



# European Medical Organisations' Joint Policy on the Health Workforce Crisis

## 1. Introduction:

The European Medical Organisations recognise the urgent need for immediate and coordinated action to tackle the health workforce crisis gripping Europe.

The ongoing health workforce crisis should not be considered merely a result of an increase in retirements of health professionals, not compensated by recruitment; it is a multifaceted challenge driven by various factors. These include rising demands for healthcare services due to demographic shifts, the enduring impact of the COVID-19 pandemic, and evolving consumer expectations regarding healthcare delivery.

Traditional recruitment-centric approaches have proven insufficient. The European Medical Organisations signing below advocate for a comprehensive approach. This approach should recognise the complex and interconnected factors challenging the healthcare system. Prioritising strategies to improve working conditions and implementing robust retention strategies alongside recruitment efforts is key.

Like other European citizens, healthcare workers are experiencing changing values. Their desire to pursue a career in medicine is waning. They need measures focusing on improving working conditions, preventing burnout, and promoting flexibility and work-life balance. Such a policy implies the imperative for comprehensive steps at institutional, national, and international levels to ensure a resilient and sustainable healthcare workforce.

## 2. Recommendations for addressing the health workforce crisis

Healthcare systems are currently trapped in a vicious circle of excessive workload, inadequate staffing, and insufficient compensation. These issues fuel widespread dissatisfaction among healthcare workers, contribute to burnout and mental health problems, and foster a concerning trend of healthcare workers leaving their profession. To overcome these obstacles, increased investment in health systems is required to ensure safe staffing levels and lawful working conditions. Setting minimum health

workforce capacities is critical to upholding high-quality patient care and universal health coverage.

The available scientific literature and decades of shortcomings in planning and forecasting, resulting in deficits of healthcare professionals, signal the need for scientific long term health workforce planning<sup>1</sup>.

Due to systemic and institutional difficulties, doctors face significant challenges in preserving their own well-being while prioritising the care of their patients. Maintaining the well-being of the medical workforce is crucial to retaining doctors and preventing migration and attrition.

The demanding nature of their work, characterised by long hours and heightened stress levels, takes a significant toll on the physical and mental well-being of doctors.<sup>2</sup> Alarming reports from doctors across Europe emphasise the prevalence of high bureaucratic demands, escalating rates of burnout, and overwhelming workloads. These challenges are compounded by workforce shortages that hinder the achievement of a healthy work-life balance.

Investing in the education and training of the health workforce is paramount. High-quality undergraduate and postgraduate programmes are essential for producing skilled and competent doctors. It is vital to maintain minimum training standards to ensure that medical education and training meet the highest standards, thereby guaranteeing patient safety and quality care.

*In this regard, we advocate for:*

***Adequate management of staffing and workload:***

- **Establish workforce planning and forecasting systems**, incorporating minimum capacity benchmarks, to anticipate future needs based on demographic changes, disease burden, evolving healthcare practices, and changing values of healthcare workers, ensuring adequate staffing levels and maintaining high-quality patient care.
- **Implement integrated workforce strategies at both** national and European levels. These strategies should be designed to align educational capacities with healthcare needs, ensuring that every region has a sufficient number of trained professionals.
- **Enhance domestic medical education programmes** to sufficiently train doctors, reducing reliance on international graduates and promoting the sustainability of healthcare systems.

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<sup>1</sup> WHO Health and care workforce framework for action.

<sup>2</sup> CPME. Policy on Doctors' Well-being, 2023.

- **Address health workforce shortages** and improve working conditions based on scientific data and evidence to ensure effectiveness and sustainability.
  - **Address the lack of solid data** on health workforce capacity and working conditions to inform policy decisions and interventions effectively.
  - **Enforcement of lawful working conditions** in healthcare institutions, reasonable scheduling and compliance with the European Working Time Directive allows for the prevention of excessive working hours, promoting work-life balance, and mitigating burnout risks and ensuring patient safety. Adhering to the maximum 48-hour weekly working time, alongside provisions for minimum and compensatory rest, must be upheld. Part-time work and flexible schedules should be facilitated to accommodate diverse needs.
  - **Advocate for voluntary mobility of doctors** across borders while adhering to WHO's ethical recruitment guidelines to prevent exacerbating workforce shortages in home countries. It is crucial that mobility stems from voluntary decisions rather than being compelled by inadequate working conditions, violence, harassment, or other workplace distress.
  - **Promote motivational retention strategies:** We advocate for incentive-based motivational retention strategies over involuntary workforce allocation practices, as the latter can lead to burnout and dissatisfaction among healthcare professionals.
  - **Promote policies fostering workforce diversity and inclusivity**, including to challenge discriminatory practices that exist in medicine. Medical advancement and scientific excellence are necessary and depend also on cooperation between doctors from different nations, cultures and backgrounds.
  - **Digitalisation should be developed** in consultation with healthcare professionals to avoid increasing workload and widening access gaps. Action should be taken on factors that improve the quality of doctors-patients' relationship (e.g. medicine shortages, digital reforms).
- Significant and sustained financial investment** is critical to revitalising healthcare systems and meeting current and future demands without compromising quality.

### ***Better working conditions to support well-being***

- **Addressing working conditions is the most important primary preventive measure to ensure the well-being** of healthcare professionals, vital for maintaining the attractiveness of the medical profession and to mitigate as much as possible psychosocial risks at work which endanger wellbeing, e.g causing burnout. Factors such as long and unpredictable hours, non-compliance with regulations, heavy workloads, and inadequate remuneration contribute significantly to burnout. Given that up to 43% of doctors

develop symptoms of burnout<sup>3</sup>, prioritising interventions that enhance working conditions is essential to obtain a safe and secure environment in healthcare settings.

- **Fostering a people-focused working culture** emphasises autonomy, relationships, and a sense of belonging. This includes fostering a supportive culture that recognises the psychological and emotional challenges faced by healthcare workers.
- **Implementing comprehensive well-being programmes**, including mindfulness skills and stress management techniques, is essential.
- **Provide sufficient time for breaks** and ensure the availability of adequate resting facilities.
- **Access to comprehensive mental health services for physicians, sought on their own initiative and not suggested top-down**, including specialised counselling and therapy, should be clearly available and facilitated to address burnout. If not carefully handled, these services risk transferring responsibility to the doctor, which could rather promote dissatisfaction and burnout.
- **Achieving work-life balance is** critical for retention and recruitment. Preventing job dissatisfaction, burnout, and healthcare professionals leaving their positions is crucial.
- **Addressing all forms of violence against doctors** requires the implementation of effective measures such as violence prevention strategies with a zero-tolerance approach towards any form of violence and support systems such as hotlines for reporting violence and the European form for collecting data on violence against doctors.

#### ***Investment in education and training:***

- **High quality undergraduate and postgraduate programmes** are vital for producing competent healthcare professionals.
- **Upholding minimum training requirements outlined in the Professional Qualifications Directive** is essential for maintaining excellence in medical education and training.
- **The integration of well-being initiatives and mental health literacy into medical curricula** is recommended to enhance knowledge and attitudes towards mental health among doctors.
- **Interventions to enhance the attractiveness of medical careers** at all levels, including medical education, professional practice, and improving working conditions must take place.

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<sup>3</sup> Hiver et al. (2022)

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