

BMA response to the European Commission Green Paper on the European Workforce for Health

The British Medical Association (BMA) is the UK's leading voluntary professional association and trade union for doctors with approximately 140,000 members which corresponds to around 68% of practising doctors in the UK.

The BMA welcomes the publication of the Green Paper as a first step in supporting member states to create a modern, professional health workforce. Member states require an efficient and effective health workforce in order to respond adequately to the challenges facing healthcare systems. The BMA is satisfied that the document recognises the numerous challenges that face the European health workforce and is pleased that it presents them in a sober and concise way.

This paper aims to address the issues that the BMA considers are most important when formulating future policy on the European health workforce.

Education and Training

Education and training are vital components in creating a modern, efficient health workforce. Investment must be channelled into increasing the quality of training for medical students at both undergraduate and postgraduate level throughout the EU. Lifelong learning and continuous professional development (CPD) must be enshrined in the EU health workforce in order to ensure that doctors have up-to-date professional skills and are knowledgeable about the latest treatments and developments in medical technology.

The BMA supports the CPD consensus statement which was signed by the European medical organisations in 2006¹ and would encourage the European Commission to incorporate the key elements of this statement in any future legislation on the EU health workforce.

The BMA supports the assertion in the Green Paper that member states will have to assess what types of specialist skills will be needed in the future in response to changing patterns of disease. Climate change contributes to the global burden of disease and premature death and is having a growing impact on the health of EU citizens. Heatwaves and increasing air pollution can have acute consequences for health particularly amongst the elderly and infirm whilst the health impacts of events such as flooding can have repercussions for both physical and mental health. The rise of new vector-borne diseases across Europe will require additional training for doctors and healthcare workers, particularly in southern member states².

The public health and prevention aspects of healthcare are also very important and are highlighted in the Green Paper. Public health professionals are a vital and undervalued element of the healthcare team and the BMA supports any steps to ensure better recruitment and training in the area of public health and in increasing capacity in this area.

The Bologna Process is also relevant when considering education and training in the context of creating a modern, efficient health workforce. Whilst welcoming the Bologna Process as an opportunity to improve quality assurance and promote mobility of EU students, the BMA is

¹ <http://cpme.dyndns.org:591/Adopted/2006/CPDdeclaration.pdf>

² http://www.bma.org.uk/health_promotion_ethics/environmental_health/climatechange.jsp?page=1

concerned that it may have a particular impact on medical education in the UK. The introduction of a harmonised three cycle system presents specific problems for medical education with impacts on workforce planning and the flexibility of the medical degree. It may also have financial implications for medical students and could lead to the fragmentation of learning. The BMA does not want the Bologna Process to result in a potentially fragmented medical degree which may challenge the integrity of the final medical qualification.

Professional mobility

The BMA supports the free movement of workers which is enshrined in EU law and which can enhance the professional experience of the EU health workforce. The BMA is concerned that Directive 2005/36 on the Recognition of Professional Qualifications is no longer fit for purpose due to the changing nature of modern medicine. It is essential that a system is introduced which emphasises a healthcare professional's continuing fitness and suitability to practice in the receiving country. Basing a decision on fitness to practice on the length of time individuals have trained rather than on the skills they have acquired is not suitable for the continued development of a modern healthcare system.

This Directive also prohibits the regulatory authorities in an EU member state from assessing the language competence of doctors from other parts of Europe who wish to practice in that country. In the interests of patient safety, it is essential that doctors are able to communicate with their patients and that the regulatory authorities are able to assess the fitness to practice of each doctor in their jurisdiction. Regulators must also be allowed to assess the language competence of doctors wishing to join the medical register regardless of whether they qualified within the EU or externally.

The BMA also calls for the Directive to be revised in order to introduce a legal duty on all medical regulators to share registration and fitness to practice information proactively with other regulators in Europe. Regulatory authorities have established initiatives to ensure that national regulatory authorities are able to work collaboratively such as the Healthcare Professionals Crossing Borders initiative and such work should be further built on.

European Working Time Directive

The European Working Time Directive is essential health and safety legislation that is necessary for both doctors and patients. In order to develop a safe, efficient health workforce and to attract the highest calibre of employees, it is essential that the health workforce benefits fully from European health and safety legislation.

Better rested doctors provide better patient care and the ability of doctors to learn is vastly improved when they are well rested. The BMA believes strongly that the inactive resident part of 'on-call time' must be classed as working time in line with numerous European Court of Justice (ECJ) rulings. The BMA unequivocally agrees with these rulings and believes that all time present in the workplace, at the behest of the employer, must count as work under the EWTD. These rulings must be implemented in all EU member states³.

Global migration of healthcare workers

The BMA fully supports the development of an EU-wide set of principles for the recruitment of health professionals from developing countries in order to reduce the negative impact of migrant flows on vulnerable healthcare systems. The BMA has undertaken substantial work in this area over recent years⁴.

³ http://www.bma.org.uk/images/EWTDbmapolicy_tcm41-178997.pdf

⁴ <http://www.bma.org.uk/employmentandcontracts/recruitment/IntRecruitHealthcareProfes.jsp?page=5>

Health worker migration needs to be considered in a balanced way which takes account of the rights and responsibilities of all those involved. To prevent or prohibit individuals from migrating freely constitutes an infringement of their human rights as set out in international law. Both developed and developing countries have roles to play in helping to offset the negative effects of migration. These roles directly address the 'push' and 'pull' factors which influence the flow of health professionals from country to country. The BMA, in collaboration with international partners, has produced a Call to Action⁵ which attempts to address the challenges presented by all of the main factors contributing to this area.

The BMA recognises that managing health worker migration presents considerable challenges. Whilst the rights of individuals to migrate must be upheld, shortages of healthcare professionals in developing countries often mean that citizens' enjoyment of the right to health is compromised. The BMA is strongly supportive of partnerships between developed and developing countries. These can make and are already making a valuable contribution on a number of levels, from supporting the rebuilding of health systems to the development of strategies to encourage the retention of health professionals. The regulation of international recruitment must be positioned within this wider context.

The UK has a Code of Practice for international recruitment which is widely flagged up as best practice. While it is a very positive attribute of NHS workforce policy, it still has its limitations, such as only being aimed at public sector recruitment. The BMA therefore cautions that a spectrum of national policies may be required that link workforce planning, private recruitment and immigration policy. Further, the current draft of the WHO Code of Conduct which is mentioned in the Green Paper also has its limitations. The BMA encourages the adoption of international standards, yet cautions that further measures need to be put in place at a country level (linking both workforce and international development policies) to adequately address the negative impact of migration on developing countries.

Workplace-related health

In July 2006, the European Parliament adopted a resolution on protecting European healthcare workers from blood-borne infections due to needlestick injuries. The resolution requested the Commission to submit a legislative proposal for a directive amending Directive 2000/54/EC on biological agents at work. The European Commission has since undertaken lengthy consultation with the social partners but is yet to publish any substantive proposals which would protect healthcare workers from this threat. The BMA calls on the European Commission to continue its work on the prevention of needlestick injuries and encourages it to reach a social partner agreement by the end of the year or to publish its draft legislation without delay.

Impact of new technologies

The BMA welcomes the introduction of new technologies where they have a proven benefit for both patients and professionals. Increased use of telemedicine and e-Health have the potential to transform healthcare provision yet also entail possible problems regarding patient safety and confidentiality. The BMA looks forward to reading the forthcoming European Commission guidelines and framework on both telemedicine and e-Health which should ensure that these concerns are resolved satisfactorily.

Data to support decision-making

The BMA agrees that the collection of comparable Europe-wide information and data on the

⁵ <http://www.bma.org.uk/ap.nsf/Content/skillsdrain>

health workforce is important when responding to the challenges outlined in the Green Paper. The BMA cautions that the collection of such data must not lead to a disproportionate administrative burden and also warns that, whilst data on the public sector workforce is readily available, it is less easily available for the growing private sector health workforce.

In conclusion, the BMA welcomes the publication of the Green Paper on the EU health workforce yet believes that there are a number of issues that require further examination and which must be taken into consideration when preparing any future European initiatives in the field of the EU health workforce.

BMA
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