European Society for Quality in Healthcare's response to the Green paper on the EU Workforce for Health

FACTORS INFLUENCING THE WORKFORCE FOR HEALTH IN THE EU AND THE MAIN ISSUES TO BE ADDRESSED

With regards to the issue of "Demography and the promotion of a sustainable health workforce": apart from the already suggested possible areas for action the ESQH would also suggest the following:
- Easing the burden of administrative work required from healthcare professionals by simplifying necessary reporting activities either by developing and promoting more efficient and user-friendly ICT support, or by carefully reconsidering / streamlining reports. Also provision of the most efficient templates, minimizing data-sets to only those that are absolutely relevant, specific and necessary for health and healthcare decision-making or by possibly transferring these tasks to specifically trained professionals.

- In the efforts to increase staff motivation and improve working conditions for health workers, ESQH would suggest the introduction of tools and approaches leading to better teamwork and team working in a healthcare environment. Only well-functioning teams provide a framework for the professionals to enjoy their work, thus becoming more productive. Better working conditions may also be achieved by providing a reasonable long-term strategy and a stable environment (committed leadership backed up by legal conditions preventing rapid /and often not well justified/ changes on the level of healthcare facility managements). A high turnover rate of management officials (often seen in public health and healthcare facilities) discourages many professionals from staying in or returning to the healthcare environment.

Influencing factors and possible areas for action:
• Assessing levels of expenditure on the health workforce
• Ensuring better working conditions for health workers, Increasing staff motivation and morale
• Considering recruitment and training campaigns, in particular to take advantage of the growth in the proportion of over-55s in the workplace and those who no longer have family commitments
• Organising chronic disease management practices and long-term care provision
closer to home or in a community setting
• Providing for a more effective deployment of the available health workforce
• Considering "return to practice" campaigns to attract back those who have left the health workforce
• Promoting more social and ethnic diversity in recruitment
• Raising awareness in schools large range of careers in the health and care sectors

In the area of "Public Health Capacity" it may be unrealistic to expect a high level of interest of healthcare schools students in the area mentioned unless they are persuaded of the lasting value of this knowledge. Most students entering the field (on the nursing, medical or paramedical level)

expect to provide individual patient centred care. One possible approach may be the use of postgraduate lifelong learning approaches focused on mature healthcare professionals on all levels to equip them with competences, skills and executive power to strengthen the public health workforce. Alternatively, their needs to be (a much more ambitious aim) a radical approach to undergraduate education involving all health professionals, such as the CANMEDS method, which trains would be professionals in skills such as team playing, organisational awareness, patient centeredness etc. from the earliest stages of their courses.

Influencing factors and possible areas for action:
• Strengthening capacity for screening, health promotion and disease prevention
• Collecting better information about actual and potential population health needs in order to plan the future development of the public health workforce
• Promoting scientific vocations in schools by highlighting career options in lesser known public health jobs (biologists, epidemiologists, etc.)
• Giving the Agency for Safety and Health at Work (OSHA) more visibility in the
Member States by publicising its existence directly at workplaces
• Promoting the work of occupational health physicians and giving incentives to
doctors to join this area

In the area of "Training" the proposed areas for action should from the ESQH point of view be broadened (supplemented) by a focus on the areas of communication skills, collaboration skills and mainly in the area of social skills to provide more insight into values, attitudes, empathy and the more human (rather than just technical) aspect of the provision of health and healthcare service. This "emotional IQ" and "social IQ" development, to our knowledge, receives much less attention than the managerial and scientific aspect of providing healthcare services. In this latter area, we are aware, there is a much larger volume of knowledge and experience about "what to do" in contrast to the knowledge about "how to do it". More investment in the development of appropriate training tools (virtual simulation aids, role-play activities, learning by doing, listening to patients and their families, analysis and interpretation of the discussion-forums and blogs of patients) may be needed and beneficial.
The CANMEDS approach referred to above is consistent with this philosophy.

Influencing factors and possible areas for action:
• Ensuring that training courses are designed to take into account the special needs of people with disabilities (they should receive the same quality of care as nondisabled patients and be provided with the specific health services they need).
• Focusing on health professionals' continuous professional development (CPD).
Updating professional skills improves the quality of health outcomes and ensures
patient safety.
• Developing training courses to encourage the return to the workforce of mature
workers.
• Providing management training for health professionals
• Fostering the cooperation between Member States in the management of numerus clausus for health workers and enabling them to be more flexible.

• Developing possibilities for providing language training to assist in potential mobility
• Creating an EU mechanism e.g. an Observatory on the health workforce which would assist Member States in planning future workforce capacity, training needs and the implementation of technological developments.

"Managing mobility of health workers within the EU" as proposed in the areas for action acceptably and comprehensively covers this issue.

Influencing factors and possible areas for action:
• Fostering bilateral agreements between Member States to take advantage of any surpluses of doctors and nurses.
• Investing to train and recruit sufficient health personnel to achieve self-sufficiency at EU level.
• Encouraging cross-border agreements on training and staff exchanges, which may help to manage the outward flow of health workers while respecting Community law.
• Promoting "circular" movement of staff (i.e. staff moving to another country for training and/or to gain experience, and then returning to their home countries with additional knowledge and skills).
• Creating an EU-wide forum or platform where managers could exchange experiences.

The area of "Data to support decision-making" is relatively well developed. From the point of view of ESQH much more effort in the future years should be invested in explanation to the lay and professional community, that data collection alone (no matter how well effected) cannot lead to better accountability of the healthcare system (as it did not for example in the financial sector as demonstrable in the developments of years 2008 and 2009). ESQH would suggest that collection of data forms the basis for a reflection process of communities involved in healthcare (patients and their families included), not for presentation in "league-tables and reports". Collected (clean, meaningful) data should form a basis for discussions and support in this area would be helpful.

Influencing factors and possible areas for action:
• Harmonising or standardising health workforce indicators
• Setting up systems to monitor flows of health workers
• Ensuring the availability and comparability of data on the health workforce, in particular with a view to determining the precise movements of particular groups of the health workforce

In the area titled "THE IMPACT OF NEW TECHNOLOGY: IMPROVING THE EFFICIENCY OF THE HEALTH WORKFORCE" ESQH would like to supplement the already identified factors and areas for action in relation to the bullet "• Taking action to encourage the use of new information technologies". Effort should be made to assure that both the lay and professional communities are not just encouraged in using existing and emerging information technologies, but that enough time is spent in explaining that each technology has potential benefits, but also limitations and risks. Most existing negative attitudes and objections to the use of ICT in healthcare come from the fact

that they have been used (inappropriately) without being understood. Distribution of tools alone will not improve the situation without the hand-in-hand achievement of "literacy" of the users, not just on the level of how to use the tool, but mainly on the level of when it is appropriate, efficient and beneficial to use and where inappropriate use may create more damage then benefit. Training programs in these areas are badly needed and should be supported (rather than supporting training only in the area of how to technically master the use of the tools). Education will also have to reveal the truth that technologies are only tools complementing human skills and if their introduction into the healthcare environment drains all existing resources of healthcare providers to use them, no resources remain for the "human side" of this service. Such use may actually prove to be counter productive.

Influencing factors and possible areas for action:
• Ensuring suitable training to enable health professionals to make the best use of new technologies
• Taking action to encourage the use of new information technologies
• Ensuring inter-operability of new information technology
• Ensuring better distribution of new technology throughout the EU.

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The area headed "THE ROLE OF HEALTH PROFESSIONAL ENTREPRENEURS IN THE WORKFORCE" should from the point of view of ESQH be approached with the highest level of sensitivity. Before embarking on any "actions" ESQH would suggest a careful mapping of perceptions, attitudes, barriers, enablers and the right strategies and tactics. In most EU countries activities (after the proposed meticulous and culture sensitive mapping) will first have to be addressed at informing the general public that the position of a health-care customer is better than the position of a patient, and ultimately the position of a health care service "consumer" (individual or network of individuals empowered through having the appropriate information and resources) better than a HC customer. Only the "empowered" user of the services will be in the best position to influence the development of services to meet best his/theirs needs and expectations. This would (as in other areas of healthcare) call on long-term and orchestrated informational campaigns.

Influencing factors and possible areas for action:
• Encouraging more entrepreneurs to enter the health sector in order to improve
planning of healthcare provision and to create new jobs
• Examining the barriers to entrepreneurial activity in the health sector

(nothing to add)

On behalf of the ESQH Executive Board

Dr D Somekh

Vice President