EUROPEAN COMMISSION CONSULTATION

Green Paper on the European Workforce for Health

Response from the Royal College of Physicians (RCP)

31st March 2008

The College

The Royal College of Physicians (London) is a professional body of more than 20,000 physicians from 80 countries across Europe and worldwide. The College aims to improve the quality of patient care by continually raising medical standards through education and training for physicians and works with government, the public, patients and other professions to improve health and healthcare.

Green Paper

The Green Paper reviews many areas within our core interests of patient safety and quality of care. This College supports many of the themes within the paper that will improve both of these and it is clear that change is needed with regard to workforce planning to improve patient outcomes across Europe.

Training Coordination and Cooperation

There are currently no established control mechanisms for medical training across Europe. This results in disparities in the number of medical students, trainees and specialists in different Member States and, in turn, results in excessive competition in some countries for doctors from neighbouring states (for example Belgium and France). EU-wide co-operation is therefore needed between Member States to prevent this. While a small degree of competition is good for standards this must not be excessive to the disadvantage of individual Member States. As a possible control mechanism, we would support a cap on the number of doctors training in individual Member States provided this was balanced according to the needs of individual countries.

There needs to be more effective monitoring of the migration of trainees and newly trained doctors. Some Member States lose trainee doctors to other EU countries because of improved training opportunities. This is not in itself a problem unless those trainees fail to return to their home state, often because of differing remuneration levels between Member States. There is very poor data on this 'circulating migration'.

The United Kingdom is on a path towards self-sufficiency in its training of health care workforce. This should not, however, preclude exchange of trainees. The College recognises the importance of this and is already actively engaged in developing training programmes with countries from outside the EU which could serve as models within Europe. These involve up to 24 months UK training in the National Health Service for International Medical Graduates (IMGs).

Although exchange schemes exist for medical students, mechanisms for both postgraduate exchange and consultant exchange within the EU are currently small in scale, with no formal mechanism/pathway to manage the process. The College, as the representative member for the UK, has engaged in this area through the European Federation of Internal Medicine (EFIM).

A greater understanding is needed of postgraduate training systems in countries across the EU which have an interest in such exchange schemes. The College is currently engaged in developing such discussions with health authorities in Slovakia, for example, to gain an insight into postgraduate and undergraduate training, continuing professional development, licensing and medical education. This could provide a model for further bilateral or regional discussions.

To help achieve the objectives above, we strongly support the notion of an EU Health Workforce Observatory to allow monitoring of training numbers, standard setting and horizon scanning. This could also facilitate the exchange of trainees and doctors in a balanced way across the EU. Without such a body, inequality will persist and worsen. The College would be very pleased to help develop and collaborate with the Observatory to allow sharing of 'good practice'.

Training Regulation

More effective regulation is needed of the skills that doctors and other qualified health professionals possess within Europe. The RCP is concerned that the existing EU Directive on the Recognition of Professional Qualifications is not designed to keep up with medical progress, particularly given its emphasis on the duration of training rather than the skills acquired. Non-implementation of even the existing legislation also needs to be addressed. Moreover, the Directive prohibits systematic language testing of doctors by national regulators. Testing is essential to ensure good communication and patient safety and is already common practice for Doctors recruited from outside the EU.

Revalidation and Continuing Professional Development

Despite the increasing attention at EU level on patient mobility within Europe, there remains a lack of European level interest in assuring the sustained competence of health professionals. Specifically, the existing European legal framework fails to recognise the introduction of periodic revalidation and requirements to participate in continuing professional development in some countries, which vary significantly across Member States[i]. The European Commission should explore the implications for professional mobility of the diversity in the regulation of the medical profession.

The experience of increased mobility of health professionals has highlighted huge variation in the practical abilities of similar grades of professionals from different Member States. This can be a risk to patient safety and quality of care and more evidence and research is needed in this area.

Revalidation is often seen as a negative process, but it must be promoted throughout Europe as a positive, highlighting the skills and benefits to patients that individual health professionals have.

The idea of a single 'harmonisation' of regulation and revalidation across the whole EU, while attractive, may not be practical. However, we would support the idea of a 'Health Skills Passport' for professionals that wish to move around the EU with clear documentation of competencies and skills that an individual has. This would not be necessary for the majority of health professionals (who are not mobile) while improving mobility and job opportunities for those that are. It could enhance mobility to Member States where caution/scepticism exists about doctors from outside that country.

Such a 'Health Skills Passport' could be piloted in a well established specialty to assess its practicability before rolling out to all professionals within the EU.

Changing Demographics

As discussed in the Green Paper, the population demographics for both patients and doctors are changing. The health needs of an ageing population will be different from those currently required, and expansion will be needed in several areas. The provision of long term nursing care, support for long-term conditions and support for dementia are three key areas. These problems will affect all EU Member States and a strategy for workforce expansion in these areas is urgently needed. This needs to be co-ordinated across the EU to prevent excessive mobility of certain groups of health professionals from poorer Member States to care for these conditions.

General Internal Medicine

The Green Paper should be more focused regarding the area of general medicine. The provision of this specialty is highly variable between different Member States. Variation in

qualifications, continuing professional development and revalidation are wide across the EU when compared to other medical specialties.

Unemployment

Little is known about the numbers and skills of trained health professionals that are currently not in employment within the health services of the EU. There are potentially a large number of professionals (especially women) whom have left the professions but would be willing to return provided the conditions were appropriate. This point has added importance in the current economic downturn given that healthcare is one of the most significant sectors of the EU economy.

European Health Workforce Observatory

A European Health Workforce Observatory, with the close involvement of stakeholders, should be able to assess all the above areas. No good models of such an Observatory yet exist in the EU, although the UK is currently developing a 'Centre of Excellence' for workforce planning. This is therefore an ideal time to create such an observatory to allow sharing of good national practice as it begins to develop across the EU.

A possible model for a European Health Workforce Observatory might comprise three arms; one concerned with workforce (including skills) and data collection, one concerned with wider health policy and workforce; and one concerned with changing disease patterns. This would allow a unified workforce approach across Europe to deal with the many issues discussed above.

Areas of Research Needed

We would recommend the following areas of research are required as follow up to the Green Paper:

1. Variation in the quality of medical training across the EU and the association with clinical outcomes for patients
2. Measures of clinical skills/competencies of healthcare professionals across the EU. Initially, this could be limited to a small group of professionals (e.g. gastroenterologists) to test the model of a 'Health Skills Passport'.
3. Assessment of unemployed healthcare professionals across the EU with a particular focus on barriers to returning to work.
4. Comparison across the EU of different workforces, including use of allied health professionals to provide services (e.g. nurse consultants), and the relationship between these and clinical outcomes.

[i] Martin McKee FRCP et al. *Physician Revalidation in Europe*. Clinical Medicine (Journal of the Royal College of Physicians). Vol 8 No 4 August 2008.