

# Response of the European Health Management Association to the European Commission Green Paper on the European Workforce for Health

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## Introduction

The European Health Management Association (EHMA) is a European membership organisation with 200 institutional members in more than 30 countries. EHMA's aim is to build the capacity and improve the quality of health management through bringing together researchers, managers, educators, and policy-makers. EHMA is an active stakeholder at EU level and is a member of the EU Health Policy Forum. Full details of EHMA's activities are available at [www.ehma.org](http://www.ehma.org).

EHMA welcomes the European Commission's Green Paper on the European Workforce for health and supports the Paper's recognition of the significant challenges facing the health workforce and its aim to increase its political visibility.

A trained and motivated workforce, with the right skills and a commitment to life-long learning is an essential pre-requisite for high performing health systems. However, Europe's health workforce faces serious challenges, with many problems common to all Member States. As the ageing population changes the pattern of disease places new and increasing demands on healthcare workers, so too the health workforce itself is an ageing one and there are insufficient new recruits to replace those that are retiring or leaving the EU. Migration of health professionals into and out of the EU and mobility within the EU also has important implications for the supply and distribution of health workers.

This response aims to highlight the issues that EHMA considers most important when formulating future policy on the European health workforce.

## Key points and recommendations:

- There is scope for still further clarification on the overall definition of the European workforce for health and the 'health workforce' should be interpreted in the widest possible sense.
- Despite the mutual recognition of formal training and professional qualifications, it is important to highlight concerns around the "real" equivalence of European healthcare professionals' knowledge and experience, including language standards and revalidation mechanisms.
- High quality, up-to-date and comparable quantitative/qualitative data are essential to plan and manage workforce needs.
- A multi faceted approach is necessary to address brain drain and ethical recruitment encouraging bilateral/multilateral agreements and measures to improve retention in countries of origin.

## Overall definition of the European Workforce for Health

The “European Workforce for health” is a broad term covering a large range of professional groups, health managers, social care workers, training professionals and administrative staff. The Green Paper illustrates the large scope of the term. However, EHMA believes that there is scope for still further clarification and that the ‘health workforce’ should be interpreted in the widest possible sense.

There are three particular ways in which the definition could usefully be widened. First, consideration in policies and planning should be given to the inclusion of carers, who play a critical role in the quality and financial sustainability of health system. Efforts should take place to support caregivers including family members, formal and informal carers. EHMA’s CARMEN project on integrated care for older people highlighted that structural efforts for informal carers including practical, emotional and financial measures are essential in achieving overall objectives with regard to accessible, good quality and financially sustainable long-term care. So too, “flexicurity” policies that address options for informal carers to combine working and caring responsibilities in order to safeguard income and pension rights are crucial.<sup>1</sup> Second, consideration should also be given to professionals who have moved from a clinical role into the care sector. Often these professionals originate from Central and Eastern European Member States but their qualifications are not recognised for registration in other Member States. The inclusion of these groups in the definition of the health workforce would enable a fuller exploration both of professional mobility and of best practice in managing the health workforce. Third, it is also important to take into account the existence of non-practicing health professionals. Relatively little is known about numbers of unemployed professionals, those who have moved into other careers, and those who have taken early retirement. However, given the importance of recruitment, re-recruitment and retention, the inclusion of these professionals in the overall workforce definition should be carefully considered, and ways in which EU employment/education programmes can support retraining explored.

## Professional mobility

Professional mobility is a challenging issue facing the EU’s health workforce, and an issue in which Community-wide action may be particularly significant.

### Equivalence

Despite the mutual recognition of formal training and professional qualifications and the important framework provided by Directive 2005/36, it is important to highlight concerns around the “real” equivalence of European healthcare professionals’ knowledge and experience. There tends to be wide variety across Member States regarding ways of working, task content of jobs, scope of practice, levels of professional autonomy, experience of multi-disciplinary team-work and roles in relation to dealing with patients or clients. EHMA recommends that the issues of professional equivalence need to be addressed in future policy formation as a matter of priority.

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<sup>1</sup> Nies, H. and Berman, P. (2004), *Integrating services for older people: a resource book for managers*, Dublin: EHMA Publications. For more information : <http://www.ehma.org/index.php?q=node/53>

### **Language Standards**

There also continues to be concern around language standards and professional mobility. The ability of the patient and healthcare worker to understand one another and to communicate effectively is integral to the delivery of safe and effective care. Unlike practice for non-EU staff, who may pass language exams as a pre-requisite for professional registration, the prohibition on testing language competence of EU migrants as part of the registration process creates significant difficulties. The importance of ensuring that internationally qualified health professionals are familiar with both technical vocabulary and the language required to communicate in the context of patient care is clear, and EHMA recommends that this is addressed in future policy on the health workforce.

### **Revalidation**

In order to increase the real professional equivalence it is important to consider revalidation mechanisms by which doctors and other health professionals demonstrate at regular intervals that they remain up to date and fit to practice. It is crucial to keep health professionals updated - through the process of Continuing Professional Development - to the needs of patients, the health service and their own professional development. Although harmonization of revalidation would prove difficult, EHMA believes there is scope for the European Union to enhance coordinated approaches in revalidation and Continuing Professional Development mechanisms.

## **General quality of information and knowledge base about health workforce and its behaviours**

### **Quantitative Data**

Currently there is a lack of high quality, up-to-date, evaluated and comparable information on the health workforce in Europe. This impedes EU countries' ability to plan and manage their workforce needs. EHMA therefore supports the suggestion of research into standardisation of workforce indicators and monitoring of flows of healthcare workers, including specific career patterns of health professionals. Such information is not only relevant for planning and policy purposes in individual member states, it may also help Europe as a whole to make better use of its overall health human resources and recruitment/retention capacity. In particular, data on the flows of healthcare workers is essential to mapping any shortages and regional disparities. The ongoing Health Professional Mobility in the European Union (PROMeTHEUS) study<sup>2</sup>, in which EHMA is engaged, should provide important data in this regard.

### **Qualitative Data**

As well as quantitative research on the flows of healthcare workers, it is also critical to have a more in-depth researched understanding of the behaviours that lie behind workforce mobility trends. It is still unclear why health care workers move and which factors are "pushing" them to do so. There is some evidence that "behaviours" of mobile workers may differ from other groups for instance in relation to promotion and lengths of stay. It is clear that an increased understanding of these differences is important so they can be taken into

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<sup>2</sup> For more information on the PROMeTHEUS study please see: <http://www.ehma.org/index.php?q=node/46>

account. Such understanding would also provide a basis and identify the need for policy making at EU level. It is also important to move beyond availability of health human resources and to look at human resource practices and policies to ensure that available human resources are retained and employed effectively.

### Definitions

In order to make quantitative and qualitative data collation meaningful, more work should also be done on shared definitions. These include, for instance, definitions of a nurse, definitions of different types of Allied Health Professionals, the distinction between permanent and temporary mobility, and the difference between mobility on the basis of qualified individual moving or the service embodied by the individual moving where people are still covered by their registration in country of origin.

### EU Workforce Health Observatory

EHMA also welcomes the suggestion to establish an EU Observatory contributing to improving the workforce information situation. It is important however, that the role and remit of an Observatory – as a potential area for EU action – should be carefully thought out. In particular the Observatory should be developed in line with Member State responsibilities for planning and managing health services. The Observatory should also have a clear added value and do more than observe: becoming a centre to stimulate activity and facilitate the development of new ideas and models for workforce planning as well as observing the state of the art.

### Brain drain and ethical recruitment

One of the challenges of the free movement of health professionals for destination countries concerns the ethics of recruiting health workers from developing countries within Europe. The situation is more complex, particularly as workers themselves often take the initiative to move across national borders. As the Green Paper correctly notes, free movement in Europe is an established right and it could not be limited.

However, as well as important work by WHO, various types of bilateral and multilateral recruitment agreements have been developed by different recruiting countries, and some have had an explicit ethical dimension to focus on encouraging a ‘win-win’ situation, where the source country does not lose in the process. The 2001 Code of Practice on International Recruitment issued by the NHS in England, which requires that NHS employers do not recruit actively from developing countries unless there drawn up an agreement between governments, is widely regarded as a good example of an attempt to moderate international recruitment.<sup>3,4</sup> There may be scope for the European Union to set out a list of principles of ethical recruitment across all Member States.

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<sup>3</sup> For more information please see: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4006781](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006781)

<sup>4</sup> Dubois, C., McKee, M. & Nolte, E. (2006), *Human Resources for Health in Europe*. Publication available online on: <http://www.euro.who.int/Document/E87923.pdf>



There is also scope for more developmental support between countries, for instance through the use of bilateral and multilateral agreements, structural aid, institutional collaboration between healthcare organisations as well as universities and exchange programmes for professionals as well as students, which could be valuably facilitated by action at European Union level.

A multi faceted approach is therefore necessary to address this issue. There is, for example, a need to encourage measures to improve retention in countries of origin, involving not only improving salaries but making the job of health care professionals more attractive and rewarding in the context of job flexibility, work- life balance, Continuing Professional Development and the positive challenge of more advanced roles.

## **Conclusion**

As Europe faces demographic change and increasing demand for health services, the first Green Paper on the European Workforce for Health represents an important and timely step in exploring the significant challenges faced by the EU's health workforce and possible action that may be taken at an EU level to respond to these issues.

EHMA welcomes the publication of the Green Paper on the EU health workforce yet believes that there are a number of issues that require further examination and which should be taken into account when preparing any further European initiatives in the field of the EU health workforce.

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