

Comments on the Green Paper on the EU workforce for health

by

Gilles Dussault

Director, Unidade de Sistemas de Saúde

Instituto de Higiene e Medicina Tropical

Universidade Nova de Lisboa

Rua da Junqueira, 96

1349-008 Lisboa, Portugal

gillesdussault@ihmt.unl.pt

Tel: +351 21 3652664

Fax: +351 21 3632105

1- General comment: This consultation is welcome as the EU member states are currently experiencing critical workforce problems in the health sector and that these are only likely to worsen in the coming years if no effective action is taken. A consultation document on health workforce (HW) policies and interventions can only be as solid as two main ingredients are: data and concepts used. There is a recognized lack of aggregated data on the HW in the EU and the Green Paper rightly points to the need for strengthening the data base, at the levels of harmonization of definitions and indicators, of standardized methods of collection and of analytical tools.

On the other hand, the Green Paper would be stronger if structured around an Analytical Framework which would give a logical thread to its analysis and proposals; it would also provide criteria to identify and weight, in terms of their importance and urgency of action, the various issues.

One such approach could be to start from the relationship between the workforce and the performance of the health services systems, e.g. how the workforce influences the achievement of objectives such as equitable access to, effectiveness and efficiency of services, responsiveness and financial protection (to use the WHO standard performance dimensions). This gives a framework to analyze the present state of the HW: its composition (demographics, skills-mix, numbers, dynamics of in and out-flows), distribution (geographical, by level/type of care), productivity and quality of outputs. It also draws attention to the factors/processes which influence the performance of the HW: quality of education and training, working conditions, systems of incentives, management practices, regulation and external factors such as changing demand, technological innovation, etc..

Without a comprehensive diagnosis of the situation of the HW, it is difficult to decide what are the most critical issues, what should be the priorities, where to start (some issues should/can be addressed in the short-term, others require a long-term set of interventions), etc.. One could not expect such a detailed diagnosis from a Green Paper, but a preliminary one would be useful to identify issues and organize them more systematically. Section 2 (Rationale), on page 4, would have provided a nice way to organize the Paper around the needs deriving from the main objectives of the EU Health Strategy.

2- Specific comments:

- P. 3, section1 "*Policy makers and health authorities have to face the challenge of adapting their healthcare systems to an ageing population*". This is correct, but some countries also experience a growth in their younger population (in France and Portugal, for example, the number of births has increased considerably in recent years). This means that while having more old people, health care systems will have to cope with a growth of the younger population at the same time.

- P.4 Graph1. I am not sure to understand what this graph is supposed to say. The categories are not defined and there might be overlaps; it is not clear if the size of the boxes have any meaning.

-P.7 Box: I am not sure to understand what "*influencing factors*" mean here (and in other similar boxes) and what results should be expected from the proposed actions.

-P.8, 4.3: under *training*, some critical issues are overlooked: education strategies, quality assurance and improvement, and harmonization at EU level.

- P.9, under *Managing mobility*, an important issue to address is that of assessment of the quality of practice of health workers, which has to go beyond the assessment of qualifications.

-P.10, Box: "*Fostering bilateral agreements between Member States to take advantage of any surpluses of doctors and nurses*". This is an example of a proposal which makes is less convincing in the absence of reliable data. Is there a single country with current or forecasted surplus? The proposal also contradicts the premise that future demand and the ageing of the HW will induce shortages in the whole EU.

- P. 11: Is a EU Code of Conduct needed in view of the International Code in preparation, which the paper proposes to support (p.12)?

-P.14, section 6: This section makes no sense. How can "*Encouraging more entrepreneurs to enter the health sector... improve planning of healthcare provision ...*"? This is a purely market-oriented proposal which is exactly in opposition to better planning in the sector.

This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumers DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.