

The Green Deal in Healthcare: EU Labour Mobility and the Outflow of Medical Practitioners from Latvia

Summary: The Green Deal emphasises sustainability and encourage medical practitioners to adopt sustainable practices that result in a healthier environment, leading to better overall public health. Free movement of labour is one of the pillars in the EU Single Market. EU legislation on the recognition of professional qualifications suggests the framework within which medical doctors can migrate freely between EU Member States to practise their profession. In recent years, the emigration of medical practitioners from Latvia has been one of the most pressing problems in the health sector with consequences for the population related to availability of health services. Migration is a complex socio-economic phenomenon influenced by numerous factors. In many cases migration trends relate to the decisions taken by the state and healthcare management. The authors aimed at understanding the dynamics and reasons of the outflow of healthcare practitioners and medical doctors specifically as well as the role of the state in preventing this tendency. Special emphasis is placed on the training of residential doctors as a promising strategy to retain healthcare professionals in the country. The legal framework for reclaiming public funding allocated that the residency programmes has been evaluated. The article concludes that the emigration of healthcare practitioners from Latvia poses a significant threat to the effective healthcare system. The state should implement proactive policies towards creating a stimulating working environment to prevent the outflow of medical doctors and encourage their influx.

Keywords: EU Single Market, Outflow, Healthcare Practitioners and Medical Doctors, Resident Doctors, Health Policy

- 1 Girts Jirgensons, PhD candidate in Economics and Business Studies at the Riga Stradins University, Latvia. His research and publications cover legal environment in the EU and Latvia, employment policies, legal issues related to labour disputes, residency programmes for young medical doctors. Contact: girts.jirgensons@vm.gov.lv.
- 2 Tatjana Muravska, Professor in Regional Economy and European Integration at the Riga Stradins University, Latvia and Jean Monnet Professor. Her research and publications have covered social and economic issues in the EU. Contact: tatjana.muravska@rsu.lv.

A. Introduction

The free movement of workers is a fundamental principle of the European Union. 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. The conclusion of the 1992 Maastricht Treaty marked a significant change, as the European Union Citizenship Institute was established. From that point on, the freedom of movement was extended to citizens of the European Union, as well as to their family members who are not EU citizens.³ It is believed that without the freedom of movement for workers, the labour market of the European Union could not achieve stability. Regions with high unemployment rates and low wages could emerge, leading to a surplus of labour supply in those areas, while other regions might experience labour shortages where wages would consequently be significantly higher. As a result, countries with higher labour costs would produce more expensive goods and services that could not compete effectively with those from countries with cheaper labour. Furthermore, any EU Member State would have problems achieving and implementing these objectives in a situation with insufficient human resources.

2004's enlargement influenced on the labour market in Latvia leading to an outflow of labour in general and medical practitioners in particular. Ensuring that healthcare is accessible and of high quality is a key aspect of both the Green Deal and the free movement of practitioners.⁴ By supporting mobility, countries can address shortages in areas where a number of local practitioners is insufficient, promoting health equity and ensuring that all groups of population benefit from sustainable healthcare practices.

Although the shortage of healthcare practitioners in Latvia was not immediately apparent after this enlargement, it is now clear that patients in the country face harsh consequences in their healthcare service experiences on a daily basis. In 2013, the EU has passed the legislation⁵ on the recognition of professional qualifications, which poses new opportunities and challenges for doctors wanting to live and work in a European country other than the one in which they originally qualified.

3 Treaty on the Functioning of the European Union (2012) Official Journal C 326/47, p. 76.

4 The European Green Deal. Brussels, 11.12.2019, COM(2019) 640 final.

5 Directive 2005/55/EC of the European Parliament and of the Council of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative co-operation through the Internal Market information System ('the IMI Regulation').

Furthermore, a healthcare models are different in the EU Member States, which affect the accessibility, quality, and efficiency of healthcare services available to their populations. These variations can lead to disparities in health systems' outcomes, as some countries may have better resources and infrastructure, while others struggle with funding and workforce shortages. Additionally, differences in healthcare policies and regulation can influence availability of healthcare services to population and the overall management of public health system. In the authors' opinion, the task of the system includes (1) improvement of health for individuals, families, and society, (2) protection of the population from health hazards, (3) insuring people against financial risks caused by ill health, (4) offering equal access to healthcare, (5) enabling people to participate in decision-making that affects their health and the overall health system. Nevertheless, the efficiency of the health services depends on the healthcare model, it is important to distinguish what type of the model exist in the country.

The authors' observation shows that the healthcare system in Latvia represents the Beveridge model, considering historical experience, cultural characteristics, available resources, and expertise. The most characteristic features of this system include (1) coverage of the entire population, (2) financing from the general revenues of the state budget. Since the Beverage model relies on state funding for its services, the system struggles with inadequate resources and inefficient resource allocation. Economic constrains can affect salaries and job satisfaction for healthcare professionals. It funding for healthcare is limited medical professionals, particularly medical doctors, may seek employment in countries where the healthcare system is more efficient. The National Health Service in Latvia⁶ has universal population coverage, general tax-financed health care provision and a purchaser-provider split. The Ministry of Health is responsible for defining national health policies and regulations. It also regulates public health, while the Centre for Disease Prevention and Control coordinates and implements public health activities.⁷

Discussions in Latvia keep focus on management of the healthcare system. One of the central issues is the division of funds between the state and medical establishments as service providers. The separation of the money holder from the service provider is not complete; however, the money holder operates autonomously, and services can also be purchased from other healthcare providers.⁸ In the authors' opinion, there are questions about

6 Cabinet of Ministers of the Republic of Latvia No. 359 26, May 2022.

7 The Regulations of the Cabinet of Ministers 13 April 2004, No. 286.

8 Slokenberga, S. et al., 2015, pages 47–49.

whether the Beveridge model is truly functioning in the country based on the assumption that availability of health services is not entirely ensured by the state. Another urgent matter that complicates the fully implement the Beveridge model is the outflow of medical professionals from the country in recent years which negatively affects the supply of health services in contrarily to their demand for them. This issue is widely discussed and reflected in the media, and people experience its consequences in their everyday lives when receiving healthcare services.⁹

There is no completely accurate data on the number of healthcare practitioners who have left Latvia, however, according to information by the Latvian Association of Doctors, about 100 to 150 healthcare professionals prepare documentation each year for the recognition of their qualifications in foreign countries through this association. Currently, a shortage is about 300 doctors and 8000 nurses in Latvia.¹⁰

Assuming that a healthy society should be one of the country's priorities, this must be supported by an adequate number of medical doctors, as ensured by state health policy and sound decisions made by state authorities.

B. Management of Human Resources in the Health Sector

Health care is extremely labour-intensive. This is one of the most significant sectors of the economy on the EU, providing employment for 9,7% of the EU workforce.¹¹ At the same time, health systems in Europe are facing increasingly complex challenges that demand innovative solutions and could, in turn, impact the demand for healthcare practitioners.

The restructuring of healthcare in the EU and Latvia, along with technological and economic changes, affect the desires of healthcare workers as well as the nature and scope of their work. Furthermore, public health and healthcare are increasingly recognised as productive factors contribute to the economic progress and well-being of people.

Latvia has a national health system with strong government management, but which remains severely underfunded. Even though health expenditure per capita has increased by 75% since 2010, the level remains the fourth lowest in the EU. Only 61% of health expenditure is publicly funded, and the

⁹ Diena, Latvian daily newspaper, 2023.

¹⁰ Latvian Association of Doctors, 2024.

¹¹ Eurostat, 2023.

share of out-of-pocket spending is the second highest in the EU.¹² Despite significant gains over the past two decades, the life expectancy of the Latvian population remains one of the lowest in the EU. The gender gap in life expectancy is over nine years, which is the second highest in the EU. Additionally, life expectancy of in the country shows considerable variation based on educational attainment.

Health workforce shortage is an important problem in Latvia. The number of practising medical doctors was 3.3 per 1 000 population 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.¹³ In addition, healthcare practitioners are predominantly concentrated in urban areas, which creates equity and accessibility challenges for population in rural areas. This urban-rural divide is aggravated by a notable aging workforce and substantial disparities in the distribution of healthcare professionals across different regions in the country. Additionally, environmental factors play a crucial role in shaping public health outcomes. Encouraging the mobility of healthcare professionals can enhance the dissemination of knowledge and expertise in environmental health, ultimately leading to improved health outcomes nationwide. Practitioners from regions with successful green initiatives can share best practices in managing health risks related to pollution and climate change.

There is also a lack of doctors in some specialities, while in the regions there is a shortage of doctors in almost all specialities. A statement of the World Health Organisation in 2023, reflected, and emphasised 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.”¹⁴

Many doctors will retire in the coming decades. The average age of general practitioners is 54 years. More than a quarter of general practitioners are at least 60 years old. To tackle the lack of the workforce, the medical training capacity has been increased and medical graduates reached 454 in 2020. In 2022 15.5 medical doctors graduating in the EU for every 100 000 inhabitants. The highest ratios were recorded in Latvia in 2022– 27.7 per 100 000 inhabi-

12 OECD/European Observatory on Health Systems and Policies (2021), *Latvia: Country Health Profile 2021, State of Health in the EU*, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels.

13 Ibid.

14 WHO, 2023.

tants.¹⁵ In the number of students in academic year 2024/25, the second most popular programmes in the country are health and welfare 19.3 percent making up 14.5 thousand of total number of students. Over the past decade the largest rise – in health and welfare programmes – 3.8 thousand students.¹⁶

To assessment of the human resources and the efficiency of the state management in the health care sector shows¹⁷ the following problems: 92% of doctors graduating from residencies start working in the health 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 the qualification remain in the Latvian labour market after receiving their diplomas.

It is generally assumed, that the main reasons why the Ministry of Health has not been able to effectively manage its human resources development policy is due to insufficient funding for remuneration. The Ministry has not been able to achieve the increase in the average salary of healthcare practitioners to 2.5 times the average in the national economy wages by 2021.¹⁸ Furthermore, the long-standing historical neglect of the underpayment of those employed in healthcare¹⁹ 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 resources challenges in the health sector must be a long-term priority for the Ministry of Health in order to ensure accessible health care for the population.

C. The Reasons for Emigration of the Medical Doctors

1. *The Survey's results*

In 2023 and 2024, the authors conducted a Survey among medical doctors' regarding the reasons for emigration. The Survey was conducted with more than 300 medical respondents from one of the largest hospitals in the country Pauls Stradins Clinical University Hospital.

15 Eurostat (2024) Which countries have the most doctor and dentist graduates?

16 The Central Statistical Bureau of Latvia, 2024.

17 OECD/European Observatory on Health Systems and Policies (2021), Latvia: Country Health Profile 2021, State of Health in the EU, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels.

18 Ibid.

19 The State Audit Office of the Republic of Latvia (2019) Human Resources in Health Care. Audit report.

As can be seen form the Figure1 below, the absolute majority of respondents indicates that the main reason for emigration is remuneration of 68 percent. But there are other reasons such as remuneration and working conditions of 22 percent, working conditions only of 4 percent and other reasons of 6 percent.

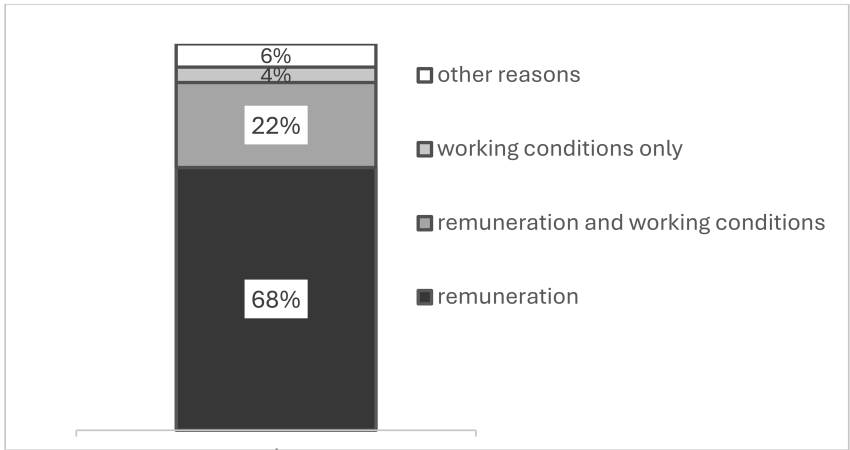


Figure 1: Reasons for out-migration of medical personal

The remuneration and working conditions together represent a significant part of motivations, while the quality of working conditions alone also influences decisions to emigrate. Furthermore, factors such as personal safety, family reunification pay an essential role in shaping individuals’ choices to seek employment abroad. This multifaceted approach to understanding emigration highlights the complexity of personal and economic factors at play.

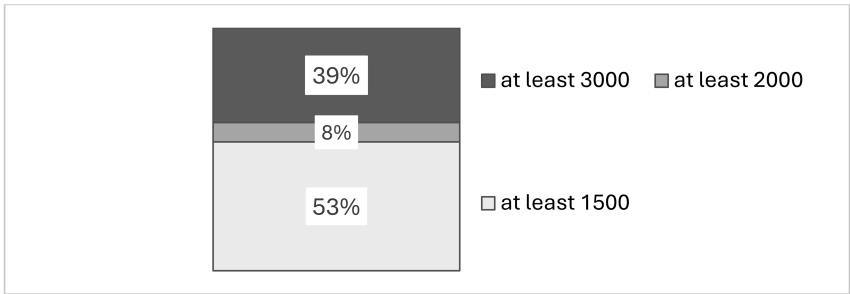


Figure 2: Desired remuneration of young doctors (net salary in euros)

Most of the respondents indicated that they would like to receive at least 3000 euros net after the graduation of residency, Figure 2. This expectation reflects their desire for competitive compensation that acknowledges their extensive training and the demanding nature of the profession. Additionally, many of young doctors expressed concerns about the rising cost of living and the need to secure financial stability as they began their careers, emphasising that adequate remuneration is crucial for attracting and retaining talent in the healthcare sector.

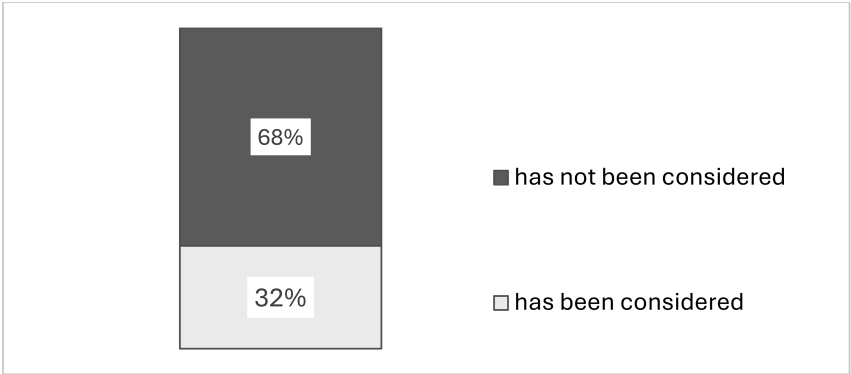


Figure3: *Has the emigration been considered?*

Emigration has been considered by 32 percent of respondents, indicating a significant level of interest in leaving the country, Figure 3. Moreover, among those contemplating emigration, many expressed concerns about their current working conditions, social stability, and future prospects in their home country, suggesting that a range of motivation drives this intent to explore opportunities abroad.

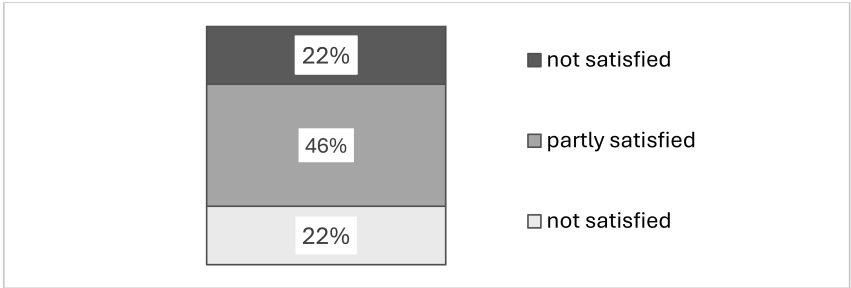


Figure4: *How satisfied are you with your working conditions?*

From the answers given, it can be assumed that most of the respondents are to some extent dissatisfied with the working conditions. 46 percent are partially satisfied but 22 percent are not satisfied at all. This indicates a pressing need for improvements in the workplace, as many expressed concerns about factors such as inadequate resources, long hours, and lack of support from management. Addressing these issues could significantly enhance overall job satisfaction and retention of staff, ultimately leading to better patient care and a more stable healthcare system.

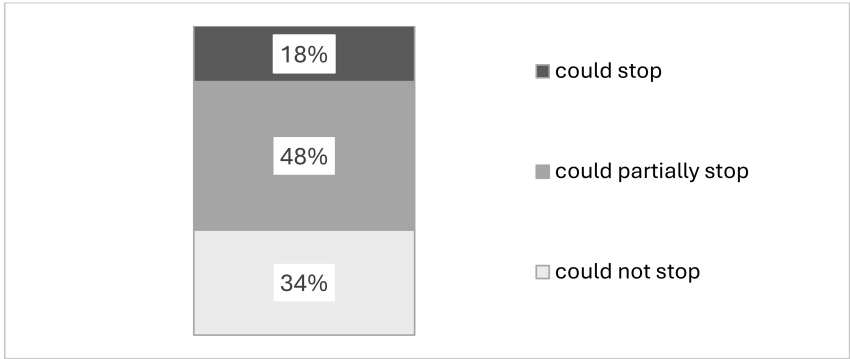


Figure 5: Can raising remuneration help to stop out-migration?

It can be concluded that not only remuneration is the factor that the state should work on in order to motivate medical doctors to stay in Latvia. Other critical aspects include improving working conditions, providing ongoing professional development opportunities, ensuring job security, and enhancing the overall healthcare infrastructure. Additionally, addressing issues such as workload, access to resources can significantly influence doctors' decisions to remain in the country, fostering a more attractive and supportive environment for healthcare professionals.

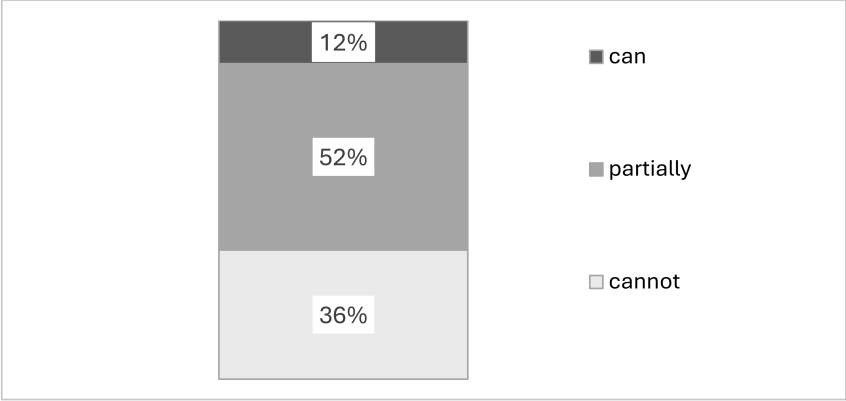


Figure 6: Can raising remuneration stimulate doctors to return?

Raising remuneration is an important reason in stimulating medical doctors to return to the home country, as financial incentives are often a key factor in their decision-making process. However, it is important to note that increased remuneration is a crucial element. Other factors, as it is seen from the above assessment of the answers to the Survey’s questions, such as working conditions, professional development opportunities, working conditions, work-life balance, and the overall healthcare environment, also significantly impact medical doctors’ decisions to come back. Therefore, a comprehensive approach that includes both better remuneration and improvements of other factors important for doctors to stay in the home country is likely to be more effective in encouraging doctors not to leave or to return.

Another example of motivation to leave is the following: among those who have left the country are medical practitioners who took out loans they could not repay and have ended up under the scrutiny of debt collectors and bailiff as a result of the economic crisis of 2008–2009. Besides, it is still a common situation in Latvia that medical practitioners have to be engaged in several job positions to be able to provide themselves with decent living.²⁰

A reason for emigration is professional development and social security. It is tempting to work in a top-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 processes have a strong impact: national losses followed outflow, such as, for example, macroeconomic situation as the inflow of remittances from emi-

20 Portal Doctus, 2024.

grants to Latvia contributes to inflation, which in turn limits the international competitiveness of Latvian businesses.

An additional loss related to the returns on the state investments in the education system. Most of the emigration is of young people who have relatively recently completed their education in Latvia. It can be estimated that the cost of training of one medical doctor resident in a residency programme can range from euro 20 thousand to euro 40 thousand depending on the duration of studies and the speciality.²¹ A loss in tax payments to the state is observed, which is considered as the unearned income that the emigrant could have given to the national economy. This mainly means the unearned tax revenues to state and local budgets.

It can be confidentially stated that the primary motivating factor for doctors to leave the country is financial remuneration alongside various other factors. For example, young doctors choose to go abroad due to the higher quality of residency training and working conditions.²² Additionally, board-certified doctors to train and supervise young professionals is limited.

A severe shortage of doctors is observed in public hospitals, where young doctors have to be trained and acquire the speciality. However, staff shortages often force young doctors to fulfil their working hours with too many on-calls and other 'system' maintenance tasks, thus reducing time for learning the speciality subjects and having quality conversations with a supervisor. This not only hinders their professional development but also impacts their overall job satisfaction and mental well-being, potentially leading to burnout and a decreased commitment to their chosen field. As a result, addressing these issues is crucial for fostering a more supportive environment that enables young doctors to thrive both academically and professionally.

2. Training and attracting young resident doctors

It is essential for the country to train young resident doctors who are enrolled in an accredited residency programme to gain a medical speciality. These doctors have an employment relationship with the medical institution offering the training, where they provide healthcare services under the supervision of a certified doctor registered in the Register of Healthcare Practitioners. The medical professional residency programmes are provided by specialised universities in cooperation with medical institutions and the Ministry of Health.

21 Cabinet of Ministers, regulations No.685, 2011.

22 Ibid.

Residency is the education of a medical doctor in an employment relationship with a medical institution providing an educational programme, to acquire a speciality in accordance with an accredited professional residency training programme in medicine. It is an essential part of medical education and a prerequisite for obtaining a medical certificate, which entitles a doctor to practice independently and fully in their speciality. 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, after completing a full-time medical study programme, is set separately for each basic speciality of the medical profession. The scope of the resident doctor's independent professional work²³ shall be determined by the head of the medical institution based on an assessment of the theoretical knowledge and professional skills acquired by the resident doctor by a certified and trained specialist in the relevant speciality.²⁴

The procedure for financing the residency and the procedure for recovering funds shall be determined by LR Ministry Cabinet Regulation No. 685 of 30 August 2011 Procedure for Admission, Distribution, and Funding of the Residency. The Paragraph 3 of the Regulation No. 685²⁵ states the following: The LR 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) mutual analysis of statistics data on the provision of doctors in the European Union member states, (6) demographic situation and development projections, (7) projections of the number of healthcare practitioners for full-time workloads.

The mechanism that prepares young doctors in Latvia is good enough; however, many young doctors do not end up in the public sector after their residence or in the private sector. 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 the residency. Procedure for Admission, Distribution, and Funding of the 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

23 Young Doctors' Association.2019.

24 Slokenberga, S. et al., 2015, pp.277.

25 Cabinet of Ministers Regulation No. 685, 2011.

further research abroad after their residency, they will have to reimburse their residency expenses. Latvian Young Doctors' Association believes²⁶ that such attempts to forcibly keep young specialists in the country only encourage and will encourage the emigration of residents and promote 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.

However, when young professionals faced with a situation of refund the state budget those investments spent in 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. According to the Article 106 of the Constitution of Latvia: "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."²⁷ The Constitutional Court concluded that the regulatory framework established by the Cabinet of Ministers complies with the Constitution,²⁸ that is seen in the Box 1.

Box 1: The Constitutional Court judgment of 3 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 in the 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 themselves for their residency training 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 the 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 leave Latvia, they can reimburse the state budget funds spent on the 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 who freely choose to enter a training contract for the payment of training from the State budget funds, at the

26 Young Doctors' Association, 2019.

27 The Constitution of the Republic of Latvia. Adopted by the Constitutional Assembly of Latvia on 15 February 1922.

28 The Constitutional Court's judgment of 3 May 2012 in Case No. 2011-14-03.

same time 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 pay for the individual's training during the residency, and on the other, the individual commits to work in the public health system for three years after completing the 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 (*Satversme*) 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."

Despite the judgment of the Constitutional Court, there is an opinion that, in any event, the obligation to work in the public sector for 3 years after completing the residency, as stipulated in the Regulation No. 685, contradicts EU law.²⁹ Specifically, EU law promotes the free movement of labour within the EU, suggesting that individuals should have the right to choose their employment without being bound by such obligations. This perspective emphasises the need to align national regulations with EU principles to ensure that healthcare professionals can exercise their rights to work freely across the EU. However, in a situation where the State has funded education of an individual, to oblige the individual to work for a certain period in the public sector as a medical practitioner and to provide healthcare services to the population.³⁰

Article 111 of the Constitution postulates that the State shall protect human health and guarantee a minimum level of medical assistance to everyone.³¹ 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 authors' view, the 3-year compulsory employment period should not be regarded as disproportionately long.

29 Cabinet of Ministers Regulation No. 685, 2011.

30 Jirgensons, G. (2024) EU Health Policy and the Healthcare Labour Market in Latvia: The Out-Migration of Healthcare Practitioners. *Studia Europejskie – Studies in European Affairs*, 1/2024 pp.149–163, pp. 149–163. DOI:10.33067/SE.1.2024.8.

31 The Constitution of the Republic of Latvia. Adopted by the Constitutional Assembly of Latvia on 15 February 1922. Article 111.

3. Possible solutions for solving human resource problems

In recent years, the Latvian healthcare system has faced significant challenges, primarily the availability of publicly funded healthcare services and workforce issues. A major reason for doctors leaving the country is salary; therefore, the government must secure funding to increase healthcare personnel remuneration. However, it's important to note that the significance of salary as a reason for emigration has diminished over time. Based on the Survey's result it could be said that the decision to emigrate may influence such factors as social security benefits, state guarantees, better access to childcare, improved healthcare quality, mortgage loan availability for families, professional development opportunities, and access to advanced technologies. Addressing these challenges is essential for retaining young professionals. However, to find solutions to the above listed issues requires time.

As it was already underlined, there is a shortage of medical doctors, especially general medical specialists in rural areas. Expanding the use of telemedicine could help alleviate this problem. Telemedicine uses telecommunications technology to deliver medical services remotely, encompassing phone calls, video chats, emails, and text messages. It is also known as telehealth, digital medicine, e-health, or m-health.

Telemedicine offers several advantages, such as: accessibility (provides remote care to patients in remoted regions), cost- reduction (lowers remote care to patients in remoted regions, lower healthcare costs for patients and providers), experience sharing facilitates the exchange of knowledge among health professionals). Moreover, telemedicine promotes green and sustainable services to population.

However, there are also disadvantages, for example, increased risk of errors (remote consultations may lead misunderstandings), telemedicine cannot replace physical examinations (important diagnostic elements may be missed), regulatory changes needed (current laws may need to adapt to reflect telemedicine operation), time-consuming for doctors (managing remote consultations can be challenging for healthcare providers).

Another potential solution to the workforce problem is to consider shortening residency programmes in certain specialties. However, this proposal should be thoroughly evaluated by the Ministry of Health in collaboration with medical associations.

Finally, many students from Eastern countries are studying medicine in Latvia, but most leave to pursue residency positions in Western Europe after graduation. The Ministry of Health should explore strategies to retain these graduates, such as increasing residency salaries, enhancing the quality of training, and possibly providing housing assistance for these young professionals.

D. Conclusions

The EU's fundamental principles ensure the free movement of labour and recognition of professional qualifications in various of professions, which are crucial factors for the migration of EU citizens within the Single Market. As a result, countries and regions with low average wages in EU could supply labour to those areas, where wages are considerably higher.

The authors observe that the healthcare system in Latvia adheres to the Beveridge model, considering historical experience, cultural characteristics, available resources, and expertise. This model has led to a largely centralised healthcare system, where the National Health Service in Latvia provides universal population coverage, general tax-financed healthcare provision and a purchaser-provider split. The Ministry of Health is responsible for defining national health policies and regulations. It also regulates public health, while the Centre for Disease Prevention and Control coordinates and implements public health activities. The Ministry of Health aims to ensure that Latvia's healthcare system has sufficient qualified human resources. This includes effective human resources planning, improving remuneration and social guarantees, and aligning education with healthcare labour market demands. Despite these objectives the number of healthcare practitioners is declining, medical staff is aging, and there are significant regional disparities in healthcare distribution. The authors conclude that responsible government institutions should implement proactive policies aimed at improving of the health system and preventive measures to reduce the outflow of medical practitioners from the country. Developing policies that facilitate the movement of healthcare professionals while ensuring that they are trained in and advocate for sustainable practices can create a workforce that is aligned with the goals of the Green Deal.

The authors examined the reasons for the outflow of medical professionals, specifically medical doctors, from Latvia to other EU countries. Many issues in the healthcare system appeared from inadequate public funding. Authors conclude that a substantial increase of funding in public sector is essential to address these matters. The analysis reveals that financial remuneration is the primary reason for emigration, alongside better career opportunities, access to advanced technologies, social security, and improved working conditions. The need for improved management to address the unavailability of health practitioners is urgent. However, in case of existing partnerships, The Green Deal can promote the exchange of medical professionals who are trained in sustainable healthcare practices. This can enhance the capacity of healthcare systems to respond to challenges posed by environmental factors, thus fostering resilience.

The system of residency for young doctors should be improved. Currently, the regulatory framework mandates three years of public sector work post-residency, has not effectively reduced emigration rates. Many young doctors choose to leave after completing their residency. The authors suggest amending regulations to exempt individuals from repaying study costs if they abandon their studies for uncontrollable reasons. Furthermore, reimbursement should not apply to those who serve in critical shortage areas, such as emergency medicine and surgery. It's also important to consider that current regulations may conflict with EU laws on labour mobility. The authors recommend that the Ministry of Justice assess and improve the regulatory framework to ensure compliance with EU standards.

The state must leverage available human resources to provide necessary healthcare services; otherwise, the ongoing outflow of practitioners may compromise the sustainability of Latvia's healthcare system.

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