

The European and Hospital and Healthcare Employers' Association (HOSPEEM) response to the European Commission Green Paper Consultation on the European Workforce for Health

Introductory comments

The European Hospital and Healthcare Employers' Association (HOSPEEM) was formed in 2005 in order to represent the interests of European Hospital and Healthcare Employers on workforce and industrial relations issues. HOSPEEM was created by the members of the European Centre of Enterprises with Public Participation and of Enterprises of General Economic Interest (CEEP) who felt that there was a need for a separate, distinct voice on health workforce issues at European level. As CEEP has a remit covering the whole public sector, CEEP's hospital and healthcare members established HOSPEEM as a sector association. CEEP has an observer status within HOSPEEM. HOSPEEM is a full member of CEEP. Since July 2006 HOSPEEM has been officially recognised by the European Commission as a European Social Partner in the Hospital Sector Social Dialogue alongside the European Federation of Public Service Unions (EPSU). HOSPEEM has members across the European Union (EU) both in the state or regionally controlled hospital sector. HOSPEEM members are health employer organisations with the powers to negotiate on pay and on terms and conditions of service with their respective Trade Union partners. HOSPEEM members are also concerned with ensuring good employment practice for healthcare staff.

This paper summarises the responses received from HOSPEEM members to the Commission's consultation on European Workforce for Health. HOSPEEM members recognise there are many common challenges on workforce which EU healthcare systems face and welcomes the Commission's intention to open a wide ranging debate to attempt to identify solutions.

Demographic change and the ageing workforce

HOSPEEM members understand that the longer life expectancies and an ageing population will have major implications on healthcare provision in the future. Healthcare organisations in Europe have identified a number of techniques in order to address an anticipated increase in demand for their services. These include:

- > Promoting careers within the health service through campaigns and supporting material. An example of this can be found in Finland where they have set up a

number of projects to promote jobs in the municipal sector which includes healthcare as well as such things as the education sector, social sector and technical sector. The aim of these projects is to improve the municipal sector's reputation as an employer.

- > Strategies to limit the number of students dropping out from studying towards jobs in the healthcare sector.
- > Training more healthcare workers. The National Health Service (NHS) in England has, in anticipation of increased demand due to an ageing workforce, increased the number of training places for a number of different groups of healthcare professionals.
- > Encouraging ex-healthcare workers to return to the service.
- > Hiring staff from abroad including EU and non EU countries.
- > Maximising the workforce through changing working patterns and role redesign and staff development so service provision is more effective.
- > The offer of flexible working patterns and continuing personal development to aid retention.

In some HOSPEEM countries the working hours regulations have had a negative effect on their ability to organise medical services. Also the current economic situation has had a major impact on some HOSPEEM member countries and their plans to expand their health services. This has led to a reduction in public spending in a number of health services in Europe. As a result there has been limited recruitment and early retirement has been encouraged.

Despite this, HOSPEEM members still feel that a toolkit and good practice to promote careers in health and social care and improve recruitment and retention would be useful. The Commission could also encourage the sharing of ideas on these issues between individual countries. In a number of HOSPEEM member countries certain sections of society, in particular ethnic minorities, are under represented in the health sector. Promotion of job opportunities could be particularly targeted at these groups. HOSPEEM members do, however, feel strongly that any EU initiative to promote careers in health and social care should be carried out in co-ordination with those campaigns already in existence nationally.

Health worker mobility

In some HOSPEEM member countries there is a shortage of certain staff groups and an over supply in other areas, for example in Italy there is a shortage of nurses whereas there is an oversupply of doctors. Other HOSPEEM members are concerned about the loss of skilled healthcare workers. They recognise that free movement of staff should be a right within the EU but in some areas this has led to a shortage of trained staff. In particular, new member states like Latvia, Lithuania and Poland have lost significant number of health professionals to the old member states. HOSPEEM has jointly with EPSU (European Public Sector Unions) developed a 'Code of Conduct and follow-up on Ethical Cross Border Recruitment and Retention' (attached). This was adopted by social partners in April 2008. It reinforces key principles such as access to high quality care for all EU citizens; equal rights and non discrimination for migrant workers and it also promotes ethical recruitment strategies. Further work is, however, required to build on this Code of Conduct and reinforce the

principles it sets out. This is why HOSPEEM and EPSU members are currently working towards a successful implementation of the Code of Conduct at national, regional, local and workplace levels.

The state of play of the implementation will be monitored on a regular basis, with a final report due to be published in 2012. The report will evaluate the effective impact of the Code of Conduct on cross-border recruitment and retention policies put in place by the Social Partners in the healthcare and hospital sector.

To increase the opportunities for mobility of healthcare workers around the European Union it would be of benefit to gain a pan Europe agreement on the role of healthcare professionals. HOSPEEM members feel that it would be useful if the Commission continue to support healthcare bodies and regulators in efforts to agree common competences for healthcare professionals. HOSPEEM members also believe that there should be more robust mechanisms in place, in regard to the recognition of qualifications, to further safeguard patient safety. HOSPEEM members believe that the safety of patients is paramount and look to the European Commission to take the lead to ensure the health and safety of patients is properly protected from dangerous health professionals.

HOSPEEM members realise that language could prove a barrier to the free movement of staff within the EU. Language training could therefore aid workforce mobility - especially to those countries where their native language is not widely spoken. Where language is not a problem it could be beneficial to have cross border agreements for fixed period training or exchange projects. HOSPEEM members did take the view that the decision to have cross-border agreements should be left to individual countries.

Workforce data

HOSPEEM members are aware that in some countries the quality of workforce planning is not of a high standard, such as in Italy, and that support could be given to national governments to improve their systems so that they meet the standards of fellow European countries. The Commission could also encourage national governments to ensure that their systems can predict workforce demand in the short, medium and long term – over ten years. HOSPEEM members suggested the Commission carry out a study into which healthcare professions young people are entering at a national and European level to look at the long term balance of the workforce. The Commission could also arrange for information already collected at a national level to be collected across Europe. This would show useful trends and could be used to encourage health professionals to move to those countries where their skills are in demand.

In relation to future workforce requirements, HOSPEEM members recognise the contribution that the European Commission can make to assist individual healthcare organisations, but believe that ultimately the responsibility for collection of data and for workforce planning should remain with individual countries. HOSPEEM members were concerned that there should not be additional requirements placed on health organisations to collect further workforce information as this would prove costly and burdensome.

Impact of new technologies

HOSPEEM members welcome the development of new health related technology. They understand the benefits it can bring in service delivery and patient care. However, the introduction and utilisation of new technologies can be difficult. It would be of great benefit therefore if the Commission provided funding to aid the effective implementation of new technologies. In particular it is important that the EU recognise that the effective use of technology requires fully trained staff who are capable of maximising its potential and that training initiatives could be of great benefit. HOSPEEM members also suggested that an assessment should be made of the extent to which the effects of innovations and new technology can contribute to tackling workforce issues.

European funded projects

HOSPEEM members back initiatives already supported by the EU to help unemployed people access jobs in the healthcare sector. The healthcare sector can benefit from the skills and experience of this section of society.

In other areas HOSPEEM members believe that further benefits could be derived if the Commission funds projects aimed at helping staff identify training needs; manage change within a healthcare organisation and training to reduce the level of mistakes made by healthcare workers.

HOSPEEM members accept that there needs to be a degree of rigor in any process for allocating European money for projects. Some of the requirements and levels of bureaucracy could be removed to make the process less onerous. Also as it is already clear what funding the EU provide, HOSPEEM members believe that the responsibility should lie with member states on how to fully make the best use of the funds available.

Other factors not mentioned in the consultation

The Green Paper was not clear on what was meant by the workforce for health. In some countries this could include social care services. It was also not clear whether environmental health was included in the consultation. HOSPEEM members felt there should have been a stronger emphasis on social care and environmental health care in the green paper. In Finland the administration for social welfare and primary care in some local authorities has been combined and services are closely co-ordinated. This system could be used in other EU countries and further investigation into its advantages and disadvantages could be of benefit.

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