

ENOTHE Response on the Green paper on the EU Workforce for Health

The European Network of Occupational Therapy in Higher Education (ENOTHE) welcomes the initiative of the European Commission to engage stakeholders in the debate on coordinated approaches towards a number of common problems Europe is facing with their health workforces.

ENOTHE represents over 200 member institutions, including educational, professional, research institutions and clients organisations from at least 38 countries.

Occupational therapy is a profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by enabling people to do things that will enhance their ability to participate or by modifying the environment to better support participation. (WFOT, 2004)

The general aim of ENOTHE is:

1. To enable European Occupational Therapy Educational Institutes, professional Associations and other stakeholders to liaise on Occupational Therapy in order to develop, harmonise and improve standards of professional practice, education and research as well as advance the body of knowledge of Occupational Therapy and Occupational Science throughout Europe.
2. To facilitate participation of persons with disabilities and occupational deprived groups in an enlarged Europe through the development of high quality occupational therapy education, research and practice.

The aim of this response is to ensure that the views of occupational therapists, as one of the allied health professions are taken into account in the EU decision-making process.

1. General Comments

ENOTHE is recognising several of the challenges identified in the green paper, like demographic changes, increasing the focus on health promotion and prevention, identifying environmental determinants of health and promoting life long learning and career paths for health workers.

Of course, many of the issues identified in the paper cannot be considered in isolation from problems facing the skilled labour force in Europe more generally and some potential solutions to

workforce shortfalls need to be considered in the wider context of the funding of health systems in an era of constrained public finances. Nonetheless, the unique place of health care in the European social model, and the acknowledged contribution of high levels of public health to overall productivity and employability, mean that an EU level consideration of the challenges we face in ensuring a sustainable health workforce in Europe is needed.

Although the EU Community Programme for 2008-2013 is stressing the following three main objectives in the field of health care, improvement of citizens' health security, promotion of health, including the reduction of health inequalities and generating and disseminating health information and knowledge, the green paper is articulating much more a focus on specialist clinical care and far less on community and primary health care.

The EU health programme as well as the WHO report of 2006 are both stressing working **together** for health, including not only the medical doctors and nurses but as well the allied health professionals and other workers in the health and community care as the clients themselves.

Including a wider range of health workers, redefining roles and redistributing tasks can make a useful contribution to overall efficiency and effectiveness.

2 Task shifting

The Health workforce is characterised by specialisation and sub-specialisation, co-ordinated to provide a comprehensive health service. There are however areas where a redefinition of roles and a redistribution of tasks in multidisciplinary teams can make a useful contribution to overall efficiency and effectiveness.

Task shifting is the name given to a process of delegation whereby tasks are moved, where appropriate, to less specialised health workers. By reorganising the workforce in this way, task shifting can make more efficient use of the human resources currently available (WHO, 2007). For example all over Europe, occupational therapists (can) provide a range of services which go beyond the core of health and rehabilitative care, providing assessments, interventions and advices for example on healthy lifestyles, fall prevention, adapted equipment, work methods and work conditions, thus freeing the time of doctors.

“The broad consensus is that this type of delegation can and will positively affect health outcomes. However, good management, support, supervision and political commitment characterize the programmes that succeed”. (WHO, 2007)

An other possibility to enlarge the health workforce that can be mentioned is to promote a policy to have health care staff without a professional qualification supervised by fewer qualified staff, to ensure that there are sufficient numbers of staff overall to deliver an affordable health service and without compromising the quality of care. The role of qualified staff in supervising workload, learning and quality of provision may create an enhanced role for qualified practitioners.

In most East European and new accession countries national policies are focusing on transition from a medical to a socially oriented model of healthcare. However this field is still predominated by medical professionals and the role of emerging allied health professions is not enough valued. In some

countries like Bulgaria, Romania and Hungary for example occupational therapy has been introduced recently under European programmes in order to support the social reform. However strict medical national regulations do not allow these allied health professionals to function equally as in other European countries. At the same time these countries create professionals, who have no equivalent in other European countries (like medical rehabilitator-occupational therapist).

3 Demographic changes

By 2050, there will be 75% more people over the age of 75. This represents both a problem and a challenge. It will be a problem if they arrive in bad health, but an asset if they arrive at this age in good health.

Adopting a public health approach is central to task shifting for elderly services. For example during the last decade, European occupational therapists have introduced and applied the empirically successful USC Well Elderly Study that demonstrates that Lifestyle Redesign® can enhance the health and quality of life for older adults and reduce health care costs (Clark, et al., 1999). To gain a more enduring European workforce, a similar Lifestyle Redesign approach has also been suggested for younger persons especially during their productive years.

In essence, a public health approach to health care envisages providing services for everyone, including vulnerable groups and maximizes the role of primary care and community-led care. (WHO, 2007)

Retirement planning in an era of ageing workforces and trends towards earlier retirement, unwanted attrition can be stemmed by a range of policies. These policies can reduce incentives for early retirement, decrease the cost of employing older people, recruit retirees back to work and improve conditions for older workers. Succession planning is central to preserving key competencies and skills in the workforce.

4 Workplace-related health

Workplace-related health is requiring a special focus not only in relation with safety but as well with workplace related stress and achieving a work-life balance as important determinants of overall public health.

The green paper is stating that achieving these objectives is strongly dependent on occupational health physicians and nurses. Occupational therapists as well as ergonomists as other allied health workers however can play an important role in designing suitable work conditions and methods as well as in improving the ability of workers to perform tasks in working environments.

5 Education and training

Within the EU the highest possible qualification for all members of the workforce is desired. The Green Paper correctly identifies the need to ensure that health professionals maintain and develop skills throughout their careers. Added to this is the need to ensure that the curriculum remains flexible and responsive to deal with the needs of health systems and refer to European competences as defined under the European TUNING programme. Occupational therapists developed and validated the European Competences following the Tuning process (TUNING, 2008). Globally they are moving

from a degree based market to a competence based market and as health professionals they are ready to face this challenge. The competence based market should facilitate the mobility of all health workers around different countries and different settings.

Education and training activities provide opportunities to develop packages of skills that differ from those traditionally offered and a workforce that is oriented towards helping achieve the strategic objectives of the health system. Interdisciplinary education, whereby a group of students from various health-related occupations learn interactively during certain periods of their education has proved to be an effective means of fostering interdisciplinary practice and collaboration in providing health-related services (Greiner and Knebel 2003). Innovative curriculum design offers a powerful tool to reformulate the vision of the health system and better prepare graduates for new and enhanced roles such as promoting a healthy lifestyle for clients, working within interdisciplinary teams, assuming responsibility for a group of persons or a population, and improving the quality of interaction and communication with clients.

The provision of care in non-hospital settings, the effective use of clinical information to promote evidence-based practice, the measurement and improvement of quality and satisfaction, and the reporting and reduction of error are all targets valued by current reforms that can be supported by changes in how health care professionals are trained.

Leadership and management development in health and other related sectors such as education and finance is essential for strategic planning and implementation of workforce policies. Standard setting, accrediting and licensing must be effectively established to improve the work of worker unions, educational institutions, professional associations and civil society.

The EU should support the development of national programs for the continual professional development. Governmental indifference or ignorance to the need for the continual evaluation of the health professional's competences along with the continual evaluation of the health services could bring fatal outcomes and raised the health costs.

6 Managing mobility/ unequal mobility

An exchange of information about disciplinary action against health professionals where conduct has been questioned is welcomed; this needs to be standardized .e.g. registration as well as regulation in all countries for all health professionals.

Despite the Directive 2005/36/EC difficulties remain in obtaining recognition of qualifications. In many countries national regulatory bodies set their own requirements and inhibit the free mobility of professionals. Clearer implementation rules for the national governments could facilitate the mobility of health professionals.

The shortage of healthcare professionals is becoming particularly a problem for Eastern European countries which see their workforce going away, looking for better work conditions. Indeed, nurses,

doctors and allied health workers in the new Member States have usually lower salaries, lesser career and training opportunities and this sometimes leads to them migrating to Western European countries, which can offer better salaries, better working conditions and prospects. This tendency is accentuated by the fact that richer countries try to fill their lack of qualified healthcare workers by offering incentives to Eastern European workers. This has led to a healthcare workforce crisis in many Eastern European countries, with sometimes fatal consequences; some clinics and/or medical institutions have been forced to close as standards of care could no longer be guaranteed. This shortage of workers in Western Europe will not be solved by attracting other countries' workforce. It is a global problem requiring long term solutions and investment in training and education. Healthcare workers' mobility is not the solution to this crisis. The world and particularly Europe need more health professionals! We therefore need to invest massively in educating and forming young professionals and also implement solutions to retain them by creating better working conditions.

We need to ensure that the free movement is maintained to facilitate employment and equal opportunities, but we must also protect quality of care, educational standards and the development of public health sectors across the entire EU to eliminate disparities between the Member States.

7 Data Collection

Streamlining registration as well as regulation in all EU countries would enable a more satisfactory collection of data and at the same time provide the means of comparison across the EU and enable the identification of possible gaps in health care provision.

The regulatory bodies in each country could provide valuable data regarding the flows of health workers around Europe, in particularly about the reason why people are moving.

Developing a research agenda on knowledge about primary health care and community led multidisciplinary health care is needed as well as research on lifestyle change and the roles of the different disciplines in it.

8 Health professionals as entrepreneurs

Systems, standards and conditions of practice vary a great deal between EU countries and in some places, especially close to borders, it may be that some professionals are disadvantaged by differing conditions which allow the same service at very different rates of reimbursement – this is not only an economic problem where earnings vary from one country to another. It is also due to conditions of setting up a business.

National regulations should put the framework for developing entrepreneurial activity in the health sector. These regulations should respect the human rights of the clients and ensure the client safety.

9 Cohesion policy

As suggested in the green paper, it is possible to use structural funds to develop the health workforce. Hence, we suggest that these funds should be used to improve community oriented primary care (including the education of allied healthcare workers) and by this strengthen the social cohesion at population level within the EU member states.

Conclusion

ENOTHE warmly welcomes the Green Paper, and recommends that:

- EU Governments are encouraged to consider a wider range of self-care, health Prevention and promotion services at community level;
- The health workforce needs to be referred to in its entirety: amongst others, doctors, nurses, dentists, public health specialists, pharmacists and allied health professionals such as physiotherapists, occupational therapists, and healthcare managers.
- Multidisciplinary team work, task shifting and skills mix is necessary for efficient and effective health care
- Professional mobility is an important right in the EU, but compensatory measures in states where migration creates difficulties should be considered, and ideally coordinated at EU level;
- We need to consider the distribution of health professionals as well as their number.
- We must avoid the temptation to lower standards of education and training in order to boost workforce numbers; however we need to make the right division of task and skill mix
- All stakeholders are widely involved in the design of future solutions, both at EU and national levels.

In case more information is needed we kindly request you to contact us enothe@hva.nl–
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