

## **Response to the Green Paper on the European Workforce for Health.**

The difficult situation currently facing health systems prompts us first and foremost to praise the initiative of public consultation to obtain opinions on a number of issues relating to the health workforce and the preparation of systems to provide care for an elderly or ageing population.

We should like to draw particular attention to some of the most important ideas arising out of this discussion:

1. The considerable ageing of the population and the need to adapt health systems to this new reality:
  - The great disparities between European countries in terms of the number of health professionals per inhabitant, most notably the discrepancy in the number of nursing staff per 1000 inhabitants.
  - The gradual development of different forms of mobility for professionals between EU countries, with a range of objectives:
    - To improve material living conditions;
    - To improve environmental and social conditions;
  - It is important not to downplay the high impact of mobility both on the lives of professionals as individuals and on those of their families, which are today “globalised” due to migratory movements affected by the high levels of unemployment in the various countries.
  - The difficulty of conceiving of the EU as a single bloc of 27 members, given the great disparities:
    - In access to health care;
    - In training for health professionals;
    - In individual economic capacity to deal with health costs.

### **Key idea 1:**

**The sustainability of health systems is called into question not only for economic reasons but also because of the lack of guidelines/standards that might add an ethical dimension to professional mobility.**

2. As far as the challenges facing the EU in relation to health professionals are concerned, a new way of tackling these challenges is needed:
  - The precarious working conditions in which thousands of young nursing professionals find themselves and where their democratic right to voice their opinion is restricted;
  - The unemployment situation;
  - The inequality in the rights enjoyed by peers both from one country to another and at national level within Portugal;
  - Inequalities in individuals’ right to health protection.

### **Key idea 2:**

**Cooperation and coordination between Member States must be made visible in both the legislative policies and initiatives that standardise the framework in all countries and the rules that support the protection of health workers.**

3. The great demographic change, which is becoming more pronounced, must broaden the concept of healthcare team and place its members on a more level footing. There will not be many of us to tackle the problems and challenges that will face countries in the near future as a result of their ageing populations. Some ideas on how to address this issue:
  - Work by volunteers in partnership with health professionals who would be responsible for supervising and developing suitable training and information programmes;
  - Work by volunteers with health professionals (developing suitable training and information programmes);
  - Work by health professionals in accordance with the level of independence of the elderly or dependent person, which would entail diagnosing the health situation.

**Key idea 3:**

**Gradual development in countries of figures that are more “humanised” and closer to citizens, such as family nurses and volunteers; the exercise of citizenship should also be developed, with legislation that protects citizens, not only through the safety of care but also in the free exercise of their rights.**

4. The analysis presented in section 3 highlights a phenomenon that merits further examination: the high number of new professions in the health sector, with different objectives but concerning which it is essential to:
  - Develop coordination guidelines for care with a view to safeguarding the rights of the oldest citizens;
  - Strike a balance between the abovementioned development, without increased costs, and the health systems, so that using nursing professionals could appear to be a good solution;
  - Develop monitoring systems to provide knowledge of and keep watch on the health of numerous groups of citizens who currently make no use of the health services and could constitute a potential risk.

**Key idea 4:**

**The emergence of new health professions must be rational, based on processes to monitor team or group working (nurses in teams are in a strategic position to do this), and take into consideration the most vulnerable groups.**

**There must be unequivocal guarantees that only people who have a professional nursing qualification, i.e. those who have completed a course of higher-level training with at least 180 ECTS, can be referred to as nurses.**

5. The situation in Portugal where nursing is concerned is not related to numerous closures in nursing schools but to the correct planning of staff training and monitoring the quality thereof. Healthcare training, particularly in the area of nursing, needs greater standardisation at EU level:
  - In terms of the content of training and the skills resulting from and expected of it;
  - In terms of both basic and specialised training, including development and impact of new technologies on care and training;
  - The need to include e-learning methods for continuing professional development (CPD) of health professionals and for professional and non-professional support staff;

- Applying rules on continuing professional development to teachers in the health professions;
- The need to reduce the rigidity of areas of specialisation according to the needs of the populations of each region and country;
- Standardising the academic qualifications resulting from specialisation to enable real mobility between countries;
- The social protection system must guarantee basic conditions to ensure that the period of study can be completed successfully.

**Key idea 5:**

**We would welcome the establishment of an Observatory on the health workforce as a tool in planning both capacity and training needs. We would also welcome additional management responsibilities for health professionals.**

**We have observed considerable diversity in the social conditions that allow people to attend health studies courses; harmonising these would result in a fairer EU and establish common ground for communication.**

**We also feel there is a need to create and standardise guidelines for continuing professional development of health professionals and teachers in order to ensure real recognition of the skills acquired throughout their lives.**

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