



EMSA Statement on Health Workforce Crisis

The European Medical Students' Association – Association Européenne des Étudiants en Médecine (EMSA) is a non-profit, non-governmental organisation representing medical students from all across Europe. Founded 1990 in Brussels, it is the only voice of students within the European Medical Organisations. EMSA is recognised by the European Parliament, the European Commission, and the United Nations.

EMSA welcomes the opportunity to contribute to the preparations of the European Parliament's Own-initiative Report on the European Health Workforce Crisis "An EU health workforce crisis plan: sustainability of healthcare systems and employment and working conditions in the healthcare sector. "

As the future generation of healthcare professionals, medical students hold a unique perspective on the sustainability and attractiveness of the European health workforce, and it is essential that our voices are considered when shaping long-term solutions.

For many medical students, the work of a medical professional is associated with chronic burnout, excessive workloads, insufficient remuneration, recurrent exposure to violence, and an overall impossibility of maintaining a personal or family life. Recent data from the European Junior Doctors survey show that early career medical doctors work an average of 57 hours per week, significantly above the 48-hour legal limit under the European Working Time Directive, while one in five residents reports working more than 70 hours per week¹. These conditions are incompatible with safe, high-quality patient care and when students see that entering residency means facing working hours far beyond what EU law permits, it sends a clear signal about the realities awaiting them. This not only weakens the appeal of medicine as a life-long profession, but risks deterring the next generation before they even enter the workforce. For this reason, EMSA emphasises the need to ensure that the current EWTD is implemented in all Member States and that no professionals are required to work beyond 12 consecutive hours, coupled with flexibility of schedules that is truly beneficial to professionals.

Equally concerning are the alarming findings presented in the recent WHO MeND report², where one in three doctors and nurses reported symptoms of depression or anxiety, and more than 10% disclosed thoughts of ending their own life or harming themselves. This mental health burden is accompanied by a worrying rise in violence against healthcare professionals across Europe. For medical students, these realities are deeply discouraging. A healthy, functional system must offer safe workplaces free from harassment and violence, accessible mental health services for both

students and professionals, and institutional leadership that actively supports its workforce. This support must go hand in hand with broader social measures, such as access to childcare and parental support schemes, that make it possible to reconcile medical practice with family life.

Another central component of workforce sustainability is access to continuous professional development. Career progression and ongoing training are essential for both job satisfaction and quality of care, yet they remain limited in rural and underserved areas, contributing to the deepening of medical deserts. Addressing this requires coordinated efforts to ensure financial support, guaranteed access to continuous education and training, as well as structured incentives for recent graduates willing to serve in these regions. Strengthening the involvement of medical students through community-based activities and exposure to rural realities may also contribute to reducing this divide, while support from local leadership and integration into the community are crucial to retaining young professionals in these regions over the long term, ensuring that all such initiatives are based on voluntary participation, as compulsory re-location of students and early career professionals fuel further dissatisfaction and drive professionals away from the medical profession.

On another note, rather than focusing on increasing enrolment quotas or attracting healthcare professionals from outside Europe, European institutions and Member States must prioritise investment in the medical schools and personnel already in place. This includes ensuring that students are able to complete their studies without facing financial barriers, through adequate grants, social support mechanisms, and accessible mental health services that prevent burnout and dropouts throughout medical education. Many students leave medical school due to financial hardship, psychological strain, or the discouraging reality of the working conditions that await them, such as working an average of 57 hours per week¹. Improving student well-being, strengthening mentorship structures, ensuring safe and supportive learning environments are indispensable measures which must be coupled with proper working conditions and fair remuneration to ensure retention.

At the same time, medical education must be modernised to reflect the evolving reality of healthcare, particularly through the integration of digital health and artificial intelligence competencies across the curriculum rather than in isolated classes.

Ultimately, a resilient and protected health workforce is essential not only to public health but also to Europe's broader stability and crisis preparedness. A system that fails to protect its healthcare professionals cannot safeguard its population. Investing in the well-being, safety, and long-term retention of healthcare professionals is therefore not only a healthcare policy priority but a strategic necessity for the resilience of European societies.

Finally, EMSA refers policymakers to the joint statement of the European medical organisations, which provides additional evidence and complementary recommendations³. We strongly encourage the European Parliament and Member States to consider these collective positions in their efforts to address the health workforce crisis.

1 European Junior Doctors. (2025). Research on European Junior Doctors' Satisfaction and Working Time.

2 World Health Organization, Regional Office for Europe. (2025, October). Mental Health of Nurses and Doctors survey in the European Union, Iceland and Norway (WHO/EURO:2025-12709-52483-81031).
(<https://www.who.int/europe/publications/i/item/WHO-EURO-2025-12709-52483-81031>)

3 European Medical Organizations. (2025, January). European Medical Organisations' joint Policy on the Health Workforce crisis.
(<https://www.cpme.eu/api/documents/adopted/2025/01/cpme.2024-103.final.emos.joint.policy.hwc.shortages.pdf>)