

Endocrine Workforce 2026 Recommendations for a Healthier Endocrine Future

The Prague Declaration

September 2026



**State of
Endocrinology**



The findings in this document come from the State of Endocrinology surveys carried out by the European Society of Endocrinology in 2025 and 2026. The Prague Declaration reflects contributions from the ESE community, including the State of Endocrinology Steering Group and Working Groups, the ESE Council of Affiliated Societies (ECAS), the ESE Young Endocrinologists and Scientists (EYES) network, the ESE Nurse Committee, European Women in Endocrinology (EUWIN) and other contributors.

This document is a policy briefing, not a scientific publication; a more detailed scientific analysis is in preparation.

For more information about these activities, please contact info@ese-hormones.org.

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Demand for endocrine care is increasing. Can the workforce keep up?

Findings from the European Society of Endocrinology's (ESE) State of Endocrinology surveys reveal a workforce under growing strain. Without action, it will become harder to recruit and retain specialists, waiting times will increase and there will be less capacity for the research that could improve patient care.

ESE and the European endocrine community call on policymakers and healthcare leaders to act on the recommendations set out in *Endocrine Workforce 2026 – Recommendations for a Healthier Endocrine Future* to ensure a resilient and future-proof endocrine workforce.

There is a mismatch between Europe's future healthcare needs and the endocrine workforce's capacity to meet them. Doctors, nurses and researchers working in endocrine care are at the forefront of tackling the region's greatest population health challenges. This includes highly prevalent non-communicable diseases such as diabetes, obesity, thyroid and reproductive disorders and cancer, alongside hundreds of rare conditions. Services are already struggling to meet demand and more than half of national endocrine societies say they expect the situation to worsen.

The surveys show that long hours, stress and burnout are common. Most concerning, more than a third of early-career endocrinologists are considering leaving their jobs in the next five years, raising serious concerns about the future supply of endocrine expertise.

As Europe confronts a wider healthcare workforce crisis, it must address the challenges facing specialist disciplines like endocrinology. Without specialty-specific workforce planning, services risk becoming under-resourced, leading to longer waits, poorer patient outcomes and higher costs for healthcare systems.

While the risks are serious, they are not inevitable. Across Europe, healthcare systems are developing new approaches to workforce planning, multidisciplinary care, digital technologies, flexible careers, research and training. These examples show there are real opportunities to build more sustainable endocrine services.

EU institutions, national governments, healthcare organisations and medical societies must act now to enable the endocrine workforce to deliver safe, equitable, and high-quality care.

This Declaration sets out priorities for action, agreed by representatives of national and specialist endocrine societies in Europe at the ESE Summit of the Presidents in Prague, May 2026.



We call for action in five priority areas:

1

Equip the endocrine workforce to meet future needs

More proactive and detailed workforce planning is required to meet future healthcare needs in prevalent endocrine and metabolic diseases and complex rare diseases.

This means collecting better data on the endocrine workforce, including the number of specialist and training posts, physician-to-patient ratios, working conditions and contract duration. EU institutions, the World Health Organization (WHO) and national governments should keep assessments of disease prevalence and trends up-to-date

and recognise the impact of endocrine and metabolic diseases so future needs can be anticipated.

Workforce planning must protect healthcare professionals and trainees through clear limits on working hours, while ensuring trainees gain sufficient experience throughout the specialty.

2

Close the gap between demand for care and workforce capacity

Prevention, early detection, shared care protocols and new working methods (including artificial intelligence (AI), remote disease monitoring and future technologies) should be promoted to alleviate the burden of providing more costly and specialised healthcare in the context of growing demand.

Increasing workforce capacity alone will not be enough: care will also need to be delivered differently to make best use of specialist expertise. EU institutions and national governments must do more to prevent endocrine and metabolic disease, reduce exposure to environmental factors causing endocrine disruption and increase awareness of early symptoms of endocrine-related conditions.

Governments and institutions should also create more consistent care pathways and shared care protocols that allow different clinical teams to work together to support patients. This is especially important when managing patients with complex rare diseases.

There are opportunities for responsible use of digital technologies to transform and complement professional care by alleviating the administrative burden and enhancing efficiency. Any redesign must involve healthcare professionals and patients (and their families/caregivers) and protect core clinical skills.



3

Improve working conditions and staff wellbeing

Working conditions and workplace policies should support flexible careers and wellbeing and ensure that early-career healthcare professionals feel sufficiently supported.

This means national governments should mandate that institutions provide equitable parental and carers' leave and fair career opportunities for staff who work part-time or take family-related leave.

The European Commission, governments and relevant institutions should ensure that workload, stress, burnout and gender equity among healthcare professionals are appropriately monitored and addressed.

Institutions should provide protected time for wellbeing support and balance clinical care with administration, training, mentorship, professional development and research. Transparent career frameworks and structured mentorship are also needed to support progression and retention, particularly among early- and mid-career professionals.

4

Make it easier for endocrine healthcare professionals to participate in research

Time, funding and skills dedicated to research must be preserved and enhanced as a critical investment in future healthcare.

This means protecting time and securing dedicated funding for research into endocrine and metabolic diseases, for example, through the 10th Framework Programme for Research and Innovation (FP10). Specialist training should include core research skills, while early- and mid-career researchers need targeted and equitable funding and support.

It also means enabling healthcare professionals in primary care and specialist private practice to contribute to research, including data collection through the European Health Data Space.

Those participating in research should have access to practical support with contracts, intellectual property and commercial negotiations so they can participate in collaborative research and clinical trials.

5

Support fair and sustainable workforce mobility

The principle of workforce mobility across Europe only works to the benefit of all if it is accompanied by standardised education and training across countries in Europe and beyond.

Many healthcare professionals choose to move between countries during their careers to access new training and development opportunities and should be supported to do so. This means giving early-career professionals support and funding to access training and mentorship in specialist

centres abroad, supported by an agreed European curriculum and consistent training standards. Nurses also need better access to standardised endocrine education and clearer career pathways, including advanced practice roles.

Why action is needed

Demand for endocrine care is expected to rise.

Out of 36 national endocrine societies, 32 expect to see an increase in prevalence of overweight in their country, 28 expect an increase in obesity and 30 anticipate an increase in type 2 diabetes.

Workforce pressures are driven by more than patient numbers. While the prevalence of endocrine- and metabolic related non-communicable diseases is a major contributor, other factors include a greater administrative workload, increasing demand related to complex rare diseases and less engagement from primary care physicians.

Workforce capacity varies widely across Europe. The number of endocrinologists ranges from 0.9 to 10.1 per 100,000 population, reflecting differences in how endocrine and metabolic care is organised and delivered in different countries.

Many services are already struggling to meet demand. Out of 36 national endocrine societies, 21 expect this to worsen, while 28.4% of endocrinologists report waiting times for new patients exceeding 90 days and 43% report waiting times between 15 and 90 days.

Work-related stress and burnout are widespread. More than two-thirds (67.5%) of physicians and almost three-quarters (69.7%) of nurses report stress or burnout, yet fewer than two in ten (16.8%) public-sector respondents have access to stress management support.

The workforce is changing. Women now account for more than 70% of early-career endocrinologists. Career structures and workplace policies must adapt to reflect the changing needs of the workforce.

Retention is becoming a major challenge. More than one in three (35.2%) early-career endocrine physicians are considering leaving their jobs within five years, most commonly in search of better work-life balance, higher income and greater job security.

Nurses also report limited career opportunities. Almost half (47.9%) are dissatisfied with their income, career progression is often unclear and almost one in three (30%) are considering leaving their current role.

Research capacity is under pressure. Forty-one per cent of respondents say they do not have enough time for research and fewer than one in ten (8.3%) are able to dedicate significant time to it.



These findings are based on the State of Endocrinology surveys, carried out between November 2025 and January 2026, in the first comprehensive assessment of the endocrine workforce in Europe. They captured the perspectives of 2,400 healthcare professionals and researchers, more than 250 nurses and 36 national endocrine societies in 33 countries. Analysis is limited to responses from countries represented on the ESE Council of Affiliated Societies (ECAS) to provide evidence to inform European policymaking.

To find out more about the survey findings and see the full set of recommendations, read the new white paper, [Endocrine Workforce 2026 – Recommendations for a Healthier Endocrine Future](#).

The Prague Declaration

These recommendations were presented to national endocrine societies at the Summit of the Presidents in Prague, Czech Republic, ahead of ESE's European Congress of Endocrinology in May 2026. Their collective endorsement demonstrates a shared commitment by Europe's endocrine community to advocate for a sustainable endocrine workforce for the future.

Endorsed by the following endocrine societies:

Albanian Society of Endocrinology and Diabetology
[Algerian Society of Endocrinology and Metabolism](#)
[Austrian Society of Endocrinology and Metabolism](#)
[Azerbaijan Endocrinologists Society Public Union](#)
[Belgian Endocrine Society](#)
[Bosnia and Herzegovina Society of Endocrinology and Diabetology](#)
[Bulgarian Society of Endocrinology](#)
[Croatian Endocrine Society](#)
Croatian Society for Diabetes and Metabolic Disorders of Croatian Medical Association
[Croatian Society for Endocrinology and Diabetology](#)
Cyprus Endocrine Society
[Czech Endocrine Society](#)
[Danish Endocrine Society](#)
[Estonian Endocrine Society](#)
[Finnish Endocrine Society](#)
[French Endocrine Society](#)
[Georgian Association of Endocrinology and Metabolism](#)
[German Society of Endocrinology](#)
[Hellenic Endocrine Society](#)
[Hungarian Society of Endocrinology and Metabolism](#)
[Icelandic Endocrine Society](#)
[Irish Endocrine Society](#)
[Israel Endocrine Society](#)
[Italian Association of Clinical Endocrinologists](#)
[Italian Endocrine Society](#)
Kosovo Association of Endocrinologists and Diabetologists

[Lithuanian Society for Endocrinology](#)
[Macedonian Scientific Association of Endocrinologists and Diabetologists](#)
[Society of Endocrinologists from Republic of Moldova](#)
[Endocrinology Association of Montenegro](#)
[Netherlands Society for Endocrinology](#)
[Norwegian Society of Endocrinology](#)
[Polish Society of Endocrinology](#)
[Portuguese Society of Endocrinology, Diabetes and Metabolism](#)
[Romanian Psychoneuroendocrine Society](#)
[Romanian Society of Endocrinology](#)
Serbian Endocrine Society
[Slovak Endocrine Society](#)
[Spanish Society of Endocrinology and Nutrition](#)
[Association of Endocrinologists and Diabetologists of the Republic of Srpska](#)
[Swedish Endocrine Society](#)
[Swiss Society of Endocrinology and Diabetes](#)
Tunisian Society of Endocrinology
[Society of Endocrinology and Metabolism of Turkey](#)
[Society for Endocrinology \(United Kingdom\)](#)
[Ukrainian Diabetology Association](#)

The following specialist societies have also endorsed the recommendations:

[European Network for the Study of Adrenal Tumours \(ENS@T\)](#)
[European Neuro-Endocrine Association \(ENEA\)](#)
[European Society for Paediatric Endocrinology \(ESPE\)](#)

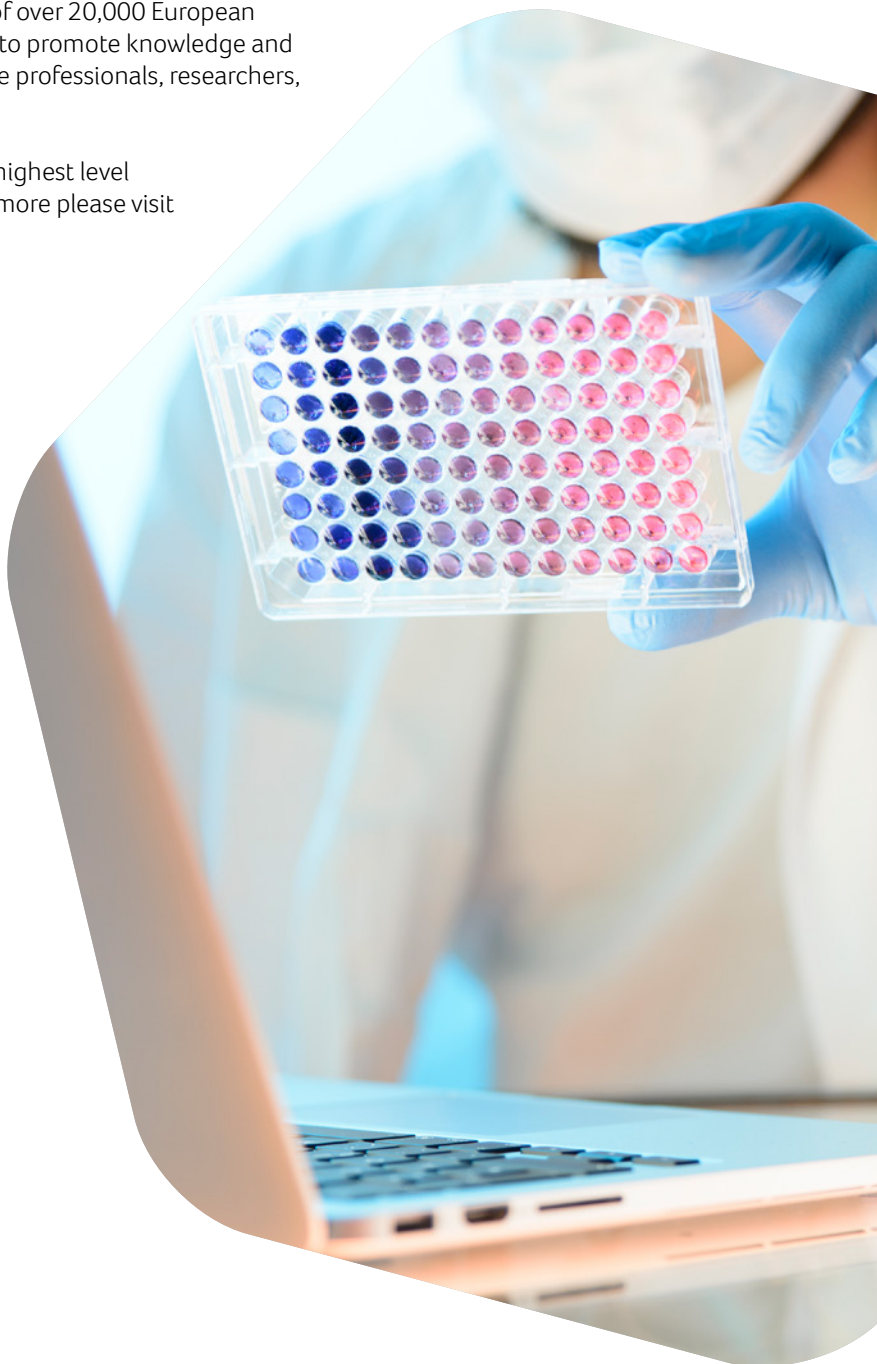
ESE and the European endocrine community call on European institutions, national governments and healthcare organisations to use these recommendations to build an endocrine workforce that is fully equipped to meet future healthcare needs. To discuss the recommendations or how ESE can support action in your country or organisation, contact info@ese-hormones.org.

About ESE

The European Society of Endocrinology (ESE) provides a platform to develop and share leading research and best knowledge in endocrine science and medicine. By uniting and representing every part of the endocrine community, we are working to improve the lives of patients.

Through the 51 National Societies involved with the ESE Council of Affiliated Societies (ECAS) and our partnership with specialist endocrine societies, ESE and its partners jointly represent a community of over 20,000 European endocrinologists. ESE and its partner societies work to promote knowledge and education in the field of endocrinology to healthcare professionals, researchers, patients and the general public.

We inform policymakers on health decisions at the highest level through advocacy efforts across Europe. To find out more please visit www.eese-hormones.org.



**European Society
of Endocrinology**
The voice for endocrinology

ESE Office (UK)

Redwood House,
Brotherswood Court,
Great Park Road, Almondsbury
Business Park, Bradley Stoke,
Bristol, BS32 4QW, UK.

T: +44 (0)1454 642247

E: info@ese-hormones.org

www.eese-hormones.org

ESE Office (Brussels)

c/o Interoffices
Avenue des Arts 56
1000 Bruxelles
Belgium

T: +32 28 011 365

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