

## **Royal College of Nursing (UK) consultation response to the European Commission's Green Paper on the European Workforce for Health.**

With a membership of just under 400,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the United Kingdom and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the National Health Service and the independent sector, including educational settings. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK Government and Parliament, together with the devolved Scottish Parliament and Executive, Welsh Assembly Government and Northern Ireland Assembly and Executive and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The RCN welcomes the European Commission's decision to consult on the key issues of the European Workforce for Health, particularly in the context of demographic change, its impact on the health care needs of the population in the EU and in terms of the ageing health care workforce. In the current financial crisis, investment in the health care workforce, including the nursing workforce, is essential to help bring Europeans through the greater risks they face of poor health characteristic of times of economic difficulty.

The RCN response follows the subject headlines in the green paper.

### **Demography and the promotion of a sustainable workforce**

The ageing of the nursing workforce will be a critical challenge in the next ten years. About 200,000 nurses (30%) on the UK register are aged 50 and older, and survey evidence<sup>1</sup> suggests that one in three NHS community nurses is aged 50 plus, and almost one in five GP practice nurses is aged 55 plus.

An ageing general population in Europe will mean that there will be a requirement for an engaged motivated nursing workforce to care for the increased number of older patients with long-term care needs. There is evidence<sup>2</sup> that treating staff well with

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<sup>1</sup> Holding On, RCN Employment Survey 2007; Jane Ball, Employment Research Ltd

<sup>2</sup> Department of Health funded study by Aston University into the link between staff and patient satisfaction using data from the NHS staff survey and patient survey, 2003.

decent working terms, conditions and career development and training opportunities produces better results for patients.

The attempt to shift care from the acute sector to primary care will also be a challenge, particularly as the age profile of the community workforce is higher and closer to retirement in the UK. “Growing” the primary care nursing workforce is not just a matter of recruiting direct from the acute sector or direct from UK training. The skills base required to work in the community is different. There will have to be more investment in specialist bridging training for hospital based nurses, and further efforts to establish community oriented education courses to increase the supply pipeline.<sup>3</sup>

Nursing is a predominantly female profession and the caring responsibilities, both for children and older relatives still falls mainly on women in European households whether they are working or not. This dual caring role i.e. for both younger and older relatives is growing with more women of working age having children later on in life or getting involved in childcare for their grandchildren or caring for older relatives.

However taking a wider view, improving paternity leave and other flexible working options for men would have a knock on effect of allowing more working time for women in European households. Arguably, the current recession facing Europe at present will be likely to result in more male dominated job losses (manufacturing and building), although there is growing evidence of significant impact on service industries. Finding ways to attract more men into nursing could be another good way to increase the workforce numbers.

## Recommendations

- A key step would be to map policy trends across Europe in order to plan appropriate workforce development. E.g. if the trend to move more services from acute sector to the community is set to continue, workforce planners will have the information to determine whether existing education and training provision will be adequate and is future proofed
- There should be an increased focus on motivation and morale, improving the working environment and career development for nurses including a better work-life balance and more family friendly policies to help retain the current workforce and improve patient outcomes
- Policy makers across Europe need to consider what initiatives would facilitate a more flexible workforce.

## Public health capacity

Nurses, midwives and health visitors are instrumental in influencing and creating the circumstances for people to live positive healthy lives. The nursing workforce can help achieve this by:

1. Targeting the health of disadvantaged groups to improve equal access to services and better outcomes from health care interventions

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<sup>3</sup> An Incomplete Plan, The Labour Market Review 2008; Prof Jim Buchan, Queen Margaret University, Edinburgh for the Royal College of Nursing

2. Identifying health needs through population health needs assessment
3. Targeting their services at vulnerable community groups
4. Sharing information with individuals, families and communities
5. Demonstrating an understanding of the wider determinants of health
6. Identifying potential partners and creating alliances with other key organisations.

## Recommendations

- As nurses and health care assistants across the EU are essential in the planning and delivery of policy and action to reduce health inequalities, there should be greater investment in and consultation of the nursing workforce.
- In the light of the current global economic crisis and increasing unemployment and the risk of poverty, that the EU and its Member States recognise the need for increased investment in measures to address the likely rise in health inequalities, such as greater investment in the health care workforce, including school, community and Occupational Health Nurses.
- There are examples of increasing cross-border collaboration between Northern Ireland and the Republic of Ireland, specifically in relation to public health (and especially suicide prevention), health protection and specific local arrangements over access to acute and out-of hours services on a cross-border basis. Similar collaborations could be fostered between other EU member states and experiences shared where they exist already.
- That the EU and Member State governments create the conditions and incentives to make it as easy as possible for people to eat healthily, to drink alcohol responsibly and to take physical exercise. The nursing workforce will be key in delivering this approach, for example, via their expertise and work in schools, hospitals, nursing homes and communities.

## Education and Training

Investment into appropriate workforce training education and support is essential in order to achieve the high quality healthcare required for the future. To achieve this, there is a need for greater dialogue between EU Member State governments.

## Recommendations

- Supporting the development of education programmes that enable multiple and wide entry points into nursing
- Supporting the individual nursing career, including investment in the leadership capacity of the nursing family, including encouraging regulators to help facilitate and health education institutions to offer courses to address disparities in levels of qualifications and time spent to meet the criteria required to register as a nurse
- Developing in partnership with others, Professional and legal recognition, and accreditation of nursing competencies for qualified and post-qualified practice at all levels
- Developing with others a new clinical career framework which promotes an inclusive family of nursing and explicitly recognises the contribution of health care assistants and others.

## **Managing mobility of health workers within the EU**

Movement of the nursing workforce between EU countries for those who meet the requirements for automatic recognition under the EU directives is relatively easy. However, for those covered by the EU's general system of recognition periods of adaptation may be required. Such adaptation courses are often scarce, as currently in the UK and it is important that health professionals are aware of these constraints. Employers and patients may also have problems with the quality of the English language for some applicants, but the current rules are that for EU personnel, it is in the gift of the employer to decide who does or does not meet their language competency criteria, rather than the competent authorities.

It is important to communicate the minimum requirements for ability to work as a nurse in EU countries effectively so that potential migrants are aware of what they need to achieve before they decide to move between countries. The RCN, for example, provides an information service to its members intending to seek work outside the UK

### Recommendations

- Transparency and clarity about nationally agreed standards of competency and codes of practice would facilitate greater mobility for the nursing workforce.
- Preparing nurses for migration prior to leaving their home countries could be supported by the use of structural cohesion funding.

## **Global migration of health workers**

### Recommendation

- Employers should follow the World Health Organisation code, once adopted, and **HOSPEEM** and **EPSU** codes of practice on ethical recruitment.

## **Data to support decision-making**

### Recommendation

- The need for expert advice and high quality, comparative and evaluated data to feed into the consultation process. There is a lack of high quality data, particularly in the independent sector to inform workforce planning. National nursing organisations such as the RCN can supply some of this data and identify where it is lacking

## **Examples of key questions to analyse the EU nursing workforce:**

1. How many qualified nurses are available to work by country i.e. similar to the Nursing and Midwifery Council register in the UK. What is the source of this data by country?

2. Demographics of the existing nursing workforce by country: age, gender and the proportion who work full time and part time.
3. Migration information – i.e. the numbers and proportion of the existing workforce who leave the country annually. Also the number of nurses entering the country annually and ideally from where? Any barriers to recruitment from other countries
4. The average age of newly qualified nurse by EU country
5. The usual retirement age for nurses is by EU country
6. The proportion of the workforce working in the public and independent sector and also the proportion working in hospitals and community settings
7. Nursing workforce turnover rate and whether the workforce is in surplus, shortage or in balance. Any particular recruitment and retention issues
8. What Qualification is registered by age and EU country – e.g. Education and specialism as well as first level.

### **Other useful related questions and information**

1. A map of all the sources of workforce information by EU country and any other agencies involved in the workforce planning cycles by country.
2. The time it takes to train a qualified nurse and attrition figures for nursing students by EU country. The number of pre-registration student nurses currently in education and training programmes by country.
3. Any new legislation of major policy shifts that might affect the nursing workforce.
4. National unemployment figures and nursing unemployment figures if known.

### **The impact of new technologies**

#### Recommendation

- Tele-nursing and tele-medicine and inter-operability of systems present opportunities for new ways of working, but need to be patient outcome driven, rather than technology driven..

### **Entrepreneurship**

#### Recommendation

- To support nurses as entrepreneurs and nurses who manage their own practices.
- To support the growing role of nurses in as commissioners of health services

### **European Cohesion Policy**

Structural cohesion funding should be used to help match healthcare workforce training to common EU levels, help migration and integration between older and newer member states and recruitment and retention of health staff.

April 2009

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