

**The European Commission
The Directorate General for 'Health and Consumers'**

Concerning EU Consultation on Green Paper for EU Workforce for Health

The Danish Nurses' Organization (DNO) welcomes the opportunity to participate in the consultation process on Green Paper for EU Workforce for Health, which we find is an extremely important issue.

Yours Sincerely,
Grete Christensen

1. Vicepresident Danish Nurses' Organization

General remarks

In the light of the ageing workforce, the shortage of nurses and other health personnel and the need for a changed skill mix The DNO find it very positive that the this initiative is taken by the EU- Commission.

The DNO finds that the Green Paper needs to be more focused, setting out clear actions and timetable to facilitate the development of a White Paper. Therefore, the Green Paper should ensure a framework that ensures developing of a highly qualified health care workforce, a sufficient capacity of health care workers and with the right skills in order to meet future healthcare challenges.

DNO recommends that the Green Paper includes:

1. An EU monitoring system collecting data to support decision-making and providing information for a collective planning of health professionals in all healthcare delivery settings;
2. Proposals to invest in Human Capital by covering recruitment and retention strategies to evaluate income and working conditions and stimulate entrepreneurship. Within this context the Social Cohesion Funds should get more emphasis in the Green Paper as action ability is needed there where people live out their lives.
3. An EU Continuous Professional Development (CPD) framework to maintain a highly skilled and motivated workforce.
4. A gender approach to workforce planning and valuing the increased participation of women.

The scarce healthcare workforce cannot only be solved by recruitment and retaining of staff. There is also an unused potential in utilising skills across the team and different working patterns. Health professionals often undertake tasks that do not match their educational skills, and they just as often do not utilise their competencies optimally.

For instance, nurses often spend a large part of their time with administrative and service related tasks that do not require their level of qualifications. These tasks can therefore be transferred to other groups.

The same principle may be applied to other professionals groups. To mention an example: In the UK nurses can qualify to become supplementary prescribers to ease the pressure on physicians and establish more seamless patient trajectories.

The DNO recommends that the issue of skill mix and expanded roles of health care professionals become part of the Green Paper.

Some countries have already realised the potential of for example nurses by using advanced nurse practitioners with highly specialized qualifications and prescription rights to ensure the care of chronically ill patients. Thus, the Netherlands and UK not only have established improved chronic care; they also have created attractive career paths for highly educated nurses. In other countries, these nurses tend to leave practise in favour of academic or teaching positions.

Specific remarks

1. Introduction

- There are new and re-emerging threats to health, from Communicable diseases as well as from non-communicable diseases.
- The ageing workforce is a problem that is shared by many countries within the EU – and active policies are needed to retain health personnel.
- As informal carers are not a part of the actual workforce – and be course many surveys shows that education is crucial for patient safety - they should not be a part of the Green Paper.

2. Rationale for the Green Paper

The rationale should include development of both the capacity of the workforce and the educational level.

3. Legal framework and basis for action at EU level

In the light of the difficult negotiations about working time, we recommend that the Green Paper excludes this issue.

4. Factors influencing the workforce for Health in the EU and the main issues to be addressed

The Green paper needs to needs to emphasize the impotence of the gender perspective.

A recent study of salary levels in Denmark shows a differential of 35% between nurses and other male dominated professions with comparable education.

Regarding training of health professionals, significant investment in the education of health professionals is important. It is essential that models of career pathways are established, and that an extended career ladder to successfully introduce new skills and implement skills mix becomes widely available to health professionals. Training should follow policy trends. If we continue to train like for like now, the EU will not be able to have the workforce to deliver new ways of working in the future. Therefore it is important to map policy trends across Europe.

Therefore, DNO calls for more concrete actions from the European Commission to develop a Continuous Professional Development Framework. In order to achieve the goals set out by the Lisbon strategy, it is essential that the Commission, together with the Civil Society, sets out a clear framework for CPD. The framework should identify strategies to enhance patient safety, quality of care, ensure optimal patient outcomes and assist harmonizing the outcomes between European countries.

Therefore, the fundamental principles of CPD including a commitment to patient safety and quality of care must be grounded in the European Union legislation (DIR 36), and followed through by Member States and the healthcare professionals working in the health system.

Regarding data to support decision making

This paragraph should describe specific responsibility and specific types of data.

Concerning data to support evidence based policy: With the large amount of health professionals moving in and between countries, is a fact that up-to-date information is hard to come by, so in order to address these problems we need to be able to collect better and comparable information. Quite clearly current systems of data collection are not effective enough.

5. The impact of new technology: Improving the efficiency of the health workforce

The perspective must be to ensure better usability of the new technologies. The new technology must be developed for the patient and in close collaboration with the staff using the devices/technology. As it is described now, all responsibility is on the user and not at all on the technology developer. All other actions recommended put the “blame” on the staff, when something goes wrong. Many manuals are difficult to understand and not always translated and adapted to the country tradition/culture. The usability puts a focus on the patient safety.

6. The role of health professional entrepreneurs in the workforce

DNO is supportive of new entrepreneurs in the health sector, publicly controlled to ensure equal treatment of patients and to secure patient safety..

7. Cohesion policy

Structural Funds, specifically Social Cohesion Funds, should be used at local and regional level to implement change. The effective use of €5.2 billion for health is an important strategy in times of economic crises.

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