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EU GREEN PAPER ON THE WORKFORCE FOR HEALTH:

RESPONSE TO CONSULTATION

Introduction

The Florence Nightingale School of Nursing and Midwifery (FNSNM) at King's College, is the number one School for nursing and midwifery in London (2009 Times Good University Guide). Highly regarded by leading London NHS Trusts with links to industry, health services and policy makers, the FNSNM develops leading-edge nurses and midwives – practitioners, partners, and leaders in their field. It has approximately 1300 full-time students in training. The FNSNM has a long-standing programme of research on the nursing and wider healthcare workforce and is home to The National Nursing Research Unit, a unique multidisciplinary centre for nursing research in the UK. Both the FNSNM and the wider College have an international reputation for teaching and research and King's College, London ranks as one of the UK's top universities. Full details about the FNSNM are available at www.kcl.ac.uk/schools/nursing.

The FNSNM welcomes the European Green Paper as a strong basis for wide-ranging debate on the future healthcare workforce across Europe. We are particularly pleased that the Green Paper acknowledges the need for greater cooperation and potential policy coordination between EU member states on this issue. The "stop-start" of policy-making and cyclical nature of healthcare workforce surplus-shortage have been long-standing challenges in many European countries across the health professions. A more cooperative approach and shared learning at EU level can only be applauded in it helps countries to improve their individual situations. However, we would point to several areas covered in

the Green Paper where further thinking and clarification may be needed in order for European-level action to achieve its full potential in terms of value-added.

Our detailed comments are as follows:

Data and Research

The Green Paper rightly points to the paucity of comprehensive data on the healthcare workforce (including a lack of shared definitions and a lack of data collection particularly in smaller professions and occupational groups other than medicine or nursing). Though from both policy-regulatory and research viewpoints more data is undoubtedly needed, we would argue that it should not be "data for data's sake". The healthcare workforce is so diverse and definitions and roles remain so different between countries and even within some professions that there is a risk data will be meaningless. We recommend that a strategic view be taken of the key issues (e.g. population health goals) that the workforce is required to address. The nature of the workforce needed to meet those needs (balance of professions, roles, sectoral distribution etc) also needs identifying so that data collection can be tailored effectively to answer the key questions – thereby making best use of scare data collection resources both within individual EU countries and at EU level. The key will be to collect only that data which answers the important questions of whether the strategic goals identified for the workforce are being met. Another complementary approach would be to identify the key challenges facing particular countries within Europe and the EU as a whole and collect data that helps those particular challenges to be addressed. As just one example, there is a clear need to try to address the lack of concrete information on the European-qualified mobile workforce. Though it is probably unrealistic to think Europe as a whole can or should plan its health workforce, such information is relevant for planning and policy purposes in individual member states (source and receiver). It may also help Europe as a whole to make better use of its overall health human resources and recruitment/retention capacity – for example regarding: balancing shortages and surpluses between countries; sharing/fully utilising all education and training capacity; receiver countries compensating or even directly commissioning education in other countries etc.

Sharing Good Practice

We welcome the Green Paper's recognition of the potential benefits of sharing good practice and ideas between EU countries. In this context we welcome the suggestion that the EU itself support a wide range of measures – everything from networks and exchanges of individual students and already-qualified workers (human resources staff and health professionals) to toolkits and websites for more straightforward information exchange. However, this needs to be combined with the recognition that there are no "right or wrong answers", and workforce "solutions" need to be appropriate to different country and profession or occupational group situations. In addition, individual "solutions" cannot be seen in isolation. As just one example, the Green Paper mentions the potential of Return to Practice training, but experience from UK nursing shows that needs to be combined with other measures such as flexible working, childcare provision, support for work-life balance if best results are to be achieved.

Mobility of Health Professionals

Overall, there are tensions between the EU's emphasis on freedom of movement and the responsibility of professional/regulatory bodies to ensure patient safety and competent practice within healthcare.

- Agreement around educational and training curricula and qualification requirements has been a major focus in the drive to encourage mobility within the EEA. But qualifications (and the current emphasis on competencies) do not necessarily take account of the culture of healthcare work/service delivery that has emerged in different countries as a result of cultural and historical factors. Such factors are often intangible and difficult to quantify. At the very least, such issues need to be taken into account in induction/training and Continuing Professional Development and there is scope for sharing best practice in this context.

- There continues to be concern in the UK around language standards – particularly the fact that a test of language competence in English is not a pre-requisite for

professional registration for individuals moving within the EEA. Given that regulatory bodies have no remit in terms of language, it falls to local employer organisations to ensure that individuals' language proficiency is appropriate for safe, high quality practice and interactions with patients. Again there may be scope for better infrastructure for employer organisations across Europe to share good practice and learning around the kinds of additional language training, induction and support that help individual healthcare workers settle in quickly and "do a good job" when they move between countries.

- Equally importantly, though recognition of potential difficulties stemming from clinical "equivalence" and language" issues is important to ensuring that patients experience safe, high quality services, it is equally vital to ensuring mobile workers are adequately supported to gain positive benefits personally and professionally from moving to work elsewhere in the EEA. It is also important, to enabling employer organizations to get maximum value-added from employing mobile health workers (e.g. in terms of having mechanisms in place that allow them to share new ideas, challenge culturally-established practice where appropriate and so on). Overall, in the context of mobility it is as important that the EU help employer organisations and health systems across the EU to celebrate difference and find ways of drawing out the positive benefits of that as it is to address the potential negatives.

Making Best Use of Available Human Resources

We welcome the Green Paper's emphasis on finding "new" sources of supply to boost healthcare workforce numbers and bringing back into health sector qualified staff that previously left. The Green Paper specifically mentions, for example, the potential of Return to Practice courses and the need to have measures (recruitment packages and tailored education/training) in place to encourage entry of mature workers into the health sector. We feel that such measures are particularly relevant in the current context of economic recession when downturns in other sectors may provide a wide pool of individuals who could potentially retrain for healthcare work. However, we would suggest broadening such an approach even further. It might, for example, be possible to encourage entirely

innovative modes of workforce participation (such as retired or ex-healthcare workers volunteering for a few hours each month) to help countries address key health-related goals such as undertaking immunisation programmes, addressing public health needs etc. Another point is that although the Green Paper's definition of the healthcare workforce is wide already (e.g. including a large range of professional groups, social care workers and health managers), there is scope for even further clarification. For example, we are aware that in the UK there are individuals qualified as nurses in countries of origin (e.g. in Central and Eastern Europe), who are working as Health Care Assistants and other assistants in independent sector nursing homes because their qualifications are not recognised for UK registration. Inclusion of such groups in the definition of the health workforce addressed by EU-level would enable exploration, for instance, of best practice for developing these individuals to work as actual health professionals in the health sector.

Brain Drain and Ethical Recruitment

This is a complicated area but we feel two key points can be made:

- On the one hand there must be scope for more "joined-up-ness" at European level around "ethical" recruitment. A lot is made of the "ethics" of recruitment by European countries from developing countries outside Europe, but it may be that such "ethical" issues are also important within Europe if out-migration is proved to be damaging to particular health systems. Clearly individuals have a right to free movement but it may be that ACTIVE recruitment (i.e. targeting of particular CEE countries) by "richer" West European countries should be restricted until more is known about the real impacts. Similarly, there is scope for more EU-facilitated "developmental" support between EU countries – for example bilateral agreements, institutional collaboration between healthcare organisations as well as universities, exchange programmes for professionals as well as students and so on.

- On the other hand, there is much emphasis on the actions of "recruiter/receiver" countries in the context of mobility and causing "brain drain" (e.g. in Central and Eastern Europe). There is, however, also a need to emphasise measures to improve

retention in countries of origin. It is not just about improving salaries but making the job of health care professionals more attractive and rewarding – e.g. in the context of job flexibility, work-life balance, Continuing Professional Development, the positive challenge of more advanced roles (e.g. for nurses and Health Care Assistants) etc. In other words there is a role for good Human Resource practices in improving retention – and best practice sharing needs to be encouraged in this context also.

Conclusion

The Green Paper on the European Workforce for Health represents an important and timely step in exploring the significant challenges faced by the EU's health workforce and possible action that may be taken at an EU level to respond to the issues raised. The Florence Nightingale School of Nursing and Midwifery at King's College London welcomes the publication of the Green Paper. As we have suggested, however, we believe that there are certain key points that require further examination and which should be taken into account when preparing any further European initiatives in the field of the EU health workforce.

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