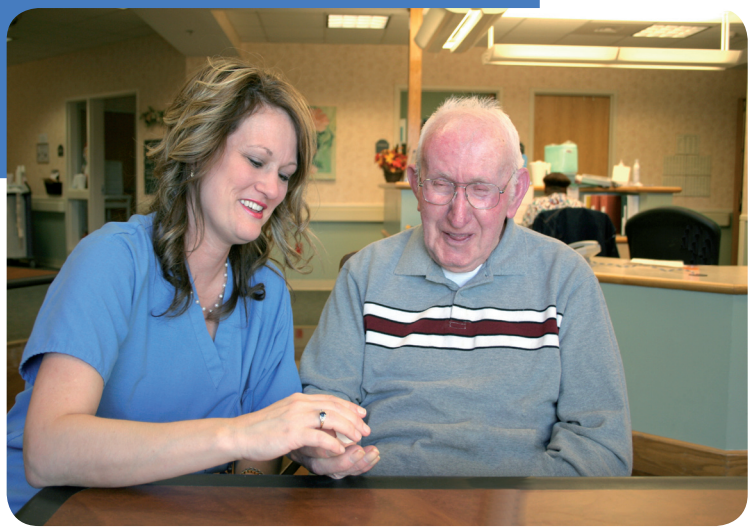
Directorate-General for Health & Consumers

Report on the open consultation on the Green Paper on the European Workforce for Health

Europe for Patients



Europe Direct is a service to help you find answers
to your questions about the European Union

Freephone number (*):
00 800 6 7 8 9 10 11
(*) Certain mobile telephone operators do not allow access to 00 800 numbers or these calls may be billed.

More information on the European Union is available on the Internet (http://europa.eu).

Cataloguing data can be found at the end of this publication.

Printed in Luxembourg

Printed on white chlorine-free paper

Directorate-General for Health & Consumers

Report on the open consultation on the Green Paper on the European Workforce for Health

TABLE OF CONTENTS

1. INTRODUCTION

The European Commission ran a public consultation on the Green Paper on the European Workforce for Health between 10 December 2008 and 10 April 2009. The purpose of this public consultation was to gather the views of Member States and stakeholders on the topics raised in the Green Paper, so as to inform future policy actions in this field. The Commission sought the views of all those involved in this field, including patients and consumers, trade unions and employers, national competent authorities, health professionals and healthcare managers. One hundred and ninety seven replied.
This summary document aims to provide an overview of the main views expressed on the different topics raised in the Green Paper. It also examines the responses of the various stakeholder groups. An annex provides a particular focus on Member States[1] governments and health professionals' and carers organisations, as these were the two groups that responded in highest numbers.

Methodology

The Green Paper on the European Workforce for Health set out the factors influencing the workforce in the European Union (EU) and the main issues to be addressed. These were classified under nine headings, and a total of over forty action proposals were put forward. The Commission opted for an open format for the consultation, mirroring the objective of a Green Paper for an open reflection process on the issues at stake. As a result, the 197 respondents did not address all topics and actions of the Green Paper in a systematic manner, but chose to focus on the ones that seemed most relevant to them. The actions that attracted most interest were addressed by roughly a third of respondents. Throughout this report, percentages used to express the level of support are based on the number of responses per topic or action, and not on the overall number of respondents, unless otherwise stated.

An overall positive reaction

Respondents agreed that the Green Paper is a clear, relevant and comprehensive analysis of the health workforce in the EU. They saw an EU dimension to the challenges facing them. Furthermore, the majority believed that at least some EU action would be useful. Indeed, only 2.5% of respondents were against any action, mostly because they considered health workforce issues to be within the exclusive remit of individual Member States. A further 8% of respondents made their support subject to clear EU added value.

Comments on the scope of the Green Paper

Subject: Stakeholders agreed with the point made in the Green Paper that the growing shortage of health workers is a central problem for health systems. Stakeholders made the point that, in order to address these challenges, a cross cutting approach would be necessary, looking beyond public health policy into related fields such as employment, social affairs, education, development and cohesion.

1 Green Paper on the European Workforce for Health COM(2008) 725 final

Target groups: The overall majority of respondents was satisfied that the Green Paper used a wide interpretation of the health workforce and did not just consider health professionals. One in seven respondents mentioned that social care should be clearly included in the workforce. Also, many responses from professional organisations, for instance doctors, pointed out they would have liked the Commission to have taken more into account the large role which liberal professionals play in health service delivery. Finally, concerns were expressed about the non-inclusion of illegal workers[2] in the scope of the Green Paper.

2. THE RESPONSES

We received 197 responses in total. The length of answers varied from a few paragraphs to several dozens of pages.

As shown in Chart 1, 62% of replies are from national, 31% from European[3], 5% from international and 2% from non-EU origin.

Chart 1: Number of replies to the consultation on the European Health Workforce, by origin

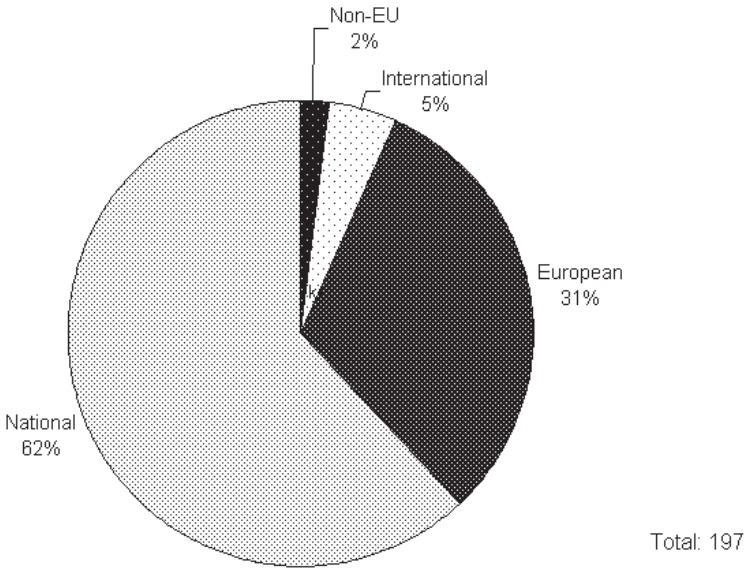
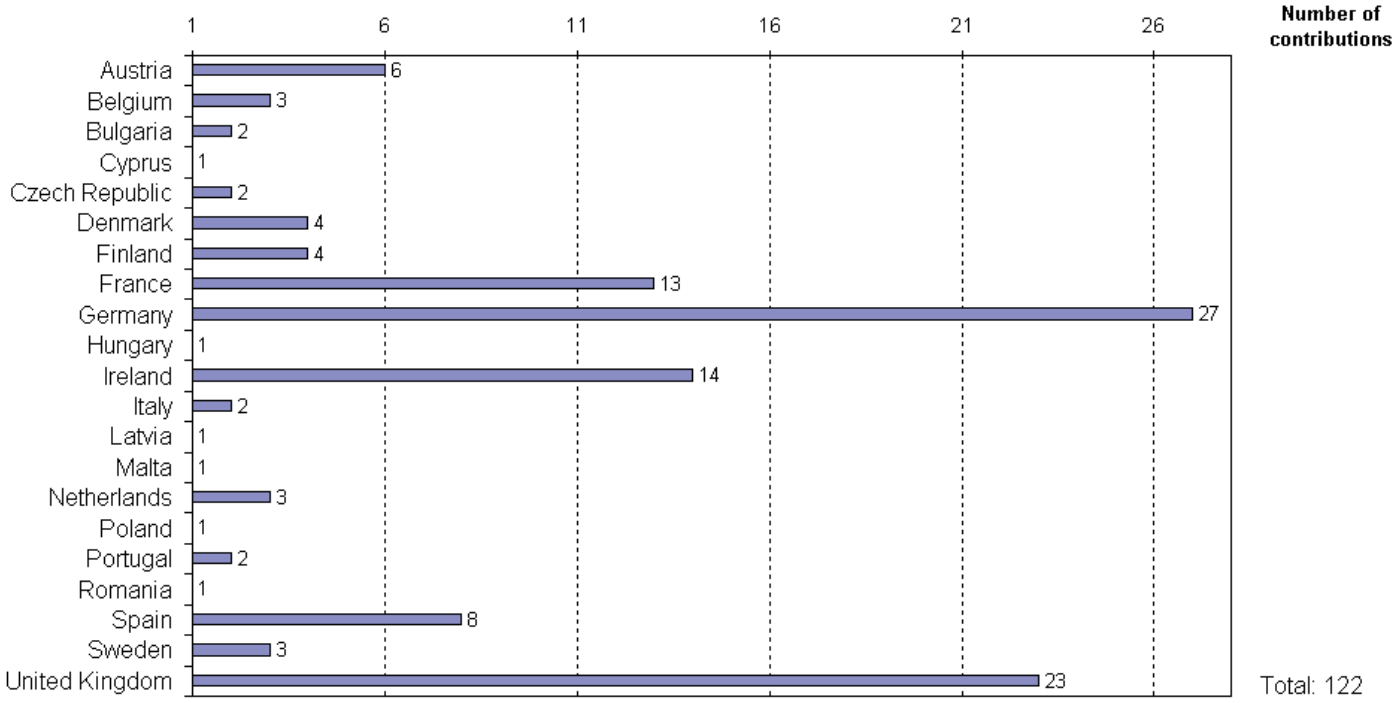


Chart 2 shows the distribution of responses originating from EU Member States, with the highest number of responses coming from stakeholders from the Germany, UK, Ireland and France. We received responses from 21 EU Member States.

2 Illegal workers are workers without a work permit, either nationals from the EU (from countries not yet benefiting from full professional mobility, because of the transitional agreements negotiated in the last two enlargements) or from third countries.

3 We used the term European to refer to organisations representing all or several EU countries. Some of them also encompass non-EU European countries.

Chart 2: Number of contributions per Member State

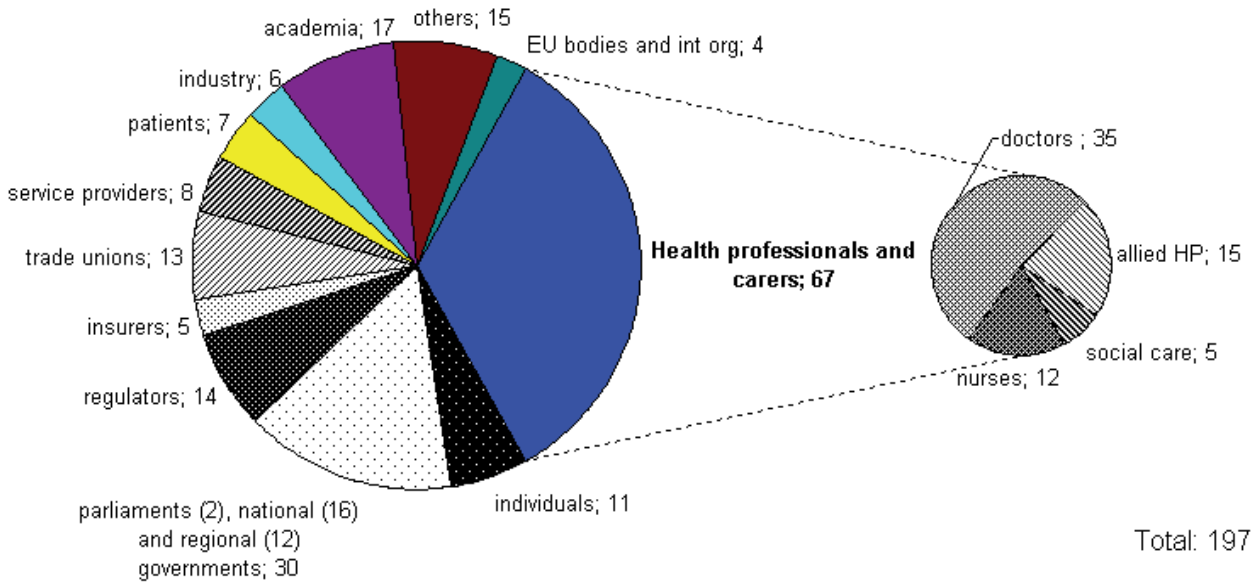


A wide range of stakeholders expressed their views and these we broke down in several categories of respondents, shown in Chart 3. The highest number of contributions came from health professionals and carers (67 responses), followed by governments and parliaments (30 responses). Among health professionals, the biggest groups represented doctors. Regarding governments, we received 14 contributions from EU national authorities, i.e. from Belgium, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Hungary, Ireland, Latvia, Malta Sweden the Netherlands and the UK. Eleven contributions were sent by regional and local governments (from Flemish, Danish, Spanish, Finnish, German, Swedish and English regions) and two others by pan-European associations of regions. Moreover, three responses were posted by non-EU countries: Albania, Canada and European Free Trade Agreement (EFTA) countries, i.e. Iceland, Liechtenstein, Norway and Switzerland.

We also received two opinions of national parliaments, from Sweden and Denmark, and an opinion from the European Economic and Social Committee prepared on its own initiative. These last three contributions received an official reply from the Commission, according to the relevant inter-institutional procedures. All contributions have been published together with this report on the website of Directorate-General Health and Consumers[4].

4 http://ec.europa.eu/health/ph_systems/results_oc_workforce_en.htm

Chart 3: Respondents to the consultation on the EU Health Workforce, by category



3. ANALYSIS OF THE REPLIES TO THE DIFFERENT TOPICS OF THE GREEN PAPER

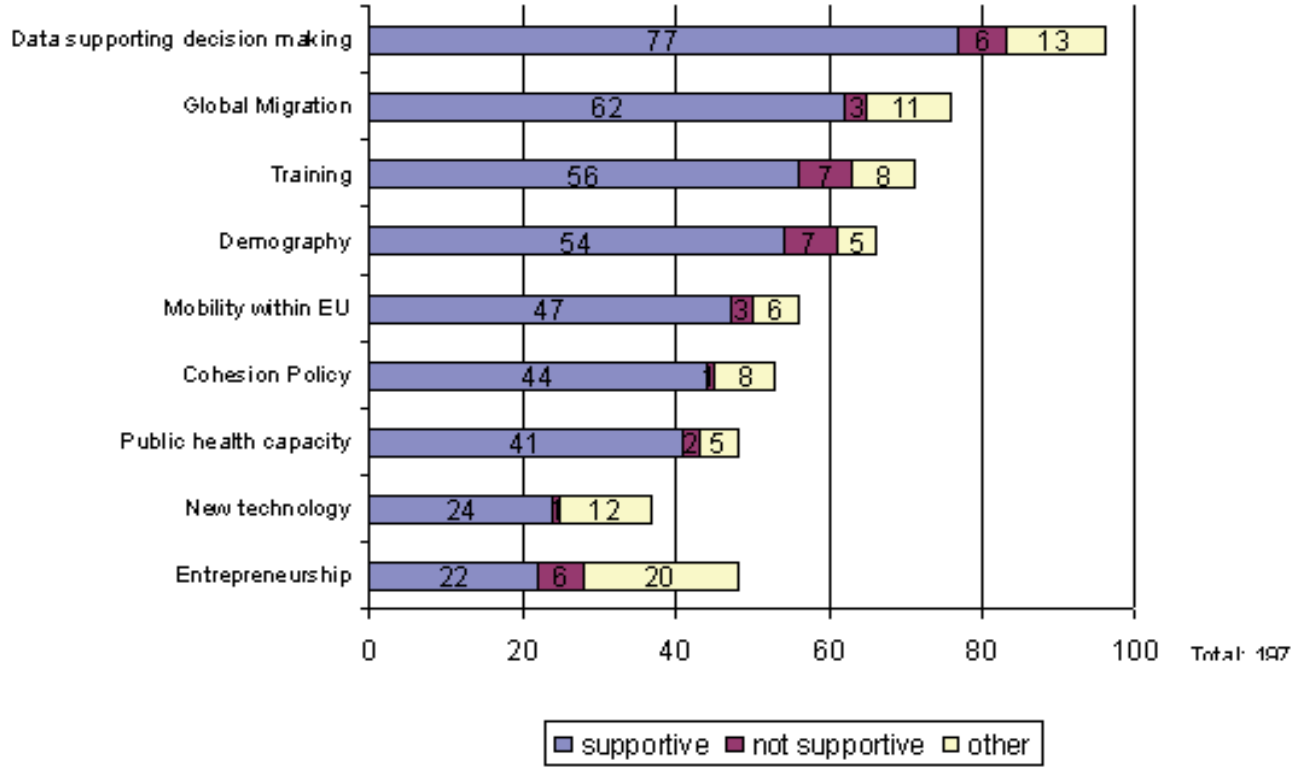
In a first step, we analysed what level of support the nine different topics addressed in the Green Paper received and ranked them in decreasing order. The result was the following:

1. Data to support decision-making
2. Global migration of health workers
3. Training
4. Demography and the promotion of a sustainable health workforce
5. Managing mobility of health workers within the EU
6. Cohesion policy
7. Public health capacity
8. The impact of new technology: improving the efficiency of the health workforce
9. The role of health professional entrepreneurs in the workforce

Chart 4 illustrates how many replies supporting or not supporting EU action we received on the different topics. In addition to clearly supportive or not supportive replies we identified contributions which were supportive for the proposed topic as such but argued that actions other than those proposed in the Green Paper could be undertaken within this topic. These replies are reflected in the graph in the category "other".

Among the nine topics listed above the first seven received clear support for EU action. They are analysed in depth in the following sections. The remaining two, on which views were mixed, are: the impact of new technology on the effectiveness and efficiency of the health workforce and the role of health professional entrepreneurs in the workforce[5].

Chart 4: Number of replies supporting or not supporting EU action on specific topics



In the following sections, we look in more detail into the replies received by analysing what level of support gathered by the different actions proposed under the nine topics of the Green Paper and where this support came from.

3.1. Data to support decision making

Main message: There is little comparable data or updated information about the health workforce and its mobility

5 The relatively high proportion of "other" responses in the last topic might be due to a translation error that occurred in at least one of the language versions.

As stated in the previous section, action on data to support decision making gathered most support from stakeholders, in particular from governments and nurses' organisations. Several respondents emphasised that existing sources of data should be used fully and that cooperation on this topic with international organisations, in particular the OECD and WHO should be reinforced.

Each of the three actions proposed under this topic (Ensuring the **availability and comparability of data on health workforce**, setting up **systems to monitor the flows of health workers** and harmonising **health workforce indicators**) had clear support, i.e. by more than 80% of respondents, showing there is a strong consensus on these issues. The general opinion was that it is difficult to track the flow of health workers between Member States and that data should be available and comparable. Member States were very supportive of these three actions and some of them referred to tools are in the process of being developed, such as the European Health Professional Card (HPRO Card) which intends to improve the flow of information between the host Member State and the Member State of origin[6]. Others suggested interconnecting national registries or creating a common registry at EU level. Doctors and insurers were among the groups which strongly supported the monitoring of flows of workers, while nurses' organisations and carers were the most in favour of harmonising health workforce indicators.

3.2. Global migration of health workers

Main message: Brain drain from third countries to the European Union can contribute to staff shortages in these countries.

Three actions were proposed by the Green Paper on this topic:

- to support the WHO in its work to develop a Code of Practice on the international recruitment of health workers,

- to put in place a EU set of principles to guide recruitment of health workers from developing countries and introducing methods for monitoring

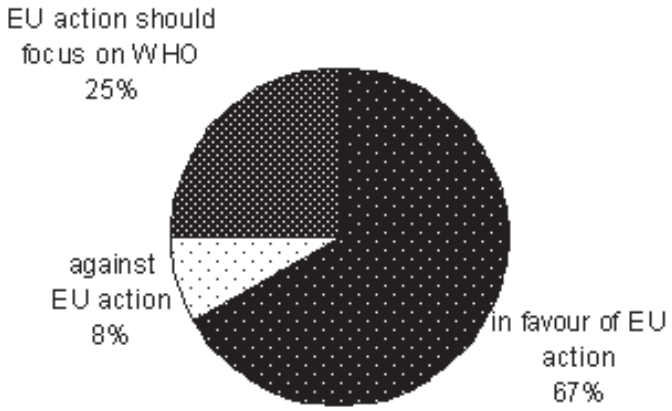
- to stimulate bilateral and plurilateral agreements with source countries and to develop mechanisms to support circular migration.

Better cooperation with WHO on its **Code of Practice** was clearly supported (90% of respondents). As illustrated in Chart 5, views were mixed on the opportunity of EU specific ethical recruitment principles. A total of 67% of respondents were in favour, but 33% against, arguing that the EU should either focus on supporting the work of WHO or take no action at all. Respondents furthermore acknowledged that the European Hospital and Healthcare Employers' Association (HOSPEEM) and the European Federation of Public Service Unions (EPSU) have already formulated European guidelines on this topic, in the context of European sectoral social dialogue.

6 This card is being developed by professional associations in order to facilitate the mobility of professionals, in particular by speeding up the exchange of information between the host Member State and the Member State of origin in accordance with recital 32 of Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (OJ L 255, 30.9.2005, p. 22–142).

When mentioned, **mechanisms to monitor the implementation** of such a code or set of principles were deemed difficult to enforce. One Member State provided specific data on the percentage of foreign health professionals active in its health system[7].

Chart 5: The opportunity of EU specific ethical recruitment principles



Total: 60

Governments at national and regional level supported the WHO Code of Practice on the international recruitment of health workers[8] and thought it should be the priority action[9]. Moreover, the right to migrate was often referred to as a starting principle in any global code on recruitment.

The categories of respondents which most favoured EU ethical principles were governments and doctors' associations, but those in academia and other organisations also approved of the proposal. There were occasionally calls from outside the EU for Member States to "abstain from actively and systematically recruiting health workers from countries experiencing health workforce shortages, unless equitable agreements, either bilateral, regional or multilateral, exist between source and receiving countries"[10]. Stimulating bilateral and plurilateral agreements was however a proposed action on which views were mixed, with support from 57% of respondents while 17% were not in favour of any EU action in this area.

Finally, many responses emphasised the importance of robust human resource strategies in encouraging retention of health workers in their home countries.

---

7 Ireland: "While there has been a reduced need for overseas recruitment in the past year, almost 10% of HSE staff are non-Irish with the largest groupings coming from Asia (5.16%), EU/EEA countries (2.47%) and African countries (1.65%)."

8 8 of the 14 regional and central government favourable replies came from Member States, including Austria, Belgium, Finland, France, Germany, Hungary, Malta, the United Kingdom.

9 This was the point defended by 8 central governments and regions. 8 others seemed to agree on having EU specific guidelines, 2 others opposed.

10 As stated by the European Free Trade Association, on behalf of Iceland, Liechtenstein, Norway and Switzerland.

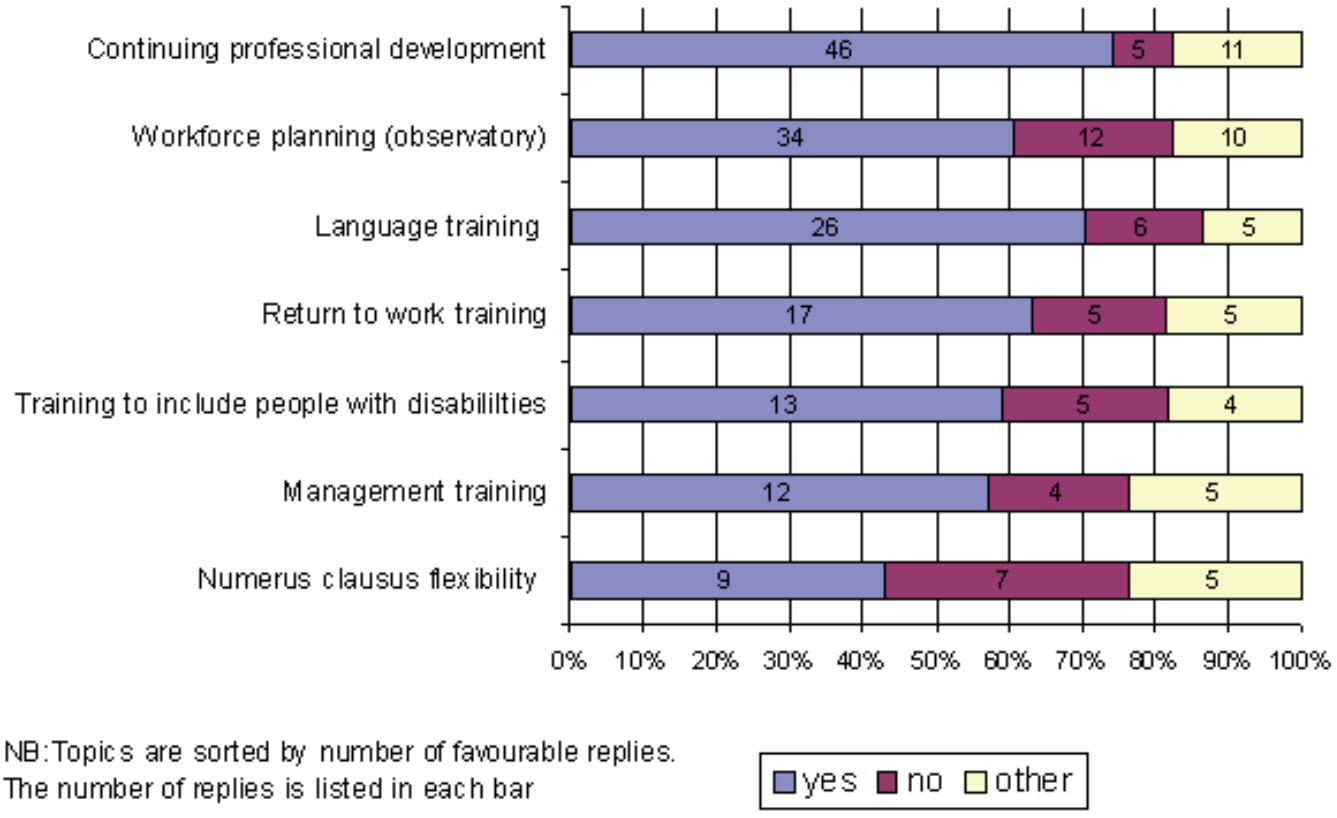
3.3. Training

Main message: If health needs multiply and the replacement of health staff is not guaranteed, more universities, training schools and teachers will be needed. It will also be important to plan which specialised skills will be the most necessary.

EU action on training in general was welcomed by 80% of responses, questioned by 10% and the remainder indicated that action on this topic should be limited to encouraging the sharing of good practices. Some of the actions proposed under this topic appeared to be more controversial compared to other topics.

An overview of the views expressed on the seven proposed actions under this topic is provided in Chart 6.

Chart 6: Support for action in the area of training



NB: Topics are sorted by number of favourable replies.
The number of replies is listed in each bar

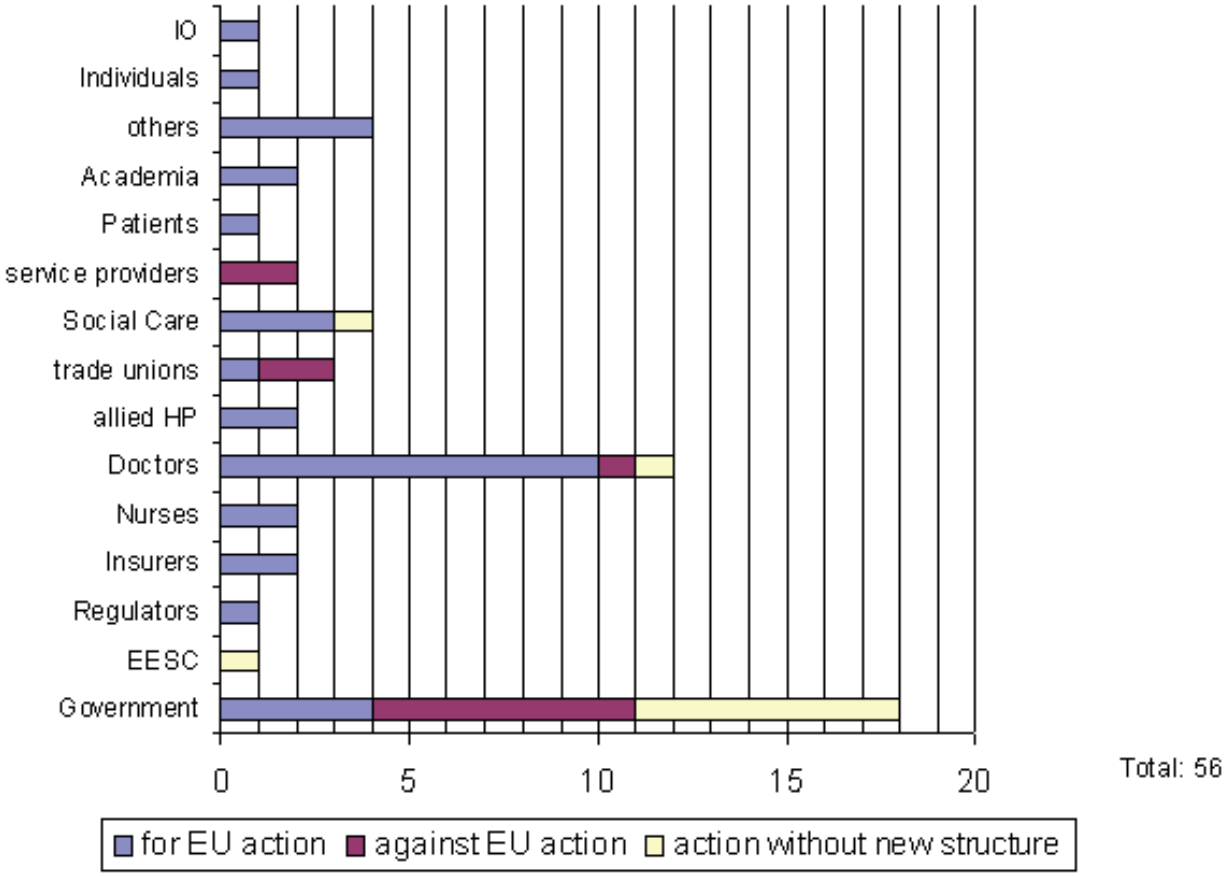
The importance of **continuing professional development** (CPD) was underlined by over 70% of respondents. However, 20% of those questioned whether it was possible at a European level to take into account the particularities of diverse health systems. Academia, regulators, nurses' organisations and patients were some of the groups most in favour of this action. Some respondents even implied that "Continuing Professional Development should be obligatory in all MS"[11].

11 Syndicat des Médecins Libéraux.

There were also views on the content of Directive 2005/36/EC on the recognition of professional qualifications, with regard to the list of medical specialties enjoying automatic recognition, as the list does not reflect developments in some medical specialties.

EU support to health systems on **workforce planning** was welcomed by 80% of the replies. 60% were for the creation of an **observatory**, for example the respondents classified as "other organisations"[12], social care and doctors. A further 20% thought the action was appropriate but should, if possible, be implemented **within existing structures**, such as the European Foundation for the Improvement of Living and Working Conditions (Eurofound) or the Statistical Office of the European Union (Eurostat). The latter was a point mostly made by Member States, which were on average reluctant to see the creation of a new structure, although recognising the usefulness of the action itself. Chart 7 shows a detailed breakdown of the responses regarding workforce planning by category of respondents.

Chart 7: Replies regarding EU action on assisting in workforce planning and training needs



The third action within this topic which gathered the most support was language training to assist mobility (70%). Many Member States and regional organisations were supportive. A further 20% of respondents preferred the scope of this proposed action to be broader. This would entail, for example, the promotion of better integration of migrants, to avoid *inter alia* the possibility of under-use of their qualifications.

12 These include organisations, for example, representing liberal professionals or organisations aimed at health promotion or even development policy.

Among the four remaining actions, three received support from the respondents, while the fourth one, 'fostering the cooperation between Member States in the management of *numerus clausus* for health workers and enabling them to be more flexible', gathered less explicit views, with an equal proportion of supportive, not supportive and other replies.

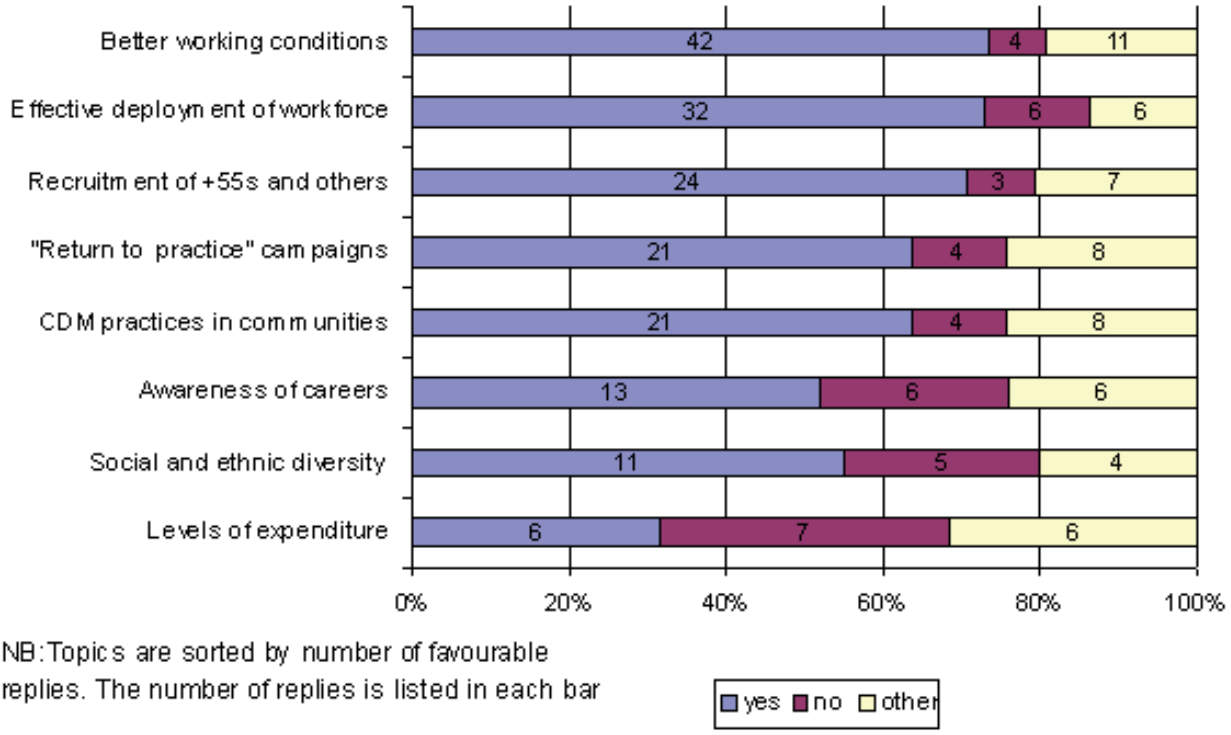
3.4. Demography and promotion of a sustainable workforce

Main message: European citizens are living longer, which implies an increase in the number of chronic conditions. While the demand for health care increases, a considerable portion of the workforce is approaching retirement age. There is often a lack of new health professionals able to replace them.

Demography and promotion of sustainable workforce received the support of 80% of those who commented on this topic.

Out of the eight possible actions proposed in the Green Paper, the three attracting the most interest, and where guidance from the EU was welcomed, were **improving working conditions**, a more **effective deployment** of the available workforce and the **recruitment and training of over-55s** (see Chart 8).

Chart 8: Support for action in the area of demography and sustainability



NB:Topics are sorted by number of favourable replies. The number of replies is listed in each bar

In the main, allied health professionals, governments, patients and carers were the groups most concerned to see an improvement in working conditions. They considered that enhancing the attractiveness of the health professions is dependant on full implementation of this throughout the EU. In this context, the majority of respondents also referred to extended or advanced roles for health workers. One Member State noted the importance of exploring "possible solutions for covering the

deficit of workforce in specific healthcare professions, especially in small countries with a confined labour market." Recruitment measures aimed at those aged over 55 were favoured by academia and the European Economic and Social Committee (EESC).

65% of responses favoured support for long term care provision closer to home, and proportionally both patient organisations and industry were particularly in favour. Two concerns were expressed by another 25% of responses, namely that moving care closer to home should not result in greater reliance on informal care and, alternatively, might not be best managed at the European level. The same percentages applied to possible "return to practice" campaigns, which were given most support by governments. It was, however, noted that such campaigns are effective only if the professional environment is attractive[13]. The most controversial proposed action was that of assessing levels of expenditure on health workforce, opposed by 40% of responses, who believed that matters to do with health system financing should remain firmly in the remit of Member States, regions or local authorities.

In addition to comments on the actions proposed, a similar number of respondents suggested the promotion of greater gender diversity in recruitment, an action that was not suggested explicitly in the Green Paper. Carers were one of the groups in favour of this measure.

According to respondents, more men should be encouraged to enter traditionally feminine professions and women should be encouraged to combine careers and family life (for example returning to work after maternity leave) through the introduction of more family-friendly policies. For instance, Austria asked for "consideration [to] be given to the gender-specific effects" of any future action. The importance of gender-specific medicine was pointed out by a couple of respondents.

A further 10% of respondents (40% of which were governments) suggested developing extended or advanced roles for health workers and explicit policies for carers. For instance, the Association of Schools of Public Health in the European Region (ASPHER) called for the removal of "the artificial distinction between health and social care […] so that a single integrated policy approach linking health and social care may be facilitated".

Regarding carers, some were wary of a possible spread of informal care. There was also concern about the situation of under-employed health professionals, in particular those covered by the transition period allowing for derogations to the free movement of workers from new EU Member States (excluding those from Cyprus). Patients' groups were proportionally among the most favourable.

Finally, the importance of the Working Time Directive[14] was highlighted by roughly 20 respondents. Most were representatives of professional organisations, who would like this legislation to be fully implemented in all Member States.

3.5. Public Health Capacity

Main message: Inequalities in access to care, health promotion, and health and safety at work are determinants of public health, to which this workforce should pay attention.

---

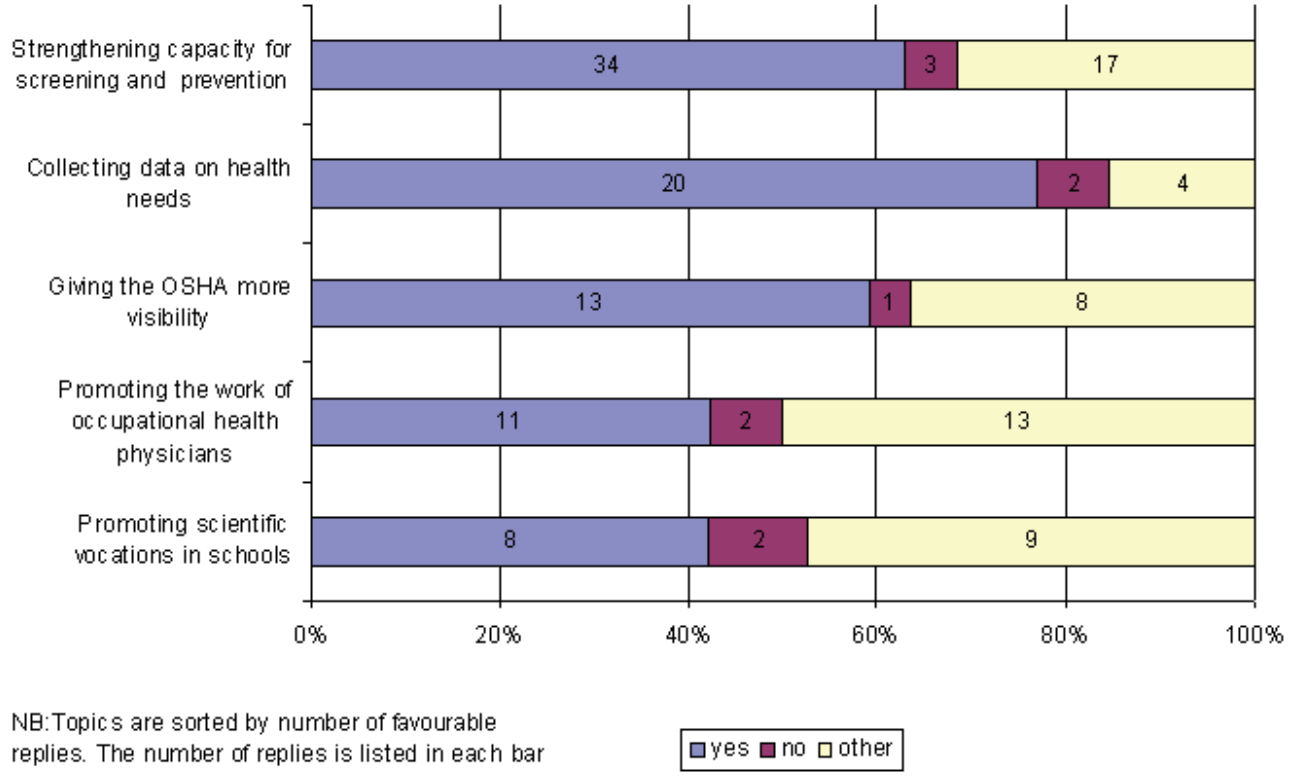
13 As pointed out by the North West of England health community "there is little point investing in 'return to practice' campaigns if the staff morale is so poor on the individuals return that they soon leave again." or the European Federation of Nurses: "Recruitment without Retention is Resource wasted".

14 Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time, OJ L 299, 18.11.2003, p. 9–19.

Building up public health capacity was encouraged by a majority of respondents: only two were against it, one regulator and one service provider.

Amongst the five possible actions proposed in the Green Paper (Chart 9), collecting more **data about population health needs** gathered most support, for example by patient organisations. **Strengthening the capacity for screening, health promotion and disease prevention** was also strongly encouraged. Governments were particularly supportive. There were, however, 30% of respondents – half of them doctors – who expressed doubts on the level at which this action could best be carried out. Respondents were supportive of EU action to promote better health and safety at work. Almost 60% agreed that giving the **Agency for Safety and Health at Work (OSHA) more visibility** at the workplace was one way forward towards this goal, but around 40% thought there could be more effective means to achieve it.

Chart 9: Support for actions in the area of public health capacity



NB:Topics are sorted by number of favourable replies. The number of replies is listed in each bar

The remaining two proposals were more controversial. For example, there were consistent doubts about encouraging physicians to choose to specialise in occupational health to the detriment of other specialities.

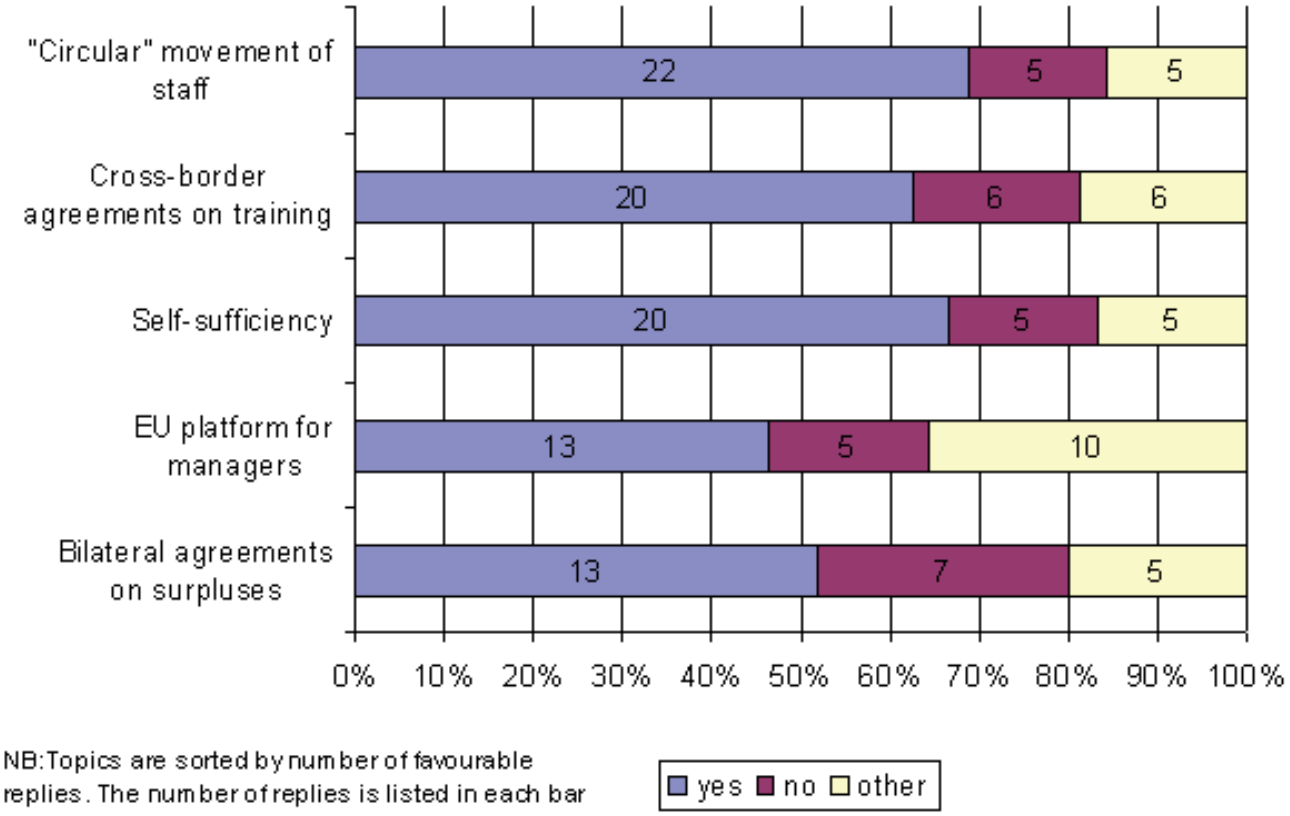
3.6. Managing the mobility of health workers within the EU

Main message: Mobility of health professionals has a dual effect. A positive effect because it can allow supply to be adapted to demand. Professionals can indeed go where they are most needed. Additionally, experience in another health system can enhance the professional's skills. However, free circulation also has a negative effect in that it can create imbalances and inequalities in terms of availability of health staff.

This area gathered significant support for EU action, with 84% of responses in favour, 5% against and 11% calling for a focus on other issues such as the better integration of migrants.

As presented in Chart 10, the percentage of respondents expressing reluctance towards some of the 5 proposed actions was relatively high (particularly on fostering bilateral agreements between Member States and on setting up an EU platform for managers).

Chart 10: Support for action in the area of mobility within EU



NB: Topics are sorted by number of favourable replies. The number of replies is listed in each bar

Promoting **circular movement** of staff received a high level of support (69% in favour), namely from some Member States and doctors. According to some respondents, policies on mobility should aim to achieve better integration of intra-EU and third-country migrants. Governments, doctors and allied health professionals favoured **investing in training to achieve self-sufficiency. Cross-border agreements** were viewed in a positive light by 60% of the respondents on this action, several of them service providers.

Many respondents championed vigorously the right of workers to migrate and noted that health providers who invest in training migrants (for example through language courses) needed to reap the benefits of this expenditure and consequently favoured retaining staff for a certain amount of time.

Directive 2005/36/EC on the recognition of professional qualifications[15] was mentioned by 36 respondents (almost 20% of the total). One Member State expressed concerns about the application of this Directive[16]. There were a few calls for its revision, in the main to include certain professional categories, such as specialist nurses, in the system of automatic recognition[17]. But the great majority of respondents were satisfied about this system.

3.7. Cohesion policy

Main message: The effective use of the Structural Funds to improve skills and competencies of the health workforce and develop health infrastructure can effectively contribute to the improvement of working conditions and increase quality of health services

The following actions were proposed in the Green Paper under this topic:

- Making more use of the support offered by structural funds to train and re-skill health professionals
- Improving the use of the structural funds for the development of the health workforce
- Enhancing the use of structural funds for infrastructures to improve working conditions

The respondents supported the topic in general, without expressing views on specific actions. Increasing health workforce-related financing by **support for health through the cohesion policy** was supported by 83% of answers. Others noted either that the decision for disbursement of structural funds rests with national authorities or that health managers were still not well-enough informed on how to apply for existing financing, possibly implying that EU action should focus on better advertising. Support for action on this topic came mainly from patient organisations and allied health professionals.

3.8. Impact of new technology: improving efficiency

Main message: In the future, new technologies such as telemedicine may be able to counteract some deficiencies of the present health system.

Proposed actions:

- Ensuring suitable training to enable health professionals to make the best use of new technologies
- Taking action to encourage the use of new information technologies
- Ensuring inter-operability of new information technology
- Ensuring better distribution of new technology throughout the EU.

---

15 Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications, OJ L 255, 30.9.2005, p. 22–142.

16 This problem is highlighted, by the Czech Republic, which suggests "simplifying the recognition process by having employers recognise the worker's qualification without waiting for the relevant authority to issue a decision".

17 The Czech Republic, for example, underlines this aspect by noting that "specialisations pertaining to non-medical professions (general nurses and midwifes) to be added to Directive 2005/36/EC".

This topic gathered mixed views or no particular interest from the respondents. Several Member States and doctors' associations pointed out that, before **encouraging the use of new technologies**, existing practices should be consolidated. The Royal College of Midwives noted that "technology is not the exclusive answer; enhanced training and high level professional skills will also contribute to increased care and better outcomes". Others considered that this action should depend on the pertinence of the technologies considered, or that patients and health professionals should be their first beneficiaries[18]. Insurers and carers were more supportive. **Ensuring suitable training** was favoured by Member States and regions, as well as service providers. Carers pointed to the need for training on new technology to include informal and family carers[19].

3.9. The role of health professional entrepreneurs

Main message: Many health workers run their own practices and employ staff. The European Union encourages this type of activity, given that the creation of small and medium-sized enterprises contributes to the objectives of the Lisbon Strategy[20].

Proposed actions:

- Encouraging more entrepreneurs to enter the health sector in order to improve planning of healthcare provision and to create new jobs

- Examining the barriers to entrepreneurial activity in the health sector

This topic appeared to be the most controversial of all the nine topics proposed in the Green Paper. Examining **barriers to entrepreneurial activity** gathered the most support: 60% in favour, and a further 15% asked for other related measures, namely action to address these barriers. The groups proportionally more interested in this topic were doctors and individuals.

Certain categories of respondents considered that the Commission should have taken mainstreamed entrepreneurs as a group throughout the Green Paper, since many health professionals are self-employed. However, entrepreneurship has **negative connotations** for many others, and assumptions seem to have been made that the Commission was calling for deregulation of health services. Concerns were expressed about whether encouraging entrepreneurship could accelerate brain drain, create problems in patient safety and threaten the regulation of the health sector.

As mentioned earlier, translation errors may have generated a misinterpretation among respondents. In fact, the word "entrepreneur" was translated as "employer" in French. The Dutch linguistic version also presented some problems.

---

18 As stated by Austria: "new technologies should only be implemented if it is certain that they support and serve medical and nursing care and if they are geared to the needs of patients and health staff."

19 Eurocarers.

20 The Lisbon strategy is set to be replaced by the "EU 2020" strategy, which is currently being consulted upon. The Commission Working Document "Consultation on the future "EU 2020" Strategy" (COM(2009)647 Final of 24.11.2009 is available at http://ec.europa.eu/eu2020.

4. CONCLUSIONS

It is clear from the analysis of the consultation responses that there is consensus across the EU that effective and efficient health systems, with the capacity to improve health and prevent disease, depend on having a high quality, efficient health workforce with the right skills throughout the EU.

Overall, reactions to the Green Paper gave a positive picture. Respondents agreed that the Green Paper gave a clear, relevant and comprehensive analysis of the health workforce. They clearly saw an EU dimension to the challenges facing them. The majority believe that EU action is useful. Indeed, only 2.5% of respondents indicated they were against the EU taking any action at all and a further 8% supported action with the caveat that it should bring specific added value. Moreover, it was implicit in the thrust of some responses and opinions, in particular those from Governments and Parliaments, that the principle of subsidiarity - by which action at EU level is only undertaken when justified in the light of the possibilities available at national, regional or local level - needed to be observed. That said, some of the suggestions proposed by certain participants in the consultation cannot be addressed by the European Union since it is not within its legal competence to do so.

Taking all these elements into account, the consultation responses give a clear signal that any action would need to be cross-cutting, in other words, taking into account not just delivery of health care but the development of human resources, education and training strategies as well as EU employment, social affairs, internal market and cohesion policies. Beyond the opinions on possible EU action, the consultation responses include grassroots experience and valuable information from the field, including on achievements and experiences of European social dialogue in the hospitals and health care sector. As a result, the consultation produced not only proposals for soft action at EU level but also many and diverse opinions on the state of the EU workforce.

Overall, there was most concern about the perceived shortage of health workers, specialist doctors and nurse in particular, both now and in the future. Respondents called upon the European Commission to take action in order to gather more quantitative and qualitative data to support decision making, improve working conditions, which are seen as a pre-requisite for improved recruitment and retention; to support training and the public health capacity as well as the work of WHO on international recruitment principles.

Data

Gathering more data to support decision making appears to be the most popular area for EU action. Ensuring the availability and comparability of data on the health workforce and harmonising workforce indicators are actions that gathered strong support. Many respondents highlighted the need for more information on mobility of health professionals explaining that, currently, we have access only to incomplete data on numbers of qualified health professionals and proxy data on movement. For example, the information which is lacking is where they go, for how long, whether they come back or move on to a third country, vacancy rates and the numbers of non-practising professionals. To this end, there were recommendations for the further development of systems to monitor the flows of health workers.

Training

The question of training and continuing professional training was high on the list of issues about which stakeholder groups hold strong views. The most supported actions referred to continuing professional development, language training and return to work training. There are calls for social

funds/structural funds to be better targeted, in order to provide support for training of health workers. This would be in line with the guidelines for the Commission in 2009-2014[21], which suggest that mapping the skills and competences needed for the health systems of the future will be important.

Workforce planning and the opportunity of setting up an Observatory

A clear majority of respondents pointed to the need to support health systems on workforce planning. Respondents also called for more data on health needs. Views were mixed on how this objective could best be attained. One possibility would be to set up an Observatory on workforce trends at EU level that could map the skills and competences needed for the future and help Member States in providing data for an effective workforce planning. For this proposal there was more support amongst stakeholders, in particular doctors' organisations, than amongst Member States, which suggested using existing structures for this process and mentioned Eurofound or EUROSTAT as examples.

Working conditions

According to the responses on this topic, improved working conditions are crucial for the attractiveness of health professions. The development of robust human resources strategies to improve recruitment and retention is considered one of the most important issues for employers in the health and care sectors. Respondents suggested that these strategies could range from providing a more effective deployment of the available health workforce, running return to practice campaigns with support for updating skills, the opportunity to work flexibly and campaigns to attract and retrain older workers or those needing to change careers after redundancy.

There were calls to examine the effects of non-public health legislation on the health workforce, for example EU legislation on working time or on health and safety at work, which is a tool in the fight against the effects of "burn-out" and workplace injury. There were also comments, for example from trade unions, for better occupational health for health workers and for full implementation of the Working Time Directive. It should be noted in this context that the Commission is preparing a guide to prevention and good practice on health and safety in the hospital and healthcare sector, due to be published in 2010.

Part of the overall picture of conditions of employment is the issue of gender imbalance, seen most acutely in the nursing profession but also observed in the percentage of women entering medical training (over 50% of medical school entrants in some Member States). Many respondents from that group and from Member States commented that this imbalance needs to be addressed.

Public health capacity

There were calls for the strengthening of capacity for screening, health promotion and disease prevention as a way to improve health and thus to buffer acute health services. Within this topic, we received a range of views on how best to achieve efficient use of available human resources. While there were warnings about the risks in seeking to make budgetary savings by delegating tasks to less qualified staff, others saw merit in the development of extended roles, or advanced practice, for health workers.

21 José Manuel Barroso, Political guidelines for the next Commission. Available at http://ec.europa.eu/commission_barroso/president/pdf/press_20090903_EN.pdf

In other words, developing the skills of a wide range of staff could ensure that best use is made of resources in providing good quality health care.
While some felt this measure could enhance the attractiveness of some roles and aid retention, they stressed that it should not be a mandate for ignoring appropriate terms and conditions of service.

Managing Migration

It is apparent that many stakeholders would like to ensure that the health systems of developing countries are not damaged by mass migration of valuable health professionals and that measures are taken to encourage circular migration. This means that those who travel to Europe take their experiences back to enrich their own countries. There was support for the WHO Code of Practice for International Recruitment and stakeholders were equivocal on whether the EU needed its own Code.

Mobility within the EU

As pointed out above, many respondents highlighted the need for more information on mobility of health professionals and requested further development of the HPRO card and of the internal market information system. The challenge is to obtain the most robust and timely data and information without imposing too great a bureaucratic burden on health systems. Investing to train and recruit sufficient health personnel to achieve self-sufficiency in Member States and promoting circular movement of staff are, together with cross-border agreements on training and staff exchanges, seen as the way forward.

In this context, it should be noted that a report by the Commission on the implementation of Directive 2005/36/EC on the recognition of professional qualifications is prepared for the year 2012.

5. NEXT STEPS

The Commission will reflect on the results of this public consultation to see how the EU can contribute to tackling the challenges facing the European workforce for health. The issue which caused most concern was the perceived shortage of health workers, specialist doctors and nurses in particular, both now and in the future. Respondents suggested that there is scope for the Commission to play a role in addressing cross-cutting issues lying beyond the parameters of public health. These should be dealt with in the context of EU competence and in close consultation and cooperation with stakeholders, in order to propose the best alternatives for EU action.
At the same time, the Commission consultation document on the future “EU 2020” Strategy recognises that health and healthcare play a key role in generating new types of job. In addition, the political guidelines for the next Commission of President Barroso point to the health and social sector, including services to children and the elderly, to be a driver for the creation of many thousands of jobs and one of the routes to economic recovery.

ANNEX:
MAIN MESSAGES OF THE DIFFERENT STAKEHOLDER GROUPS

Governments and Parliaments

Member States, regions and Parliaments responded in high numbers to the consultation, respectively 17, 12 and 2. Their comments reflect the need for selected action at EU level, while drawing attention to national or regional specificities.

- examine possible effects of non public health policies and legislation (for example the working time directive) on the health workforce.

- contribute to increase public health capacity, namely screening, health promotion and disease prevention.

- participate and shape the WHO Code of Practice on global migration.

- gather more data and analysis, particularly on the mobility of health workforce on the condition that existing structures are used to the fullest.

- facilitate exchange of good practices between health system managers in the EU.

The main dividing lines show on three topics: intra-EU mobility, whether migration should be regarded as a fundamental right, on the need for EU action on training and demography.

Finally, some new proposals arise, for example the need to encourage a gender-based approach to workforce issues, the automatic recognition of continuous training and experience achieved in other EU countries, the better insertion of intra-EU and third-country migrants.

European Economic and Social Committee (EESC)

The EESC is a consultative body for the European Union. Its reply to the consultation gives the point of view of representatives of socio-occupational interest groups, among others. The main points in the opinion were as following:

- Health care systems have to become more self-sufficient to meet healthcare needs. Investment is required in health promotion and disease prevention.

- Action should be taken to attract young people to the wide range of jobs available in the health sector. Higher pay and better working conditions would help attract and retain new recruits.

- Caution is required about a possible diminution of conditions of employment and move to so-called “self-employment” status.

- An improved comparability of national statistics within EU recommended.

- Greater use of Structural Funds for education and training of healthcare personnel could be made.

Regulators

Fourteen regulators answered the public consultation. They made the following points:

- usefulness of extended roles for health workers

- freedom of movement of professionals might endanger patient safety.

- importance of regulation in healthcare and of legal-clarity on responsibilities within the EU, when cross-border services.

- need for exchange of information in the EU about specific professionals

- there were doubts on whether circular migration was feasible

- importance of independent practitioners in the health sector

Health professionals and carers

Nurses

Nurses' organisations underlined the following points:

- Improved working conditions, with an emphasis on family-friendly employment policies and work-place health and safety, will address "push" factors.

- Current gender imbalance needs addressing through human resource strategies

- Importance of access to high quality Continuing Professional Development: suggestion of a European quality standard for CPD and the creation of an EU personal record of CPD.

- A call for greater harmonisation of training content for nurses and midwives in the EU, with the aim of an agreed definition of the roles of nurses and midwives.

- Greater use of the European Social Fund in training or enhancing the skills of nurses was recommended.

- On the whole support for concept of the nurse as entrepreneur. Also support for improved data collection and recognition of WHO work in this field.

Doctors

Thirty five doctors' organisations replied to the public consultation. Some of their main points were as follows:

- Criticism of moves to shift tasks to non-medical staff with accompanying risk to quality of care and patient safety.

- Support for action to raise awareness in schools about career opportunities in the health sector, as

well as recognition of the role of occupational health in retaining the workforce.

- Support for the use of new technology with the caveat that its use did not disturb doctor/patient confidentiality.

- Minimum training requirements laid down in Directive 2005/36 needed to be updated to take account of scientific progress and the subsequent evolution of medical training. Concern about lack of EU-wide recognition of certain professional qualifications. Call for better linguistic competence.

- Support for a code of conduct on international recruitment, particularly the proposed WHO one.

Allied health professionals

This group seems in particular to place importance on the more effective deployment of available workforce. It greatly supports ensuring better working conditions, access to continuing professional development and the increased use of structural funds. Some of the most contrasting opinions arise over supporting entrepreneurship in the health sector.

Several responses seem to aim at enhancing the recognition of specific professions at EU level.

Social care

The organisations representing carers are concerned about the frequent disassociation of care and healthcare. They stress that the two should be dealt with together, namely when health workers are considered. There are calls for informal carers' contributions to be fully recognized by policy makers and for more visibility, namely at the EU level.

Trade Unions

These stakeholders underlined the importance of European sectoral social dialogue. They pointed out what were, in their view, the reasons for mobility: poor salaries, equipment and working conditions. They strongly defended improving this last point as well as calling for full implementation of the working time directive. They also warned against creating job insecurity by trying to foster circular migration and against the reliance on informal carers.

They were in favour of better and wider utilisation of cohesion funds.

Service Providers

Service providers noted the need to look at the effect of non-public health legislation in the organisation of healthcare. Some argued that the working time directive had contributed to the shortage of health professionals, in particular doctors. One was sceptical about the usefulness of EU action related to health workforce but the others supported it. In the main, they were not in favour of EU assistance in workforce planning. Service providers welcomed some action on global migration and on improving available data.

Academia

- Academia stressed the following ideas:

- New sources of recruitment needed to be tapped by encouraging returners, integrating migrants into the workforce and retraining those seeking a change of career. The wide range of careers in the health sector needed to be promoted in schools and colleges.

- Modernisation of education and training with a focus on skills and competencies rather than qualifications. The role of e-health tools in skills training and in making better use of available workforce highlighted.

- Opportunities to be gained by greater convergence of health and social care, in particular in the field of long-term care. Skills need to be enhanced, for example better communication skills will be required to work with dementia patients.

- Support for greater use of the European Social Fund for training. Language training to aid mobility and to ensure safe communication between health worker and patient.

ISBN 978-92-79-14486-8