Response:

The European Workforce for Health – response to the Green Paper

On 10 December 2008 the European Union distributed a “Green Paper on the European Workforce for Health” of 18 December 2009 COM(2008)725 and invited all interested organisations in the Member States to respond.

Demographic change and the promotion of a sustainable health workforce

In its Green Paper the European Commission (EC) assumes growing demand for health services because of the ageing population and new and re-emerging threats to health in conjunction with a restricted supply to meet people’s health needs and to prepare for major public health crises. By 2060 the 27 Member States will have 66.9 million more people over 65 years of age with the oldest (over 80-year olds) forming the fastest growing group. Increasing the supply, new technologies, better quality diagnosis, prevention and treatment, staff training and new health risks raise the issue of financing public healthcare.

As healthcare is very labour-intensive and forms one of the most important economic sectors of the European Union (EU) – one in ten workers already work in healthcare and the staff costs are 70% - the systems should have efficient, effective staff of the highest quality. The objective of the Green Paper is therefore to present the problems facing the health professions, identify the challenges and formulate solutions. Apart from the demographic trend, the lacking popularity of the health professions and unequal mobility within the EU (migration of health professionals from the poorer to the richer countries and the movement of health professionals to third countries leads to a “brain drain”) represent serious problems for care in the future.
The proposals for tackling this problem reveal the economic orientation of the European Commission:
Examining spending on the workforce for health comes first and the provision of better working conditions for healthcare workers takes second place. The chronically sick and people in long-term care should mainly be cared for at home because this is

cheaper, deployment of workers should be more effective and some measures to change the attitude of non-carers are considered.

Re Public health capacity

In public healthcare the European Commission identifies a wide spectrum of activities to protect and improve the health of the general population. Health promotion and disease prevention are regarded as important in their own right and also as having a value in reducing the need for treatment and care services. With regard to diagnosis, the need for public healthcare to have a properly skilled workforce is also mentioned. This need is also referred to in relation to the effective implementation of health and safety at work.
In the box “Influencing factors and possible areas for action” this assessment of the fundamental importance of disease prevention, which is very much to be welcomed, is referred to in very general terms as “Strengthening…”. In the areas for action, the identified need for adequate funding for public healthcare is expressed merely as “Collecting better information about actual and potential population health needs in order to plan the future development of the public health workforce”.

Training

Although the situation analysis under this heading clearly states that more university and training places will need to be created and more teaching staff will be required, and that additional needs will arise as a result of new technology and the increasing risk of disease resulting from long-distance travel, the possible areas for action focus firstly on additional training to meet the needs of people with disabilities. This is very welcome but has nothing to do with the problem areas identified. The subsequent recommendations are focused solely on the professional development of healthcare workers (no further mention of the increased demand).

Managing mobility of health workers within the EU

This section describes the status of efforts to support the freedom of movement of both workers and patients through directives. It is true that recognition of professional qualifications within the EU and the right to access to healthcare in other Member States have significantly increased mobility within the EU. However, there are unfortunately no concrete initiatives to prevent one-sided mobility and the “brain drain”. However, we are pleased to note that the recommended areas for action in this section include a clear statement of the need for investment to train sufficient health personnel. The proposals for bi- or multilateral exchange and regulations governing circular movement of staff within the EU will need to be more specific before they can be evaluated.

Re Global migration of health workers

In order to deal with the global shortage of health workers, the European countries principally recruit staff from African countries who show little interest in returning to their native country which, generally, has a lower standard of living. This causes a huge shortage of health workers in developing countries.
The European Commission would like to redress this imbalance by means of ethics directives and promoting circular movement as the shortage of workers in these countries has already reached critical levels; a worldwide Code of Practice and global mechanisms for circular movement are under consideration.
However the availability of adequate data is essential for planning of the measures required and this does not currently exist. "Verifications", collecting data about the intention to work in a different country and national studies do not provide sufficient information about the numbers who actually move. Therefore the European Commission is considering harmonising and standardising indicators, systems to monitor flows of health workers, and ensuring the availability and comparability of the data collected.

Re The impact of new technology: improving the efficiency of the health workforce

Advances in healthcare depends on scientific and technical progress. This makes it easier to share information in the healthcare sector. This can improve the overall quality of care. The implementation of new technologies, particularly telecommunication, can support telemedicine in providing medical treatment or nursing care in inaccessible areas or in patients' homes. Therefore the European Commission recommends technology training, distribution of new technology, and encouragement of the use of new information technologies.

Re The role of health professional entrepreneurs in the workforce

Last but not least, the promotion of entrepreneurship in the new health professions is proposed; in the view of the European Commission, small businesses in particular could help to strengthen growth. Barriers to entrepreneurship in the professional groups should be examined and, if this idea is followed through, should be removed.

Assessment of the European Commission's recommended actions

All the measures considered, details of which are to be shaped by individual countries and organisations, can only be achieved by international structures. The paper itself argues for increased use of the structural funds in these areas in order to achieve training, retraining and improvements in the deployment of the health professions in the various countries through infrastructural measures.

The European Commission has set a noble objective and, in part, the measures proposed are to be thoroughly recommended. For example, improvements in training for the health professions should be supported. Reconciling work and family corresponds to a long-term objective which the EC has addressed in the debate about the Working Time Directive, albeit only in very broad terms.

On demography, it should be noted that there are serious studies which contradict the idea that there will be a general deterioration in the health status to the extent suggested, but which, for example, forecast a rise in Alzheimer's disease to 40% by 2050.

The paper proposes a cluster of potential measures which are intended to meet the increased demand in good time, but in terms of implementation it reduces everything to an examination of the level of expenditure, effective deployment of the workforce, concentration on training, infrastructure and entrepreneurship.

The current debate about the Working Time Directive and handling of the question of opting out do not give real cause to hope that the EC will succeed in implementing its high objectives in the healthcare sector, where opting out of the minimum working time standards will create a very serious situation in terms of patient safety legislation and employee protection. The ideas of shifting activities to entrepreneurs and pushing those requiring long-term care into the private sphere are highly questionable trends.

Undoubtedly it is right for international healthcare to persist in certain areas (specialist treatment). Beyond that, it is senseless, dangerous and economically doubtful. Not without reason does the Green Paper refer to efficiency before effectiveness. Here again, the EC reveals the purely economic approach on which it was founded. Its first priority will be to increase cost-effective supply under the pretence of securing care. The sixth Kontradieff cycle predicts that by 2050 healthcare will account for the largest proportion of economic growth and that this growth potential will be exploited as much as possible at the expense of patients and staff.

Worker representation calls for 7 qualities in the Green Paper on the workforce for health.

1. Transparency
2. Professionalism
3. Quality of performance
4. Medical/technical quality
5. Pharmaceutical quality
6. Quality of work
7. Structural quality

Re 1. Transparency involves mutual recognition of health professions on the basis of a certified logbook which is designed as an appendix to the compulsory professional identity card. The level of qualification must be apparent and enable the authorities to provide training measures for professional practice.
In particular EU-wide registration should be promoted and mobility should be documented by means of international registration obligations for health institutions and upward adjustment of remuneration levels.
Furthermore, there should be a basis for EU-wide employee protection. Employee protection is regulated differently in different countries and should be made consistent in order to guarantee transparency of market operators without disadvantaging individuals. International regulations are therefore required.
The introduction of an EU safety officer should be promoted by appropriate measures and the company doctor service should be expanded as a prerequisite for preventative structures as only knowledge of a shortage situation will enable us to take the necessary steps towards improvement.

Re 2. Professionalism defines the content of training which must be provided compulsorily for the individual health professions in all EU countries and which will be entered in the certified logbook after passing a national examination. This will allow recording and registration of the special features of all the health professions. Registration will support both quality assurance and the collection of information about demand and should be made public.

In particular, incentives to enter the nursing profession should be created in the same way as planned items in the public sector. Experienced health professionals should be deployed in disease prevention; this would prevent fluctuations because often older people can no longer work actively in the nursing profession but can use their knowledge in an advisory capacity. The development of nursing and organisation, e.g. of medicines, should be planned on a weekly basis. Certain activities may only be transferred to nursing assistants if improved training is available; in this way medical activities, e.g. activities subject to joint responsibility [mitverantwortlicher Tätigkeitsbereich] would be carried out by executive level staff [gehobener Dienst] at their own responsibility. Mature people starting or changing careers do not normally follow the full health and nursing care [GuK] training but instead opt for nursing assistant training.
Nursing assistant training should be improved and adapted to meet the increased demand. In circular movement, pay should be brought into line, basic social conditions must be promoted in the EU countries, e.g. child benefit, parental allowance, maternity protection, labour law and working time, and social recognition of the profession should be encouraged in order to attract men.

Re 3. Quality of performance is defined by international standards which must be updated on a three-year cycle. A European Parliament commission should be established, charged with the standardisation of medical services and regular control of institutions in the various countries and should present an annual report to the European Parliament on the status and development of health institutions.
In particular disease prevention reduces care costs in old age so the health professions should be increasingly involved in disease prevention.
Furthermore self-employed healthcare workers should be subjected to the same regulations as those in employment. This is an obvious step in the interests of both market equilibrium and patient safety. There is no difference worth mentioning between a self-employed and an employed doctor, nurse or physiotherapist where patient safety is concerned, so the same rules should apply to both types of professional set-up. Overwork affects patients in the same way, whether the person involved is self-employed or an employee.

Re 4. Medical-technical quality should be defined in terms of comparable developments in all countries in the field of training and provision of telemedicine services and medical records. However, it is essential for users to have the same skill level as far as possible; this assumes equivalent qualifications in the individual countries which will only be achieved by standardised education and training.

Re 5. Pharmaceutical quality will only be achieved if a drugs catalogue is negotiated at EU level and is enforced by concerted efforts against the pharmaceutical industry. This catalogue should contain a range of applications for the individual drugs which is graduated according to the diagnosis and based solely on the efficacy of the individual product. Economic considerations should only be taken into account if products are equal in all other respects.

Re 6. Medical and nursing services must be carried out with the highest possible level of quality. We therefore call on the EU to ensure a high quality of work. In order to achieve this, the Working Time Directive must be formulated with reference to the case-law of the European Court of Justice, opting out regulations must be opposed and entrepreneurial health professions must be subject to the same regulations as employees for the purpose of patient safety.
In particular appropriate pay levels should be demanded and a free time model should be introduced. Alternative work and working time models, such as sabbaticals and career breaks, should be encouraged. It is also necessary to control working time, increase penalties and guarantee the predictability of working time. We oppose an expansion of entrepreneurship as it will be detrimental to quality and we call for the same working time and quality regulations for entrepreneurs and employees in order to ensure patient safety, and recognition of past service, which would make the profession more attractive (institutions which do this have no staff problems).
Furthermore there must be better links in future between work and family in order to achieve effective personal and economic benefit. It is not enough to transfer the decision to the individual countries; a Community strategy is required. The first focus should be on individual-oriented variable working time which takes account of individual and family-related working time requirements. This should be standardised as a Europe-wide right of individual employees, e.g. return to work after maternity leave, etc. Child and youth care must be expanded as more and more young people

are growing up in ghettos and cannot or do not want to take part in communal public life. This trend can only be arrested by providing psychological care as early as possible.

Re 7. Equal access to treatment and care is the most important commodity in care provision. Therefore a European network of health institutions, based on service availability planning in healthcare, should be created and financially guaranteed within the scope of reciprocal agreements. This network could also take on disease prevention and care services, thus reducing costs in the acute sector.
In particular we oppose any steps towards privatisation of public health services. More financial support for the public health sector is also required, such as the implementation of national programmes, from the kindergarten to the elderly. The interest of social insurance in disease prevention measures should be developed as it will benefit through cost savings. A dual strategy of funding care through statutory social insurance contributions and health promotion through taxes is required. The costs of services should be aligned across the EU in the same way as healthcare worker potential. In the extramural sector, care practices could encourage professional care as an alternative to decreasing levels of care by lay people; group practices and health support centres should include medical technical services (physiotherapy, occupational therapy), health visitors and midwives.

We oppose:

1. Individual opting out: all forms of opting out, i.e. liberalisation of standards under social and labour laws, should be opposed in principle to protect the employee. However, collective opting out, i.e. linked solely to agreement by entities which are able to make collective agreements, could be considered before non-agreement occurs and the former Working Time Directive and its rejection in the Member States remains effective.

2. General introduction of the 65-hour week. Extending the working time for the health professions will create an imbalance in the economic sector. 70% of healthcare costs are staff costs which, unlike other economic sectors, cannot be replaced by electronics or machines but are, on the contrary, increased by

these (liability law). It is incomprehensible why healthcare workers should work more.

3. Standardising Sunday as a normal working day also creates a significant imbalance as this would save costs at the expense of the employee. It is incomprehensible why the EU, which otherwise is very careful to achieve a balance in competition, should remove this protection from the employee in order to save costs for the employer. Employees and employers are equal partners and if one party derives economic benefit from the activities of the employee, the employee is also entitled to this benefit.