Chapter 6
Understanding the Migration of Medical Doctors in the Context of Europe
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ABSTRACT
The objective of this chapter is to analyze the mobility of health professionals, in particular medical doctors within the context of the European Union (EU) to address some major policies and strategies to immigration. This chapter provides the major characteristics of the health systems in relation to availability of medical doctors and to their immigration. In this process, both the qualitative and quantitative components of the migration of medical doctors are addressed. Annual data and information are gathered from national reports and from several international organizations such as the Organization for the Economic Cooperation and Development (OECD) and World Health Organization (WHO). The results show that immigration of medical doctors occurs within and outside the EU. Moreover, there is a great variation in the proportion of foreign doctors across European countries. In some European countries, the reliance of foreign medical doctors is high: Switzerland, Ireland, United Kingdom (UK), and Slovenia. The largest inflows of medical doctors are reported in UK, Germany, and Spain. Outflows of medical doctors have increased in Germany, UK, Italy, and Austria. However, the net balance between emigration and immigration matters. Germany loses more doctors every year than it gains through immigration.

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INTRODUCTION

Migration of health professionals has globally increased in the past years. By loosing health professionals, already fragile health systems in middle and low income countries may be further weakened. This recruitment is threatening the viability of crucial health programs in poor countries. It also involves ethical aspects in this recruitment of health professionals. In connection to the global health workforce crisis, the WHO adopted on 21 May 2010, the Global Code of Practice for the International Recruitment of Health Personnel. This code discourages the recruitment of health professionals from countries with shortages and provides guidance to strengthen the workforce and national health systems across the world.

This code has also relevance for Europe, and the WHO Europe has strongly recommended the development and adoption of the Code. It stresses the strengthening and further development of education and training, coordination of labor market activities, and it addresses the misdistribution of health professionals through educational measures, financial incentives, and regulatory procedures.

The publication of the World Health Report (WHO, 2006) “Working together for Health” has brought attention to the global human resources required to produce health. This report estimates that 57 countries, particularly in Sub-Saharan Africa and South East Asia, have an absolute shortage of 2.3 million of doctors, nurses and midwives (WHO, 2006, p.13). This implies that many countries do not have enough health care professionals to deliver essential health interventions. Recent estimates also show that there will be dramatic shortages in Africa by 2015 (Scheffler, Liu, Kinfu, & Dal Poz, 2008).

In 2004, the Europe region has over 35% of the world’s supply of physicians and 1% of world’s health expenditures. Similarly, Africa experiences 24% global burden of disease while having only 2% of the global physician supply and spending that is less than 1% global expenditures. This shows clearly huge disparities in the global distribution of medical doctors around the world (Scheffler et al., 2008).

Planning for health human resources has become a priority at the European level. The European Commission published on 10 December 2008 the “Green Paper on the European Workforce of Health” (EU, 2008) with the aim of describing the challenges faced by health professionals in all member states, such as ageing of the general population and of the health workforce, the migration of health professionals in and out of the EU, as well as the brain drain from third countries. Recently, a bigger European project, the PROMeTHEUS has been launched in 2009 for a 3 year period. The research project cover all EU member States and selected neighborhood countries in order to understand the mobility impact on health services and system in countries importing and exporting staff.

The main idea is that mobility of health professionals can influence the performance of national health systems, and these impacts are increasing in light of increasing mobility in Europe. The main argument is that the mobility of health professionals changes the composition of the health workforce in the source and receiving country which in turn influences on health systems performance.

The aim of this chapter is provide a brief description of the stock and flows of medical doctors within and outside the EU. Besides that a discussion of national regulations, medical education and provision of future projections are planned.

These questions are addressed and covered in this study. A major focus is placed on the characteristics of the health systems in Europe. It addresses the levels of stocks, flows besides the needs and shortages in medical doctors. The impacts of the enlargement of the European Union in relation to
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