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Skilled Migration Before and During the Covid-19 Pandemic

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Abstract: *This article analyses the role of skilled migration before and during the Covid-19 pandemic, emphasizing the health sector. Using official statistics, it investigates the evolution of the migrant skilled professionals from this sector over the last decade and the difficulties they face in different European countries. A special analysis is devoted to recognizing and validating the professional credentials of migrant healthcare workers and their crucial importance nowadays. Some comparisons have been made between the health sector in the UK and Spain by pointing out the importance of foreign doctors and nurses in mitigating the pandemic's effect even during periods of lockdown and border closures. The conclusion of this research confirms the necessity of a collective and sustainable response to address the global shortage of health professional regulations and bureaucratic difficulties related to work permissions and authorizations in the post-Covid-19 recovery era.*

Keywords: *Covid-19; Essential Workers; Skilled Professionals; Health Sector; Recognition of Credentials*

INTRODUCTION

According to the UN International Migrant Stock, in 2020, Europe emerged as the primary destination, hosting 87 million migrants, which accounts for 30.9% of the global international migrant population (UN-IMS 2020; WMR 2022, 24), followed by Asia, North America, and Africa with 86 million (30.5%), 59 million (20.9%) and 25 million immigrants (9%) respectively. Since 2010, South America and the Caribbean have experienced substantial growth of international immigrants, up to 15 million (5.3%) of all international migrants in 2020. Finally, Oceania is home to around 9 million international migrants, 3.3% of the global population (UN-IMS 2020; WMR 2022, 24).

The number of immigrants from non-European countries in Europe by 2020 is presented in Figure 1. As can be seen, Spain, France, Italy, Germany, Netherlands, and Sweden are the countries where most immigrants outside the EU have settled during that year (Eurostat 2023a).

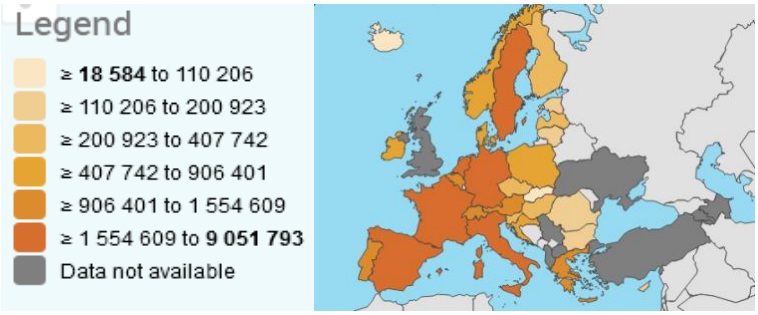


Figure 1: Number of Immigrants from Non-EU Countries in Europe by 2020 (Source: Eurostat 2023a)

In terms of absolute numbers, the largest populations of foreign-born citizens, hailing from both other EU member states and non-EU countries, by January 2022, were recorded in Germany, with 15.3 million individuals, followed by France with 8.7 million, and Spain with 7.4 million. In contrast, the lowest shares were recorded in Romania (1.7%), Poland (2.5%) and Bulgaria (3.2%) (Eurostat 2023a) (Figure 2).

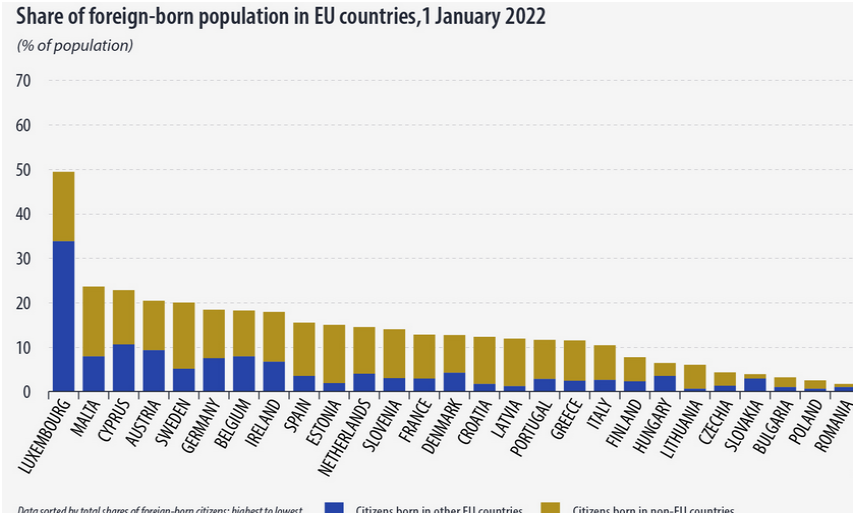


Figure 2: Share of the Foreign-Born Population in the EU by January 2022 (Source: Eurostat 2023b)

While skills and qualifications influence immigrants' economic and social integration, they do not necessarily guarantee successful integration or success in the labor market. Instead, they indicate immigrants' potential to integrate and fare well in the job market. Skills significantly impact immigrants' career trajectories and the types of jobs they secure (OECD 2018).

Highly skilled migration is a widely supported aspect of today's global immigration framework, with various initiatives aimed at attracting skilled workers from regions in the global south (Boucher and Cerna 2014; Weinar and von Koppenfels 2020). In recent years, Europe has notably intensified its efforts to attract and retain high-skilled migrants, viewing them as essential contributors to the "global race for talent" (Zorlu and Hartog 2008, 2-4). The focus has primarily been recruiting highly skilled migrants from outside the European Union (EU) to enhance competitiveness by expanding the talent pool (Platonova and Urso 2012; Dotsey 2023).

Important analysis refers to the perspective of developing countries in modeling the brain drain's effect on the host and home society by pointing out the social impact on the latter (Docquier and Rapoport 2013). A method of categorization has been introduced to account for the interactions between the market, the state, and the profession or industry (see Iredale 2008 and the references cited therein). Additionally, theoretical analysis has been performed, referring to the broader perspective of southern Europe, where mobility and new experiences are considered integral to one's professional identity (Triandafyllidou and Gropas 2014).

Challenges regarding the evaluation of skills and validation of qualifications apply to both migrants and refugees. Migrants can prepare for the qualification recognition process in

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their chosen destination country. In contrast, refugees often depart without knowing their eventual destination. Consequently, they may be unable to carry all their academic credentials and may face difficulties accessing the relevant institutions in their host countries for document verification. As a result of challenges in having their qualifications, skills, and work experience recognized, numerous refugees and migrants often find themselves either unemployed or in jobs that do not fully utilize their abilities. Many highly skilled refugees and migrants are relegated to low-skilled, temporary, and poorly compensated positions. This situation represents a loss for the affected individuals, the receiving societies, and their economies (EC 2007).

Recognition of prior learning plays a crucial role in successfully integrating highly skilled migrants and refugees. Whether acquired through formal education or informal experience in previous job roles, the knowledge, and the skills migrants bring with them should be a focal point in assessing their suitability, inclusion, and assimilation into a new workplace, labor market, and society. Various policy measures and practical initiatives have been implemented to streamline labor market integration by formally acknowledging and validating prior learning experiences (Andersson 2020). The OECD (2016) has emphasized the significance of Recognition of Prior Learning as a crucial tool for facilitating the integration of migrants and refugees.

According to the latest World Migration Report (WMR 2022) of the foreign-born in the OECD countries, 37% are highly educated, which is a larger share than among the native-born (32%). Except for Iceland and the South American OECD countries, the proportion of highly educated immigrants has grown in all OECD and EU countries, rising by 7% over the past decade in both areas. The share of immigrants in highly skilled jobs has increased by over 2% in the EU and 3% in the OECD in the last decade. In most countries over the same period, however, the gap between the share of immigrants and the native-born in highly skilled jobs widened. Namely, "among highly educated immigrants, almost 16 million in the OECD and 5.5 million in the EU are either not in employment or in jobs for which they are over-qualified, i.e., almost 45% of the highly educated immigrant population in both areas, compared with 40% of the highly educated native-born in the OECD and 30% in the EU" (OECD 2018).

This paper aims to analyze highly skilled migrants before and during the Covid-19 pandemic, focusing mainly on skilled migrants from the health sector. The main interest is related to the evolution of foreign-trained doctors and nurses in the EU, the share of migrants among essential workers in the European health service, and the evolution of their recruitment and integration depending on the host countries' specific needs, among others. The key question one wants to answer is: How has the Covid-19 pandemic highlighted the significant reliance on migration, especially from the healthcare sector?

Additionally, questions related to the challenges regarding the evaluation of skills and validation of qualifications for migrants and refugees, as well as aspects referring to actuation in future public health emergencies and the role of the skilled essential workers, have also been discussed.

METHODOLOGY

This paper is based on data gathered from a comprehensive review of existing academic and non-academic research publications and datasets, encompassing quantitative and qualitative statistics and data at the national, regional, and supranational levels. The research

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primarily focuses on third-country nationals (non-EU citizens) and, whenever feasible, includes references to EU citizens who have relocated for work within the EU. The primary sources of datasets and quantitative statistics used were the Organisation for Economic Cooperation and Development (OECD), the International Labour Organisation (ILO), the International Organization for Migration (IOM) and Eurostat, among others. The latest World Migration Report, corresponding to 2022, is among the primary sources.

EUROPEAN ESSENTIAL SERVICES AND THE ROLE OF THE IMMIGRANTS

An essential worker is an employee who must continue working during a business shutdown to fulfill necessary operational tasks. This category encompasses professionals in health care, transportation, warehouse and delivery, emergency services, food and agriculture, the energy sector, and critical manufacturing (McNicholas and Poydock 2020; EIGE 2020; Coulson 2024). Especially during the Covid-19 pandemic, healthcare workers carried out essential tasks, including research and testing, caring for patients, and administering medication during a state of emergency. People, emergency services, and households must have access to food. Additionally, all workers producing and distributing electricity, petroleum, natural gas, and propane are deemed essential.

Within Europe, migrants have assumed a significant role in essential services, constituting 14% of essential workers, comprising 5% from EU countries and 9% from non-EU countries. Typically, major metropolitan areas boast the highest proportion of migrant essential workers, with migrants representing an average of 20% of all essential workers in such regions. Vital sectors such as distribution, food processing, and healthcare heavily rely on migrant labor, particularly in urban settings (Kleine-Rueschkamp 2020, 2).

The proportion of migrant essential workers and their countries of origin vary significantly across European countries. For example, in Luxembourg, these migrants represent up to 47% of essential workers, whereas in Poland and the Slovak Republic, they comprise less than 2%. Generally, the majority of migrant essential workers originate from non-EU countries. Nonetheless, in countries with a relatively higher influx of skilled immigrants like Ireland, Luxembourg, or Switzerland, two-thirds or more of migrant essential workers hail from EU countries (Covid-19 2021).

The proportion of doctors trained abroad varies significantly across OECD countries, ranging from less than 3% in some countries to approximately 40% in countries like Norway, Ireland, or New Zealand in pre-pandemic times. In Romania, the emigration rate is approximately one-third of all home-trained and native-born doctors (Scarpetta 2020, 2).

Finally, regarding the job quality of the Covid-19 pandemic essential workers, it has been recently discussed that during the pandemic, policy measures aimed at supporting essential workers failed to encompass all of them, excluding less visible groups who were not on the frontlines. To address labor shortages in critical occupations like health and care, these jobs can be made more appealing by enhancing job quality and aligning pay with societal value (Parent-Thirion et al. 2023).

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SKILLED MIGRATION IN EUROPE BEFORE THE COVID-19 PANDEMIC

The general trends related to skilled migration in Europe are related to:

- The European Union (EU) Blue Card, which is a work and residence permit for non-EU/EEA nationals designed to attract highly skilled workers to Europe.
- The country-specific policies as different European countries have distinct policies and programs to attract skilled migrants. For instance, the United Kingdom has implemented various skilled migration schemes, including the Points-Based System.
- Information and Communication Technology (ICT) sector, where professionals have been in high demand across many European countries. Tech hubs, such as those in Germany, the United Kingdom, and the Nordic countries, attract skilled workers in the IT sector.
- Northern European countries which actively sought skilled healthcare professionals.
- European academic programs for researchers and academics. Programs like the Marie Skłodowska-Curie Actions (MSCA) or Erasmus in the EU aim to support international research and student mobility (Cerna 2018, 87-107).

An important initiative at the European level to encourage the influx of skilled foreign workers is the EU Blue Card (Directive 2009/50/EC), which applies to all EU member states except Denmark and Ireland. This initiative was launched due to the perceived limited success of national programs in attracting skilled foreign workers. The underlying idea was that providing a broader range of European labor market opportunities would enhance the continent's competitive advantage in attracting global talent. The EU Blue Card offers increased access to EU labor markets, mainly targeting highly skilled migrant workers such as engineers, scientists, mathematicians, IT specialists, physicians, and other healthcare professionals trained outside of Europe. Additionally, individual EU member states have implemented direct national measures to recruit skilled migrants actively, often through bilateral and multilateral agreements, as they strive to capitalize on the global talent competition (Cebolla-Boado et al. 2016).

The alignment of workforce education and training with the requirements of various occupations is crucial, as its success significantly shapes labor market outcomes, productivity, and economic growth. Overqualified or underqualified workers result in skills mismatch, imposing costs on individuals, businesses, and society. Overqualified workers often experience wage penalties, lower job satisfaction, and higher turnover rates than those whose qualifications match their job requirements. Persistent qualification mismatch can have long-term negative effects on workers' careers, a phenomenon known as scarring. First and second-generation immigrants are particularly vulnerable to skills mismatch, facing a higher risk than other groups (Groeneveld and Hartog 2004; Aleksynska andTritah 2013; WEF 2014; Sparreboom and Tarvid 2017).

According to OECD data, numerous developed countries rely on migration to bolster their healthcare workforce, especially doctors and nurses. Figures 3 and 4 present the number of foreign-trained doctors and nurses in France, Germany, Italy, and the UK from 2010 to 2020.

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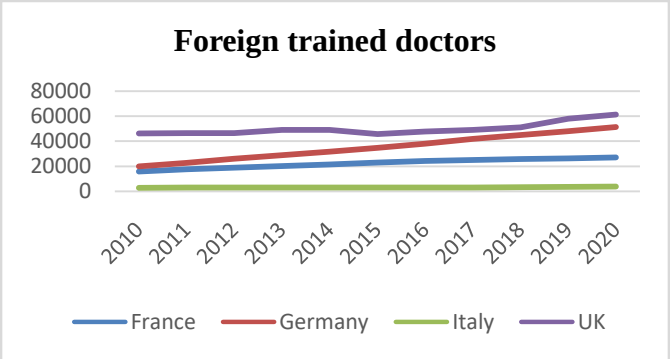


Figure 3: Number of Foreign Trained Doctors in Several European Countries 2010-2020 (Source: OECD 2023a; OECD.Stat 2024)

As can be seen in Figure 3, there is a significant rise in the number of foreign doctors, reaching more than 50,000 and 60,000 professionals in Germany and the UK in 2020. In the case of Germany, most of them come from European countries such as Romania, Greece, Austria, Poland, and Bulgaria, as well as from the Russian Federation, Egypt, Iran, Libya, and India. In the UK, they come predominantly from Ireland, Greece, Romania, Italy, and Germany, as well as from India, Pakistan, Nigeria, Egypt and Iraq.

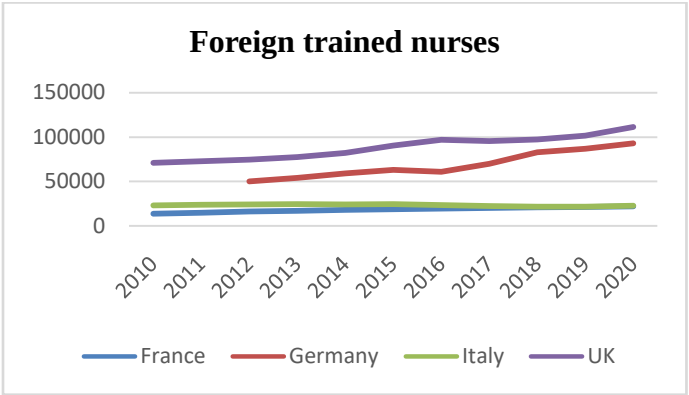


Figure 4: Number of Foreign Trained Nurses in Several European Countries 2010-2020 (Source: Kleine-Rueschkamp 2020; OECD 2023a; OECD.Stat 2024)

In contrast to the case of foreign doctors, the UK nurses' origin countries include Romania, Portugal, Spain, Italy, and Poland as European countries, and the Philippines, India, Nigeria, South Africa, and Zimbabwe as non-European countries of origin.

While the share of migrant workers in health care follows the share of migrants in the workforce across all areas, migrants play a disproportionately important role in critical parts of the health care system. For instance, 16% of medical doctors in cities are migrants. Meanwhile, non-EU migrant doctors tend to concentrate more in cities (decreasing from 16% in cities to 14% in rural areas), and doctors from EU countries are mostly outside cities (Kleine-Rueschkamp 2020; Covid-19 2021) (Figure 5).

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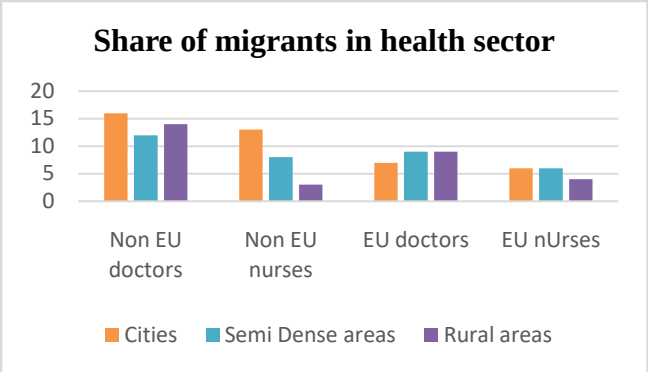


Figure 5: Share of Migrants Among Essential Workers in European Health Services in 2019 (Source: Kleine-Rueschkamp 2020, 13; Covid-19 2021)

It can also be noticed that foreign-born nurses, especially those from non-EU countries, primarily work in cities. For example, 14% of nurses in cities are migrants, compared to 3% in rural areas, respectively (Kleine-Rueschkamp 2020; Covid-19 2021).

SKILLED MIGRATION IN EUROPE DURING THE COVID-19 PANDEMIC: CURRENT PERSPECTIVES

The Covid-19 pandemic had a significant health impact in Europe, causing the premature death of nearly 800,000 people by the end of October 2021 in the EU/EEA. Additionally, the pandemic has disrupted access to essential non-Covid-19 medical services for numerous patients, particularly those requiring urgent care such as cancer treatment and mental healthcare. This disruption worsens socio-economic health disparities (State of Health 2022; Human Mobility 2024).

Throughout the first year of the pandemic, countries, territories, and areas worldwide implemented over 100,000 Covid-19-related international travel restrictions, along with ongoing internal movement limitations within their borders (WMR 2022; UN-IMS 2020). In 2020, global tourism plummeted by 75%, while legal immigration to certain countries decreased by half (WMR 2022; UN-IMS 2020). Furthermore, there were restrictions placed on asylum seekers, and refugee resettlement programs were halted. These measures severely affected the worldwide economy, causing shortages in labor and substantial financial setbacks, particularly in sectors like tourism and education.

Although many countries implemented bans on international travel during the early stages of the Covid-19 pandemic, there were some exceptions. Even in areas where strict lockdown measures were enforced, certain movements continued to ensure the ongoing supply of essential goods (such as food, medicines, and medical supplies) and services (including healthcare, food distribution, sanitation, postal services, and security). Those in lower-paying positions, often filled by migrant workers, found themselves on the "front line", facing higher exposure to the virus. At the same time, higher-paid professionals had more flexibility to limit their movements (WMR 2022; UN-IMS 2020).

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The pandemic has triggered unparalleled economic and social hurdles, shedding a perspective on the significance of services fundamental to local economies, such as food processing, delivery, and healthcare. The Covid-19 crisis has sparked a re-evaluation of essential services and the individuals employed within them, including low-skilled (jobs in sales and services), medium-skilled (clerks, craft workers, plant and machine operators, and assemblers), and high-skilled (including professional, technical and associated professional occupations). A dramatic situation has been observed in Spain, where the Covid-19 pandemic has had serious economic and health consequences due to the dependence of the productive system on sectors vulnerable to the pandemic, such as tourism and services (Pinilla et al. 2021).

The Covid-19 pandemic also strongly impacted migration due to the travel restrictions, border closures, and lockdowns significantly disrupting international mobility, affecting both skilled and non-skilled migration. Skilled migration, especially, faced challenges due to visa processing delays, uncertainties in the job market, and changes in demand for specific skills. The rise of remote work during the pandemic prompted a shift in migration patterns. Skilled professionals, particularly in IT and digital industries, explored opportunities for remote work and considered relocating to places with better living conditions (Cerna and Chou 2023). Specific sectors, such as healthcare, experienced increased demand for skilled professionals (WMR 2022; Scarpetta et al. 2020).

Foreign doctors and nurses are vital assets for healthcare systems. A substantial number of skilled and motivated healthcare workers is crucial for the effectiveness of any healthcare system, a fact underscored once again by the Covid-19 pandemic. The pandemic highlights the essential role and commitment of frontline healthcare workers. It emphasizes the persistent challenge of staff shortages and the considerable contribution made by migrant doctors and nurses to the healthcare workforce in many OECD countries. Consequently, these countries have implemented supplementary policy measures to facilitate their entry and expedite the recognition of their professional qualifications. In April 2020, the European Commission urged Member States to streamline border crossings for health professionals, enabling them to work in healthcare facilities across different Member States without hindrance.

Additionally, most OECD countries have exempted health professionals with confirmed job offers from travel bans. For example, in the UK, visas for doctors, nurses, and paramedics that were set to expire before 1 October 2020 have been automatically extended for an additional year. In France, foreign-trained health professionals who did not have a license could work in support roles in non-medical fields, while in Spain, the Ministry of Health had launched a coordinated action for the immediate hiring of foreign health workers willing to work in the country (Scarpetta et al. 2020).

As of March 2020, approximately 20% of National Health Service staff in England reported citizenship other than British (Baker 2023). Among doctors working in English hospitals and community health services, there has been a notable growth in the number of Indian, Egyptian, Pakistani, and Nigerian citizens. Conversely, there has been a slight decrease in the number of reported Greek, German, Romanian, and Polish doctors. Specifically, 18% of doctors (25,634) identified as having Asian citizenship, 8% (10,936) as having EU citizenship and 7% (8,909) as having African citizenship (Baker 2023, 15).

Regarding the official statistics offered by OECD Health Policy Studies, the dynamical evolution in the proportion of foreign-trained doctors in the UK decreased slightly between

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2010 and 2015. Still, it has risen from 30.3% in 2019 before the Covid-19 pandemic to 31.9% % in 2021. A similar rise is also observed in Switzerland, where this proportion was 36.3% in 2019 and 38.4% in 2019 (OECD 2023a, 2023b; OECD.Stat 2024). Other OECD countries, such as France and Germany, have also observed a rise in this proportion, but less than 1%. The proportion of foreign-trained nurses in the UK shows a surge of more than 2% due to the pandemic being 15.4% in 2019 and reaching 17.9% in 2021. An increase of less than 1% has been registered in Germany, with 9% in 2019 and 9.6% in 2021 (OECD 2023a, 2023b).

Although Spain became an attractive country for foreign health professionals after 2020 (Villar 2022), the situation still differs from that of England. In 2023, the percentage of foreign-born doctors with non-Spanish citizenship was only about 14% in the Madrid region. These professionals mainly come from South American countries such as Cuba, Venezuela, Colombia, and Argentina. There are several reasons for this low recruitment, and the main one is the lack of flexibility to meet all the requirements to be considered suitable for work in the public health sector. One must have a residence and work permit, an approved degree to be registered at the Official College of Physicians of Madrid, and, if necessary, a specialty recognized in Spain. This doesn't seem functional as there is a current 20% deficit of family doctors and 30% of pediatricians in the Madrid region, with a special impact in the areas of the south and southwest of the region (Puentes 2023).

While the international recruitment of foreign health workers has been viewed as a temporary solution to address skills shortages in some countries during the Covid-19 crisis, it is not considered an efficient or equitable long-term solution as it fails to address underlying structural imbalances between the supply of and demand for health professionals depriving sending countries of essential health workers when they are facing major epidemics. Thus, a collective and sustainable response is necessary to address the global shortage of health care by reducing regulations and bureaucratic processes related to work authorization during the post-COVID recovery era (Hogarth 2021; King-Grubert 2024). Achieving these goals depends on sustained investments in improving education and training, providing appropriate support upon arrival, and enhancing the integration of migrants into the labor market. Thus, investing in the skills of local workers and attracting skilled migrants is expected to satisfy the labor market needs in longer-term periods.

CONCLUSION

The current paper analyses several aspects of skilled migration in Europe and the challenges regarding evaluating skills and the validation of qualifications for both migrants and refugees. The analysis primarily focuses on essential workers who played a crucial role during the Covid-19 pandemic, with health professionals being a significant part of this group.

The study examines the changes in the number of foreign-trained doctors and nurses in the EU, the proportion of migrants among essential workers in European healthcare, and the evolution of their recruitment and integration based on the specific needs of host countries before and during the pandemic. The importance of skilled migrants from this sector facing the necessities during the pandemic in an aging European population has been emphasized. Thus, the Covid-19 pandemic highlighted the significant reliance on migration, even during lockdowns

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and border closures. An important conclusion of the paper highlights the increasing proportion of foreign-trained doctors and nurses in several European countries during the pandemic.

The study also poses serious questions on the actuation in future public health emergencies, which should include a clear communication of the travel regulations, brief and decisive border restrictions, lack of exclusion of vulnerable groups, as well as well-prepared systems in anticipation of future similar events (Benton and Huang 2024).

The unemployment levels resulting from the Covid-19 crisis pose challenges in addressing Europe's persistent skills and labor issues. Thus, an important recommendation refers to the recognition and validation of the professional credentials of migrant healthcare workers, which are crucial nowadays. This aspect, together with the intensive use of Artificial Intelligence, will pose several questions about the future of the work, especially related to the health sector and the role of highly skilled professionals in sustainable development.

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COMPLIANCE WITH ETHICAL STANDARDS

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