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Comments by the German Hospital Federation (DKG) on the European Commission Green Paper on the European Workforce for Health COM 2008/725/EC

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The German Hospital Federation [*Deutsche Krankenhausgesellschaft e.V. – DKG*] is the umbrella organisation of German hospital operators. It represents the interests of its 28 members – 16 regional federations and 12 national associations of hospital operators – in national, European and international matters and performs the tasks entrusted to it by law in the context of German self-government of the healthcare sector. About 2,087 member hospitals with approx. 1 million staff treat over 17 million patients every year. The annual turnover of German hospitals is about 62 billion euros, thus the DKG represents a substantial part of the German health care system. In many regions, the hospital is the biggest employer.

Hospitals play a key role in securing medical care for the population and provide a comprehensive range of high-quality health services nationwide. To be able to fulfil this role at all times, hospitals make major investments in infrastructure and latest medical equipment. Moreover, they subject themselves to an ongoing process of improving efficiency and increasing quality. This innovative environment makes it possible to offer top-quality health care services to patients.

Our people staff are an essential part of the comprehensive portfolio and high quality we offer. German hospitals are strongly committed to the training of doctors, nurses and administrative hospital staff. Despite the heavy burdens the German legislator imposes on hospitals with regard to funding inpatient health care services, hospitals offer attractive and modern workplaces which, combined with performance-related remuneration, stand international comparison.

Nevertheless, German hospitals recognise the growing shortage of qualified staff and strongly suggest that there is an urgent need to act. Due to the framework of competencies for the organisational structure of the health care system and workforce development or education, this need to act can be met only on a national level. The DKG sees starting points for this in increasing the training capacity in courses of medicine, restructuring the roles of doctors, providing attractive, family-friendly working conditions, mobility and migration as well as care structures discussed. In particular, the DKG recently highlighted in a study undertaken in cooperation with the German Hospital Institute [*Deutsches Krankenhausinstitut – DKI*] about the “restructuring of the tasks of medical service” [*„Neuordnung von Aufgaben des ärztlichen Dienstes“*] how process optimisation can be used to deploy staffing resources even more efficiently and thus to ease the shortage of suitably qualified personnel.

In the light of these general considerations, the DKG would like to comment as follows in the Green Paper that has been issued:

Competencies
The DKG would like to point out that the competencies for need-related planning of hospital services, which – according to the treaties – are clearly allocated to the Member States, should be remembered. According to constitutional law, these competencies lie with the German federal states. The primary law of the European Community clearly refers to the national level also for organisational matters of the health care system.

The issues raised in the Green Paper and potential measures to create new or different forms of health care (organising chronic disease management practices and long-term care provision closer to home or in a community setting), for need related planning (collecting better information about actual and potential population health needs in order to plan the future development of the public health workforce and creating an EU mechanism which would assist Member States in planning future workforce capacity, training needs and the implementation of technological developments, stimulating Bilateral and Plurilateral agreements with source countries and developing mechanisms for support of circular migration) or for reviewing the funding of health care systems (assessing levels of expenditure on the health workforce) constitute a gross violation of these clear provisions.

Apart from that, the treaties clearly stipulate that the responsibility of the Member States for teaching contents and the structure of their education system is to be strictly observed. The tendencies indicated in the Green Paper towards influencing teaching contents and forms of training (ensuring suitable training to enable health professionals to make the best use of new technologies, training focussed on people with disabilities) and towards exercising an influence on the structure of the education system (fostering the cooperation between Member States in the management of numerus clausus, creating an EU mechanism to determine training needs) are to be utterly and completely rejected.

Other potential measures of the Member States such as, for instance, central steering of career choice or the regulation of working conditions are impracticable. Matters of remuneration, social and ethnic diversity in recruitment are the responsibility of the social partners. Efficient deployment of personnel or motivation and morale of employees have to be ensured at the level of the individual health facilities. This division of competencies forms the basis of social peace and provides a balanced compromise between the interests of hospital operators and employees.

Principle of subsidiarity
According to the principle of subsidiarity, the European Union is to become involved only where individual Member States are no longer able to solve a problem alone.

The involvement of the European Union cannot contribute to solving the problem and therefore does not add value to action taken on a national level. The shortage of suitably qualified personnel is a problem affecting all Member States equally. The European Union is unable to meet this demand. The assumption of the European Commission that any overcapacities could be re-distributed is therefore pointless and deprives any Community-wide approach of its justifying basis.

In this context, German hospitals would like to remind the EU that it was the EU itself that contributed to artificially making the shortage of personnel resources even more

acute – especially as far as doctors are concerned – by adopting the Working Time Directive. It appears that the existing problem situation could become even more critical due to the amendment of the Working Time Directive which is currently being reviewed and was originally intended to reduce the burden for the many Member States who are virtually unable to transpose the requirements of applicable working time law into their national laws because of the shortage of qualified personnel.

Labour markets in the health care systems

There are 27 health care systems with different structures and 27 different labour markets in the European Union to meet the demand for suitably qualified personnel. These are based on 27 education systems with different organisational structures that prepare qualified personnel by teaching them 27 different types of contents which are, however, tailored to the needs of the labour market in their respective home country. Member States put different amounts of effort into qualifying personnel accordingly, especially as far as nurses and doctors are concerned. The DKG takes the view that these different starting positions cannot be evened out by measures to be taken at Community level.

It is also impossible to control the migration of health professionals within the EU, especially in view of the principle of freedom of movement of workers. Not only the different demand for workforce in the individual Member States, but also the working conditions for these professional groups in their home countries play a part in that.

At the moment, about 16,800 foreign medical professionals practice in Germany. Over half of them – 8,500 doctors – come from EU countries. This means that about every 20th practicing doctor in Germany comes from abroad. On the other hand, about the same number of German doctors took up a post abroad, over 80% of them within the EU and/or in EFTA States. In this situation, German hospitals strongly depend on foreign doctors because otherwise medical care would be at risk, especially in rural areas and the new German federal states. For instance, the German Hospital Institute determined in the context of its 2008 “hospital barometer” that already today, there are 4,000 vacancies for doctors at German hospitals that cannot be filled. This problem will inevitably become even more critical now that the effects demographic change – i.e. fewer up-and-coming doctors with an increasing number of retirements at the same time – become noticeable.

Training

With the ERASMUS, LEONARDO and SOCRATES programmes, the EU has already taken comprehensive measures to promote education and training on a European level. It could be discussed if and how these can be applied to the health care systems of the Member States, but there is no need to set up new programmes.

As a member organisation of HOPE – the European Hospital and Healthcare Federation, the DKG is already deeply involved in and strongly committed to the exchange of health professionals on a voluntary basis. Since 1981, the HOPE exchange programme for hospital employees has made it possible for about 200 specialists and executives from the EU and Switzerland every year to spend a four-week internship at a host hospital abroad. The objectives of this programme are to promote a better understanding of the different health care and hospital systems within the European Union and to foster mutual co-operation and exchange of

personnel on a European level. This voluntary form of cooperation could be subject of support from the European Union.