



Comments by the *Bundesärztekammer* [German Medical Association]

concerning the Green Paper on the European Workforce for Health  
(COM(2008) 725 final)

Berlin, 7 April 2009

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We welcome the Commission's efforts to place the health workforce high on the EU's agenda and thus to ensure that greater public discussion is devoted to this subject. The determining factor in the debate from the point of view of the German medical profession is the welfare of patients. This is the yardstick by which doctors gauge their actions and thus also the criterion on which they base their assessment of the measures proposed in the Green Paper concerning the health workforce.

The Green Paper provides a very good summary and analysis of the quantitative and qualitative challenges which the national healthcare systems in Europe face in order to ensure the sustainable development of the labour market. At the same time, however, Figure 1 on page 4 of the Green Paper shows how difficult it is to categorise or pigeonhole the various health systems in the EU Member States. Given the form the figure takes and the particular occupational groups represented in it, it is not clear what its internal logic is supposed to be. As far as Germany is concerned, the out-patient sector is missing.

Notwithstanding the importance of healthcare professions to the EU economy, prime consideration must always be given to patients and to the special nature of this sector. Patients' welfare and ethical issues should take precedence over economic considerations. The medical profession in Germany, as represented by our association, would stress that patients have a right to medical care and that there is a risk of the quality of care deteriorating if doctors' duties are carried out by other medical staff without the supervision of a doctor (substitution). In regions where there is a heightened need for medical care in particular localities, it makes sense for the provision of care to be secured by having doctors work together more and by delegating tasks to properly qualified staff in doctors' practices in order to assist doctors and/or reduce their workload.

We largely endorse the position paper put forward by the Standing Committee of European Doctors (CPME).

We would like to address some of the salient points in the Green Paper:

### **Demography and the promotion of a sustainable health workforce**

- Doctors and medical staff in doctors' practices who provide out-patient care are losing motivation and job satisfaction because they are overburdened with administrative, documentation and codification tasks, because too few staff are available to do the work required and because pay levels are unattractive, particularly in the out-patient sector.
- This situation is exacerbated by the ongoing discussion — motivated largely by economic considerations — about redistributing tasks in the health sector with a view to finding ways in which medicine can be practised which are more economical than the practice of medicine by doctors. The medical profession in Germany believes that this form of “task-shifting” lowers the standard and quality of treatment and thus also undermines patient safety solely for reasons of cost. A better solution would be offered by improved coordination, process optimisation and networking, together with more flexible arrangements for delegating tasks.
- In order to organise the treatment of chronically ill patients, who usually suffer from more than one chronic illness at the same time, and of elderly and care-dependent patients, the medical profession in Germany advocates the deployment of multiprofessional teams, better cooperation between the different branches of the

health sector and the different occupations within it, and the use of “case management” for complex syndromes. In the out-patient sector in particular and in order to offset the supply problems which are already becoming apparent in structurally weaker parts of Germany, the medical profession in Germany advocates increased provision of at-home care by qualified medical staff acting under the supervision of a doctor. It is essential that, as regards prevention, treatment, rehabilitation and the networking of other services, care be managed and controlled across all sectors by GPs.

- As representatives of the medical profession in Germany, we continue to support government bodies by investing considerable resources in helping to recruit suitable staff for doctors’ practices. These activities, which include giving talks at secondary schools and participating in education fairs, are designed to ensure that the types of healthcare which will be needed in the future, such as comprehensive out-patient care, are made available.

### **Training**

- We welcome the fact that the Green Paper calls for more university places and training schools to be created to meet the increased demand for doctors. Creating more places on medical degree courses must go hand in hand with expanding teaching capacity at university medical faculties.
- Medical staff who have taken a career break can be encouraged to return to the workforce by being provided with vocational training.
- Responsibility for defining what is meant by specialist skills and for identifying requirements for further training should lie with the organisations in the Member States which act as quality watchdogs (e.g. doctors’ associations).
- Specialist skills and requirements regarding further training should not be defined at a level below the standards established in Germany (Order on the licensing of doctors [*Approbationsordnung*], Order on further training [*Weiterbildungsordnung*], Professional code for the medical profession [*Berufsordnung*], Constitution on further training [*Fortbildungssatzung*]).
- We consider the promotion of language training to be a positive step. However, it should not be the responsibility of doctors’ associations or other service providers to finance such training.

### **Public health capacity**

- Occupational health physicians and works doctors are the main experts when it comes to maintaining the health of workers through preventive medicine. For decades they have been playing an important role in companies as regards primary, secondary and tertiary prevention for employees. Such establishments are significant in that they are places where large numbers of people can be reached. Providing health care to sectors of the population who would otherwise not receive it is an important element of comprehensive prevention. It allows people to be reached who are reluctant to go to the doctor or who only consult a doctor when they are ill.
- Occupational health physicians protect workers from occupational diseases and exert an influence on workers’ lifestyles through primary prevention. We are therefore

pleased that the European Commission feels that action must be taken to promote the work of occupational health physicians and to create incentives for those wishing to enter the profession. This would undoubtedly be a good starting point for an EU-wide promotional strategy — something which we would wholeheartedly support.

- Private medical practices in particular — i.e. the largely small and medium-sized enterprises which are self-managing and which provide out-patient care — invest in training and thus play an important part in ensuring self-sufficiency at EU level so that, for example, the training of staff in doctors' practices does not have to be financed from the public purse.

### **Mobility of health workers inside and outside the EU**

We would point out that all health workers have the freedom to choose where they work and are entitled to freedom of migration. We firmly reject any rules which limit this personal freedom.

- The measures put forward in the Green Paper with regard to global migration (e.g. ethical recruitment — p. 11 of the Green Paper) are only partly suited to solving this problem, which is largely caused by differences in countries' economic power and/or working conditions.

### **Data to support decision-making**

We support the call for data to be improved. However, this improvement must take place in accordance with the rules on data protection and patients must clearly benefit from it.

It has yet to be verified whether the competent authorities in the host country and in the country of origin should be placed under an obligation to exchange information on disciplinary measures or criminal prosecutions ensuing from the Directive on the Recognition of Professional Qualifications.

### **New technologies**

We welcome the efforts to promote telemedicine and recognise that it is important and necessary for it to be used to a greater extent in the health sector. The medical profession in Germany favours the greater use of telemedicine in order to benefit patients and/or to improve and facilitate the work of doctors.

It must be borne in mind, however, that telemedicine and new technologies present not only opportunities but also risks.

- It is essential that the principles of data protection and data security be adhered to and that these technologies be easy for doctors to use in their day-to-day work.
- Training in new technologies must take place solely in accordance with the system in the Member State concerned. It is essential that the Member States first have the opportunity to develop their own systems which are geared to their own needs and legal standards and features.
- Because information technologies are designed with different purposes, harmonisation throughout the EU Member States would not be advisable. It is

important that service providers wishing to provide services in another country are able to be integrated into the various information systems.

- One point which we would criticise is the fact that the wide variety of measures and pilot projects, most of which receive funding from the European Commission, is leading to the introduction of information systems which are incompatible with national IT systems or which even pare them down.
- The various initiatives in the field of telemedicine and cross-border health care should be consolidated.

### **The role of health professional entrepreneurs in the workforce**

We welcome the comments in the Green Paper concerning the role played in buoying labour reserves by medical centres or by medical professionals who have set up their own practices.

Doctors who employ their own staff make an important contribution to protecting jobs and to ensuring that the health workforce has sustainable qualifications and they do so voluntarily and on their own responsibility as entrepreneurs. Inclusion in the Structural Funds would be helpful. Doctors in private practice nevertheless have a special status, as they fulfil a care function. They therefore cannot be compared to conventional SMEs.

### **Cohesion policy**

The possibility of making better use of the Structural Funds in order to develop the workforce in the health sector — e.g. selective support for the implementation of measures in structurally weak regions — should be investigated in depth. Consideration could be given, for example, to refinancing further-training measures in order to make greater use of staff who work in doctors' practices in the provision of medical care to patients in their own homes in regions where healthcare provision is scarce.

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