

Filling the gap in long-term professional care through systematic migration policies (Berlin, 23-24 October 2013)

Increased demand in long-term care: the circular migration of skilled nursing personnel ¹

Federal Ministry of Health

1. Starting situation

In the light of current **demographic trends** in Germany – as in various other Member States of the European Union – a decline in the number of persons of employable age is expected to coincide with a simultaneous increase in the number of elderly persons in need of long-term care. According to the most recent prognoses, these contradictory trends will generate an **increased demand for nursing staff** that cannot be fulfilled exclusively with skilled personnel from the domestic labour market. One counter-approach that is currently under discussion is the recruiting of nursing personnel from abroad. As it currently stands, the fact that partner countries might be experiencing a totally different starting situation – in terms of demographics and labour supply – could have a favourable effect on Germany's recruiting efforts and lead to mutually beneficial solutions.

According to population projections by the Federal Statistical Office, the number of gainfully employed persons in Germany can be expected to fall by approximately 7.5 million between 2008 and 2030. At the same time, the prognoses regarding the age-group of 65 years and older anticipate an increase of 22.3 million over the same period. The number of persons in need of long-term care is expected to rise from the current 2.4 million to 3.4 million in 2030. Furthermore, in addition to increased life expectancy, a change in the disease spectrum is also expected. A distinctly higher percentage of persons with chronic disease, multi-morbidity and/or mental disease can be reckoned with; the number of persons in need of long-term care is therefore likely to increase noticeably.

Endeavouring to cope with this shortage of nursing staff exclusively by means of national measures, such as re-training or increasing the labour market participation of women, older employees and unemployed persons, is considered an insufficient strategy in many quarters. Similarly, it does not seem possible that the paucity of skilled personnel in nursing can be offset by further increasing efficiency in the long-term care facilities alone. Against this background, in some professional areas in Germany –in the meantime in the nursing professions as well – the call to make up for the shortfall of skilled workers through foreign immigration is becoming increasingly vocal.

¹ Prepared for the Peer Review in Social Protection and Social Inclusion programme coordinated by ÖSB Consulting, the Institute for Employment Studies (IES) and Applica, and funded by the European Commission.

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2. Legal differentiation between the EU Member States and Third-Party States

The approach to the structured recruiting of skilled personnel from foreign countries is predicated on two key considerations. One of them has to do with the prospective recruits' country of origin. Basic differences already exist in recruiting skilled personnel from countries within the EU, or from third countries, owing to the differing legal framework conditions, particularly as regards labour market access and the recognition of professional qualifications. In the case of the EU Member States, a special labour market authorisation procedure will no longer be necessary in the old EU after the last transitional periods for the labour market access of citizens from the new Member States have ended. In addition, for the most part, mutual recognition of the professional nursing qualifications acquired in the EU Member States is guaranteed. However, in the case of non-EU states that do not belong to the European Economic Area and are outside of the scope of the comprehensive bilateral agreements (that have been signed with countries like Switzerland for example), as a rule, countries reserve the right to conduct a national labour market test prior to granting foreign nursing personnel a working permit for the domestic market.

Additions to, and essential components of, national recruiting policies result from the decision-making process at EU level. On the one hand, EU initiatives such as the Blue Card Initiative provide the stimulus for national legislation; on the other hand, bilateral negotiations between the EU and third countries are increasingly being held in a bid to recruit skilled personnel. This applies not only to the so-called EU mobility partnerships but also to the negotiation of EU trade agreements with third countries which, with the consent of the Member States, can also include provisions governing working permits for nursing personnel in the EU.

In our opinion, the Peer Review should focus on the structured recruiting of nursing personnel from non-EU states. It is true that many of the questions discussed apply, at the same time, to the elaboration of nursing personnel recruiting initiatives within the EU; however, in observance of the fundamental freedoms that obtain in the EU internal market, the organisation of such initiatives has largely been consigned to private enterprise. The State can, however, play a supporting role even though its presence is not vital in initiating recruitment processes within the EU .

3. Political, cultural, ethical and language aspects in the German context

Factors that might play a role in the societal discussion of the structured recruitment of skilled health personnel could have to do with language or could be of a political, cultural and/or ethical nature.

- a) Politically, the debate on the recruitment of foreign nursing personnel is often dominated by questioning the additional demand for nursing personnel. In the process, reference is often made to the still relatively high unemployment level of 3 million people of working age in Germany. Especially in the years prior to 2011, the activation of domestic labour reserves was seen as the foremost task of labour market management and one that should not be undermined by facilitating the issuance of permits to foreign nursing personnel. It was only slowly that a change in attitude emerged in both public and political opinion – initially led by the professional groups of the doctors and engineers who, as early as in April 2011, saw the removal from labour market law of the priority examination or labour market testing (with the aid of which the national employment agencies would check to see whether an equally qualified



candidate from the EU was available for the post). The experience of serious personnel shortfalls, particularly in hospitals and homes for the elderly located in rural regions is gradually leading to a generally positive assessment of the systemic impact that recruiting measures are having on the health care system;

- b) The overall acceptance of recruiting measures in the case of nursing personnel is, however, often relativised by cultural reservations among the public at large. Owing to the large number of cases that exist, evidence for this assertion can be easily found among the community of hospital doctors. Over the last ten years, the number of foreign doctors in German clinics tripled; in some of the remote hospitals in the new Federal Laender, a large majority of the doctors are foreign. A number of contributions that help to form public opinion suggest that the cultural divergence vis à vis foreign doctors could prove to be a challenge for the close relationship of trust that is meant to exist between a doctor and a patient. Against the background of the termination of the structured recruitment of foreign workers ('guest workers') that took place as far back as in 1973, an engrained reluctance in the minds of some of the public, to the transfer of key positions in the health care system to foreigners, can be observed;
- c) Ethical questions regarding the effects of recruiting measures on the domestic health care systems of partner source countries are also often a subject of discussion. The greatest fear is that the health care systems of the developing and emerging economies will be bled to death and that the problems of the industrialised countries would be solved at the expense of the poorer nations. An aspect that is also regarded critically is the fact that the money spent on education in the partner countries fails to meet its objective if students and trainees are subsequently wooed away by richer, foreign countries. Consequently, in the recruiting of trained nursing staff, a distinction must be made between the recruiting of already qualified nursing personnel and career beginners who are yet to be trained. In the latter case – which is also the case of the TaPiG Project for Tunisian nursing personnel in Hamburg – many of the ethical arguments mentioned above are not at issue;
- d) One frequent problem is that of language. Medical and health professions can only be effectively pursued if direct communication with the patient is possible. Health care professionals must therefore master the German language well. There is currently controversy as to whether the language level currently required (B 2) is sufficient for this purpose or whether the requirements need to be tightened. A move in the latter direction could lead to higher initial costs.

4. Who bears the cost for the recruitment pilot projects?

Generally, it can be observed that the problematic elements discussed under '3.' tend to result in increased requirements for the preparatory phase of structured migration projects for nursing personnel. Intensive, culture-specific preparation and follow-up, that is adapted to the situation in the partner country, is of considerable importance. Experience to date indicates that this type of preparation and follow-up will also affect the overall cost of such programmes.

In the first pilot projects conducted in Germany – with Vietnam and Tunisia – the corresponding additional costs were primarily met using tax revenue from the Federal Government. This can be justified as the projects were in the pilot phase; however, it is not a sustainable model for the future. Consequently, we need to consider the possibility of having the German employers and, if necessary, the foreign employee share in the costs. In the case of the project with Tunisia, a loan model was developed that refinances a portion of the preparation costs by means of



a proportional re-payment subtracted from the person's later salary (not from their trainee salary). This raises a number of difficult issues regarding the concept of equal treatment under labour law that must be carefully discussed.

5. Conclusion and political perspectives

Demographic change is affecting large parts of the EU. Consequently, an end to the rising demand for nursing personnel in Germany and other EU States is, at present, not foreseeable. This is why the approach to recruiting skilled personnel should be systematically structured and guided by sustainability considerations. One expression of this would be to take into account the situation in the countries themselves from which the skilled personnel are potentially to come. A sort of inverse logic could provide guidance in selecting the countries from which skilled personnel can be recruited. Whereas demography and the labour market situation in Germany have led to a shortage of qualified nursing staff, the very same factors could compel the source countries to transfer skilled workers.

The shortage of skilled personnel in some EU Member States stands in contrast to the enormous rise in **youth unemployment** resulting from the economic and financial crisis. Since 2009, the unemployment rate among young people between the ages of 15 and 24 years has already stood at over 20%. In 2012, average unemployment in the 27 EU Member States was at 22.8%. These figures show that young people are twice as often affected by unemployment as adults. Some 7.5 million, or 13%, of this age cohort have neither a job, nor are they involved in any form of training scheme. Similar situations and conditions can be found in other parts of the world, for example, in the countries of northern Africa; there, the situation is coupled with a strikingly young demographic structure.

An approach to the recruitment of qualified workers, that relieves the shortage in the host country, reduces the surplus in the source country and can offer young people career prospects at the same time, would create a co-called **triple win situation**. At the same time, this approach could guarantee the sustainability of the recruiting policy in the spirit of the concept of migration policy pursued by the European Union. With its so-called '**circular migration**', the EU strives to facilitate multiple entries and departures of migrants between the source country and the host country and endeavours to enable them, during their stay in the host country, to acquire qualifications that can be of use when they return to their country of origin.

Against this background, **a structured dialogue at EU level** would seem to be of great advantage. Based on the development of the labour market and the demographic scenarios projected for the coming years, shortages and demands can be established and recruiting potentials identified both inside Europe and in the international arena. At the same time, the opportunities and risks involved in recruiting foreign personnel should be weighed against each other and discussed. Finally, with a view to the systematic and sustainable recruiting of nursing personnel, it seems logical to also discuss the recognition of qualifications, strategies for integration as well as possible mechanisms for financing the recruitment of skilled personnel in a move to find a holistic response to the challenges ahead.

