Paul De Raeve and Konstantinos Aligiannis from the European Federation of Nurses Associations argue that raw mobility data is more than complicated statistics and benchmarks for the migration of nurses in the EU

Migration and nursing

European health and social care systems face many challenges, one of which is the uneven distribution of workforce, a topic that has been discussed for the last decade. Evidence from member states shows further deterioration in staffing levels, as short-term workforce planning and financially motivated policies have contributed to the loss of thousands of nursing roles across Europe over the past few years. The Royal College of Nursing in the UK has warned that growing demand for nursing care is likely to create a significant challenge over the next few years, with current trends pointing to a shortage of over 47,000 nurses in 2016 in the UK alone. Assuring a nurse workforce that is large enough and possesses the right knowledge and skills for the changing health and illness patterns of our times is nothing short of an imperative for the future sustainability of EU health and social services.

We recognise that many countries in Europe struggle to recruit and retain adequate numbers of nurses, and governments tend to make the workforce cheaper by making nurses redundant and replacing them with non-qualified staff. However, evidence shows that health workforce misdistribution and shortages are clearly associated with poor health outcomes, as such constraining the value of health and social systems.

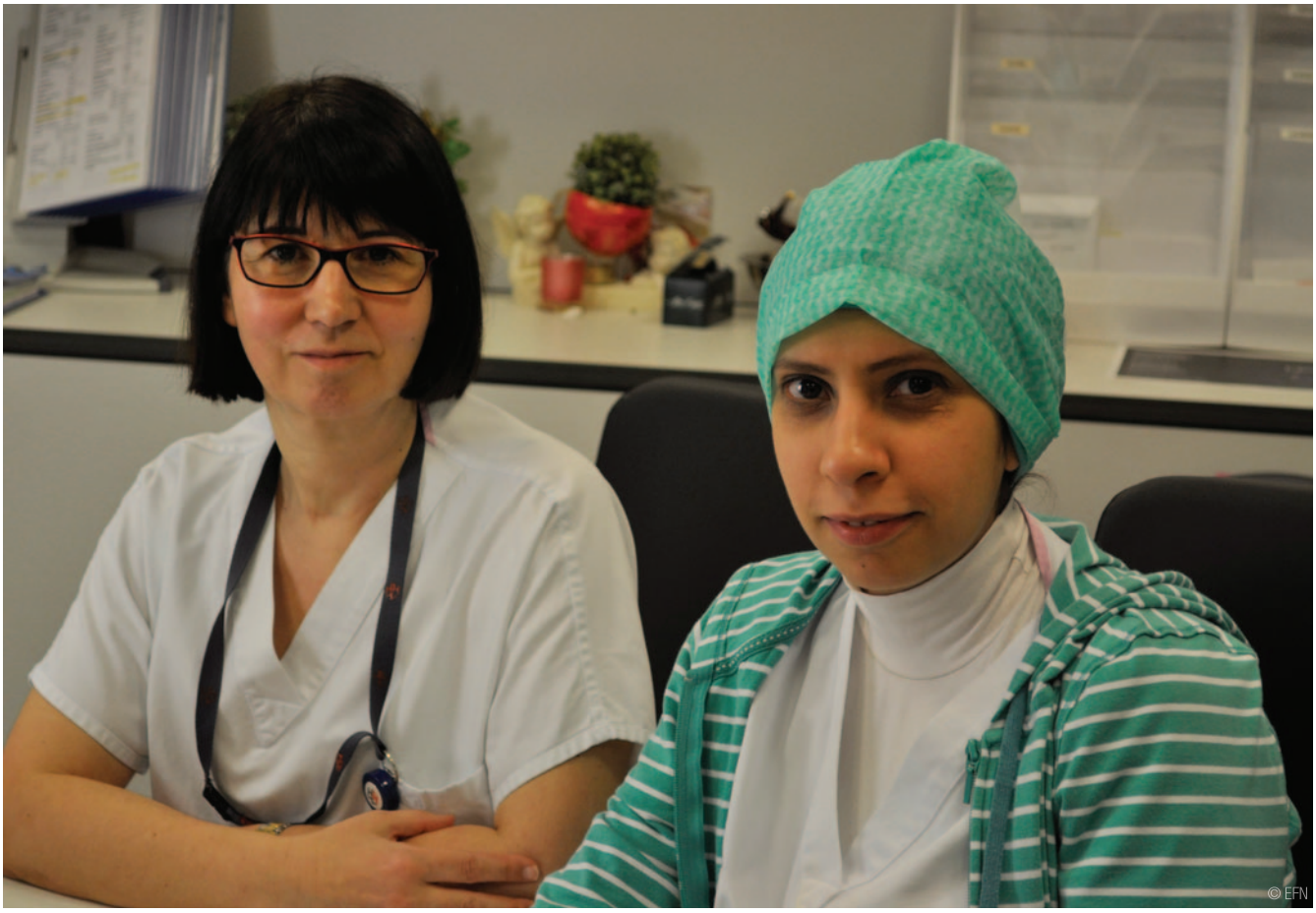
Compliance with Directive 2005/36/EC

The modernised EU Directive 2005/36/EC (the directive) has fuelled investment in the education of general care nurses, with many countries supporting a move into higher education and a single level of nurses. Indeed, there is mounting evidence showing that a 10% increase in the proportion of nurses holding a higher education qualification is associated with a 5% decrease in the likelihood of patients dying within 30 days of admission to hospitals. Degree programmes are accepted to have better completion rates, while better patient outcomes and reduced length of stay in hospitals associated with graduate nurses make higher education a cost-effective option. The directive addresses certain issues concerning the internal market but has, at the same time, a substantial impact on advancing the profession of nursing and the status of nurses across the EU and Europe. Concretely, the directive has brought in to place a set of eight competences that all nurses should have acquired when completing their education, regardless of the member state in which they conducted their studies.

Paul De Raeve

EFN is committed to promoting the rights of nurses across Europe

By including the set of eight competences in the directive, a huge step forward was made for mobility and closer integration of the internal market. Nurses, already being the second most mobile profession in the EU, will be able to move between countries even easier. A set of competences allows the future employer to know exactly what to expect from the employees, and employees what their exact role is. At the same time curricula are much easier to compare with each other, as they need to make sure that at the end of the education provided, certain competences will have been acquired in line with the directive. Therefore the European Federation of Nurses Associations (EFN) has developed a competency framework in which clear guidelines are given on how the different competences listed in Article 31 of the directive should be understood. The set of competences must be understood in the exact same way by all the member states as variations in the implementation contradict the *ratio legis* of the directive, which is to increase mobility and assure quality and safety in service delivery.



DG GROW database

The Regulated Professions Database (the database) is an electronic tool that the Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs (DG GROW) provides for. The database connects each generic profession's title to the different professions in each member state, providing their legal basis and the legal regime under which the recognition of qualifications takes place. The directive lays down the applicable rules for professionals moving to a different member state to work. The sectoral professional nurses, midwives, doctors, dental practitioners, pharmacists, architects and veterinary surgeons are granted automatic recognition. The rules applicable in each individual case are dependent on different criteria.

A twofold distinction is made in order to come to the conclusion of the appropriate procedure. Firstly, different rules apply depending on duration, in other words whether the worker is moving temporarily or permanently to another country. Temporary mobility allows professionals to work in another member state on the basis of a declaration that is made in advance. Establishment in another member state is a separate regime for which three conditions need to be fulfilled; the professional needs to be an employee or a self-employed person, working on a permanent basis in a country where they did not obtain their professional qualification.

The second distinction is made depending on the profession that the individual will exercise. The professional may in certain cases be granted automatic recognition if his/her profession is governed by harmonised minimum training conditions (i.e. nurses, midwifes, doctors (general practitioners and specialists), dental practitioners, pharmacists, architects and veterinary surgeons). Other professionals are recognised under the general system of recognition. This category contains the vast majority of professions, with teachers, translators and real estate agents being only a few examples. Lastly, professionals might be allowed access to a certain profession, not on the basis of their educational background but on their professional experience.

It is important that data collected by the member states and European or international organisations take into account the European legal framework. This is especially true for the sectorial professions as most of those professions are centred on healthcare, an area where the workforce composition is very much influenced by government policy.

If data are put within the context of the directive, it is possible to take into account the educational background of the professionals that move. This helps both workforce and education to be planned according to the available information. However, data gathered cannot be used in the relevant ways if all categories within a particular profession are put under

one generic category, for instance 'nurse'. The directive is very clear as to which degrees in every single member state allow a professional to be qualified as a nurse.

Raw numbers giving a clear picture

The European integration process has had a major influence on the mobility of professionals especially in the healthcare sector. Doctors and nurses are the two most mobile professions in the European Union with more than 180,000 professionals having moved to a different member state since 1997. A total number of nearly 80,000 nurses have moved between member states, a striking amount. The data collected led to a very interesting analysis which put the cliché of 'Romanian nurses taking over the UK' into a broader, more realistic perspective.

It is interesting to have an overview of the highlights in the statistics that the European Commission provides through the database. Although general patterns such as the fact that the UK has been the first receiving country on average, the differences that are noticed from year to year are major. Between 1997 and 2000 the UK trained 64% of the nurses that migrated in that period of time, while Ireland was the country receiving most personnel, namely 63% of the professionals. A comparatively low number of 660 nurses moved, with 443 moving from the UK to Ireland. Between 2000 and 2002 a similar pattern can be identified, although the total number of nurses moving increased to 1,046. From 2002 to 2004 the UK gave its first place to Germany which trained 40% of the migrating nurses, with Belgium in second place (22%). Ireland was replaced by the Netherlands as the top destination for nurses receiving over 50% of those that migrated.

As expected, the pattern changed completely after the enlargement of the EU in 2004. The total number of nurses increased fivefold reaching 5,194 in the period between 2004 and 2006. At this time Slovakia was the first sending country with 42% of the nurses migrating from there. The majority of Slovak nurses migrated not to western European countries but to the Czech Republic. At the same time, a huge migration wave moved from the UK to Ireland (1,330 nurses). This pattern of migration (from UK to Ireland and from Slovakia to the Czech Republic) was constant until 2007. Between 2007 and 2008 Germany trained 20% of the nurses that migrated. Poland and Romania lost 1,592 and 1,355 nurses respectively. The UK received 3,502, but other countries like Switzerland, Ireland, Germany and Austria also received a large number of nurses 2,014, 1,772, 1,071, and 1,254 respectively. In the next year Germany was again the member state that educated the largest number of migrating nurses. The majority of nurses educated in Germany moved to Switzerland, Austria and Luxembourg. 1,958 Sweden-trained nurses moved to Norway, while 1,029 Romanian nurses moved to Italy. 3,502 nurses moved to the UK, 738 of which were Romanian and 506 Bulgarian. Despite its size, Luxembourg was the destination of 1,216 nurses and Austria that of 1,306.

Data play an increasing role when it comes to the migration of nurses

As of 2009 the total number of nurses moving per year has passed 20,000, a stable number for the last few years. A comparatively high number of 3,560 nurses migrated from Sweden to Norway. At the same time 2,685 Romanian nurses chose to work in Italy, and 1,100 German nurses chose to work in Switzerland. The UK was the destination for 4,465 nurses coming from different countries, (762 from Ireland, 677 from Poland, 619 from Romania, 501 from Portugal and 468 from Spain). Between 2010 and 2011 the migration between Sweden and Norway was again the highest (2,856 nurses), the second biggest migration wave was seen from France and Germany to Switzerland (1,359 and 1,030 nurses). 1,656 Romania-trained nurses moved to Italy and 1,052 to the UK. The UK also received 842 nurses from Spain, 866 from Portugal and 734 from Ireland. The pattern of the last five years is thus; Swedish nurses moving to Norway; Spanish, Portuguese, Romanian and Polish nurses moving to the UK; and French nurses moving to Switzerland.

A special case is Croatia, who joined the EU in 2013. Only 39 general care nurses benefitting mutual recognition left Croatia, which implies that many 'nurses', of a secondary level, left under the general system. It is important to compare the numbers of the two regimes as this is a clear indication of losing the nursing

workforce: Croatian nurses are leaving their country as nurses but the receiving country does not recognise them, so they work as healthcare assistants, or less, and of course with a lower salary. This is again a plea for DG GROW and DG Enlargement for making sure the Acquis Communautaire is fully implemented before a member states joins the EU.

Another country worth dealing with separately is Romania. In 2018 the European Parliament will discuss if the Romanian authorities (education and health ministries) have done enough to upscale the Romanian nurses' education to European standards. Romania received 15 general care nurses while it donated 9,614 to other EU member states under the general system of the directive Of these 9,614 nurses, 3,645 went to Italy (having been recognised by IPASVI – the Italian nurses' regulator) and 2,602 moved to the UK for employment (recognised by the NMC – the nurses and midwives regulatory authority).

Looking closer at this data, it is obvious that there are many factors affecting the migration patterns in the EU. There is no clear brain-drain from eastern European countries and there is a normal flow from countries with low employment and low salaries to countries with better working conditions. As expected, language plays a very important role and a higher number of nurses are seen moving between countries with shared languages. The combination of English being the most common second language in the EU, while at the same time providing good work-conditions, can explain the constant flow of nurses towards the UK. This is nothing more than a healthy attitude of professionals finding a better future.

The above is but a short description of the data that is available and further research is needed to identify clear patterns and reasons for which professionals move.

Future GROW data – EPC data

One upcoming solution, although quite limiting for the moment in terms of professions for which the data is available, is the European Professional Card (EPC). The EPC is a fully electronic recognition procedure which helps professionals to move across the EU. It is based on the IMI-system, an electronic system that allows public authorities in different member states to communicate with each other. Through the EPC the individual professionals can communicate electronically with the public authorities in charge of their qualification's recognition, which makes the entire process more transparent, efficient and quick. The fact that the entire procedure is electronic allows the imminent collection of data by the European Commission.

Although the EPC is a very useful tool for correct, detailed data collection in line with the background of the European legislation, it is not a solution on its own. For the moment, the EPC is only available for a limited number of professions (nurses, pharmacists, physiotherapists, mountain guides, and real estate agents). At the same time, the EPC is not the only possible way for professionals to have their qualifications recognised. The traditional way of applying for recognition is still in place, parallel to the EPC. Solely using, therefore, the data gathered through the EPC in order to make an analysis of professional mobility is not possible. Even if focus is put on one of the professions that the EPC is available for at the moment, the data does not reflect the full spectrum of mobility and should therefore be complemented by the statistical data gathered by member states or other actors. Therefore, increasing efforts to take into account the European legislative framework on professional qualifications is still highly needed. Nevertheless, we look forward to analysing the European Professional Card data, as it will enable us to make distinctions between establishment/temporary provision of services and automatic recognition/general systems.

The general conclusion is that there are many trends in the migration patterns of nurses. Not only nurses but all professionals, especially in the health sector, move from member state to member state. Most countries have an increasing need for more qualified healthcare professionals whilst making cuts in the healthcare sector. For this to change, solutions need to be found and actions need to be taken; each member state cannot act on their own. Co-ordination is necessary, but, for that to happen, reliable and correct data is needed.

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