

## **GREEN PAPER ON THE EUROPEAN WORKFORCE FOR HEALTH REACTION FLANDERS (WELFARE, PUBLIC HEALTH AND FAMILY)**

### General:

Flanders welcomes the initiative of the Commission to launch a consultation on the European workforce for health and to give all the organisations involved the opportunity to contribute to this process.

Flanders is extremely aware of the problem of the shortage of health workers and we believe that this forms one of the most important challenges for the health sector in the near future. The Flemish government's 'pact for the future' proposes the following<sup>1</sup>:

*Demographic developments set enormous challenges for our society in the decades that lie ahead in terms of health and wellbeing. Our population is ageing at a very high rate so that illnesses that are the result of prosperity such as diabetes, obesity and cardiovascular disease will affect large groups of the population. The incidence of illnesses such as Alzheimer's disease and the prevalence of different types of cancer will also increase with age.*

*A prosperous region such as ours finds itself faced with the need and obligation to find suitable solutions with regards the wellbeing and welfare of its population in particular in terms of the increasing number of middle-aged people and seniors in need of care in our society. An inclusive policy for the elderly within our society needs to ensure that the population remains 'active and healthy'.*

*All these factors involve a number of tasks being undertaken in the field of health and wellbeing and this will require considerable talent. A number of different jobs in the care sector today have red crosses marked next to them indicating that these form part of the list of problem professions. An appropriate personnel policy encouraging choices of careers in the care sector (increased inflow) and specific retention management (decreased outflow) form the greatest challenge here.*

We are already seeing that the different sub-sectors such as home care, the handicapped sector and the (preventive) public health sector has difficulty in filling specific functions. We can only presume that this problem will increase in the future.

Moreover, this is a problem that cannot just be solved by the health sector or in one country, but is a problem where a cross-domain and cross-policy approach is required.

We believe that it is very positive that the Commission has placed this theme on the European agenda and has planned an initiative for this.

The ultimate goal of the health system (in the broad sense) is to offer citizens safe, affordable, accessible and high-quality care and thus optimise the health of the population. In order to achieve this, it is important to ensure that the right people have the right qualifications so that they can make the best contribution where it is most needed.

The analysis of the situation that has been made in the Green Paper seems to be correct in the main, as are the needs that are quoted in terms of the threatened shortages in health and care staff.

In the rest of our reaction we go into more depth about a number of factors that affect the employment potential in the health care in the EU and the possible activities as indicated under chapter 4.

As mentioned in the first paragraph of chapter 4 (demographic developments) it is all the more important with an ageing population that people grow old in good health. Investing in health promotion and disease prevention is essential in this respect.

In order to achieve this and to improve or maintain the general health status of the population – and thus restrict the future need for care therefore, certainly as a result of chronic illness - it is important to provide ***a strong public health system***.

In the Green Paper this is dealt with in the second paragraph (capacity of the health services), but the focus here is set on health in the workplace. The subject of public health is much broader than this and, in addition to company doctors and nurses it also encompasses school doctors and nurses, social nurses, doctors in general public health and public hygiene, environmental doctors, etc. In order to ensure prevention it will be necessary to increase the appeal of this sector so that professionals (both doctors, nurses and paramedics) become active in public health professions. This can be achieved by increasing awareness for these professions (by focusing more on these during primary education) and making them more 'sexy', by improving the image of the sector/employer (mainly the government) and ensuring attractive employment conditions (including combining work and private life, career planning, possibilities for training, etc). A separate specialised training course in public health with sufficient career possibilities would form an important step forwards in this.

If we consider that the foundations for good health are laid in the first years of life, children and adolescents form an important target group in this respect. We also welcome therefore the recent initiative of the Commissioner of Public Health in this respect.

In order to meet the increased need for treating chronic illnesses and **long-term care** the Flemish government has made a conscious choice to extend care at home and to support volunteer aid, so that chronic illnesses, even those requiring very specific care, can be dealt with as long as possible at home. In addition there will be strong focus on high-quality residential care at home aimed at residents requiring a high degree of care and specific target groups. The new Flemish assisted living decree encourages collaboration and complementarity between existing and new forms of home care, home care support and complementary care and residential care for the elderly. The final objective is to offer customised care and continuity of care by creating correct and individually tailored self-care, volunteer aid and professional care. By providing an extensive range of provisions, people can obtain as much possible care at the ‘appropriate’ level, thus ensuring flexible deployment of staff in function of needs.

**Focus on talent.** There is a need for strong development in social innovation in the sector along with a need for special focus on maximising talent by encouraging study choices for care professions, striving to attain diversity on the work floor and developing appropriate retention management in the care sector. As a consequence of the ‘fading’ with ageing, a large number of immigrants (women in particular) will have to be recruited to increase the influx into the care sector.

Special **training courses** for the reinsertion of older employees, including those who have already got a diploma in care or health professions, but who no longer use it, are very useful.

In addition it is also worth looking into where specific profiles are needed and setting up specific (vocational) training courses for this.

In Flanders there is an example of training courses for multi-talented carers where course participants learn elementary knowledge and skills so that they can offer quality and professional help as carers in a residential or home care environment. The course participants don’t need to have specific prior training. These training courses were initiated as a result of the need for more specifically trained carers, especially in the home care sector.

**Mobility** of health workers within the EU is positive in itself, as long as it is a phenomenon affecting individuals, but this should not be used as a structural solution for eventual shortages in the own country. Given that there is no surplus in most countries, this would just shift the problem from one place to another.

This also applies to the migration of health workers from outside the EU, which creates even greater problems in their home countries. In instances of migration of carers it goes without saying that there should be respect for ethic considerations in the country of origin. A code of ethics is desirable for these instances.

**Information** to support decision-making in order to gain a good assessment of the needs and to enable planning. At this moment, a lot of this information is missing. In Belgium/Flanders we cannot say exactly how many doctors, nurses or other paramedics are actually practising in the health care sector, let alone specific branches such as the preventive or curative care sectors. There is also only limited amount of information (reliable) available regarding mobility for instance among health workers.

**New technologies** will be used more and more in the future in order to lighten the burden of carers. One of the important aspects here is improving the transfer of information via electronic data exchange. In Flanders Vaccinnet and Vesta are two examples of systems of electronic data transfer between the Flemish Care and Health Agency on the one hand and the vaccinators and services for family health care on the other.

In its 'pact for the future' for 2020 the Flemish government proposes five breakthroughs that should, with the support of a powerful government, ensure a place for Flanders within the top five European regions<sup>1</sup>. One of these 'breakthroughs' is the 'Medical Centre of Flanders', where the emphasis is laid on the importance of innovation with particular focus on the use of ICT in the health care sector:

*Maximum use of ICT possibilities for electronic and medical data exchange is necessary in order to optimise horizontal patient follow-up among others (clinical care paths, etc). Concrete examples are the accessibility of electronic updating and international accessibility of summary records for emergencies or electronic medical instructions. Thanks to digitalisation of the medical imaging and processing it is impossible to make radiological diagnoses remotely. For personalised telemonitoring of patients through multisensoring we need to find solutions to the demand for technical interoperability of the different ICT systems. Only once all these systems have been linked to international knowledge systems will they be able to offer doctors full support in making evidence- based clinical decisions. Horizontal care projects and telemonitoring will only be able to function optimally if the interoperability is organised on the ground. Flanders can excel here by implementing a test and validation platform around this interoperability of ICT systems and telemonitoring and by linking them to international knowledge systems.*

*Maximising ICT possibilities moreover is an indispensable lynchpin for optimal scientific exploitation of the biobanks. In addition ICT offers enormous opportunities for care for the elderly, such as telemonitoring and domotics in home care.*

Finally, we want to indicate a number of fields where we believe that the **EU can play a role in promoting a sustainable work potential among health workers in Europe.**

- *Exchange of best practices*: in several countries discussions are currently taking place in order to tackle this problem and a number of solutions are currently being tested. The feasibility of possible solutions could be discussed Europe-wide e.g. via a think-tank.
- *Data gathering*: mapping the needs and shortages is important. This is a task for the member states themselves, even though support for this is necessary at a European level. However, this should not be realised by setting up a new institute as is suggested in the Green Paper.
- In the context of the *mobility* of health professionals:
  - Importance of equal rights and mutual recognition of diplomas throughout EU so that care workers are able to work in all member states.
  - Importance of language training: communication is crucial in providing care; when care and health professionals go and work in another country they need to learn the language of that country.
  - The importance of ethical recruitment: an international approach is needed for this.
- An important part of the different possible solutions cannot be achieved by the public health sector itself. A number of these actions belong to the field of Employment, Social Affairs and Education. It is important therefore that this should be taken up as a *cross-policy* issue. An initial step could be that this should appear not just on the agenda of the EPSCO council, but be discussed in other branches so that the importance can be seen from other policy fields.

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<sup>1</sup> ViA (Flanders in Action) is a project set up by the Flemish government. The goal of ViA is to secure Flanders a position in the top five European regions by 2020. In order to ensure that the breakthroughs are realised, VaA launched the Pact 2020. this pact contains 20 objectives that are split up into five themes (prosperity and welfare, economy, the labour market, quality of life and government) and is signed by all the Flemish social partners who commit themselves to working towards the goals: the Flemish government, the Flemish social partners and civil society.

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