



**European Commission Green Paper:
Promoting a Sustainable Workforce for Health in Europe**

Comments from EUGMS

The European Union Geriatric Medicine Society (EUGMS) encompasses all the national societies of geriatric medicine experts in the EU Member States and EFTA countries. In total this comprises over 15,000 doctors whose main activity is the specialist care of very old persons.

Geriatric medicine is the medical specialisation for health related problems in older persons, including acute, chronic and rehabilitation problems, delivered in the community as well as in institutional and hospital settings. Geriatric medicine can be compared to paediatric medicine, provided at the other end of life.

We write to share our views on the content of the above Green Paper, which outlines current and future challenges to health care provision throughout the EU.

General comments

EUGMS welcomes the Green Paper, which actively seeks the views of outside stakeholders, and which represents another demonstration of the Commission's intention to develop policies with the direct input of outside stakeholders.

EUGMS represents part of the health work force and is active in a field which brings about specific challenges to health care systems as a whole (i.e. the increasing number of frail older persons); therefore, we feel we are in an excellent position to contribute to this consultation.

As outlined in detail in the Wroclaw European Silver Paper on the future of geriatric medicine,¹ this discipline, with its holistic approach and focus on keeping individuals independent and in their home surroundings for as long as possible, has a crucial role to play. Geriatric medicine takes into account the interaction between physical, mental, emotional, social and environmental aspects in health related problems, focuses on unique features of disease presentation in older persons and addresses the management of multi-system and multi-organ diseases. Furthermore, it underlines the need for tailored and safe prescription of medicines, is multidisciplinary and holistic and aims to intervene at the lowest possible level of intervention and care.

¹ <http://www.eugms.org/index.php?pid=195>

The increasing need for geriatric medicine:

As outlined in the Paper, the percentage of persons in Europe over 80 is estimated to rise from 3.9 to 9.4% between 1993 and 2020. While EUGMS believes that the fact that individuals lead longer and healthier lives should be viewed positively, and that demographic ageing is the result of enormous economic and societal progress, we also acknowledge and recognize its potential impact on the health workforce, the sustainability of health and social security systems and on the composition of the labour market; solutions need to be found to address these challenges. So, while the vast majority of older persons lead healthy and independent lives, the risk of morbidity and ill health does increase with age. The profile of patients admitted to general hospitals is changing: we need less organ specialists on the one hand side but an increased number of geriatric specialists and nurses on the other.

However, despite this growing need for specialist geriatric health care and social services, access to geriatric medicine does not seem to exist in most of the EU Member States. The most important barrier to access is the lack of formal recognition of geriatric medicine as an independent medical specialisation², leading to low status, which in turn leads to little interest. There hardly seems to be awareness of both the potential contribution of specialised geriatric care to quality of life of older persons as well as the positive effects of appropriate, focused interventions with minimal institutional care on limited national health budgets.

Specific comments³:

1 Introduction

The introduction to the Green Paper refers to the challenges faced by policy makers and health authorities of adapting their healthcare systems to an ageing population. Adequate responses to these challenges require health systems to have efficient, effective and high quality work forces.

As outlined above, EUGMS believes that geriatric medicine can make a huge contribution to facing these challenges by ensuring a work force which is equipped with the appropriate skills and approach to address these demographic challenges.

2 Rationale for the Green Paper

Under this heading reference is again made to the demographic issue (ageing of the global population and ageing of the health workforce). In addition, the Green paper recognizes the low attractiveness of health related jobs to new generations. This also holds true for geriatric medicine: the discipline is hardly visible - also due to the lack of formal recognition in a number of Member States - despite the apparent and increasing need for practitioners in this field. There are issues in relation to remuneration of geriatric specialists as well. EUGMS believes that medical education and training programmes should be in line with and adapted to societal changes. Therefore, geriatric training should be facilitated, and geriatric medicine should be 'mainstreamed' into medical and nursing curricula.

3 Legal framework and basis for action at EU level

² Geriatric medicine is recognized in a limited number of EU countries i.e. Denmark, Finland, Ireland, Italy, the Netherlands, Spain, Sweden, Switzerland and the United Kingdom.

³ The headings refer to the Commission text

The Green Paper emphasizes that the EU's health remit is limited; Member States are in charge of their health services and care delivery. However, EUGMS believes that the EU should maximize its role in the field of encouraging cooperation between the Member States and promoting coordination of their policies and programmes. EUGMS has in the past produced position statements in relation to the OMC in the field of social security, which encompasses health and long term care. We believe that this process needs to be more strongly linked with the activities of DG SANCO.

4. Factors influencing the workforce for health in the EU and the main issues to be addressed

4.1 Demography and the promotion of a sustainable health workforce

This chapter states that 'chronic conditions are more prevalent in old age and this will have implications for care provision. Moreover, demand for formal care is likely to increase given the likely reduction of availability of informal carers as a result of changing family structures'

In this context, EUGMS would like to point out that most of the care for frail older persons and chronically ill or disabled persons is unpaid and provided by relatives and friends. These carers constitute a huge resource and a great contribution to health care budgets. If these carers are to continue to care, they will need to be supported, e.g. by making it easier for them to combine work with family life and improved cooperation/integration with formal care services. They are an indispensable part of care provision.

Given the fact that the health work force is ageing as well, the Paper stresses that the 'key to maintaining a sufficient workforce is to educate, recruit and retain young practitioners while reinvesting in mature workforce'. As one of the areas for action, the Commission proposes recruitment and training campaigns, organising chronic disease management practices and long-term care and raising awareness in schools of the large range of careers in the health and care sectors. EUGMS would like to again underline the need to include geriatric medicine in all these areas.

4.2. Public Health Capacity

Under this heading, the Commission states that the health workforce must be properly skilled, and proposes promoting scientific vocations in schools by highlighting career options in lesser known public health jobs (biologists, epidemiologists, etc.). Again, EUGMS would like to advocate inclusion of geriatric medicine when the Commission takes action in this field.

4.3. Training

The Paper states that Member States will have to assess what types of specialist skills will be needed, taking into account that healthcare treatments change with the introduction of new technology, the effects of the ageing population on the pattern of disease, and the increase of elderly patients with multiple chronic conditions. As part of the proposed actions, the Commission wants to ensure that training courses take account of the special needs of persons with disabilities. EUGMS would like the Commission to add frail older persons to this strand of action, and would like to reiterate the comments made earlier, i.e. to facilitate training in geriatric medicine (also in continuous professional development) and to the need for formal recognition

of geriatric medicine as a medical specialization in its own right. Moreover, specific strategies should be developed to promote training of physicians in geriatric medicine, such as establishing a chair of geriatrics in every medical school, establishing geriatric acute care units in every teaching hospital, promoting the availability of more geriatricians in ALL HOSPITALS.

EUGMS welcomes the suggestion to create an EU mechanism e.g. an Observatory on the health workforce which would assist Member States in planning future workforce capacity. We believe that such an observatory would help to build awareness of the need for geriatric medicine as well as the benefits and contribution this discipline can make to the care and quality of life of older persons.

5. The impact of new technology: improving the efficiency of the Health workforce

The Commission recognizes the potential impact of new technologies on the organisation and achievements of health care. Indeed, technology may allow shifting care away from hospitals into community and primary care settings and into patients' homes. This means that health workers are properly trained to be able to make use of these technologies. While EUGMS agrees with the need to train professionals, we would like to emphasize that carers also need suitable training to enable them to make use of these new technologies, as these can both 'lighten the load' as well as contribute to better cooperation between formal and informal care providers.

7. Cohesion policy

The Commission underlines the possibility to use Structural Funds to develop the health workforce, to improve skills and competencies of the health workforce and develop health infrastructure. EUGMS welcomes this and would like to urge the Commission to include geriatric training as well as hospitals providing geriatric care in Structural Fund supported projects.

Conclusions

EUGMS believes that the Commission and EU Member States need to become more aware of the scientific evidence that amply demonstrates that the health of older persons would be greatly aided by having access to specialist teams with expertise in the treatment of very old persons.

Activities as part of the follow up of this Green paper should actively take geriatric medicine into account and stimulate:

- Recognition of geriatric medicine as an independent medical specialisation with a specific and holistic contribution to the care of frail older persons with health problems
- Basic research to investigate the health related problems of very old persons, leading to prevention and health promotion strategies. .
- Development of new clinical and practice guidelines for care of older persons
- Investment in specialised educational and training programmes for health, social care and paramedical professionals
- Inclusion of FRAIL older and geriatric patients in clinical trials: the potential for medicine interventions is higher than assumed
- Inclusion of medical gerontology and geriatric medicine in the training of medical students, nurses and specialists

EUGMS would be happy to cooperation with the Commission on these issues and looks forward to future initiatives as part of this consultation.

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