

Endocrine Workforce 2026

Recommendations for a Healthier Endocrine Future

White Paper

September 2026



**State of
Endocrinology**

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The findings in this document come from the State of Endocrinology surveys carried out by the European Society of Endocrinology (ESE) in 2025 and 2026. 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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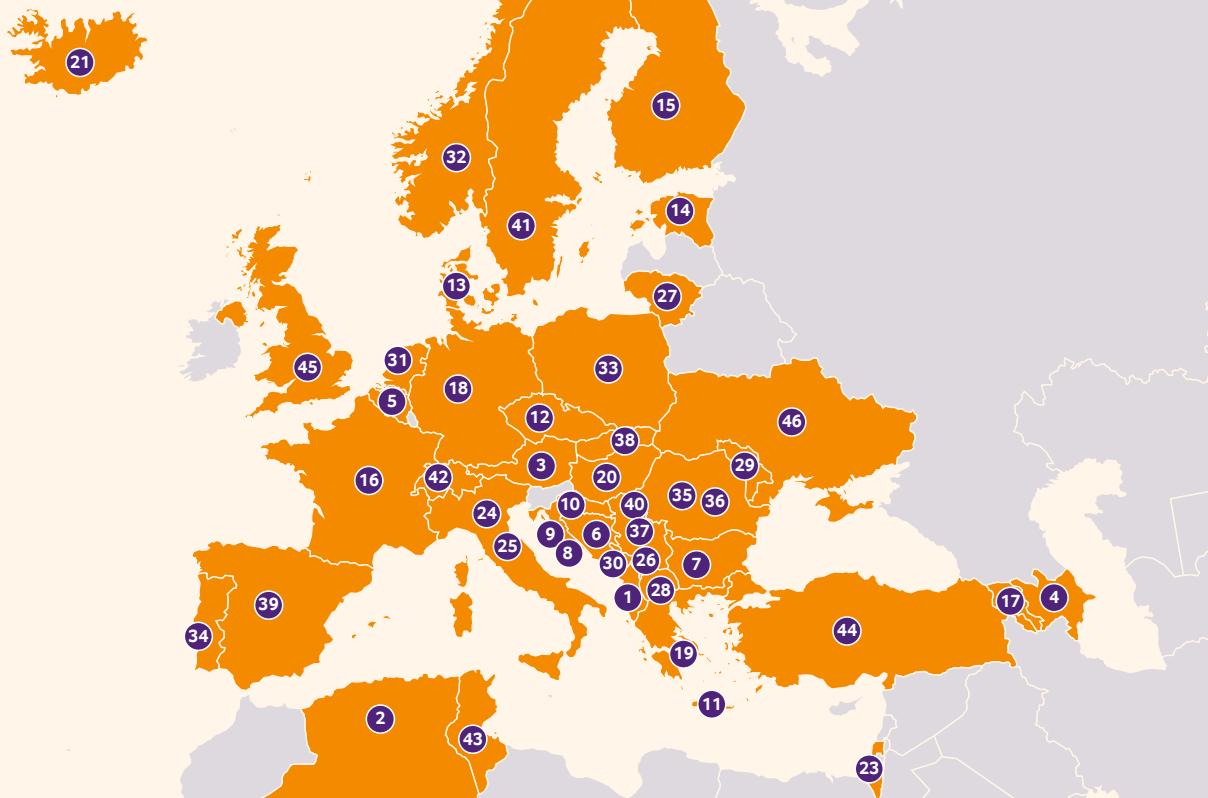
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Endorsements

The following national and specialist societies have endorsed the recommendations presented in this white paper:



- | | |
|---|---|
| 1 Albanian Society of Endocrinology and Diabetology | 27 Lithuanian Society for Endocrinology |
| 2 Algerian Society of Endocrinology and Metabolism | 28 Macedonian Scientific Association of Endocrinologists and Diabetologists |
| 3 Austrian Society of Endocrinology and Metabolism | 29 Society of Endocrinologists from Republic of Moldova |
| 4 Azerbaijan Endocrinologists Society Public Union | 30 Endocrinology Association of Montenegro |
| 5 Belgian Endocrine Society | 31 Netherlands Society for Endocrinology |
| 6 Bosnia and Herzegovina Society of Endocrinology and Diabetology | 32 Norwegian Society of Endocrinology |
| 7 Bulgarian Society of Endocrinology | 33 Polish Society of Endocrinology |
| 8 Croatian Endocrine Society | 34 Portuguese Society of Endocrinology, Diabetes and Metabolism |
| 9 Croatian Society for Diabetes and Metabolic Disorders of Croatian Medical Association | 35 Romanian Psychoneuroendocrine Society |
| 10 Croatian Society for Endocrinology and Diabetology | 36 Romanian Society of Endocrinology |
| 11 Cyprus Endocrine Society | 37 Serbian Endocrine Society |
| 12 Czech Endocrine Society | 38 Slovak Endocrine Society |
| 13 Danish Endocrine Society | 39 Spanish Society of Endocrinology and Nutrition |
| 14 Estonian Endocrine Society | 40 Association of Endocrinologists and Diabetologists of the Republic of Srpska |
| 15 Finnish Endocrine Society | 41 Swedish Endocrine Society |
| 16 French Endocrine Society | 42 Swiss Society of Endocrinology and Diabetes |
| 17 Georgian Association of Endocrinology and Metabolism | 43 Tunisian Society of Endocrinology |
| 18 German Society of Endocrinology | 44 Society of Endocrinology and Metabolism of Turkey |
| 19 Hellenic Endocrine Society | 45 Society for Endocrinology UK |
| 20 Hungarian Society of Endocrinology and Metabolism | 46 Ukrainian Diabetology Association |
| 21 Icelandic Endocrine Society | |
| 22 Irish Endocrine Society | |
| 23 Israel Endocrine Society | |
| 24 Italian Association of Clinical Endocrinologists | |
| 25 Italian Endocrine Society | |
| 26 Kosovo Association of Endocrinologists and Diabetologists | |

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 \(ESPE\)](#)

Foreword

When the European Society of Endocrinology (ESE) initiated the State of Endocrinology surveys in 2025, we wanted to capture the experiences of the endocrine community to show what rising demand for endocrine care means for the people expected to meet it. What we discovered was a committed and passionate workforce that is under increasing strain and in need of urgent support, but eager to help find fair and sustainable solutions as the prevalence of endocrine and metabolic disease increases.

We are grateful to everyone who contributed their time and expertise to the surveys and workshops that informed the recommendations in this report. Their insights provide much-needed evidence to guide the policy decisions that affect us and our patients. Now, we invite policymakers and healthcare leaders to involve the endocrine community in the planning that follows and to act with the ambition our future workforce and patients deserve.



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Executive Summary

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

Findings from ESE's 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 this white paper 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 (NCDs) 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 concerningly, 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 white paper sets out the endocrine community's detailed recommendations.



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.

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.

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.

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.

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.

The Prague Declaration

These five priorities form the basis of the [Prague Declaration](#), a call to action to policymakers and healthcare leaders to make a strategic investment in endocrine care. The 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.

Introduction

Europe needs a strong endocrine workforce to meet future healthcare needs

Europe's health systems are being asked to deliver more care to more people, but capacity to meet demand has not kept pace. Many countries are struggling to recruit and retain enough doctors, nurses and other healthcare professionals to care for patients who are living longer with increasingly complex needs. The World Health Organization (WHO) predicts a shortfall of more than four million health workers in the European Region by 2030.¹

Much of this growing demand will need to be managed through endocrinology, the medical field that focuses on hormones and hormone health, and other clinical specialties involved in endocrine care. The endocrine workforce treats millions of people with common hormone-related and metabolic conditions such as obesity, diabetes, several cancers (and the effects of cancer treatment), thyroid disease, osteoporosis and infertility. There are also more than 440 rare endocrine diseases that require highly specialised lifelong care and together represent a similar healthcare and economic burden to the major NCDs above. As the prevalence of these conditions increases, so too will the need for specialist endocrine expertise.

Sustainable healthcare policies must address the 'demand and supply' of specialist care. On the demand side, this means preventing disease and facilitating earlier diagnosis to reduce the number of people seeking care. Spending on prevention in countries in the Organisation for Economic Cooperation and Development (OECD) increased to 6% of total health expenditure during the COVID-19 pandemic but has since returned to pre-pandemic levels of 3%.² Investment in prevention efforts must now increase in line with the growing burden of disease. On the supply side, it means ensuring the endocrine workforce is fully developed and supported to deliver high-quality care to those who need it.

Health workforce policy must work for endocrinology

Health workforce issues are receiving increasing attention from organisations such as the WHO,ⁱ the European Observatory on Health Systems and Policiesⁱⁱ and the OECDⁱⁱⁱ. Notably, all 53 Member States in the WHO European Region have backed a resolution calling for greater investment in the health and care workforce, recognising that every €1 invested delivers a nine-fold return.³

The European Parliament also recognises the need for long-term workforce planning in its report, [An EU health workforce crisis plan: sustainability of healthcare systems and employment and working conditions in the healthcare sector](#), which calls for the recruitment of an additional one million healthcare workers. This is a welcome opportunity for ambitious, coordinated action.

To meet Europe's future healthcare needs, workforce reforms will need to reflect the particular challenges of specialist disciplines such as endocrinology, which are often missing from general workforce discussions. Without specialty-specific workforce planning, endocrine (and other) services risk becoming under-resourced. The result will be longer waits, reduced access to expert care, poorer patient outcomes and higher costs for healthcare systems.

i. See [Health and care workforce in Europe: time to act](#), published by WHO in September 2022

ii. The European Observatory on Health Systems and Policies publishes many useful policy briefs on workforce issues, such as the [HEROES series](#) published in May 2026. The HEROES project is a Joint Action that aims to advance health workforce planning across the EU.

iii. See [Health at a Glance 2025](#), published by OECD in November 2025, and [Synthesis Report 2025: Health Policy Reform in the EU](#), published by OECD in December 2025.

The State of Endocrinology Surveys – new data to understand the endocrine workforce challenge

In 2025, ESE launched a series of surveys to understand the challenges and opportunities facing the endocrine workforce across Europe. They captured the perspectives of 2,400 healthcare professionals and researchers, more than 250 nurses and 36 national endocrine societies in 33 countries. In this white paper, the analysis is limited to responses from countries represented on the ESE Council of Affiliated Societies (ECAS) to provide evidence to inform European policymaking.

The findings show that the pressures on the specialty extend beyond workforce numbers, encompassing working conditions, retention, career development, mobility and the organisation of care. Some of these issues require action at national level, while others call for a coordinated response across the European region.

By bringing together perspectives from healthcare professionals, researchers, nurses and national endocrine societies, the surveys provide the first and most comprehensive assessments of the endocrine workforce undertaken to date, providing an evidence base to inform future workforce planning at both national and European level.

How to use this report

This report is intended as an evidence-based resource for policymakers, healthcare organisations, national endocrine societies throughout Europe and anyone else who may be involved in planning and supporting the endocrine workforce.

It presents the survey findings alongside recommendations to tackle the endocrine workforce crisis and foster a sustainable, thriving specialty that attracts and retains talented clinicians and researchers.

The recommendations are organised into five priority areas:

- 1 Equip the endocrine workforce to meet future needs planning
- 2 Close the gap between demand for care and workforce capacity
- 3 Improve working conditions and staff wellbeing
- 4 Make it easier for endocrine healthcare professionals to participate in research
- 5 Support fair and sustainable workforce mobility

Each chapter summarises the findings, sets out specific recommendations for policymakers at European and national level as well as for institutions that provide healthcare, and highlights examples of best practice from around Europe that may be adapted for use in other countries.

Healthcare systems across Europe differ in their organisation, funding, workforce responsibilities and training pathways, so there is no single approach to suit all. Therefore, the recommendations are intended as a menu of actions that can be adapted to different national contexts. National policymakers and healthcare providers are encouraged to use those recommendations that are most relevant to their own circumstances.

Contact details for the national endocrine societies that are members of ECAS, and that may be able to assist in considering how the findings and recommendations apply in their country, can be found here: ese-hormones.org/ecas

(Definitions of key terms are provided in the appendix.)

Methodology

Project aims

The State of Endocrinology project was initiated in 2025 by ESE in collaboration with ECAS, which includes 51 national endocrine societies representing geographical Europe and the countries bordering the Mediterranean Sea. The aim was to assess the endocrine workforce's preparedness for future challenges and identify ways to make the discipline stronger and more resilient.

Three complementary surveys were undertaken between November 2025 and January 2026 to capture individual experiences and national-level perspectives on the current state of endocrinology. The findings were then analysed and reviewed through a structured expert consensus process to develop the recommendations.

National endocrine societies across Europe were involved throughout the project, contributing to survey development, promoting participation among their members, reviewing findings and developing recommendations.

The surveys

Healthcare professionals and researchers survey ('Clinician' survey)

This included 206 questions seeking views on the current state of the specialty, future opportunities and challenges, workforce sustainability, research, education, wellbeing and career development. Different sections of the surveys for individuals were made available to respondents depending on their profile. For example, heads of department were asked about the structure of their teams, and early-career professionals were invited to provide their training experiences and future expectations. All respondents were asked to assess their working environment, their level of satisfaction with present working conditions and their professional needs and challenges.



Nurses survey

This included 32 questions specifically covering the role of endocrine nurses, current challenges, future workforce needs and priorities for strengthening multidisciplinary care.

National endocrine society survey

This 63-question survey collected responses from each participating country, providing national-level information on workforce capacity, service provision, training pathways and anticipated future workforce requirements.

The surveys were issued by email to ESE's members and through the national endocrine society members of ECAS. They were also promoted on social media and in ESE's newsletters and member magazines. Based on membership figures reported to ESE by national endocrine societies, the invitation to join the surveys may have reached more than 20,000 endocrine healthcare professionals.

All information entered in the survey was anonymous and data used only in aggregate form.

Analysis of responses

Survey responses were analysed using the new 'State of Endocrinology Explorer', an interactive analysis tool developed for the project. The findings were reviewed by five thematic working groups, which identified key issues and developed draft recommendations.

The working groups included:

- ECAS Working Group on the Clinician survey (focusing on sub-analysis of responses provided by clinicians and clinician scientists)
- ECAS Working Group on the National Society survey
- European Women in Endocrinology (EUWIN) Community (focusing on sub-analysis of Clinician and National Society surveys covering gender issues)
- ESE Young Endocrinologists and Scientists (ESE EYES) Committee (focusing on sub-analysis of Clinician and National Society surveys covering early career issues)
- ESE Nurse Committee (focusing on sub-analysis of Nurse survey)

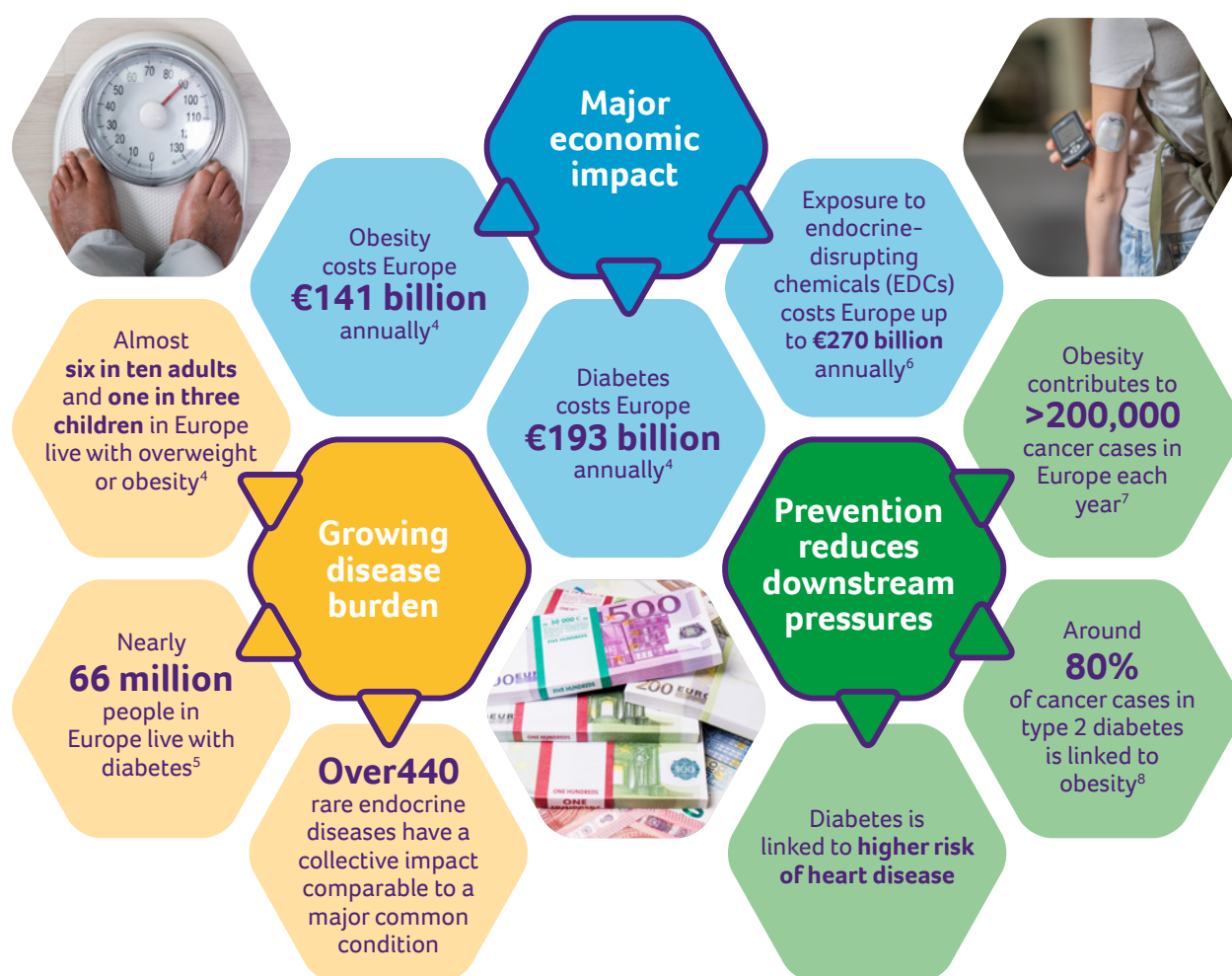
The recommendations were subsequently refined by the State of Endocrinology Steering Group and discussed with representatives of national endocrine societies during the ESE 'Summit of the Presidents' meeting of ECAS Presidents and other stakeholders in May 2026 before being finalised.

Examples of good practice

Examples of good practice were identified through the Steering Group and working groups. Efforts were made to include examples from a range of countries and organisation types to reflect the diversity of healthcare systems and approaches across Europe.



Why the endocrine workforce matters



The endocrine workforce includes all healthcare professionals involved in the prevention, diagnosis, treatment and research of endocrine and metabolic diseases. Within this multidisciplinary workforce, endocrinologists provide specialist medical expertise to manage common and rare endocrine conditions in primary, secondary and tertiary care.

Their responsibilities typically include:

- Diagnosing and managing highly prevalent chronic diseases such as diabetes, obesity, thyroid disorders, osteoporosis and reproductive endocrine disorders.
- Diagnosing and managing rare and complex conditions, including adrenal insufficiency, pituitary tumours, neuroendocrine tumours, congenital endocrine disorders, genetic metabolic diseases, metabolic bone diseases and other rare diseases.
- Coordinating multidisciplinary care for patients with conditions that require input from several specialties, including the transition from paediatric to adult care.
- Providing long-term follow-up, because many endocrine diseases require lifelong monitoring and adjustment.
- Ensuring safety in acute settings, such as managing diabetic emergencies, adrenal crises, severe electrolyte disturbances or perioperative endocrine optimisation.
- Contributing to disease prevention through clinical guidance, public health policy and advice on healthy lifestyles, exposure to EDCs and early recognition of endocrine disease.
- Leading and contributing to endocrine research that improves understanding, prevention and treatment of endocrine and metabolic disease.

Endocrinology is a strategic investment in Europe's health

These activities put endocrinologists at the forefront of managing many of Europe's greatest population health challenges. However, the attention and investment endocrinology receives are not commensurate with the burden of endocrine and metabolic diseases. Greater investment is needed to prepare the endocrine workforce for future demand and ensure its ability to deliver high-quality care and attract the next generation of future clinicians.

Investing in the endocrine workforce would also benefit other specialties, including oncology and cardiology, which face immense pressures of their own. Many patients treated in these specialties have conditions that involve the endocrine system.

'Preventing and treating endocrine disease earlier is a powerful strategy to reduce downstream demand.'



The future role of the endocrinologist

These challenges call for new ways of working. Changing patterns of disease, advances in treatment and workforce dynamics are changing how endocrinologists do their jobs.

Most are spending more time treating patients with chronic endocrine-related metabolic disease. For some, this limits their capacity to treat patients with other conditions, including common conditions like osteoporosis that are increasingly understood to benefit from endocrine expertise.

New therapies, such as GLP-1 receptor agonists, are also changing clinical practice. As treatment options expand and AI enables more personalised care, specialist endocrine expertise will become increasingly important for patient selection, treatment optimisation and multidisciplinary management of complex cases.

Health systems must adapt

How healthcare systems respond will depend on their specific care models and workforce. For example, in some healthcare systems, endocrinologists provide much of the specialist care for patients with diabetes and obesity, while in others, this is delivered through separate specialities or shared care pathways.

Whatever the model, decision-makers will need to ensure that endocrine expertise is deployed where it delivers the greatest value to patients.

The findings that follow provide useful context to understand how the endocrine workforce is changing and where action is needed.

Key findings – a workforce under pressure

Figure 1: Survey coverage



* Bosnia and Herzegovina, Italy and Romania each contributed two society returns.

Figure 2: Survey respondents' profile

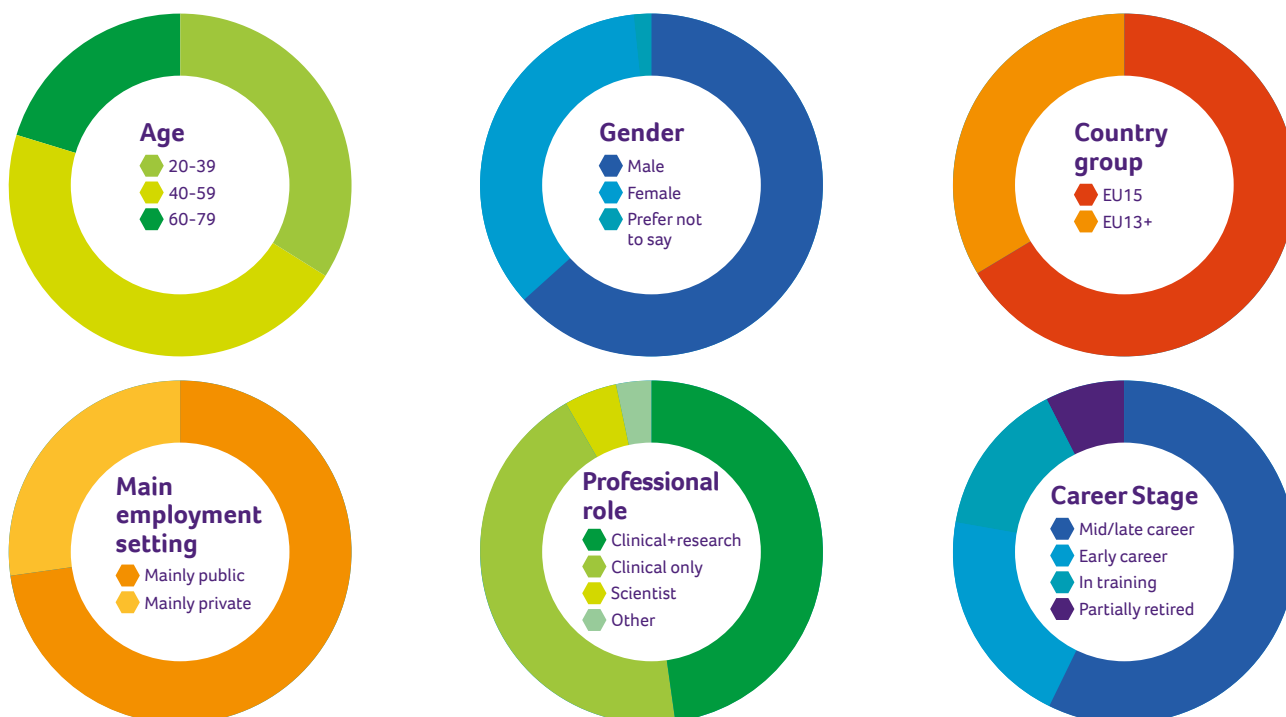
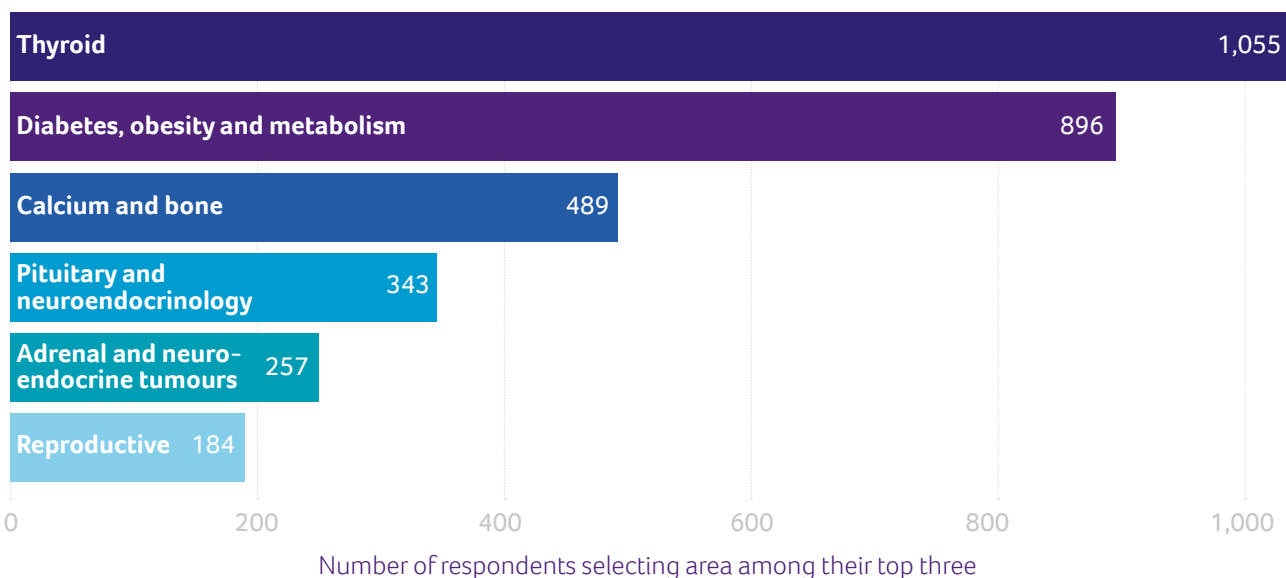


Figure 3: Survey respondents' clinical focus



Data analysis for the purposes of this paper is limited to responses from healthcare professionals involved in clinical care in countries represented on ECAS. Percentages are based on analysable responses to each question and may not total 100 due to rounding. A definition of EU15 and EU13+ is included in the Appendix.

Key findings

1

There is an overall consensus that the **prevalence of endocrine diseases will continue to increase**, putting a greater demand on the endocrine workforce. 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.

2

According to the survey respondents, the **main factors contributing to workforce pressures** are the growing prevalence of endocrine-related non-communicable diseases, a greater administrative workload, increasing demand related to complex rare diseases and less engagement from primary care physicians.

3

There is **wide variation in the number of endocrinologists per capita** across Europe, ranging from 0.9 to 10.1 per 100 000 population, reflecting the differences in the way endocrine diseases are managed in each country. The survey reveals differences in the scope of work, particularly in the extent to which endocrinologists are engaged in the care of common chronic endocrine conditions, like type 2 diabetes, obesity, thyroid disease, osteoporosis and reproductive endocrine disorders.

4

The endocrine workforce is struggling to meet demand and 21 out of 36 national endocrine societies indicate that this will worsen in the future. In the survey, **28.4% of endocrinologists report waiting times for new patients exceeding 90 days** and 43% say non-urgent patients wait between 15 and 90 days.

5

On average, endocrine healthcare professionals report a working time per week of 44.3 hours: 52.7% work more than the standard 40 hours per week, and **12.9% work 60 or more hours per week**.



6

67.5% of physicians report work-related stress and/or episodes of burnout, with 17.1% reporting frequent or constant symptoms of burnout. Among nurses, **69.7% report work-related stress and/or burnout**, with 19.4% having frequent or constant symptoms of burnout. Only 16.8% of all respondents working in a public institution indicate that they have any stress management support.

7

Over the last 20 years, workforce demographics have changed, with **women now representing 70.4% of the early-career endocrine workforce**. Of all women in endocrinology, 77.3% report that the workload impairs their personal and family planning. In addition, 73.9% report having work-related stress and burn-out episodes, compared to 53.6% in men.

8

35.2% of early-career endocrine physicians say they may leave their job in the next five years. The main reasons provided are a search for better work-life balance (60.2%), higher income (51.9%) and longer-term job security (33.8%).

9

Of nurses involved in endocrine care, 47.9% are dissatisfied with their income and 70.3% report that career advancement criteria are not clearly defined. **30% wish to leave their current job in the next five years**.



10

While research investment in healthcare provides excellent returns on investment to society, 41% of survey respondents indicate not having the time to do so, with **only 8.3% being able to spend significant time on research**.

These findings point to a workforce under pressure. High workloads, long working hours, stress and burnout are taking a toll on the staff who are working hard to keep services running and make it harder to retain experienced staff and attract the next generation into the specialty.

The crisis has worrying consequences for the wellbeing of patients, too, who face longer waits for specialist care and services with less capacity to prevent, diagnose and manage endocrine and metabolic disease. Pressure on the workforce also leaves less time for research and innovation, limiting the development of new treatments and models of care that are so vital to meeting future demand.

Recommendations for a healthier endocrine workforce

The European Commission, national governments, healthcare institutions and medical societies must work together to develop new workforce-related policies that strengthen the endocrine workforce, while addressing the drivers of the increasing demand for specialist endocrine healthcare.

Based on the survey findings, **ESE proposes 29 practical recommendations** to ensure that endocrine patients receive high-quality specialist care and endocrine healthcare professionals have the conditions and support to thrive in their endocrinology career. These are grouped in five 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 diseases and complex rare diseases.

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.

2

Close the gap between demand for care and workforce capacity

Prevention, early detection, shared care protocols and new working methods (including 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.

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.

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.

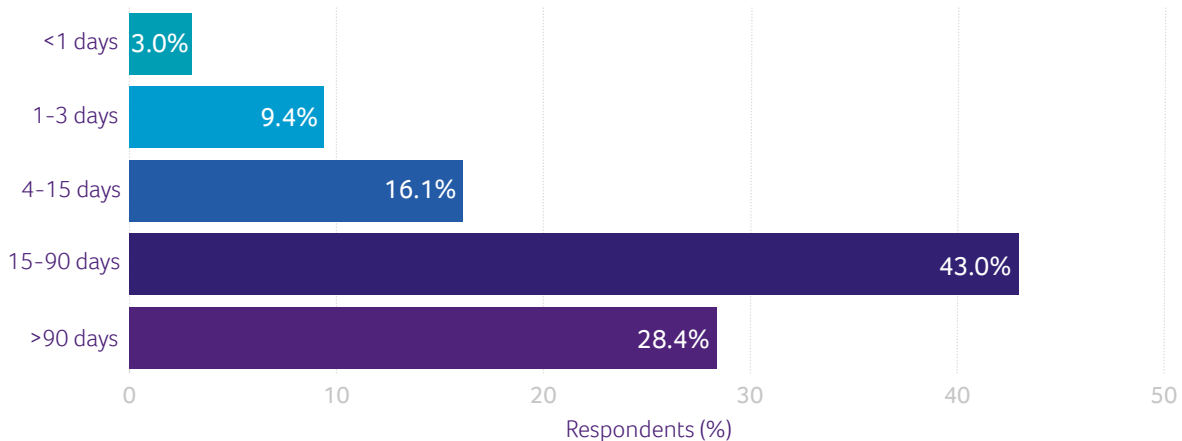
Recommendation area 1

Equip the endocrine workforce to meet future needs

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

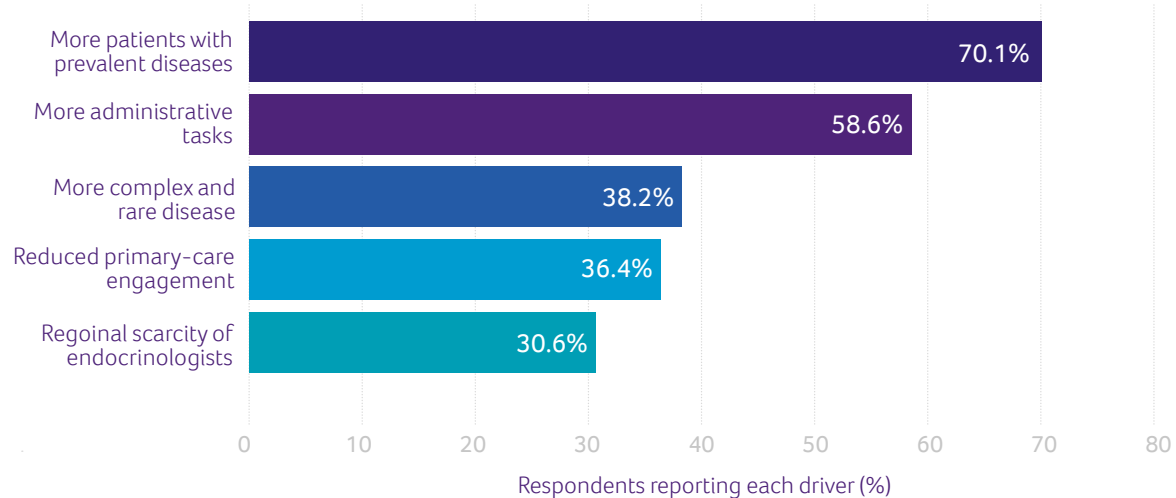
Survey findings indicate that many services are already operating under considerable pressure, with long waiting times and increasing workloads, particularly in public healthcare settings. Nearly three in ten individual respondents (28.4%) reported that new, non-urgent patients wait at least 90 days for an appointment.

Figure 4: Waiting time pressure



Nine out of ten individual respondents (87.6%) who work mainly in public and academic hospitals said their workload had increased over the previous five years, compared with eight out of ten (80.6%) of those working mainly in private settings. The working week is also longer on average for those in public settings than those working primarily in private practice.

Figure 5: Main drivers of workload growth



Better data on the endocrine workforce and improved forecasting of disease prevalence and healthcare needs workforce will be essential if health systems are to provide timely access to specialist endocrine care in the years ahead.

Recommendations to improve workforce planning

1.1 The European Observatory on Health Systems and Policies should be expanded to include detailed data for specialist disciplines, including specialised nursing staff, to guide health workforce decision-making. Data should include the number of specialist positions, physician-to-patient ratios and parameters related to working conditions and contract duration.

1.2. European institutions, the WHO and national governments should keep up-to-date assessments of disease prevalence and trends for conditions that have a major impact on the healthcare system. This includes common endocrine and metabolic conditions such as obesity, type 2 diabetes, polyendocrine metabolic ovarian syndrome (PMOS, formerly polycystic ovary syndrome (PCOS)), thyroid disease and reproductive disorders. Rare endocrine diseases also have an increasing impact on workload and healthcare budgets due to improvements in diagnosis and treatment options.

1.3. The WHO Regional Office for Europe, the European Commission and national governments should recognise the significant societal impact of endocrine health and disease across the life course, and the implications of population ageing, in their plans to support countries in increasing their resilience to future health challenges.

1.4. The European Commission and national governments should review the European Working Time Directive and introduce, implement and reinforce strict guidelines on maximum working hours for healthcare professionals. This should include healthcare professionals in training, while ensuring that trainees are adequately exposed to the depth and breadth of the specialty.

In practice

How the German Society for Endocrinology is modelling workforce demand and supply

Official statistics showed how many specialist endocrinologists and diabetologists were practicing in Germany, but not whether this was enough to meet patient needs. The German Society for Endocrinology (DGE) collaborated with the German Rheumatology Research Center to develop a model comparing workforce supply with demand.

To establish demand, the team combined International Classification of Diseases Tenth Revision (ICD-10) codes for relevant diagnoses with data on disease prevalence, the proportion of patients requiring specialist care and the number and length of appointments. It then used specialists' working hours to calculate the workforce needed. Even under conservative assumptions, the model estimated that 1,849 full-time specialists were needed, compared with 740 endocrinologists and diabetologists currently practising. The findings provide an evidence base for planning training capacity, recruitment and endocrine services.

How does the EU's Working Time Directive affect healthcare professionals?

Employed healthcare professionals, including those in training, have the same protections as other workers. Average working time must not exceed 48 hours a week and there are minimum requirements for breaks, rest periods and paid leave. However, national exceptions and individual opt-outs mean some individuals may work longer hours. Workforce planning should therefore reflect actual working patterns and avoid relying on staff working longer hours to maintain services.

The European Observatory on Health

Systems and Policies is a partnership hosted by WHO that brings together governments, international organisations and research institutions to provide evidence and data to support policymaking in Europe. Information is shared online, in print and in person.

[Find out more.](#)

Recommendation area 2

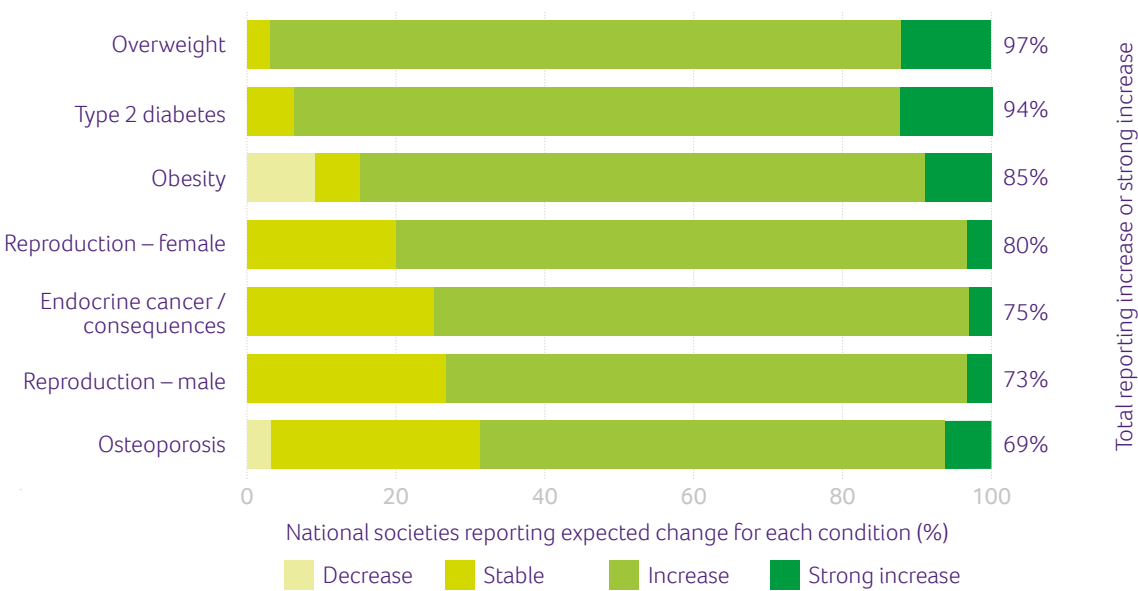
Close the gap between demand for care and workforce capacity

Prevention, early detection, shared care protocols and new working methods, (including 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.

The survey shows that increasing workforce capacity alone will not be enough: care will also need to be delivered differently to make best use of specialist expertise.

Individual respondents most commonly selected thyroid disorders (82.6%), diabetes, obesity and metabolic diseases (70.2%) and calcium and bone disorders (38.3%) among the three areas in which they see the most patients. National endocrine societies expect the greatest growth over the next five to ten years in overweight and obesity, type 2 diabetes, reproductive disorders, endocrine-related cancers and the endocrine consequences of cancer treatment.

Figure 6: How do national societies expect disease prevalence to change in 5-10 years?

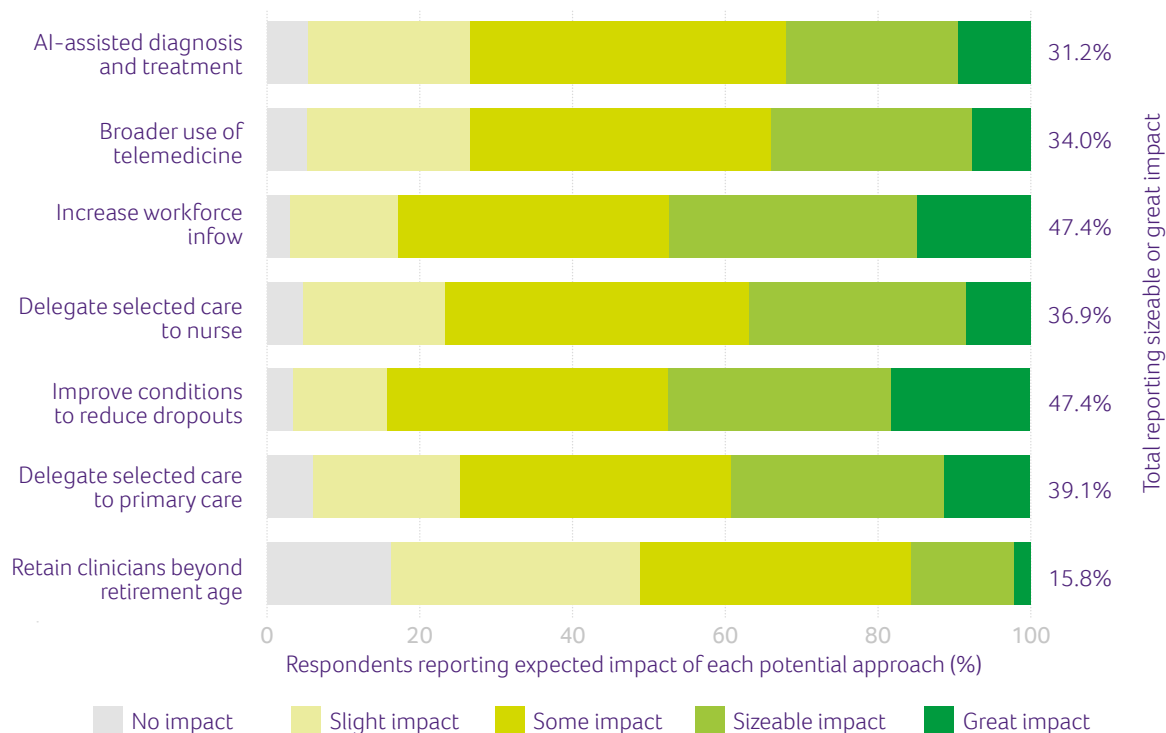


Among clinicians reporting a higher workload, around two in five (38.2%) cited rare and complex diseases as a contributing factor. Although individually uncommon, these diseases often require highly specialised, multidisciplinary care and are becoming more resource intensive as diagnosis and treatment improve. Healthcare systems therefore need to ensure that specialist expertise supports patients with the most complex needs while ensuring high-quality care for more common chronic conditions through appropriate care pathways.

The survey identified marked regional differences in preparedness for future demand. Respondents in EU15 countries were more likely to report that endocrinology is already struggling to cope with increasing workload (32.2% compared with 18.2% in EU13+). Respondents from EU13+ were generally more optimistic about future capacity but were less likely to report that new ways of working had already been introduced, suggesting scope to share effective approaches across Europe before workforce pressures become more acute.

When asked which changes would have the greatest impact, respondents prioritised improving working conditions to reduce workforce attrition, increasing the number of healthcare professionals entering endocrinology and delegating appropriate aspects of care to primary care. New technologies will help, but not as much as having more doctors and nurses.

Figure 7: Which approaches do healthcare professionals believe could have the greatest impact on service redesign?



‘National endocrine societies expect the greatest growth over the next five to ten years in overweight and obesity, type 2 diabetes, reproductive disorders, endocrine-related cancers and the endocrine consequences of cancer treatment.’

Recommendations to improve how endocrine care is organised

2.1. The European Commission and national governments should recognise the value of preventing endocrine disease in health workforce planning. To reduce workforce pressure and societal costs, efforts to prevent endocrine disease should be increased. Prevention strategies should focus on raising awareness of the benefits of a healthy lifestyle, preventing avoidable hormone deficiencies, reducing exposure to endocrine disruptors and increasing awareness of early symptoms of endocrine disease.

2.2. National governments and institutions should work with medical societies, healthcare professionals, providers and patients to create consistent guidelines and pathways for patient care. This should include clear requirements for follow-up of endocrine diseases in outpatient and inpatient settings across primary, secondary and tertiary healthcare structures.

2.3. National governments and institutions should ensure that the management of high-volume chronic endocrine and metabolic conditions is organised to make best use of endocrine healthcare professionals' working time. This includes introducing shared care protocols between doctors and nurses and between specialist and primary care teams.

2.4. The European Commission should promote innovative ways to reform healthcare systems to address future needs and improve health outcomes. Shared care protocols delivered by primary, secondary and tertiary healthcare providers should use health data and new technologies facilitated by AI to optimally deliver personalised care.

2.5. The WHO Regional Office for Europe, the European Commission, governments and institutions should guide and facilitate the implementation of new AI applications across all areas of healthcare, covering prevention, management, documentation and administration. De-skilling of the medical

workforce is a potential concern, therefore training and continuous professional development must ensure that core skills are maintained in future practice, including where such technologies are unavailable.

2.6. National governments and institutions should recognise the workload associated with care related to rare endocrine diseases when making workforce and resource allocation decisions. The systemic nature of many of these diseases requires complex management in specialised centres, with a multi-disciplinary team approach that addresses medical, social and mental health needs, as well as the impact on families and caregivers.

2.7. The European Commission, national governments and institutions should ensure that any system redesign is informed by healthcare professionals and the lived experience of patients, their families and caregivers. Medical societies and Patient Advocacy Groups should be actively involved.

2.8. The EU and national governments should support interoperable digital care pathways under the European Health Data Space (EHDS). Implementation should take account of healthcare professionals' perspectives and patients' needs.



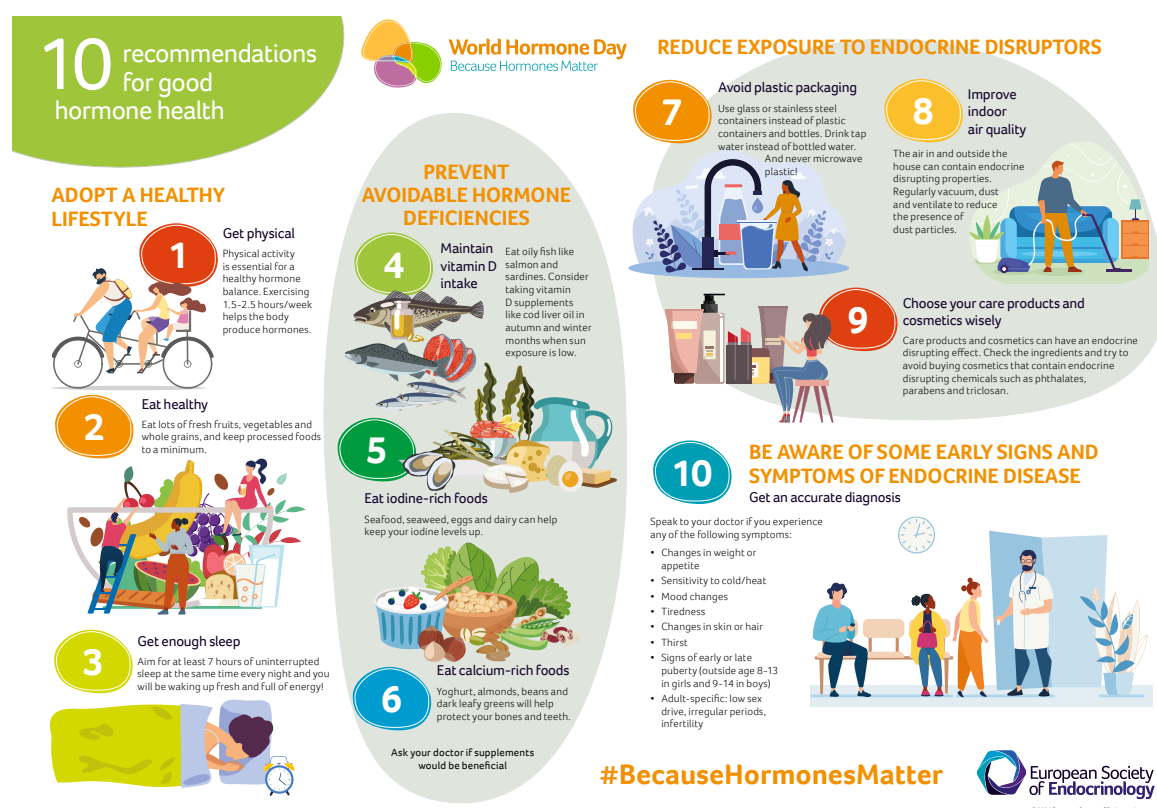
In practice

10 recommendations for better hormone health

Clear public information helps people reduce their risk of endocrine disease and know when to seek advice about symptoms. ESE and the ESE Foundation developed 10 Recommendations for Good Hormone Health, updated for World Hormone Day 2026, with simple steps everyone can take to improve their hormone health.

The recommendations cover healthy lifestyles, preventing avoidable hormone deficiencies, reducing exposure to endocrine-disrupting chemicals and recognising possible signs of disease. They are available as an infographic, poster and social media materials that health organisations and national endocrine societies can use in public awareness campaigns.

[Find out more.](#)



The European Health Data Space is the first common EU framework for electronic health data. It will make it easier for individuals and healthcare professionals to access and share health records, including between countries. It will also allow data to be used securely for research, innovation, public health and healthcare planning. [Find out more.](#)

How do the recommendations support WHO Europe's priorities?

WHO Europe's programme for 2026–2030 focuses on five areas: preparing for health emergencies, tackling non-communicable diseases, supporting healthy living and ageing, addressing the health effects of climate change and developing fair, efficient and resilient health systems. Better prevention and treatment of endocrine disease, supported by a sustainable workforce, will contribute to progress in each of these areas.

Recommendation area 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.

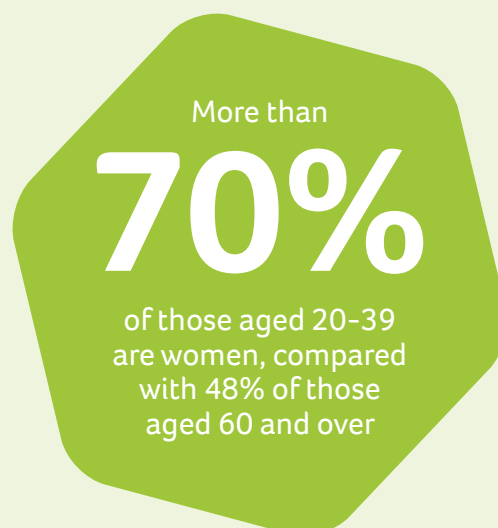
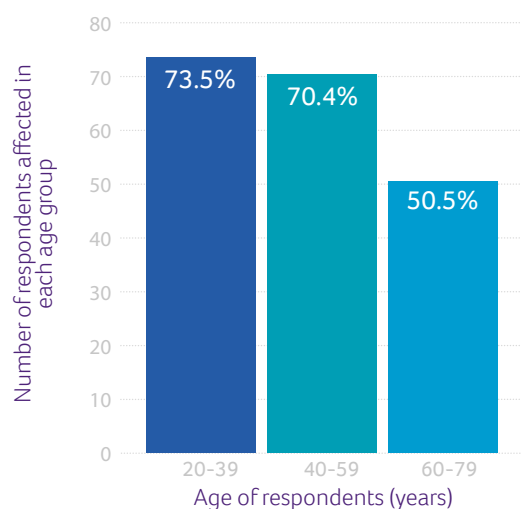
One of the most striking findings in the survey is that most of the future endocrine workforce will be women, breaking from historical trends. More than 70% of those aged 20-39 are women, compared with 48% of those aged 60-79. As this younger cohort progresses in their careers, working conditions and workplace policies will need to adapt to reflect the realities of modern working lives. Flexible working, family-friendly policies and supportive career pathways will be essential to attract and retain talented healthcare professionals.

The survey also highlights important differences in the experiences of men and women in the workplace. Women were less likely than men to be in the highest income group (21.8% versus 40%), more likely to experience burnout (73.9% versus 53.6%) and more likely to report that workload affected their personal or family planning (77.3% versus 68.8%).

Although most respondents (79.7%) said healthcare professionals in their institution can take their full entitlement to pregnancy leave, difficulty finding cover for those on parental leave was said to be disruptive.

The survey also suggests that more support is needed during early- and mid-career stages. Burnout affects almost three quarters (73.5%) of respondents aged 20-39 and only slightly fewer of those aged 40-59 (70.4%). Institutional support for wellbeing was largely absent, with fewer than two in ten respondents reporting access to formal stress management programmes.

Figure 8: Burnout or work-related stress by age



Perhaps most concerning is that 35.2% of early-career endocrine physicians said they may leave their job in the next five years. The main reasons provided are a search for better work-life balance (60.2%), higher income (51.9%) and longer-term job security (33.8%). Many are worried about career stability: almost half (47%) have temporary contracts and only 47.2% said they believed they could secure a permanent position within an acceptable timeframe.

Career development also emerged as an area for improvement. Respondents reported a lack of transparency around career progression, limited encouragement to pursue international fellowships and gaps in subspecialty training, particularly in widening countries. Many emphasised the value of structured mentorship and exchange programmes in supporting their careers and helping to reduce regional disparities.

‘Flexible working, family-friendly policies and supportive career pathways will be essential to attract and retain talented healthcare professionals.’

35.2%

of early-career endocrine physicians may leave their job in the next five years. Almost half (47%) have temporary employment contracts

Recommendations to improve workplace wellbeing and support fair and flexible careers

3.1. The European Commission and national governments should integrate gender equity indicators into health workforce monitoring, to enable institutions to assess and improve gender equity, including representation in leadership and research positions and differences in pay.

3.2. National governments should mandate that institutions offer family-friendly working models for healthcare professionals, including flexible clinical scheduling, part-time training options, childcare facilities and equitable policies to provide cover for staff on parental and carers' leave. They should also monitor the implementation of these policies.

3.3. National governments and institutions should make structural changes to address lower pay and slower career progression for healthcare professionals who take part-time employment or family-related leave. Improvements in parental leave, carers' leave and flexible work arrangements for all staff is critical to ensure equal career opportunities.

3.4. Institutions should support workforce wellbeing through structured programmes for stress and burnout monitoring and management, aligned with standards such as WHO workforce frameworks. Measures should include demonstrable outcomes monitoring with protected time for support, peer support structures and regular workload reviews with external occupational health input. This is especially important for women and early- and mid-career professionals.

3.5. Institutions that employ healthcare professionals should conduct an annual review of clinical and non-clinical workload. They should provide workload allocation frameworks and individual job plans to ensure an appropriate balance between patient-related service delivery, administrative tasks and other activities such as continuous professional development, as well as protected time for research and mentorship.

3.6. Institutions should implement transparent, written career development frameworks for all staff from the point of entry to completion of training. These should have defined milestones and clear criteria for progression to permanent positions that must be applied consistently.

3.7. Institutions should formally recognise mentorship as a protected professional activity and essential component of career development for early- and mid-career professionals. This requires structured mentorship support for trainees, dedicated mentor training and the integration of mentorship into career planning and promotion criteria. Institutions should also implement targeted strategies to ensure equitable access to mentorship opportunities and to reduce regional and gender disparities.



In practice

How South-Eastern Norway supports newly employed doctors

The South-Eastern Norway Regional Health Authority uses a structured “buddy” programme to help resident doctors settle into new roles. Each doctor is paired with an experienced colleague who offers practical guidance, informal supervision and a trusted source of advice.

A standard onboarding pathway provides information before they start, support on their first day and follow-up after two weeks and six months. This low-cost approach gives doctors consistent support during a demanding career transition and can help reduce stress and improve retention. Similar arrangements, adapted to local circumstances, are used in other Nordic countries. [Find out more.](#)

What does the WHO recommend for healthy workplaces?

The WHO Healthy Workplace Framework helps organisations identify and address risks to employees’ physical and mental health, safety and wellbeing. It covers the physical working environment, workplace culture, stress and access to health support. More recent WHO guidance builds on this by calling for organisations to address workplace causes of poor mental health, including excessive workloads, inflexible schedules and poor communication. It also recommends training for managers and effective return-to-work programmes. [Find out more.](#)

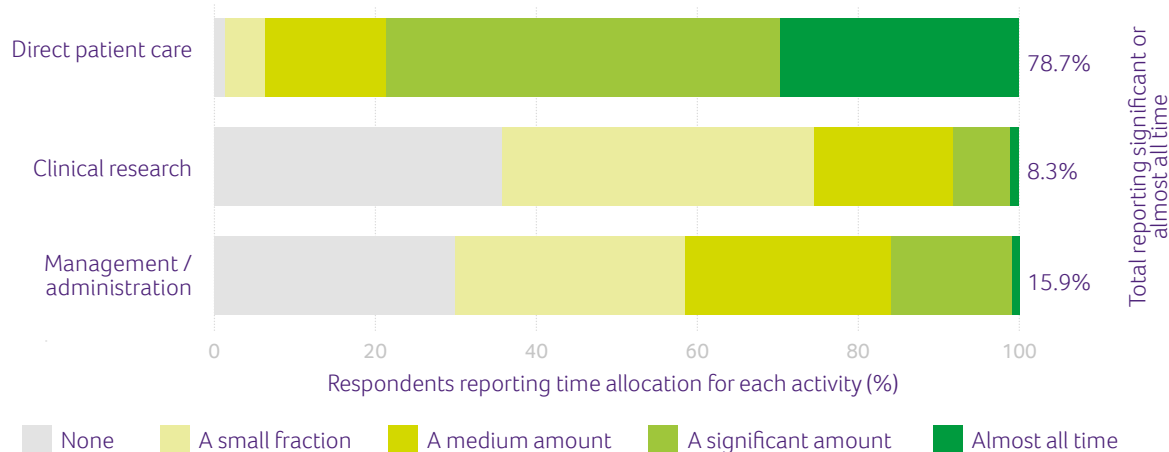
Recommendation area 4

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.

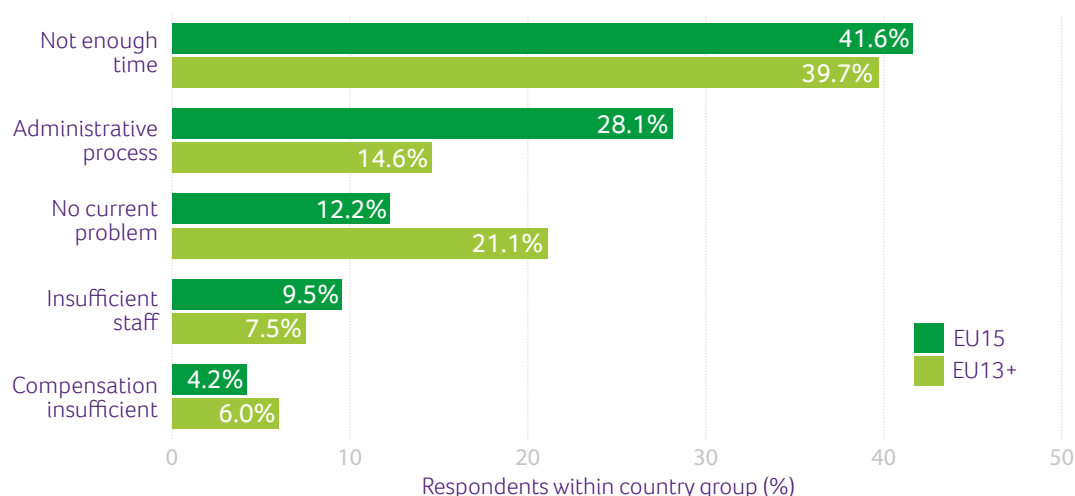
Research is essential to improving the prevention, diagnosis and treatment of endocrine disease, yet increasing clinical pressures are making it more difficult for healthcare professionals to participate. Although almost half of respondents (49.5%) reported being involved in clinical research, direct patient care occupies the largest proportion of their working time and only 8.3% said they were able to dedicate a significant proportion of their time to research. Respondents working mainly in private practice were also considerably less likely to be involved in clinical research than those in public settings (27.1% versus 57.1%).

Figure 9: How are endocrine professionals spending their time?



The greatest barrier is lack of time. More than two in five respondents (41%) identified this as the main obstacle to undertaking research, reflecting the challenge of balancing clinical responsibilities, research and administrative demands. Securing funding for research is also difficult, as time spent preparing grant applications further cuts into the time available for research itself. Better organisational support would enable participation in collaborative research and clinical trials.

The findings also point to opportunities to strengthen Europe's research capacity. Respondents in widening countries reported lower levels of protected research time and greater difficulty balancing clinical and research responsibilities than those in non-widening countries. Many respondents also reported funding their own research activities, while the discussion highlighted that structured support for early- and mid-career researchers, research training and institutional research support remain inconsistent across Europe.

Figure 10: Main hurdles to clinical study involvement

Recommendations to protect time, funding and skills for endocrine research as a long-term investment in healthcare

4.1. The European Commission should secure funding for research into endocrine and metabolic diseases as part of the 10th Framework Programme for Research and Innovation (FP10). This allocation should be increased in line with the burden that endocrine diseases place on society. The EndoCompass Research Roadmap sets out priority research areas identified by experts that, if properly supported, will impact positively on public health and healthcare systems in Europe. This includes a focus on prevention and precision medicine approaches.

4.2. National governments and institutions responsible for accreditation and examination of specialist healthcare professionals should ensure that national training curricula include the acquisition of core research skills. This should cover training for the analysis and interpretation of study data, as well as ethical and scientific quality standards of safety, rights and wellbeing of the study participants.

4.3. National governments, funding bodies and institutions should create dedicated funding opportunities for early- and mid-career researchers and implement support structures for first-time principal investigators that actively promote gender equity in access to funding and career progression. Research funding bodies should establish grants targeting early-career investigators, like the European Research Council Starting Grants.

4.4. National governments and institutions should support and incentivise healthcare professionals in primary care and specialist private practice to contribute to research through structured pathways. A main goal should be to contribute to the collection of real-world data as part of the objectives of the European Health Data Space.

‘Only 8.3% of respondents are able to dedicate a significant proportion of their time to research.’

4.5. National governments and institutions should provide organisational support (such as contracts, training, intellectual property, negotiations and capacity-building) to enable healthcare professionals and researchers to participate effectively in collaborative research with commercial partners and initiate clinical trials under the EU Clinical Trials Regulation (CTR).

4.6. Funding bodies, institutions and principal investigators should consider career development needs of students, postdoctoral researchers and fellows, including the introduction of short-term extensions to complete research projects. They should also ensure that acknowledgements and rights to publications are clearly defined and protected, including for those that leave the research group temporarily or permanently.

In practice

How ESE and the European Union of Medical Specialists (UEMS) are embedding research skills in specialist training

The European Curriculum and Training Recommendation in Endocrinology, jointly developed by ESE and the UEMS Section and Board of Endocrinology provides a common framework for specialist training across Europe. Its research requirements cover identifying evidence gaps, designing studies, collecting and analysing data, following ethical standards and communicating findings.

It was endorsed by 48 national endocrine societies and represents a major step towards harmonisation of postgraduate training in Europe. [Find out more.](#)

The EndoCompass Research Roadmap: Directions for the Future of Endocrine Science

identifies the specific research needs, priorities and opportunities in areas of endocrine health and disease that, when addressed in future research programmes, will contribute to better health in Europe. Developed by the European Society of Endocrinology in collaboration with the European Society for Paediatric Endocrinology, it was published in October 2025 as an open-access supplement to the *European Journal of Endocrinology* and *Hormone Research in Paediatrics*. An accompanying paper, *Policy Priorities for Better Hormone Health in Europe*, published in May 2026, translates the Roadmap into priorities for research investment and action by policymakers and funders.

[Find out more.](#)

What are European Research Council Starting Grants?

European Research Council Starting Grants help early-career researchers establish independent research programmes and teams. Researchers can apply within ten years of completing their PhD for up to €1.5 million over five years, with extensions available for circumstances such as parental leave or illness. The grants are open to all research fields and projects must be based at an institution in an EU Member State or associated country.

[Find out more.](#)

Recommendation area 5

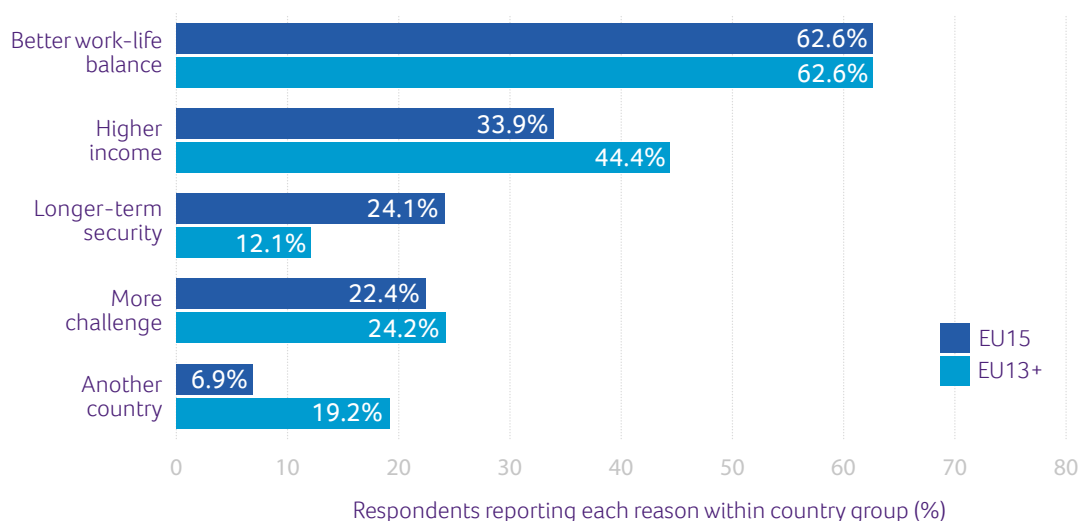
Support fair and sustainable workforce mobility

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

Many healthcare professionals choose to move between countries during their careers to access new training and career opportunities. Respondents said the main reasons for considering such a move were a better work-life balance, higher income, greater job security and more attractive career opportunities.

However, differences in income, job security and training opportunities can make some countries more attractive than others. Survey findings showed that healthcare professionals in widening countries expressed a much stronger desire to work abroad than those in non-widening EU countries. This raises concerns that countries already facing workforce challenges may struggle to retain specialist expertise, while the benefits of having professionals with international experience are not shared equally across Europe.

Figure 11: Why do endocrine professionals want to change jobs?



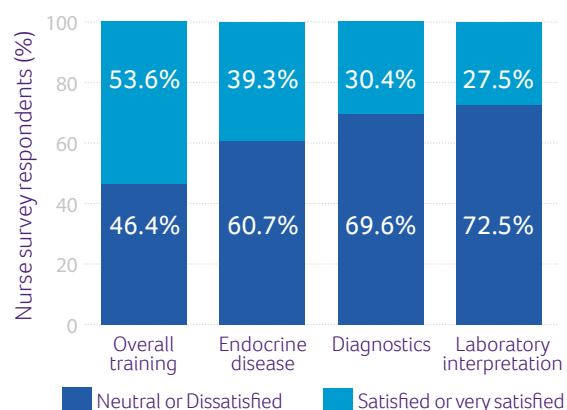
For those that do choose to train or work in another country, consistent standards of specialist education and training are essential to ensure that patients receive the same high standard of care. Although overall satisfaction with specialist training was relatively positive, respondents identified gaps in disease-specific training, diagnostic approaches and laboratory interpretation.

Respondents in western and central Europe were also more likely to report that demand already exceeds workforce capacity, with less time available for training, supervision, mentorship and research.

The nurses' survey identified similar challenges. Six in ten respondents (57.1%) reported that there was no specialist endocrine nursing education at their institution, with training most commonly delivered through on-the-job learning or ad hoc departmental teaching.

Almost half of nurses reported income dissatisfaction (47.9%), while fewer than one in three (29.7%) said career advancement criteria were clearly defined and transparent. Even so, 70% expect to stay in their current job for the next five years.

Figure 12: Are there gaps in nurse training?



Recommendations to improve education, training and career pathways and support a highly skilled and sustainable endocrine workforce across Europe

5.1. The European Commission and national governments should support early-career specialist healthcare professionals to receive training and mentorship opportunities from specialised centres in other countries. Support should include the facilitation of access and financial support to join exchange programmes.

5.2. National governments and institutions should align their curricula and training to an agreed European curriculum to achieve equal standards of specialist training and education, including structured exposure to all core endocrine subspecialties and multi-disciplinary teamwork. A common European standard would enable easier work mobility across Europe and ensure that healthcare professionals trained both within and outside Europe deliver high-quality care.

5.3. National governments and institutions should establish and facilitate nurses' access to standardised endocrinology nursing education programmes, where possible complemented by internationally accessible training modules.

5.4. Institutions should develop career pathways for nurses, including advanced practice roles and recognition of specialised expertise,

to enhance professional development opportunities and improve retention of experienced nurses in endocrinology.

In practice

How ESE's Observership Programme supports training and mobility for early-career endocrinologists

ESE's Young Endocrinologists and Scientists (EYES) Observership Programme enables early-career clinicians and researchers to gain experience at endocrine centres of special interest across Europe. Participants undertake a structured placement, lasting one to three months, during which they observe clinical practice or research labs, develop skills, exchange knowledge and establish professional networks with colleagues working in different healthcare and academic systems. Dedicated ESE grants are available to help address the economic barriers to cross-border training.

By exposing early career investigators to different clinical pathways, research environments and organisational cultures, the programme facilitates knowledge transfer and contributes to greater alignment of endocrine training and practice across Europe. As of July 2026, the Programme has attracted more than 360 applicants from more than 30 countries and facilitated Observerships for more than 180 participants. [Find out more.](#)

Conclusion

Decisions made today about the endocrine workforce will determine whether Europe's health systems can meet growing demand for specialist endocrine care in the years ahead.

Investing in the endocrine workforce is an investment in Europe's health. Without sufficient specialist expertise, patients will face longer waits, reduced access to specialist care and fewer opportunities to benefit from advances in endocrine research and treatment.

This report shows that the solution involves more than increasing workforce numbers. Health systems must ensure that specialist expertise is deployed where it delivers the greatest value to patients, while giving healthcare professionals the skills, support and working conditions to thrive.

The recommendations, endorsed by 49 national and specialist endocrine societies, provide a framework for action that can be adapted to different healthcare systems and national priorities.

The European Society of Endocrinology calls on European institutions, national governments and healthcare organisations to work together to implement these recommendations and build an endocrine workforce that is equipped to meet future healthcare needs.

To discuss the recommendations or how ESE can support workforce policy and planning in your country or organisation, please contact info@ese-hormones.org.



Appendix

Definitions used in this paper

Allied healthcare professionals (AHP):

Health professionals working in an endocrine-related field. These include bariatric surgeon, endocrine surgeon, dietitian, family doctor, genetic counsellor, health care assistant, ophthalmologist, nuclear medicine specialist, paediatrician, paediatric surgeon, psychologist, psychotherapist and other healthcare professionals working with patients with endocrine conditions.

Artificial intelligence (AI): In this report, AI refers to computer systems that can analyse data, identify patterns and automate routine tasks. This includes a wide range of tools designed for different purposes, such as identifying patterns in scans and test results or generating text-based responses. These technologies should be evaluated and used according to their intended purpose and evidence base.

Early-career professionals: All healthcare professionals who have been working for less than five years after obtaining their qualification in their respective discipline. This applies to clinicians, clinician-scientists, nurses and allied healthcare professionals (AHPs).

Endocrine healthcare professionals: Physicians and nurses specifically engaged with the specialised care of patients with endocrine diseases. This refers to endocrinologists and diabetologists, internal medicine physicians with specific engagement in endocrine disease, nursing staff working in an endocrine clinic and AHPs involved in the diagnosis, treatment and management of endocrine disease.

Healthcare provider: Any member of the health workforce who delivers health services, including health professionals, health associate professionals, personal care workers in health services, health management and support personnel and other health service providers.

Institutions: Academic and public hospitals providing specialised patient care, accredited for training purposes and engaged in research.

Mentorship: A structured, trust-based and reciprocal professional relationship in which an experienced clinician or researcher supports the development of a less experienced colleague. It provides a safe, confidential space for reflection, feedback and critical thinking, enabling the refinement of clinical and research skills grounded in real-world practice. Distinct from supervision, mentorship is development-focused and guided by shared goals, mutual respect and clearly defined expectations.

Mid-career: A fully trained specialist with up to 15 years' clinical experience after completion of specialist training, actively contributing to patient care, teaching and often leadership. They have a stable professional identity, increasing autonomy and growing influence within their institution or specialty. This stage is marked by consolidation of expertise, career progression, and expanding roles in mentorship, governance and research.

EU15: The original 15 EU member states, including Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, the Netherlands, Portugal, Spain, Sweden and the United Kingdom.

EU13+: This includes the countries that are represented on ECAS but are not included in EU15. A full list of national societies can be found at ese.hormones.org/ecas.

References

1. Zapata, T. *et al.* (2023). 'From great attrition to great attraction: countering the great resignation of health and care workers'. *Eurohealth*, 29(1). <https://iris.who.int/handle/10665/372887>
2. Organisation for Economic Cooperation and Development (2025). *Health at a Glance 2025*. https://www.oecd.org/en/publications/2025/11/health-at-a-glance-2025_a894f72e.html
3. World Health Organization (2022). *Health and care workforce in Europe: time to act*. <https://www.who.int/europe/publications/item/9789289058339>
4. World Health Organization (2022). *WHO European Regional Obesity Report 2022*. <https://www.who.int/europe/publications/item/9789289057738>
5. International Diabetes Federation. *Europe: Diabetes Regional Report 2000–2050*. <https://diabetesatlas.org/data-by-location/region/europe/>
6. Trasande, L. *et al.* (2015). 'Estimating burden and disease costs of exposure to endocrine-disrupting chemicals in the European Union'. *The Journal of Clinical Endocrinology & Metabolism*, 100(4), pp. 1245–1255. <https://doi.org/10.1210/jc.2014-4324>
7. World Health Organization (2024). *The challenge of obesity*. <https://www.who.int/europe/news-room/fact-sheets/item/the-challenge-of-obesity>
8. Kershaw, E. and Flier, J. (2004). 'Adipose tissue as an endocrine organ'. *The Journal of Clinical Endocrinology & Metabolism*, 89(6), pp. 2548–2556. <https://doi.org/10.1210/jc.2004-0395>

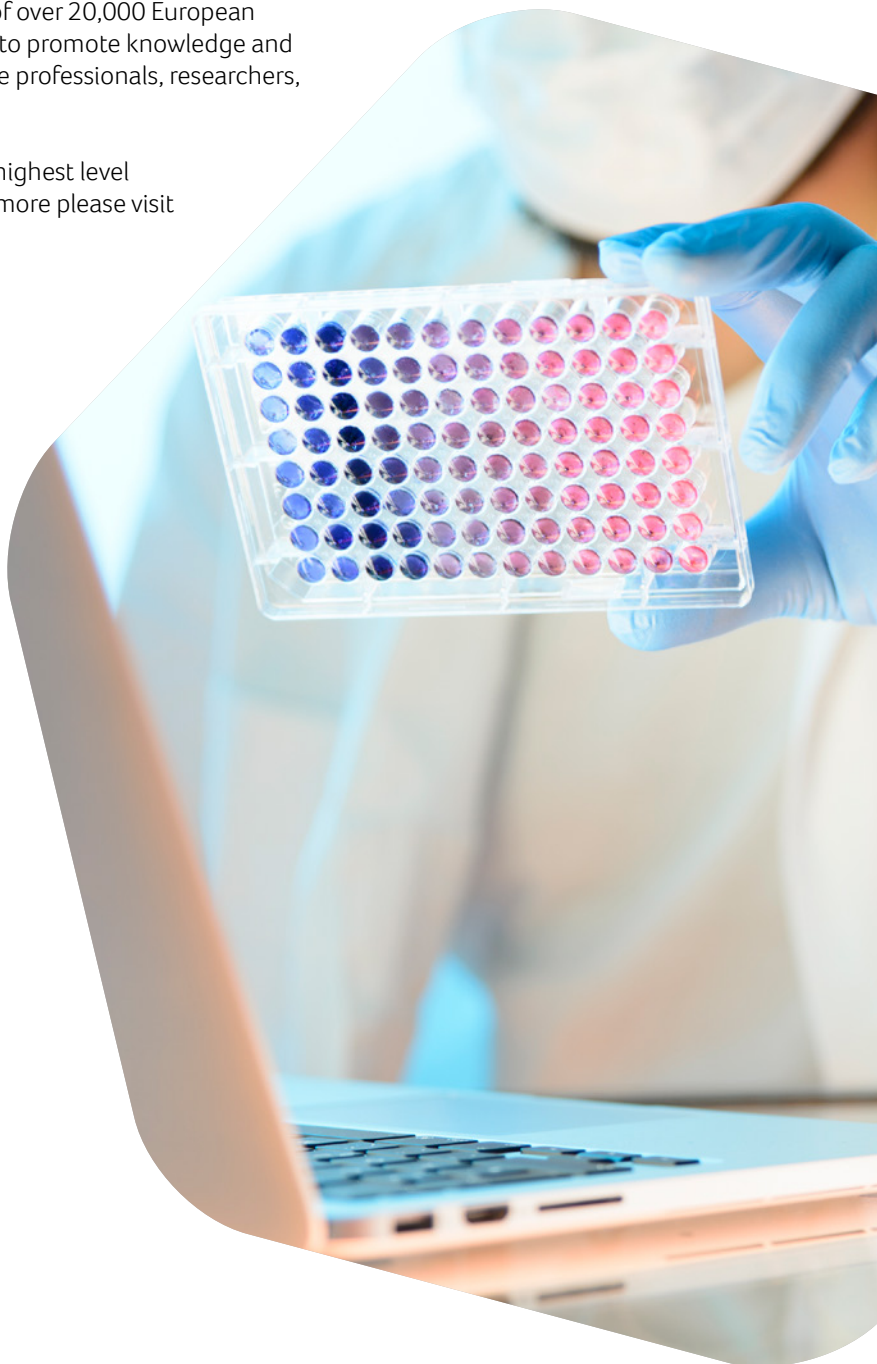


About ESE

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.



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