



Opinion

of the *Freier Verband Deutscher Zahnärzte e.V.* (FVDZ - Free Association of German Dentists)

on the Green Paper on the European Workforce for Health (COM (2008) 725/3)

The Green Paper analyses future developments in the healthcare workforce in the EU, describing, inter alia, the financial challenges posed by the affordability of health systems (because of demographic developments, medical progress, etc.).

In principle, we welcome the European Commission's initiative to develop strategies to deal with the scarcity of workers in the health field.

The Commission's suggestions

The European Commission makes the following suggestions to combat what it fears will be an ever more serious shortfall in the number of healthcare workers, also because of increasing demand for health services:

- More recruitment of older workers in healthcare and/or encouraging them to return to work in order to build up staff numbers.
- More effective planning and more investment in initial training and continuous professional development, and more training capacity.
- The Member States should investigate exactly what kinds of specialist knowledge they need – in the light of changes in the nature of healthcare (including the introduction of new technologies, population ageing, an increase in the number of multimobile older patients).
- In the context of bilateral agreements, balancing out any surpluses in doctors and nursing staff by way of a "circular movement of staff".



- Enhancing the monitoring of the demand for workers by collecting data on the staffing situation in health systems (including the recording of persons working abroad).
- Greater efficiency through the introduction of new telemedicine technologies (including opportunities for treating patients closer to home).
- Greater use of entrepreneurs in healthcare, to improve performance and create new jobs; health entrepreneurs could have a significant impact on the health workforce.

Evaluation

We need to look at whether the Commission's suggestions can compensate for the shortfall in healthcare workers in the EU in the long-term. In the light of the increasing need for healthcare staff described and the issue of affordability, the question of whether the suggested solutions are appropriate for achieving the desired results must be asked.

The proposed increase in training capacity in the healthcare occupations has to be paid for, and the same applies to increased use of new technologies and more recruitment of older workers or work returners. The question of how all this is to be funded remains unanswered.

It would be completely unacceptable to attempt to tackle a shortfall in doctors or dentists by having members of the paramedical professions perform the work of doctors or dentists as part of their job profile or their autonomous work. Doctors and dentists have had many years of university and clinical training and therefore have a comprehensive overview of their patients' health, rather than concentrating in isolation on certain partial aspects of medicine. They are also sensitive to interactions between treatments. Diluting the standard job profiles of doctors or dentists through the use of paramedical staff would be a real step backwards for the quality of medical care.

We also have our doubts as to whether the proposed collection of data on staffing or the proposal to balance out any surpluses of doctors and care staff at European level would lead to greater efficiency. We fear the opposite, i.e. more red tape and higher costs. In any case, this area should be left to the market.

We consider the proposal to promote entrepreneurship in healthcare, in order to create new jobs, to be positive and helpful. We unreservedly support initiatives to investigate barriers to entrepreneurship in the health sector and to promote SMEs in line with the Lisbon Strategy.

In our view, the proposed measures will not be enough to achieve the desired result, i.e. keeping health systems affordable and resolving the problem of the shortfall in staff in the future. The Member States, within their sphere of competence, must also examine their health systems to see where reforms are necessary. This includes, in particular, the health insurance system, the role of health entrepreneurs and deciding which treatments are to be paid for by the collective and which must be borne by individuals.

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