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European Commission  
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Brussels  
Belgium

**Green Paper on the European Workforce for Health**

I attach a submission by the Department of Health and Children on the Green Paper on the European Workforce for Health. This submission was prepared following a national consultation process.

Yours sincerely,

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Principal Officer

# **GREEN PAPER ON THE EUROPEAN WORKFORCE FOR HEALTH SUBMISSION BY THE DEPT. OF HEALTH & CHILDREN - IRELAND**

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## **1. Consultation Process**

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Following the publication of the Green Paper, the Department of Health and Children undertook a consultation process as follows:

- (i) public consultation — this consisted of placing an advertisement on the Department’s website and in the national newspapers inviting the views and input of interested parties on the Green Paper;
- (ii) direct contact with relevant organisations — a number of organisations were contacted directly for their views on the Green Paper. These included selected Government departments and agencies, statutory professional regulatory bodies, professional associations and unions.
- (iii) consultation with the Joint DoHC/HSE Working Group on Workforce Planning; and
- (iv) internal consultation within the Department of Health and Children.

## **Responses**

Responses were received from the following organisations: Health Service Executive (HSE) <sup>1</sup>; An Bord Altranais [the Nursing Board]; the Health & Social Care Professionals Council; the National Council for the Professional Development of Nursing & Midwifery; the National Social Work Qualifications Board; the Irish Association of Speech & Language Therapists; Caring for Carers; the Irish Senior Citizens Parliament; the Royal College of Surgeons; the Irish Nurses Organisation; and the Tarlov Cyst Disease Foundation. Responses were also received from a number of individuals.

## **Sample points from responses**

- Workforce planning projections must be affordable and sustainable.
- Workforce planning should be integrated with other planning processes including service and financial planning.
- There is a need for professional regulation of healthcare services across all member states.
- There is a need to recognise that workforce planning solutions may differ from one area to another.
- The Green paper should encompass all healthcare professions.

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<sup>1</sup> The Health Act, 2004 provided for the establishment of the Health Service Executive which has overall responsibility for the management and delivery of public health and social services in Ireland.

- The requirement for proficiency in spoken and written English should be maintained for all applicants.
- Qualifications should be standardised throughout the EU.
- The need for training and the importance of skill-mix should be recognised.
- There is a need for member-States to identify future skill needs and training requirements.
- An agreed minimum data set, which would facilitate comparisons between member states, is required.
- There is a need for Europe-wide information in planning and providing health services for all health authorities throughout the EU.
- Promotion of the use of information and communication technology is necessary.
- The impact of new technology, and how best to utilise it, should be assessed.
- There is a need for EU initiatives to support the undertaking and dissemination of research.
- Electronic patient records should be used to enable patients to move between various services and countries.

Individuals and organisations were invited to submit their views on the Green Paper to inform the Department's view on the Green Paper, or to submit their comments directly to the Commission.

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## **2. View of the Department of Health and Children**

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### **Overview**

The Department of Health & Children welcomes the *Green Paper on the European Workforce for Health* and the opportunity to provide an input to it. Improved workforce planning is critical to the successful delivery of the strategic objectives for the health services. Furthermore, in the current economic climate and in view of the relatively high staff costs involved in delivering health and personal social services there is a need to ensure that best value is being obtained across the health service. Workforce planning should assist this process by enabling emerging innovations in service delivery, the adaptation of existing models of service delivery and the consideration of new models of service delivery to be incorporated into the planning process. The identification of an appropriate skill mix and a flexible workforce are important elements of this process.

The approach taken in the Green Paper is consistent with recent policy on workforce planning in the health sector in Ireland. The general thrust of our overall workforce planning policy is to strengthen the coordination of workforce planning and adopt a more integrated approach to workforce planning. The aim is to integrate workforce planning with service and financial planning and, in particular, with the health service's annual service plan.

Our overall approach is to develop the health workforce based on the principles of sustainability, availability, flexibility and patient centeredness. Health workforce plans that take into account these principles will assist the health services in

developing a workforce that is better prepared to meet the challenges, as identified in the Green Paper, resulting from domestic, EU and global factors.

### **Patient/Client focus**

An assessment of the needs for the health workforce should begin with the particular needs of patients and clients. Each patient/client group will have their own particular service needs and, following from this, a particular set of skills and competencies that are required to deliver such services. Therefore, this is a key consideration in the planning or examination of new or existing services.

The needs of patients/clients should encompass all aspects of health services, including primary and community care, and hospital services. It should include the full range of services being delivered to patients/clients, including acute services, mental health services, services for older people, services for persons with a disability, and children's and family services, for example. Staff engaged in healthcare should have skills and competencies to provide services to patients/clients depending on their needs.

As outlined in the Green Paper, the needs of patients and clients should also include the impact of a changing demographic profile, including increasing numbers of people with a disability and in need of long-term care. This should be considered in the context of changing family structures and increased formal care.

Latest population projections from the Central Statistics Office also suggest that the number of persons aged 65 and over in Ireland will rise from 462,400 in 2006 to between 1,313,300 and 1,434,400 by 2041, increasing the old age dependency ratio from 15.9% to between 32% and 45%, depending on fertility and migration rates. This implies that Ireland will move from having six people of working age for every older citizen to a ratio of between two and three to one. From a public finance perspective, an ageing population will pose significant challenges. Foremost amongst these is a substantial rise in age-related public expenditure. Improved life expectancy and population ageing bring with them pressures on the health services.

The demographics of the health workforce also have implications for future workforce planning decisions. Factors such as age and gender can affect the replacement demand for staff and will need to be factored into decisions on the supply of certain occupations.

In Ireland, the patient/client focus is to be achieved in the context of the reconfiguration of services from acute to primary and community care (in line with the HSE's *Transformation Programme*) and also the integration of services as outlined in the HSE's new management structure.

The development of quality and safety standards, based on evidence and best practice will also have implications for workforce planning.

## **Sustainability of the Health Workforce**

Healthcare is labour intensive. Pay costs are significant and constitute approximately 70% of health service costs. This cost is only sustainable if numbers are controlled and services are delivered in a way that ensures the right person is in the right job to deliver an effective service in a cost effective way. This will necessitate an ongoing evaluation of the resources available for service delivery. The impact of an ageing population, including predictions of increases in chronic diseases, cancers and diabetes, will pose challenges for health service funding.

In light of the challenges posed by the current economic climate in Ireland, it has been necessary to reduce public health service pay costs and to introduce greater flexibility and adaptability in the workforce. The actions taken to facilitate this include:

- (a) a moratorium on recruitment, promotion, or acting-up<sup>2</sup>; and
- (b) the introduction of an incentivised scheme for early retirement, a special incentive career break scheme and a shorter working year scheme.

There is also a need to consider the global sustainability of the health workforce. Many other developed countries have already achieved the age dependency ratios that are expected for Ireland in the future. They are also struggling to cope with demands on their health care systems due to disease prevalence and the cost of new technology, for example. However, the sustainability of health care systems must also take into account the global availability of the health workforce. It is important to note that sustainability and availability are intrinsically linked.

## **Availability of the Health Workforce**

Workforce planning must take into account the availability of the health workforce. The supply of individuals for the health workforce in Member States comes from domestic and international labour markets. An unlimited availability of workers for the health sector cannot be guaranteed. Other sectors of the economy will, at various times, attract individuals away from healthcare. International competition is likely to continue for key health skills. Even within the health sector, there will be a need to examine the factors affecting supply and demand between individual occupations and between public and private employers, for example.

### **Domestic Supply for our Workforce**

There has been significant investment in Ireland over the years in providing a supply for the health workforce. This includes investment in additional priority education and training places for key occupations as well as the pay and conditions for health professionals. This has ensured that there is a relatively high demand for employment in the Irish health services and for college and university course in health care.

A recently published report<sup>3</sup> detailing workforce planning analysis for selected healthcare occupations provides a valuable evidence base for workforce planning

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<sup>2</sup> The general moratorium on recruitment and promotion in the public service has been modulated in the health sector to ensure that key services are maintained insofar as possible. This includes provisions that allow for the creation of additional front line posts within the overall authorised employment levels to deliver key services.

decisions in respect of the twelve health care occupations covered by the study. A previous report in 2005<sup>4</sup> provided valuable data and led to policy decisions for improving the supply of certain healthcare grades.

Flexible working has long been a feature of health sector employment and this provides benefits for employers as well as employees. In recent years, there has also been a demand for family-friendly work practices. The HSE has a number of policies which are designed to support Employee Work–Life Balance in a manner which is conducive to the recruitment and retention of employees of the highest calibre, including a Flexible Working Scheme and Term Time Working.

Other specific initiatives in recent years include return to practice courses and recruitment and retention programmes for nurses, and management development programmes for healthcare workers. The challenge is to ensure that the health service is seen as an attractive career choice for potential employees.

#### International Supply for our Workforce

Health care professionals are particularly mobile with both inward and outward migration prevalent, nursing and therapy professions being typical examples. While there has been a reduced need for overseas recruitment in the past year, almost 10% of HSE staff are non-Irish with the largest groupings coming from Asia (5.16%), EU/EEA countries (2.47%) and African countries (1.65%).

Ethical recruitment is a consideration when sourcing staff from abroad. The Department of Health and Children document *Guidance for Best Practice on the Recruitment of Overseas Nurses and Midwives* (2001) sets out the procedures for recruiting nursing staff from abroad. While self-sufficiency is often the ideal objective, there is a number of circumstances where it may be neither possible nor practical.

#### Flexibility of the Health Workforce

Flexibility of the workforce is required to take account of changes in the way services are configured and delivered. This flexibility may include changes in skill mix between grades or developing the skills and competencies of existing staff in the health services. The direction of policy is towards optimising the delivery of services in the community and integrating services between hospital, community and primary care.

#### New skills & skill mix

An important part of workforce planning is ensuring that the proper skill mix is in place and that staff are using the skills they have been trained to provide.

Several reports have recognised the importance of skill mix in health service delivery. *Human Resources for Healthcare* (OECD, 2003) suggested that “appropriate changes

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<sup>3</sup> *A Quantitative Tool for Workforce Planning in Healthcare – Example Simulations* (2009). Expert Group on Future Skills Needs / FÁS

<sup>4</sup> *Healthcare Skills Monitoring Report* (2005). FÁS

to the skill mix of health care workers have the potential to lessen the constraints that result from shortages in specific types of staff and to improve labour productivity”. Changing work practices and better skill mix can ease potential supply problems for some groups of professionals. Examples include:

- The SKILL Project aims to provide education, training and development initiatives to around 28,500 support staff and support service managers in the health services.
- In nursing, the development of nurse-led services is enhancing the role of nurses and releasing doctors to work on more complex cases.
- Regulations have been introduced to allow nurses and midwives to prescribe medicinal products (subject to certain conditions). This will promote effective utilisation of both the nursing and medical resource.

#### Innovations in service delivery

Workforce planning should enable innovations in service delivery, the adaptation of existing models of service delivery and the consideration of new models of service delivery to be incorporated into the planning process. The identification of an appropriate skill mix and a flexible workforce are important elements of this process.

### **Demographics of the health workforce**

The demographics of the health workforce have implications for future workforce planning decisions. Factors such as age and gender can affect the replacement demand for staff and need to be factored into decisions on the supply of certain occupations.

#### Ageing of the health workforce

In 2008, a survey of the age profile of health workers in HSE and non-HSE employment was carried out. The survey showed that 41% of staff are in the 33–47 age range and 67% are in the 28–52 age range. It also showed that the age profile for the health sector is reasonably spread across the age bands. However, there are some differences between the profiles for certain grade categories and locations.

#### Gender composition of the workforce

While some gender patterns for health professions have changed over time, the vast majority of health care workers are female. Since 1997, the proportion of males in each grade category has fallen while the most significant increase in female employment (+20%) is in the Medical/Dental category. This reflects the increasing participation by women in the workforce generally and also the increased feminisation of the medical workforce. The recent Expert Group/FÁS report took account of the increased number of part-time GPs (arising from the greater number of female GPs as well as the greater uptake of part-time work in general) in its workforce projections.

#### Improving evidence for workforce planning

The Department agrees that it is vital that workforce planning data is available so that evidence-based decisions can be made. It is also true that for any EU wide responses to workforce planning, comparable workforce planning data is required. Since health

care systems, including the employment and registration of health professionals differs between members states, this is a possible action arising from the Green Paper.

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### **3. Measures taken to strengthen Workforce Planning in Ireland**

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#### **Workforce Planning approach**

Our overall approach to workforce planning has been to strengthen the coordination of workforce planning and integration with financial and service planning. Health service employment levels are now a central element of both service planning and the annual budgetary process. The OECD *Review of the Irish Public Service* recommended the need for improved workforce planning in the public sector generally and acknowledged the work underway for the health sector. While workforce planning is not a precise exercise, there are a number of practical steps that have been taken to improve our planning and evidence base in this area.

A joint Department of Health and Children/HSE working group on workforce planning was established in June 2006 and includes representatives of the Departments of Health & Children, Finance and Education & Science, the HSE and the Higher Education Authority.

An Integrated Workforce Planning Strategy for the health services, which was developed by the Department and the Health Service Executive, has been finalised and is due for publication shortly. This Strategy will outline that greater coordination of the workforce planning effort is required. It will also outline that greater integration of workforce planning, in particular with service and financial planning needs to occur. This should lead to greater cognisance of workforce needs at the planning stages for services and greater quantification of workforce requirements within service planning. The strategy will outline four workforce planning principles to be applied: (1) patient/client focus; (2) sustainability; (3) availability; and (4) flexibility. The strategy will be published shortly.

The joint working group has also taken steps to improve data and analytical capacity for workforce planning in the health services. A recent report by the Expert Group on Future Skills Needs and FÁS (the National Training and Employment Authority) provides detailed workforce planning analysis for selected healthcare occupations. This provides a valuable evidence base for workforce planning decisions for the twelve health care occupations covered by the study.

#### **Next steps in implementation of the Green Paper**

The nature of the issues facing Members States means that some level of coordination will be required. This could include the development of comparable workforce planning data. In addition, guidance to Member States may well be useful in sharing knowledge and experience and in devising strategies at national level.



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