

**Opinion of the BAGFW [German Federal Association of Voluntary  
Welfare Work]  
on the Commission's Green Paper on the European Workforce for  
Health**

**COM(2008)725 final of 10 December 2008**

The BAGFW welcomes the Commission's decision to tackle this subject of equal relevance to all EU Member States, thereby helping to raise awareness and highlighting the urgent need to deal with the health workforce situation.

As regards the increasing need for healthcare and its associated costs, we believe that strategies and measures have to be developed to adapt health services in Europe to future challenges. This must be supported by a targeted funding framework to permit creation of the preconditions in question.

We support the proposed measures such as securing better working conditions for health workers. Various studies on the health and turnover of staff working, for example, in care of the elderly show that the combination of minimal financial and time resources renders workers vulnerable to increasing physical and psychological demands.

We also welcome the recruitment and training campaigns, particularly for those over 55 years who no longer have family commitments, and "return to practice" campaigns, i.e. to attract back those who have left the health workforce to work in other sectors. We would, however, at this point once again draw particular attention to the better reconciliation of work and family life, specifically with regard to the expected increase in the number of those needing care, the accompanying increase in demand for formal nursing and changing family structures.

The organisation of treatment for the chronically-ill primarily at home or in a community setting corresponds to the wishes of those affected and meets our approval as does the use of up-to-date technologies for the efficient deployment of the available workforce.

We welcome the Green Paper's emphasis on the high proportion of women in the health workforce and its call for corresponding gender equality measures. It would be a good idea to also take account of the high ratio of women elsewhere in the text of the Green Paper, for example, in relation to staff exchanges and the design of an observatory for planning the health workforce into which a gender-based approach could be incorporated.

We endorse the proposal set out in the Green Paper to support the WHO in its work to develop a global code of conduct for ethical recruitment, to prevent the loss to the EU of health workers from third countries and from developing countries in particular, leading to a shortage of medical staff in the countries of origin. Although in principle freedom of movement applies within the EU with the desired aim of mobility, its limits will have been exceeded if this results in deliberate recruitment by the West from the East. We therefore propose – similarly to the code of conduct, the creation of an ethical framework *vis-à-vis* third countries for the EU Member States which, by way of a voluntary commitment, helps to ensure that there is no deliberate brain drain within the EU and specifically *vis-à-vis* the Central and Eastern European countries.

In addition, the brain drain described in the Green Paper should also be given strong emphasis within the EU, as there is a danger that the migration of health professionals from the new Member States to the western EU Member States will lead to shortages in Central and Eastern European countries.

The monitoring of data on the health workforce or on migratory flows and health workers is essential in order to be able to take action in this field. Without such monitoring, there can be no effective regulatory measures, and only in this way can workforce surpluses in countries be identified and undesirable migrations (brain drain) be recorded and, where appropriate, effectively resolved through bilateral agreements or circular migration. More can be done to establish monitoring than merely creating an observatory: observation methods, systems and indicators can be created on a national and EU-wide basis. This should involve surveys of both health workforce data and prospective needs.

We are pleased to see that the Commission does not view mobility as the only way to overcome the skilled-worker shortages in the health sector, as the same demographic trends apply throughout the EU Member States and will, over the next two decades, lead to the same problems in respect of health workforce shortages. We consider investment in education, continuing and further training as particularly imperative. In this connection, we would expressly support the proposed awareness raising in schools, not only in relation to natural science careers, but also in connection with the social relevance of healthcare occupations. Various campaigns, or even Europe-wide exchanges can also be effective ways of interesting young people in social careers.

In our view, a significant development in this area is the educational concept of the German Nursing Council [*Deutsche Pflegerat (DPR)*] for the healthcare occupations. Its implementation would firstly do more justice to the already existing demands on these professions and secondly, be able to secure harmonisation of the training within Europe, (see the Bologna process *et sequens*). According to the Recommendation of the European Parliament and of the Council on the establishment of the European Qualifications Framework for lifelong learning<sup>1</sup>, the EU Member States are to relate their national qualifications systems to the European Qualifications Framework by 2010. This Qualifications Framework is distinguished by its approach based on learning outcomes. Learning outcomes are '...the set of knowledge, skills and/or competences an individual has acquired and/or is able to demonstrate after completion of a learning process.

---

<sup>1</sup> [http://ec.europa.eu/education/policies/educ/eqf/rec08\\_en.pdf](http://ec.europa.eu/education/policies/educ/eqf/rec08_en.pdf)

Learning outcomes are statements of what a learner is expected to know, understand and/or be able to do at the end of a period of learning.<sup>2</sup>

We welcome the objective of the Recommendation 'to create a common reference framework which should serve as a translation device between different qualifications systems and their levels, whether for general and higher education or for vocational education and training.'<sup>3</sup> This could also lead to more transparency, comparability, and transferability of qualifications in the health sectors' training and employment systems. Consistent implementation of the 'German qualifications framework for lifelong learning' in Germany could also *inter alia* help to promote lifelong learning and enhance employability, mobility and the social integration of workers and students.

However, without migration into the EU, the Member States will not be able to cover their future workforce shortages. A model which could create a win-win situation for countries with high demand for skilled workers and countries with a young population is that of circular migration: countries in the North, whose populations are ageing earlier, open their health sector labour markets to migrants from southern countries in connection with a specific option to return to their country of origin. Ideally, partnerships between the respective health authorities will develop and the professional exchanges will simultaneously lead to awareness of good practices, which can help to improve the health system in question. This should be supported by EU programmes such as Leonardo.

However, we would at the same time point out that while EU policy on the modernisation of social protection systems can indeed influence the capacity of social insurance and should promote its sustainability, raising the profile of healthcare occupations to increase their take-up and taking action to secure better working conditions nevertheless depend on the funding bodies also lending their financial support to the whole project.<sup>4</sup>

Berlin, 31 March 2009

---

<sup>2</sup> Commission of the European Communities (2005): Towards a European Qualifications Framework for lifelong learning, 8 July 2005.  
[http://ec.europa.eu/education/policies/2010/doc/consultation\\_eqf\\_en.pdf](http://ec.europa.eu/education/policies/2010/doc/consultation_eqf_en.pdf), p.11.

<sup>3</sup> See page 6 of (1) above.

<sup>4</sup> For the health sector, we would refer you to the Commission's statement on page 43 of its Biennial Report on social services of general interest, in which substantial additional investment is called for on account of demographic trends.

This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumers DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.