

Response on the Green Paper, On the European Workforce for Health

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The European Forum for Primary Care is a network of more than 120 organizations and individuals in Europe- and beyond. The aim of the Forum is to improve the health of the population by promoting strong primary care. In the Forum, practitioners, policy makers and researchers share experiences, views and information.

As been described by the Green paper, health care is extremely labour intensive. Due to a number of reasons, like the aging population, the increasing life expectancy and migration of the workforce, the demand on the health care workforce is increasing and will increase even more in the upcoming years. This is in accordance with the feedback we receive from our members. Responses to the question whether they experience any problems or shortcomings regarding the availability of workforce are:

“aging of doctors; attractiveness of medicine as a career is diminishing; attractiveness of general practice is diminishing comparing with other fields and specializations; doctors are leaving the health sector and move to other (pharmaceutical industry, NGO, international PH organizations like Global Fund etc.); dignity of doctors is under threat, especially the rising patients rights are misunderstood as a threat; migration to other countries”

“We feel the problems of understaffing”

Therefore, we think that urgent action, on primary care level, is needed. Through consultation of our members, we have the following recommendations to the European Commission to take action on.

Manpower/Workforce

The burden on the health care system is growing. As the workforce problems gain preponderance every day, a new approach is needed. We have to redistribute the burden on the various parts of the health care system. Strong primary care, with a multidisciplinary approach, can contribute to the solutions of the problems that lay ahead. It is necessary to invest in public health integrated in primary care and to invest in substitution from hospital based care to community oriented primary care. We have to move from the traditional soloist to a multidisciplinary approach; integrated care, community oriented primary care and optimised skill mix. Multidisciplinary approach is the only feasible way to provide a complex range of services within primary health care.

These plans for action will have great advantages; redistribution of the health care burden, a new approach to address the needs of people with multiple chronic conditions, reduction of costs and better health for the population.

People with chronic diseases and elderly are a high burden on the health care system. A multidisciplinary approach is exactly what they are asking for; an approach that includes prevention, disease management and prevention of complications.

We strongly advise the European Commission to support and advise its Members States with the development and integration of multidisciplinary approaches in the primary care sector.

As part of multiple chronic disease management, other professionals like occupational therapist, physiotherapist, nutritionist, nurse practitioner and public health expert will be involved and integrated in interdisciplinary care. At the moment the impact of professions additional to medicine and supporting personnel are undervalued and neglected. They have high potential; they will optimise the quality of care, could reduce the workload of physicians by taking over tasks and giving more specialised personal care. Skill mix initiatives focus on changing professional roles, extending roles or skills.

This leads us to the following point; the development within this multidisciplinary approach should be focused on task shifting and task delegation of professions within primary health care. Roles of nurses in the primary care team should be redefined. New professions will be developed and will contribute positive to the needs. This will contribute to a more efficient and effective health care system.

The development of new and additional professions is very promising and will have positive effects on the health workforce. Improved care, more specialised care and a decrease of workload of doctors lead to improvement of the working conditions and will have a positive influence on the health workforce.

The European Commission should stimulate the development of professions in health care and the skill mix in the multidisciplinary setting.

The integration of these professions into a smoothly organised health care delivery system is very important. This shift towards a multi-disciplinary approach needs to be implemented in the education of health professionals as well. It needs to be taken up in the curriculum of basic training for health care professionals. In this way, the different health care professionals learn each others strengths and weaknesses before entering practice, respect each other in providing best quality care to the patient and this will influence task sharing and improve patient outcomes and provider satisfaction.

The European Commission should advise the Member States to include interdisciplinary collaboration in the curriculum of the education of health professionals.

Besides the development of multi-disciplinary approach immediate action should be taken on the existing barriers relating to human resource policies. Serious investments in education and re-training of the health care workforce, attracting more young people, improve conditions to retain and re-attract staff should be taken. Besides that focus should also be given to improve childcare facilities to increase the participation of women and create the image of health care as an attractive workplace. Primary care is unpopular in some member states; due to better conditions in other countries general practitioners tend to leave. Working conditions need to be improved. This is strongly supported by our members: “if working conditions in primary care will improve, the attraction to this part of health care will be greater and this will solve some of the manpower problems”, “There should be stimulating methods, like improved working conditions for them not to leave the country” and “GPs are overworked”.

The development of new technology to improve the efficiency and quality of care is designed to enhance professionals, and should therefore be supported. However, to solve the manpower

problem we expect more from organisational innovation rather than technological innovations.

Public Health

The public health function consists of a range of diverse activities: to protect and improve the health of the general population, tackle health inequalities, and address the needs of disadvantaged and vulnerable groups. The diverse range of activities is of utmost importance to improve and protect the health of the population.

Health promotion and disease prevention are not only important in their own right, but can significantly reduce future demand for treatment and care services. Within multidisciplinary care and within strong primary care these activities should be incorporated. The broadening of public health activities within primary care is part of the solution. It is necessary to invest in prevention, screening and promotion within primary care.

To substantiate this assertion more evidence in various contexts needs to be collected.

Research to provide more evidence, on what conditions and on the basis of which parameters can we claim that prevention and health promotion will reduce the need for health care, is needed. The European Commission should include this as a priority.

Therefore we point out to the European Commission to give more attention to this area and strengthening capacity for screening, health promotion and disease prevention within the primary care sector together with research to provide more evidence. The public health workforce throughout Europe must be properly skilled and have sufficient capacity to be able to carry out these activities effectively, and this needs to be included in training and recruitment plans.

Mobility/Migration

Free movement of people is one of the fundamental freedoms guaranteed by community law. It provides the right of European citizens to work in another Member State. This, however, does not automatically mean equal distribution of health workforce. In fact, the opposite is happening, “brain drain” from developing countries, partly worsened by the demand and competition for medical and nursing staff across the developed world. This is a worrying situation. We believe that positive measures and compensation mechanisms between countries contribute more to sustainable solutions and balanced situation. The action points on ethical recruitment and circular movement are therefore important to be addressed.

Migration and mobility of health care workforce has the potential to improve the quality of care, enlarge the knowledge and increase the experience of the health worker. The new skills and experiences from abroad will improve the quality of care in the host country. This is an opportunity to learn from each other, especially for students but also for specialists. The circular movement of primary care professionals within the Europe is very important way of continuous medical education.

Since we are living in a multicultural society with a more diverse population, a medical professional with working experiences from abroad is better capable to cope with cultural differences in general and in particular in the doctor-patient relation.

However, it is always important to prevent an excessive “brain drain” and prevent that costs of medical education of health care workers is “lost”. Doctors and other paramedical staff migrating to other countries from their home country where they have been educated is a loss of investment for their home country. According to our members primary health care suffers from migration more than other health care sectors.

To prevent serious problems common policy of the European Commission should advise and support European countries on circular movement, ethical recruitment and balancing mechanism. Give suggestions for governments in their efforts for setting down their own policy on migration of health professionals and direct cooperation on European level in the context of balancing the fiscal costs of educating health care professionals, especially for the primary health care workforce.

Due to the diverse range of health care systems, especially in primary health care, migration and working in a new atmosphere is not without any hitches. Language and cultural differences cause problems. The understanding and integration of the culture and language are essential aspects of good practice. The social, organizational and professional integration of migrated health workers is essential to maintain a high quality level of care and therefore are integration programs and languages courses essential. Experiences from the field on migration issues notice: “well trained health workers but not culturally adapted; cultural adaptation is more important in primary care than in other sectors of health care” and “High levels of communication skills are needed”.

The European Commission should facilitate integration programs for health workers to secure high quality level of care.

Current approaches to integrate elements of cultural competence in nursing and occupational therapist education are done and international clinical placements offer nursing and occupational therapist students unique opportunities for development of professional expertise and cultural competence.

The European Commission should support the integration of cultural elements in professional health education.

Data collection and information on issues of migration and mobility is largely lacking. The monitoring of migrant health workers, as well in the home country and as in the host country, the border areas and short-term mobility needs to be improved. At the moment there is not enough accurate information. In addition, case studies would provide inside and enable us to understand the problem better.

The European Commission should focus on making standards for collecting information on migration of health workers.

Cohesion Policy

As suggested in the green paper, it is possible to use structural funds to develop the health workforce. Social cohesion is an important health determinant and as community oriented primary care in general is a strong tool in fighting negative social determinants of health; it does have a very positive effect on social cohesion on community level. Therefore health systems should be adapted and for this structural funds can be used to train the health workforce to take up this task and be able to work in a health system, based on community oriented primary care

We suggest that Structural Funds be used to improve community oriented primary care, including the training of the needed health workforce and by this strengthen the social cohesion at population level within the EU member states.

Conclusion: Urgent plans of action are needed; strong primary care is part of the solution with a multidisciplinary approach and integrated public health. This is the only feasible way to provide a complex range of services within primary care. This approach will contribute to

the current needs of the growing elderly population and the needs of people with multiple chronic conditions. These changes need to be incorporated in the curriculum of basic medical training to have optimal results.

Migration and mobility could cause some serious shortcomings, relating to the workforce. Circular movement, ethical recruitment and balancing mechanism should be facilitated, advised and supported by the European Commission to prevent serious problems. Lack of data makes it more difficult to analyse and to understand the situation. Therefore more standardisation of data is needed.

And finally, the European Cohesion Policy should contribute to the improvement of community oriented primary care and therefore strengthen social cohesion. We suggest that Structural Funds can be used to improve the training of the European health workforce to be able to work in community oriented primary care and by this strengthen the social cohesion at population level within the European Member States.

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