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EU Health Policy and the Healthcare Labour Market in Latvia: The Out-Migration of Healthcare Practitioners

Abstract

Healthcare systems in Europe are facing increasingly complex challenges that demand innovative solutions. Furthermore, public health is increasingly recognised as a productive factor which impacts the healthcare sector's contribution to national economies. The out-migration of healthcare practitioners from Latvia is one of the most pressing problems in the health sector, which, in turn, negatively impacts the country's economy. The outflow of healthcare practitioners to other EU countries has increased since 2004, the year which saw Latvia's accession to the EU. This trend is a consequence of labour accumulation efficiency in the single market, and this article aims at conducting analyses of the main push factors governing healthcare practitioners' emigration from Latvia and the impact of these factors on the healthcare sector. The complexity of this migration determines the use of an interdisciplinary as a methodological approach in the analysis of the main trends in the healthcare labour market. This approach can assist one in carrying out an assessment of the healthcare system's losses as a result of the out-migration which has occurred thus far. Particular attention is paid to the training of resident doctors as a perspective trend in keeping healthcare professionals in the country. The legal mechanism for recovering public funding dedicated to residency programs has also been assessed. In conclusion, the article states that the mass emigration of healthcare practitioners from Latvia may jeopardise the efficient functioning of the country's healthcare system.

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Introduction

The EU's main role in its health policy is to support the activities of the Member States in achieving shared objectives grounded in the Treaty on the Functioning of the European Union (TFEU, 2012, p. 76) and to encourage cooperation across countries. For further assessment, it is important to stress the main objectives of the EU's health policy as follows:

- to foster good health, to prevent disease, and promote healthy lifestyles by addressing risk factors including drug-related health damage and environmental risks,
- to protect citizens from serious cross-border health threats by improving surveillance and increasing the capacity to respond to new health-based challenges,
- to support dynamic Member State healthcare systems and to contribute to healthcare systems which are innovative, efficient, and sustainable,
- and to facilitate access to better and safer healthcare for EU citizens by providing support to the establishment of European Reference Networks that cooperate across borders to tackle rare diseases (EC, 2023).

Furthermore, the EU in its activities applies the 'Health in all Policies' approach (Stahl et al., 2006, p. 5). It is codified in the European Social Charter (European Social Charter, 1996), is consistent with the cross-sectoral nature of public health issues, and seeks to integrate health aspects into all relevant policy areas. Moreover, the EU facilitates coordination and generates economies of scale by pooling resources to tackle common challenges, such as the associated risk factors that mobile workers may face (European Parliament, 2020). The free movement of workers is a fundamental principle of the Treaty on the Functioning of the European Union (TFEU, 2012, p. 76). Indeed, EU citizens are entitled to look for a job in another EU country, and the objectives that are set out in EU policy on the healthcare sector are proved to be correct. Nevertheless, any EU Member State would have problems achieving and implementing these objectives in a situation with insufficient human resources.

In 2004, Central and Eastern European countries enlarged the internal market – including the labour market – bringing about changes in

European migration flows (Commission of the European Communities, 1996). 2004's enlargement had an influence on the labour market in Latvia as well as an out-migration of labour. The shortage of healthcare practitioners in Latvia was not immediately obvious immediately after the aforementioned enlargement, but, nowadays, it is easy to see that the country's patients face the harsh consequences of this problem in their healthcare service experiences on a daily basis.

In retrospect of the migration flows, Latvia faced several waves of emigration in the period of 1991–1994, with more than 150,000 people leaving the country (Central Statistical Bureau, 2023). That 150,000-strong flow of people headed to various former Soviet Republics, and occurred at a time when Latvia's economy was making its way through a transition period with significant economic and social changes and resulted in a sharp decline in the country's population (King, Muravska, 2007, p. 40). The second emigration wave can be considered as being between from 2000 and 2004, with almost 99,000 people leaving Latvia. From 2004, the number of people who made the decision to move to other EU countries started to grow rapidly (Central Statistical Bureau, 2023). This trend had a severe impact on the economy in the years that followed, beginning almost as soon as Latvia joined the EU, whereupon the economy started to grow quickly and labour became a scarce resource. This tendency continued during the global financial and economic crisis and a real-estate bubble, and eventually caused a third wave of emigration between 2008 and 2012. In total, more than 160,000 people left Latvia in that period, with more than 120,000 of them going to EU countries (Central Statistical Bureau, 2023). Many people left Latvia to find work in other EU countries just to be able to meet their monthly mortgage demands, and although the emigration rate has slightly decreased since 2012, it is still very high, with, between 2013 and 2016, more than 82,000 inhabitants leaving Latvia (Central Statistical Bureau, 2023). The trend of out-migration persists to this day, with around 15,000 to 20,000 people leaving Latvia every year (Lulle, 2018; Central Statistical Bureau, 2023). According to the experts' opinion, "There are targeted campaigns to recruit Latvia's skilled workforce – especially our doctors, nurses, IT specialists, and engineers in various fields. These countries [targeting Latvia's workforce] have specific strategies to attract labour, such as coming here to campaign in person at special events" (Mierina, 2023).

Healthcare practitioners leaving the country started in the 1990s and has occurred in all the aforementioned waves of emigration, but increased significantly after 2004 and continues as at the time of this writing. The author believes that the lack of human resources has become a considerable

problem for the further development and efficiency of the healthcare system in Latvia.

The Emigration of Healthcare Practitioners and the Shortage of Human Resources in the Healthcare Sector

Healthcare is extremely labour-intensive, and is one of the most significant sectors of the economy on the EU, providing employment for 9.7% of the EU workforce (Eurostat, 2023). At the same time, healthcare systems in Europe are facing increasingly complex challenges that demand innovative solutions. The restructuring of healthcare both in the EU and in Latvia coupled with demographic, technological, economic, and institutional changes impacts not only on the desires and wants of healthcare workers, but also on the nature and scope of their work and their contributions to the healthcare industry. Furthermore, public health is increasingly recognised as a productive factor. Healthcare's workforce shortage is a major problem in Latvia; the number of practising doctors was just 3.3 per 1,000 people in 2019 – significantly below the average for the EU (3.9 per 1,000), while the number of nurses was only about half the EU average and one of the lowest in the EU (OECD, 2021, p. 11). In addition, healthcare practitioners are highly concentrated in urban areas, which gives rise to equity and accessibility issues for residents living in rural areas.

The most important challenges facing the Latvian healthcare system were analysed in the highly detailed and comprehensive OECD Review of the Latvian Health System 2016, and the severe shortage of human resources is listed among them. The OECD's Review points out that Latvia has 3.1 practising doctors per 1,000 inhabitants, which, while being close to the OECD average of 3.2, one has to consider that many of those doctors will retire in the coming decades. The average age of family doctors in Latvia is 54, with more than two-thirds of practising family doctors being at least 50 years old, and more than a quarter are at least 60 years old (OECD, 2016, p. 13).

In a public statement in 2023, the Latvian Nurses Association, drawing public attention to the dramatic situation affecting human resources, pointed out that "Latvia's public-health-sector funding will be the lowest in the EU this year" (Latvian Nurses Association, 2023), and would fall below 4% of GDP in 2023 and the following years. There has also been a reduction in absolute numbers, from 2 billion euros in 2022 to 1.6 billion euros in 2023 and 2024 (CSB, 2023). To catch up with its neighbours and approach the European average, according to the Public

Health Guidelines 2021–2027 (Cabinet of Ministers, 2022, No. 359), as adopted by the government, the health sector should account for 6.5% of GDP, while the Latvian government’s spending should be around 15%.

Latvia suffers from a chronic shortage of health workers; there are the aforementioned 3.3 doctors per 1,000 inhabitants, as compared to 5 doctors per 1,000 inhabitants in Lithuania. This is not comparable to the number of doctors in Western Europe, where there are 6.5 per 1,000 inhabitants in France, and 8 per 1,000 in Italy. “The number of nurses in Latvia is also dramatic – 4.6 nurses per 1,000 inhabitants. For comparison, Lithuania has 9.4 and Estonia 6.6 per 1,000. In Scandinavian countries, there are 15–17 nurses per 1,000 people. There is currently a shortage of at least 4000 nurses and nursing assistants in Latvia” (Latvian Nurses Association, 2023).

In 2019, the State Audit Office of the Republic of Latvia published an extensive audit study entitled *Human Resources in Health Care* (The State Audit Office, 2019), and its conclusions carry a negative tone about the current situation. The most important statements are as follows:

(1) in 2005, the Ministry of Health set the goal to provide the healthcare system with human resources in numbers and qualifications adequate to the demand, including creating effective human resource planning in the health sector, an improvement of the system of remuneration and social guarantees, and the development of education systems in line with the demand in the healthcare labour market. The audit concluded that the number of healthcare practitioners employed in the health sector continues to decrease, and that there is significant ageing of staff and, also, that large inequalities exist in the distribution of healthcare practitioners among regions and Riga;

(2) the ratio of doctors-to-population in Latvia is within the average level in inter-country comparisons, yet there is a shortage of doctors in some specialities, and in the regions there is a shortage of doctors in almost all specialities. The sector is critically short of nurses and midwives; the auditors estimate that at least 3,598 additional nurses and 295 additional midwives are needed;

(3) 92% of doctors graduating from residencies start working in the healthcare sector, while the benchmark is not met for other professions; only 52% of nurses and 54% of midwives start working in Latvia after completing their studies. Overall, only 65% of young professionals who have obtained their qualifications remain in the Latvian labour market after receiving their diplomas;

(4) a data analysis carried out in the audit shows that 55% of healthcare practitioners and support staff are over 50 years old. The situation in several medical specialities may be considered critical. As an example, 65%

of doctors practising in the country who are surgeons are over 50 years old, and that percentage includes 21% of specialists who have reached 65 years of age. To improve the situation, young professionals need to be prepared and measures shall be taken to keep them in the healthcare sector;

(5) one of the main reasons why the Ministry of Health has not been able to achieve its human resources development policy objective is the fact that, due to insufficient funding for remuneration, the Ministry has not been able to achieve the desired increase in the average salary of healthcare practitioners to 2.5 times the average in the national economy salaries, which was already planned in 2009. Only since 2018 has the Ministry of Health started to significantly increase the salaries of healthcare practitioners, promising to ensure that, by 2021, the average salary of doctors and functional specialists would be twice the average salary of those employed in the national economy. However, in the auditors' view, the long-standing historical neglect and underpayment of those employed in healthcare has led to a shortage of healthcare practitioners and has also had a negative impact on the prestige of the profession. Therefore, addressing the human-resource challenges in the healthcare sector must be a long-term priority for the Ministry of Health in order to ensure accessible healthcare for the population;

(6) the criteria set forth by the Ministry of Health for the generational change of healthcare practitioners have not been fully achieved, because although one of the performance indicators to be achieved is to increase the number of healthcare practitioners in the 'up to 40 years of age' age group working in the healthcare sector by 5%, the audit concludes that the criterion has not been achieved in all professions, for example, there has been insufficient generational change in the professions of nurses and nursing assistants;

(7) the number of nurses in the health sector is insufficient and continues to decline. Moreover, the age structure of nurses employed in the sector is significantly increasing. The Latvian Nurses Association has also pointed to the insufficient number of nurses to provide quality healthcare services, stressing that the work ethic and competence of nurses in the state-funded health system is not adequately valued; therefore, nurses drift towards working in either the private healthcare sector or abroad (The State Audit Office, 2019).

A public statement from the WHO in 2023 follows, reflecting and emphasising the challenges outlined above: "There is a shortage of specialists of all kinds, including surgeons, anaesthetists, internists, narcologists, and psychiatrists. The most challenging issue for regional hospitals is to provide specialists on duty for emergency care in regions of the country" (WHO, 2023). In the author's opinion, most of the problems

in the healthcare system are related to insufficient public funding, and one of the consequences is healthcare practitioners leaving Latvia because the countries they go to can afford to pay them much higher salaries. People want financial security and social comfort *now*. It should also be considered that the costs of goods, services, utilities, etc, when comparing Latvia with other EU countries, has levelled off considerably.

There is no completely accurate data on the number of healthcare practitioners who have left Latvia. According to the Latvian Medical Association, based on the applications submitted by medical practitioners for the recognition of their qualifications abroad, around 150–200 healthcare practitioners leave Latvia every year. Currently, there is a shortage of about 300 doctors and 8000 nurses in Latvia (Diena, 2023).

It is safe to say that the main push factor for doctors is remuneration. However, there are other reasons, too. For example, young doctors choose to go abroad due to the higher quality of resident training and working conditions that are to be found across borders, and the lack of doctors is felt at the residency level. Additionally, there is a lack of board-certified doctors to train and supervise junior doctors, and a severe shortage of doctors is observed in public hospitals, where young doctors have to be trained and acquire a speciality. Such staff shortages often force young doctors to fill their work schedules with too many on-call hours, thus physically leaving no time to learn a speciality or have quality conversations with a board-certified doctor (Young Doctor's Association, 2019).

Among those who have left the country are medical practitioners who have taken out loans they could not repay and who ended up coming under the scrutiny of debt collectors and bailiffs as a result of 2008's economic crisis. Indeed, it is still common in Latvia for medical practitioners to be engaged in several job positions just to be able to provide themselves with a decent living (Portal Doctus, 2018). Another reason for emigration is professional development and social security. It is tempting to work in a high-end clinic abroad, and just in one job rather than several. Doctors abroad not only have economic security but also social security, with various relocation allowances and social benefits. The above facts have a strong impact on national losses including the macroeconomic situation, with, for example, the inflow of remittances from emigrants to Latvia contributing to inflation, which in turn limits the international competitiveness of Latvian businesses. An additional loss relates to the returns on state investments in the education system. Most of the emigration is undertaken by young people who have relatively recently completed their education in Latvia, and it can be estimated that the cost of training one medical resident in a residency programme can range from 20,000 to 40,000 euros depending

on the duration of studies and the speciality (Cabinet of Ministers of the Republic of Latvia, Regulation No. 685, 2011). A loss in tax payments to the state is observed, which is considered as the unearned income that the emigrant could have contributed to the national economy. This mainly relates to unearned tax revenues to state and local budgets.

Attracting and Training Young Resident Doctors

It is important for the country to train young resident doctors, who study in an accredited professional residency training programme in medicine to obtain a speciality and who secure an employment relationship with the medical institution that implements their training programme, whereupon they provide healthcare services under the supervision of a doctor who holds a certificate and is registered in the Register of Healthcare Practitioners. In 2021, there were an estimated 15.3 medical doctors graduating in the EU for every 100,000 inhabitants (Eurostat, 2021). The highest ratios were recorded in Latvia (27.3 per 100,000 inhabitants). In Latvia, medical education is provided by specialised universities in cooperation with medical institutions and the Ministry of Health (Cabinet of Ministers, Regulation No. 685, 2011).

The fact that the training of young doctors and the overall issue of human resources is of the utmost importance for the Latvian Healthcare System is reflected in Cabinet Order No. 359 of 26th May 2022 “Public Health Guidelines 2021–2027”. That document identifies the provision of human resources and skills development as one of the courses of related action. The objective is to increase the proportion of healthcare practitioners employed for the provision of state-funded healthcare services and to ensure their professional development as well as to guarantee a balanced generational change of the healthcare workforce.

“Residency” is the education of a doctor in an employment relationship with a medical institution providing an educational programme in order for that doctor to acquire a speciality in accordance with an accredited professional residency training programme in medicine. An essential part of medical education and a prerequisite for obtaining a medical certificate, residency entitles a doctor to practice fully and independently in their speciality (Krišjāne, 2007, p. 8).

Pursuant to the paragraph 11 of the Cabinet Regulation No. 268 of 24th March 2009, “Regulations regarding the Competence of Medical Practitioners and Students Acquiring First or Second Level Professional Higher Medical Education Programmes in Medical Treatment and the Amount of Theoretical and Practical Knowledge of These Persons”, during

the first and second years of their residency, a resident who is studying a basic speciality may work under the direct supervision of a specialist certified in that speciality, with that resident having at least five years' experience in such a speciality after obtaining a medical practitioner's certificate, documenting the clinical experience gained and going on to receive an evaluation of the work performed from said specialist. The duties and rights of a resident in the course of the provision of medical treatment shall be determined by the head of the appropriate medical institution, taking into account the knowledge and skills acquired and assessed during the course of the medical education programme, as well as on the basis of a recommendation from the head of the relevant residency study programme and a specialist certified in the relevant speciality, whose length of service in the relevant speciality after obtaining a healthcare practitioner certificate is at least five years. In addition, in paragraph 12, it states, "The following persons may work under the supervision of a specialist certified in the relevant speciality, with at least five years' experience in that speciality after obtaining a medical practitioner's certificate, documenting the clinical experience gained and receiving an evaluation of the work performed from the specialist concerned; 12.1. from the third year of study – a resident who is studying a basic speciality; 12.2. a resident who is studying a subspeciality or additional speciality". Moreover, according to this Regulation, the scope of residents' independent work shall be determined by the head of the medical institution on the basis of an assessment of the theoretical knowledge and professional skills acquired by the resident during a study programme, conducted by the head of the relevant residency study programme and a specialist certified in the relevant speciality with at least five years' experience in that speciality after obtaining a medical practitioner's certificate. Following the administrative framework, it could be stressed that the minimum duration of a residency training programme for a person who has already acquired the profession of "doctor" to be eligible for authorisation to practice medicine independently, in accordance with their chosen competence, and after completing a full-time medical study programme, is set separately for each basic speciality of the medical profession. The scope of a resident doctor's independent professional work shall be determined by the head of the appropriate medical institution based on an assessment of the theoretical knowledge and professional skills acquired by the resident doctor and which is conducted by a certified, trained specialist in the relevant speciality (Slokenberga et al., 2015, p. 277).

The procedure for financing a doctor's residency and the procedure for recovering the associated funding shall be determined by Cabinet

Regulation No. 685 of 30th August 2011, being the Procedure for the Admission, Distribution, and Funding of a Residency. Paragraph 3 of Regulation No. 685 states the following: “The Ministry of Health shall calculate the number of residency places to be financed from the State budget based on the following data: (1) information provided by medical institutions on the number of doctors needed, (2) the number of doctors not working in their main job, (3) the number of unemployed doctors, (4) the number of doctors expected to reach retirement age within the next five years, (5) a mutual analysis of statistical data on the provision of doctors in European Union Member States, (6) the demographic situation and development projections, and (7) projections of the number of healthcare practitioners for full-time workloads” (Cabinet of Ministers of the Republic of Latvia Regulation No. 685, 2011).

The mechanism that prepares young doctors in Latvia is good enough for purpose, however, many young doctors do not end up in the public sector after their residency; they rather end up in the private sector. The Young Doctors’ Association underlines the above regulatory framework as a reason for emigration, which stipulates the condition to work for 3 years in the public sector after completing a residency. In this regard, the Young Doctors’ Association has said: “This violates the free movement of labour and severely restricts a young doctor’s choice of future workplace. For example, if a young doctor decides to go for an internship or further research abroad after their residency, they will have to reimburse their residency expenses. The Latvian Young Doctors’ Association believes that such attempts to forcibly keep young specialists in the country only encourage the current and future emigration of residents and exacerbate the shortage of doctors in Latvia. These Cabinet Regulations have been in force for several years, and reality has shown that such coercive restrictions do not work in the long term and will not retain young professionals in the country” (Young Doctors’ Association, 2019).

However, when young professionals, faced with a prospect of having to refund the state budget for those investments spent on their education or to work for a certain period, the residents believe that their right to freedom of choice of occupation is being violated and could in fact even be considered as forced labour. However, according to the Article 106 of the Constitution of the Latvia (The Constitution of the Republic of Latvia, 1922, Article 106): “Everyone has the right to freely choose the occupation and workplace that suit their abilities and qualifications. Forced labour shall be prohibited. Involvement in the elimination of disasters and their consequences and employment in accordance with a court ruling shall not be considered forced labour” (The Constitution

of the Republic of Latvia, 1922). The Constitutional Court concluded that the regulatory framework established by the Cabinet of Ministers complies with the Constitution.

Box 1. The Constitutional Court Judgment of 3rd May 2012 in Case No. 2011-14-03 (The Constitutional Court's Judgment, 2012)

The Concluding statement: "First, according to Regulation No. 120 and Regulation No. 972, a person could choose the means for funding their studies during their residency. The Constitutional Court emphasises that the regulatory enactments do not impose an obligation on a person, but only the right to conclude a contract governed by public law on the payment of the individual's training in residency from the State budget funds. An individual can also pay for their residency training themselves or use the resources of other natural or legal persons, without being obliged to work for a specific medical institution for three years after completing their residency or to reimburse the state budget for the funds spent on their training. Secondly, if an individual has chosen to study in a residency at public expense, they are given the opportunity to choose which of several medical institutions to work in for the next three years. Thirdly, if an individual wishes to work in another medical institution in Latvia or to leave Latvia, they can reimburse the state budget funds spent on their residency training. In addition, these funds shall be repaid over five years, in monthly instalments and without a penalty, instead of being repaid in full immediately. Persons enrolled in a residency program who freely choose to enter a training contract for the payment of training from the State budget funds simultaneously assume certain obligations towards the State. This contract, governed by public law, is a win-win situation: on the one hand, the State commits to paying for the individual's training during their residency, and, on the other, the individual commits to working in the public health system for three years after completing their residency. Thus, the term 'Harm to the rights of the individual' should only be used conditionally in this case. The State has the right to require a person to fulfil the obligations they have undertaken. However, the benefit of this restriction on the right of an individual for the whole society is the possibility to receive healthcare services guaranteed under Article 111 of the Constitution or to recover the State budget funds for the investment in the training of the individual. Consequently, the benefit to society outweighs the fundamental right of the individual contained in the contested regulation".

This judgment of the Constitutional Court notwithstanding, there is an opinion that, in any event, the obligation to work in the public sector for 3 years after completing one's residency, as laid down in Cabinet of Ministries Regulation No. 685, is contrary to European Union law, which provides for the free movement of labour within the EU. On the one hand, one could agree that there is a certain contradiction with European Union law, which provides for the free movement of labour. However, on the other hand, it is reasonable for the State, in a situation where the State has paid enough money for the education of an individual, to oblige the individual to work for a certain period in the public sector in a field of medicine that is important to the State, providing healthcare services to the public.

Article 111 of the Constitution provides that the State shall protect human health and guarantee a minimum level of medical assistance to everyone. The framework established by Regulation No. 685 is one of the mechanisms by which the State seeks to ensure the existence and accessibility of medical practitioners and the services they provide to the population. In the author's view, the 3-year compulsory employment period should not be regarded as disproportionately long.

Conclusions

Healthcare systems in Europe are facing increasingly complex challenges that demand innovative solutions. The restructuring of healthcare in Latvia – coupled with demographic, technological, economic, and institutional changes – impacts upon the aspirations of healthcare workers, the nature and scope of their work, and their contribution to the healthcare industry. Public health is increasingly recognised as a productive factor.

Although financial considerations are the main reason for healthcare professionals' out-migration, there are other considerations, and are as follows: better career opportunities; the chance to work with state-of-the-art technologies; beneficial social security schemes; a new or improved work environment and culture, better quality residencies, etc. Consequently, a rapid and substantial increase in the remuneration of healthcare practitioners in the public sector is of prime importance.

The Cabinet of Ministries Regulation No. 685 of 30th August 2011 on the Procedure for Admission, Distribution, and Funding of a Residency, which provides for 3 years of work in the public sector after the completion of a residency, has not fully achieved its objective which is to reduce the emigration of healthcare practitioners and to train healthcare

practitioners in the provision of medical services. A large proportion of young doctors choose to emigrate after completing their residency. The author considers it of high importance to develop amendments and incorporate a note into the regulatory framework stating that persons should be exempt from the reimbursement of state budget funds in cases in which their studies have been abandoned for reasons beyond the control of the entity being educated. However, if young healthcare professionals have worked for a relevant period in their fields (under the supervision of a certified physician) and especially if the shortage of specialists at that time in healthcare is at its greatest (emergency medicine, surgery, etc), the reimbursement procedure should not be applied. Furthermore, whether the reimbursement system should be abandoned or be reconsidered has to be discussed and studied.

It is important to stress that the existing regulatory framework may clash with EU regulatory fundamentals on the free movement of labour. In the opinion of the author, the Ministry of Justice of Latvia should carry out a thorough assessment of the existing regulatory framework and its potential to be improved and not be in conflict with the EU's regulatory framework.

Solutions should be provided by the state, employing available human resources and providing the population with healthcare services at the required level. Otherwise, the mass out-migration of health care practitioners from Latvia to other EU Member States may jeopardise the efficient and sustainable functioning of the healthcare system in Latvia.

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