

The University of Southampton School of Health Sciences Response to the European Commission Consultation regarding The European Workforce for Health: Brussels, 10.12.2008 COM(2008) 725 final

## **About the School of Health Sciences, University of Southampton**

The University of Southampton School of Health Sciences educates midwives, nurses (harmonised and non-harmonised), occupational therapists, physiotherapists and podiatrists from undergraduate to doctoral level. The School has extensive CPD and research portfolios and works collaboratively with Health Service partners and University academic colleagues in Audiology, Medicine, Psychology, Social Work and Computer Science.

## **General comments**

The School welcomes the Green Paper and the opportunity it provides to raise debate over issues of concern at local, national and European levels. The School has carefully considered the questions raised in the Paper and wishes to comment and provide recommendations on the following specific topics and questions that fall within our remit and expertise as health care educators and health service researchers.

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

The School acknowledges the complex decision making, caring and therapeutic skills that are required to provide high quality care for the particular needs of older people who may themselves be caring for the 'very old' in community contexts. The cultural contexts of care may vary between and within countries according to their cultural and ethnic mix and the older person's right to have their traditions respected should be paramount. Recognition needs to be given to the implications of relatives or carers being located in different nation states due to the realities of internal mobility and the Lisbon agenda.

The School welcomes Community involvement in setting key standards and values for the education of health care workers engaged in providing care for the elderly, and support for investment to provide CPD to ensure care delivery is based upon best evidence. Particular investment is needed to enable staff to cope and effectively manage individuals with challenging behaviours, complex care needs and poor social networks of support (especially those with dementia, mental health problems, patients with multiple and chronic conditions or long term disabilities). Cultural competence in meeting the needs of older people is crucial as is the development of better advocacy systems to support isolated and vulnerable elders.

While acknowledging the decline in informal caring, this support mechanism should be promoted and rewarded wherever possible through Community actions. Supportive packages of respite care and basic training to promote the safety and health of informal carers is essential. The rise in

demand for formal caring from both highly qualified professionals and lower qualified support workers will necessitate good governance and regulation to protect older people from abuse.

The School shares the Commissions concerns over the changing demographics of the health care workforce and the acknowledgements that career paths into and within the health care sector are rapidly evolving. This has implications for life long learning, accelerated learning and competence and the Bologna Process as they apply to the harmonised professions in particular (see section 4.3).

We endorse efforts to improve the reconciliation of work, family and private life for health care workers and educators. Furthermore, the School recommends that research is needed into the working patterns and occupational health needs of mature recruits and health care workers who may be challenged by the nature of some working environments due to their maturity (for example workers who are over 55 and seek to work to the 'older' retirement ages as full or part time workers). Health systems will need to reorganise career paths to accommodate the age, lifestyles and skill mix of the future health care workforce.

The education, recruitment and retention of young practitioners and the investment in mature workers requires sufficient and capable educators and researchers. The School draws attention to the impact of the workforce demographics upon *health care educators and researchers* and recommends that urgent action is taken to use knowledge management techniques to transfer knowledge quickly from the pending retirees to a younger workforce. There is a significant threat that a lack of investment to recruit and retain health care educators and senior academics, who by definition are often in the 'older' age band of the professions, could have devastating effects upon the capacity of universities and training schools to increase student numbers and conduct CPD work (there is anecdotal evidence of this occurrence in North America and some member states).

The School recommends further Community action that encourages collaboration between Health and Education ministries to promote and sustain clinical and academic careers in the health care professions. Given the therapeutic skills that can be provided by nurses and allied health professions acting singly and in collaboration to the elderly and those with complex needs, we support Community action that promotes highly skilled professional in countries where there are insufficient numbers or calibre of staff to meet the projected client need. The Green Paper rightly draws attention to the new skills that will be required by health care professionals in the very near future. These skills are by definition graduate in nature. We recommend a targeted evolution to graduate status for nursing, midwifery and allied health professionals across the member states to ensure that the workforce is capable, flexible, adaptable and mobile to meet these health care needs. Reference points for these professions now exist at the European level (e.g. Tuning Project, CAIPE) and are emerging at specialist levels. This has implications for Directive 2005/26/EC..

## **4.2 Public health capacity**

The School recognises the importance of knowledge transfer and the development of communities of practice that transcend borders to enable the public challenges to be anticipated and addressed. The roles of nurses, midwives and allied health professional groups are often neglected in these debates due to the prevalence of medical doctors in senior public health positions. The development of Pan European standards in public health practice in the respective health care disciplines would be welcomed at both a uni and multiprofessional level. We have some experience of public health programmes as bachelors and masters level and recognise that diverse ways that public health is interpreted and enacted in different countries. Community action to enable collaboration and sharing of good practises through common platforms would be welcomed. This should engage practitioners, educators and researchers in these fields.

We support measures to further explore not only occupational health for the general population, but also the impact of disability and diversity upon those seeking to be health careworkers. As a School with a national reputation for good practice with respect to addressing disability issues for

health care students, we are keenly aware that this area needs further research and investment to achieve a sensible balance between the rights of the individual person to be a professional practitioner, the reasonable adjustments that can be made to facilitate this, and the use of public resources in the best interests of client safety. We recommend that Community action encourages a sensible and sensitive appraisal of workforce strategies to enable people with disabilities to enter and practise safely as health care professionals.

2

## 4.3 Training

**Recruitment:** The changing work patterns in the wider labour force means that the concept of a 'job for life' is out dated. More young people are staying in the educational system for longer periods of time as school leaving ages rise (e.g. to 18 in the UK) and society expects increasing numbers of people to acquire graduate status prior to entering the labour market. We have experience that some students now make their career choices after selecting their graduate programme. This means that mature entrants, who now form an increasing number of recruits to some specific professions, bring with them life long learning competences of both a formal and informal nature. This means that the regulated professions should have effective mechanisms to recognise such demonstrable learning achievements so as to be cost effective in the use of training resources; remove barriers to learning and recognise prior learning. Similarly, health care workers who for some reason leave the professions need formal recognition of their achievements for the general workplace. The Bologna process and Diploma supplement facilitate such recognition.

Any strategy to increase training capacity (e.g. through removing *numerous clausus* or other measures), has a significant accompanying investment requirement to ensure that students, CPD or specialist trainees receive quality education and training. As previously mentioned, this includes staffing levels in the educational centres.

**Maintaining current and relevant competences:** Demographic changes, the impact of new technologies and the increased mobility both for work and study mean that healthcare professionals need to be both highly trained and also constantly up to date with developments in healthcare and changes in the environment in which they work. In addition, mobility and patient safety demand that language competence in the host country is crucial for both employment and study purposes.

The School endorses regulator/competent authority views that Continuous Professional Development (CPD) should be a requirement for all healthcare professionals in each EU Member state. We are concerned that patient safety and educational standards are compromised when staff is out of date and have freedom of movement for employment or study purposes. Our experience over many years with 'Return to Practice' programmes confirms the necessity of updating, refreshment and providing new learning for staff who have not practised for some time. This problem is aggravated by harmonised profession minimum training requirements that do not represent the current and predicted skills of professional practitioners, for example the issues noted in the Green Paper; new technologies, genetics, pandemics, natural disasters and climate change.

**Modern methods of training and education:** Modern methods of training and education of health care students and professionals involve the use of simulation, elearning, virtual learning, role plays and a range of technology enhanced learning including virtual reality and second life. These modern pedagogies are used to good effect and have the opportunity to accelerate student learning and competence for both unqualified and professional staff. These strategies are currently not recognised as legitimate ways of 'clinical learning' according to Directive 2005/36 EC with respect to the Annex of the Directive for nurses responsible for general care. Furthermore, with the rise in telemedicine, telephone advice centres etc, nurses in training are not always in **direct** contact with clients. A review of the definition of clinical training would enable mobility and better represent the reality of advances on health care delivery. Furthermore, distance learning has a key CPD role for practitioners as well as mature and part time students.

The School urges the Commission to make CPD a requirement for all health care professionals and to recommend **adjustments to the pertinent sections of Directive 2005/36/EC** so that it can accommodate:

- Language and cultural competence in the host member state
- The implications of life long learning for admission to harmonised professions
- Updating of harmonised profession minimum training requirements to reflect societal needs, patient safety and technologies for practice and learning.
- The evolution of specialist education and training post registration
- The use of modern pedagogies
- Modern ways of delivering health services

***Development of new roles and transfer of skills:*** The Green Paper rightly points out some of the new roles that are emerging within the healthcare sector and at the interface with social care. Such roles are often at the post graduate level and rely upon transferable skills within these sectors. Facilities to develop common reference points for these emerging professional groups at a European level would enable better mobility of the non harmonised professions and the emergence of new professions. The School recommends ongoing dialogue with Education Ministries and Education DG so as to record and support the emergence of these new roles for the new century.

We support the development of health workforce Observatories, and recommend that they should liaise with regulators, health care education experts and service users so as to promote better linkages between education, workforce, regulators and consumers.

#### **4.4 Managing mobility of health workers within the EU.**

The School welcomes the Pan European initiatives to provide common data bases for managing information related to disciplinary matters. However, this information is also required for the admission of health care students and strategies to enhance the legitimate sharing of this information would be welcomed.

Student mobility is often hindered by barriers posed by competent authorities and the harmonised directives with respect to the potential to be supervised in other countries and the necessity to have good language skills in the best interests of patient safety and supervision.

The possibility to trial innovate ways of cross border education at a Pan European level would be of interest.

We support the development of common platforms for debate and consideration of key issues and cross border competences. Indeed we are currently engaging in one such initiative through the EU Atlantis initiative. However, this initiative has demonstrated the difficulty in mobilising staff for professional development due to the restrictive nature of mobility schemes that are designed for full time students in non regulated professions.

We recommend that the Community explores ways and means to foster mobility at the graduate, post graduate and CPD level so as to overcome the current barriers of insurance, professional indemnity, codes of practice, language, and funding restrictions.

#### **4.5 Global Migration of Health Workers**

The School fully endorses the development of Codes of Practice, ethical recruitment and good human resources management for students and staff. However, the migration also needs to be supported by good diversity, cultural and linguistic competence for migrant health care workers. The School suggests that some Community action to develop Pan European e learning training modules to aid health worker migration within and external to the EU may facilitate mobility and provide opportunities for competence evaluation and testing.

#### **4.6 Data to support decision making**

Additional data that is relevant to understanding migration patterns is also that of student mobility towards registration or specialist training.

#### **5.0 Impact of New Technology:**

The School welcomes initiatives to ensure suitable training to prepare health care professional students and the workforce to use modern technologies effectively. However effective training may require significant investment in resources to enable training to occur in simulation contexts where there is no risk to patient safety, and minimum reduction in the availability of the technology for clinical client use. Inter-operability is crucial and as previously mentioned, design that accommodates staff and students through their working life from 18 to 65+ retirements. Design of technologies that are ergonomically and practically suitable for the over 55s is crucial for the health workforce to be adaptable to the future methods of service delivery.

#### **6.0 The Role of Health Professionals Entrepreneurs**

Some of the major barriers to nurses, midwives and allied health professionals engaging in entrepreneurial activity are related to scopes of practice, indemnity and insurance that is of a different nature to that of medical doctors. Community action to encourage good governance and quality professional indemnity and insurance would facilitate entrepreneurial activity, possibly at lower cost to some traditional modes of care and treatment.

Flexible career pathways and the provision of good quality advice would also facilitate appropriate enterprises in the health care sector.

#### **7.0 Cohesion Policy**

The School welcomes the use of Structural Funds to support education and training of the health care workforce. The expertise that exists within Higher Education with the allied health professionals, nursing and midwifery is not best exploited to aid development work, foster health service reform, develop communities of practice and foster evidence based practice.

Nursing, midwifery and allied health professional experts from education and research have much to contribute to the training and re-skilling of health professionals and to the study and developments necessary to improve working conditions.

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