March 27, 2009

FINNISH RESPONSE TO THE OPEN CONSULTATION ON THE GREEN PAPER ON THE EUROPEAN WORKFORCE FOR HEALTH

Finland would like to thank the Commission for the opportunity to provide views on the Green Paper on the European workforce for health (COM (2008) 725).

In Finland's view the Green Paper on the European Workforce for Health covers broadly issues related to the sufficiency and international movement of health workers and gives a good basis for further actions at the European and national levels. However, its comprehensive content makes it challenging to focus on the key areas of action. On the other hand, the balance of the guiding principles is well reflected by the Green Paper: (1) the right of free movement of health workers based on the mutual recognition of professional qualifications (Directive 2005/36) and (2) the aim at self sufficiency of the supply of health workforce at the EU-level. Finland would like to stress that also other EU policies may have impact on the sufficiency of the workforce in health care. For example the Working Time Directive may increase the workforce demands in health care.

This response has been prepared in the Ministry of Social Affairs and Health and it has been consulted in the normal coordination process of European Union affairs, i.e. in the EU Section dealing with health issues and covering broad range of other ministries and stakeholders.

In addition, Finland would like to present the following, more detailed comments to the Green Paper.

Data to support decision making

Labour demands can only be met by means of a wide set of policy interventions at the European and national levels. Finland emphasizes the importance of the national framework for monitoring, planning and anticipating the supply and demand of workforce as well as of national policies aiming at self sufficiency of workforce that are reflected also in section 4.6. of the Green Paper. Well-functioning national systems are a basic prerequisite for reliable data collection and monitoring at the European level. In Finland long-term forecasts of labour demand and supply are provided for every industry. Based on them long-term forecasts for intake needs are provided for all levels and sub-fields of education. The entrant targets for education are integrated in the national development plan for education and research, which is a national steering instrument adopted by the Government every four years. The aim of the comprehensive system is to ensure the sufficiency of workforce within and the balance between the industries on the labour market. Another basic prerequisite is the partnership and extensive networking of the administrative domains and national statistical authorities. At least in a small country like Finland a multisectoral approach and cooperation are necessary in accordance with shared governance.

Managing mobility of workers and development of human resources

Finland warmly welcomes the support for the preparation of the WHO code of practice on the international recruitment of health care personnel (section 4.5.). The development of a EU Code of Conduct for the ethical recruitment of health workers from non-EU countries (section 4.5.) should be carefully assessed in accordance with the WHO code of practice.



Finland is convinced that a wide range of national policy interventions are needed related to the development of human resources in order to meet the challenges which the health care systems will face in the coming years. Finland welcomes initiatives to stress the importance of public health capacity of health professionals (section 4.2). The areas of action concerning ensuring better working conditions, initiating return to work, recruitment and training campaigns and development of service models (sections 4.1.) are also well highlighted in the Green Paper.

However, more emphasis should be given to the national policies to promote well-being at work as well as productivity and effectiveness of the health care services. Attention has to be paid to appropriate skill mix, challenging career options for all professional and occupational groups and innovative provision of health care services. Increasing service demand and the maldistribution of physicians pose a major threat to the performance of the service system and equal access to health care. Development of the capacities and the culture of management and leadership on the basis of shared governance will be crucial to maintain the attractiveness of the field in the long run. It will also be necessary to invest in nurse-facilitated health care services and applications of technology in order to allocate human resources particularly for health promotion and coordination of the "Health in All Policies" strategy as well as management practices of chronic diseases and meeting the service demand among older people.

In addition, higher retention rates and longer careers as well as higher employment rates among existing migrants are among the key policy objectives. Emphasis should be given also to interventions related to the integration of the migrants in the destination country. These interventions cover for example sufficient opportunities to learn the languages needed as well as provision of professional and further education and training required for authorization of migrants from non-EU countries. Furthermore, the development of multicultural working environments will be an important means to support the integration of migrants into the health service system and the entire society.

Further actions

In conclusion, Finland emphasises the importance of the support and co-operation in the preparation of the WHO code of practice on the international recruitment of health care personnel. Finland has some concerns related to certain areas of action in the Green Paper. Finland does not consider that there is need for the proposed EU-wide forum for managers (section 4.4.), whereas the existing forums for managers and experts should be utilized and expanded if needed. Although Finland warmly welcomes the technical support related to planning the future workforce capacity and training needs for Member States by the EU institutions, this kind of actions should be integrated into existing institutions if possible, instead of creation of new ones (4.3.). The Member States are responsible for organising their health care systems. Therefore, activity proposed under section 6 should emphasise the partnership of the public, private and the third sector in the provision of the health care services.

Finally, Finland sees added value in the exchange of information and experiences between Member States at EU level on the following issues:

- national monitoring systems and long term anticipation methods for the workforce in health care
- o comparable and reliable monitoring of the workforce in health care and the flows of health workers at EU level



- o policies and evidence based practices to promote the retention of health workers and well-being at work
- o good practices related to ethical recruitment of health workers from non-EU countries.



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.