Mobility challenges for medical doctors in the European Union: A systematic review of intracommunity migration difficulties

Marius I. Ungureanu MD, Andreea Marcu, Ștefan Strilciuc, Denisa Trif
Cluj School of Public Health, Babeș-Bolyai University
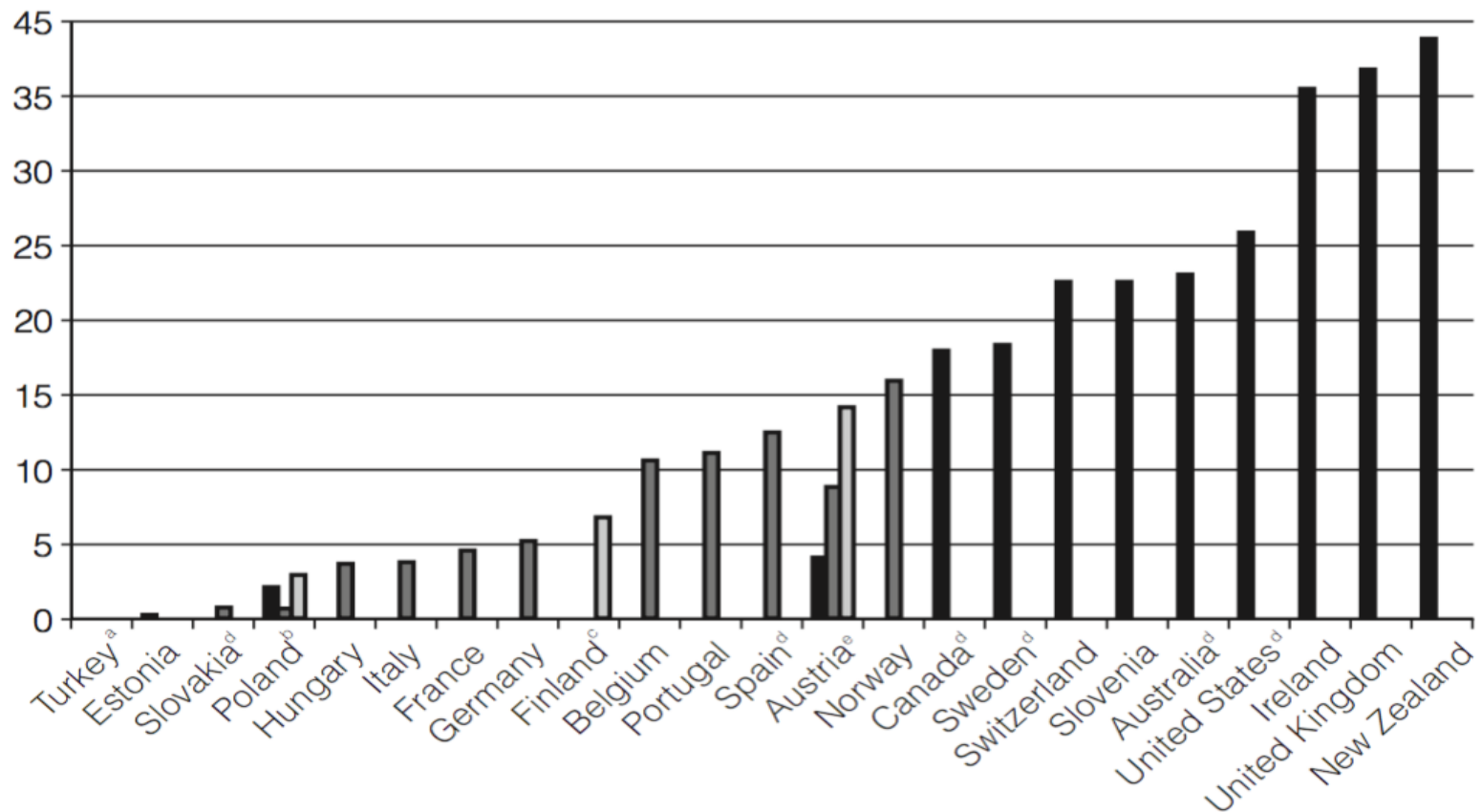*Cluj-Napoca, Romania*

Joint Action Health Workforce Planning and Forecasting

Mobility of medical doctors

Source: Licensing procedures and registration of medical doctors in the European Union, Eszter Kovacs et al.

IN
PK

FI 18%
SE
EE
RU

DK 33%
UK 31%
NL
PL
DE 1%
BE
CZ
SK
FR
AT 12%
HU 3%
SI
RO
IT
BA
RS
HR
ES 17% (Catalonia 33%)
EL
NE
MT

Funded by the Health Programme of the European Union

Reliance on foreign MDs in selected EU and non-EU OECD countries, 2008 or latest year available*

Legend:
- Foreign-trained
- Foreign-national
- Foreign-born

Main findings

Main findings – Mobility barriers

1. Issues with licensing/registration procedures (Member States)

Austria

- EU Member States must apply for a **work permit** from the AMS
- License of medicine is granted > **3 years in-service training**
- MDs unable to train as specialists in countries where the license of medicine is a precondition

Medical Oncology – the example of Italy

- Not currently recognized as a professional qualification at EU Level => MDs from a few European countries (e.g. Italy) are hindered in their professional mobility.
- Additional training required to be able to practice in other countries.

Main findings – Mobility barriers

1. Issues with licensing/registration procedures (Member States)

Germany/Italy

– Need for much greater clarity about systems of governance

= Who is responsible for what?

Hungary and Germany

– Complex bureaucratic pathways

Austria, Denmark, Estonia, Finland, Malta, Slovenia, Netherlands

– Much simpler approach

Romania, United Kingdom

– Intermediate positions

Main findings – Mobility barriers

2. Issues with licensing and/or registration procedures (EU Level)

- There are different interpretations of even the basic terminology

- The lack of complete validity of certain specialties in the EU

- Wide variation across EU member states in the way medical regulatory bodies manage professional issues involving quality and patient safety

- Unclear documentation and procedures for obtaining the professional card

Main findings – Mobility barriers

3. Issues related to communication, cultural and/or linguistic barriers

- **Cultural differences and norms**

- Lack of knowledge about working abroad => skewed expectations

- Language – competence (medical?)
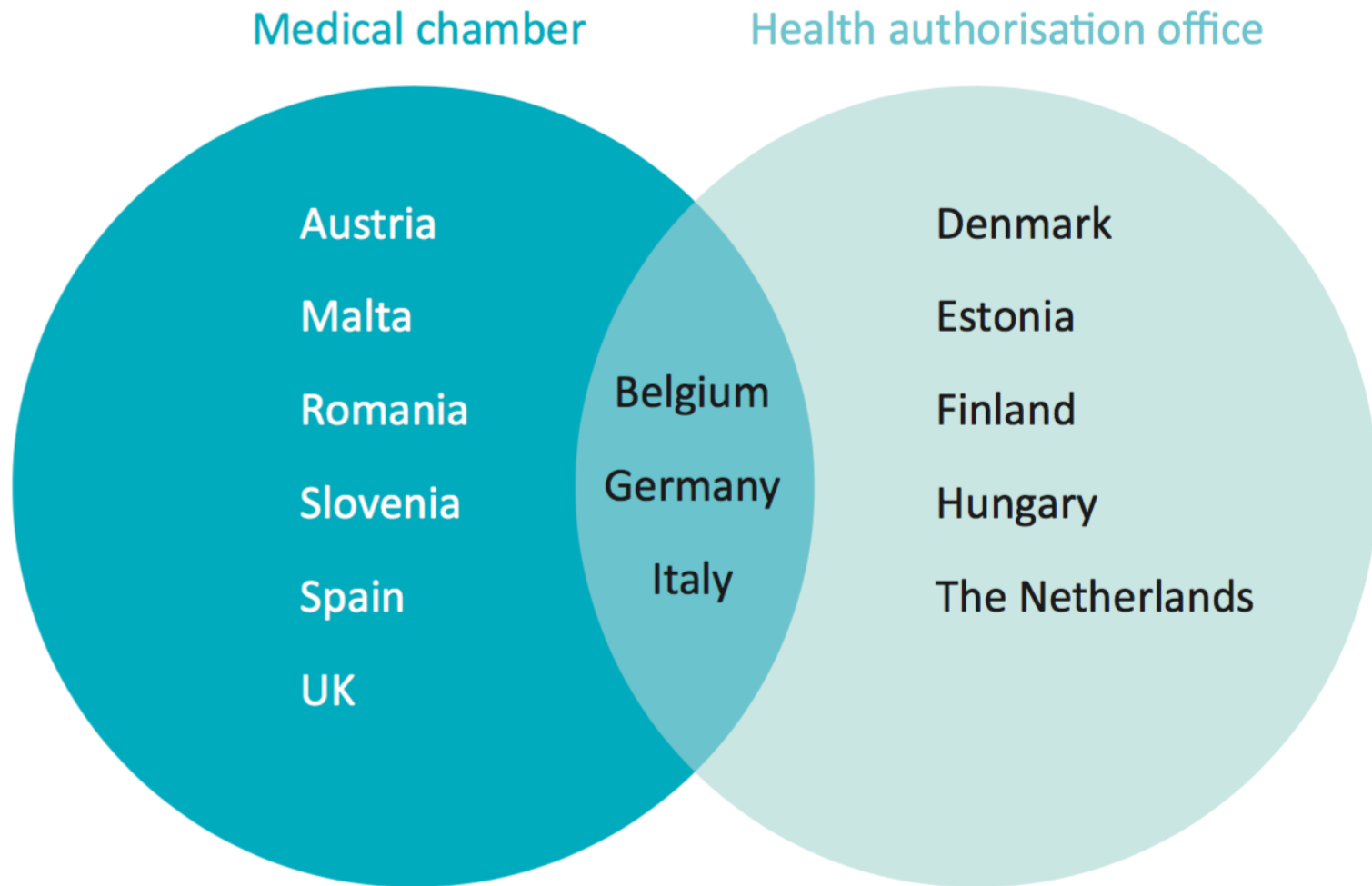
- Communication skills

Main findings – Mobility barriers

4. Issues related to the working environment

- **Perception of acceptable relationship between the state and the health professional (UK)**

- **Perception of misdemeanors by health professionals (New Member states)**

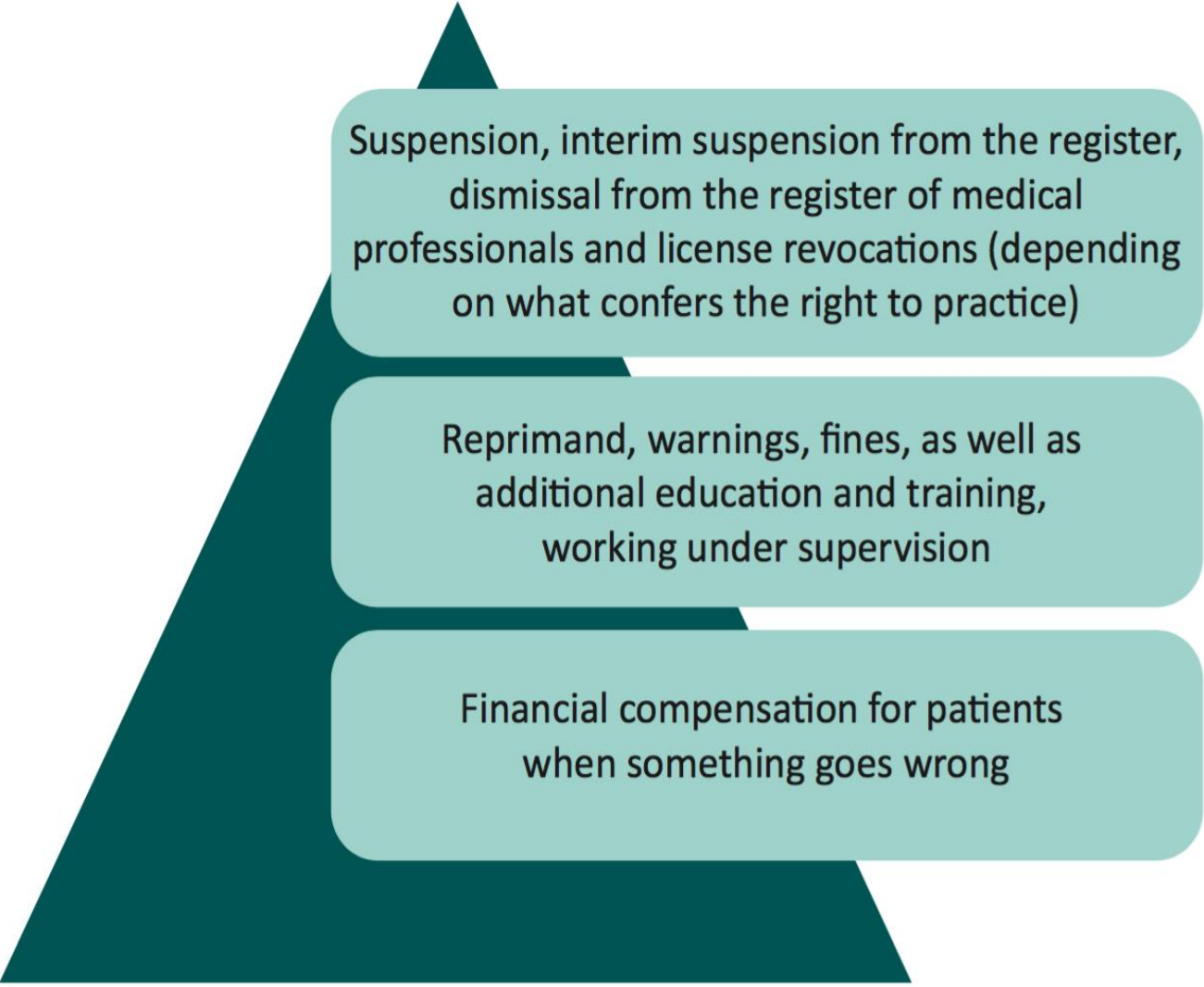- **Hostile social and working environments (Portugal)**

Source: Licensing procedures and registration of medical doctors in the European Union, Eszter Kovacs et al.

Main findings – Mobility barriers

5. Common European framework

- **Different health care systems**

- **Lack of continuing professional development systems**

- **Variability of disciplinary processes found in participating Member States**

Suspension, interim suspension from the register, dismissal from the register of medical professionals and license revocations (depending on what confers the right to practice)

Reprimand, warnings, fines, as well as additional education and training, working under supervision

Financial compensation for patients when something goes wrong

Most disciplinary process steps

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Main findings – Mobility barriers

6. Barriers related to financial issues

- **Cross-border payment or reimbursement of costs by social security bodies**

- **Destination countries also experience economic difficulties**

- **High income taxes vs. Low salaries (in some countries)**

- **Private sector appeal (stick factor)**

Main findings – Mobility barriers

7. Barriers related to medical training

- **Limited access and differences in continuing medical education**

- **Need for harmonization of training requirements**

- **Lack of familiarity with advanced equipment**
  - **May lead to high error rates**

- **Differences in training between local and immigrant doctors**

Main findings – Mobility barriers

8. Personal barriers

- **Separation from family**

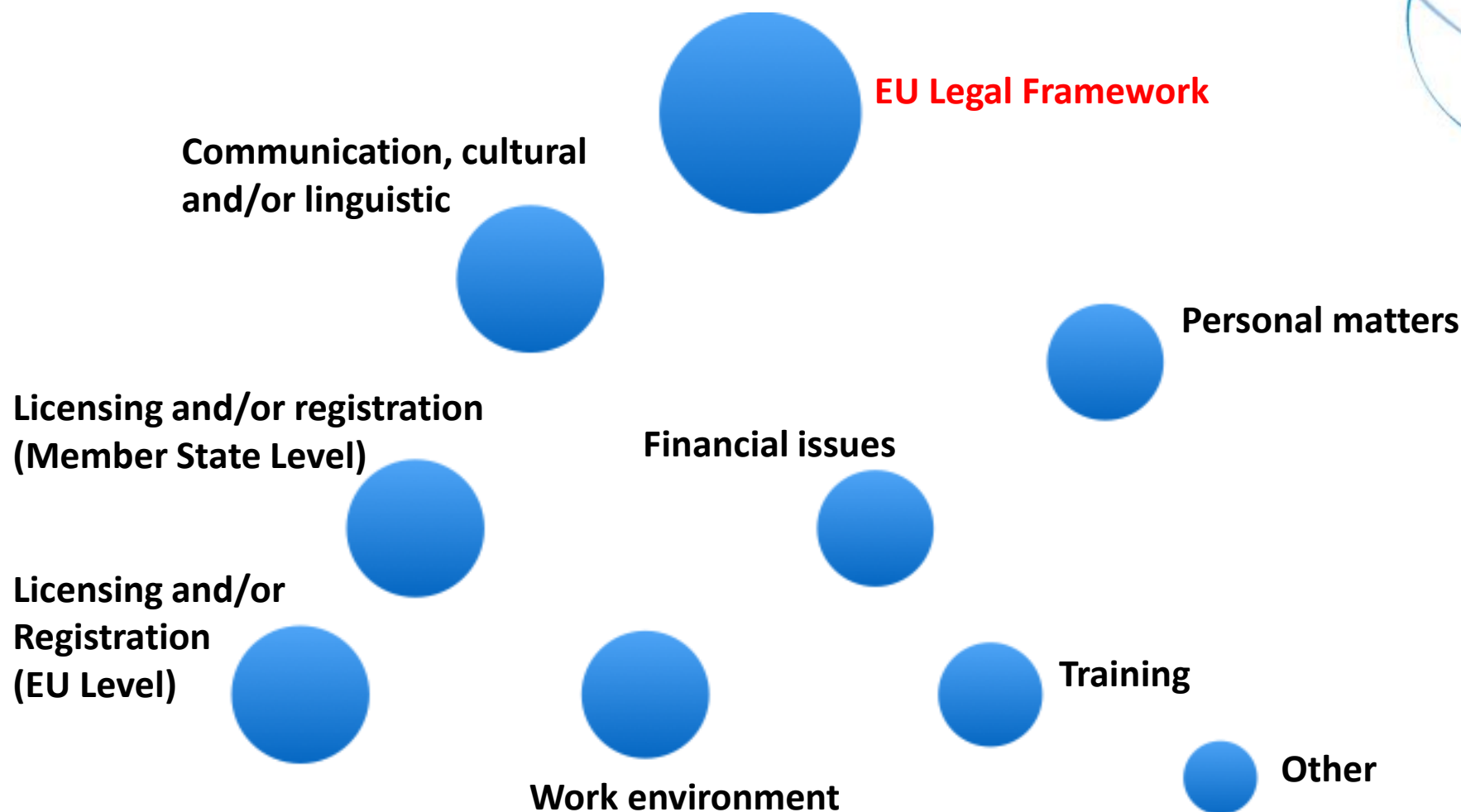- Settling down with family in a destination country

Lithuania

- fear of being an "outlander

- Age

- Fear of leaving already established career
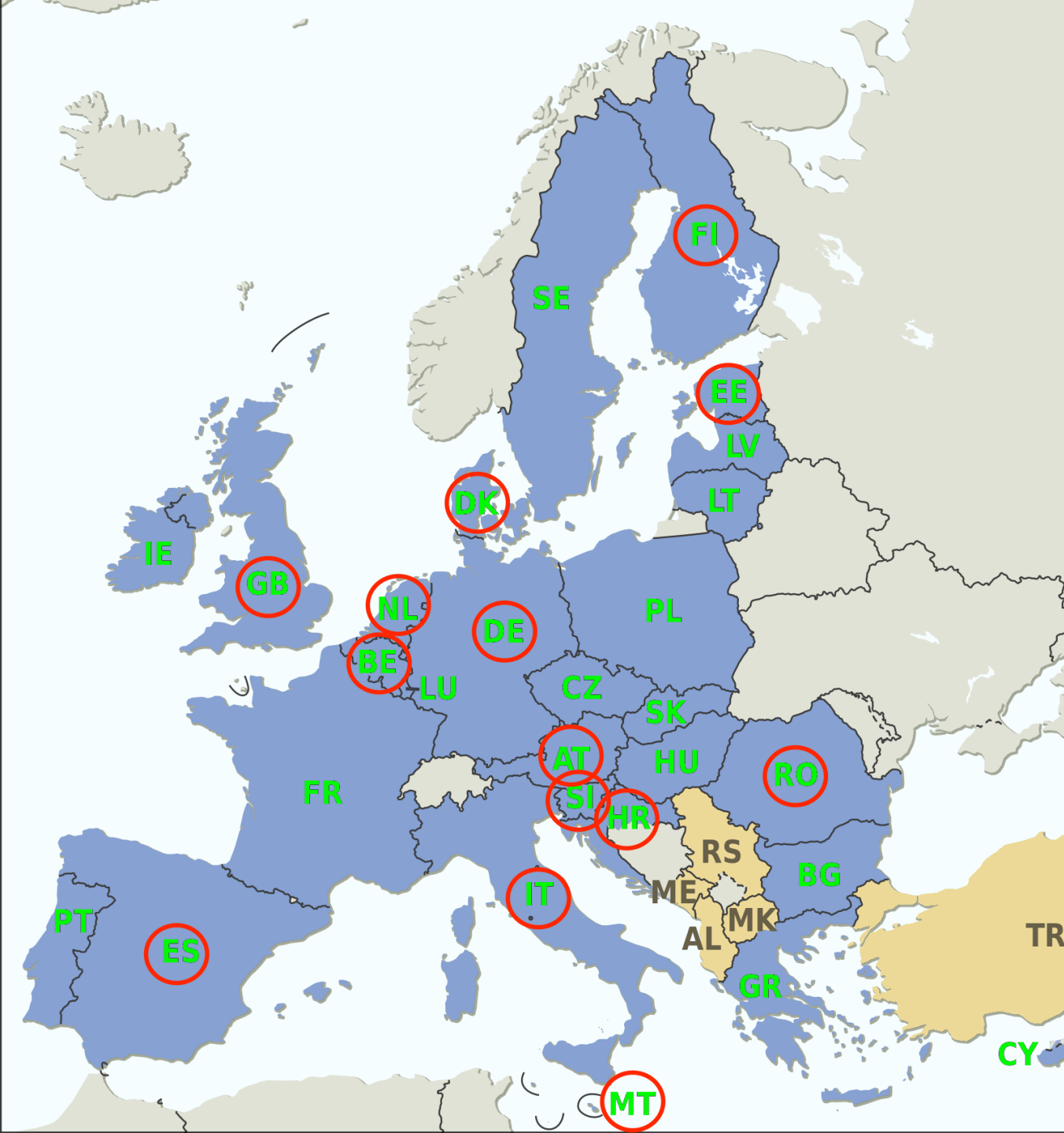
Main findings – Mobility barriers

9. Others

- **Lack of transparency in some countries**

    – **No access to records related to licensing and registration of doctors**

- **Downsizing of the public sector**

Main findings – Variable potency

Communication, cultural and/or linguistic

EU Legal Framework

Personal matters

Licensing and/or registration (Member State Level)

Financial issues

Licensing and/or Registration (EU Level)

Training

Work environment

Other

Review Coverage

Green = covered

Red = strongest data

Conclusions

- The materials selected for review provide **evidence of existing challenges** for physicians that migrate within the European Union, **despite recent efforts made by policy-makers** to improve EU regulations.

- In terms of **equity**, an exacerbated policy of free mobility can have negative effects on:
  - **Member States** (through inefficient investment in medical training and further deepening of inter-state inequalities)
  - **Medical doctors** (in countries where a high influx of foreign doctors affect native practitioners, as discrimination faced by incoming health professionals as a response to this phenomenon)
  - **Patients** (in source countries, mobility brings equity concerns for the health professionals staying behind and for patients)

Conclusions

- Further efforts to improve the situation in the EU are necessary, but need to be **informed** and carefully assessed in terms of **potential impact**.

- A further avenue of study is to extend the search to non-EU medical doctors or non-EU countries.

- After full transposition of the Modernized Professional Directive in all Member States, a full EU-level impact evaluation must be done in order to assess the efficacy of the previous Directive and establish the next step in its development.

Limitations

- Analysis based only on available literature.

- Mainly focused on medical doctors.

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Thank you!