

Response to the Open consultation Green Paper on the EU workforce for health

Introduction

The European Region of the World Confederation for Physical Therapy (ER-WCPT) is a European non-governmental, organisation representing the professional associations of physiotherapists from 36 countries including the Member States of the EU and EEA that are simultaneously members of the World Confederation for Physical Therapy (WCPT).

The ER-WCPT welcomes the EU Commission's proposals for a Green Paper on the European Workforce for Health. This important paper recognises that health services are "very labour intensive" and, as such, every health provider/organisation delivering health services is dependent on the right number of staff, with the right skill mix, knowledge and expertise, to execute this function successfully. Human resources are key to effective and efficient workforce planning.

Page 3

Increasing demand for physiotherapy services related to ageing

The reference to the ageing population is directly relevant to the profession as this emphasises a likely increased demand for physiotherapy services. 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 numbers of physiotherapists are trained for the demand that lies ahead. This is relevant to

the long-term sustainability of health systems.

Efficient and effective workforces

The reference to "efficient and effective" workforces seems to ER-WCPT to underline the importance of direct access to physiotherapy services, another issue of concern to us. Making access to physiotherapy easier should not only help create an efficient workforce but will help the patient too - aiding sustainability of health systems. Results from national self referral to physiotherapy projects in England and Scotland (Department of Health, London 2008) have shown it to:

For patients

- Be a less expensive model of physiotherapy care than the GP referral route for access to physiotherapy
- Increase satisfaction
- Reduce the number of other healthcare interventions (MRI, X-Rays)
- Reduce sickness absence time from work
- Be cost effective for service users in terms of their time and commitments
- Streamline other pathways of care
- Promote autonomous decision making about personal health status and need
- Enhance motivation for recovery, enabling speedier return to previous health status
- Have the potential to provide opportunities for targeting particular groups with health needs (i.e. farmers, minority populations)



EUROPEAN REGION

World Confederation
for Physical Therapy

<http://www.physio-europe.org>

For General Practitioners

- Enable best use of GP time – 25% of GP consultations are for people with musculoskeletal problems, so allowing these people to self refer to physiotherapy would free up substantial GP consultation time;
- Reduce associated administration costs
- Afford patients faster access
- GP suggested self referral allows patients to make their own choices
- Patients like it

For employers

- Return employees to normal life as soon as possible. People who self referred to physiotherapy took fewer days off work and were 50% less likely to be off work for more than one month when compared to the conventional GP referral
- Quick access is key when research indicates early intervention for low back pain in employees enables a return to work up to five weeks earlier and gives a 40% reduction in the recurrence of low back pain in the following year

Patient contact time

Efficient and effective services should optimise patient contact time.

There is a need for more research on the administrative burden within the workforce.

Page 4

Recruitment and retention

A consideration in highlighting and discussing the issues faced by the EU health workforce is recruitment and retention. This should be seen as a priority issue that covers strands such as:

- Pay and remuneration
- Continuing Professional Development and life-long learning
- Flexible working
- Professional status
- Career opportunities
- The working environment

"Time Bomb"

The paper raises the issue of a health workforce "time bomb" by saying that *"there are insufficient numbers of younger people coming through the system to replace those who leave."*

Central to solving this problem (along with effective recruitment) is workforce planning. Co-ordinated, robust, accountable workforce planning is critical. The Kings Fund has just published a report on 'Proposals for a Centre of Excellence for workforce strategy and planning' and this helpfully references international experience 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.

Page 6

Gender equality

The report makes reference to the importance of gender equality measures. Perhaps the Commission could follow-up this comment with a practical campaign across all Member States to help improve the participation of women in the health workforce. Family friendly policies, flexible hours, crèche-facilities would enable women to enter the workforce and make a sustainable contribution to health services.

Recruitment campaign

Given the current economic situation, there is certainly an argument for intense Government action on public projects to stimulate the economy and reduce unemployment, so a recruitment campaign in healthcare could be a very positive development.

Reinvestment in younger workers

Interestingly, the paper comments that "*The key to maintaining a sufficient workforce, in the face of the impending retirement of the 'baby boom' generation, is to educate, recruit and retain young practitioners while reinvesting in mature workforce*". It would be useful to get the Commission's thinking on how this reinvestment is to be achieved.

Page 7

Working conditions

The Commission rightly recognises that better working conditions and increasing motivation and morale are vital factors.

Rue de Pascale, 36, B -1040 Brussels, BELGIUM Tel.: +32 2 2315063 Fax: +32 2 2315064
<http://www.physio-europe.org> info@physio-europe.org



EUROPEAN REGION

World Confederation
for Physical Therapy

<http://www.physio-europe.org>

Education

The content of qualifying education has a direct impact on meeting the needs of a local population. Considering the ageing of the EU and world population, ER-WCPT finds it important to equip the workforce to understand the needs of older people, whether workers or clients.

Qualifying education could usefully provide a broader range of transferrable skills to increase flexibility to allow transition into other careers if jobs within the chosen careers are not available.

An important statement is made regarding the correct skilling of the public health workforce and the importance of ensuring they have the latitude to apply these skills effectively. More attention needs to be given to ensuring that agreed policies between national governments, employers and staff representatives are actually implemented. Otherwise, resources and goodwill will go to waste, with attendant consequences for motivation and morale.

Occupational health

The paper is right to say that workplace-related health will require a special focus. The role of physiotherapists in occupational health could usefully be highlighted here. Perhaps more could be done to promote and monitor the effectiveness of this initiative. (CSP/NHS Employers)

Health and safety

Similarly, the role of the health and safety representative is worth highlighting. Physiotherapists are well placed to provide preventive advice about health and safety problems in the workplace.

Rue de Pascale, 36, B -1040 Brussels, BELGIUM Tel.: +32 2 2315063 Fax: +32 2 2315064
<http://www.physio-europe.org> info@physio-europe.org

The Commission makes specific reference to "problems such as accidents at work" and the role of the health and safety representative, underpinned by health and safety legislation, could be usefully promoted. Perhaps there is scope to incorporate this theme in a European Year, along with attendant campaigns.

Page 8

Continuing Professional Development

CPD is mentioned here, and there is definitely a need to embed this in any action plan.

Science education

The emphasis of science education in schools is a vital pre-requisite for promoting scientific vocations as career options for young people.

Page 9

Managing mobility

Managing mobility of health workers is covered here. In response to the concern that "*Member States may be unwilling to risk investment in training more health professionals if there is poor retention and return on the investment*"

The idea of fostering bilateral agreements appears to be a good one which in the past appears to have been applied largely in a global context (Buchan and Dovlo 2004) as referred to on page 10. Is there scope for utilising this model within the EU itself? Recipient countries could provide continuing professional development packages of education for the benefit of workers in countries where retention is a problem.

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.

Page 10

The "circular movement of staff principle" is one worthy of further exploration as mentioned above. (Buchan and Dovlo)

Page 11

Code of practice for ethical recruitment

ER-WCPT notes the commitment made by the EU to develop a Code of Conduct for ethical recruitment of health workers from non-EU countries. Such a Code should be applicable to both public and private agencies recruiting health care workers. Voluntary Codes (UK, Scottish, and Commonwealth) can serve a useful function in highlighting good practice in induction (Department of Health Guidelines) and training but without legal status their effect on regulation of migration will be weak

(Willetts and Martineau 2009)

Data gathering systems

ER-WCPT notes that the "lack of up-to-date comparable data and information" is a problem. It is important for the Commission to consider interoperability of data-systems if a more comprehensive and coordinated approach to work force planning is to be considered at EU level.



EUROPEAN REGION

World Confederation
for Physical Therapy

<http://www.physio-europe.org>

Page 13

Section 6: 'The role of health professionals as entrepreneurs'.

ER-WCPT supports "Encouraging more entrepreneurs to enter the health sector in order to improve planning of healthcare provision and to create new jobs as a means of strengthening both public and private services.

Website

At EU level, there may be a role for a European Health Workforce website where best practice in recruitment, country-level information and a range of related information could be available. Links to the various agencies/Universities who conduct workforce planning could be made available, to encourage information sharing and best practice. Case studies, research projects, modelling assumptions, do's and don'ts, critiques of previous workforce planning cycles (how not to do it) could be featured.

Research and Funding

The Commission could usefully fund training courses in workforce planning, and make available research grants for specific projects.

References

1. Department of Health. Self referral pilots to musculoskeletal physiotherapy and the implications for improving access to other AHP services. Department of Health, London, 2008. Available from: <http://www.library.nhs.uk/MUSCULOSKELETAL/ViewResource.aspx?resID=296342&tabID=290&catID=991> (Accessed 24th February 2009)
2. Dixon A, Firth J and Buchan J (2009) 'Proposals for a Centre of Excellence for workforce strategy and planning: a Consultancy Report by the Kings' Fund for the Department of Health'. January 2009, Kings' Fund, London: Available from: http://www.kingsfund.org.uk/publications/other_work_by_our_staff/proposals_for_a.html (Accessed February 23rd 2009.)
3. The Chartered Society of Physiotherapy and NHS Employers. Maximising the role of physiotherapists in delivering occupational health services. May 2008. Available from: NHS Employers website: <http://www.nhsemployers.org/Pages/home.aspx> - Search 'physiotherapists' (Accessed 28th February 2009).
4. Glover W, McGregor A, Sullivan C, Hague J. Work-related musculoskeletal disorders affecting members of the Chartered Society of Physiotherapy. Physiotherapy 2004; 91(3): 138-147. A range of resources, including a link to the publication record for this study can be found at: http://www.csp.org.uk/director/members/newsandanalysis/news.cfm?item_id=74048782fc21f02a85b79dbc1a731f4f (Accessed 23rd February 2009)
5. Department of Health Code of practice for the international recruitment of healthcare professionals. London Department of Health. 2004. Available from: <http://www.dh.gov.uk/en/Publicationsandstatistics/index.htm> - Search by title.
6. Scottish Executive. Code of Practice for the International Recruitment of Healthcare Professionals in Scotland. Edinburgh Scottish Executive. 2006

7. Commonwealth Health Ministers. Commonwealth Code of Practice for the International Recruitment of Health Care Workers. Commonwealth Secretariat 2003.
8. Guidelines for NHS Employers: Induction programmes for Consultants and GPs recruited from abroad. London; Department of Health, November 2004.
9. Willetts A.Martineau T.: Ethical international recruitment of health professionals: Will codes of practice protect developing country health systems? Liverpool School of Tropical Medicine. Available from: http://medact.org/content/health/documents/brain_drain/Martineau%20code%20sofpracticereport.pdf (Accessed 28th February 2009)
10. Buchan J, Dovlo D. International recruitment of health workers to the UK. Policy Division Working Paper. London, Department for International Development, March 2004.
11. Direct access to physical therapy in the Netherlands: results from the first year in community-based physical therapy.
<http://www.ncbi.nlm.nih.gov/pubmed/18566108>
12. Long J, Stokes EK (2008) Administrative burden in physiotherapy services in Ireland. Proceedings ISCP Conference 2008, p41.
13. ER-WCPT database - The Practice of Physiotherapy in Europe - 2005:
<http://www.physio-europe.org/public/File/5%20-%202005%20-Practice%20of%20Physiotherapy%20in%20Europe.pdf> (Accessed 3/3/2009)

This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumers DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.