

Workforce Considerations, Training, and Certification of Physicians in Europe

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KEYWORDS

- Health care • Health insurance • Physician training • Medical education
- Certification

KEY POINTS

- Europe is confronted with the issue of lack of health care access and workforce shortage.
- Geopolitical events, aging population, nonstandardized medical training, and mobility of health care professionals influence the current state of health care in the European Union (EU).
- There is a need to develop unified health care programs, standardized medical training, and certification across the EU countries to address uneven access and quality of health care, as well as workforce shortage.

INTRODUCTION

Workforce considerations, physician training, and certification in Europe have never been more important. The geopolitical events in the twentieth century included 2 World Wars and nearly a half century of Communist domination of large parts of Europe. These events may not have caused as much sociopolitical upheaval as the enormous population shifts of the twenty-first century caused by the migration to Europe of thousands of refugees from the turmoil in the Middle East and Africa. This, of course, poses enormous challenges to Europe's existing health care systems.

Europe is currently confronted with several important issues with regard to the provision of proper health care. The most pressing problem is an ever increasing demand for health care due to the aging population and the influx of thousands of refugees.

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This problem is compounded by the aging of physicians as a group, many of whom are expected to leave the workforce in the upcoming years. Yet another demographic issue is the increase in the number of women graduating from medical school, many of whom choose to practice either part time or not at all because of family obligations.

The dramatic expansion of the European Union (EU) in 2004 and 2007 increased the pool of physicians overall. However, the countries that were admitted were mostly from Central and Eastern Europe, which are generally thought not to have the same high level of health care as Western Europe. In addition, many physicians from the Middle East and Africa have immigrated to Europe to enjoy the benefits of better career opportunities, increased salaries, and better working and living conditions.

To live up to the motto of the EU, United in Diversity, the medical component of the EU must evolve systems of high-quality medical education across the EU countries. Better organization is necessary for the training of specialists, which is now too lengthy and haphazard. Fellowships in subspecialty areas do not exist as known in the United States.

As important as the foregoing, is the need for an EU-wide system of certifying physicians. Currently, this process is highly developed in some countries and not at all in others. Such a system will be helpful in guarding against physicians who are products of substandard medical education programs being allowed to provide health care in the EU.

GEOPOLITICAL CHANGES FROM THE TWENTIETH TO THE TWENTY-FIRST CENTURY

To understand the nuances of European health care it is important to take into consideration geopolitical events of the twentieth century. After World War II, an initiative was introduced to end wars between the European countries. The European Coal and Steel Community, established by the Treaty of Paris in 1951, and the European Economic Community, established by the Treaty of Rome in 1957, started the economic and political unification of the European countries. The 6 founding European Communities member states were Belgium, France, Western Germany, Italy, Luxembourg, and the Netherlands.¹

In 1973, Denmark, Ireland, and the United Kingdom joined the European Communities. The removal of General Franco of Spain in 1975 ended dictatorship in Europe. Greece became the tenth member state in 1981, followed by Spain and Portugal in 1986. The Single European Act in 1986 created the Single Market, providing the free flow of trade across borders. The Berlin Wall came down in 1989, opening the border between the East and West Germany, leading to the reunification of Germany in 1990. The rapid collapse of the Soviet Union and communism across Central and Eastern Europe that followed increased communication between Eastern and Western European countries. The Maastricht Treaty, signed in 1992, formally established the EU. In 1993, the Single Market was completed, guaranteeing the 4 freedoms: the free movement of goods, capital, services, and labor within the EU.¹

In 1990, the Schengen agreement abolished the internal border control and introduced a common visa policy. Elimination of internal borders, increasing use of cell phones, and the Internet allowed easier communication between the European countries. Austria, Finland, and Sweden joined the EU in 1995. On January 1, 1999, the Euro was introduced in 11 countries for commercial and financial transactions only, followed by notes and coins for daily use. The Euro is now the official currency in 19 EU member countries. The Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, and Slovenia became members of the EU in 2004, finally ending

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