UK National Health Service, European Office – response

Green Paper Consultation on the European Workforce for Health

The **National Health Service** (**NHS**) is one of the largest publicly funded healthcare systems in the world providing the majority of healthcare in England. The NHS is committed to the principle of universal access to healthcare which is free at the point of use. Every 36 hours the NHS sees over one million patients who make use of a wide range of health services ranging from primary care, in-patient care, long term health care, ophthalmology and dentistry. The NHS is the largest employer in Europe with 1.3 million people on its payroll.

This response has been coordinated by the NHS European Office[1] in collaboration with NHS Employers[2] and in consultation with NHS organisations.

Summary
The NHS has undertaken major and wide-ranging efforts in recent years to become a better place to work and to provide rewarding careers for healthcare professionals whilst delivering the best possible healthcare to patients. We recognise that many of the challenges we face are common to EU healthcare systems, and therefore, sharing of learning and best practice throughout the EU can be of value. We note that healthcare workforce planning must be carried in the context of each member state's healthcare system but welcome EU support for member states' efforts to address common challenges.

Detailed response

Introduction
The NHS is one of the largest employers in the world, with well over a million employees in more than 350 different careers, both within and ancillary to healthcare. Staff are absolutely fundamental to the ability of the NHS to deliver a high quality health service, and in recent years, major efforts have been made to make the NHS a better place to work, so that staff feel they are treated fairly, their work is valued and they are properly rewarded.

Under the Agenda for Change system, all NHS staff (apart from doctors and very senior managers for whom separate arrangements apply) benefit from standardised terms and conditions, including pay, under contracts agreed with the trade unions at national level. Alongside this, the 'Improving Working Lives' (IWL) standard was introduced to help NHS organisations develop their human resources policies and practices, for example, through a commitment to flexible working practices, investing in improving diversity and tackling

[1] The NHS European Office represents the English National Health Service in Europe. Its role is to inform the NHS of EU issues and to ensure that the NHS contributes positively to EU developments.
[2] NHS Employers represents NHS organisations in England on workforce issues and helps employers to ensure the NHS is a place where people want to work.

discrimination and harassment. The recently introduced NHS Constitution and staff pledges will build upon this.

The NHS has traditionally benefitted from inward migration of healthcare professionals from all over the world, with some coming for relatively short periods to gain training and experience, whilst others stay on and develop a career in the NHS. The NHS values the diversity this brings to the healthcare services we provide. However, in recent years the UK Government has significantly expanded training capacity for a range of different health professionals, with a view to moving towards self-sufficiency.

It will be a number of years before the effect of increased training places is felt throughout the healthcare workforce. In addition, the NHS is facing similar challenges to many other EU healthcare systems, in terms of increasing demand for healthcare alongside an ageing workforce. In view of this, although the organisation and management of healthcare systems, including planning the health workforce, is the responsibility of the member states, we welcome the Green Paper and the opportunity to contribute to the European Commission's consideration of potential actions to support member states in this area.

Demography and the promotion of a sustainable health workforce
Changes in the structure of the population can have major implications for healthcare systems, which need to adapt to changing health needs. Where demographic change is also reflected in the health workforce, healthcare systems can face particular challenges in maintaining sustainable healthcare services that meet the needs of the population.

The NHS has adopted a range of strategies to address challenges in workforce supply, including improving working conditions, initiatives to promote and maintain a healthy workforce, recruitment and return to practice campaigns, apprenticeship schemes, flexible retirement, schemes to assist refugee healthcare professionals, international recruitment and international training placements.[3] In addition, a review of the health and wellbeing of the NHS workforce is currently being taken forward.

The NHS Careers information service provides a telephone and email helpline, website, literature and other supporting materials to promote careers in the NHS. It includes the 'Step into the NHS' programme aimed at 14-19 year olds and the 'What can I do with my degree?' website for undergraduates and graduates.[4] In addition, many NHS organisations are involved in projects in their local communities to promote public sector employment opportunities, sometimes as part of wider social inclusion programmes. In view of this, we would wish to ensure that any EU initiatives to promote careers in health and social care were carried out in the context of existing NHS activities.

[3] Information on many of these can be found via the NHS Employers website: www.nhsemployers.org/RecruitmentAndRetention/Pages/Recruitment-and-retention.aspx
[4] See: www.nhscareers.nhs.uk

Alongside initiatives aimed at maximising workforce supply, the NHS has also adopted new models of service provision, role redesign and new ways of working, all of which can help to make the most of the existing healthcare workforce as well as helping to deliver healthcare in ways that better meet patient needs. For example, Skills for Health, the Sector Skills Council responsible for developing the UK health workforce, worked with a number of NHS pilot sites to develop the Emergency Care Practitioner (ECP) role, which allows more patients in need of urgent care to be treated at the scene (often in their homes), without the need for an emergency attendance or admission to hospital[5].

If new ways of working are to be successful, however, it is essential to have clarity about roles and the education, competences and experience needed to underpin safe and effective healthcare. NHS Employers has participated in work with the UK medical profession and healthcare community which has resulted in the agreement of a consensus statement on the role of the doctor[6]. It may be useful to explore whether a similar EU level consensus statement could be agreed for this and other healthcare profession roles, as an aid to workforce development.

In addition, it may be useful for the Commission to compile a 'toolkit' of good practice in relation to retention and recruitment strategies, and role redesign and new ways of working. The EU could also support projects enabling healthcare organisations in different countries to share learning and experiences in these areas.

Public health capacity
Public health, health promotion and disease prevention are an important part of healthcare systems, not least because of the potential to help individuals lead longer, healthier lives, whilst also reducing healthcare needs. Our approach has been to promote careers in these areas in the context of wider healthcare workforce campaigns, such as the work of NHS Careers.

Training
As mentioned above, UK training capacity in a number of different health professions has been significantly expanded in recent years, with a view to moving towards self-sufficiency. In this context, it is important to note that the general trend of an ageing healthcare workforce is also occurring in the clinical academic workforce, for example, 58% of clinical academic doctors in the UK are now aged over 45. Clearly, if we do not have sufficient numbers of 'trainers' in the future, it will not be possible to build or even maintain training capacity.

Alongside expanding training capacity, major work has been undertaken in the UK to modernise and develop post-registration and postgraduate training and education, and continuing professional development (CPD) for healthcare professionals. Many NHS organisations would like to see greater

[5] See: www.skillsforhealth.org.uk/uploads/page/98/uploadablefile9.pdf
[6] See: www.nhsemployers.org/PlanningYourWorkforce/MedicalWorkforce/Future-of-the-medical-workforce/Pages/Role-of-doctor-consensus.aspx

similarity/transferability in healthcare professionals' education and training across the EU. Whilst we would not propose harmonisation in this area, the NHS supports initiatives such as the Tuning Project for nurse education, carried out within the framework of the Bologna Process. We would encourage the EU to continue to support the efforts of healthcare professional bodies and regulators in efforts to agree common competences for healthcare professionals.

As regards planning future workforce capacity, we think that this is primarily a matter for member states to carry out at levels appropriate to their respective systems, and therefore do not see a need for a formal EU mechanism in this area. However, the EU could support co-operation and sharing of experience between different member states' workforce planning systems/bodies. For example, the Department of Health has announced the creation of a Centre of Excellence to support workforce planning and strategy across the health and social care system in England, and this body could potentially exchange information and knowledge with counterparts in other EU countries.

Managing mobility of healthcare workers in the EU
The movement of healthcare professionals around the EU, as facilitated by the mutual recognition of professional qualifications, can be beneficial and enriching to both individual professionals and healthcare organisations and systems. However, concerns have been raised about whether the present system of mutual recognition of professional qualifications includes sufficient safeguards to protect patient safety.

As the Green Paper notes, Directive 2005/36/EC introduced a requirement for the competent authorities to exchange information regarding disciplinary action or criminal sanctions taken or any other serious specific circumstances. The UK health professions regulators have taken action to ensure they comply with this requirement, however, we are not confident that, in practice, this is the case for all their counterparts in other EU countries. In particular, we understand that some professional regulators have a problem with implementing this provision as they consider it to be incompatible with data protection provisions. We would urge the Commission to examine this issue and take action as necessary, building on the work of the Healthcare Professionals Crossing Borders partnership, to ensure that this requirement is met throughout the EU.

Furthermore, the framework for the mutual recognition of professional qualifications may need to be reviewed in light of changes to national level regulatory requirements. For example, in the UK, medical graduates must certify their fitness to practise in order to be entered on to the Medical Register held by the General Medical Council (GMC). In the future doctors will also be required to renew their licence to practise every 5 years through a process, called revalidation, aimed at ensuring that they remain up-to-date and fit to practise. It is important that those found unfit to practise cannot simply go to another EU member state and register there on the basis of their primary qualification.

Many NHS organisations also commented that, as employers, they find it difficult to assess the competencies, e.g. developed through ongoing professional development rather than initial formal qualifications, of healthcare professionals coming from other EU countries, especially where roles differ significantly between different countries. In view of this, it might be helpful for the EU to facilitate work (possibly a database) bringing together information on the competences and/or experiences required for different roles and qualifications in different member states.

Some NHS organisations had experience of staff exchange programmes, but these were mainly with other English-speaking countries such as Australia or the US. Where EU countries were concerned, NHS organisations were more likely to be recipients of one-way loans, where staff came from EU countries for a fixed period to gain experience, but without a return element from the UK because of language barriers.

Some NHS organisations thought that exchanges were a good idea in principle but that practical problems, such as differences between employment conditions, made them difficult in practice. One organisation said their experience was that staff exchanges were only successful where they were based on an existing good relationship between clinicians. They did not, therefore, think large scale formal exchange programmes were a good idea.

Global migration of healthcare workers
The UK has undertaken a range of actions with a view to reducing potential negative impacts of NHS International recruitment, in particular on developing countries already experiencing shortages of healthcare staff. This includes increasing training places to move towards self-sufficiency in 'home-grown' healthcare professionals, a Code of Conduct for International recruitment, the use of bilateral agreements where countries have an over-supply of health professionals, and development of the Medical Training Initiative (MTI), a scheme intended to promote circular migration of doctors seeking training in the UK.

The NHS has also, through NHS Employers' involvement in HOSPEEM, been very active in the development of the "Code of Conduct and follow-up on Ethical Cross Border Recruitment and Retention" adopted in 2008 by the European social partners in the Hospital sector social dialogue committee.

While we can support EU and WHO work to promote ethical recruitment policies, we think that this should build on work already undertaken in member states such as the UK and complement the Code of Conduct agreed within the framework of the Hospital sector social dialogue committee.

Data to support decision-making
Many NHS organisations felt that standardised, comparable data on the health workforce would be useful. However, there was also a very clear message from NHS organisations that this should be drawn from existing information returns, such as the NHS Electronic Staff Record (ESR) and

should not involve additional, potentially costly and burdensome data collection requirements.

In view of this, we suggest that EU action should focus on bringing information together in one place and helping member states to make best use and analysis of existing data on the healthcare workforce. NHS organisations also suggested that International research on workforce flows would be useful.

Impact of new technologies
Innovation and technological advances have always been a part of healthcare and there are many examples of developments which have revolutionised the prevention and treatment of disease, in particular in terms of medicinal and surgical advances. Information and communications technologies (ICT) present a unique set of opportunities, with the potential for major changes in the way healthcare is delivered, for example through telemedicine. But it is important to remember that new technologies are not the only mechanisms for delivering higher quality and more effective healthcare. For example, as the Green Paper highlights, new ways of working can play a big part in making services more patient-centred as well as managing workforce challenges.

It is important to foster innovation and support developments in all aspects of healthcare, and the NHS is working to create a culture of innovation where new developments that have proven benefits can be rolled out and adopted quickly.[7] However, there are also challenges and risks associated with the adoption of new technologies and innovation more generally. It is important to give proper consideration to the implementation of new developments, taking into account local factors and specificities which may mean that a different approach or particular actions may be needed to minimise risks and maximise the chance of successful implementation at a local level.

Alongside funding projects aimed at addressing technical barriers to the adoption of new technologies, the European Commission could consider promoting research into related social, cultural and legal issues, such as the willingness of patients, the public and staff to accept change, staff support and training needs and, in relation to 'eHealth', liability and confidentiality issues.

Role of health professional entrepreneurs
We welcome the Green Paper's recognition of the important role played by small and medium-sized enterprises in public healthcare systems. A large proportion of NHS primary care services are delivered by a range of health professionals working in independent practices and we need to consider how best we can support this group alongside the directly-employed health workforce.

However, we know that models of healthcare delivery vary significantly both within and between member states, and in view of this, we think that possible

[7] The NHS Institute for Innovation and Improvement, www.institute.nhs.uk, supports the NHS in the development and adoption of new ways of working, new technology and world class leadership.

actions to support and encourage entrepreneurship must be considered within the context of each system.

Cohesion policy
Some NHS organisations felt that EU support for projects helping the unemployed to access opportunities in the health sector, particularly targeting disadvantaged groups, would be useful, and some NHS organisations are actively involved in projects supported by EU Structural Funds aimed at developing the health workforce. For example, University Hospitals Birmingham NHS Foundation Trust participates in 'ACTIVATE' a seven-week job preparation programme for unemployed clients, providing a gateway to vacancies in the health sector and the public service sector.[8]

However, we think that it is already clear at EU level that structural funds can be used for initiatives to develop skills for employment, including in the health sector. We would therefore suggest that action in this area is more for member states in terms of identifying at regional level where there are relevant opportunities to apply for structural funds. It is clear that there will be greater opportunities in some regions than in others.

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[8] See: www.uhb.nhs.uk/Jobs/Activate/Home.aspx