



**AER Position on
European Workforce for Health**
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Adopted by AER Committee "Social Policy and Public Health"
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The Assembly of European Regions (AER) represents a number of regions across Europe that are responsible for organising, managing and providing healthcare in their territories and developing their health workforce.

The regions often encounter problems in attracting and maintaining a qualified, satisfied health workforce. We welcome the Commission's initiative to hold a European debate on this important issue and to identify the key problems and the most appropriate actions to respond to these.

AER member regions experience the following key challenges in relation to their health workforce:

a) Attracting and retaining health professionals

Regions experience the impact of a circular migration of health professionals in Europe and can identify its added value, for both the regions of origin and destination, but also its limitations.

Regions often experience problems in attracting and retaining health professionals site the following factors as possible reasons:

- The geographical remoteness of their territories
- A growing tendency to concentrate equipment and expertise in certain centres, thereby rendering subsidiary healthcare establishments less attractive to health professionals
- Difficulties in successfully integrating health professionals that arrive from abroad

AER proposals for EU action:

1/ Access to quality healthcare is an essential element of European social and territorial cohesion. In order to retain their populations and power their economies, regions must be able to guarantee healthcare services for their citizens.

- Europe's cohesion policy and funding instruments must continue to stimulate and support regional investment in healthcare.
- European legislative initiatives that clarify the application of EC internal market principles to health and social services should consider the potential adverse impact of these rules on access to services. When applying internal market rules, consideration should be given to the geographical or other structural disadvantages that certain territories encounter.

2/ Certain AER member regions have expressed an interest in developing an interregional exchange system for healthcare professionals, in order to facilitate a balanced circular movement of health professions and an equal distribution of costs and benefits among the territories and the



stakeholders that participate thereto.

This exchange system could be modelled on the exchange programmes that are already operating in AER and which are grounded in regional solidarity, whereby the host region covers the costs linked to the stay (accommodation, daily allowance) and the region of origin covers travel expenses.

- The regions should develop informal exchange programmes which could be subsidised by the EU.

3/ Regions acknowledge the potential offered by new technologies to optimise the organisation and management of healthcare services.

- The EU should support regional initiatives to develop and implement IT tools for monitoring supply and demand in healthcare, identifying shortages and surpluses and optimising the allocation of human resources.

4/ Professions within the healthcare sector are not equally balanced; both the EU and AER are committed to gender equality.

We acknowledge the need to continue to combat gender stereotyping in the health professionals and to encourage a more balanced gender distribution of specialisations and professions.

- EU should give incentives and support projects aiming at a better balance with the healthcare sector in line with the EU objectives.

5/ AER member regions acknowledge the consequences of an ageing population and an ageing work force. The health sector is especially hit hard. The regions therefore stress the need to stimulate the participation of all available human resources on the health labour market, in particular women, immigrants, people with disabilities, people with chronic diseases and elderly.

- The EU should support regional initiatives of addressing women, immigrants, people with disabilities, people with chronic diseases and elderly to participate on the health labour market.

b) Developing and deploying new technologies in healthcare

Regions fully acknowledge the potential offered by new technologies in organising and providing healthcare and are actively developing and implementing eHealth policies and tools.

The problems most often encountered by regions in this context include:

- Encouraging health professionals to embrace and apply new technologies
This is often a question of changing mentalities and established practices, rather than lack of training on how to handle new equipment and technologies.
- Addressing the fear that new technology will lead to a reduction in work places and may limit the human touch factor that is essential to providing healthcare.

The AER eHe@lth network has identified and disseminated good regional examples on how to include health professionals in the development and implementation of eHealth strategies and tools, including:

- Successful models for consulting with a variety of stakeholders, including representatives of health professionals, when identifying the strategic priorities for eHealth, but also when



developing the actual technology and implementing it in healthcare settings.

- Developing peer-to-peer training sessions: health professionals that have worked with a specific technology train other health professionals to use the new technology and help them understand how it will improve the quality both of their work and of their working life.

AER proposes that the following initiatives are encouraged at European level:

- Facilitate the participation of regional authorities in European research funding programmes for the development of eHealth tools. Regions are important end users of new technologies and should therefore be included from the early stages of product development.
- Facilitate the participation of health professionals in the development of eHealth tools and policies. The EU can promote policy-making models that adopt an inclusive approach and can support interregional cooperation to further disseminate and implement these examples.
- Support the implementation of interregional cooperation projects for the exchange of health professionals. This will encourage peer-to-peer learning between health professionals and will also support the development of interoperable eHealth systems.

c) Using cohesion policy

EC cohesion policy and the structural funds are an important source of financing for regional healthcare. AER is committed to improving regions' capacity to attract and successfully invest structural funds in health.

AER proposal for EU Action:

- Good public health and access to quality healthcare services are key elements of territorial cohesion. Health should therefore remain a separate priority under the next funding period of the EC structural funds. EC funds should be directly allocated to the development of the regions' health infrastructure, policies and tools.
- Health should also continue to benefit indirectly from funding allocated to related policy areas, such as R&D, innovation, transport, life-long learning etc.

d) Training

AER proposal for EU Action:

In order to address the growing mobility of patients and health professionals, it is important to:

- Develop and support regional exchange programmes for the training of health professionals. This will help share expertise, will encourage language learning and will also improve the understanding of other cultures and systems.

AER will continue reporting on the development of the ongoing discussions on European Workforce on Health and give its members the possibility to react on further proposals.

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