Comments by the Government of the Republic of Hungary on the Green Paper on the European Workforce for Health

The Hungarian Government attaches priority to the initiative of the European Commission that draws attention to the difficulties facing health workers and Members-State health systems and to the common challenges arising from the problems of health workers, and provides a basis for addressing the problems at EU level.

The Hungarian Government believes it is imperative that these problems should be addressed at EU level, because EU accession has increased the human-resources problems of the Member States that joined in 2004 and 2007. Hungary is dedicated to act on a national level, too, and to that end, in 2008 the Ministry of Health organised, with the support of the Representation of the European Commission in Hungary, the First Healthcare Human Resources Forum, which reviewed the situation of human resources for health and discussed issues of training of health professionals.

Our comments and remarks on the Green Paper are as follows.

Chapter 4.1: Demography and the promotion of a sustainable health workforce

The chapter establishes that as people live longer, it is expected that there will be increasing numbers of older people with a severe disability and in need of long-term care, and as multiple chronic conditions are more prevalent in old age, this will have implications for care provision. We agree and confirm that life expectancy is growing in EU countries. This, however, is not a steady tendency, and in many countries – unfortunately including Hungary – this does not mean an increase in the number of years spent in good health. There are considerable regional differences in this respect. Consequently, chronic care will play an increasing role, requiring large numbers of well-trained specialists. As the EU's population is getting older, the need for health workers grows, requiring adaptable skills and new competences (i.e. a change of skill mix). We believe that strategic planning in health must also include the planning of human resources for health.

As regards demographic issues, the selectivity by age of migrant international professionals should be mentioned, because apart from the fact that (due to the ageing of the health workforce itself) more health professionals retire from the system than new ones enter it, the tendency of typically younger-generation professionals seeking employment abroad further increases the demographic deficit of health workers in their home countries.

We believe that the outstanding macroeconomic significance of the health sector has to be borne in mind, particularly in the current economic crisis. The health sector plays a crucial role in increasing economic growth and competitive strength; it promotes innovation, improves workforce productivity and employability, and itself offers employment possibilities. The improvement of the state of health and the productivity of health workers can directly contribute to reducing the shortage of health professionals.

The Green Paper mentions the feminisation of health care, stressing that the promotion of gender equality measures in human resource strategies is particularly important. We believe

that, bearing gender equality in mind, it is necessary to adapt to the current situation by creating family-friendly employment conditions and increasing the volume of part-time work. In particular, jobs primarily held by women should be made attractive, and possible to keep and fulfil satisfactorily alongside rearing a family (which would tie in with the desirable change in demographic trends). The EU should provide support for presenting life-work balance practices and making them widespread.

In an effort to remedy the demographic problem caused by the ageing of health workers, we believe labour market measures and support schemes should be considered to compensate for the exceptionally high workload specific to this sector. In our experience, young people tend not to go into a career in health because, by comparison with other sectors, the pressure of work is higher in both physical and psychological terms; and since on-call time qualifies as working time, the actual workload and the length of service, too, is higher than in other sectors.

The health sector's human-resources problems (i.e. the shortage of professionals and the workload of health workers) should be explained and communicated to the population at large. It would be important to foster an awareness of individual and social responsibility with respect to treating and caring for our family members and fellow citizens. Family-friendly solutions should mean that family members, as well as anyone else willing to, are involved in care, but lack the necessary qualifications. Organising chronic disease management practices will crucially involve health professionals giving support to family members. Naturally, this does not solve the shortage of health workers, but through good organisation the existing resources of health workers can be optimised in a way that the patient does not have to be moved from his or her home or community setting. This could be a more economical and cost-effective investment, and to that end feasibility/research studies examining this option should be promoted. It is furthermore necessary to develop training programmes of different levels and forms for people wishing to join in. It is equally important to improve patients' access to information and to improve their ability to help themselves.

The population at large should be informed about health expenditure and the price of individual services, about realistic and rightful demands, and should be encouraged to welcome multi-ethnic health workforce. Moreover, greater tolerance towards patients and health workers coming from a multicultural background should be encouraged. Multiculturalism and multi-ethnicism should be surveyed in the context of health care standards.

Achieving a more effective deployment of health workers is extremely important. It would be worth considering how this objective has been met in the case of other EU support schemes. Meeting this objective could be made a precondition in the case of health infrastructure development aid schemes.

Hungary attaches high priority to "return to practice" campaigns to attract back those who have left the health workforce. Naturally, this could be best achieved by offering decent wages (e.g. through mixed methods of funding); however, in countries where it is unrealistic to achieve a significant increase in wages, it is important that the social prestige of the profession should be preserved and, where possible, restored. Other forms of support could contribute to the success of such campaigns, such as housing and other allowances (involving greater flexibility and co-operation with local governments in allocating tenement flats, etc.),

legal, educational (refresher courses with income aid) and other support to facilitate the return to the heath sector.

With respect to health workers leaving the profession, it is important to address every generation, including the over-55s and, where appropriate, pensioners. Younger people need to be offered solutions that help to create a work-family balance.

With respect to the recruitment of health workers, students should be made acquainted during their time at school with the wide choice of careers available in the health sector, which would, in turn, help them plan their professional development.

We believe the migration of health workers should be examined in the context of patient mobility, given that there seems to be an increase in both phenomena, and the two mutually affect one another.

Chapter 4.2: Public health capacity

We agree that health promotion and disease prevention are crucial objectives. In our experience, the prestige of a career in health is extremely low. Improving the attractiveness of the public health sector should be given high priority.

Workplace-related health plays a very important role in the health sector itself, where workers are exposed to greater health hazards than in many other sectors. High working standards can only reasonably be expected from health workers if they are in turn guaranteed – using, inter alia, human resources management tools – employment security, a life-work balance, and a special focus on health at work and the promotion of health.

Chapter 4.3: Training

The growing need for health professionals calls for the reconsideration of training capacity in every Member State. It is important to note that in parallel with increasing training capacity, the incentives that prevent health professionals from leaving their career and keep them in the health care system of their home country also need to be stepped up. This requires a comprehensive human resources strategy in health that will provide, at national and international level, a steady supply of professionals for sustainable health systems.

We believe that professionals require truly relevant and authentic training courses that genuinely offer knowledge and skills acquisition, rather than just being an obligatory administrative burden. Where Member States are affected by the migration of health professionals, they need to mutually recognise professional experience and training acquired in each other's health care systems, helping migrant workers to return to the job market of their home country. Exchanging good practices and acquaintance with each others' professional training systems can contribute to meeting these objectives at EU level.

If the Observatory on the European health workforce, mentioned in the Green paper, is eventually created, its activities should include the monitoring of the migration of health professionals.

To facilitate mobility and interoperability, health training programmes should be aligned in terms of both duration and content. Ethical training principles and interoperability need to be ensured in both under- and postgraduate training in the EU, which in the long term will contribute to the improvement of standards. We believe that the introduction of vertically and horizontally interoperable training courses would make traditional medical and paramedical training more flexible.

Changes in structure, operation and training might also be considered with a view to reducing the need for manpower and, in particular, doctors. This could be achieved by strengthening and extending "non-doctor" college education and changing competencies as necessary.

On the basis of the demographic status quo and its effects, it can be established that the principal challenges future health care faces include ageing societies and, concurrently, the implications of multi-morbidity. This will result, inter alia, the mass presence of old-age people requiring health and social care. In turn, they affect the educational system as well as the organisation of care. We believe that in the future, social and health education systems need to be aligned. In Member States where the two systems are divergent, it is advisable to begin this alignment procedure in terms of human resources, with a view to ensuring the interoperability of the health and social sectors. These objectives would be facilitated if reports on the human resources situation included both sectors.

As regards the different types of degrees held by nurses, the nomenclatures of the Member States need to be aligned. Very often comparability and the transmission of results on statistics are hindered by diversity and the fact that the same labels are attached to different types of education in each Member State.

Chapter 4.4 and 4.5: Managing mobility of health workers within the EU and the Global migration of health workers

We would stress that Hungary considers the solutions and initiatives facilitating the free movement of persons to be significant achievements. However, we would argue with the Green Paper's conclusion that the free movement of persons helps to ensure that health professionals go where they are most needed. Experience has shown that currently health professionals go where they are offered better working conditions and better wages. Consequently, the free movement of persons has led to distortions in health workforce supply, since a large number of professionals have migrated away from regions where the health care system needed them.

We agree with the Green Paper in that citizens have the right to access healthcare in other Member States. It should be stressed, however, that the key objective must be to ensure that every EU citizen has access to health care in his or her own country. We believe this priority must be asserted in the ethical recruitment of health professionals alongside the principle of sustainability.

The European Union should promote self-sufficiency not only at EU level, but also at national, and encourage the Member States to bring training volumes in line with labour market needs. It is important that every Member State should be conscious of its responsibility with respect to organising and financing the training of the necessary and adequate number of professionals required for its health care system, and to developing

satisfactory labour market policies. The sharing of good practice can help national systems in achieving this.

The Member States need to encourage migrant professionals to return to their home country by creating incentives. At European level promoting circular migration is essential with respect to non-member countries and the Member States, in that it offers a working experience abroad, the exchange of experience, and at the same time it gives the health care systems of other Member States the possibility to benefit from the knowledge and experience of health professionals whose education was financed by another Member State. The sharing of good practice as well as relevant research should be promoted at EU level. We believe it to be crucial in promoting circular migration.

The Green Paper underlines the importance of ethical recruitment in the context of global migration. It should be noted that this issue is highly relevant at European level, too, since recruitment from the newly joined Member States has a great impact on the health systems of the recruiting countries. A global code of conduct for the ethical recruitment of health workers should be adopted as soon as possible to facilitate the admission of highly qualified migrants into the EU, in line with the European Commission's proposed Directive.

The management of the migration of professionals within the EU is an important question. There are many tools that can be used in the training and migration of professionals, including student exchange programmes and scholarship grants, among other things. These possibilities need to be exploited better, in combination with the sharing of good practice.

In connection with migration, the EU should explore the possibility of remittances that migrants send back to their home countries and the role of remittances in the economy of the given Member State. This should be examined in the context of non-member countries and migration between Member States too, in an effort to create accurate analyses covering every aspect of the phenomena.

Chapter 4.6: Data to support decision-making

It is crucial that the European Union should promote research activities that provide a basis for human resources strategy in health. A working strategy is only possible on the basis of reliable and authentic data. Equally important is the standardisation of health workforce indicators, and the alignment and standard interpretation of the applied definitions.

Solving the problem of data collection and data supply is extremely important in dealing with migration issues. Due to the fact that the home country of health professionals (which issues the required certificates when they seek employment in another Member State) has no information on the actual employment of its citizens abroad, it would be advisable to oblige the target countries to provide data about professionals registered there, naturally complying with the rules of data protection. Accordingly, this would be anonymous statistical data collection. It would also be worth keeping track of whether or not the job held by a health worker from another Member State is appropriate to his or her specialisation. It is important to develop answers to the problem of the traceability of migration. It is important that the bodies in the Member States keeping a register of health professionals should collect data in a standard way, to facilitate the creation of analyses and comparisons.

Chapter 5: The impact of new technology: improving the efficiency of the health workforce

Hungary agrees that the use of new technology improves the efficiency of the health workforce, reducing the need for manpower, and we believe that telemedicine in particular should be promoted. The role of new technologies in reducing inequality is also unquestionable, since telemedicine can provide a better health coverage for remote areas or areas lacking health professionals.

At the same time, even in the short term, new technologies significantly change the structure of human resources in health, and call for the re-interpretation of traditional professional hierarchies and roles, levels of responsibility, and skills and competences. Training schemes must therefore be prepared for this, too.

It should be stressed that initiatives in e-health – which, among others, seek to establish the conditions for the use of information technologies in improving the quality and efficiency of health care – will greatly contribute to solving human-resources problems. As new technologies become widespread, the safety of e-health and telemedicine and the ethical use of these systems needs to be given attention, also in the context of human resources.

Chapter 5: The role of health professional entrepreneurs in the workforce

We believe that encouraging more entrepreneurs to enter the health sector deserves consideration; however, the effects of promoting local and cross-border enterprises need to be considered as well. It is important not to significantly increase the differences between the existing barriers to entrepreneurial activity in the health sector, to prevent an escalation of "brain drain" through the facilitation of health entrepreneurship in other Member States. The effects of increased entrepreneurial activity on patient safety should be examined.

Chapter 7: Cohesion policy

Hungary fully supports the use of the Structural Funds to train and re-skill the health workforce and develop health infrastructure in a way that will effectively contribute to the improvement of working conditions. We would stress that the measures suggested by the Green Paper need to be interpreted in the context of a comprehensive human resources strategy in health that is harmonised with the individual human resources strategies of the Member States. The Member States, too, need to be encouraged to develop a comprehensive approach. Accomplishing that (and the studies and tests it involves) will require support from the European Union.