COUNCIL OF EUROPEAN MUNICIPALITIES AND REGIONS
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CEMR response

Green Paper on the European work-force for health

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CEMR response to the Green Paper on the European health workforce

Background of the Green Paper

In the Green Paper on the European EU health workforce, published on 10 December 2008, the European Commission addresses the challenges most Member States are facing concerning the health workforce. These challenges result mainly from demographic change with the consequence of an increasing need for services and at the same time an ageing workforce. On the other hand, new technologies and better quality of diagnosis, prevention and treatment offer new opportunities. Another important issue addressed in the Green Paper is the opportunities and challenges linked to the mobility of health professionals within the EU and migration from third countries.

The Council of European Municipalities and Regions (CEMR) is the umbrella organisation of national associations of municipalities, towns and regions representing over 50 members in 38 countries.

Key Points of CEMR's response

1. CEMR welcomes the initiative of the European Commission to launch a debate on important challenges which the healthcare sector is facing.

2. However, the responsibilities of the Member States according to article 152 of the EC Treaty have to be respected. These responsibilities include the well functioning of healthcare systems.

3. In our view, the exchange of experience in the areas mentioned in the Green Paper should be promoted by using already existing forums and networks such as social dialogue or the High Level Group on Health Care.

4. Social dialogue is a platform where issues such as demographic change, gender equality and diversity, training, working conditions and health and safety at work can be discussed and where solutions to some of the challenges can be found. We would therefore like to highlight the role of social dialogue related to the issues raised in the Green Paper.

5. Most European countries are affected by demographic change, which results in a declining, ageing and increasingly heterogeneous population. This brings about challenges for the health and social care sectors and affects local and regional authorities in their responsibilities.

6. Although women are participating in a high number in the health workforce, they are underrepresented in higher positions. Therefore awareness for gender issues still needs to be raised and gender equality promoted.

7. With the huge lack of health professionals in some European countries the importance of recruitment and return to practice is increasing. The review of recruitment procedures, advertising and disseminating information about jobs in the health sector could help employers address potential workers.

8. CEMR shares the view of the Commission that continuous professional development and life-long learning strategies are pivotal for the future of the health sector.

9. Mobility of healthcare professionals within the EU is both a challenge and an opportunity. Relevant legislation already exists, but there is room for improvement of the implementation for example regarding the Directive 2005/36/EC on the recognition of professional qualifications.

Introduction

1. In most EU Member States, local and regional authorities provide health services and are employers of the health workforce, in particular when the term is used in a wider sense.
2. The borderline between health and social care is very difficult to draw and in many cases the distinction is rather artificial. CEMR would therefore like to underline that most challenges that the Green Paper on the European workforce for health describes are the same for social care, which is a major task of local and regional authorities.
3. CEMR is a recognised European social partner representing local and regional government and together with EPSU (European Federation of Public Service Unions), we participate in the European Sectoral Social Dialogue. We wish to emphasise that both social partners are very committed to issues mentioned in the Green Paper, such as demographic change, life-long learning, healthy working conditions and other aspects, and discuss them in our committee.
4. We believe that Social Dialogue is best suited to discuss topics related to the health workforce and that the European Union should continue to support the promotion of social dialogue at European and national level.
5. In principle, we agree with the Commission's description of the challenges that health systems throughout Europe are facing and welcome the Green Paper's role to stimulate a debate about these issues and give visibility to them.
6. However, taking into account the responsibilities of Member States with regard to health systems and with reference to article 152 of the EC Treaty, solutions have to be found mainly at national level involving, where appropriate, the regional and local level.
7. The European Union should respect the Member States' competencies in the area of health. Some of the measures and actions proposed in the Green Paper are not covered by the Union's competencies and have to be dealt within the Member States.
8. We believe that existing legislation and instruments such as the social dialogue should be strengthened as well as the exchange of practices and experience.
9. The European Foundation for the Improvement of Living and Working Conditions and in particular the European monitoring centre on change should be used in their full potential and provide further research (e.g. on the future of the health and social sector[1]).
10. In the European Commission, the different services concerned should better coordinate their activities in relation to health workforce, in particular Directorate General Employment, Social Affairs and Equal Opportunities and Directorate General Health and Consumers.
11. Finally, we would like to invite all relevant actors in the field of healthcare, namely public authorities from the different levels, social partners, NGOs and the voluntary sector, to join their forces in addressing the challenges lying ahead of us.

In the following, CEMR would like to express its view on some of the issues raised in the Green Paper, which are of major relevance to local and regional authorities.

[1] See http://www.eurofound.europa.eu/emcc/content/source/tn03008a.htm?p1=sectorfutures&p2=null

Demography and the promotion of a sustainable health workforce

12. The demographic situation in most European countries has a major impact in particular on health and social care. Not only is the workforce ageing, but there is also a growing demand for health and social services. Regional and local authorities very often deliver these services.

13. The European Commission could support awareness raising and promotion campaigns for a healthy lifestyle. This would have a positive effect in general, and in particular help to prevent people leaving the labour market early due to health problems.

14. Experience, for example in the Nordic countries, shows that investment in health and safety at work and especially a preventive approach to occupational risks pays off by people staying longer in the labour market. In this context it should be taken into account that jobs in the health and social sector can be very demanding for both psychological and physical health, and that it is in the interest of the employers to take preventive measures.

15. This also includes the adaptation of workplaces and conditions to older workers. The use of new technologies but also new working patterns could be considered in this context. On the one hand, their physical capacity is lower, but on the other hand, their experience is very important and valuable for younger workers. The right share of capacity and competences should therefore be an objective for the management in the health sector.

16. The Green Paper states that the participation of women in the health workforce is particularly high and increasing. Despite their high number in the workforce, women are still underrepresented in management positions and the so-called glass ceiling persists to exist. CEMR would like to encourage the European Commission to continue to raise awareness of gender issues and to promote gender equality.

17. CEMR and its members are very committed to gender equality at local level. In 2006, we launched a "European Charter for Equality of women and men in local life"[2], which addresses relevant aspects of this issue in a broad sense and provides concrete measures how to achieve gender balance. Article 11 of the Charter explicitly demonstrates the role of local and regional authorities as employers and what can be done to safeguard gender equality.

18. Again, and in this context, the role of Social Dialogue should be highlighted. It provides a platform to tackle a variety of issues mentioned in the Green Paper and promotes sustainable health workforce. Relevant fields of action are the improvement of working conditions, negotiations on wages at the appropriate level in the Member States, training and education and others.

Recruitment and return to practice

19. Local and regional authorities throughout Europe are interested in recruiting young people, not only in the health sector while at the same time relying on older workers. One way to achieve this is to try new ways of advertising and disseminating information targeted specifically to the youth, and to improve the image of professions in the health and in the social care sector.

20. In Norway, for example, local and regional authorities cooperate with hospitals and private institutions to attract young people. Within this project, young people working

[2] See http://www.ccre.org/docs/charte_egalite_en.pdf

in the health sector form so-called "recruitment patrols" and visit schools to talk about their experiences.[3]

21. Leicester City Council developed a strategy for recruiting more staff in the social care sector and keeping the recruited staff. One element of this strategy was the revision of recruitment procedures and another was to "re-brand" and professionalise social care work by adapting job titles and job descriptions.[4]
22. Nowadays, in particular young people wish to achieve a good work-life balance. Improving the reconciliation of professional and private / family life would certainly help to increase the attractiveness of the sector.
23. Special efforts should be made to provide assistance and training programmes to people returning to the labour market after longer periods of absence, often due to family commitments.
24. The city of Vienna for example, maintains contacts with employees who are on leave (e.g. maternity leave) in order to facilitate re-integration into the job. Once people are back in the job, refreshing courses help to quickly adapt to new requirements.
25. In the current economic crisis unemployment increases and the health and social care sectors could provide employment opportunities for people who lost their jobs in other sectors.
26. Employers should seek to move towards a well-balanced composition of the workforce at all levels of the organisation, which reflects the social, economic and cultural diversity of the population. For the health sector this would also mean to recruit more men and workers with different cultural backgrounds.

Training

27. The European Commission's initiative "New Skills for New Jobs" mentions the health sector as one of the sectors with the highest potential for job creation in the short term. Actions taken up in the context of the health strategy should be in line with the "New Skills for New Jobs" initiative.
28. Studies show that older employees are less participating in vocational trainings than younger employees. CEMR would like to stress the need to develop life-long learning strategies for workers of all ages and supports the Commission's focus on health professionals' continuous professional development.
29. As mentioned above, Social Dialogue is a relevant tool to identify the need for training, to decide on the appropriate training methods, to develop adequate programmes and to ensure the participation of all groups of employees.
30. In the health sector, technical equipment with constantly developing software and applications constitute ongoing challenges (and opportunities) to the personnel and requires specific training and updating of ICT capacities.
31. Special training for the health workforce is also necessary in relation to injuries caused by violence, in particular against women, children and elderly people to better react to and prevent all forms of violence.
32. Furthermore, gender medicine is a discipline of increasing importance, and education and training is needed in this area. Studies show that men and women differ in health and disease. Better education and training would allow faster and better diagnosis, which would result in better treatments and therapy.

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[3] See http://www.ks.no/u/English/Services/Healthcare-workers-and-recruitment-patrols/

[4] See www.idea.gov.uk/idk/core/page.do?pageId=6588963

33. Health care can also be a culturally sensitive issue and requires intercultural and language competences from the health workforce. This needs to be taken into consideration in the relevant training programmes.
34. With the European Social Fund (ESF) the European Union provides a financial instrument to support training programmes. Member States should be encouraged to use the money for eligible actions in the health and social care sector.
35. European exchange programmes, such as the "Leonardo da Vinci" programme for vocational training and education, are important for the exchange of experience, knowledge and best practices. Such programmes are very valuable for the workforce in the health sector.
36. The European Voluntary Service also offers an opportunity to young people to gain experience abroad and to raise their interest in the health and social care sectors.
37. The cooperation of the education institutes (schools, universities) and potential future employers is important to prepare students for the challenges that they will face as health professionals and to prevent drop outs from education.
38. Danish Regions are conducting studies on reasons for drop out from health education and are carrying out trainings with students aiming to create a corporate identity and an attachment to the health sector. This goes hand in hand with the improvement of mentor and guidance measures.

Mobility and migration

39. We share the Commission's analysis that mobility of the health workforce can result in disparities within and between countries. Therefore Member States should invest in training and recruitment of health personnel aiming to reach a high level of capacity in the Member States and the European Union.
40. In the context of mobility of workers in the health sector, the European Commission refers to relevant existing EU legislation, such as regulations coordinating social security systems and Directive 2005/36/EC for the recognition of professional qualifications. The implementation in particular of the latter is of major importance for the mobility of health professionals.
41. In the health sector, communication with patients plays an important role and requires a certain level of proficiency. Therefore, adequate language skills are also relevant and should be taken into consideration.
42. The Green Paper also refers to the Directive for patients' rights in cross-border healthcare. CEMR welcomes a European framework on cross-border healthcare and the clarification of patients' rights, but wishes to highlight that organising and financing health infrastructure includes long-term planning and investment and might be challenged by unconditioned free movement of patients.[5]
43. CEMR supports the concept of circular migration as defined in the Green Paper in order to meet labour market shortages in the receiving EU countries and at the same time guaranteeing remittances for development for the sending countries. We agree that this approach should be dealt with in bilateral or multilateral agreements.
44. Mechanisms to support circular migration have to be carefully developed to ensure that not only the receiving and sending countries, but also the individuals will benefit from the arrangements.

[5] See http://www.ccre.org/prises_de_positions_detail_en.htm?ID=86

45. We agree with the European Commission that principles of ethical recruitment should be respected in particular when recruiting from third countries to prevent exploitative practices. Principles to guide recruitment from third countries could be a helpful tool for employers at the local and regional level. Some of our members have signed the "HOSPEEM-EPSU code of conduct and follow up on Ethical Cross-Border Recruitment and Retention in the Hospital Sector"[6] or have similar initiatives.

46. CEMR welcomes the European Commission's support for the exchange of experience between European local and regional authorities active in development cooperation, which can be relevant actors in the concept of circular migration.

47. CEMR and its members are actively involved in international activities: as members of the World Organisation representing local and regional government, UCLG (United Cities and Local Governments[7]) we participate in relevant initiatives.

48. CEMR is also leading the Platform of European Local and Regional Authorities for Development[8] and will consider addressing the issue of migration of health workers in the context of the Platform's activities.

Technological change

49. New technologies can make it easier for patients to live independently as long as possible and will free human capital for other tasks in the health sector. However, good training for those who work and live with these technologies is a basic condition for the effective use of new technologies.

50. Local and regional authorities are very active in promoting the information society, of which eHealth is one important area. Local and regional authorities are committed to implement the Digital Local Agenda (DLA), a strategic plan for the development of the information society in Europe's municipalities, cities and regions, striving for e-Inclusion and fighting the digital divide.

51. CEMR welcomes the fact that the recent call for proposals of the ICT Policy Support Programme, aiming at stimulating innovation and competitiveness through the wider uptake and best use of ICT, includes capacity building of practitioners. We believe that it is very important to use the programme in particular for capacity building measures in the health sector.

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[6] See http://www.epsu.org/a/3715
[7] See http://www.cities-localgovernments.org/uclg/index.asp
[8] See http://admin5.geniebuilder.com/udata/ccre/docs/jed_annonce_plateforme_en.pdf

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