

# ÖGB – Österreichischer Gewerkschaftsbund

[Confederation of Austrian Trade Unions]

Bundesministerium für  
Gesundheit [Federal Ministry of Health]  
Attn. Frau. Mag. Claudia Sedlmeier  
Radetzkystrasse 2  
1030 Vienna

Your ref, your letter of	Our ref, author Mag. Hi/Mic	Tel. (ext) 479/463	Fax (ext)	Date 19.03.2009
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## Green Paper on the European Workforce for Health

The ÖGB expresses its thanks for receipt of the Green Paper and wishes to respond as follows:

### Fundamental principles:

In this Green Paper the European Commission's starting point is that there is a risk of a shortage of healthcare professionals in Europe. It also considers that the European health systems are facing a number of challenges such as the ageing population, the introduction of new cost-intensive technologies which will lead to constantly rising expenditure on health and, in some countries, problems of long-term funding ability.

In order to meet all these challenges, this draft outlines a need for efficient and effective work forces of the highest quality, particularly as health services are very labour intensive.

In principle the ÖGB welcomes the EU Commission's initiative to put forward proposals as to how the Member States can achieve a common strategy while maintaining their individual health systems in order to be prepared for the future challenges in healthcare. However, the ÖGB finds the approach in the Green Paper very generalised and lacking in specifics.

The EU's view that healthcare is one of the most dynamic economic sectors in the EU should also be analysed critically as this would put healthcare in the Lisbon Strategy and the context of the internal market. In this context, reference should also be made to the definition of the efficient and effective workforce – a predominantly (business) economic viewpoint is a restricted one, particularly because healthcare workers are now under enormous pressure to perform. In order to ensure a high level of quality, patient safety and a corresponding security of care, great emphasis must be placed on workplace quality, staff welfare and handling of the particular stresses associated with work in healthcare. Unfortunately the Green Paper contains very few or hardly any initiatives to this end, even though its focus is on the workforce for health.

The ÖGB wishes to point out that healthcare needs sufficient financial and staff resources to provide high-quality health services and to improve the working conditions of employees. Moreover the Green Paper should state clearly that health is not considered as an economic commodity but that health systems and health services are a core function of the state and in the interests of the public.

### **Re the individual points in the draft:**

#### **1. Legal framework and basis for action at EU level**

As evidence of its authority, the Green Paper draws on Article 152 of the EC Treaty which states that “Community action in the field of public health shall fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care”. However, according to the Green Paper, that article also stresses that the Community should encourage cooperation between Member States and promote coordination of their policies and programmes. Furthermore, the EC Treaty and secondary legislation (e.g. labour directives such as the Working Time Directive which lay down maximum working time limits to protect the health and safety of employees) contain provisions which must be observed by the Member States when organising their healthcare.

Therefore the ÖGB wishes to note that Article 152 of the EC Treaty does not confer any coordination role upon the EU for the development of the workforce potential in health unless the Member States charge the Commission with a development task and take up its proposals because the principle of subsidiarity under Article 152 of the EC Treaty comes into play here. The ÖGB is of the view that the Member States continue to have the (regulatory) authority for healthcare and therefore also for the development of demand for specialised workers, and that the EU should limit itself to developing important ideas to stimulate discussion and strategies, supported by the Member States, to develop concepts for tackling the existing challenges in the health sector. As outlined above, it must be made clear that health systems and health services exist to serve the public and therefore should not be subject to Article 95 of the EC Treaty, which relates to the implementation of the internal market.

With regard to the topic of the Working Time Directive which is addressed in the Green Paper and which sets maximum working time limits to protect the health and safety of employees, the ÖGB wishes to make the following point: in the healthcare sector, opting out would create an extremely serious situation from the point of view of patient safety law and employee protection and the ÖGB therefore opposes it.

#### **2. Demography and the promotion of a sustainable workforce**

The EU considers that one of the crucial issues for action by the Member States arises from demographic change in the European population. The EU starts from the following assumptions: firstly, that the population is living

longer and it is therefore expected that there will be increasing numbers of people with a severe disability and in need of long-term care, and secondly and correlating with this, that the health workforce is also getting older. It states that between 1995 and 2000 the number of physicians under the age of 45 across Europe dropped by 20%, whilst the number aged over 45 went up by over 50%. It also states that in five Member States nearly half the nurses are aged over 45 and that measures are therefore needed to ensure that there are sufficient younger recruits to replace them.

In principle we agree with the idea that because of the demographic change more workers will be needed, particularly in nursing, to deal with the increasing age of the economically active population. However, it is not necessarily the case that ageing of the population will go hand in hand with ageing of the workforce; this is more likely to be associated with inadequate pay and conditions of service and deficiencies in the staff and organisation policies of the relevant institutions. In order to encourage more young people to work in the health and care sector, these important professions must be made more attractive through better pay and conditions of service. It is also important to develop plans for age-related working conditions to enable employees without health problems to work in the health sector throughout their working life.

The Green Paper also refers to the fact that the number of women in the health professions is high and constantly rising. Therefore gender plans would appear to be important, partly to support women (and their careers) in the health and care sector, but also to encourage more men to take up this socially important work. Overall, the ÖGB is critical of this draft in that it contains some important objectives but does not place its main focus on the problems experienced by workers in healthcare or on meaningful ideas for solving them. For example, this document lacks a section dedicated to working conditions in healthcare, even though these are currently a matter of great concern which is more likely to increase than decrease as a result of demographic change. Even now, there is a shift in responsibilities in the care and health sector “from top to bottom”, mainly due to a lack of financial and staff resources. In this context, there would appear to be an urgent need to relieve the load on employees through effective ideas.

We also take issue with the points relating to assessing the levels of expenditure on the health workforce and more effective deployment of the available health workforce. Both points hold the danger that the health sector will try to make do with scant resources, which could be detrimental to employees as the pressure of work will increase and the working conditions – including wages and salaries – will deteriorate. However, this would have exactly the opposite effect to the objective outlined above of attracting more people to work in healthcare, which is what we should be trying to achieve.

### 3. Public health capacity

The ÖGB welcomes the fact that in the Green Paper the Commission recognises the need for the public health workforce to be properly skilled and

to have sufficient capacity, and that this must be built into training and recruitment plans.

It also supports the fact that the Commission pays particular attention to workplace-related health in this document, although again there are no holistic plans for achieving this. For example, there is no mention of encouraging in-house or sector-specific projects. The Commission places the focus here on occupational health, although this perspective is too one-dimensional in terms of employee protection overall.

The Commission also wishes to strengthen the capacity for disease prevention and health promotion and recognises assessments of the actual and potential need of the population for health services for the purpose of planning future changes in the workforce for health as the most important factor. In principle, it is sensible to promote disease prevention in healthcare and to target planning to actual needs. However, here, as above, it should be noted that the health systems lie within the regulatory authority of the Member States which therefore have primary responsibility for developing specialist worker potential and appropriate measures should be part of national employment policy. In part, this document gives the impression that it is using the assumption of rising demand for workers in healthcare to try to steer the overall structure of healthcare, which is not the meaning or purpose of the Green Paper.

#### 4. Training

Training is enormously important in the very labour-intensive health sector. Many European countries invest too little in professional training of the workforce for health even though this is an essential factor in meeting the requirements and demands of healthcare and nursing.

As the Green Paper rightly states, it is therefore important to target attention on training, and particularly on planning and investment. In this context, the ÖGB believes that it is important to note that any obligation to undertake training should rest not only with the employee, but also with the employer who should play a part. Discussions are already being held as to whether training which is required by law constitutes working time and who should bear the cost of training.

The idea proposed in the Green Paper of creating an EU Observatory on the health workforce which would assist Member States in planning future workforce capacity, training needs and the implementation of technological developments is understandable. However, the question arises as to whether this is really needed and whether existing institutions such as EUROSTAT or the Dublin Foundation would be sufficient for this purpose. The extent to which such an Observatory would encroach on the authority of the Member States is also unclear. In any event, it would be essential precisely to define and delimit its remit and objectives and to safeguard inclusion of the European social partners.

## 5. Managing mobility of health workers within the EU

The Green Paper declares that free movement of persons is one of the fundamental freedoms guaranteed by Community law. Here the EU claims sovereignty for itself. The Green Paper also states that this free movement helps to ensure that students and workers can go where they are most needed. Mobility can affect disparities – positively or negatively – within and between countries. In order to minimise the negative impacts, the ÖGB believes that consistent standards of education in all EU countries are important in order to guarantee a minimum level of education and skills in health workers.

## 6. Global migration of health workers

In the Green Paper the Commission encourages bilateral agreements on ethical lines with source countries and the development of mechanisms to support circular migration. Codes of Conduct for the ethical recruitment of health workers from non-EU countries should minimise the negative and maximise the positive impacts on developing countries resulting from the immigration of health workers. According to the Green Paper, there is an acute shortage of human resources in developing countries which is exacerbated by the increased demand for medical and nursing staff. Circular migration should enable workers to move abroad for educational purposes or to gain work experience and then to return to their native country with new knowledge.

For some time, the Commission has been pushing its concept of circular migration as part of its immigration policy strategy. This amounts to temporary work in the host country with a return option (= new type of guest worker model). The ÖGB opposes the concept of circular migration as to date these concepts have not worked in practice and there is always a tension or conflict with permanent migration. Ethical standards in bilateral agreements are important in principle but even these do not prevent the risk of dependence and exploitation as residence status is normally linked to a specific job.

The ÖGB believes that it would be far more sensible as a priority to create good jobs and working conditions in the health sector for employees in Member States in order to cope with the increasing demand in the health and nursing sector instead of promoting circular migration strategies which could have detrimental effects on immigrants, on developing countries due to increased labour shortages, and on the workforce for health in Europe. For this could work against sustainable development of improved jobs and working conditions in the health sector and, in the medium to long term, could create cut-throat competition.

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

Under the heading of technology, the Green Paper pays particular attention to telemedicine which, in the short term, could improve healthcare in remote areas or in areas with shortages of health workers.

On this point, the ÖGB wishes to note that deployment must be strictly controlled and more selective and must not lead to the replacement of skilled staff by technology. Technology should support the work of health and nursing staff and improve the quality of life of patients. Telemedicine is entirely unsuitable where accurate observation of patients is required. Strict guidelines are required in this area to ensure that telemedicine is used intelligently to support professional staff and to guarantee the welfare of patients.

#### 8. The role of health professional entrepreneurs in the workforce

The ÖGB is critical of the Green Paper's proposals to encourage more entrepreneurs to enter the health sector in order to improve planning of healthcare provision and to create new jobs, and to examine the barriers to entrepreneurial activity in the health sector. The Commission has failed to differentiate as it is not appropriate to carry out every healthcare activity on an independent basis. There is a risk that this route will not be chosen voluntarily but that ostensible self-employment will be used to circumvent labour and social legislation.

In Austria, healthcare has already started to shift away from work on an employed basis to work on a self-employed basis, e.g. the "nursing pool" [Schwesternpool] in which nurses work independently but do the same work as their colleagues who are employees.

Therefore the ÖGB believes that the creation of new jobs by entrepreneurship, as announced in the Green Paper, is only sound to a very qualified, limited extent. A clear distinction must be made as to whether it is appropriate for a healthcare activity to be carried out on an independent basis or whether there is a case of ostensible self-employment in order to circumvent labour and social legislation. This will destroy employment conditions which were previously protected by social and labour legislation and in their place would create precarious working conditions in order to reduce costs. This would counteract one objective of the Green Paper – to have sufficient staff in the future – as good working conditions in healthcare are essential if we are to encourage people to enter these professions.

#### 9. Cohesion policy – structural fund

The Green Paper wants to use the structural funds to develop the EU health workforce. They would be used to train and re-skill health professionals and for infrastructures to improve working conditions. In principle, this is sensible and positive because, as mentioned several times above, adequate financial and staff resources are urgently needed in healthcare. However, this document lacks concrete proposals for use of these funds, which would be a reasonable expectation.

## **Conclusion**

Overall, the ÖGB believes that the Green Paper contains some positive initiatives, albeit on a very general, superficial basis and unfortunately the particularly important area of working conditions for the workforce for health is hardly touched on. However, from the point of view of social policy it is essential to create adequate basic conditions as a means of increasing the popularity of the healthcare professions in the long term in order to ensure the availability of sufficient skilled staff in the European health system in the future.

In the final analysis, the vague wording and demands and the mixing of demography, employee protection and employment in the health sector leave many questions unanswered. Important issues are not addressed individually and there is therefore a risk that the fundamentally positive objectives of the Green Paper will be frustrated.

The ÖGB asks for this response to be considered.

Erich Foglar President	Bernhard Achitz Executive Secretary
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