RCM Response to the Commission for European Communities Green Paper on the European Workforce for Health

Introduction

The Royal College of Midwives (RCM) is the trade union and professional organisation representing the overwhelming majority of all practising midwives in the United Kingdom. Virtually all practising midwives work within the NHS and the RCM is recognised in every Trust that provides a midwifery service.

We note that the health systems of the enlarged EU of 27 member states face increasing demands on their health services and restricted supply due to, amongst other things:

- The ageing population
- New technology
- New and re-emerging threats to health

This has led to continually increasing spending on health and potential long term sustainability issues for some systems which already require workforces of the highest quality

We therefore note the issues and challenges outlined in the consultation document which are apparent in the UK and also impact on the EU workforce for health. These include:

- the demography issue (ageing global population and ageing health workforce)
- the diversity of the health workforce;
- the low attractiveness of healthcare and public health related jobs to new generations;
- the migration of health professionals in and out of the EU;
- the unequal mobility within the EU – and in particular the movement of some health professionals from poorer to richer countries within the EU, as well as the health brain drain from Third countries.

We further note that the second objective of the Green Paper is to help identify where the Commission believes that further action can be undertaken and to launch a debate on it.

The RCM supports this objective as it addresses appropriate and important matters. We especially welcome the focus on the potential actions to be taken at EU level on the potential negative impact on non EU health systems. This is because the UK health force comprises significant numbers of migrant health professionals from within and outside the EU borders i.e. former Commonwealth countries.

We note that throughout the consultation the EU seeks to reconcile the potential conflict between freedom of movement and public safety.

FACTORS INFLUENCING THE WORKFORCE FOR HEALTH IN THE EU AND THE MAIN ISSUES TO BE ADDRESSED

Demography and the promotion of a sustainable health workforce

EU citizens are living longer and in better health. Life expectancy has increased consistently since the 1950s by around 2.5 years per decade and is expected to continue to increase.

Age

As the population ages so does the workforce and this is particularly true for the UK midwifery workforce whose age profile has been increasing for at least the last 10 years

Table 1: The Age profile of UK midwives (Source: UK Nursing & Midwifery Council)

Year to end 31 March	% less than 40 years old
2005	31.59
2004	34.34
2003	Not Available
2002	44.12
2001	47.33
2000	50.03
1999	53.62
1998	55.70
1997	57.16
1996	58.63
1995	59.58

These figures are supported by evidence from the NHS information centre (see Table 2 in Detailed Results at http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-1997--2007-non-medical) which shows the following age breakdown for registered midwives in England

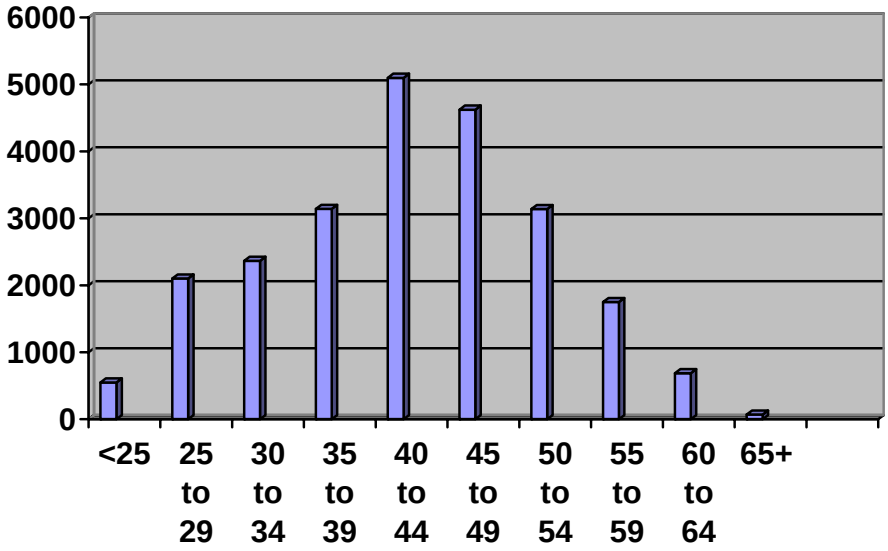
Age Band	<25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 and Over	Unknown	Total
Number	549	2102	2366	3142	5098	4623	3139	1750	689	70	1565	25093
%	2.2	8.4	9.4	12.5	20.3	18.4	12.5	7.0	2.8	0.3	6.2	100

Percentage under 40 = 32.5%

Percentage over 40 = 61.3%

Percentage over 50 = 22.6%

These figures are reflected in the chart below:



This problem must be addressed urgently as approximately 25% of midwives are over 50 and can therefore be said to retire within the next ten years and the profession may lose a substantial number of experienced midwives who are not being replaced. The fact that midwives have a relatively higher age profile is a cause for concern for workforce planners and is an argument for increasing recruitment incentives into the profession particularly from younger people. The RCM has consistently called for recruitment and retention solutions to this issue and considers that any action should be taken over and above the recruitment of the 5,000 additional midwives required in England alone.

In particular the RCM works towards improved pensions, greater end of career flexibility and job design that incorporates the abilities of the older workforce

Similarly, we support the Commission's view that a key method to maintaining a sufficient workforce, in the face of the impending retirement of the "baby boom" generation, is to educate, recruit and retain young practitioners while reinvesting in mature workforce and varying commitments have been made in this regard by individual member states.

We believe therefore that there is a need to explore innovative approaches in attracting the younger population into health care generally and midwifery in the UK in particular alongside valuing and improving working conditions allowing for greater flexibility for

the mature workforce in respect of pension provision development, flexibility around of career and job design.

Such approaches may include greater involvement with the secondary education system, part time training courses, improved student bursaries, earlier commencement of general training, greater education of the characteristics, aptitude and learning required to become a midwife

Gender

In the UK 99.7% of UK midwives are women and face difficulties in balancing work and family commitments. We therefore welcome the promotion of gender equality measures in human resource strategies and seek equal economic independence and equal participation in decision-making of women and men. Similarly we support measures to improve the reconciliation of work, family and private life.

Of the actions listed in this section of the green paper most are applicable to the UK midwifery workforce and as a priority we wish to see the EU being committed to influence individual Member States so that government departments and employers work in partnership to achieve the aims and to realise the EU Directives within individual countries' health systems.

As indicated we consider the above may also be facilitated by:

- Ensuring adequate levels of expenditure on the health workforce
- Ensuring better working conditions for midwives
- Increasing staff motivation and morale
- Considering recruitment and training campaigns, in particular to take advantage of the growth in the proportion of over-55s in the workplace and those who no longer have family commitments
- Implementing "return to practice" campaigns to attract back those who have left the health workforce (although from experience in midwifery the yield from such initiatives is small).
- Raising awareness in schools of the large range of careers in the health and care sectors
- Ensuring appropriate structures of representation for the midwifery and wider workforce

2. Public Health Capacity

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 RCM supports the overview of the public health function and would highlight maternity services as an important sector in this function. We expect statistical measures (for example of perinatal and maternal morbidity

and mortality and further barometers of a nation's health index) to be high on the EU health agenda in improving Member State health outcomes. We expect these measures to allow greater comparability between health systems.

In the UK, particularly in relation to maternity services, new considerations including the rising birthrate, increased complexity of care, increasing demands and expectations of women and the policy objectives of UK governments demand a skilled maternity workforce of sufficient capacity to carry out the activities outlined in the paper effectively. In order to lay the foundations for good health we agree that these considerations need to be built into training and recruitment plans and be a feature of public health workforce planning arrangements. Universal implementation of such measures across the maternity services in each EU Member State would address the imbalance in the workforce and the potential variability in the quality of care especially when considering maternity services are, for many people, their first contact with a nation states' health system

3. Training

At the outset the RCM states that it recognises the importance of training for all Health Professionals but particularly midwives. If the RCM is to achieve its aims then training capacity must also be considered; more training places will need to be created, more teaching staff will need to be appointed and more clinical support staff will be required. This will require both planning and investment. It goes without saying that training courses need to accessible to all groups and communities who should be exposed to the full range of models of maternity care. Moreover it is essential that a student midwife's practice should be under the direct supervision of a midwife and there should be adequate student financial support

In this regard the RCM has also found validated Return to Practice programmes to be of value for those wishing to re-enter the profession after a period of absence although their contribution to overall numbers is modest.

Additionally there needs to be greater emphasis on midwives' continuous professional development (CPD) as updating and maintaining professional skills improves the quality of health outcomes and ensures patient safety. There must also be an emphasis on the development of language skills prior to taking appointment in a different member state and an acknowledgement that training is required to support health professionals to work in different health systems.

Management and leadership training should also be provided.

We ask the EU to note that basic training across the EU to achieve midwifery directives remains varied and is often integrated into nursing, wheras in the UK there is a distinct education programme to achieve the midwifery competencies on qualification

Overall we encourage the EU to ensure the spirit and letter of all relevant Directives on this matter are enforced, that all EU States comply with such directives which we consider encourage, enable and facilitate free movement.

In this context the proposal for an EU Observatory on the health workforce which would assist Member States in planning future workforce capacity, training needs and the implementation of technological developments may be helpful.

4. Mobility of health workers within the EU

The free movement of goods, people, capital and services are fundamental freedoms guaranteed by European Community law and provide a right for EU citizens to study and work in another member state. Other EU Directives provide for the recognition of professional qualifications and thus facilitating the provision of cross-border services and a requirement to exchange information regarding disciplinary action or criminal sanctions.

Free movement of students and workers may help to ensure that health professionals go where they are most needed but midwives skills are not easily transferable between all countries of the EU given the varying standards of midwifery education and practice. Yet midwives coming from EU countries are automatically able to register. The RCM has some concerns about EE trained midwives being able to register but who are not fit to practice in the UK health system. This may impact on patient safety and quality of care.

It is for this reason that recruitment from overseas is problematic for midwifery units in the National Health Services of the UK. Whilst it may be relatively straightforward to recruit nurses from overseas, midwives arriving from outside the European Economic Area who wish to practise in the UK must complete an orientation to UK midwifery programme adaptation programme which varies depending on the preparation programme they have already gone through in their home countries.

Those coming from outside the EU need individual programmes that require strong resource commitments from Heads of Midwifery and senior staff and this is difficult to provide in a stretched service facing a rising birthrate. Poor resourcing or desire to fill vacancies should not override fitness to practice in safety and quality committed service.

We agree with the Commission that the response to tackling the effects of increased mobility is to address issues through appropriate policies and in a coordinated manner with EU authorities and other Member States.

This is supported by the proposed Directive for cross-border healthcare which aims to ensure application of common principles for cross-border healthcare in the EU.

We agree with the Green Paper's view that mobility may be supported by

- Fostering bilateral agreements between Member States to take advantage of any surpluses of midwives.

- Investing to train and recruit sufficient midwives to achieve the standards of practice applicable in the UK
- Encouraging cross-border agreements on training and staff exchanges.
- Promoting "circular" movement of staff (i.e. staff moving to another country for training and/or to gain experience, and then returning to their home countries with additional knowledge and skills).
- Creating an EU-wide forum or platform where managers could exchange experiences although consideration may need to be given as to how this sits with the Observatory proposal.

It is of course essential that member states training programmes meet the requirements of sectoral directives and kept up to date with modern practice.

5 Global Migration of Health Workers

The shortage of health workers is global but most acute in Sub-Saharan Africa. The shortage is worsened by increased demand and competition for medical and nursing staff across the developed world and unless the EU takes appropriate steps to produce and retain sufficient numbers of its own health workers, the negative impact of migration on the health systems of developing countries is not likely to decrease.

This could be addressed by promoting circular migration and requiring ethical recruitment in the health sector. The UK of course already has a Code of Practice for International recruitment and the RCM is a supporter of EPSU which has adopted a common "Code of Conduct and follow-up on Ethical Cross-Border Recruitment and Retention". This aims to promote ethical behaviours and stop unethical practices in cross border recruitment of health workers.

The RCM therefore agrees with the Green Paper regarding

- Developing and implementing a set of principles to guide recruitment of health workers from developing countries and introducing methods for monitoring (including for non EU citizens who acquire EU citizenship).
- Involvement of the appropriate Departments of Health in this matter
- Supporting the WHO in its work to develop a global code of conduct for ethical recruitment

We do not aim to diminish the value of health professionals from other countries benefiting from information exchange/learning visits and/or defined training and development programmes.

RCM also suggests that attention is given at EU level to regulation and ensuring that education and training programmes adequately prepare health professionals to be fit for practice in EU Member state health systems particularly but not exclusively language skills. In the UK midwives from outside the EU have to undertake an adaptation course; a necessary but often resource poor activity.

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6. Data to support decision-making

Given the lack of detailed data to support the above the RCM supports the Commissions view regarding

- Harmonising or standardising health workforce indicators such as morbidities, equalities and staffing ratio's[1]
- Setting up systems to monitor flows of health workers
- Ensuring the availability and comparability of data on the health workforce and of health outcomes, in particular with a view to determining the precise movements of particular groups of the health workforce and the health outcomes of the population
- With regard to the proposal for an Observatory it may prove useful, in addition to measuring the above, in measuring demographic and population movements flows and associated issues such as language and cultural considerations
- Additionally global workforce migration data should be included

THE IMPACT OF NEW TECHNOLOGY: IMPROVING THE EFFICIENCY OF THE HEALTH WORKFORCE

New technology is now allowing health workers more easily to share information and to work more closely together, improving overall care.

The introduction of new technology requires that midwives to be properly trained and, if necessary, re-skilled, to use it. It will also be necessary to gain the acceptance of the health workforce for its use, which may sometimes disturb established working methods and structures.

We agree that with the Green Papers proposals regarding

- Ensuring suitable training to enable health professionals to make the best use of new technologies
- Taking action to encourage the use of new information technologies
- Ensuring inter-operability of new information technology
- Ensuring better distribution of new technology throughout the EU.

[1] In this regard the English DH has accepted a ratio of 28 births per midwife per year in a hospital setting and 35 births per midwife per year in a home setting or Midwifery led Unit

Additionally there may be a role for professional regulators in utilising such technology

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THE ROLE OF HEALTH PROFESSIONAL ENTREPRENEURS IN THE WORKFORCE

Although the UK government has outlined plans to allow newly formed Social Enterprise Units to sell services to the NHS in England, these plans are at a formative stage and there is little evidence yet that this option will encourage midwives to become entrepreneurs. Excessive start up costs and the low tariff returns will, we believe, act as a disincentive to establishing such providers. It should also be noted at this point that the philosophy of assisting birth is a social consideration rather than an economic one. Excessive use of rival providers may undermine cohesiveness of provision and lead to fragmentation and differentiation in care pathways although RCM recognises that the degree of entrepreneurial involvement is an issue for individual member states.

7. COHESION POLICY

The RCM notes that some €5.2 billion will be invested in health infrastructure by the European Regional Development Fund and that the effective use of the Structural Funds to improve skills and competencies of the health workforce and develop health infrastructure can effectively contribute to the improvement of working conditions and increase quality of health services. This should we believe reduce health gaps and strengthen cohesion within and between Member States.

We therefore welcome

- Making more use of the support offered by structural funds to train and re-skill health professionals
- Improving the use of the structural funds for the development of the health workforce including language skills
- Enhancing the use of structural funds for infrastructures to improve working conditions