MINISTERSTVO ZDRAVOTNICTVÍ
ČESKÉ REPUBLIKY

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GREEN PAPER ON THE EUROPEAN WORKFORCE FOR HEALTH

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Opinion of the Ministry of Health of the Czech Republic for the European Commission in Connection with the Public Consultation

I. GENERAL COMMENTS

Just like most European countries, the Czech Republic is facing a shortage of health workforce, especially general practitioners and nurses. It is therefore paying close attention to this issue.

The area mentioned in the Green Paper which the Ministry of Health of the Czech Republic (hereinafter the "MoH") considers to be one of the most important is the stabilisation of the health workforce and recruitment of health workers by ensuring the availability of better information in schools about the range of professional opportunities in healthcare. As the current economic crisis may be conducive to the return of workers to the health system, it is necessary to create suitable conditions to attract them and provide retraining.

The MoH also considers the procedure for determining the required number of health workers as a key issue. The development of new skills and utilisation of new, modern technologies will also contribute to the stabilisation of heath workforce and may attract new people to these professions.

The MoH deems important the various kinds of support helping to remedy the shortage of health workers, such as support provided to families and close acquaintances to care for the aged and sufficient financial support in connection with setting up home care (care directly in patients' homes).

II. FURTHER SUGGESTIONS AND PROPOSALS FOR THE AREAS MENTIONED IN THE GREEN PAPER

Chapter 1: Introduction

It is necessary to take into account that Europe also faces the following challenges:

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- The growing demand for healthcare and its quality as a result of the movement of people who compare the level of provided healthcare in richer Member States with that provided in other Member States. Citizens of less rich Member States then demand at home the same quality of healthcare that is provided in richer countries, just as citizens migrating from richer countries do. If the differences between the level and quality of healthcare are substantial, this could be a limiting factor for travelling to receive or provide care.
- The offer of healthcare is backed by the efforts of healthcare facilities and their experts to continuously conform and adjust to new medical knowledge and innovations. Doing so requires incessant implementation of changes in the way new technologies and practices are introduced as well as ongoing education of health workforce, not only in their own field but also in other fields closely linked to healthcare.

Chapter 3: Legal framework and basis for actions at EU level

Social security – sickness insurance

Within both the primary and secondary law, the Community covers issues like healthcare, working time, resting, or health and work safety for healthcare workers. Yet, it has not attempted to tackle the issue of social security of these workers. To be more specific, a just solution of sickness insurance should be found for those workers who work in 24/7 working places with unequally distributed working time. In the Czech Republic, about 110,000 people work in healthcare in such a regime at present and it should be noted that the current system of sickness insurance is for these workers disadvantageous.

It is not our intention to transfer this responsibility of Member States to the level of Community. We are fully aware of the fact that Community activities only complement individual national policies on healthcare systems. However, we would like to point at this issue at this moment.

Chapter 4: Factors influencing the workforce for health in the EU, and the main issues to be addressed

4.1 Demography and the promotion of sustainable health workforce

Health workers who are older or in a retirement age leave for other sectors where work is less mentally and physically demanding. With regard to the feminisation of this field and ensuring child and family care, it would be appropriate to introduce measures leading to implementation of flexible and shorter working hours. The key to maintaining a sufficient number of workers vis-à-vis the imminent departure of a strong generation into retirement

is education, recruitment, and retention of young doctors as well as repeated investment into older workers.

Also other factors should be paid attention:

- recruitment of young workers – both men and women – for these positions: nurses, assistants, attendants, etc.;
- retraining programmes for individual healthcare professions and expertises, also in between them;
- need for social acceptance (health professions as such need to become prestigious professions, not only as regards doctors) and consistent motivation (having the media presenting the health professions in a positive manner, getting professional schools to participate in and present at, for example, health-related events);
- Proper financial assessment of healthcare jobs.

At the same time, it would be appropriate to introduce measures that would lead to the retention of middle-aged and older health workers:

- Job opportunities for positions with less strain, e.g. in the area of community care (guaranteed by the state – employers should be obliged to provide job opportunities to these workers, and alike);
- securing crisis intervention for healthcare workers particularly within prevention of post-traumatic stress disorders and burn-out syndrome, care for their mental health in conditions of acute and chronic stress in their work;
- social appreciation, e.g. after the age of 55, providing regular offers for various rehabilitative or spa treatments for the purpose of rejuvenation, with extended holidays or paid leave for such treatments (needs to be guaranteed by the state, i.e., a system-wide concept);
- recruitment of workers to “unattractive” positions by offering financial benefits, longer holidays, shorter working hours, and alike;
- offers for jobs with shorter working hours and support services such as childcare.

In order to determine the required number of health workers, it would be appropriate to propose a common planning procedure or performance comparison indicators (number of nurses per capita, number of patients per nurse, number of patients per physician, etc.).

Influencing factors and possible areas for action

The following factors could be added to those already listed:

- Ensuring better working conditions and conditions for further education of health workers (graduates), with the aim of keeping them in their professions;
- Increasing the amount of information provided in schools about the range of professional opportunities in health and other care, including the possibility for further specialisation in the field.

4.2 Public Health Capacity

Public health protection needs to be one of the priorities of economic development, as a healthy population can support the social and economic development of society. In this connection, we recommend the following:

- Increase prevention efforts in primary education – promotion of a healthy way of life (more exercise, good hygiene, good eating habits, and alike), regular medical checkups, reintroduction of dispensarisation, and alike (system-wide concept);
- Activities aimed at primary prevention of addiction in all areas;
- Support consistent and rigorous education of workers in this area (system-wide concept);
- Undertake consistent monitoring of work hygiene (overloading, working hours, stress factors, etc.), with regular offers of rejuvenation activities, especially in demanding work conditions, and psychological support (work psychologist);
- Consistent education in the field of public health – increase the number of education and training opportunities to acquire the required expertise, expand the expertise in some health professions, or provide retraining in the area of public health (guaranteed by the state, public administration or regional self-governments).

Influencing factors and possible areas for action

To the factors already listed, promoting the provision of information to students of health professions and health workers about public health protection and work safety could be added, as well as about prevention of stress and violence at the workplace, work mobility and flexible working hours, and alike, including the system-wide inclusion of health workers in this area.

4.3: Training / Influencing factors and possible areas for action

We would add the following factors to those already listed:

- Paying attention to systematic professional development and flexibility of workers in the health system, as increasing professional qualifications leads to higher quality healthcare (better results) and ensures patient safety;
- Creating legislation on systematic education;
- Ensuring that employers have the obligation to create and provide conditions for further education and training;
- Granting leave for education and training purposes;
- Creating suitable conditions for self-education – motivation, financial assessment, and prestige in education with the aim of ensuring its rationality and effectiveness;
- Developing a network of accredited educational institutions for lifelong learning of health workers and sharing best practice in education/training programmes or projects;
- Creating an EU mechanism for planning the number and selection of workers for scientific and research facilities and facilities providing highly specialised healthcare, such facilities being transnational in scope (specialised centres); determining the criteria for comparing the workforce needs and shortages or surplus thereof.

4.4: Managing mobility of health workers within the EU

We recommend considering the possibility of simplifying the recognition process by having employers recognise the worker's qualification directly without waiting for the relevant authority to issue a decision.

Further, it should be considered that specialisations pertaining to non-medical professions (general nurses and midwives) be added to Directive 2005/36/EC on the mutual recognition of qualifications, provided there is an agreement within the EU as to the content and scope of the profession and the study programme.

We recommend offering various "refreshing" programmes, not only to improve the knowledge and skill of health workers, but also to help them rejuvenate.

Influencing factors – second bullet point: It is not entirely clear how investing in training and recruitment would take place, whether using funds from the EU social funds or using funds from each Member State to achieve self-sufficiency.

4.5 Global Migration of Health Workers

As there is an actual lack of information about employing foreigners as health workers, it is difficult to assess the scope of migration. Implementing the exchange of such information would be possible using the IMI system (Internal Market Information System).

4.6 Data to support decision-making

As the shortage of health workers and their migration is a transnational problem, it is necessary for the motion to collect data to come from international institutions involved in public health policy and health statistics. It would be appropriate to conduct a detailed and comprehensive analysis of available options and data and to assess their comparability. It is also necessary to unify terminology (linking it to valid EU legislation would be beneficial) and to define in more detail the type of data that is required to perform international comparisons (even on the part of users) and the methods for obtaining them.

It appears that monitoring the migration of health workers would be best provided by administrative information systems, namely health worker registries, with it being possible to make use of some data from institutions keeping records of foreigner workers in the given country (in the Czech Republic, this is the responsibility of the Ministry of Labour and Social Affairs) or from institutions certified to operate health-related businesses in the given country.

These registries should thus be developed in terms of recording data on the movement of health workers. It appears that it would be easier to monitor the arrival of workers in a country (immigration) than their departure abroad (emigration). For this reason it would be appropriate to interconnect the registries and to arrange for the exchange of data on the mobility of health workers between countries (at least within the EU).

Registries or other administrative resources are, however, not able to reveal the actual capacity and activity of health workers, such as the sector (health or social facility), sphere (out-patient or in-patient), field or place of activity, or the link to technical capacity (number of beds) or patients. Usually this data can only be obtained by statistical surveillance. If the health worker registry was to contain information about the employer/healthcare facility where the health worker is employed, then it would be possible to link data pertaining to workers with capacity and performance data pertaining to the healthcare provider. The registries will also be important for human resources planning as regards healthcare tasks during catastrophes and providing healthcare during exceptional and crisis situations.

It is also necessary to monitor some new statistical data in connection with health workers, e.g. when they start practicing their profession, when they temporarily stop working, when they leave their profession, and alike. Issued certificates and permits are not conclusive

because some workers have permission to work without professional supervision (registrations or licences) but do not practice their profession.

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

This chapter should also cover other health professions, such as dentists and pharmacists, midwives, and other non-medical health workers.

Chapter 7: Cohesion policy

It is necessary to set priorities, such as:

- Support of public health, especially in the area of prevention and promotion of a healthy lifestyle focused on children and youth (preschool age, school age, and the like);
- Support and maintenance of health of the older health workforce (rejuvenation, spa treatments, and the like);
- Support and increasing resistance of population against exceptional events and catastrophes.

Influencing factors and possible areas for action

To the first bullet point, we would add also preparation of older health workers and health workers in primary and outpatient care for work with new technologies, and, in this context, their retraining.

To the second bullet point, we would add the aspect of stabilising the health workforce.

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