



# European Medical Students' Association

Association Européenne des Étudiants en Médecine

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## Physician Mobility and Migration Across Europe

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*The European Medical Students' Association (EMSA) represents medical students across Europe. We envision a healthy and solidary Europe in which medical students actively promote health. EMSA empowers medical students to advocate health in all policies, excellence in medical research, interprofessional healthcare education and the protection of human rights across Europe.*

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## **Problem statement.**

Since the 1940s, the changing dynamics of European physician mobility have been observed and recorded. Physician mobility trends, which are fueled by various grounds, are markers of working conditions, different healthcare systems and training capabilities across Europe (Costigliola, 2011).

In 2010, WHO Member States signed the “WHO Global Code of Practice on the International Recruitment of Health Personnel”. This code promotes the collaboration between countries and bilateral agreements in detriment of active recruitment from countries of low income that have (or will be facing in the near future) critical shortage in healthcare. Since the implementation of this code, many studies have been conducted, especially in countries that are considered to be popular for physician mobility (Williams et al., 2022).

Australia comes in first with 56% of all GPs and 47% of all specialists being foreign-trained (Australian Bureau of Statistics, 2011). In the first 10 months of 2024, a record of 4,699 doctors from overseas was registered (Butler, 2024). Followed by two European countries: Switzerland with 45,6% of which 20% are from Germany (Swiss Federal Statistical Office, 2022) and Ireland with 43,4% foreign-trained doctors (Department of Health of Ireland, 2024).

Afterwards come Canada and the UK with 37% of doctors having immigrated. In fact, in Canada, foreigners represent 1/4 of the total healthcare workforce (Immigration, Refugees and Citizenship Canada, 2024). Furthermore, in the UK, most of the foreign-trained physicians are from EU countries, 26% to be exact (Jalal et al., 2019). Lastly, there is the USA with 23% (Nagarajan et al., 2020) and Germany with 14%, having in 2023 doubled the amount of immigrated physicians compared to 2013 (Gill, 2025).

Several OECD countries, including Australia, Canada, Ireland, Israel, New Zealand, Switzerland, the United Kingdom and the United States, have traditionally relied on the international recruitment of doctors and nurses. Studies have shown that EU and Schengen membership leads to a positive increase in the immigration flows of doctors and these experience 98.77% higher bilateral flows of medical doctors than non-Schengen countries (Botezat and Ramos, 2020).

The immigration rates of physicians vary dramatically between countries. For instance, while Lithuania, Italy and Poland rely less on foreign physicians -with an approximate ratio of 3% or less in 2021-, the share in others like Switzerland, Ireland, Norway and New Zealand was almost 40% in 2021 (OECD, 2023).

In general, the main drivers of physician mobility are “higher salaries, better working conditions, new professional experience, and training and career opportunities”(Costigliola, 2011). With this mind, medical migration is a direct result of flaws in healthcare systems (Costigliola, 2011). Among the many factors, a better salary seems to be one of the top motivators. For example, a young Estonian physician can make around four times their previous salary by moving across the gulf to Finland (Hervey, 2017). In the same way, Romania lost half its doctors between 2009 and 2015 (Romania Insider, 2017). The working conditions of a country’s healthcare system, the physical capabilities that affect workload and working hours etc., also drive physicians to migrate. Crowdier hospitals with high numbers of admissions and lower capacity were associated with a worse level of physician well being (Teoh et al., 2021). “Overall dissatisfaction with working conditions” (International Labour Organization, 2017), “old diagnostic tools, with shortage of medicines and instruments available” (Cositgliola, 2011) drive physicians out of their countries of origin.

Brain drain and medical deserts present profound challenges to medical education by depleting the pool of experienced healthcare professionals who are crucial for the instruction, mentorship, and clinical supervision of medical students (Pang et al., 2022). The migration of physicians to higher-income countries exacerbates the shortage of medical educators in low- and middle-income countries, leaving medical institutions with fewer qualified faculty members. This shortage undermines the quality of medical training, as students are left with limited access to expert guidance and mentorship that are essential for their professional development. Furthermore, in regions experiencing significant physician emigration, medical schools face difficulties in maintaining a robust teaching infrastructure, which can lead to overcrowded classrooms and diminished educational experiences for students (Saluja et al., 2020). In addition to a lack of educators, medical deserts further hinder the opportunities for hands-on training that are essential for medical students (Brînzac et al., 2023).

These regions, often characterized by rural or remote areas with few healthcare providers, are unable to offer sufficient clinical rotations or internships in diverse medical settings. Without exposure to a broad range of clinical cases, students may struggle to develop the full scope of skills necessary to practice medicine effectively. This lack of practical experience not only affects the development of technical abilities but also impedes students' understanding of the social and cultural contexts in which healthcare is delivered. In medical deserts, students may have limited access to specialized care or complex medical cases, restricting their ability to learn advanced diagnostic and treatment techniques (Flinterman et al., 2023).

Moreover, the lack of physician retention in underserved areas also diminishes the potential for medical students to work alongside experienced doctors in these regions, thus depriving them of real-world learning opportunities in critical areas of healthcare (Mohammadiaghdam et al., 2020).

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Over time, this results in a cycle where the outflow of physicians worsens both the quality of education and the availability of training opportunities, which ultimately weakens the healthcare system. The absence of a strong, locally trained workforce further threatens long-term healthcare sustainability and the ability of the medical education system to meet the growing healthcare demands of these communities (Kurk et al, 2018). This combined effect perpetuates the inequities in healthcare access, not only limiting the immediate availability of trained professionals but also preventing the next generation of physicians from receiving the comprehensive education they need to address these disparities.

With the increase of migration demand among recent medical graduates, more information and barriers are revealed. The decision for a doctor to migrate is multi-layered and is a complex balance between push/pull at multiple levels. Physicians that wish to work in another country need to meet certain requirements in order to do so and each country has different rules, although most of them have a common basis. Most of the barriers concentrate on the registration process, the stricter immigration policy and instability. Besides that, financial and the variety of policies and processes also make physician mobility more complicated, along with other factors.

The first barrier is the recognition process and it depends if the country of emigration is part of the EU. If so, then the medical school degree is already acknowledged, if not it needs to be recognised by the other country (European Junior Doctors, 2023). However, there are still other policies that physicians interested in migration need to comply with. Some reviews highlighted that stricter immigration policies and the process of registration were significant barriers. In the US, licensure requirements vary somewhat by state but typically include educational and experiential prerequisites, the passing of written or oral exams, paying fees, periodic recertification, and evidence of moral character (Peterson et al., 2014). On this note, international standardization of medical training is very relevant in the context of globalization and increasing physician mobility (Weisz and Nannestad, 2021).

The recognition process can be more complicated if the physician is already a specialist. In addition to what was mentioned in the anterior paragraph, their degree in that specialty must be recognized by the relevant college and or in the country to which they have emigrated (European Junior Doctors, 2023).

After being recognized, immigration policy of each country consists of another barrier. Most of the countries have strict rules on obtaining residence authorization or a work permit. As most of the contracts signed are short-terms contracts, it makes the immigration process more sophisticated, as it

requires periodic renovation/finding for a new job and means instability, which is not desired in most of the cases.

Another important obstacle is financial. Some countries like Denmark require a permission to work independently, this costs around 1.206 DKK or 4.165 DKK (if you are already a specialist). Others like Australia can cost even more with 2.000€ only in administrative requirements like a Visa (European Junior Doctors, 2023).

Lastly, the language barrier couldn't be ignored. Some countries require an interview to test the language proficiency (as well as other parameters) (European Junior Doctors, 2023) as in the US, others just ask for a language certificate in a certified school. At the same time, acquiring a certification is different from the dominant language, therefore, language constitutes a considerable barrier.

One of the significant challenges faced by physicians who choose to move abroad to practice medicine is navigating the cultural differences between their home country and their new environment. Adapting to a different set of traditions, social norms, and professional expectations can be a complex and sometimes overwhelming process. Beyond mastering a new language or medical system, physicians must also integrate into the cultural fabric of their host country, understanding its values, customs, and ways of interacting with patients and colleagues. This adjustment takes time, patience, and an open mind, as true cultural integration is not merely about adaptation but about fostering mutual understanding and respect.

Cultural differences can significantly impact migrant physicians' ability to diagnose and treat patients effectively. Several studies have shown that these physicians often find themselves in situations where they must manage patient care in ways that contradict their own values, medical knowledge, and professional ethics. This can lead to a loss of confidence in their practice and create a sense of internal conflict (Klingler and Marckmann, 2016). Additionally, healthcare professionals may struggle to fully understand the personal and social beliefs that patients from different cultural backgrounds hold regarding their illness, treatment options, and future expectations. For instance, the way different cultures interpret what constitutes effective communication can vary, which can further complicate the physician-patient relationship and influence the quality of care provided (De-María et al., 2024).

Social integration and interaction with colleagues can be a significant challenge for immigrant physicians. The language barrier often amplifies this issue, creating additional obstacles to effective communication. Physicians coming from different cultural backgrounds may also face challenges in

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adapting to different social norms, habits, and beliefs, which can further complicate their integration into the workplace. Additionally, many immigrant physicians report experiencing racist behavior from their colleagues or from others within the work environment (Klingler and Marckmann, 2016). This not only takes a heavy toll on their mental health but also hinders collaboration, which is crucial for providing accurate diagnoses and effective patient care. The lack of cohesion and mutual respect in such an environment can deeply affect the quality of healthcare provided and the well-being of both the physicians and the patients they serve.

## **Our view. Aim**

As the future physicians of a dynamic and evermore intercultural world, EMSA believes physician mobility is an important and inevitable issue that should be dissected to its causes, consequences, challenges, and benefits. EMSA sees physician mobility as both a right of healthcare professionals and a tool for improving medical education, intercultural understanding, and patient care. EMSA's goal is to promote balanced mobility that avoids medical deserts while enabling physicians to develop their skills and share expertise across borders.

EMSA has encouraged and continues to encourage intercultural exchange and cross-border opportunities via its Twinning Program, Research Twinning Program, and Intercontinental Twinning Program. The EMSA Twinning Projects -facilitated by local EMSA organizations over approximately a week and supported by EMSA Europe- connect hundreds of students each year within and outside of Europe. These opportunities aim to provide future physicians with a chance to come in contact with healthcare in different cultural settings and to develop skills such as intercultural competence, as well as to get accustomed to a different medical education and healthcare system than their own.

EMSA acknowledges the infrastructural, financial and ethical grounds of physicians choosing to practice outside of their homelands; and the consequences of imbalance in physician mobility or one-sided migrations such as medical deserts where the population is severely underserved in terms of specific or general areas of healthcare. EMSA also acknowledges the obstacles that stand in the way of physician mobility such as license recognition processes -usually stemming from unstandardized medical education-, immigration policies of different states, financial obstacles and sociocultural challenges. EMSA believes that the right actions taken will make physician mobility a natural part of European healthcare while minimizing the associated challenges and consequences.

## **Recommendations**

EMSA calls on

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The European Commission to;

- Implement a unified framework to standardize the requirements for physician mobility across EU countries,
- Encourage bilateral agreements between countries to promote mutual physician mobility,
- Classify countries according to their potential for physician recruitment or risk of healthcare workforce shortage,
- Create agreements with non-EU countries on mobility requirements to ensure a streamlined process for international physicians.

All European Member States to;

- Gather and analyze data on physician mobility, including the number of emigrant and immigrant physicians, to inform policy and decision-making,
- Support and encourage mobility initiatives for healthcare professionals, especially in areas facing shortage,
- Allocate funds to medically underserved areas where physician shortages are severe and damaging the continuity of healthcare,
- Create agreements with non-EU countries on mobility requirements to ensure a streamlined process for international physicians.

Healthcare facilities to;

- Increase specialist hospital placements to attract and retain doctors, thereby preventing emigration for career opportunities,
- Provide comprehensive support for the integration of foreign physicians into the local healthcare system, including language and cultural training.

Medical Students and Physicians to;

- Engage in mobility programs that provide exposure to different healthcare systems and cultures,
- Pursue foreign language education to improve communication and enhance integration in the host country,
- Actively develop intercultural competence and awareness to ensure effective interaction with diverse patient populations,
- Participate in activities that foster cultural exchange and help integrate migrant physicians into local communities,
- Advocate for educational curricula that include mobility opportunities and equip students with essential intercultural and global health competencies.

Medical Education Institutions to;

- Forge international partnerships to offer mobility opportunities for students,
- Incorporate subjects into the curriculum that develop students' skills in intercultural competence, global health, and adaptability to different healthcare environments,

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- Encourage students to participate in exchange programs and international mobility initiatives,
- Provide support services for foreign students, such as social activities, cultural awareness programs, and language courses to ensure smooth social and cultural integration.

EMSA FMOs to;

- Organize mobility programs that allow medical students to gain exposure to different healthcare systems and cultural environments,
- Facilitate events and initiatives that promote cooperation and networking among students from diverse cultural backgrounds,
- Advocate for a medical education system that emphasizes global health challenges and provides students with the skills and knowledge to work in an international, multicultural environment,
- Support initiatives that enhance the social and professional integration of migrant physicians in their host countries.

## **Definitions**

EMSA: European Medical Students' Association

EU: European Union

FMO: Faculty Member Organization

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GP: General Practitioner

OECD: The Organisation for Economic Cooperation and Development

UK: United Kingdom

WHO: World Health Organization

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