Government of the Canary Islands

Office of the Presidency

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CONTRIBUTION FROM THE GOVERNMENT OF THE CANARY ISLANDS TO THE GREEN PAPER ON THE EUROPEAN WORKFORCE FOR HEALTH, COM (2008) 725

I. Background.

The Autonomous Community of the Canary Islands is one of the seven outermost regions of the European Union. This region is an archipelago made up of islands that differ considerably from one another in terms of size and population. Not only are the islands relatively far away from one another, the archipelago as a whole is also far from the European continent but close to the African continent, where numerous third countries whose level of development is far lower than that of the Canary Islands are situated.

All of this creates specific characteristics derived from the region's location and natural conditions and which define the concept of "outermost" as set down in Article 299(2) of the EC Treaty.

This article makes it possible to arrive at an unequivocal concept of outermost region by listing the characteristics which cumulatively identify such regions. It also constitutes the fundamental legal basis that guides the Union's action in this area, leading to the establishment of specific arrangements that take account of all of the restrictions to which these regions are subject on account of their situation while respecting the coherence of Community law and of the internal market[1].

In this regard, the Green Paper on the health workforce is the starting point for discussion at European level of the future sustainability of the European health workforce – a discussion that is founded on considerations that are clearly adapted to the most widespread and common population model in the EU, and which should also take account of the territorial and population differences of some of its territories, such as the outermost regions and, in particular, the Canary Islands.

Thus, the Paper treats the demographic phenomenon of population aging as an axiom common to all of the Member States, without taking account of those regions, such as the Canaries, where the demographic situation is different due to high levels of immigration and pronounced concentration of the population in specific areas of the territory, combined at the same time with the requirement to meet the needs of a fragmented territory.

The Canary Islands have been a point of destination for major population flows over the last ten years. It is quite clear that population growth has resulted in greater demand for public services.

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[1] European commission; Commission Communication COM(2000) 147 final, of 13 March 2000, Commission report on the measures to implement Article 299(2) - the outermost regions of the European Union, p. 33.

In the specific area of health, the demand for healthcare from the population with Health Service cover in the Canary Islands rose faster than in Spain as a whole between 1999 and 2007[2], and to this must be added the increase in the spatial localisation of health requirements and the need to provide adequate and appropriate health services that take account of the fact that the territory of our archipelago is fragmented into islands.

This intense population growth over the past decade has therefore resulted in increased demand for priority products and services in the health sector, entailing new and significant demands on healthcare planning.

These higher costs of the provision of public services, together with the defining characteristics of the outermost regions, must be taken into account in any Community initiative that might have repercussions for the management of human resources in the health sphere, such as this Green Paper.

II. The specific issues examined

Section 4.1: Demography and the promotion of a sustainable health workforce

We feel that the question of whether the lack of health workers to provide particular services can be linked more to poor distribution of resources than to any actual shortage has not been studied or settled definitively.

However, the increasingly technical nature of healthcare promotes the emergence of "superspecialities", which could restrict professional mobility to movements between centres or services with equivalent levels of complexity.

Accordingly, promoting "bridging" curriculum programmes that would enable capacity-building and thus mobility of professionals between specialities or tasks that have a high percentage of competences in common could, in the event of a surplus or shortage of professionals, encourage professionals with specific characteristics to move into other activities where the need for them is greater and improve human resource management by the administrations.

Concerning the organisation of practices to manage chronic conditions and provide long-term care closer to home or at Community level, we consider that this requires a definition of the respective areas of responsibility of the various professionals and institutions involved in the provision of care: health, social services, local institutions, etc. It is important to delimit the responsibilities of the different structures, taking into account that the development of the social and socio-health sector varies considerably from one Member State to another. The structural deficit in the socio-health field means that home care takes up more resources in terms of man-hours/commitment of health workers.

We believe that it is necessary to conduct a study that gauges the impact of the working environment of health professionals, which is sometimes frustrating but often key to encouraging them to continue to be a part of a complex and increasingly demanding organisation.

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[2] 21.9% and 13.5%, respectively , between 1999 and 2007. Source: Ministry of Health and Consumer Affairs

Section 4.3: Training

In the majority of cases, studies in the health field include a high percentage of practical training in healthcare centres.

Relaxing the criteria for access to university establishments by modifying the numerus clausus should be contingent on a study that indicates the capacity of these health centres to absorb an increase in the number of students while maintaining the quality standards of the training imparted and without this getting in the way of their care activities.

We consider it essential for the institutions to become involved in ensuring postgraduate studies and for continuing training of staff throughout their period of activity to be promoted and facilitated, with the creation of mechanisms whereby both the country/centre of origin and the country/centre of destination can encourage and promote temporary staff mobility.

Section 4.4: Managing mobility of health workers within the EU

Concerning the proposal for shared policies and programmes of action to foster cooperation between the Member States of the Union, we feel it would be appropriate to set up Working Groups/Expert Committees beforehand to work on the following issues in order to assist the Member States in the organisation and provision of health services:

a) A committee on human resources management, which would look at whether the EU has enough health professionals, attempting to unify criteria in relation to:

   – typical staffing plans (depending on territorial, population, etc. parameters), with particular emphasis on the specific nature of the outermost regions where imbalances are accentuated by factors such as territorial remoteness and, in the case of the Autonomous Community of the Canary Islands, its doubly insular nature, the fragmentation of the territory and the high numbers of non-permanent inhabitants receiving care in tourist areas.

   – skills profiles for the various health professions

   – catalogue of specialities

   – professional categories and the official approval of these

   – needs for specialists

   – university places, places on specialised health training courses, and accredited teaching units

b) A committee on public health policies with the objective of establishing joint policies (common vaccination schedules, guidelines on health promotion and disease prevention, etc.)

c) A committee on staff management, which will propose measures for staff management and service organisation that could be useful to the Member States when they are organising their health services, for example:

   – the creation of an observatory on the methods of staff retention adopted by the Member States (salaries, professional career, keeping staff numbers stable

through selection and mobility procedures, working conditions, reconciliation of working and personal life, adapting professionals' jobs to circumstances such as pregnancy, ageing, etc.) with the goal of proposing guidelines that the States could adopt in this area.

– Promoting a register of health professionals at EU level, including elements such as information on continuing training, or the establishment of systems to track health professionals.

d) A committee on training that would be tasked with proposing guidelines in this area based on an examination of the following aspects in particular:

– planning of training needs

– observatory on accreditation of continuing training and promotion of common criteria

– examination of systems for certification and re-certification of health professionals and systems for evaluation of clinical competence

– promotion of core training (as a set of skills common to various medical specialities bringing together the skills themselves and the training process whereby these are imparted)

– Graduate training. Observatory focussing on the agreements between universities and health care institutions: guidelines on the conditions for collaboration in graduate training, promotion of clinical internships, availability of healthcare centres for training and teaching, participation by health professionals in training, etc.

– Specialised training. Observatory focussing on programmes for specialists, possibility of inclusion of teaching content common to all specialities, observatory on models for authorisation and accreditation of tutors, observatory on rotations, etc.

– Ongoing training. Examination of the possibility of agreements for periods of training in renowned centres in other countries, and regulation of the issues related to the same.

In any case, mobility of health workers between EU Member States must be the subject of detailed analysis concerning issues such as the individual legislation of each country, the need for association membership, etc.

Finally, we are of the opinion that there is a need to establish European reference networks of specialised centres providing healthcare on the one hand and offering the possibility of specialised rotation for the acquisition of professional skills in specific areas such as care for "rare diseases" or the use of healthcare technologies on the other.

Section 4.5: Global Migration of Health Workers

Concerning the management of global migration of health workers, we think it would be useful to establish measures that guarantee that specialist qualifications obtained outside the Community and for which recognition is sought meet the training requirements set at EU level. In this regard, when criteria are being developed at Community level, in the future code of conduct related to this issue, special attention should be paid to any

potential negative repercussions these measures could have on immigration to the EU of health workers from developing countries.

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

We think it would be appropriate to establish common criteria related to the use of emerging technologies so that shared recommendations for use can be produced based on specific evaluations and with decision-making based on the scientific evidence valid at each point in time.

Similarly, it would be necessary to agree on guidelines for the introduction of new technologies, starting from a catalogue of minima per population ratio or of a different nature using efficiency criteria.

Section 6: The role of health professional entrepreneurs in the workforce

We think that it should remain for each Member State to decide, in accordance with its own needs, whether it is appropriate for policies in favour of entrepreneurial participation in the health sector to go down the private health care route or adhere to the policy of agreement on the provision of services. This question arises in particular in those areas where the services provided by the public administrations may be found wanting, for instance in cases where care involves medium and long-term hospitalisation, or in the area of socio-health care.