

***MIGRATION OF POLISH HEALTH CARE WORKERS  
IN THE CONTEXT OF POLAND'S MEMBERSHIP  
IN THE EUROPEAN UNION***

Maciej Duszczyk, Ph.D

Office of the Committee for European Integration



## Situation before Accession

- **Fears of „old” member states** – massive migration flow from „new” member states, which will disturb labour markets
- **Fear of „new” member states** – outflow of well qualified workers, particularly health-care staff / „brain drain”



## Result of negotiations

### Model „2+3+2”

- Transitional arrangements were set for the period of two years
- The states that deem after the two years that they would like to maintain restrictions, will have the right to do that for further three years
- In case of a serious threat of disturbance of labour markets - the right to extend application of restrictions for two following years until 1st May 2011

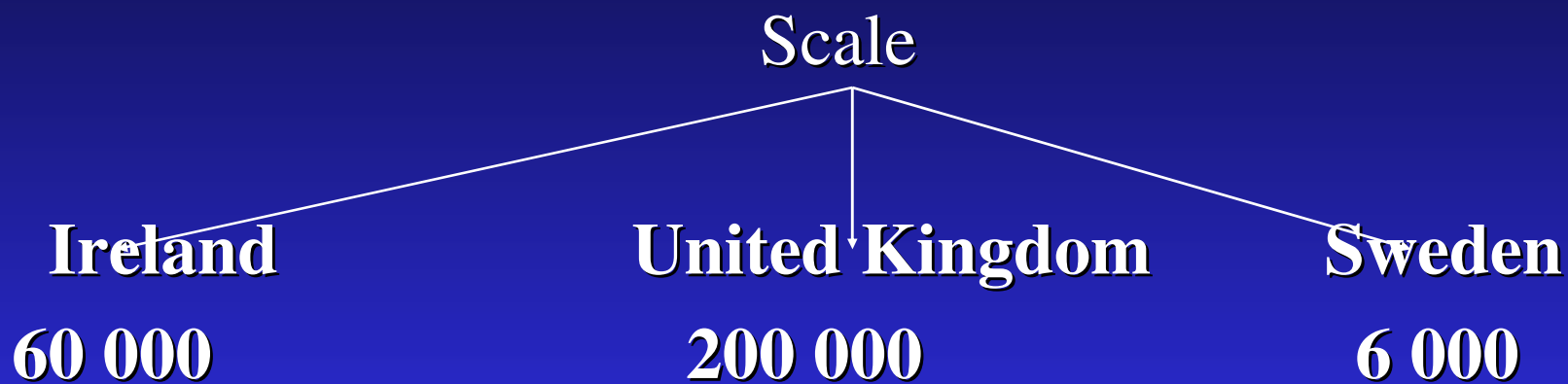


## Current situation

- Fully opened labour markets – United Kingdom, Sweden, Ireland + „new member states (excluding Malta).
- Opening since 1st May 2006 – Spain, Portugal, Finland, Greece(?), Norway (?), Iceland (?)
- Transitional Period – Germany, Austria, Italy, France, Belgium, Luxemburg, Netherlands



## Scale of migration



Question – How many of them are new emigration workers?



## Reasons of emigration of health-care workers

- Is Poland's membership in the EU one of the main factor of emigration? – No! -The membership in the European Union seems to play a secondary role here

### Other factors

- Differences in salaries between Poland and many other (e.g. Scandinavian) member states.
- Better career prospects in other member states



## Scale of emigration of Polish health-care workers

- The total number of professionally active medical doctors in Poland amounts to almost **119,000**
- **3.5 %** of Polish medical doctors in various specializations were interested in undertaking employment in other EU member states after 1st May 2004



## Scale of emigration of polish health-care workers – the largest numbers

- **Anaesthesiologists and intensive care experts** – 545 persons (13.95 % of all active professions),
- **Chest surgeons** – 26 persons (12.04 %.),
- **Plastic surgeons** – 19 persons (13.38 %.),
- **Vascular surgeons** – 18 persons (7.96 %.),
- **Experts in life-saving medicine** – 35 persons (8.22 %)
- **Orthopaedists** – 133 (6.08 %.).





## Scale of emigration of Polish health-care workers – the smallest numbers

- **neonatologists (0.17 %),**
- **clinical oncologists (0.27 %.)**
- **child neurologists (0.28 %.).**



## Dentists, nurses and midwives

- Dentists - 1461 persons - 4.7 % of all dentists in Poland
- Nurses (as of the end of February 2005) - 2830 - 1.17 % of professionally active nurses in Poland
- Midwives (as of the end of February 2005) - 195 - 0.57 % of professionally active midwives in Poland



## Conclusions

- Current scale of migration of health care workers is not large enough to constitute a threat to health care system in short term.
- Poland's membership in the European Union affected to a very limited extent the migration attitudes of Polish health care workers
- If situation in Polish health-care system does not improve significantly, the scale of emigration could increase.
- Future scale of emigration will also depend on careers and social success of those persons who have already decided to emigrate.



Office of the Committee for European Integration

Department of Analyses and Strategies

Thank you very much  
for your attention