BUNDESZAHNÄRZTEKAMMER

Response of the German Dental Association to the

GREEN PAPER of the Commission of the European Communities on the European Workforce for Health

In this Green Paper the EU Commission has opened the debate about the future of the workforce for health. A discussion process should answer the question of whether, and if necessary how, Europe should react to the rising costs of healthcare and patient expectations of the quality of the workforce in the health sector.

The German Dental Association welcomes the discussion process and wishes to make an active contribution to the discussion process with this response. As the umbrella association of German dental associations [Arbeitsgemeinschaft der deutschen Zahnärztekammern e.V.] the federal German Dental Association is the professional association representing all German dentists. The statement should therefore be taken as the response of all German dentists; this also includes the dental assistant professions.

The EC Treaty confers a number of responsibilities in the area of health policy on the EU, as specified in Article 152 of the EC Treaty. However, this conferral of authority is subject to a significant proviso: according to Article 152(5) of the EC Treaty, for all relevant activities Community action “shall fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care”.

Furthermore, the EC Treaty expressly states that measures taken by the EU in the sphere of social security (including health policy) will not affect “the right of the Member States to define the fundamental principles of their social security systems” and must not “significantly affect the financial equilibrium thereof” (Article 137(4) EC). Although the Community may adopt measures in the field of social protection and healthcare, this must be done “excluding any harmonisation of the laws and regulations of the Member States” (Article 137(2a) EC).

The responsibilities for health protection referred to above give the EU no authority to legislate on healthcare apart from the minimal directives on health and safety at work and consumer health protection. Therefore, the power to shape the health system still lies with the Member States. This relates to:

- organisation of disease prevention and health promotion and the nature and extent of action programmes in these fields;

- organisation of the healthcare system including roles and division of work between professional groups;
- nature and extent of social security in case of illness and long-term care , i.e. funding of services and the range of services; and
- management of the health system.

The Commission expressly recognises this division of responsibilities but infers from Article 152 of the EC Treaty that Community action is intended to complement national policies “in supporting Member States and adding value such as through networking and the sharing of good practice.” Furthermore, “the EC Treaty and secondary legislation provide for rules which have to be respected by Member States when organising their health sector”.

However, EU policymaking should not lead to an erosion of national responsibilities and authority. The German Dental Association therefore requests that particular attention should be paid to the allocation of powers as provided for in the EC Treaty at every stage of the current discussion process.

Before moving on to its detailed response, the German Dental Association also wishes to point out that it is essential to differentiate between the individual professional groups when evaluating the responses and developing the areas for action. Although the individual professions are brought together under the umbrella of “workforce for health”, experience from individual sectors cannot or can only indirectly be transferred to other sectors. The healthcare professions are primarily doctors (or specialist doctors) and dentists but they also include psychotherapists, pharmacists and alternative practitioners (without academic training). The paramedical professions include highly diverse professions such as nurses, medical and dental assistants, physiotherapists, midwives, masseurs, balneotherapists, speech therapists and occupational therapists. It is clear that this wide diversity of professions with such a wide range of requirements needs different regulations relating to access, responsibilities and the legal position with regard to the patient.

In detail:

Re 1. INTRODUCTION

By way of introduction, the Commission lists a number of challenges facing health systems in Europe. If a “restricted supply” of health services is at issue here, it should be noted that restrictions are often system-related. In other words, a planned economy – unlike a market economy – always results in a shortage of resources because there is a lack of performance incentives.

Graph 1, which is used by the Commission to illustrate the composition of the workforce for health, can therefore not remain unchallenged. The structure shown here is inappropriate because the healthcare professions are listed as “allied health professionals”, whereas a higher role appears to be assigned to the health management workforce. This picture cannot be reconciled with a progressive system based on independent professional services and individual responsibility. At best, the graph reflects only part of a very extensive, state-run system.

RE 4. FACTORS INFLUENCING THE WORKFORCE FOR HEALTH IN THE EU AND THE MAIN ISSUES TO BE ADDRESSED

Re 4.1. Demography and the promotion of a sustainable health workforce

By 2050 the Federal Republic of Germany will have 25.2 million people who are over 65 years old. Currently there are 18.4 million. This is 36 % of the German population. Approximately 500 000 of them are already living in residential or nursing homes. Against the background of this demographic trend, dental provision for these elderly people takes on a great importance. A particular challenge is dental care for non-mobile patients and patients requiring long-term care.

An interdisciplinary study of the features or symptoms and effects of ageing on medical/dental status will be necessary for successful dental treatment and long-term dental care for the elderly. Specially targeted training and professional development programmes will be needed to acquire the medical knowledge which is absolutely essential for this area. Extensive interdisciplinary knowledge of the entire spectrum of oral medicine is required, with increasing demands on the dentist’s medical and psycho-social skills.

In addition to the prophylactic approach to dental provision for patients in long-term care, there is also a need to maintain, promote and develop care structures and types of dental treatment which are specifically designed for non-mobile patients and patients in long-term care.

In referring to the ageing of the workforce for health, the Green Paper stimulates discussion about the measures needed to recruit young staff.

A shortage of doctors is developing or already exists in some areas of care, such as hospitals and the outpatient sector in the new federal states. However, with regard to dentists in Germany, there is currently a very high probability that the number of practising dentists per head of population will remain stable for a forecasting period

up to 2030. This supports a forecasting study by the Institute of German Dentists [Institut der Deutschen Zahnärzte] (IDZ) which was conducted in scientific collaboration with the InForMed institute, Ingolstadt. It has a solid methodological and scientific basis and provides a forecast for the medium-term future in Germany.[1]

With regard to the increasing numbers of women in the health professions, the EU Commission states that human resource strategies to promote gender equality measures are required. The IDZ study referred to above confirms that the feminisation of the dental profession is also evident in Germany. In future, a large proportion of dentists will be women. They currently account for over 60% of dental students. From 2017 over 50% of practising dentists will be women.

Women's plans for life can differ fundamentally from those of their male colleagues in their desire to have children. They must plan time off work for bearing and raising children into their CV. Greater attention is being paid to this situation. Currently, over 90% of dentists in Germany are self-employed, working alone or in various types of partnership.

Although doctors are used by way of example, the Green Paper deals almost exclusively with employees in healthcare. The German Dental Association wishes to point out that improvements to the basic conditions for self-employment (namely deregulation and removal of bureaucracy) are among the main influencing factors. The German Dental Association calls emphatically for the development of areas for action to achieve this.

[1] This study was published as IDZ-Information No. 1/09, Brecht, J. G., Meyer, V. P., Micheelis, W. "Prognose der Zahnärztezahl und des Bedarfs an zahnärztlichen Leistungen bis zum Jahr 2030 – Überprüfung und Erweiterung des Prognosemodells PROG20" [Forecast of dentist numbers and demand for dental services to the year 2030 – revision and extension of the PROG20 forecasting model]

Re 4.2. Public health capacity

The German Dental Association expressly welcomes the fact that the Commission recognises the importance of health promotion and disease prevention. The success of dental disease prevention in Germany, documented in the Fourth German Oral Health Study [Vierte Deutsche Mundgesundheitsstudie] (DMS IV), is proof that the national oral disease prevention strategy which the German dental profession has been following for many years has been correct.[2]

In this context, the German Dental Association points out that the 60th World Health Assembly, which met in Geneva on 14-18 May 2007, stated that increasing awareness is a central concern in promoting the importance of oral health. Under the title "Oral health: action plan for promotion and integrated disease prevention", a package of measures was agreed to fix the intrinsic link between oral health, general health and quality of life in the general consciousness. Greater emphasis is also placed on the need to integrate oral disease prevention programmes into general disease prevention schemes and measures and into chronic disease treatment programmes.

A potential problem may be that the ideas initiated here may exceed the remit for public health activities created for the Commission by the EC Treaty. It is right that responsibilities arising from Article 152(4) are only conferred in the area of setting high standards of quality and safety of organs and substances of human origin and for blood and blood derivatives, for measures in the veterinary and phytosanitary fields and for incentive measures designed to protect and improve human health, "excluding any harmonisation of the laws and regulations of the Member States". The Green Paper also addresses the areas of health promotion and disease prevention and the topic of workplace-related health. With regard to the EU powers outlined, there is a need for clarity as to which measures to be taken directly by the EU are definitely being planned. There would not appear to be a problem if the Member States agree on objectives, for example in the area of health and safety at work. However, the Green Paper states that achieving these objectives is dependent on "the availability of the necessary specialised health workers, such as occupational health physicians and nurses and health and safety inspectors". It cannot and must not be a question of artificially creating new demand when just meeting the existing demand for specialised health workers in healthcare appears to be a problem.

[2] *c.f.: "Vierte Deutsche Mundgesundheitsstudie [Fourth German Oral Health Study] (DMS IV) -* Neue Ergebnisse zu oralen Erkrankungsprävalenzen, Risikogruppen und zum zahnärztlichen Versorgungsgrad in Deutschland 2005" [New results on the prevalence of oral disease, risk groups and the level of dental care in Germany 2005], edited by Wolfgang Micheelis and Ulrich Schiffner, with contributions from Thomas Hoffmann, Mike John, Thomas Kerschbaum, Wolfgang Micheelis, Peter Potthoff, Elmar Reich, Ursula Reis, Florian Reiter, Ulrich Schiffner and Ernst Schroeder, Materialienreihe Volume 31, Deutscher Zahnärzte Verlag 2006, ISBN 10: 3-934280-94-3, ISBN 13: 978-3-934280-94-3

Re 4.3. Training

In Germany, the laws governing dental training, the state exams and professional practice are

- the Dental Practice Act [Gesetz über die Ausübung der Zahnheilkunde] (ZHG) and
- the Medical Licensure Act for Dentists [Approbationsordnung für Zahnärzte] (ZAppO).

In Germany the Dental Practice Act gives the right to delegate certain dental services. This takes place under the instruction, supervision and control of the instructing dentist.

The German Dental Association opposes the idea that certain dental activities could be transferred to non-dentists acting under their own responsibility as a reaction to potential demand. Such plans are definitely not appropriate for dealing with the increased demand for properly skilled specialised health workers. Rather, they endanger patient safety, fragment the consistency of medical practice and create legal uncertainty. Replacing dental services with services by non-dental health professions whilst simultaneously transferring dental and legal responsibility for their proper execution should be opposed. We must retain the consistent practice of dentistry by licensed dentists. The yardstick for further developments in the allocation of responsibilities between the health professions is the primacy of quality and safety of patient care.

Concepts such as shorter academic dentistry courses leading to the creation of new, underqualified professions which could potentially be open to non-dental service providers should also be opposed. The German Dental Association opposes the introduction of a bachelor/master structure in dentistry. Consistent, high-quality academic dentistry studies with the final state exam should be retained for reasons of patient safety.

The EU Commission should therefore turn its attention to appropriate measures to increase the attractiveness of the healthcare professions. Dentists should be able to concentrate on their core skills and should be relieved of non-dental tasks. In this respect, improvements to the basic conditions for professional practice are the most urgent task. The example of medical students, only a small percentage of whom enter medical practice, clearly shows that the number of university places is not a clear indicator of numbers entering the medical profession while the basic conditions are wrong. In Germany all the dental associations provide extensive training for dentists, dental assistants and mature workers returning to the profession. For this reason, the idea of having an EU Observatory should be challenged as the regulatory scope role of an organisation of this type is unclear.

Re 4.4. Managing mobility of health workers within the EU

In this section the Green Paper presents the free movement of persons as a fundamental freedom and the legal framework created to achieve it. However, the options for action, namely the fostering of bilateral agreements to take advantage of any surpluses and to manage the outward flow of health workers, by definition contradict the principles of free movement of persons enshrined in the European directives, which should not be softened by other rules or measures. For this reason, the creation of bodies to support this proposal is out of the question.

Re 4.6. Data to support decision-making

Under the heading "Data to support decision-making" the Green Paper encourages the setting up of systems to monitor migration, immigration and the movements of particular groups of people. The German Dental Association emphatically points out that control of the workforce flow would not be permissible for reasons of free movement of persons. Data collection for this purpose would therefore be unnecessary and is opposed.

RE 5. THE IMPACT OF NEW TECHNOLOGY: IMPROVING THE EFFICIENCY OF THE HEALTH WORKFORCE

Surveys of the continuous development behaviour of German dentists confirm that there is good engagement with the profession. Scientific advances and increasing competition, together with the constant rise in patient expectations and the growing amount of information available to patients, prompt all dentists nowadays to constantly expand their knowledge in the interests of successful practice. This applies to all areas of dental, oral and maxillary medicine and to medical knowledge. There is also a growing trend for practices to develop a focus of activity in individual specialist areas of dentistry by means of targeted training activities.

The population-representative, social-epidemiological data collected in the Fourth German Oral Health Study (see above for source) provides evidence of a high level of care and a clear trend towards high-quality provision of dental prostheses. In adults, fixed dental prostheses predominate nowadays. In the elderly, too, there is a clear trend towards fixed dental prostheses.

RE 6. THE ROLE OF HEALTH PROFESSIONAL ENTREPRENEURS IN THE WORKFORCE

The Commission notes that some health professionals – particularly dentists – work as entrepreneurs running their own practices and therefore emphasises the role of dentistry as a liberal profession.

The German Dental Association expressly welcomes this reference to the importance of entrepreneurs to the workforce. This also applies to the reference to the Small Business Act (SBA) as a key element of the EU's Growth and Jobs Strategy.

The liberal professions in Germany, with approx. 1 003 000 entrepreneurs, approx. 2.6 employees and approx. 136 000 trainees, represent an important pillar of the German economy. With around 3.9 million employees in total, the liberal professions represent 10.2% of all economically active people in Germany and account for around 10% of the gross domestic product. As small and medium-sized businesses, they make a significant contribution to growth and employment and have distinct formation dynamics with an average annual growth rate of 4%.
At the end of 2006 around 4.3 million people were working in the health sector in Germany. This corresponds to 10.3% of workers. Healthcare is a growth market. Demographic change, medical advances and growing health awareness are constantly increasing the demand for health services. However, this will only create new jobs if the basic conditions are liberalised.

Planned economy health policies have been the main barrier to entrepreneurial activity in Germany. State intervention reduces the willingness to appoint staff and bureaucratic restrictions make economic success difficult. "Influencing factors and possible areas for action" should therefore include the requirement not only to examine but also to remove existing barriers to entrepreneurial activity by self-employed professionals in the health sector.

Summary:

The German Dental Association welcomes the Green Paper on the German [sic] Workforce for Health published by the Commission of the European Communities. From its point of view, the discussion process to be held should pay particular attention to the following core problems:

1. **Work by self-employed professionals in their own practice is sustainable and should be encouraged.**
2. **Fragmentation of the dental profession should be prevented for reasons of patient safety.**
3. **The creation of new bureaucracies, e.g. management and control bodies, is not compatible with the fundamental right to freedom of movement.**