

Opinion on the Green Paper

The increasing mobility of healthcare service providers and also of patients, ever more of whom are seeking treatment in other Member States of the European Union, has led the Community to respond to these challenges by way of a proposal for a directive. However, the *Österreichischer Gesundheits- und Krankenpflegeverband* (ÖGKV – Austrian Health and Medical Association) takes the view that the focus is purely on the free market components, with social aspects being excluded or left to the sole responsibility of the Member States.

Various aspects of this can be seen for healthcare workers, in particular carers.

On the one hand, they have to fulfil a range of expectations, also related to the different sociodemographic situation of patients. On the other hand, different levels of training within the European Union have to be bridged. Moreover, the development of health promotion and advice has been rather different in the individual Member States.

The following action should therefore be taken at European level, in particular with respect to the permanent need for available care services:

1. Reconciling work and family life

Finding a way of reconciling work and family life is absolutely fundamental for keeping care workers in this occupation. Childcare and/or care for other relatives geared to irregular shift patterns is essential.

2. Comparable working conditions

Comparable working conditions in the individual Member States, in particular regarding employee protection, social benefits, in-house health promotion and prevention and comparable health insurance cover are essential conditions for occupational mobility.

3. Harmonised training

The objective of the Bologna Declaration is to create a harmonised European Higher Education Area by 2010 – in particular by creating the associated two-level system (bachelor's and master's degrees) in expert care. This needs to be further developed as, in Austria, it is currently being implemented only slowly.

4. In-service training

In-service training must be made compulsory in the care occupations, in particular for reasons of quality assurance and patient safety. It should be developed on the basis of comparable criteria. Training capacities should be investigated and, where necessary, extended.

5. Steering mechanisms for quality assurance

Creation of information portal at EU level for mutual exchanges of experiences. Definition of comparable quality criteria.

6. Inclusion in service provision planning

Networking of service providers in the care occupations in order to determine comparable levels of service.

Drafting of a European code of conduct for care workers.

Compulsory inclusion of expert carers in the structuring of the health and social welfare systems.

Guaranteeing citizens' access to care services by way of a balanced social transfer.

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