Notes and comments on the Green Paper on the European Workforce for Health

Chapter 4.1

The share of personal costs for employees in "new" EU member countries (CEE) still does not reach the level usual in the "old" member countries. In spite of that fact there are efforts to undervalue the present level of qualifications/training of nursing staff (bachelor grade of nurses – whose average income is only the average of the general wage-level in the Czech Republic, the usual level of income for secondary-school graduates) or to introduce lower requested qualifications to secondary school level - which is the latest suggestion of the minister of health of the Czech Republic (member of the resigning government). In the Czech Republic, the largest decrease in nursing staff numbers is not caused by their leaving for another country but their leaving the profession for a different industry, where they can gain the same or even higher salary, better working conditions and lower workload with much lower responsibility. Healthcare is deserted by new school-leavers and women after their maternity leave (for low opportunity of reconciliation of their working and family lives) and also by middle-aged women (for burn-out and low perspective). Measures for making use of workers over 55 is lacking completely. The quality of managerial and personnel work in the Czech healthcare is very low, there are significant shortages in work organization and in work division between hospital and ambulatory (out-patient) sectors.

Knowledge about opportunities in the healthcare is low, information about social partnership is completely lacking, and so is information about possibilities of solving problems through social dialogue.

We recommend further developing of sectoral social dialogue in the area of recruitment and retention of workforce, working time, health and safety at work, professional training.

Chapter 4.2

The present Government has decimated "hygienic service" (protection, promotion and support for public health). During the past 20 years all preventive care in schools was abolished – that of general practitioners and dentists. The Ministry itself acknowledges that, as a consequence, some 25 % of children have their teeth in a catastrophic state. Although the Czech Government proclaimed e-health a priority for the Czech EU presidency, the Czech healthcare lacks information about availability and above all about the quality of care. Pricing and availability is a matter of corruption.

Chapter 4.3

Prevailing efforts of doctors are aimed at commercialization of post-graduate training and submission of life-long learning to the interests of pharmaceutical companies. That is connected also with funding for further training. In the case of nursing staff further training the form defeated the contents. The credit system makes nurses attend training activities without securing the quality of such training or its relation to performance of the profession in a particular workplace or in a particular job. There are no syllabuses for training in individual branches of the profession. Language training is still unsatisfactory. Planning, above all in the area of human resources, is still considered to be a relict of socialism.

We recommend further unification of not only the level but also the contents of training in regulated professions.

Chapter 4.4 Managing mobility of health workers within the EU

It is mentioned that free movement of healthcare workers between new and old EU member countries is in one way only, there are, however, no really effective measures mentioned to minimise harmful effects of that one-way mobility on new member countries. Efforts for self-

sufficiency in human resources on the EU level is not a sufficient solution if workforce in the EU is unequally distributed; besides, poorer countries are to bear training costs for workers who will then be employed in richer member countries.
Such mobility can not be prevented until living and pay standards between old and new member countries have been equalized as any restrictive measures, indirect as they may be, would be against EU principles.
It is however possible to adopt measures that will compensate new member countries for higher expenses which they bear.

We recommend adding such a measure to the draft.

Chapter4.5 Global migration
The brain-drain problem of developing countries is well described, any really efficient measures are, nevertheless, lacking again.
The mentioned ethical codes of some countries are limited above all to restriction of official recruitment of healthcare workers in the countries that have not expressed their consent. They nevertheless do not contain solving of the biggest problem: that the burden of training of healthcare workers is borne by poor countries while the profit of their work remains in wealthier countries.

From the ethical point of view, it is undoubtedly correct that wealthier countries do not support outflow of workers from the countries where they are urgently needed. That, however, is not sufficient, if they still profit on the spontaneous outflow of those workers.
We do not find even support for circular migration sufficient, if there are no efficient mechanisms in operation that would support returning the migrating workers back to their home country.

In the case of non-EU countries, we do not think it possible to prevent brain drain through restrictive measures, either. The measures used must be motivating and of economic character.

We think it is necessary to formulate basic principles already in this document, not only stating that it is desirable to adopt such principles some day in the future. The principles should be directed at advantages for both parties.

The principles should comprise:
- Official active recruitment of healthcare workers from only a country that has sufficient number of such workers.
- Direct support for professional training (of non-qualified persons who wish to become healthcare workers) is directed above all at the country of origin. Official support for preparing healthcare workers for migration is ethically appropriate only in the countries with population surplus. The support can have the form of funding for some training facilities, provision of experts and/or equipment for training, assistance in preparation and/or carrying out the training, direct support for students, including appropriate language training.
- Countries making use of work of persons who had obtained training in other countries (irrespective of their being recruited within the framework of official recruitment campaigns or not) support directly training of the healthcare workers in their home countries (see the previous paragraph).

- If stays of limited duration are offered for obtaining specialization or improvement of knowledge and experience, it is proper to receive above all persons sent by the country of origin (best of all by a particular facility). There is larger probability that these persons will come back home and use the newly gained knowledge in their home country. If such educational stays have the character of development assistance, then it is necessary that the trained healthcare workers are obliged to work certain number of years in the sending country.

Measures of financial character should be complemented by support at the EU level.