

**Response to the Green Paper on the European Workforce for Health
March 2009**

Introduction – About EASL

The European Association for the Study of the Liver (EASL) is the leading pan-European association of medical professionals dedicated to promoting liver research and care in Europe. As the fifth biggest killer in Europe¹, liver disease encompasses a range of well known pathologies such as viral hepatitis, fatty liver disease, cirrhosis, liver cancer and a host of rare diseases.

EASL would like to take this opportunity to welcome the Commission's initiative in seeking to address the challenges faced by the European healthcare workforce. EASL believes that the EU has a key role to play in improving the conditions in which medicine is taught and practiced in the EU.

Our response will focus on the challenges that are of particular relevance to our organisation and will highlight particular issues that the Commission may want to consider in the development of future policy developments in this area.

On strengthening screening, health promotion and disease prevention capacities

- EASL believes that the EU has a key role to play **in promoting health in Europe, raising healthcare standards and exchange in best practice among member states**. In the area of screening, for example, the EU can play a crucial role in promoting appropriate screening programmes and increasing member states' disease prevention capacity.
- For example, in the case of viral hepatitis, a most prominent liver disease, early detection and access to treatment are essential to reducing the growing burden. Without appropriate screening of viral hepatitis in Europe, many carriers of the disease will remain undiagnosed and consequently die from a disease which can be successfully treated if identified in a timely manner. EU action is particularly necessary as the prevalence/incidence of viral hepatitis continues to rise (see the European Community Health Indicators).¹

Together with the European Association of Liver Patients (ELPA) EASL supports the adoption of a Council Recommendation on viral hepatitis, which includes provisions to promote screening programmes for targeted risk groups at national level.

EASL believes that targeted screening programmes and other policy initiatives should form an integral part of comprehensive and holistic health strategies promoting data collection, early detection, prevention programmes and high standards of care in the EU.

- The EU can play a major role in promoting health by preventing liver disease through the promotion of the responsible consumption of alcoholic beverages, through the implementation of

¹ European Commission, DG Health and Consumer Protection, ECHI (European Community Health Indicators): Incidence of Hepatitis A (http://ec.europa.eu/health/ph_information/dissemination/echi/docs/hepatitisA_en.pdf), Incidence of Hepatitis B (http://ec.europa.eu/health/ph_information/dissemination/echi/docs/hepatitisB_en.pdf) and Incidence of Hepatitis C (http://ec.europa.eu/health/ph_information/dissemination/echi/docs/hepatitisC_en.pdf)

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measures tackling tobacco addiction, and the promotion of healthy life styles including physical exercise and appropriate nutrition to prevent overweight and metabolic syndrome.

- The EU can play a major role in tackling rare liver diseases, by supporting cooperation among member states in the management of, and research on, these conditions.
- The EU should encourage member states to introduce screening measures for liver cancer among high risk groups, whose characteristics are well identified, and contribute to raise standards amongst member states in the treatment and care of this disease including the promotion of early access to treatment.

On education and training

- EASL believes that **quality of care depends also on the quality of education provided to our medical students and on the level of continuous training programmes provided to healthcare staff.**
- In particular, EASL would encourage the Commission to promote the development and exchange of best practice in training programmes in specialised health disciplines in order to tackle the shortage of specific medical specialties in Europe. A particular concern is that hepatology is still not recognised as a medical specialty in several EU member states.
- EASL believes that the EU could also play a role in facilitating the recognition and exchange of training modules between member states by developing a European training accreditation system and encouraging the use of digital tools in the delivery of training programmes. Additionally, EASL agrees with the Commission that training in new technologies, in IT and in languages should also be prioritised for healthcare professionals.
- Finally EASL believes that the information available about EU funding opportunities for training programmes could be made clearer and more easily accessible to potential applicants. In this sense, the EU may consider improving the dissemination of such information (e.g. mailing a factsheet to relevant European medical associations).

On mobility of healthcare professionals

- EASL believes that the EU has a key role to play in promoting the mobility of medical professionals by encouraging **high standards of education and training and mutual recognition of professional qualifications in the EU.**
- In this respect, EASL calls on the Commission to:
 - Promote tools that lead to the convergence and mutual recognition of education and training standards (e.g. guidelines, surveys, certification systems, etc).

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- Facilitate cross-border recognition of educational modules (e.g. ensure the implementation of the Directive on mutual recognition of professional qualifications).
- Promote and support mobility of healthcare professionals through appropriate exchange programmes.
- Ensure the EU-wide recognition of national medical specialisations (e.g. oncology and hepatology).

On supporting retaining strategies

- EASL believes that in the EU there is a need to **continue to attract students to the healthcare profession and ensure that educational and working conditions in Europe do not lead to 'brain drain' to other countries.**
- At the same time, EASL agrees with the Commission that action on health within the EU has important policy implications for the EU's external and development policies. Unless the EU takes appropriate steps to produce and retain sufficient numbers of its own health workers, the negative impact of migration on the health systems of developing countries is not likely to decrease.
- In this respect, the EU can play a key role in:
 - Supporting the creation of an EU platform to exchange best practices amongst healthcare managers to assess the retention strategies which have worked in Europe and in what context.
 - Encouraging the prioritisation of investment in healthcare infrastructures, i.e. research centres.
 - Supporting the promotion of a positive image of the healthcare profession.
 - Supporting national strategies aimed at retaining workers in the healthcare sector and in understaffed areas. In this sense, as suggested by the Commission, the establishment of a European Observatory could be an important tool to keep track of supply and demand of the healthcare labour force, as well as to gather best practices on training.
 - Considering measures to support and encourage women pursuing a medical career by developing forms of medical practice that remain compatible with raising a family.

ENDS

ⁱ Source: EU Statistical Yearbook 2006-2007.

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