



Kassenärztliche  
Bundesvereinigung

Körperschaft des öffentlichen Rechts

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**Green Paper on the European Workforce for Health — COM(2008) 725 final of  
10.12.2008**

— Comments —

German National Association of Statutory Health Insurance Physicians

(public-law body)

*[Kassenärztliche Bundesvereinigung (Körperschaft des öffentlichen Rechts)]*

## **1. Preliminary remarks**

This document sets out the position adopted by doctors and psychotherapists in private practice affiliated with the statutory health insurance scheme concerning the Green Paper presented by the European Commission. We would ask the Commission to take our position into account if measures are introduced in light of the Green Paper.

We, the National Association of Statutory Health Insurance Physicians, thoroughly welcome the Commission's efforts to meet the challenges faced by the health sector by devising ways of ensuring that health workers are efficient, effective and highly skilled. For this to be achieved, however, it is essential that any measures taken comply with the principles of subsidiarity and proportionality and that due consideration be given to the responsibilities of the Member States in organising and financing systems of health care. We would emphasise that responsibility for the organisation of healthcare systems and for the provision of medical care lies within the sovereignty of the Member States. Complementary action on the part of the Community is therefore only permissible in the limited instances referred to in Article 152(1) of the EC Treaty.

## **2. Our assessment**

### Demography and the promotion of a sustainable workforce

The European Union is facing unprecedented demographic change which will have an enormous impact on society as a whole. This poses a considerable challenge for the viability of social security systems in the long term. The principal consumers of health care and long-term care services nowadays are the elderly. The steady increase in the elderly population will result in greater demand for these services. According to calculations by Eurostat, the proportion of the total population older than 80, which was 4.1% in 2005, will rise to 6.3% in 2025 and to 11.4% in 2050.

The number of people suffering from a chronic illness or from more than one illness is also increasing. Such people will continue to need reliable, comprehensive and high-quality care from GPs and specialists.

Even in the medical profession itself, these demographic changes are impossible to ignore. In 1993, the average age of doctors contracted to practise under the statutory health insurance scheme was 47.5. By 2005, it had risen to 51 and the proportion of doctors older than 60 stood at 17%. A large number of doctors are therefore likely to leave the profession within the next few years and will therefore no longer be available to provide medical care.

Although the resultant shortfalls in the provision of outpatient care are most severe with regard to the availability of GPs, the number of specialists is also declining. This situation has been caused in part not only by the pressures associated with the work itself and by the chronic underfunding of the services provided by doctors, but also by the red tape which increasingly surrounds the provision of medical care. This puts a strain on patient care, which represents doctors' core function, and, by making the provision of medical increasingly encumbered with rules and regulations, deprives doctors of the ability to act autonomously. That this is having an impact on job satisfaction is undeniable.

Against this background, the Green Paper's proposal that the staff currently available in the health sector be deployed more effectively is definitely worth discussing. One of the questions which should be considered is which medical services, if any, can be provided by health workers who are not doctors either through delegation or by substitution and, if so, how this should be done.

One of the key features of private practice is that service is provided personally. This is by far the most distinctive feature of the medical profession and reflects the fact that the provision of medical care by doctors depends on a special relationship which is based on trust. Personal service provision does not mean that doctors are required to provide each service themselves. However, it does mean that when doctors choose to be assisted by colleagues or other medical staff in carrying out their own duties, they do so on their own responsibility and must act in a supervisory capacity. We therefore believe that the provision of medical care must be left to doctors. Decisions regarding diagnoses and treatment must be the responsibility of doctors, as the diagnosis and treatment of diseases requires extensive knowledge and practical experience, including knowledge about multifactorial, holistic and systemic aspects of medicine, which non-academic medical workers cannot be expected to have. Allowing health workers who are not doctors to perform doctors' duties (substitution) would inevitably lead to an insidious erosion of standards of medical care. We therefore firmly oppose the substitution of doctors by nursing or other staff.

Appropriate forms of delegation, on the other hand, boost the motivation and job satisfaction of doctors and other healthcare workers, as called for in the Green Paper. Doctors can focus their time, which is limited, on tasks which cannot be delegated, they receive tangible support and can optimise the treatment of their patients. Nursing staff and other staff with medical training can acquire further skills and take on more responsibility. This often gives them a chance to boost their earnings, which are frequently unsatisfactory.

Forms of delegation which are clearly defined can also be used when organising the treatment of patients who are chronically ill and providing care to people in their own

homes or in familiar surroundings. This would allow members of a doctor's practice to provide care to patients in their homes, thus bringing about an improvement in the management of care which would benefit patients.

It must be stressed, however, that the doctor must retain sole responsibility and control even when tasks are delegated and that patients must always be referred to a doctor in the first instance.

In order to make the workforce in the health sector significantly more sustainable, it is absolutely essential that incentive measures and doctors' working conditions be tailored to the needs of doctors with children. A greater effort must be made to set up crèches for the doctors' children.

As it is becoming apparent that the medical profession is undergoing a process of "feminisation", the supply of part-time posts must also be extended. The financial resources available for the development and implementation of modern working time arrangements must be expanded and bureaucratic obstacles to applying for the resources available must be substantially reduced.

### Training

Provided that the Member States' prime responsibility for training is recognised, we would welcome action by the Commission to assist the Member States in providing appropriate training for the health workforce. This could be achieved, for example, by using resources from the Structural Funds.

### Managing the mobility of health workers within the EU

We support the freedom of movement of qualified doctors within the European Union but we would point out that regulations in the Member States which restrict the licensing of doctors to practice medicine must be complied with. It is nevertheless questionable to what extent gathering further data on this subject would facilitate the mobility of workers.

### Data to support decision-making

In order to ensure that healthcare provision is comprehensive and that people can receive health care close to where they live, it is essential that a detailed assessment of healthcare provision in the Member States be carried out. We therefore propose that funding be made available for assessments of this kind at European level.

### The role of contracted doctors in private practice

We would point out that doctors' practices have a special task to fulfil in the provision of health care and therefore are not comparable with small and medium-sized enterprises of the traditional type. They nevertheless form the backbone of the EU economy together with other SMEs and their welfare is a key factor in increasing growth and creating better jobs in the EU. Every effort should therefore be made to promote entrepreneurship in the health sector in the long term.

The prospect of opening a medical practice is, however, becoming increasingly unattractive to the upcoming generation of doctors, not only because it is less financially rewarding than employment in the private sector but also because doctors who have their own practices find themselves increasingly hampered by bureaucracy and politics even

when seeking to exercise their core expertise. Steps must therefore be taken to carry out a thorough examination of bureaucratic obstacles to entrepreneurial activity and to ensure that doctors' freedom to set up in private practice and act autonomously is maintained by the right of the medical profession to manage its own affairs.

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