



26th March 2009

Council of Deans response to EU Green Paper on the Workforce for Health 'Promoting a Sustainable Workforce for Health in Europe'

1. Introduction

The Council of Deans of Health has 86 member universities throughout the United Kingdom. It is the principal source in UK higher education of collective views on education and research for nursing, midwifery and the allied health professions. It seeks to maintain and enhance the quality of nursing and health profession education, and acts as a forum for the exchange of information and good practice.

In addition to its national overview, the Council is also committed to achieving an international outlook which takes advantage of opportunities to influence policy and practice within a global context.

2. Views of the Council

This response has been prepared following consultation with members of the Council:

a) The Council of Deans welcomes the green paper as a strong basis for stimulating a wide-ranging debate on the future healthcare workforce and setting the agenda at EU level. Much can be gained by promoting co-operation and common approaches between the member states. The EC can add value by supporting this activity.

b) Demography

Both the health service user and the health service worker are part of the ageing population trend, so there is a clear need to ensure sufficient workers are trained for the demand that lies ahead. This is vital to the long term sustainability of health systems. Co-ordinated, robust, accountable workforce planning is critical. Key is the need for appropriate workforce training and investment, to develop our current workforce, who will be a significant element of our workforce of tomorrow.

The Kings Fund recent report on 'Proposals for a Centre of Excellence for workforce strategy and planning' is a helpful reference to international experiences of workforce planning and highlights the shortage of skills and knowledge available, plus the lack of co-ordination, that currently characterises workforce planning in the UK.

c) Recruitment and retention

It has been proposed by some members that a global debate on enhancing the attractiveness of nursing and on recruitment and retention could be beneficial. With reference to the importance of gender equality measures, it has been suggested by members that this work could be taken forward by the Commission in a practical campaign across all member states to help improve the participation of women in the health workforce.

d) Managing Mobility

If the mobility of the workforce is to be facilitated, this should be given greater prominence in pre-registration education and opportunities should be widened. For example, given that language ability is one of the predictors of successful



employment following migration, some criteria should be included regarding language ability for mobile workers.

EU Students are restricted in their application to study nursing in the UK because of restrictive funding issues relating to the NHS funding sources. These should be resolved to enable mobility for student of nursing between EU countries.

UK students of nursing find mobility complex within training because of regulatory issues surrounding assessment of practice, and after they have qualified unless they are registered as adult nurses, because of requirements meaning that they do not qualify for consideration under Dir 2005/36/EC.

The commitment made by the EU to develop a Code of Conduct for ethical recruitment of health workers from non-EU countries is to be welcomed.

It is important such a code should be applicable to both public and private agencies recruiting health care workers.

There is scope for more EU-facilitated 'developmental' support between EU members, for example bi-lateral agreements, institutional collaboration and exchange programmes for both professionals and students.

The creation of an EU wide forum or platform where managers could exchange experiences should not be limited to managers, but should include educators, European Health Care associations and trade union representatives.

e) Healthcare training capacity

Specifically on the issue of cross border education and training, the UK higher education sector has the capacity to deliver that others do not. For this reason there needs to be a system that ensures standards across member's states. The opportunity needs to be taken to amend the current directive to bring it more in line with Bologna and introduce a focus on fitness to practice, which does not currently exist.

f) Workforce data and research

The proposal to collate workforce data for countries is important, and could facilitate real change in forecasting health workforce needs and providing for these. This green paper rightly highlights the paucity of comprehensive data on the healthcare workforce, including a lack of shared definitions and a lack of data collection, particularly from the smaller professional groups.

It is vital that policy making, both at an EU level and nationally have an evidence base of expert advice and high quality, comparative and evaluated data. We welcome the suggestion the EU itself supports a wide range of measures. This needs to be combined with the recognition that there are no 'right' or 'wrong' answers to workforce issues and that workforce activity needs to be appropriate to each EU members individual social, economic and politic context; and indeed the unique contexts of their professional groups. For example, the Green Paper mentions the potential of 'Return to Practice; training, but the experience of UK nursing is that this needs to be done in combination with other measures such as flexible working and childcare provision.

Data should not be produced 'for data's sake' and should seek to complement, not duplicate, existing data. It is important for the Commission to consider how data



systems can share/use information if a more comprehensive and coordinated approach to work force planning is to be considered at EU level.

The Council of Deans recommends that a strategic view should be taken of the key issues that the workforce is required to address. Data collection can then be tailored effectively to answer the key questions – thereby making best use of scarce data collection resources both within individual EU countries and at the EU level.

g) Mobility

There are tensions between the EU's emphasis on freedom of movement and the responsibility of professional/regulatory bodies to ensure public safety and competent levels of practice within healthcare.

It is suggested that in respect of healthcare professionals, more could be done to align legislation, policy and practice in respect of the preparation and mobility of professionals.

h) Other Issues

The Council of Deans welcomes the recognition of the entrepreneurial value of healthcare professionals. However this definition should be expanded, for example, nurses successfully manage their own practices, including practices offering GP services. It is important that the green paper recognises this.

The use of structural cohesion funding is a welcome suggestion. Suggestions for its use by members include:

- The development of new networks through which expertise may be shared and common issues resolved, but also to sustain and facilitate existing networks
- The development of shared training initiatives where specialist clinical programmes of study can be developed and delivered using multilateral agreements.
- The integration of second language provision into pre-registration learning opportunities for all healthcare professionals in order to develop greater flexibility and mobility for all professionals.

3. Further contact

If the European Union would like clarification or expansion of any of the views put forward in this consultation response, please contact Catherine Deakin, Policy Officer at Catherine.deakin@cod-health.ac.uk or 020 7419 5428 if you have any further queries.

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