

Response to the Green Paper On the European Workforce for Health

IDIAP Barcelona, 31 March 2009

Represented organisations:

- IDIAP** *Institut d'Investigació d'Atenció Primària – Fundació Jordi Gol / Research Institute for Primary Care*
- DS** *Departament de Salut. Generalitat de Catalunya /Health Department. Government of Catalonia*
- ICS** *Institut Català de la Salut /Catalan Health Institute*
- IES** *Institut d'Estudis de la Salut/Institute for Health Studies*
- UCH** *Unió Catalana d'Hospitals/ Catalan Association of Hostpitals*
- CHC** *Consorti Hospitalari de Catalunya/Catalan Hospital Consortium*
- COMB** *Col·legi Oficial de Metges de Barcelona/Barcelona Medical College*
- COIB** *Col·legi Oficial d'Infermeres de Barcelona/Nursing College*
- AIFICC** *Associació d'Infermeria Familiar i Comunitària de Catalunya/ Catalan Association of Family and Community Nursing*
- semFYC** *Sociedad Española de Medicina Familiar y Comunitaria/Spanish Society of Family and Community Medicine*
- CAPSE** *Consorti d'Atenció Primària de Salut de l'Eixample/Primary Care Consortium of Eixample Barcelona*
- CASAP** *Consorti Castelldefels Agents de Salut d'Atenció Primària/Primary Care Consortium of Castelldefels*
- B.Salut** B.Salut

Panel of participants:

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Anna Ribera (CHC), Marc Soler (COMB), Mariona Creus (COIB), Olinda Anía (IES), Joan Escarrabill (IES)

Moderators:

Toni Dedeu (ICS, semFYC)
Tino Martí (IES, B.Salut)

Methodology

1. Presentations
 - a. Green Paper On the European Workforce for Health (Elisabeth Kidd, DG SANCO European Commission)
 - b. Response to the Green Paper by a Dutch delegation (Annemarie van den Houvel, European Foundation of Primary Care)
2. Questions and answers
3. Structured responses to the Green Paper

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Legal framework

EU directives (Working time directive 2003) have had a huge impact on healthcare organizations and the workforce market causing a shortage of doctors for on-call duties. In Catalonia, the solution has been to make contracts more flexible (introducing functional mobility).

On the other hand, there is a need for flexibility too, to face the conciliation of family and work life. Currently there is an increase in the number of women under the age of 40 in the health sector due to feminization of the workforce.

Responses:

- Alert EC legislators that they should not reduce the capacity of Member States (MS) (e. g. working time directive) or fail to take into consideration the impact that the new legislation has on MS health workforce capacity.
- Although harmonization is no longer an *idée fixe* in the EC, a skills framework for health professionals, particularly in primary care, should be set. This framework should embrace the new roles of nurses, as the concept of nursing varies within Europe.

Demography

Responses:

- Professional rights should be balanced with citizen rights in terms of standards in quality of care (setting a minimum threshold).
- Before comparing the ratios of health professionals it is important to define the health benefit basket and the model of care. Once this is defined we can start to discuss the needs of health professionals.

Public Health Capacity

Responses:

- A population oriented health management could start with a predictive modelling and so identify target groups for screening and disease prevention programmes.

Training

Responses:

- Training in the use of new technologies becomes fundamental to drive change in healthcare.
- CPD relates to the debate about patient safety, arising from the mobility of doctors and nurses around Europe. Regulator authorities want to include CPD in the accreditation system.
- Uniformity across Europe for CPD as in some parts of Europe is more a wish than a reality. (See EC directive 1993 to harmonize medical studies)
- The role of the Observatory of Health Professions could help in these issues (coordination of policies, establishment of credentials, time standards for specialization...)

Managing mobility

Responses:

- Management exchanges are seen as a good way of benchmarking and generating innovation throughout Europe. So as not to duplicate efforts, it would be useful to use an existing capacity as the European Health Management Association platform to implement the exchanges.

Global migration of health workers

Responses:

- Global migration is an ethical question due to potential consequences to developing countries.
- To develop an ethical code or set of principles to recruiters could minimize this impact (e.g. temporary medium-term contract with a clause of return).

Data to support decision-making

Responses:

- The Observatory may lead data collection and data analysis to support decision making.
- Economic information should be incorporated into the analysis.

The impact of new technology

Responses:

- Working more in telemedicine, sharing systems and capacity across Europe (e.g. Malta radiologists servicing Austrian diagnostic centres).
- Intensive use of technology for knowledge assessment: simulation centres, abilities testing and new technologies of training.

The role of health professional entrepreneurs

Responses:

- This approach should work towards multidisciplinary teamwork instead of entrepreneurs leading planning.

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Acronyms

EC – European Commission

GP – Green Paper

MS – Member States

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