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# Mobility of Doctors in Europe and the World

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# World Health Organization (WHO) definition of health

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- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
  - Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946;
  - signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and
  - entered into force on 7 April 1948.
  - The Definition has not been amended since 1948.
- All over the world ?



# Density in the world

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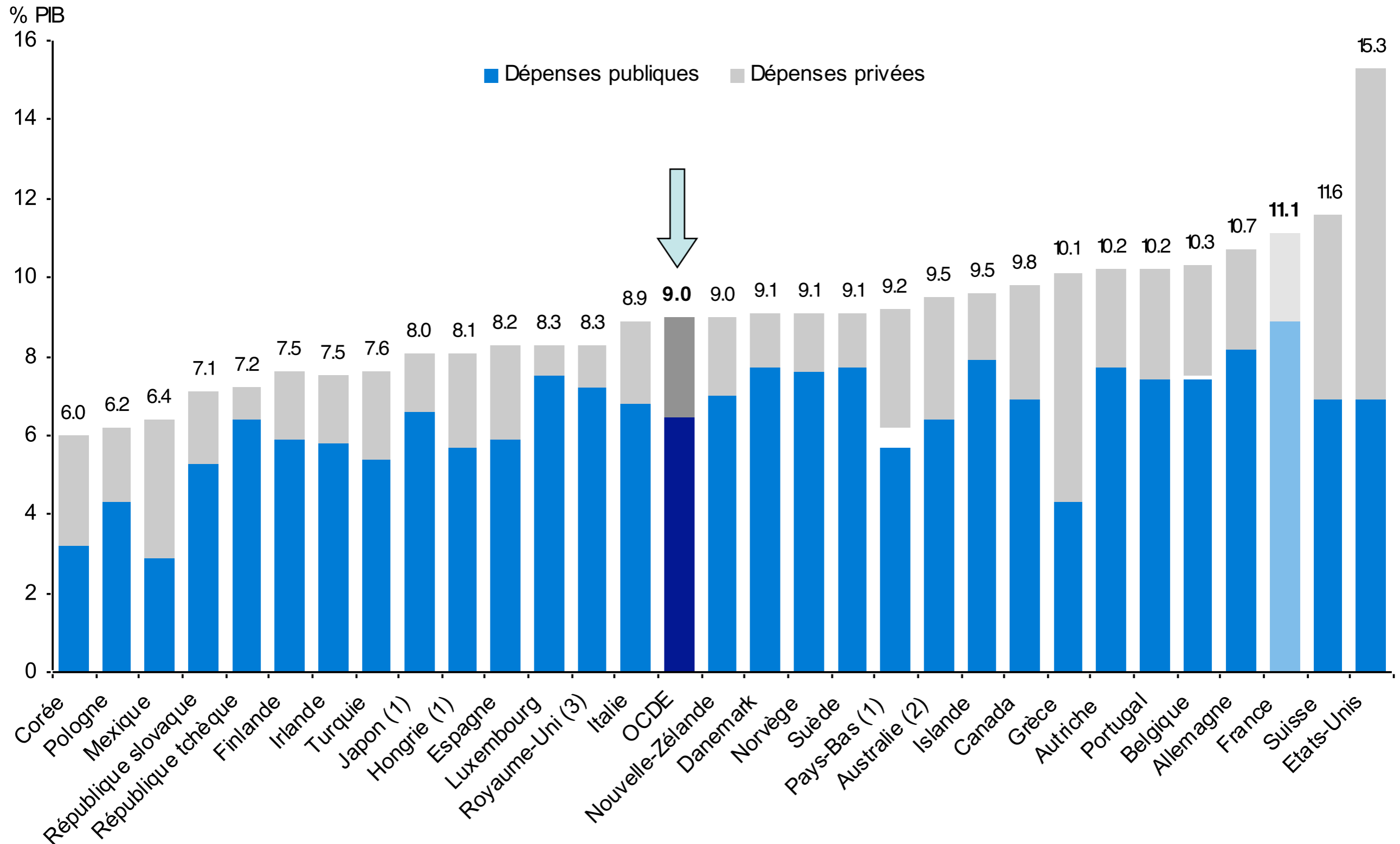
- World = 1 Physician per 4000 inhabitants
  
- But :
  - Industrialized countries : 1/500
  - India : 1/2500
  - 25 poorest countries : 1/25000
  
- Is it correct, sufficient ?

# Public health = economical and political choices

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- Governments face choices of
  - Health coverage
    - Hospitals
    - Equipments
  - Health Budget (% Growth Domestic Product or PIB)
  - Education infrastructure

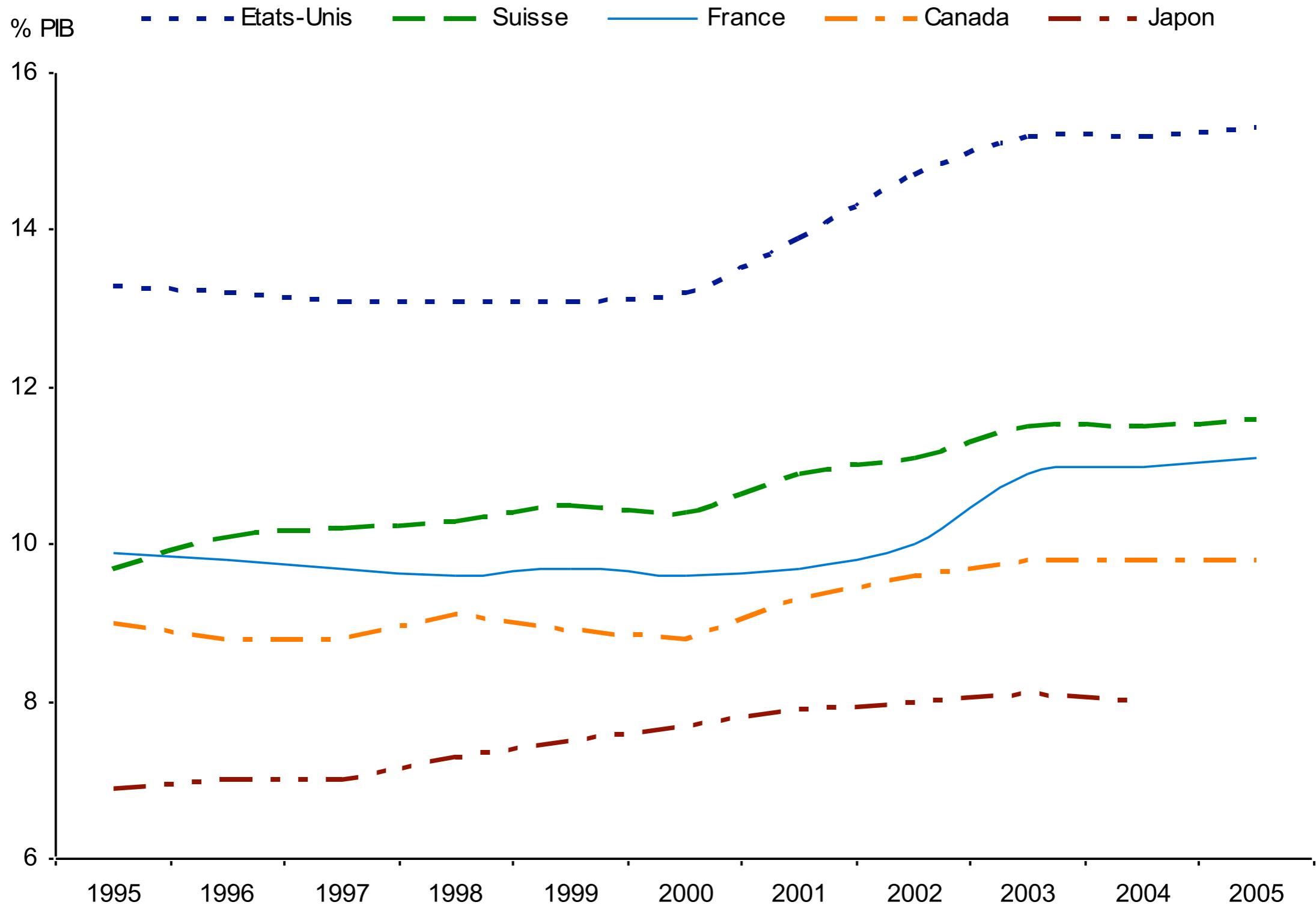
# Dépenses de santé en pourcentage du PIB, 2005



1. 2004. 2. 2004-05. 3. Dépenses de santé totales pour les deux graphiques.

4. Les dépenses publiques et privées sont des dépenses courantes (non compris les investissements).

# Dépenses de santé en pourcentage du PIB, 1995-2005



# Measures to limit expenditures

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- To decrease health access
  - Limit physician density
    - Numerus clausus
    - University budgets
  - Limit access to health care by decreasing
    - Hospital budgets
    - Hospitals and Equipments
- To control medical population

# National solutions & restrictions

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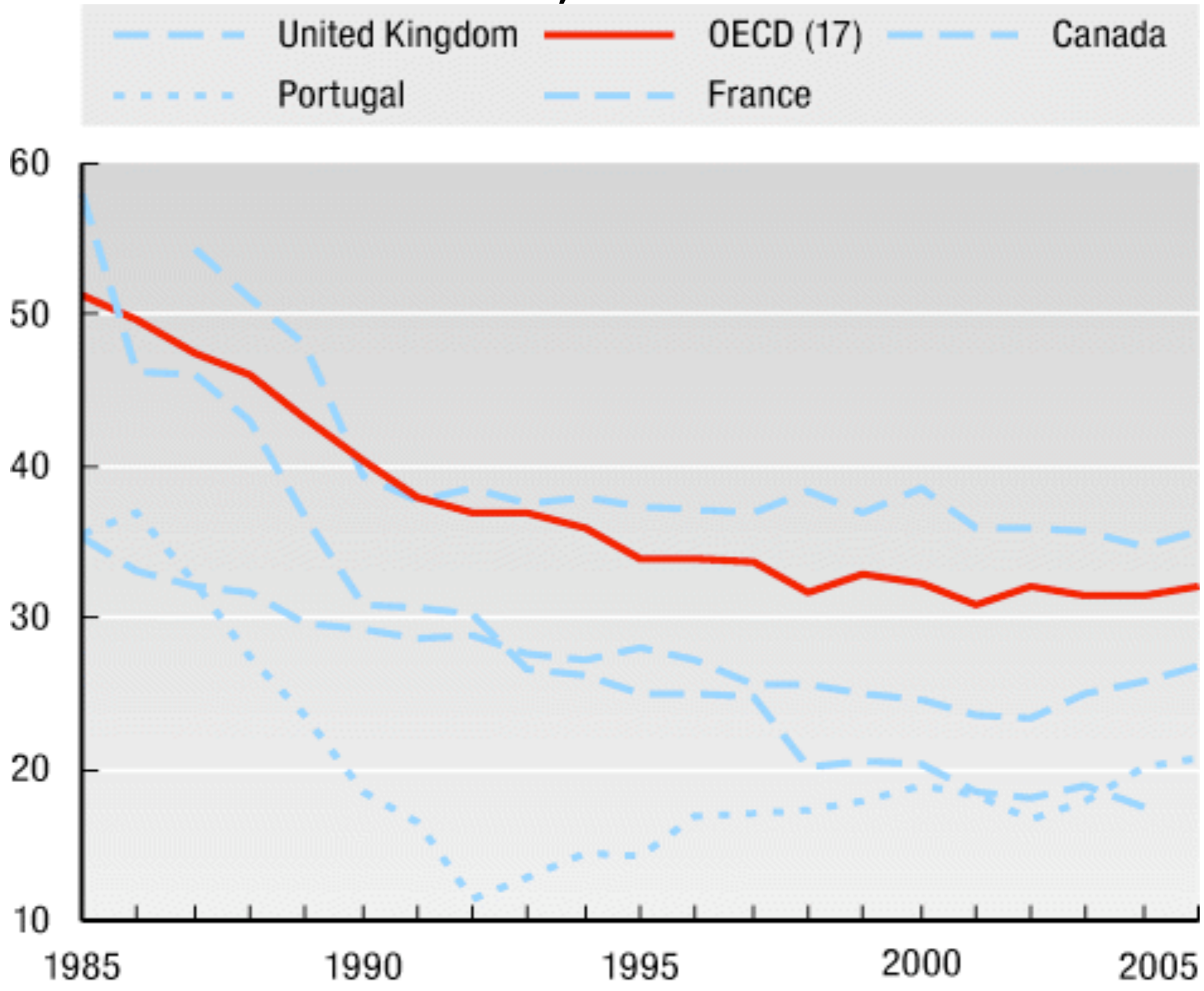
- Since the seventies
  - First oil shock
  
- Budget objectives
  - To maintain health expenses
  - To balance supply and demand
  
- Restrictions
  - Decrease supply
  - Limiting medical education

# How to regulate (?) medical offer

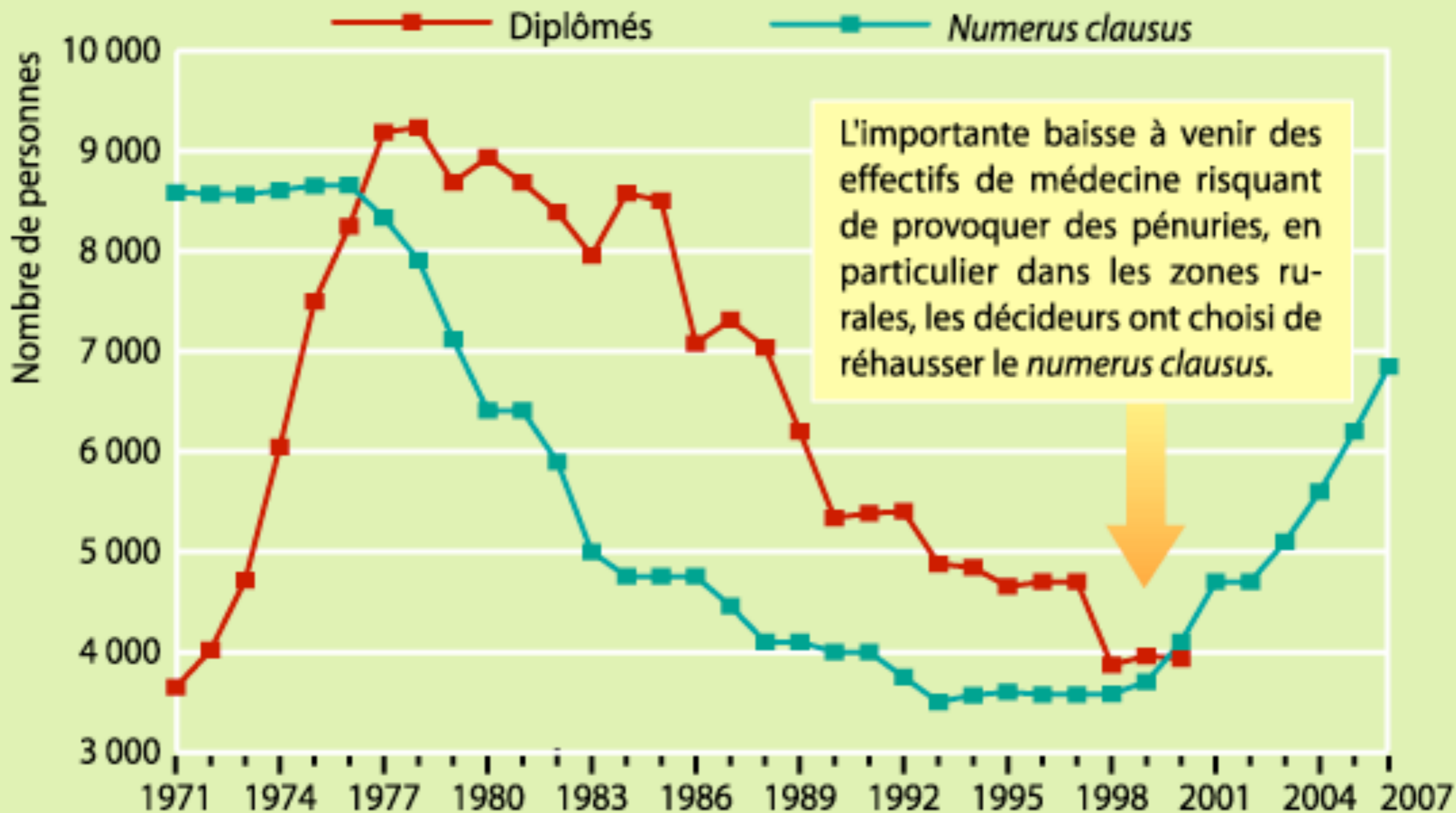
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- by an organized competition - limitation (*numerus clausus*)
  - Before medical studies
    - Most countries - on secondary school results
  - After 1st year (B-fr, F, Pt)
  - During studies (D)
  - After diploma (Sp) - Job competition

# Number of medical graduates per 1 000 physicians, selected OECD countries, 1985 to 2005

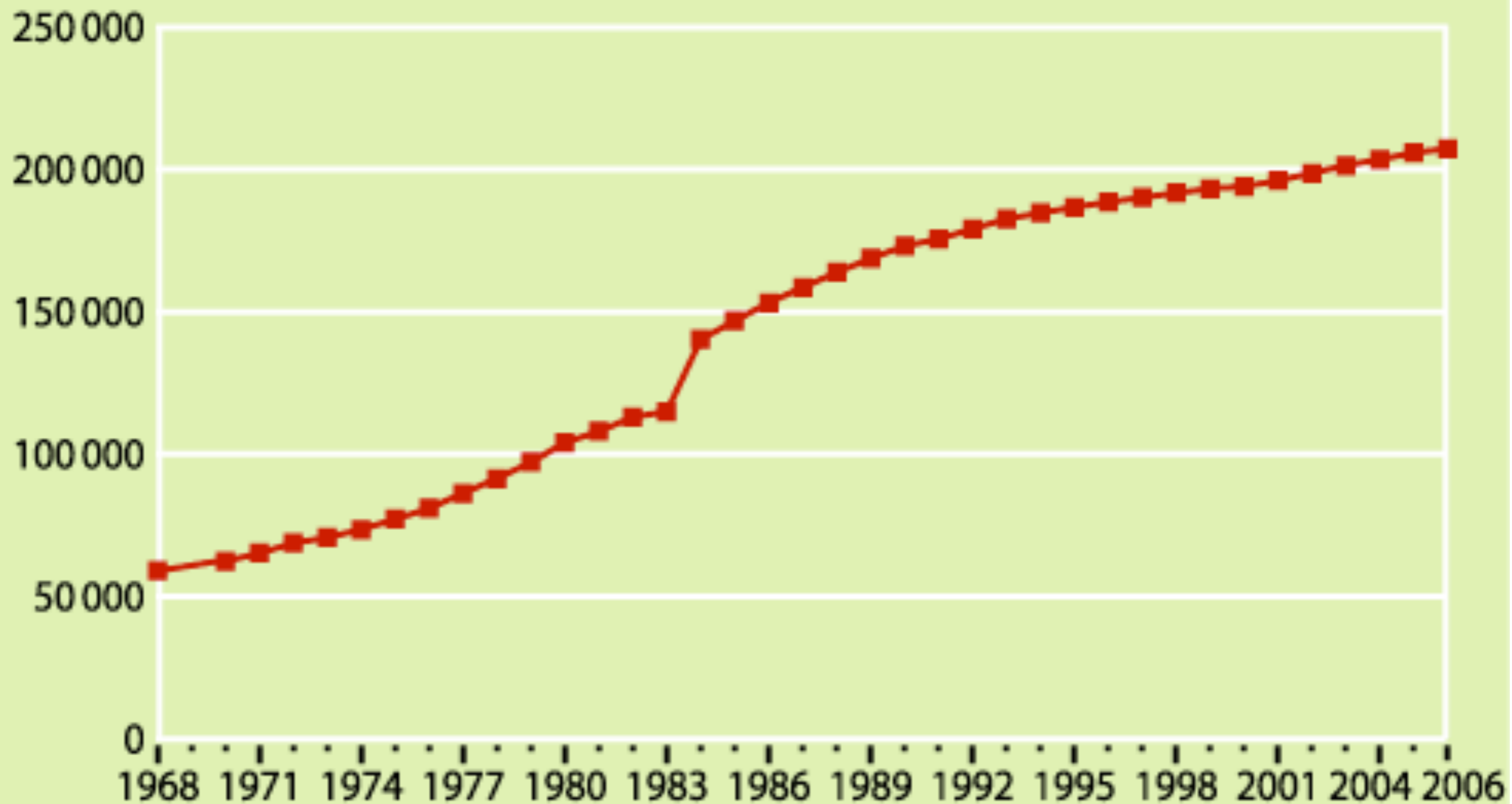


# France : Numerus Clausus



# France : Physicians

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# Physician population changes

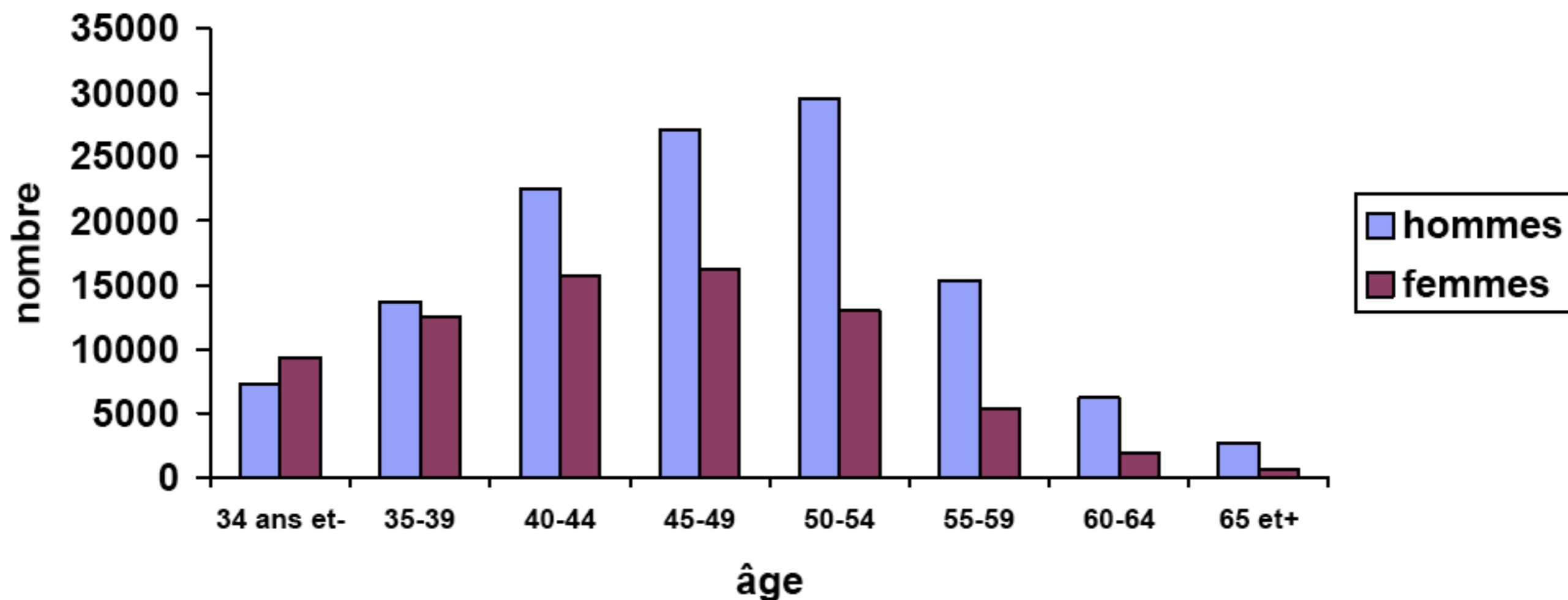
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## Demographic and sociological changes in industrialized countries

- Mean age in 2011 = 50 years
- Modification of sex ratio
- Quality of life

# France : Sex and Medicine (2003)

Répartition par âge et sexe 1. Source CNOM



L'âge moyen des praticiens est de 46.5 ans toutes spécialités confondues.

# Consequences of restrictions

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- Decrease in health care offer
- Discontent of people
  - Unexpected aging population
- Desertified rural areas
- Disorganisation of hospitals
  - Lack of some specialists : anesthesists, medical imagery,...
  - Waiting lists for consultations, technical services, surgery,...

# Competition policies

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- Unfair competition between
  - hospitals and
  - countries
    - Public obligation : ward,...
    - Attractive salaries => Budget crisis
  
- Unrecognized physicians from outside UE
  - Difficult to evaluate
  - Underpaid
  - No rights !!!

# Solutions to shortage

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- To attract physicians from other countries
- To export patients
- To produce more health workers

# Attraction : Migration policy between continents

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- 1/4 physicians et 1/20 nurses originated from and trained in Africa finally work in the EU, the USA,... (UN complaints)
- 60000 physicians trained in India work in the USA
- 30000 general practitioner (1/3) in the UK were trained outside the EU
- 6000 physicians in France are clandestines

# Consequences

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- Cost evaluation of training :
  - 60000 USD / physician
  - 12000 USD / nurse
- Rapt of more than 500 millions \$ per year from developed countries to industrialized countries

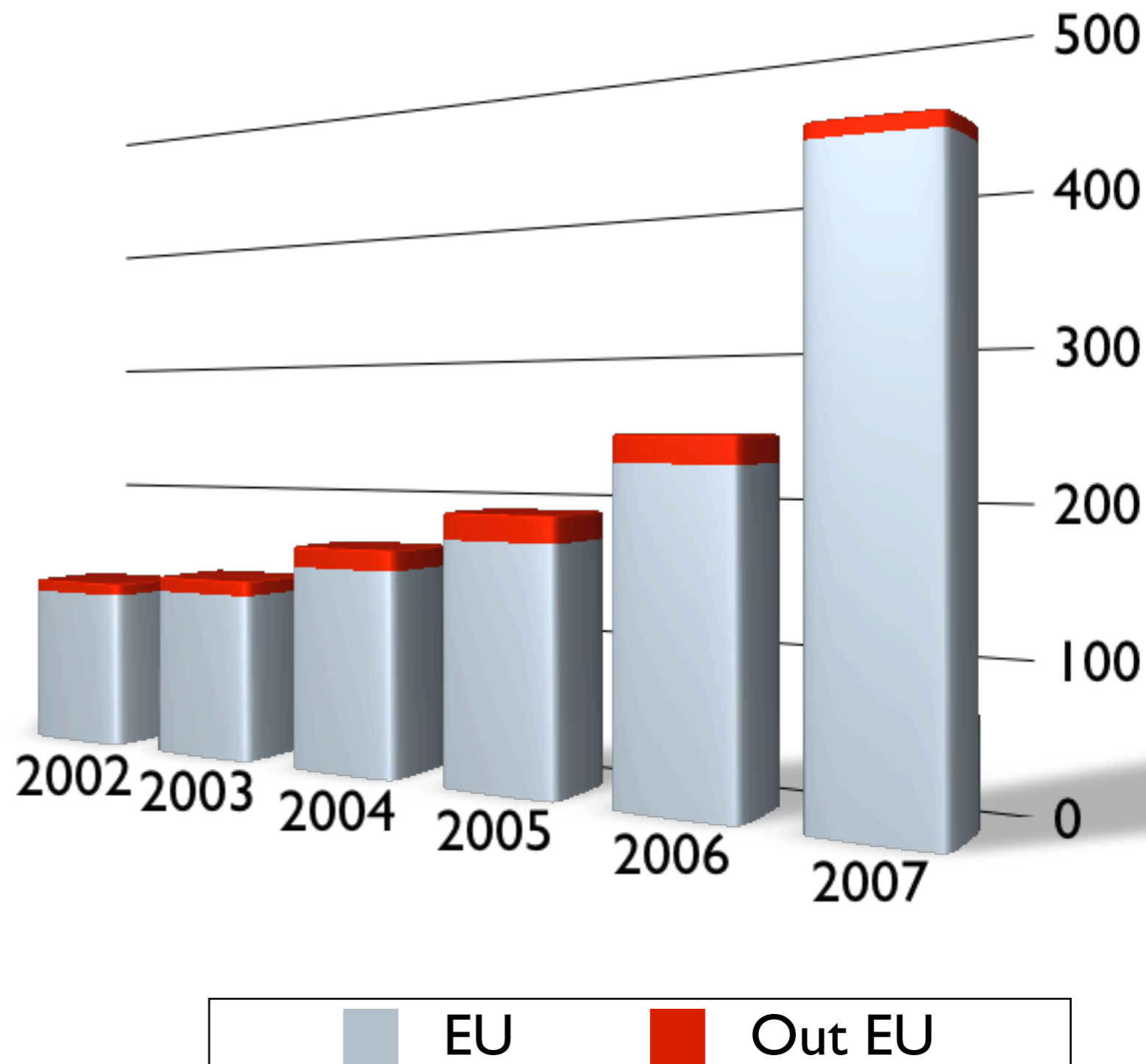
# Migration policy inside Europe

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- Free movement of health workers since >30 years (EU 1975)
  - Mutual recognition of professional competences
- Results for France
  - 2500 physicians educated in another UE country among 200000 french doctors !!!
- Since 2004 : UE 15 => 27 countries
  - migration wave of young physicians from Poland, hungary, lituania, Romania,... => France, Germany, UK, Ireland, Belgium,...

# Mobility Policy inside Belgium

- Problems in Belgium : + 434 physicians from UE but 700 diplomas...
- But insufficient solutions to maintain health coverage



# Attractive Policy

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- Official and correct
  - To support the setting up of young physicians in rural area
    - France, UK, Malawi, Uganda,...
  - To promote non-military national service in community health services
    - Turkey, Greece, Sweden, Norway,...
  - To offer partial residencies to young physicians from developing countries
- But insufficient solutions,...

# Political responsibility

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- From a wild to a structured mobility for health workers
- To modify the access to medical studies

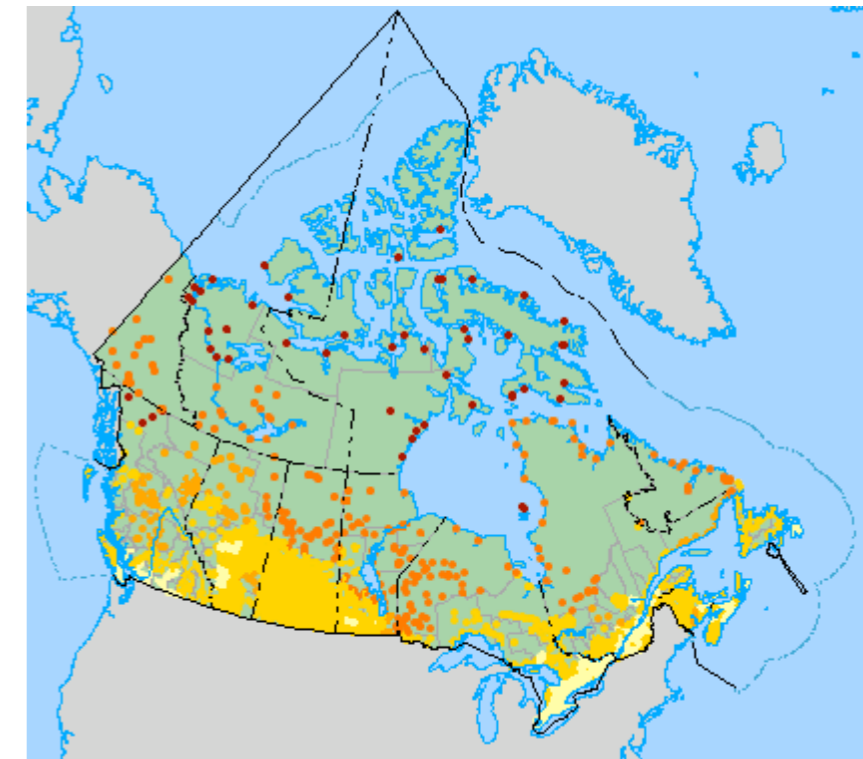
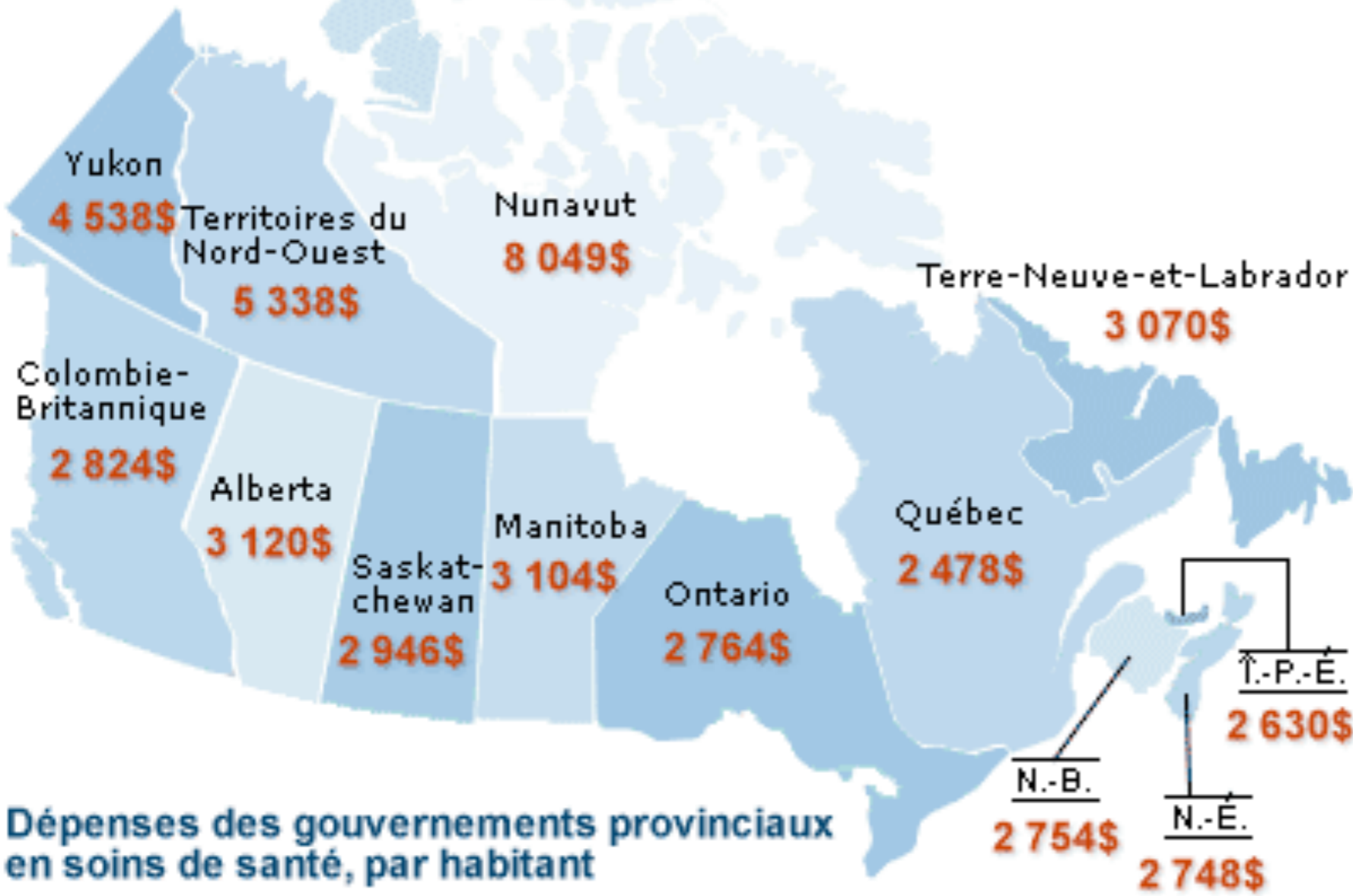
# Solutions ?

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- Is the link between offer and demand of health care correct ?

# Physician density and health cost

Moyenne canadienne : 2 772\$

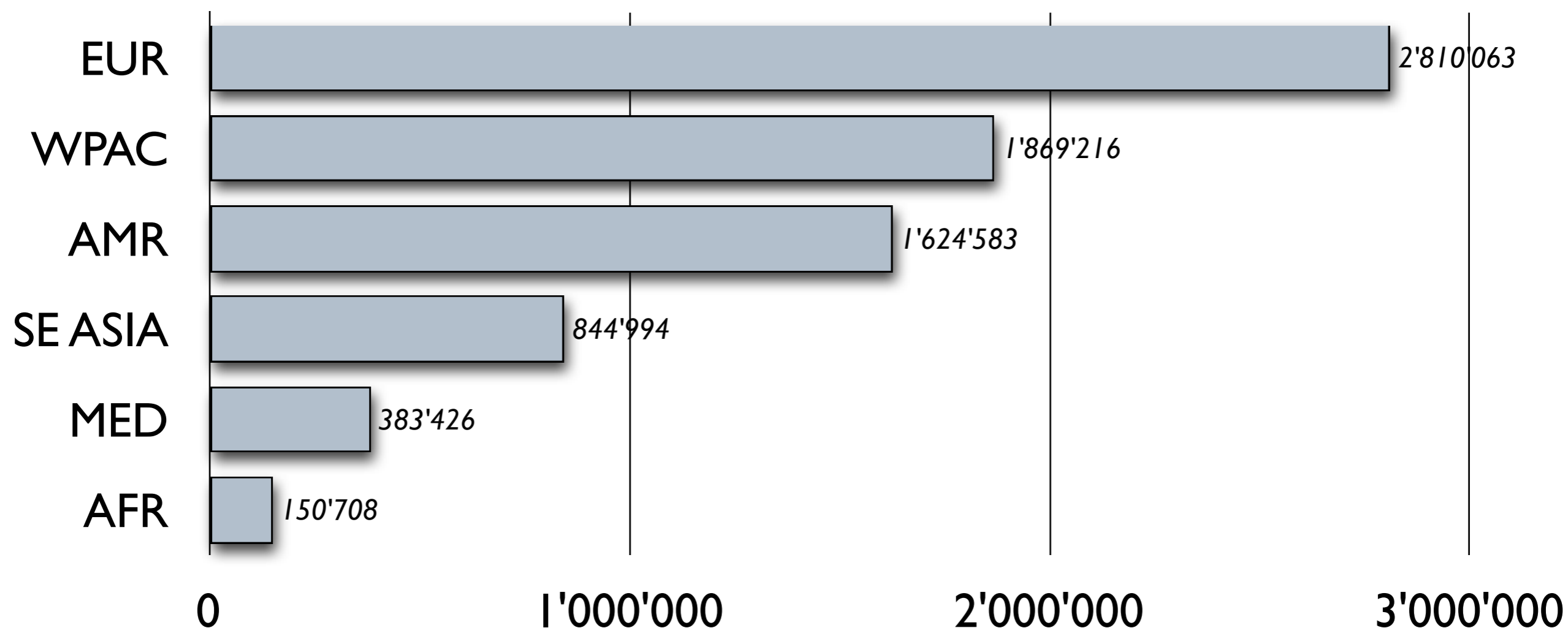


Dépenses des gouvernements provinciaux en soins de santé, par habitant

# World Distribution of Physicians

Total Number - 7'500'000

(WHO stats, 2007)



# Europe

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- The main producer of health workers in the world
- European Faculties of Medicine
  - train less students than their intellectual and physical abilities
  - can help less developed countries to train their physicians
  - can favour mobility of future physicians inside Europe

# Why to promote mobility ?

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- Public Role of Faculty of Medicine ???
  
- To locally educate and train local as well as mobile students for local patients...
  
- To offer to european population,
  - with their money
  - health workers able to understand, communicate and cure their health problems in the respect of high quality standards
  
- But ...

# To fulfill quantitative and qualitative objectives

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- Geographic distribution ?
  - Local,
  - National,
  - European,
  - International
  
- Equal competences ?
  - Adequate curriculum
  - Evidence based medicine
  - University attractiveness & ranking
  - Economical attractiveness

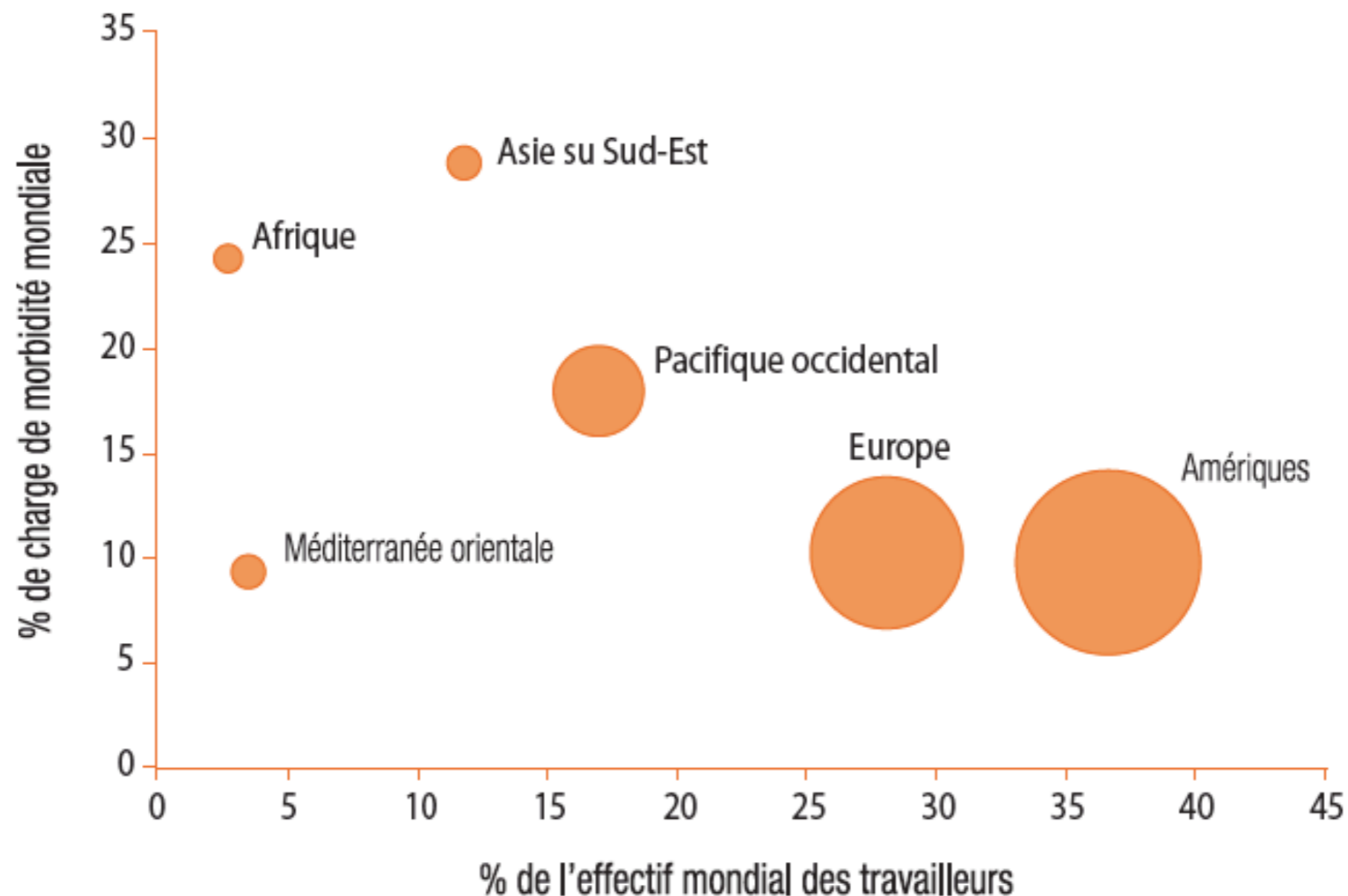
# Faculty responsibilities

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- to create, promote and strengthen
  - local as well as european networks between teaching, research laboratories, hospitals an GPs
  - Mobility during studies and during all the professional life
  - Training of young physicians from less developed countries

# World : Heterogeneity of strenght => to reverse mobility

Distribution des agents de santé par niveau de dépenses de santé et charge de morbidité, par Région OMS



Sources des données : (3, 18, 19).