

Berlin, 09.04.2009

IEGUS Institut für Europäische Gesundheits- und Sozialwirtschaft GmbH (Institute for the European healthcare and social economy sectors)

Reply to consultation on the Green Paper on the European Workforce for Health

The IEGUS Institute

IEGUS develops practical approaches, studies and reports in relation to current challenges facing the sector, with the aim of boosting the systematic further development of the health and social sector in Europe and providing a basis for political decision-making processes whose planning horizon is often too short term. It is working, for instance, on circular migration in care for the elderly and is funding a doctoral thesis on the subject at Bielefeld University.

In accordance with our motto 'For better health and care', our work at the institute focuses on the following points:

- Determinants and structures of European health and welfare systems
- Aspects needing to be brought into line with EU provisions
- Allocation of services and resources, economic efficiency of health and social services
- Structuring of working processes and working time patterns
- Changing demands with regard to education and training, development of new occupations in the healthcare and social economy sectors
- Cross-border healthcare
- A shift in healthcare from cure to prevention
- Transfer of knowledge in a European context

Comments on selected sections of the Green Paper

IEGUS expressly welcomes the European Commission's increased efforts to address the topic of the healthcare workforce. It is setting in motion at European level a process intended to lead Member States to develop, implement and evaluate coordinated strategies to resolve shortages of healthcare professionals. The European Commission can accelerate this process in different ways, and we would make the following specific suggestions in this regard:

p. 3: Introduction

'Policy makers and health authorities have to face the challenge of adapting their healthcare systems to an ageing population. Between 2008 and 2060 the population of the EU-27 aged 65 and over is projected to increase by 66.9 million and the "very old" (80+) will be the fastest growing segment of the population'

p. 6: Demography and the promotion of a sustainable health workforce

'Nevertheless 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. As multiple chronic conditions are more prevalent in old age, this will have implications for care provision. Moreover, demand for formal care is likely to increase given the likely reduction of availability of informal carers for example as a result of changing family structures.'

IEGUS believes that the ageing population is one of the main challenges shaping future European health policies. Care for the elderly will be the area of healthcare most affected by demographic change. The demand for professional care for the elderly will rise dramatically with the explosive increase in the number of very old people, the trend towards hospitalisation and the declining workforce in all EU countries. Of all the areas of healthcare, care for the elderly will therefore be the hardest hit by the human resource crisis.

IEGUS proposes that a Europe-wide comparative study on the organisation of care for dependent persons be carried out with the aim of identifying examples of the best healthcare provision in the different Member States from the point of view of the care-dependent and carers, as well as from a qualitative and economic point of view.

A Europe-wide publicity campaign could improve the image of healthcare professions in society. This could spark the interest of more young people in healthcare career opportunities and an improved image could spur those that have left healthcare professions to return to the sector and increase public acceptance of higher spending on health. The aim of enhancing the image of care professions in society also serves to raise awareness among political and economic decision makers of the need to provide the sector with adequate resources and create a suitable environment to enable care professionals to carry out their duties and meet their responsibilities.

IEGUS considers it advisable to identify the target groups before launching the campaign, in order to tailor it accordingly. In addition to political and economic decision makers, carers in Europe make up of one of the main target groups. They would benefit not only from their work being more highly valued, but also from cross-border networks and knowledge-sharing. The idea of Europe should become a reality for carers in the Member States.

p. 8: Training

'Training capacity is also an issue to be considered as part of workforce planning. If more doctors and nurses and other staff are needed, more university places or training schools will need to be created and more teaching staff to train them. This will require both planning and investment.'

IEGUS expressly welcomes the promotion of the basic and further training of healthcare professionals. Although the majority of Member States have a shortage of doctors, there are still restrictions on the enrolment (numerus clausus) of medical students. In this regard, the European Commission should encourage the Member States to step up cooperation in the area of training and to ease enrolment restrictions. Against the backdrop of the Bologna Process, the Commission should push for the simplification of cross-border higher education and vocational training in the area of care in all Member States, focusing on the needs of both students and teaching staff.

In addition to the traditional healthcare occupations (doctors, carers, medical assistants), advances in medical technology have created new kinds of roles and changed the knowledge requirements in some areas of healthcare, yet there are no training programmes specifically tailored to these new developments. Examples include operating assistants or sterilisation technicians. The European Commission should allocate resources to the targeted promotion of new training or retraining programmes. The increased separation of duties that could potentially ensue would relieve medical and care staff of the burden of tasks outside the scope of their expertise, leaving more time available for patient care.

p. 11: *Global Migration of Health Workers*

'The EU has made a commitment to develop a Code of Conduct for the ethical recruitment of health workers from non-EU countries and to take other steps to minimise the negative and maximise the positive impacts on developing countries resulting from the immigration of health workers to the EU²⁴. The need to deliver on these commitments is reiterated in the Progress report on the implementation of the PFA adopted in September 2008.'

'The shortage of health workers is global, but the problem is most acute in Sub-Saharan Africa, where the problem has reached crisis level. The shortage is worsened by increased demand and competition for medical and nursing staff across the developed world.'

IEGUS, too, is convinced that circular migration offers a possible ethical migration of healthcare professionals. Brain drain is a problem not only in Africa, it affects also Caribbean and Latin American countries, whose healthcare systems are at risk of being overwhelmed owing to the migration of healthcare professionals. Even the Philippines, the biggest exporter of healthcare workers, is now complaining of major problems due to the persistent care drain.

IEGUS would therefore urge the EU to support circular migration measures within the healthcare system involving other countries besides African ones. Measures should be promoted to comprehensively address all facets of circular migration. There is a lack of evaluated tools for the worldwide ethical recruitment of healthcare professionals. A code of conduct is therefore urgently required and should encompass intercultural aspects and issues relating to equity of distribution throughout the world.

p. 12: *Global Migration of Health Workers*

'Stimulating Bilateral and Plurilateral agreements with source countries and developing mechanisms for support of circular migration.'

IEGUS shares the view that circular migration can be promoted through multilateral relations but that there has to date been little evidence of promising methods of structuring circular migration programmes. The following questions must be answered as part of Europe-wide research contracts:

- With which partner countries should a circular migration programme be carried out?
- Which migrant groups are particularly suitable for a circular migration programme?
- How can we ensure that healthcare professionals migrating to the EU possess the required cultural, technical and linguistic knowledge?
- How can we ensure that knowledge being fed back into the countries of origin is having the intended effect on development policy?
- How can we prepare healthcare facilities (and possibly host societies) for the immigration of healthcare workers?

- How can policy frameworks (such as rules on entry and the right of return) be structured to allow circular migration to be successfully implemented in the care sector?

This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumers DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.