Austrian Federal Ministry of Health
Dept. I/5

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Comments of the Republic of Austria concerning the Green Paper on the European Workforce for Health (COM(2008) 725 final)

Introduction

Austria welcomes the fact that steps are being taken at European level to address the question of how to safeguard the healthcare workforce in the long term. Promoting closer cooperation between the Member States in this area (partnerships between those involved in the health sector, networks and exchanges) will not only be of benefit to Europe but also to each Member State.

In order to ensure that health care is of a high quality, that patient safety is guaranteed and that health provision is safe, particular attention must be paid to workplace quality, staff care and how to tackle the special pressures associated with working in the health sector. It is essential from a socio-political point of view to create conditions in which occupations in the health sector can be made more popular in the long term, thus ensuring that Europe has sufficient numbers of qualified health staff both today and in future.

High-quality health care calls for adequate financing and staffing. It is important to make clear, however, that health is not regarded as an economic commodity but that the provision of health systems and health services is one of the main duties of the State towards its citizens.

As 75% of workers in the health sector in Europe are women, women bear the brunt of the problems described in the Green Paper. Yet the number of women in management and leadership positions in the health sector is disproportionately small. Action therefore needs to be taken in the spirit of the efforts to implement the roadmap for equality between women and men. Carers in the home also tend to be women. When discussing what kind of action needs to be taken, it is therefore important that consideration be given to the gender-specific effects of such action in the health sector and that these effects be tested in order to ensure that the relevant objectives are met.

The World Health Report published by the World Health Organisation in 2006 explicitly addressed the issue of human resources: http://www.who.int/whr/2006/06_chap5_en.pdf. Unfortunately, the Green Paper does not make any specific mention of the recommendations published by the WHO regarding the planning and coordination of human resources in the health sector.

Individual chapters of the Green Paper and areas identified for action

4.1. Demography and the promotion of a sustainable health workforce

We welcome initiatives to improve working conditions in the health sector and to boost motivation and job satisfaction. Working conditions which motivate staff have a key role to play in making jobs in the health sector attractive. It is important that working conditions be made more attractive so that doctors and other health personnel can work effectively and spend more time dealing with patients. One step which needs to be taken is to reduce the surfeit of red tape.

Specific action should be taken to reintegrate health workers who have taken a career break. However, this will not be possible unless cohesive measures are put in place to make it easier to combine work and family life. In many cases (carers in particular), family members — usually women — acquire "informal" knowledge and skills as a result of following instructions and receiving supervision from doctors and other health staff. There would be scope here to consider giving this expertise formal recognition, with the proviso, of course, that due account is taken of the necessary vocational requirements, initial and further training, and clear quality criteria.

Everything should be done to ensure that dependency on care is delayed for as long as possible. This can be achieved, for example, by arranging visits from a family health nurse, who can identify whether a person is at risk of becoming care-dependent, and taking steps to prevent this from happening. However, more attention should also be paid to primary prevention, so that action can be taken before a person actually falls ill.

As regards dependency on care, the range of advisory services available must be widened and access to them made easier: e.g. dementia support units for dementia patients and their families, advice for carers via a telephone hotline, on-the-spot advice for carers at home and public drop-in centres for carers. The provision of training for people suffering from chronic illnesses should be strongly encouraged so that they can manage their illness for the most part themselves.

4.2. Public health capacity

The efforts to collect "better information about actual and potential population health needs" referred to in the Green Paper should be organised along similar lines throughout Europe. In doing so, gender issues and the results of "gender medicine" should be taken into account, as this will serve to identify needs more efficiently and accurately than if a gender-neutral approach is adopted. Attention should also be paid to the needs of women from vulnerable and disadvantaged sectors of the community.

It would also be useful to gather epidemiological data on care and health (e.g. ongoing health surveys and studies on the prevalence of care dependency and other

health problems, such as risk of falls, incontinence and dementia, in order to pave the way for appropriate measures to detect such problems early and prevent them).

Health promotion at work should be targeted to a greater extent at staff in the health sector, particularly since they are exposed to a high degree of physical and mental stress. The implementation of the Community strategy 2007-2012 on health and safety (COM(2007) 62) has a key role to play and health promotion measures should therefore to a reasonable extent be binding.

4.3. Training

As regards training for those in the health (and social work) professions, ongoing training should be made a priority, even at the basic training stage. Once a person has started work, however, ongoing and further training — whether mandatory or not— must be compatible with working conditions and must also be affordable.

It is also important for specially trained members of staff who can disseminate information to be available to help with the practical implementation of the latest scientific findings.

In addition to the training courses mentioned in the Green Paper, courses of training and further training in the field of gender medicine should be promoted throughout Europe. Better training ensures that the right diagnoses and treatments are identified more quickly for women and men. Country-specific training should be provided with a view to making health care options accessible to vulnerable or disadvantaged females, such as migrants, refugees, girls, older women or women with disabilities. There is also a particular need — not mentioned in the Green Paper — for female health workers to receive training in the subject of violence against women. One possible effect of this would be to save costs for the health system.

It would be important for all the EU Member States to have the same minimum standards as regards the quality of training and workers' qualifications. A European-wide classification system for training and employment would be a useful way of achieving this.

An international comparison of education systems and human capital should largely be achieved by taking greater account of learning outcomes. These should be described in terms of knowledge, skills and competences (competences in the sense of responsibility, independence and expertise). Greater emphasis should be placed on training outcomes and on the quality of such outcomes, with training being designed in such a way that participants can earn learning credits, switch learning paths and feel motivated to take part in further training.

One area which Austria believes should also be examined more closely in the context of training is that of research and, in particular, research into patient care. There is still very little evidence-based information on nursing and patient care.

The “observatory on the health workforce” proposed in the Green Paper, which would assist the Member States in this area, seems a reasonable idea. However, consideration should first be given to whether existing entities, such as Eurostat or the Dublin Foundation, might not serve this purpose.

In its current government programme, Austria has declared its intention to bring about a qualitative and quantitative improvement in training in the health sector and to put in place a package of measures for this purpose. These measures will involve, among other things, modernising and updating job profiles.

4.4. Managing mobility of health workers within the EU

One of the fundamental principles of the European Union is the freedom of movement of members of the health professions. As the Green Paper points out, there are a great many reasons why members of the health professions migrate. They may do so, for example, in order to find better career and training opportunities, a better-paying job or better working conditions.

Acquiring work experience in other countries helps people to expand their horizons, opens up valuable new prospects and gives them an insight into how other health systems work. If the circular mobility of health personnel is promoted, with staff moving abroad for a limited period in order to undergo training and/or gain experience and then returning to their home countries having acquired further knowledge and skills, this can result in a win-win situation not only for the host country but also for the country of origin. Mobility of this kind, however, can also cause problems which it is essential to avoid. On the one hand, workers migrate to countries where salary levels are particularly high or where the working conditions are more favourable. This leads to a brain drain, the main casualty of which is the provision of easily accessible health care in the country of origin. On the other hand, an increase in the number of health workers drawn to “desirable” countries can cause an oversupply of health professionals in those countries, and the effects of this can be negative. Another challenge which should be borne in mind with regard to the health sector in particular is language ability. Where staff are required to perform a complex advisory role or carry out work independently, adequate language skills are a prerequisite.

It is therefore extremely important that each country invests not only in high-quality training but also in better working conditions, including appropriate levels of pay.

4.5. Global migration of health workers

In the context of global migration, an international code of conduct for the ethical recruitment of health workers would definitely be desirable in order to prevent a shortage of health professionals in countries from which workers typically emigrate. Account must be taken of the fact that migrants from non-EU countries who are already living in the EU often do not have the requisite qualifications. Many of them,

and in particular women who move to an EU country in order to join relatives who are already living there, do not have immediate access to the labour market.

4.6. Data to support decision-making

In order for data of this kind to be generated and used throughout the EU, it would presumably be necessary to set up a register of health professions in all countries.

5. The impact of new technology: improving the efficiency of the health workforce

The spread of new technologies in the EU and measures to promote the use of new information technologies must be governed by the following principles:
First, 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. Secondly, patients, doctors and members of other health professions should be the principal beneficiaries of any kind of new technology. In other words, the use of new technologies in the health sector should not be forced because of the economic interests of the ICT industry.

It would in any case be necessary to ensure, prior to the introduction of new technologies, that their use was acceptable to staff in the health sector and that patient data would be kept confidential. We do not want to see a proliferation of bureaucratic procedures which impinge on the work which health professionals are actually supposed to be doing and which reduce the time they can devote to individual patients.

If new technologies are introduced in the health sector subject to the aforementioned conditions, steps must be taken to ensure that investment of this kind is sustainable and interoperable both nationally and internationally.

6. The role of health professional entrepreneurs in the workforce

When promoting entrepreneurship in the health service, consideration must be given to the fact that, because of their specific nature, health services occupy a special position in the services sector. In all European countries, health services are rightly subject to special regulations — they meet a demand which is particularly sensitive and are provided by experts who are subject to strict rules as regards how they are trained and how they practise their profession.
Market economic principles should not be applied without restrictions to services in the health sector. One method of promoting entrepreneurship in the health sector which could improve the planning of service provision while also creating new jobs would be to introduce legal provisions which would make it possible for health professionals in the Member States who are entitled to pursue their profession on an entrepreneurial basis and who have their own practices to establish joint practices in the common interest. A European exchange of experience on existing models could pave the way for cooperation of this kind.

7. Cohesion policy

Investment in the training of health professionals is to be welcomed. We are sceptical, however, about the European Structural Funds being used for staff in the health sector, as we do not know what the Commission is actually planning in this regard. At any rate, it should be for the Member States to decide whether to use money from the Structural Funds as it is the Member States who are responsible for setting priorities regarding the use of resources.