

CONTRIBUTIONS TO THE **GREEN PAPER ON THE EUROPEAN WORKFORCE FOR HEALTH**

The European Commission has published the *Green Paper on the European Workforce for Health* as a discussion document concerning a specific policy field, calling on interested parties (organisations and individuals) to participate through a process of consultation and debate which may, in some cases, lead to subsequent legislative developments.

The document takes sufficient account of the background and the most relevant issues in relation to health professionals in Europe.

In line with this, having studied the indices of the most influential factors and the proposed areas for action, we have responded to the request and provided the following comments on or contributions to the Green Paper:

1. Section 3: "Legal Framework and basis for action at EU Level". With regard to the concept of "time available", it is perhaps worthwhile examining this concept in greater depth in order to use it in addition to the absolute number of professionals. It is important to know how many professionals are working, but knowing the time available is even more so. It is especially important given the ageing profile of professionals and the need to cover special services which are highly time-consuming, such as emergency care.

2. Section 4: "Factors influencing the workforce for health in the EU and the main issues to be addressed" stresses the demographic factor as one of the most important in identifying the needs of professionals. Other points should be considered, however, such as:

- **Assistance model:** the role of the hospital and of primary care, service portfolio, etc.
- **Specialist training model:** training system, existing health specialities, opportunities for gaining new specialisations, linking qualifications to posts, etc.

- **Professional roles:** whether health professionals change roles or not (for example, transferring responsibilities from doctors to nurses)
- **Social habits:** it is important to consider the extent to which society will adopt healthy lifestyles or promote self-care.

Section 4.1: "Demography and the promotion of a sustainable health workforce", particularly in relation to possible areas for action (page 7 of the Green Paper):

A – In order to avoid workforce losses between health centres in the same or another country, human resources directors, planners and employers will need to develop policies attractive enough to retain their human capital. In this regard, we propose the following area for action:

- High-level training of leaders with human resources capability in order to ensure the necessary capabilities aimed at ensuring the supply of professionals in the long term.

B – In relation to the deployment of the available health workforce, it would be worthwhile developing it along the following lines:

- Proposing starting points for subsequent debate on aspects such as reviewing skills in different health groups, working in multidisciplinary and interprofessional teams and formulating new types of employment or occupations in those areas where significant shortages of workers are identified.

2. Section 4.3: "Training", particularly in relation to possible areas for action (pp. 8-9 of the Green Paper):

A – In line with the proposal in point 1.B, aimed at establishing new types of employment or occupations in those areas where significant shortages of workers are identified, we do not see a proposal to promote training measures aimed at achieving that goal.

B – In the area of training planning, we advocate maintaining an area for action based on an assessment by all Member States of the type of specialisations which will be required in the future, and with this in mind we propose:

- promoting a study of specific specialities, following an analysis of future needs in the epidemiological field.
- The debate should cover two aspects:
 - o **the impact of superspecialisation:** the number of professionals relates to the degree of specialisation, but in management terms it should be borne in mind that the trend towards superspecialisation may cause difficulties in terms of covering posts and of being able to redirect excess numbers from one speciality to another related speciality where there is a shortage;
 - o **the role of the general practitioner:** in parallel with specialisation, consideration must be given to the role that the general practitioner (internal medicine) and primary care physician can play in hospitals.
- There should perhaps be an analysis of the impact of the *Distrito único universitario* (Single University District) in order to assess local requirements for doctors (GPs and specialists) and the attracting of professionals from other EU countries. This situation may give rise to twofold problems, in both the country of origin and the host country.

3. Section 4.4: "Managing mobility of health workers within the EU". Mobility is the exercising of a right, but it raises quality guarantee problems. Training (particularly specialist training) is not equivalent in all EU countries. One important aspect is recognition of professional and/or career development, which necessarily entails a debate on the certification and recertification of health professionals.

The organisation of health care is the responsibility of the Member States, but perhaps an **agency for professional quality** could provide the launchpad for a **monitoring centre** and identify elements to ensure the quality of degrees, specialities or ongoing training.

4. Section 4.6: "Data to support decision-making", particularly in relation to possible areas for action (p. 13 of the Green Paper):

A – The issue arising from a lack of up-to-date, comparable information is recognised as a real difficulty for health authorities when making decisions, and we feel it is one of the main challenges to be faced at European level. We therefore propose giving more specific form to the factors described in the Green Paper and their possible areas for action as follows:

- Promote a global study of the impact of the "48 hours" Directive on the health system at EU level in terms of the organisation of working time
- Create a register of health professionals at EU level, specifying the information to be included, update intervals, validation, access, etc.
- We propose including in the register the various health professional groups and managers in the health sector, with information on their qualifications, skills and professional development.

4. Section 7: "Cohesion policy", particularly in relation to possible areas for action (p. 15 of the Green Paper):

In order to optimise the application of the EU Structural Funds to the development of the health workforce, we propose that the areas for improvement should include:

- the establishment of effective channels of communication concerning the existing Structural Funds with regard to training in order to improve the aptitudes and skills of the health workforce, the scope of those Funds, the requirements for obtaining grants from them, the procedure, etc.;
- the promotion, within means of cooperation in the health sector, of a formal structure for strategic alliances between health providers;

- greater use of common health structures in cross-border areas or zones, making use of Community legal frameworks, which would facilitate patient mobility without transcending their legal environment, and promoting greater economies of scale.

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