

COMMENTS ON EUROPEAN COMMISSION

GREEN PAPER ON THE EUROPEAN WORKFORCE FOR HEALTH

The Royal College of Physicians of Edinburgh is pleased to respond to the European Commission on its *Green Paper on the European Workforce for Health*.

The College recognises the importance of careful planning of the workforce for health across Europe, and has the following comments on the Green Paper.

Data collection and changing demography and disease patterns

The College supports the move to collect data on the demography of the health workforce in relation to changing patterns of health and disease, and on trends in the recruitment, training, global migration and internal mobility of the EU's health workforce. This should be a continuous process, with analyses of these data published regularly. However, if the recommendations which follow (see below) are to be implemented properly, a stronger body than the proposed Observatory or Agency, perhaps with powers conferred on it by legislation, may be required.

The population of Europe enjoys better health than ever before, but it is a progressively ageing population, and accordingly the strain this imposes on all health care systems increases year by year. An ageing population results in an ever increasing prevalence of chronic diseases and severe disabilities, requiring ever more long-term treatment and management. To achieve the goal of supporting an appropriately trained and sustainable health workforce, the Commission should, working in collaboration with the member states, develop a mechanism to oversee the effective strategic planning of the EU health workforce, in such a manner as to match changing needs and to complement planned healthcare resources. Moreover, workforce planning for healthcare should be carried out in association with related issues, such as immigration policy and social policy.

Accordingly, the College supports:

- Proposals to set up an Observatory, or Agency, for workforce planning and collection of data, as outlined above, with the ability to disseminate the data to member state agencies, etc.
- The revision of Directive 2005/36 which allows the mutual recognition of qualifications of a handful of currently available healthcare professionals. Partly because of the changing nature of the healthcare workforce, with new professions being created continually, this Directive 2005/36 is now out dated, and needs thorough revision.

Teaching and training, recruitment and retention, for the long term healthcare workforce sustainability

Directive 2005/36 needs to be replaced by legislation allowing much more flexible adaptive arrangements for workforce planning generally in the future. The College supports the intentions of the Green Paper concerning better distribution of staff across the EU and relating to recruitment strategies for new and older workers. Strong human resource strategies will be needed to achieve these objectives.

To support increased mobility of healthcare staff in the EU, high quality training, and high quality assurance of that training, is needed to ensure universally safe, high quality care across Europe. New technologies and skills require an ever-changing healthcare environment, and training must be both flexible and sufficiently robust to meet these demands. However, in addition, training needs to be locally adaptive at member state level, according to the needs and developments of each member state health care system. Moreover, best practice in both skill mix and skill matching needs to be shared and built into the initial training of new health professionals.

It is urgent, if mobility of health professions within the EU is to be meaningful, that much improved systems should be identified and implemented to:

- co-ordinate curricula in training programmes; this might be assisted by encouraging professions to define competencies in specific areas of practice;
- co-ordinate qualifications required before professionals are permitted to practice;
- ensure quality control of training programmes and qualifications achieved; this might be assisted by encouraging the establishment of systems for validation of particular training programmes etc;
- ensure provision of high quality continuing professional development (CPD) available to all healthcare staff; and
- ensure maintenance of standards of competence over the period of a healthcare professional career.

Systems to provide much of the above might be provided by the professions themselves, given appropriate incentives so to do; however, a degree of institutional support would be required, and the responsible body (possibly the Observatory or Agency) may need some powers provided to it by legislation.

Accordingly, the College supports:

- the establishment of systems to provide “yardstick” standards for healthcare-related qualifications, against which standards used in member states could be evaluated; such

“yardsticks” should be defined for both basic and specialist qualifications and registrations;

- the establishment of mentoring systems designed to assist the improvement of education and training of healthcare professionals in parts of the EU shown to be “lagging behind”;
- mandatory systems of revalidation and reassessment of all health professionals at regular intervals during their professional careers; this is an essential pre-requisite for effective and meaningful free movement of health professionals;
- incentives for investment in meaningful and regular CPD to be available to healthcare staff throughout Europe; regular CPD should be a pre-requisite for revalidation;
- the protection of training (particularly at a time of financial insecurity); training is key to the sustainability and development of our workforce, and it is one of the foundations on which our European health services are built;
- the sharing of training and experience of professionals across the EU through use of Erasmus and other similar mechanisms;
- greater incorporation and variety of new skills available to health professionals, by evidence-based development of skill mixing and matching; this is relevant in both primary and secondary care; it can maximise the productivity of the available workforce, and encourage retention of staff;
- the move to assist those member states with substantial numbers of health workers currently unemployed, for a variety of reasons, to rejoin the workforce; and
- member states in their efforts to eradicate from healthcare workforces all discrimination in employment on the bases of age, gender, race, religion or sexual orientation; however, some healthcare professions (such as nursing) are predominantly female, and special measures may sometimes be justified to attract other sections of the community (in this case men) into productive healthcare employment.

Mobility within the EU

Mobility of workers is a right enshrined in the Treaty of Rome and within the relevant EU Directive on the mutual recognition of professional qualifications. Workers move for many reasons, and sometimes staffing gaps appear when they move, as there is no one available to fill such gaps. “Braindrain” is a serious problem in some member states. One approach towards the solution of this is to encourage the retention of workers both by the country that is losing health professionals and by the country that is receiving them (eg by the establishment of joint training programmes involving institutions in both countries).

In order to facilitate the free movement of health professionals between EU member states, it is essential to ensure patient safety; it is essential that there should be robust mechanisms to

ensure that those coming into a member state's healthcare system do not constitute a threat to patient safety caused by any lack of availability of data about such persons or about their background. When this point is assured, the next priority is to ensure equality of treatment of applicants for posts, irrespective of where in Europe they come from, so that the available workforce can be employed most effectively across the EU.

The College therefore supports:

- effective and timely exchange of data between health professional regulators in member states on the fitness to practice of health professionals in order to ensure patient safety when workers cross borders; an institution is likely to be required to achieve this, but this institution could be the Observatory or Agency;
- based upon several of the considerations already outlined, a revisions of Directive 2005/36;
- exploration of skill deficits in member states; this could be carried out by an Observatory or Agency;
- assisting member states suffering “braindrain” of healthcare professionals to other member states in setting up realistic means of retaining them (perhaps by arranging joint training arrangements for them with partners in “richer” member states);
- additional training in member states to fill identified staffing gaps;
- improved communication between healthcare professionals and patients. Current EU-wide rules that prohibit the language testing by regulators of EU health workers from other member states should be scrapped. For the purposes of patient safety and quality of care, language training, proper time for orientation and courses to support integration should be mandatory for all employers; and
- provision of support to national associations of healthcare professionals who can help the integration of migrant health workers into member states' healthcare systems.

Global migration of healthcare workers

The shortage of health workers reaches far beyond the borders of the EU, and developing countries often suffer severe understaffing in their health systems when workers migrating to richer countries, in search of better pay and improved quality of life. EU policies in this area should have important implications around the world. In order to ensure that the impact of EU policies on the global shortage of health workers is not exacerbated, the EU needs to ensure the prevention of active or aggressive recruitment policies, by agencies based within, or operating on behalf of EU employers in developing countries. Aggressive recruitment from EU countries causes serious shortages of health workers in developing countries which have invested in the training of such professional staff. Prevention of this could provide some assistance to such developing countries.

The College supports:

- The establishment and implementation, in collaboration with WHO, of a strong EU code for ethical recruitment from third countries to ensure that any recruitment from these countries is fair and equitable; the College also supports strategies aimed at the retention, wherever possible, of EU-based health professionals in employment, thus making less necessary any such immigration from third countries.

Public Health

In order to further improve the health status of European populations (which has been shown to contribute significantly to economic development), as well as to reduce the burden on curative medicine and health systems at large, efforts should be made to increase the public health capacity of member states so as to enable effective health promotion, at all levels of social and political organisation. Effective health protection in the workplace provides an important contribution towards improved public health.

In recent years, public health, which was previously entirely a medical specialty, has in many member states become a multi-disciplinary domain of activities carried out by practitioners with diverse professional backgrounds; nevertheless, the standards of education, training, practice and revalidation should continue to be applied with equal rigor as that applied to any entirely medical specialty. Education and training of public health workers requires similar support to that described above for other healthcare workers.

In addition, the College supports the following specifically in relation to public health workers:

- the concept of integration of public health workers into settings other than traditional healthcare locations (eg employment of public health nurses in schools and prisons etc); this should raise the awareness of priority activities necessary for health improvement, as well as of public health issues in general;
- the embedding of public health training into every level of health professional education, training and specialisation; embedding public health into every layer of healthcare will encourage a health advocacy role for all health professionals, such that all health professionals should become 'promoters of health' as well as 'curers and carers'; and
- all national schemes for better health in the workplace, including in the public sector (eg throughout all health and education services); these should also be routinely assessed for effectiveness.

All College responses are published on the College website www.rcpe.ac.uk.

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