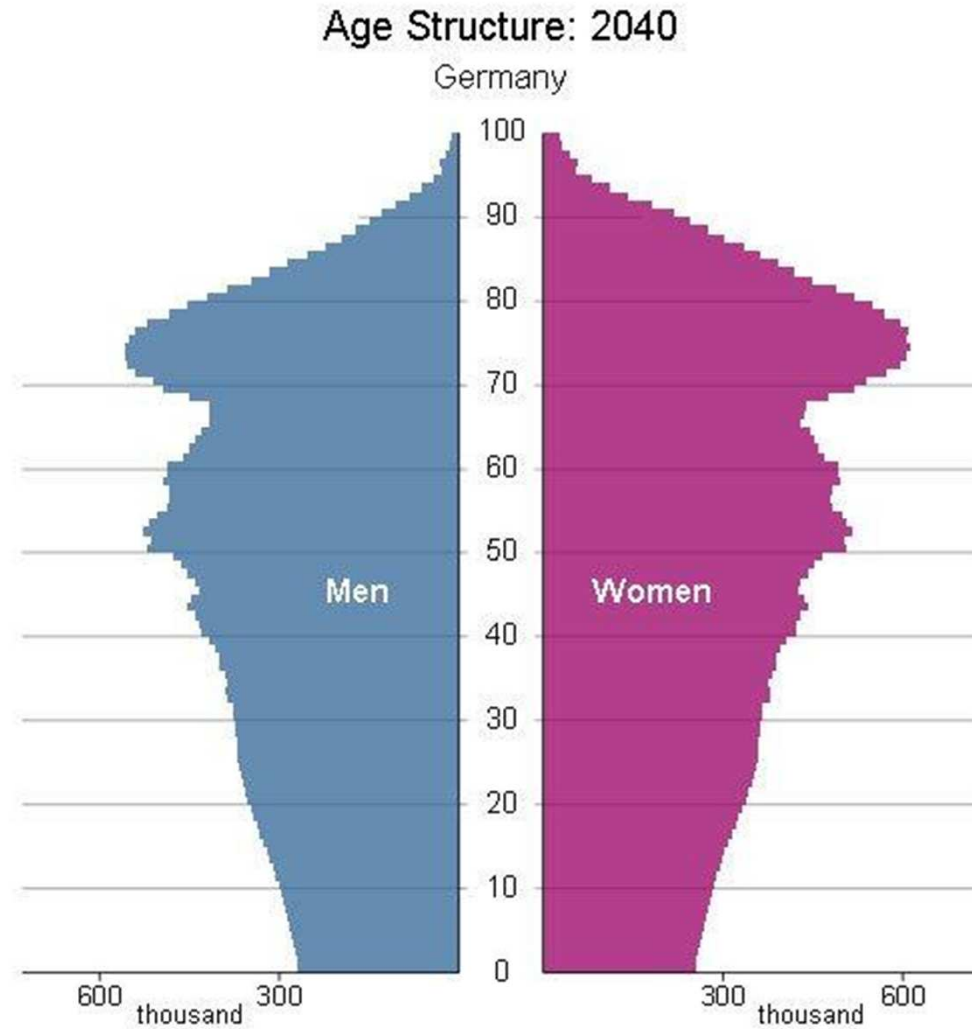
Source: Federal Statistical Office 2011





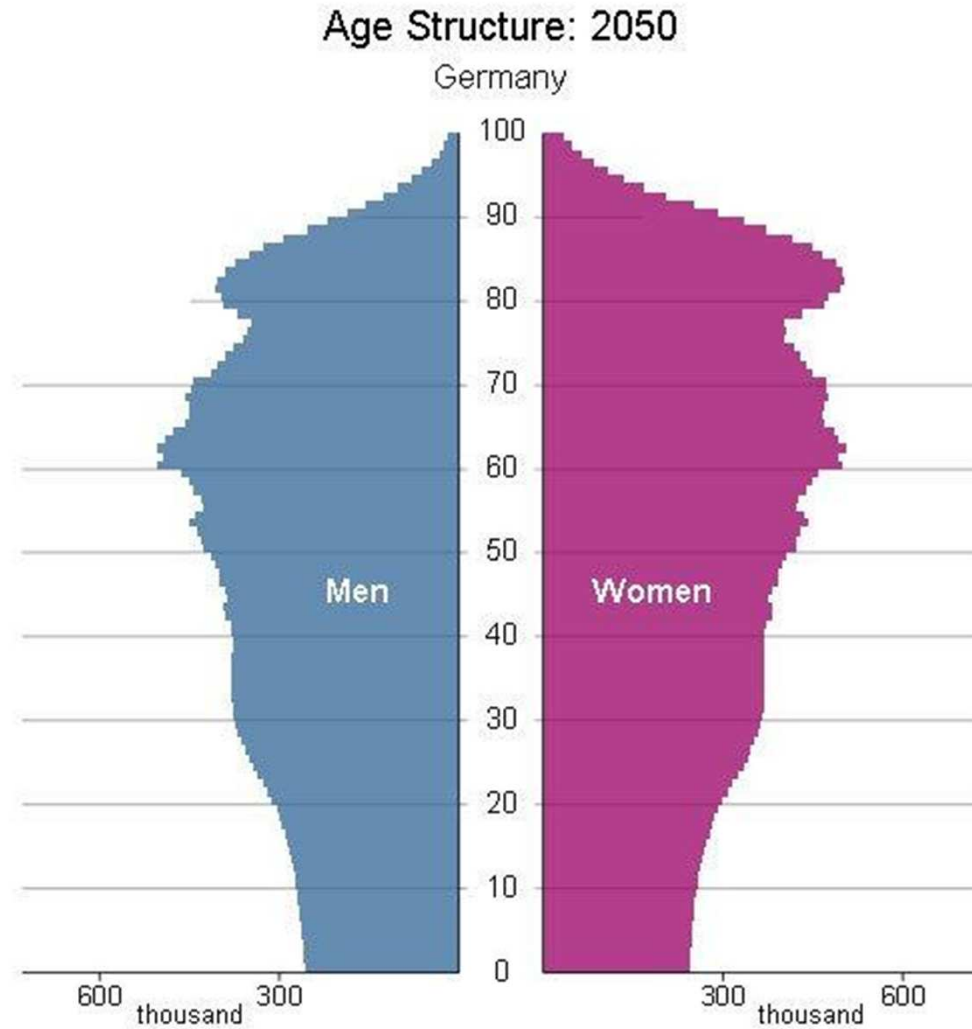
Source: Federal Statistical Office 2011





Source: Federal Statistical Office 2011





Source: Federal Statistical Office 2011



Monitoring of HPs

- Since quantitative data on **emigration** of health professionals are not available except for (to some extent) physicians, mainly estimations provided by experts are at hand
- No monitoring of arriving HPs, only the nationalities of HPs working and/ or registered in Germany can be used as indicators of immigration of “foreign born” HPs, but do not necessarily allow conclusions about “foreign trained” HPs
- Lack of quantitative data on emigration of HPs, and data on nationalities only indicate presumable immigration, balances of migration cannot be concluded and thus its impact on the health care system is difficult to assess

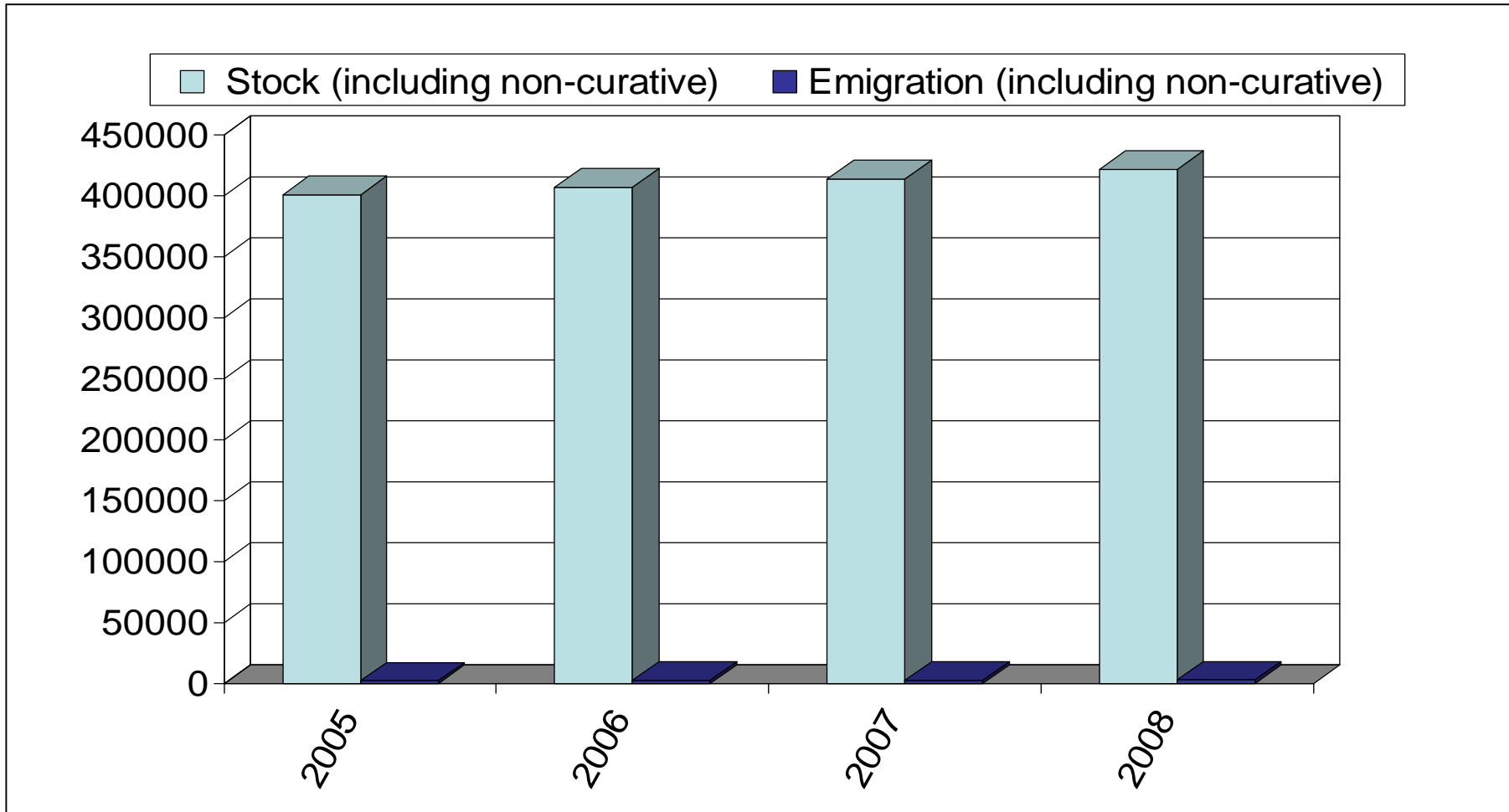


Outflows of HP

- Regarding ***emigration of physicians from Germany from 2005 to 2008***, there are reliable extrapolations for 2005 – 2007 and complete data only for 2008 available on all physicians (Germans as well as foreigners) stating to leave Germany but without information on curative activity
- Rates are very low, less than 1% of the stock, and despite emigration this stock is rising steadily
- Emigration mainly affects West Germany
- The general loss of curative active physicians is much more distinctive



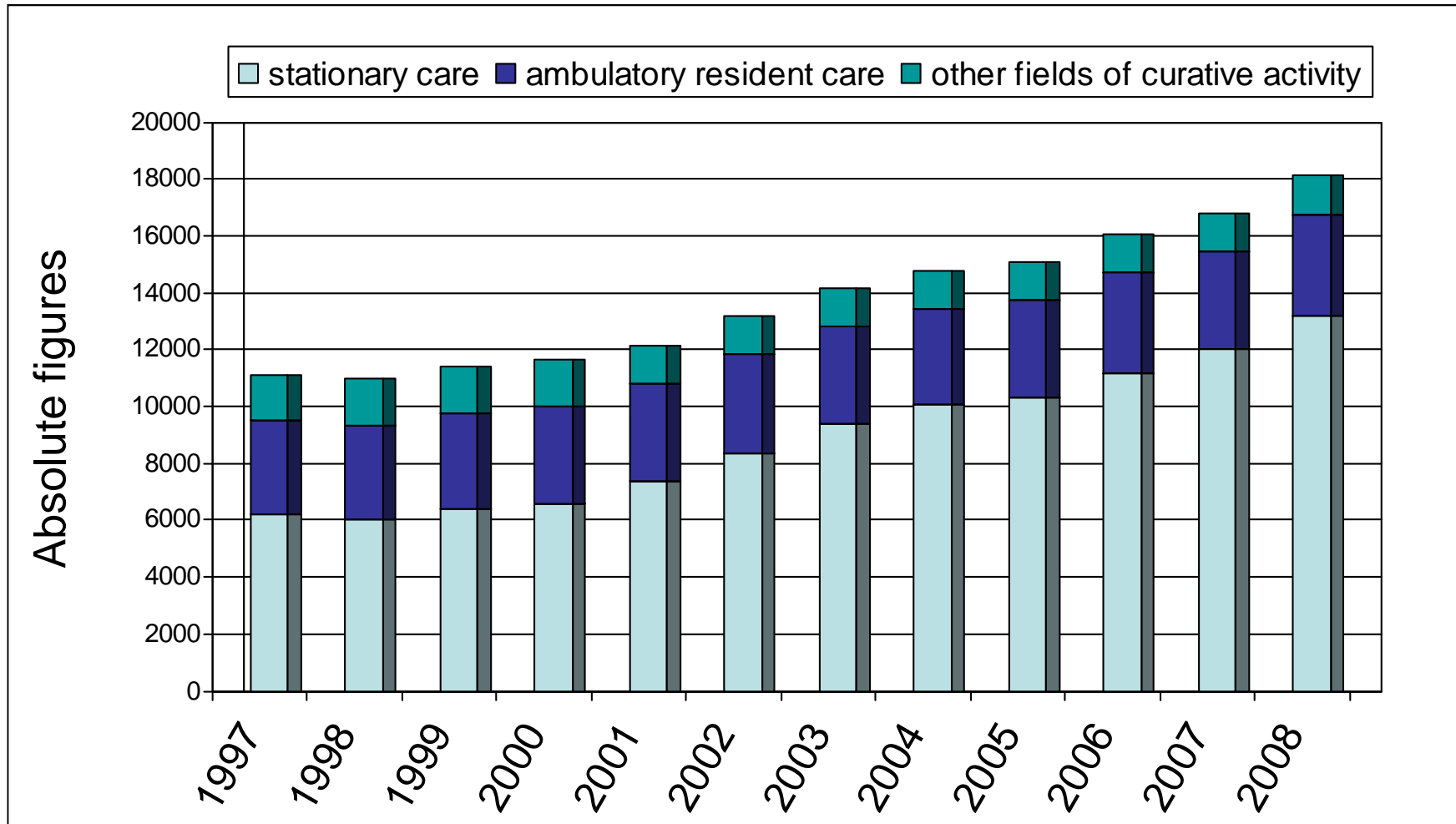
Emigrating physicians and stock in Germany 2005 - 2008



Immigration

- ***Foreign physicians as indicators of immigration to Germany from 1997 to 2008:*** a rise of foreign curative active physicians from 11.084 to 18.105, i.e. 63.3% more, their share grew from 3.9 to 5.7%
- Their role in ambulatory resident care was and is marginal, but rising importance in inpatient facilities (8.6%),
- Stronger increase East Germany, where it started from a lower level
- Foreign physicians are not necessarily recent immigrants only, but a remarkable rise can be considered as an indicator for processes of immigration

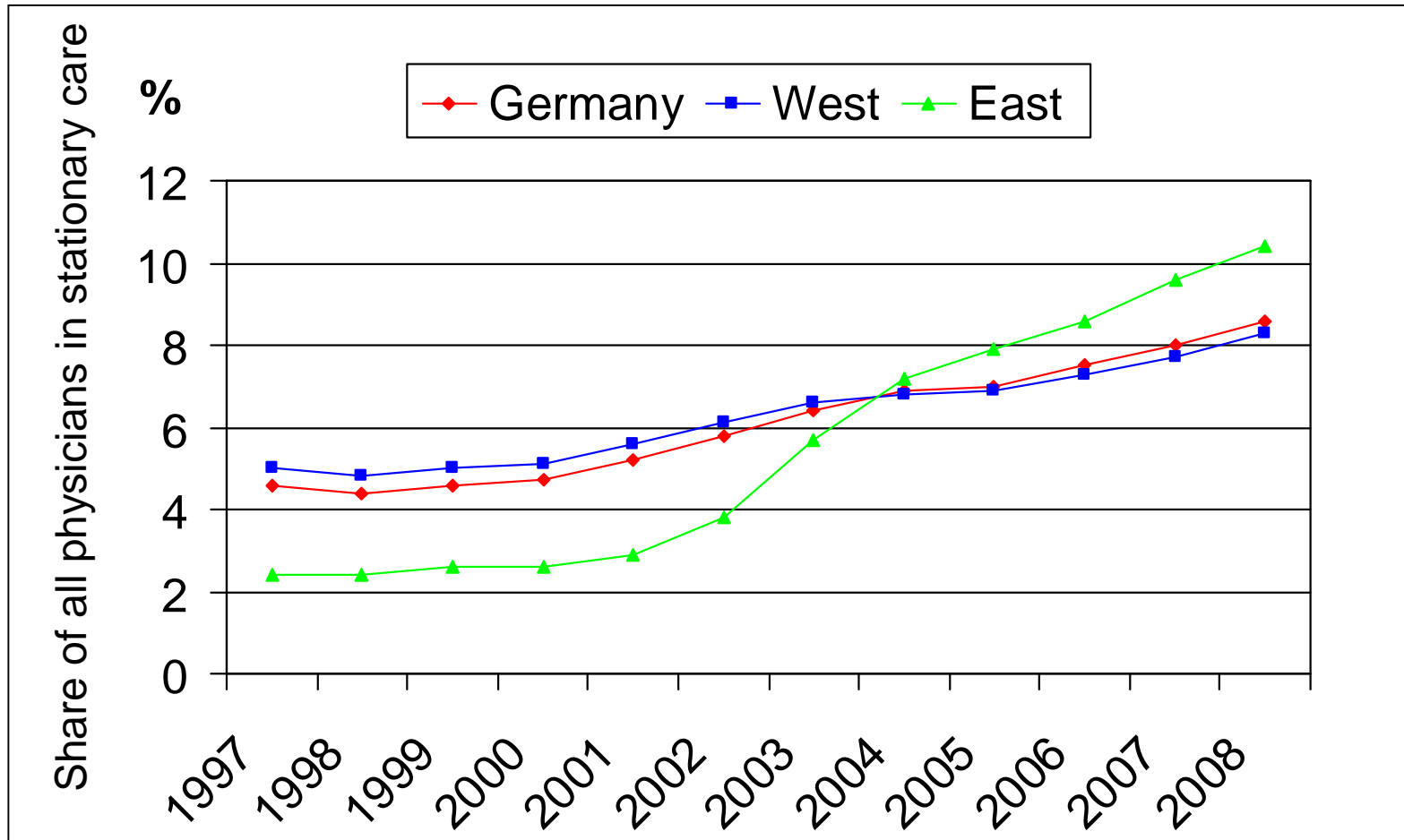
Foreign physicians by curative activity in Germany 1997 - 2008



Source: German Medical Association



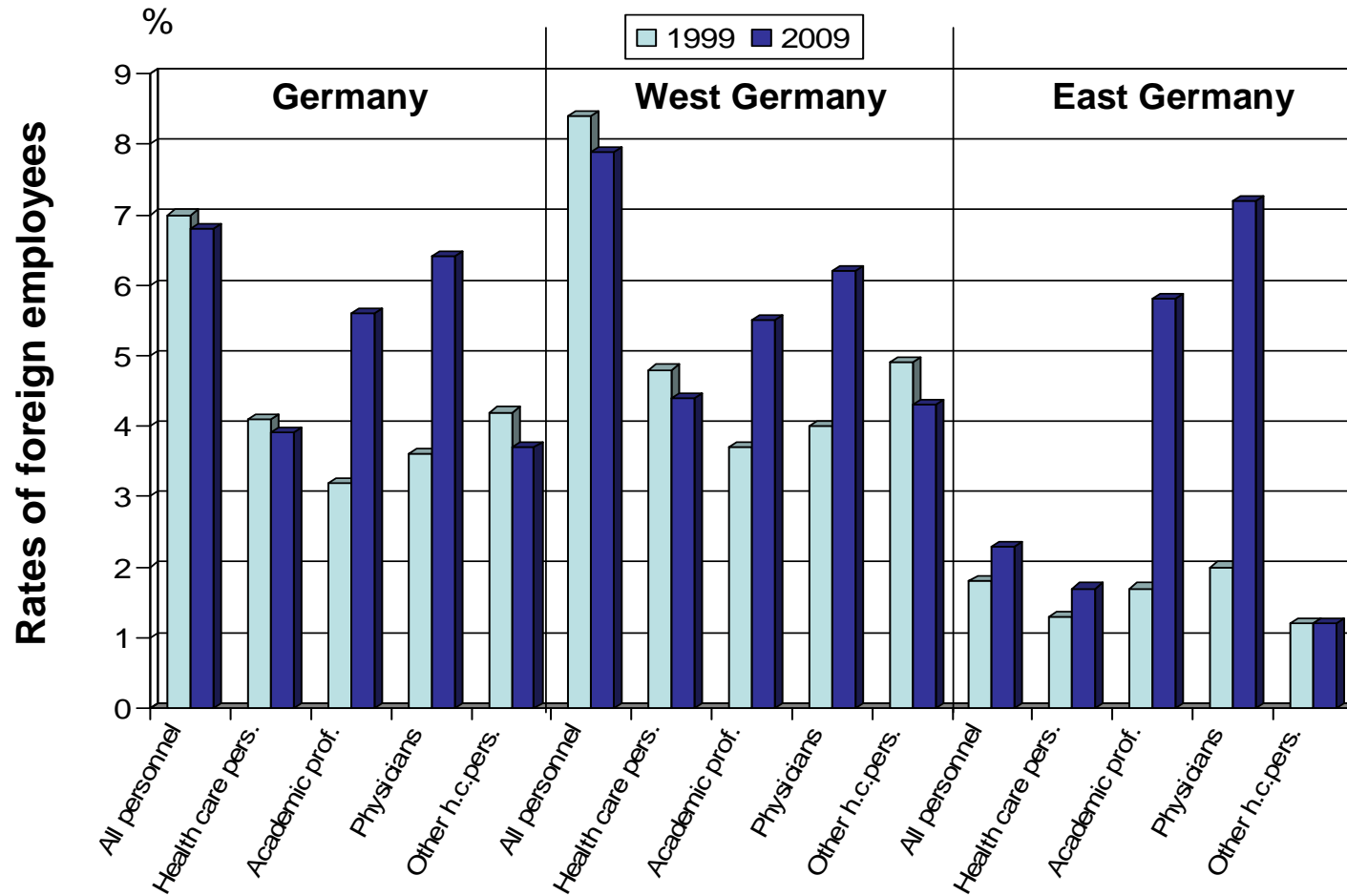
Foreign physicians in inpatient care in Germany 1997 - 2008



Rates of all foreign HPs

- Federal Employment Office provides data on employed workforce paying social insurance
- Rates of foreigners in health professions remain *lower than in the workforce in general* and marginal in the East
- Quantitative important immigration resulting in relevant shares of foreign staff is to be supposed *only for physicians*, mainly in East Germany

Foreign health care personnel: rates in Germany 1999 and 2009



Source: Federal Health Monitoring, Federal Statistical Office, Health Personnel Accounts

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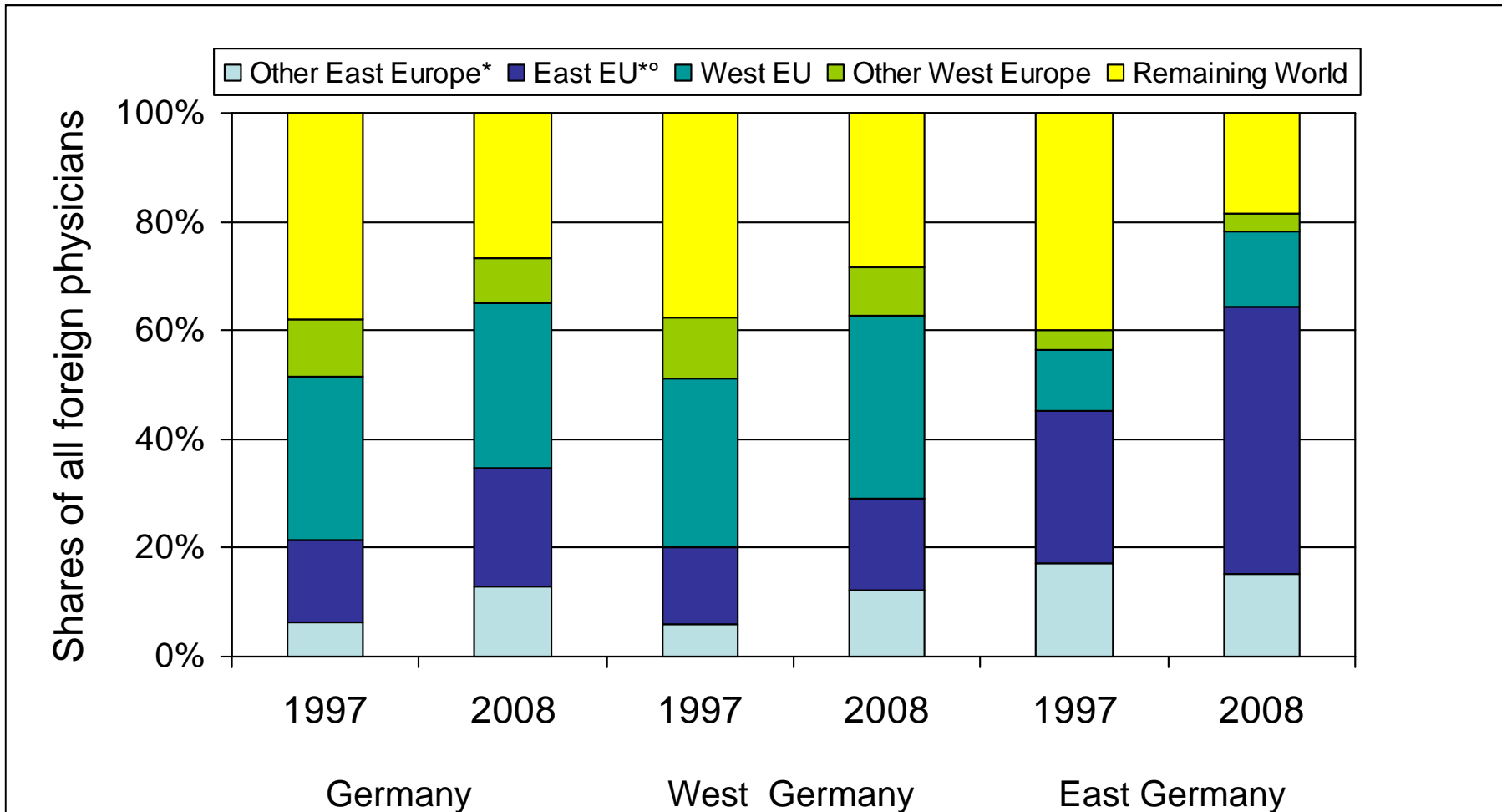


Destination and sending countries

- For a substantial part of **emigrating physicians** the destination is not clear
- German physicians prefer highly developed western countries (mainly German or English speaking) with the focus on EU Member States and Switzerland, followed by USA, Austria, UK and Sweden
- Foreign physicians show patterns of presumable return migration: High values for Austria (return after finished training)
- Within **foreign physicians in Germany**, the share of EU MS grows, while the rate for Asia (only relevant region outside Europe) falls remarkably
- Largest group: Austrians (stay temporary to finish training and then return)
- Countries growing above average concern East Europe, presumably indicating immigration (Russia, Poland, Romania and Ukraine)
- Migration flows mainly reach the West in absolute figures, but relatively affect more the East
- The strong rise of East or South East European physicians mainly happens in East Germany (low attractiveness of the region for German doctors)



Foreign physicians by grouped nations in Germany 1997 and 2008



Source: Calculation corresponding German Medical Association

*Rounded figure including the estimated respective shares of previous states (Czechoslovakia or Soviet Union)

oNew Member States excl. Cyprus and Malta



Qualitative assessments: Key stakeholders

- Negative effect on health care system: Aging population and aging workforce, inadequate funding, inadequate supply of physicians compared to other countries (shortages in some fields of specialisation and in some regions)
- Many reasons for doctors not working curatively: unattractive system due to long working hours, unfavourable management culture and working atmosphere, difficult work-life balance
- More important than reducing emigration is to retain doctors in curative activity and encourage not curatively working doctors back to do so
- The implementation of the EU-working time directive did not affect migration much (many attempts to avoid appropriate recording of working hours in hospitals)
- As immigration is needed, integration of foreign staff should be facilitated, like acceptance of certificates and language training
- Regulations concerning the recognition of certificates are considered as very important



Informal market

- Huge shift from stationary nursing care to ambulatory geriatric nursing
- Very many nurses and geriatric nurses with different qualifications are assumed to immigrate informally into the grey sector
- A considerable informal market already exists in geriatric health care and home care. Provision of trained nurses with degree should be distinguished from staff actually providing home care. It is supposed that around 100,000 female personnel mainly from East Europe are working for three months on tourist visas and afterwards change with other staff
- Many problems in informal nursing include language problems and dramatically affected quality of care
- The grey market of home care should not be criminalised as it only reflects a need for affordable health care supply for elderly
- Legitimate modes should be established



Qualitative assessments: Foreign trained HPs

- **Motives for migration:** Main reason involvement of the family, improvement of professional qualification, differences in the soci-economic situation
- **Problems:** different issues of social integration: experiences and treatment as “foreigners”, language problems, general problems with authorities and the recognition of professional qualifications
- HPs generally assess the level of their tasks as comparable or even higher than at home **but** nurses regard their occupation in Germany as less qualified
- Discrimination is rarely reported
- Most of the HPs assess their migration experience completely or rather positive

Qualitative assessments: Human resource managers in hospitals

- Rising employment of foreign doctors, and an increasing lack of nursing staff is reported
- No general increase of foreign nurses
- Recruitment agencies currently play a minor role, which might increase in the future
- General *language difficulties* regarding recently immigrated HPs are reported as serious problem concerning patients as well as colleagues
- Qualification of foreign nurses is seen as high if not better than the German's, but the German level of physicians is regarded as very high
- Facilitation of migration and simplified recognition of foreign degrees is recommended

Current policy debate in Germany

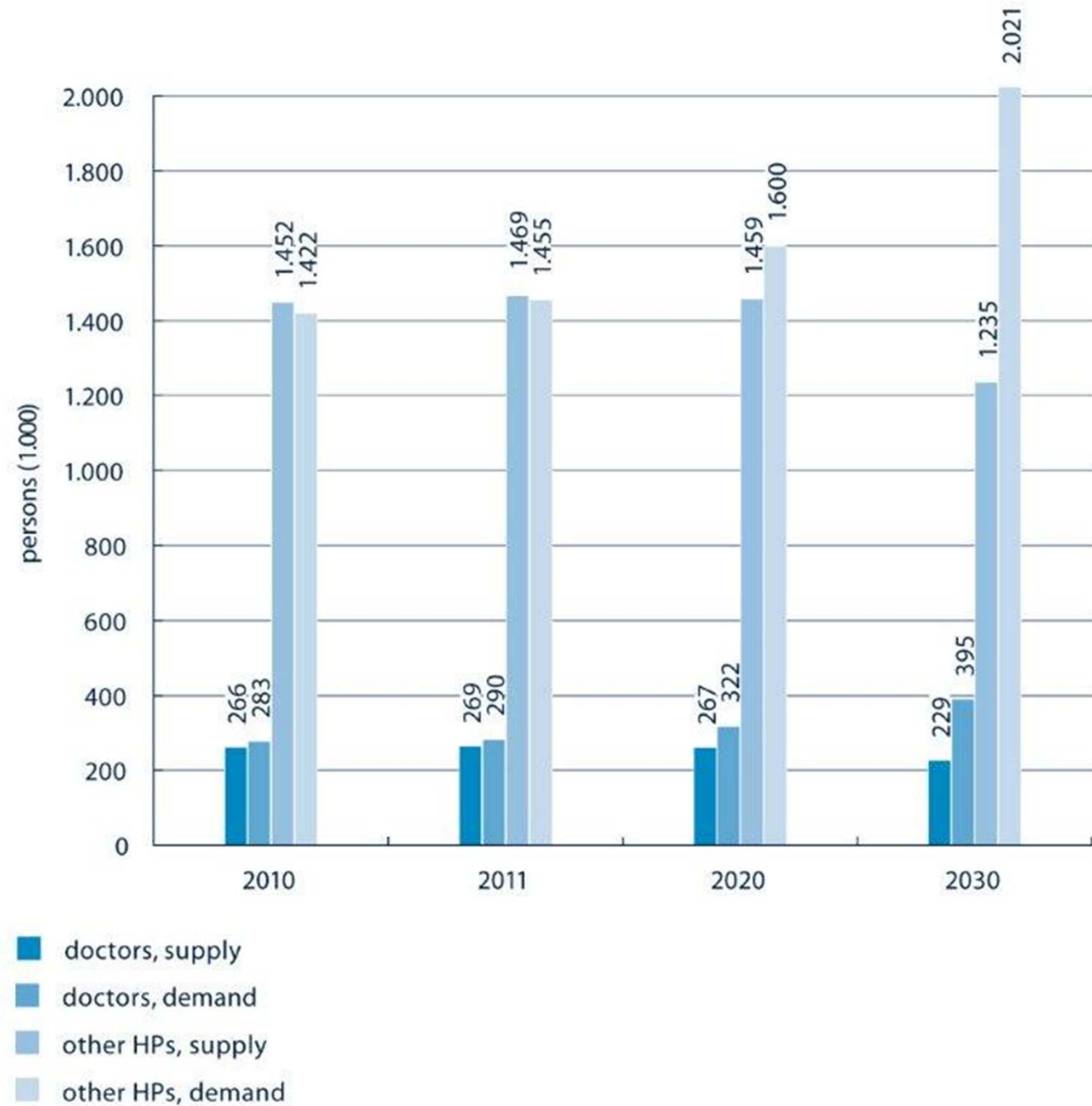
- Focussing on
 - outmigration of German doctors
 - „Feminisation“ of health workforce
 - internal imbalances (rural vs. urban regions, East vs. West)
 - Increasing lack of GPs
- Minor/no debate on
 - How to increase capacities of medical and nursing schools
 - How to foster migration, integration and retention of foreign trained HPs
 - Informal market in home nursing care

Recent predictions of health workforce shortages in Germany

- Source: *PriceWaterhouseCooper* (2010) based on available statistics
- **Conclusions:** Without joint efforts of several actors, in 2030 there will be a lack of nearly 1 mio health care workers (165.000 doctors and 800.000 other HPs), equal to total German workforce in motor industry)

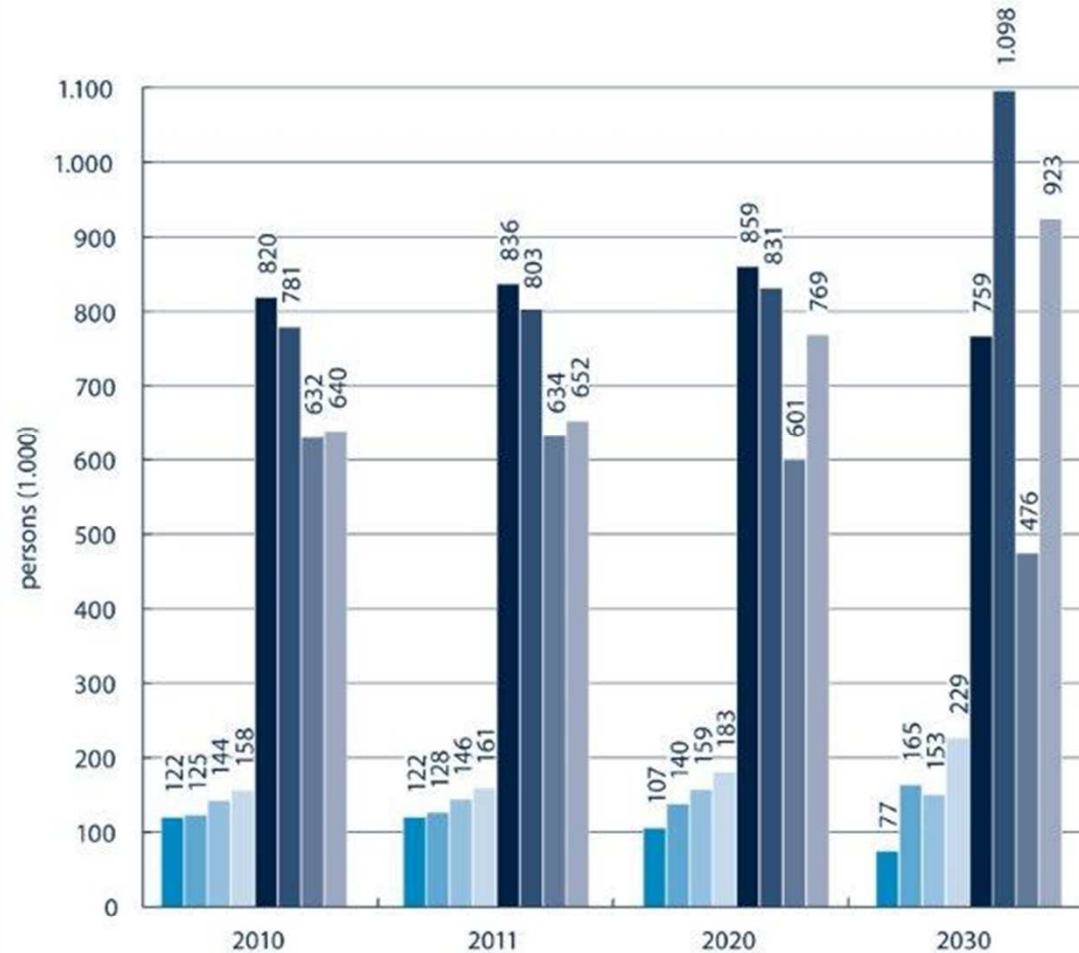
Supply and demand of HPs

Source:
PriceWaterhouseCooper
(2010)



Supply and demand of HPs

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(2010)



Recommended actions for Germany

- **Migration policy:** need for significant changes, i.e. not only enable immigration, but actively support and boost immigration (international competition for HP on the world market will increase!)
- **Education policy:** Increase „home grown“ HPs, adopt education to to actual needs
- **Workplace:** Support flexible work time models (family, retain older HPs, retain HP in health care), career opportunities, increade work conditions and working athmosphere
- **Efficacy:** Investment in new models of health care (medizinische Versorgungszentren – centralised interdisciplinary medical centres)
- **Informal market:** Appropriate and professional home health care service has to be controlled and no self-regulating grey market should be allowed. Need for legalisation avoiding dumping wages and control of quality



Health workforce planning

- **Urgent** need for effective ongoing health workforce monitoring and planning based on sound information