



Comments from the

**Association  
of Schools of Public Health  
in the European Region**

on the

European Commission

**Green Paper on the  
European Workforce for Health**

As released in Brussels,  
on 10.12.2008, as COM (2008) 725 final  
(and following a call for consultations)

Brussels, 31.03.2009

## **Introduction**

This Green Paper is a very important document, and decisions made in its light will affect European Union health policy for years to come. It is therefore important that ASPHER should respond and recommend strengthening of both the concepts of public health and capacity development for public health in educational settings.

There are major inequities in population health across the EU and within member states, as well as within most other countries across the WHO European region and neighbouring countries. Health policies across Europe should be coordinated so that recommended guidelines, designed to reduce inequities, with monitoring to promote their use in a consistent manner across the EU, particularly but not exclusively by addressing the social determinants of health. Inequities in health status (the subject of another current EU-DG SANCO consultation paper) need to be better defined and methods of effective intervention developed<sup>1</sup>.

Challenges facing the EU public health situation population include ageing, migration, and include infectious and non-infectious diseases, including cardiovascular diseases and cancer, nutritional conditions, disaster preparation, and injury control; along with many other issues of public health, such as management and priorities of health care systems. All are crucial for the future quality of life in Europe.

A professional public health workforce is essential for society to be able to meet these public health challenges with high standards of cost-effective interventions. High quality public health training and research are prerequisites for the appropriate public health professional development needed by society if these problems are to be addressed satisfactorily.

European and international experience shows that strong academic centres for multidisciplinary public health training, research and service are required, along with appropriate medical public health specialisation, to provide an adequate professional workforce to meet the challenges of public health in 21<sup>st</sup> century Europe.

Accordingly, it is necessary to address: competencies (which are relevant to public health students, practitioners, teachers, researchers, and employers); curriculum (Bachelors, MPH and PhD levels); policy development based on best evidence and international standards; development of research capacity in public health-related fields. Public health education centres of academic excellence require support for teaching, research and participation in policy formation, crucial to successful adaptation to changing population health needs, and to addressing adequately inequalities across Europe.

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<sup>1</sup> DG SANCO. 2008,  
[http://ec.europa.eu/health/ph\\_determinants/socio\\_economics/socio\\_economics\\_en.htm](http://ec.europa.eu/health/ph_determinants/socio_economics/socio_economics_en.htm)  
and [http://ec.europa.eu/health/ph\\_programme/pgm2008\\_2013\\_en.htm](http://ec.europa.eu/health/ph_programme/pgm2008_2013_en.htm)

Health services are one of the largest groups of employers in most developed countries, and therefore they constitute an important component of national economies. This proportion of national GDP will continue to grow in the future, according to the growing needs of an ageing populations and the rapid development of health technologies. The health service workforce is a knowledge-based one, and both training and research capacity are vital to meet current and new challenges to population health. To improve the health of the populations of Europe, and equity of health status, public health education and research need to be a leading part of the health workforce development programme of the EU.

Accordingly, what follows is a statement from the **Association of Schools of Public Health in the European Region (ASPHER)** regarding the *European Commission - Green Paper on the European Workforce for Health* released in Brussels the 10.12.2008 (*COM(2008) 725 final*).

**ASPHER**  
**Association of Schools of Public Health**  
**in the European Region**

is a membership organisation of institutions,  
spread across the EU and wider,  
across the WHO European Region,  
which are collectively concerned with  
the professional education and training  
of those entering and working within  
the public health workforce.

It is concerned with exchange of information  
and experience between its members  
with a view to the creation of a common endeavour  
towards the establishment of high standards of  
public health education and training across Europe.

More, on [www.aspher.org](http://www.aspher.org)

## **Data collection and changing demography and disease patterns**

(Green Paper paragraph 4.1)

ASPHER supports the proposal of various bodies to set up a European Observatory, or Agency, on the Health Workforce; this, in collaboration with other public health organisations and agencies, should collect data on the demography of the health workforce in relation to changing patterns of health and disease, and on trends in the recruitment, training, global migration and internal mobility of the EU health workforce. This should be a continuous process, with analyses of these data published on an annual basis. Moreover, if the recommendations which follow (see below) are to be implemented properly, some legislative powers at EU level may be needed, which could perhaps be vested in the Observatory or Agency. The data and information from such an agency should be the foundations for the short and especially long-range plans and policies of the EU policy for the Health Workforce.

The population of Europe enjoys better overall health than ever before, but beneath the surface of this apparently satisfactory situation there are increasing inequalities in health status, and a progressively ageing population, and other new and increasing challenges and strains being imposed on all public health care systems. An ageing population as well as damaging lifestyle issues such as over nutrition, tobacco smoking, alcohol and drug abuse result in an ever-rising prevalence of chronic diseases and severe disabilities. These result in ever more long term treatment and management needs, with high attendant economic costs to national economies, and they necessitate a greater emphasis on healthy ageing programmes across a wide spectrum of health issues.

To achieve the goal of supporting an appropriately trained and sustainable health workforce, the Commission should, working in collaboration with the member states, develop a mechanism to oversee the effective strategic planning of the EU health workforce, in such a manner as to match and anticipate the changing needs and to complement planned healthcare resources. This anticipatory planning is vital as the education and training processes as these require years of preparation, including appropriate updating of programme, etc. Moreover, workforce planning for healthcare should be carried out in association with related issues, such as immigration policy and social policy, and in keeping with the Bologna Declaration.

Accordingly, ASPHER requests the Commission to:

- Set up a European Observatory, or Agency, for workforce planning and collection of data, as outlined above, with the ability to disseminate the data to member state agencies, etc.
- Revise Directive 2005/36, which allows reciprocity and mutual recognition of qualifications of a relatively small proportion of currently available healthcare professionals. Partly because of the changing nature of the healthcare

workforce, with new professions being created continually, this Directive 2005/36 is now outdated, and needs urgent thorough revision and enlargement.

- Remove the artificial distinction between health and social care: in order to allow an integrated policy approach to both primary and secondary care throughout the EU, the artificial distinction between these two associated types of care should be removed, so that a single integrated policy approach linking health and social care may be facilitated.

## **Teaching and training, recruitment and retention, for the long term healthcare workforce sustainability**

(referring mainly to Green Paper paragraph 4.3)

### *Firstly, referring mainly to the public health workforce:*

ASPHER recommends that the EU should facilitate the development of educational and research programmes for the public health component of the health workforce, with accreditation of education and training suited to the public health training programmes of individual member states.

ASPHER believes that greater priority should be given across the EU to promotion of research and training related to analysis of population health, and to effective application of high international standards of public health practice, in all member states.

Many NGOs and other organisations make up the European public health community, with ASPHER representing the schools of public health (SPH) across the region. Working together, this community seeks to promote high quality public health education, policy formulation, research and practice. This existing partnership should be recognised in future EU policy proposals.

The publications of the existing European Observatory on Health Systems and public health should be drawn upon to inform future policy on workforce development. National efforts to promote policy and quality in public health practice, such as the programme operated by the National Institute for Health and Clinical Excellence (NICE) in the United Kingdom, and similar counterparts in Finland, Sweden and other countries, also provide working models for advancing the field of policy development and health technology assessment across the EU.

It is important for the EU to foster and to mentor development of academic teaching and of research capacity in the wider region, particularly in those countries with rapid epidemiological changes of health need, higher morbidity and mortality from preventable diseases, which are also undergoing difficult transition in health service systems. ASPHER and other EU-based public health organisations should be supported by finance from the EU, in order to address the great health inequalities prevalent in the EU and in its neighbouring countries in the areas of their activities. This could provide a unique opportunity whereby the existing public health

organizations might be strengthened by the EU for the common goal of improved the health status in Europe and beyond.

Several valuable tools and concepts for improving the public health have been developed over the past decade by ASPHER in association with other organizations, such as The Open Society Institute, with PEER-quality review of public health educational institutions. This experience has provided important know-how and methodology for development of standards of education and competencies assessment, according to the needs of potential employers of trained manpower in public health and health management. ASPHER has also successfully initiated the setting of European accreditation standards for MPH training, and has also advanced work on the core competencies of public health practice, which are essential for development of public health education. This has established an important potential for promotion of quality education and of high standards of practice by the public health workforce, suitable eventually for application on a wide scale across Europe.

*Secondly, referring to the wider health workforce in general:*

Directive 2005/36 needs to be replaced by legislation allowing much more flexible adaptive arrangements to be adopted for workforce planning generally in the future. ASPHER supports the intentions of the Green Paper concerning ensuring better distribution of staff across the EU and relating to recruitment strategies for new and older workers. Strong and supportive human resources policies and strategies will be needed to achieve these objectives.

To support increased mobility of healthcare staff in the EU, excellence in training settings and programmes, and quality assurance of that training, are needed to ensure public health practice at the highest of international standards care across Europe. New technologies and skills require an ever-changing healthcare environment, and training must be both flexible and sufficiently robust to meet these demands. However, in addition, training needs to be locally adaptive at member state level, as according to the needs and developments of each member state health care system. Moreover, best practice in both skill mix and skill matching needs to be shared and built into the initial training of new health professionals.

It is urgent, if mobility of health professions within the EU is to be meaningful, that much improved systems should be identified and implemented to:

- promote accreditation systems to define and to promote high quality educational and research settings, so as to enable appropriate training for the multi-disciplinary workforce, needed to provide the leadership and staffing to adapt public health systems to meet the challenges outlined above;
- coordinate curricula in training programmes; this might be assisted by encouraging professions to define and to use competencies in specific areas of practice;
- promote the development across the EU of recognised qualifications in health care management, for professionals in working in health policy, health

services management, and in human resources management, associated with a system of regular competency reassessment for practitioners;

- ensure quality control of training programmes and qualifications achieved; this might be assisted by encouraging the establishment of systems for validation of particular training programmes, etc., for example by supporting accreditation bodies for educational and post-graduate training programmes in clinical, ancillary, and public health areas;
- ensure provision of high quality continuing professional development (CPD) available to all healthcare staff;
- ensure maintenance of standards of competence over period of a healthcare professional career;
- encourage generally an increased common understanding of health policy, with closer cooperation between public health, health services management, and other health care professionals.

Systems to provide much of the above might be provided by the professions themselves, given appropriate incentives so to do; however, a degree of institutional support would be required, and the responsible body (possibly the Observatory or Agency) may need some powers provided to it by EU-level legislation.

Accordingly, ASPHER urges the Commission to take initiatives as indicated below:

- to establish systems for the identification of “yardstick” standards for healthcare-related qualifications, against which standards used in member states could be evaluated;
- to facilitate the establishment of mentoring systems designed to assist the improvement of education and training of healthcare professionals in parts of the EU shown to be “lagging behind”;
- to institute mandatory systems of revalidation and reassessment of all health professionals at regular intervals during their professional careers; this is an essential pre-requisite for effective and meaningful free movement of health professionals;
- to provide incentives for investment in meaningful and regular CPD to be available to healthcare staff throughout Europe; regular CPD should be a pre-requisite for revalidation;
- to ensure that, in a time of financial insecurity, there are guarantees that training does not suffer; training is key to the sustainability and development of our workforce, and it is one of the foundations upon which European health services are built;
- to encourage the sharing of training and experience of professionals across the EU through use of Erasmus and other similar mechanisms as well as to develop the institutional framework needed to promote such exchange of the experiences with the other parts of the world ;
- to encourage greater incorporation and variety of new skills available to health professionals, by evidence-based development of skill mixing and matching; this is relevant in both primary and secondary care; it can maximise the productivity of the available workforce, and encourage retention of staff.



- to assist those member states with substantial numbers of health workers currently unemployed, for a variety of reasons, to rejoin the workforce;
- to support member states in their efforts to eradicate from healthcare workforces all discrimination in employment on the bases of age, gender, race, religion or sexual orientation; however, some healthcare professions (such as nursing) are predominantly female, and special measures may sometimes be justified to attract other sections of the community (in this case men) into productive healthcare employment.

## **Mobility within the EU**

(Referring mainly to Green Paper paragraph 4.4)

Mobility of workers is a right enshrined in the Treaty of Rome and within the relevant EU Directive on the mutual recognition of professional qualifications. Workers move for many reasons, and sometimes staffing gaps appear when they move, as there is no one available to fill such gaps. “Brain drain” is a serious problem in some member states. One approach towards the solution of this is to encourage the retention of workers both by the country that is losing health professionals and by the country that is receiving them, such as by the establishment of joint training programmes involving institutions in both countries.

ASPHER therefore encourages the Commission to ensure:

- effective and timely exchange of data between health professional regulators in member states, on the fitness to practice of health professionals in order to ensure patient safety when workers cross borders; an institution is likely to be required to achieve this, but this institution could be the Observatory or Agency;
- based upon several of the considerations already outlined, to work to ensure an appropriate revision of Directive 2005/36;
- that skill deficits in member states are properly explored; this could be carried out by the Observatory or Agency;
- to assist member states suffering “brain drain” of healthcare professionals to other member states in setting up realistic means of retaining them (perhaps by arranging joint training arrangements for them with partners in “richer” member states);
- member states should be encouraged to use EU Structural Funds to develop training, etc., to fill identified staffing gaps;
- new arrangements for language testing: as it is imperative that healthcare professionals can communicate adequately with patients, and with managers and other healthcare professionals, current EU wide rules that prohibit language testing, by regulators, of EU health workers from other member states, should be scrapped;
- provision of support to national associations of healthcare professionals, who can help the integration of migrant health workers into member states' healthcare systems,



- for the purposes of patient safety and quality of care, adequate language training; proper time for orientation and courses to support integration of healthcare workers from other member states should be mandatory for all employers.

## **Public health capacity**

(Referring mainly to Green Paper paragraph 4.2)

In order improve further the health status of European populations (which has been shown to contribute significantly to economic development), as well as to reduce the burden on curative medicine and health systems at large, efforts should be made to increase the public health capacity of member states so as to enable effective health promotion at all levels of social and political organisation. Effective health protection in the workplace equally provides an important contribution towards improved public health.

Public health practice is concerned with the promotion of better health; this includes legislation and its enforcement in a wide variety of fields affecting, for example, the safety of drugs, food safety and nutrition, occupational health, promotion of health, ensuring safety on roads, in schools and in all human environments, and promotion generally of healthy lifestyles in many other aspects of human society. The context of much of this work surrounds seeking to influence the social determinants of health, with a view to improving health generally and towards reduction of health inequalities.

Development of appropriate competencies and accreditation systems in public health education, research and service work to address infectious and non-infectious diseases, nutritional needs, injury prevention, etc., especially in the newer member states, in countries which are candidate states for EU membership, and in other neighbouring countries of the EU, is needed to support this work, both in the EU and in neighbouring countries.

Such development should include:

- encouragement of mentoring and of academic support to newly developing SPHs in EU member states, but also in eastern Europe, central Asia and north Africa;
- promotion of development of appropriate guidelines and standards in critical areas of public health, so as to enhance national capacities including in new SPHs, and in governmental and non-governmental organisations (NGOs);
- promotion of EU and international public health academic staff development programmes, especially for newly developing SPHs.

Public health practice has evolved from a medical-led series of activities to become a robust multi-disciplinary field, with many official and NGO agencies providing a broad range of services and activities to promote improved population health. It

therefore now incorporates a wide multidisciplinary domain of activities carried out by practitioners with diverse professional backgrounds. Nevertheless, the standards of education, training, practice and revalidation should continue to be applied with equal rigor as that which has applied traditionally to any entirely medical specialty.

Education and training of public health workers requires similar support to that described above for other healthcare workers, namely:

- coordination of curricula in training programmes; this might be assisted by encouraging the definition of competencies in specific areas of public health practice;
- coordination of qualifications required before professionals are permitted to practice;
- accreditation and quality control of training programmes and qualifications achieved; this might be assisted by encouraging the establishment of systems for validation of particular training programmes;
- provision of high quality continuing professional development (CPD);
- promotion, maintenance and accreditation of standards of training and competence over the period of a public health professional career;
- establishment of systems for the identification of “yardstick” standards for public health qualifications at several levels of employment, against which standards used in member states could be evaluated;
- facilitation of the establishment of mentoring systems designed to assist the improvement of education and training of public health professionals in parts of the EU shown to be “lagging behind”;
- institution of mandatory systems of revalidation and reassessment of all public health professionals at regular intervals during their professional careers; this is an essential pre-requisite for effective and meaningful free movement of public health professionals;
- provision of incentives for investment in meaningful and regular CPD to be available to public health staff throughout Europe; regular CPD should be a pre-requisite for revalidation;
- encouragement of the sharing of training and experience of professionals across the EU through use of Erasmus and other similar mechanisms;
- ensuring that skill deficits in member states are properly explored; this could be carried out by the Observatory or Agency;
- as it is imperative that public health professionals can communicate with and understand properly the needs of the populations they seek to serve, current EU wide rules that prohibit the language testing, by regulators, of EU public health staff from other member states should be scrapped.

Accordingly, ASPHER expects the Commission to give these considerations equal weighting to the equivalent recommendations already made above for other groups of healthcare workers. In addition, ASPHER recommends the Commission to support:

- the concept of integration of public health workers into settings other than traditional healthcare locations (e.g. employment of public health nurses in schools and prisons, etc.); this should raise the general awareness of priority

activities necessary for health improvement, as well as of public health issues generally;

- the embedding of public health training into every level of health professional education, training and specialization; this will encourage a health advocacy role for all health professionals, such that **all** health professionals should become 'promoters of health' as well as 'curers and care giver', and that they should all work together in common understanding of their mutually complementary roles;
- all national schemes for better health in the workplace, including in the public sector (e.g. throughout all health and education services); these should also be routinely assessed for effectiveness using common information systems such as the Health for All Database of WHO European Region, best practices in this area should be promoted at the EU level

## **Global migration of healthcare workers**

(Referring mainly to Green Paper paragraph 4.5)

Trained public health workers, medical and non medical, are scarce and precious resources for the protection and promotion of the public health. Migration from poorer to wealthier countries has some benefits for individual career advancement and opportunities, but at the same time it drains limited human resources needed in (usually poorer) countries, and slows development of capacities still in need of development.

The shortage of health workers reaches far beyond the borders of the EU, and developing countries often suffer severe understaffing in their health systems when workers migrating to richer countries, in search of better pay and improved quality of life. EU policies in this area should have important implications around the world. In order to ensure that the impact of EU policies on the global shortage of health workers is not exacerbated, the EU needs to ensure the prevention of active or aggressive recruitment policies, by agencies based within, or operating on behalf of EU employers, in third countries. Aggressive recruitment by EU countries causes serious shortages of health workers in developing countries which have invested in the training of such professional staff and where these workers are very badly needed. Prevention of this could provide regular assistance to such developing countries. Otherwise, inequalities in health between countries, instead of being reduced, could be exacerbated.

ASPHER therefore urges that the EU should support the establishment and implementation, in collaboration with the World Health Organization, of a strong EU code for ethical recruitment from third countries, so as to ensure that any recruitment from these countries is fair and equitable. Support of strategies aimed at the retention, wherever possible, of EU-based health professionals in employment will reduce the tendency to promote immigration of trained health workers from poor and developing countries.

## **Concluding remarks**

During the 1980s a new pandemic of HIV infection appeared, followed by serious challenges such as SARS in the 1990s; meanwhile, the resurgence of tuberculosis and other serious infectious diseases also provided new challenges to public health, not only for individual countries but for Europe as a whole, and globally. Further issues relating to pandemics of cardiovascular diseases, diabetes, obesity, violence, terrorism, environmental degradation, and to many other threats to individual and population health, have placed great responsibility on public health organisations and professionals. These challenges need to be met by sustained and developed high levels of excellence in training, research and policy formulation, in public health across Europe and globally.

The Association of Schools of Public Health in the European Region (ASPHER) recognizes the vital role of further elaboration of a distinct European policy for workforce development in health. This requires the establishment of rational policy development, planning for, and effective implementation of a strategy for the professional development of the large healthcare workforce across Europe. The publication of the EU *Green Paper on the European Workforce for Health* is an important step ahead and a signal from the Commission of its understanding of the importance of healthcare workforce development. However, this step alone is not sufficient, and must be followed by the policies, funding and legislation needed to meet the challenges which lie ahead.

Accordingly, ASPHER commends the EU Commission on its placing high importance on health workforce development issues for the coming decades. At the same time, ASPHER recommends that the Commission should recognise the central importance of promoting multi-disciplinary training of the public health workforce to meet the complex challenges of population health in the coming decades. In the current process of shifting the accents from the curative medicine towards promotion and prevention it is vital to secure to all health-related professions the relevant importance and role in this process. This needs the mutual cooperation of all different health workforces without neglecting the role and importance of non-medical professionals.

Further, ASPHER recommends support for the development of appropriate EU level accreditation and competencies agencies to provide oversight and standard-setting for training and practice in public health. Public health training, research and practice need to be nurtured, funded and accredited in an appropriate educational and ethical environment, with standards of practice in Europe that should seek to emulate the highest international levels, such that it can contribute to the promotion of equity and social solidarity fully in concert with civil society for the improved health and well being of all Europeans.

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