

Response from the German Government, in agreement with the *Länder*, to the issues raised in the Green Paper on the European Workforce for Health

Germany is pleased that the Commission is addressing the challenge of covering the need for healthcare staff in the long-term in its "Green Paper on the European Workforce for Health". In virtually all EU Member States, demographic development is raising the question of which measures need to be taken in order to continue to guarantee all-round security of supply in the healthcare sector in the future.

Germany still agrees with the Commission that the mobility and migration of healthcare staff can have both very positive and problematic consequences. The personal and professional advantages of international and intranational workforce migration is often countered by resulting shortages of labour elsewhere.

In this respect, Germany of course also understands the problems mentioned in the Green Paper on the European Workforce for Health, but believes that the solutions must be found by the Member States. In this field, the Community has practically no independent legislative competences. Its task is to foster dialogue and the exchange of experiences.

Competence and subsidiarity

In accordance with Article 152(5) of the EC Treaty, the entire organisation of the health system, including hospital planning, is the responsibility of the Member States. Therefore, many of the proposed options for action, particularly relating to "Demography and the promotion of a sustainable health workforce" (organisation and treatment of the chronically ill, more efficient use of the available workforce, auditing of expenditure on labour, the collection of better information on the population's need for health services for the purpose of planning for future development, etc.), do not fall within the Community's field of competence.

The same applies for training. Here, the Member States are still responsible for the course content and the structure of training systems. Consequently, the German Government considers that an entire range of other proposed options for action come under the responsibility of the Member States. This concerns above all the proposals to influence the forms or content of training, and also the focus on continuous professional development, the promotion of cooperation between the Member States in the management of *numerus clausus* for health workers, etc.

Options for action at Community level

The German Government is in favour only of legally non-binding cooperation between Member States in the problem areas mentioned. However, it considers that even here there are limits to cooperation, as the German system of health provision

is very complex. This is evident in the fact that Illustration 1 of the Green Paper does not accurately portray the structures in Germany. For example, doctors in private practice and outpatient or in-patient care facilities, which in Germany represent a very important sector of medical care, are not represented. Furthermore, the care provision and functional fields have been confused. Due to self-administration in the German health system, the possibilities for State intervention are intentionally limited in this field.

Germany therefore considers it the task of the Community to facilitate an exchange of best practices between Member States. To do this, it is not necessary, as proposed by the Commission, to create an Observatory which would evaluate information from the Member States on training and on the mobility of the health workforce centrally. It is doubtful whether such data collection and central evaluation would lead to any real added value. What is more, data collection and its centralised evaluation would result in a disproportionate bureaucratic burden.

It would appear more reasonable to bring together those affected by the problems mentioned at regular intervals (perhaps once a year) at a conference or symposium, thereby supporting the exchange of best practices.

In this context, Germany points out that in many of the problem areas mentioned, possible solutions are already being developed in the Member States. For example, since 1991, Germany has been helping talented, hard-working young staff to gain further vocational qualifications through the programme "*Begabtenförderung berufliche Bildung*" (vocational training to foster talents). In 2008 alone, 6 000 grant-holders were accepted, a tenth of whom work in the health care sector. As regards the issue mentioned in the Green Paper of recognising vocational qualifications, the Federal and Regional Governments have agreed in the context of the "*Qualifizierungsinitiative für Deutschland*" (qualifications initiative for Germany, Dresden Declaration of Heads of German Federal and Regional Government of 22 October 2008) to review the recognition procedure for qualifications gained abroad and further develop conversion possibilities.

Beyond the exchange of best practices, Germany supports the creation of a Code of Conduct for the ethical recruitment of health workers from non-EU countries, as also decided upon by the EU Ministers for Development in the Council conclusions of June 2007. The German Government considers the formulation of a WHO Code of Conduct to be more important, as it would also include non-EU countries. The WHO will reach a decision on this issue in 2010. However, with its own Code as called for by the Council, the EU can already play a positive exemplary role and thereby

provide important incentives for consultations at WHO level.

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