Response to the issues raised in the Green Paper on the European Workforce for Health

Supported by Marian Harkin MEP

Submitted by

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Introduction

We agree with the principles set out in this green paper which involves the sharing of best practices and the enhancement of partnership and collaboration between EU member states, and subsequently the quality of patient care. Hence we would advocate for a collaborative EU stakeholder approach to policy development and implementation. Input from the nursing profession in Ireland should involve An Bord Altranais(ABA, Irish Nursing Board), the Health Service Executive (HSE)- Office of Nursing Service Director (strategic healthcare management), Nurse Educators and Practice Groups. Consideration needs to be given to the variance in healthcare models, comparability of population, geography, diseases and the difficulties in effectively comparing the healthcare workforce data due to the range of variables when developing these initiatives.

We will address the main issues presented in the green paper by citing the progress made in relation to these issues to date and possible contributions that can be made from an Irish context. We will then cite the challenges that we face regarding the maintenance of an adequate and quality workforce for health. In the main we will be addressing the issues from a nursing workforce perspective.

Demography, and the promotion of a sustainable health workforce.

It is vital to have accurate, complete and updated workforce data in order to determine current capacity and future workforce and training requirements. In Ireland a national workforce planning strategy is due to be published shortly by the Department of Health and Children. This strategy will be in alignment with the Health Service Executive national service and financial plan and will give guidance to future workforce planning from an integrated perspective, as opposed to planning for individual employee groups.

Much progress has being made in improving the attractiveness of choosing nursing as a career for both school leavers and mature people. There is a high demand for nurse training places in Ireland approx 16000 students apply for 1880 nurse training places annually (NCC update to IUA 24th April 2007). The number of applicants has escalated in recent times due to a number of factors. These include a strategic approach to marketing, promotion of nursing and midwifery as a career, a centralised application process (CAO) and the introduction of the degree status. Currently, 15% of places are reserved for mature applicants to undertake general nursing and 35% of the places reserved on the psychiatric and intellectual disability strand. (ABA 2007) Furthermore, mature students may avail of a Healthcare Workers Sponsorship Scheme (HSE 2007), whereby a candidate who has been employed in the Irish public health service and is involved in direct patient care may receive their full salary for the duration of the course. Fifty four such bursaries are available per annum.

A concerted effort has been made to encourage nurses to return to practice. The National Nursing and Midwifery Recruitment and Retention group was set up in 2005, A standardised “Return to nursing/midwifery practice” programme was provided across the country this involved a national marketing campaign. Participants on the programme receive a bursary during the programme and on uptake of employment post the programme, provided they give a commitment to employment in the public health sector for a minimum of one year.

The working conditions of nurses have greatly improved in Ireland over the past decade. The basic salary of a nurse has increased in conjunction with promotional structural changes and improvements in flexible working conditions. Nurses in Ireland currently work a 37.5 hour week with plans in operation to reduce to a 35 hour week (INO 2009)

Similar to other member states life expectancy for an Irish male is 75 years and 81 years for a female. This has led to an increase in chronic illness and the subsequent need for long term care hence the Health Services Executive are currently redesigning and reorganising the delivery of healthcare. The HSE transformation programme (HSE 2006) places emphasis on the development of community services thus in the future this may give rise to local training and employment for health care workers. While many of the areas of action in relation to promoting a sustainable nursing workforce cited in the green paper have being addressed to a greater or lesser degree challenges still exist which may be common to member states.

Challenges and areas of social dialogue

- As a result of the current economic crisis nurse training places have being cut by 16.8%. This reduction will inevitably result in the country being acutely short of nurses in 2013 and beyond. This diminutive decision may prove damaging to all recent manpower planning in the area of nursing and midwifery. We also need to continue to improve pay and conditions of nurses in order to avoid the recruitment and retention dilemmas faced by other EU countries against a back drop of economic crisis.
- Future recruitment of students into the nursing profession cannot be predicted due to changing demographics, economic drivers and subsequent reduction in funding structures.
- The potential withdrawal of free fees to third level students as announced recently by the Minister of Education will have its implications. Nursing Students must undertake lengthy clinical placements to meet the An Bord Altranais requirements of the programme both during the academic year, and in some cases during the summer vacation. This limits students opportunity to work, and must be considered in any withdrawal of fees. Of particular concern for potential undergraduate students is the availability of grants for nurse education in other jurisdictions, such as cross border whereby all student nurses in Northern Ireland receive a non-means tested grant of £5,360 per annum, and all students over 26 years receive a grant of approximately £6,035 per annum. This lack of financial support will impact recruitment of students in the future.
- Recruitment and Retention of Nurses within the Health Service emerged as a significant issue in the mid nineties (McCarthy et al, 2002), This was addressed in part by recruiting nurses from overseas. Whilst this was the first time this particular challenge had emerged in the Republic of Ireland, it mirrored international experiences, with the demand of nurses exceeding supply (Kennedy 1999). However this has recently changed with most third level institutes reporting yearly increases in first choices for general nursing. The real problem now lies when these newly qualified nurses try to seek employment especially along the western seaboard where supply now

sometimes exceeds demand. These nurses need to migrate to find employment. The reason why newly qualified nurses cannot find employment is due in part to the recruitment freeze implemented as a result of the current economic crisis.

- Gender related issues are similar to other EU countries – Nursing in Ireland is a predominantly female profession with the inherent problems linked to time and role conflicts (eg working hours).There exists an undervaluing of the nursing profession by some in society part due to a lack of political and clinical leadership within the profession in Ireland.

- In many of the richer member states such as Ireland the demand for flexible working and the introduction of work life balance initiatives has been accommodated. In some areas of practice flexible working now exceeds full time commitment. Yet increases in the number of flexible working hours and early retirement's results in the loss of knowledge and expertise. Increased levels of training is not being planned or delivered to address this knowledge loss.
- Accurate data bases and work force planning to identify exact numbers needed for training places need to be developed An important statistic of note is that the current age profile of registered nurses indicates that 50% of registered psychiatric nurses who may retire at 55 years are over 45 years of age and that 71% of pubic health nurses and 38% of general nurses who will retire at 60 years are over 45 years of age (DOHC 2003).Effective HR Practice that facilitates sufficient supply to meet demand thus maximising entry and minimising outflow of nurses is paramount. An EU framework for Recruitment and Retention could be developed.
- The EU should consider incentives that governments of member states could consider in order to prevent brain drain and encourage retention. Some countries are currently offering tax rebates, higher salaries and free healthcare. Training of para-medical staff in some areas and the development of a skill escalator in the UK has allowed for the development and retraining of the healthcare workforce into other healthcare areas.
- Re-engineering of the workforce is required to meet a transformed health service. Consideration should be given to the rationalisation of nursing specialists in order to utilise the workforce more flexibly. Priority for specialists should be determined by health population forecasts and needs. EU Social networking and dialogue should identify the competencies required for the future workforce. Changes to workforce supply will impact on the degree of specialists and skill mix.

Public Health Capacity

The Population Health division of the Health Service Executive (HSE) provides a co-ordinated approach to promoting and protecting the health of the Irish population and target groups, with particular emphasis on health inequalities. Health protection, health promotion, environmental health, emergency planning, strategic planning and evaluation, health intelligence and suicide prevention are now within the remit of Population Health Department. Prior to the setting up of this Directorate in 2005 these areas of health care where fragmented. The model adopted in Ireland focuses on opportunities to sustain a healthy population, hence funding will be rebalanced

towards reducing health and social inequalities and disease prevention. This model is used in a number of well developed systems throughout the world such as the Canadian Health System. With this approach the primary point of contact between a person and the health and social care system will be through their local Primary Care Team (PCT). PCTs will provide an expanded level of services and empower people to self care and promote their own healthy lifestyles. This reorientation enables more care to be provided in more appropriate settings (HSE 2007, HSE 2009).

This transformation of health service delivery in the context of primary care is in its infancy in Ireland. Other EU states are at various stages of implementing a primary health strategy hence the challenges facing the workforce for health in Ireland may be similar to other member states.

Challenges and areas of social dialogue

- The number of health care workers employed in the community sector to fulfil the vision of the primary health care strategy needs to dramatically increase. This will involve redeployment and an investment in education and training.
- Roles of community health care workers need to be redefined in light of the Primary Health Care Strategy. Currently there are 3 grades of nurses in the community: Public health nurses, Community registered general nurse and Practice nurses. Other allied health care professionals have community roles. These roles need to be defined and clear lines of accountability developed within the primary health care team.
- Non licensed health care workers within the primary health care team such as care assistants and home help workers need to be certified with adequate training and supervision
- All health care professionals' undergraduate education need to adapt their curricula to encompasses a community health care model with the provision of appropriate supervised community placements.
- Traditional professional power bases within primary care teams needs to be addressed. No one professional group should control the delivery of care. EU policy should ensure that health systems deliver patient centred care by patient centred teams.
- Serious inequalities in health still exist in relation to mental health.
- Community health care workers need validated tools to collate health inequalities data, poverty profiling tools and community health assessment tools,
- Collection tools regarding information re mortality and morbidity and prevalence of diseases needs to be standardised. Currently this information is provided by the General practitioner.
- Our capacity for screening health and health promotion needs continued investment

- Health promotion needs to be a fundamental component of all Health care professionals' undergraduate education. It is already part of all nursing curricula.
- Maintaining the health of the workforce should be a priority hence the number of Occupational health professionals employed both nurses and doctors needs to increase in both the private and public sector

Training

Nurse education in Ireland

There has being radical changes to the way in which Nurses are trained in Ireland over the past 14 years. In 1994 the traditional 3 year apprenticeship model of pre-registration nurse training was replaced with the registration diploma programme. In 2002 the diploma programme was replaced by a 4 years honours degree programme (BNSc) which is currently provided by13 universities and colleges of higher education throughout the country. These changes brought Irish nurse education in line with the UK, Canada, North America and Australia (Government of Ireland 1998, 2000). One of the major strengths of the Irish Nurse Education programme is that the profession of nursing is now at an honours degree level entry. 5 degree programmes are offered in Nursing they are General, Psychiatric, Intellectual Disability, Midwifery, Children and General integrated. In addition to nursing theory and practice, the biological and social sciences, all undergraduate nursing programmes include management, health promotion, research and evidence based practice modules in their curricula. National Standards for Nurse Education are set by the Irish Nursing Board (ABA 2005) Included in these standards is a Clinical practice competency frame work which has been implemented nationally to ensure standardisation of the nursing qualification across the country(ABA 2006).

Post graduate nurse education has also been heavily invested in over the past 8 years, incentives were provided in the form of financial support for nurses pursuing part time degrees & specialist courses, The National Council for the Professional Development of Nurses and Midwives (NCNM) has fostered the development of Clinical Nurse Specialist (CNS/CMS) and Advanced Nurse Practitioner(ANP/AMP) posts throughout the country. There also has been significant support for management training within nursing/midwifery nationally over the last number of years. More recently there has been substantial funding provided through the NCNM (two consecutive years) specifically to support projects to support management and leadership in nursing.

While there has been an unprecedented increase in investment in nurse education over the past number of years it is imperative that such funding is continued in tandem with integrated workforce planning to ensure the availability of appropriate qualified nurses in meeting the objectives of the Health Strategy. The challenges that nurse education face and possible areas that the EU community could take action on are

Challenges and areas of social dialogue

- Due to the recent economical crisis the numbers of undergraduate nurse training places have decreased by 16.8% in Ireland; OECD ratios have been cited as the rationale for cuts.The OECD ratio of Irish nurses per 1000 population figure is inaccurate. An Bord Altranais maintains a register of all nurses and midwives. This register does not provide

information as to where nurses and midwives are employed, 40% of nurses in Ireland work part time and many are registered on 2 or more registers. This type of information needs to be included on a minimum dataset.

- An EU Observatory on the Health Workforce needs to be progressed. In Ireland the HSE National Workforce Planning Unit, the Nursing Policy Division of the Department of Health & Children and An Bord Altranais currently collate much of the information that may be required and would be key stakeholders in the data collection and analysis.
- Regular training needs analysis along with the development of annual service plans will assist organisations to identify their specific training needs. The Nursing Midwifery Planning and Development Unit in Dublin recently devised a training needs analysis template/toolkit which is both strategic and operational. Mechanism of ensuring mandatory continuous professional development for all health care workers could be addressed by the EU.
- Nurses in Ireland still feel disempowered within the health services. They are invisible in the organisation, are not involved in organisational decision making and they lack information about their organisations (O Shea 2008). In order to ensure that the valuable input of this largest health care workers group is realised nurses should have a clinical voice at national level in all member states.
- Historically as a result of the apprenticeship system of nurse education student nurses in Ireland were professionally socialised to be disciplined, non -questioning and subservient (Treacy 1987). However with the recent investment in the education of nurses over the past 6 years there is a potential that in time a critical mass of professionally educated nurses will develop a strong sense of professional identity which will enhance their ability to develop autonomous services related to patients needs. Hence they will be able to contribute and engage in a powerful way to interdisciplinary and multidisciplinary approaches to service planning and delivery. EU policy could drive the agenda to continue to invest in Nurse Education across Europe to improve the contribution that nurses can make to the health service.
- The Report of the National Task Force on Medical Staffing (DOHC 2003) which highlights the European Working Time Directive (EWTD) has significant implications for the training of all nurses and health care workers. As a result of this directive there is a need to expand the role of the nurse and Midwife within agreed frameworks of the scope of practice
- There needs to be continued investment in developing Clinical Nurse Specialist and Advanced Nurse Practitioner roles as nurses need to lead services in both acute and primary care. CNS and ANP are best placed to hold the positions of case managers. However there is resistance to this concept by many other professional groups. This resistance is often motivated by financial agendas and professional elitism.
- Language training, interpretation, capacity to make decision and act on them and the impact of local cultures on work practices needs further

consideration. Student undertaking health studies courses in Ireland do not have the opportunity to under take language modules.

Managing Mobility of Health Workers within the European Union

From an Irish perspective it is desirable to avoid oversupply or undersupply of staff both within Ireland and the European Union but if the vision of this Green Paper is realised, employment opportunities throughout the EU will ensure that in cases of oversupply, employment will be more freely available elsewhere within the EU. Also, in cases of undersupply of healthcare workers there maybe many alternative employee sources available to sustain the workforce for EU healthcare workers. However, the long term concern is that our supply of nurses from the graduate pool will not be utilised here in Ireland as a result of current fiscal cuts which impact on opportunities for nurses to secure employment in Ireland. Therefore graduate nurses will migrate to countries were there are global shortages hence there should be consideration given to training a workforce for EU supply in the future and not solely for Ireland.

Registration of general trained nurses within the EU is governed by directive 2005/36/EC. An Bord Altranais will be a valuable resource going forward to facilitate the registration of nurses trained in the EU as they have vast experience with the registration of international nurses (including EU nurses/midwives), conducting English language tests and providing introductory information on the role of the nurse in Ireland. In July 2003, An Bord Altranais developed new policies regarding the eligibility of nurses from overseas to register. An information booklet for overseas nurses, including applicants within EU member states who do not qualify under EU Directives is available in the registration section of An Board Altranais at www.nursingboard.ie

From a strategic perspective the challenge for Ireland and for many of the member states is to deliver a Human Resource Strategy in the current economic climate. Fiscal cuts and realignments impact on staff position numbers thus impacting on the number of full-time permanent positions for qualified nurses in Ireland. National HR strategy should ensure that sufficient numbers of graduates are trained to meet service needs perhaps consideration could be given to training a workforce for EU supply.

Challenges to Managing Mobility of Health Workers within the European Union:

- Increased access to funding to support Erasmus type schemes that promote student exchanges. This is not possible at the moment due to the constraints of meeting the requirements of the standards (An Bord Altranais 2005)
- Many of the member states do not have sufficient numbers of nurse training or have difficulties recruiting into training places. In 2008, 800 doctors graduated in Hungary, and only 30 nurses. Many member states feel the more they train the more they will loose. EU Structural Funds should support additional training. Overseas training places could be utilised (Ireland for example), whereby the candidates are funded for 4 - 5 years by the EU and they commit to returning to their sponsoring country on completion. Similarly, member states could utilise Structural Funds to sub-contract education and training.

Training places in Irish Universities have recently been reduced so there may currently be scope in some Irish Universities.

- Numerus Clausus: Considerable progress made to date by the Bologna Process. The Bologna Process aims to create a European Higher Education Area by 2010, in which students can choose from a wide and transparent range of high quality courses and benefit from smooth recognition procedures. The Bologna Declaration of June 1999 has put in motion a series of reforms needed to make European Higher Education more compatible and comparable, more competitive and more attractive for Europeans and for students and scholars from other continents. - The purpose of the Bologna process is to create the European higher education area by making academic degree standards and quality assurance standards more comparable and compatible throughout Europe. ABA will have conducted some work examining the education standards of nurses/midwives training in other EU Countries as many nurses from various countries within the EU have registered as Nurses in Ireland over the last number of years.
- It is imperative that the concept of improving transparency of nursing qualifications, working practices, skills and experiences throughout the European Union needs too be explored, thus facilitating nurse workforce mobility. The need to develop a competency matrix would facilitate mutual flexible arrangements between EU member states.
- EU Commission could support the International Classification of Occupations. This would require guidance on job descriptions and would impact on mobility of the workforce.
- However, mutual recognition of qualifications may create tensions across the member states. The requirements and standards for undergraduate and post graduate education in Ireland are linked to national standards and the needs of our health service and workforce to deliver such services. Mutual recognition of qualifications may result in differing needs nationally that may be at variance with the building blocks of European Union membership

The Impact of New technology

In Ireland there will be a convergence of traditional systems and medical technologies over the next decade bringing significant changes for many roles in our system. Professional bodies in collaboration with suppliers and health service providers in each country need to be involved in developing new technology. These new technologies need to be evaluated to ensure a return for the patients and the public. All health care workers have a role in this evaluation process. Hence there is a need to build expertise within various professional groups who can examine and develop our processes and patient pathways. The development of patient pathways is ultimately where much of the benefit to patients comes from rather than the technology itself that is often simply an enabler. The Nursing profession needs to be central to the development of patient management systems. Therefore there is a need to incorporate health informatics into graduate training prior to entering the workforce.

Nevertheless building an acceptance to new technology is a challenge. There will be a move from paper records which will improve access efficiency and safety of patient records. However resistance to new technology is a common factor in many countries. This issue needs to be addressed (McCallion 2009).With the advent of health technologies and developments in areas such as tele-medicine/tele-health, e-diagnostics & e-technology, there is much scope for social networking with EU partners to research and progress such initiatives across nursing domains. Funding for such initiatives could be progressed through the EU Structural Funds

Role of Health Professional Entrepreneurs in the Workforce

During the past two decades, Ireland was transformed from one of Europe's poorest countries to become the fourth most affluent nation in the OECD.
Ireland today is in a post Celtic Tiger phase. However it is believed that the next phase that the Irish economy will go through is an evolution towards services, where entrepreneurs will grow in niche areas of expertise. The development of the private healthcare delivery system in Ireland has resulted in many healthcare professionals such as doctors, dentist, dieticians, physiotherapists, occupational therapists, etc setting up private enterprises. The expectation is that a consumer driven healthcare system in the future will demand increased access to healthcare professionals, increase productivity and will improve quality.

Challenges:

- Consideration needs to be given to the specific health professionals that act as entrepreneurs that are currently in demand by consumers and in light of changing healthcare policy, whether they will continue to be in demand.
- The professions currently in high demand are because the training places for them are limited. The need for additional training places in the future and resources needs to be quantified, and funding for same provided.
- The promotion and marketing of health professional entrepreneurs may impact negatively on the current public health system and support the dual health care delivery system.

Areas for Action:

- Workforce planning in both Ireland and within other member states to determine future needs.
- Research in this area would be advocated as variances in models of healthcare delivery systems across the EU would impact on the effectiveness of health entrepreneurs in the workforce.
- EU funding to support the development of key health professional entrepreneurs based on future needs.
- EU funding to develop both national and EU policy in relation to governance.

Cohesion Policy
EU Structural Funds
Areas for Action

- The EU social networks should agree priorities for EU Structural Fund Applications or the EU Commission should identify priorities for Structural Fund spending. Currently 5.2 billion is available in this funding strand with no dedicated allocation to health.
- In Ireland a range of voluntary and community agencies address issues of inequality, poverty and ill-health. Many organisations work directly with the health services either individually or nationally through umbrella bodies such as National Disability Federation of Ireland. Application for EU Structural

Funds should be considered to address inequality and cohesion. Funds could be used for education and development in the area of standards and patient outcomes. This would develop the workforce across both the voluntary agencies and the HSE.

Summary

Much progress has being made in the areas of the recruitment, retention and education of nurses in Ireland. Nursing as a career remains an attractive option for both students and mature people. EU policy could support the continued investment in these areas against the backdrop of the current economic climate where funding is under treat. Plans for the transformation of the health services in Ireland which involves the provision of a broad spectrum of community and home based care has the potential to change health care workers roles in the future. This will require adequate numbers of health care workers, integrated multidisciplinary management structures, role clarity, training and certification. Consideration should be given to the rationalisation of nursing specialists in order to utilise the workforce more flexibly.

While Ireland has an undersupply of nurses up until last year and were actively recruiting overseas, currently newly qualified nurses are migrating to find employment. Hence workforce planning in both Ireland and within other member states will determine future needs. An EU Observatory on the Health Workforce needs to be progressed. It is imperative that the concept of improving transparency of nursing qualifications, working practices, skills and experiences throughout the European Union needs to be explored, thus facilitating nurse workforce mobility. The need to develop a competency matrix would facilitate mutual flexible arrangements between EU member states. The EU Commission could support the International Classification of Occupations. This would require guidance on job descriptions and would impact on mobility of the workforce. Many of the member states do not have sufficient numbers of nurse training or have difficulties recruiting into training places. EU Structural Funds should support additional training. Overseas training places could be utilised (Ireland for example), whereby the candidates are funded for 4 - 5 years by the EU and they commit to returning to their sponsoring country on completion. Similarly, member states could utilise Structural Funds to sub-contract education and training. Training places in Irish Universities and Institutes of Technologies have recently been reduced so there may currently be capacity in these Higher Educational Institutes.

Finally The EU social networks should agree priorities for EU Structural Fund Applications or the EU Commission should identify priorities for Structural Fund spending. Currently 5.2 billion is available in this funding strand with no dedicated allocation to health. We would advocate for the development of a partnership and collaborate approach for the sharing of good practice and EU policy development among the member states in order to maintain an adequate and quality health care workforce for the future. Irish health care workers, and from our perspective Irish nurses and midwives have much to offer to this debate.

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