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Commissioner Vassiliou
European Commission
DG Health and Consumer Protection
B-1049 Brussels
Belgium

Brussels, 26 March 2009

Concerning: EU Consultation on Green Paper for EU Workforce for Health

Dear Commissioner,

The European Federation of Nurses' Associations (EFN) welcomes the opportunity to participate in the consultation process on the Green Paper for EU Workforce for Health. The EFN consists of National Nurses Associations from 32 EU Member States, and aims to ensure a high quality and equitable health service in the EU by a strategic contribution to the development of an effective, competent and motivated workforce of nurses. As such, policy outcomes have an effect on the daily work of 6 million nurses throughout the European Union and Europe. The EFN is therefore well placed to contribute to this important EU policy document and we look forward to continuing to play an active role in its ongoing development towards a White Paper.

EFN Position

The EFN emphasises that the objective of the Green Paper needs to be more focused, leading to clear actions and timetable to facilitate the development of the White Paper. Taken into account the Green Paper was drawn up in a context when the financial and economic crisis globally was not fully recognised, it is important now to set clear priorities. Therefore, the Green Paper should provide the framework for the development of a high-quality health workforce of sufficient capacity and with the right skills to face future healthcare challenges by:

1. Putting in place an EU monitoring and planning system to support decision-making and providing information for collective planning by healthcare professionals, governments and healthcare organisations and professionals in all healthcare delivery settings;
2. Investing in Human Capital by covering recruitment and retention strategies, evaluate income and working conditions and stimulate innovation and entrepreneurship. Within this context the Social Cohesion Funds should be emphasised more in the Green Paper in order to transform policies into actions;
3. Putting in place an EU Continuous Professional Development (CPD) Framework to maintain a highly skilled and motivated workforce; and,
4. Taking a gender approach to workforce planning and valuing the increased participation of women.

To conclude, EFN believes that in order to create more jobs, economic growth and to further raise the level of European healthcare expertise in line with the Lisbon objectives, in a time of economic crises, priorities need to be set and strong leadership is needed for implementation.

Yours Sincerely,

Grete Christensen
EFN President

Detailed EFN INPUT

4. Factors influencing the workforce for health in the EU and the main issues to be addressed

4.1. Demography and the sustainability of the health workforce in Europe (page 5-6-7)

In the nursing community, we have moved from using the term “self-sufficiency” to “self-sustainability” as this acknowledges that a certain amount of migration is not only realistic but beneficial¹, leading to positive practice environments². In order to achieve the goal of supporting a sustainable workforce in EU health systems, EFN believes that it is essential to be more strategic in planning to achieve the most effective and sustainable EU health workforce. The role of the EU should therefore be to set up a 'Centre for Excellence in Health Workforce Monitoring and Planning' to support decision-making for collective planning by governments and healthcare professionals and organisations in all healthcare delivery settings.

Furthermore, nursing is a predominantly female profession and the caring responsibilities, both for children and older relatives still falls mainly on women in European households whether they are working or not. This dual caring role is growing with more women of working age having children later on in life or getting involved in childcare for their grandchildren or caring for older relatives. Addressing this issue and finding ways to help nurses work more flexibly would help to retain existing nurses and could even attract people into nursing. The attrition of a nurse professional is a major issue which has not been adequately addressed up to now. The emphasis of any strategy should therefore be on retention: Recruitment without Retention is Resource wasted.

Taking a wider view, improving paternity leave and other flexible working options for men would have a knock on effect of allowing more working time for women in European households. The recession and the economic conditions facing Europe at present will be likely to result in more male dominated job losses (manufacturing and building). Finding ways to attract more men into nursing could be another good way to increase the workforce numbers.

Consequently, creating a sustainable workforce implies strong human resource strategies integrated into workforce planning. Such human resource strategies should include greater incorporation and planning skills needs, skill mix and task shifting. Therefore, the informal carers should not be a part of this Green Paper as they are not a part of the core workforce. Better planning and mapping the core activities and responsibilities of healthcare professionals should reduce the administrative workload of health professionals, in particular nurses, to allow them to spend more time at the patient's bedside and thus do their job more effectively. Building nurse managers' capacities to deal with personnel/human resource issues is therefore crucial. In order not to duplicate efforts, we encourage DG Sanco working closer with DG Employment to build synergy in policy-making resulting in supporting Member States.

4.2. Public health capacity (page 7)

The Green Paper should focus on keeping the healthcare settings safe for health professionals. It is important that the Health and Safety specifics for health workers are well described and made known widely. We also know that we can lower the number of persons suffering from occupational injuries, as

¹ http://www.intlnursemigration.org/download/SelfSufficiency_EURO.pdf

² http://www.intlnursemigration.org/download/ICNM_Pos_Practice_Env.pdf

the reason to injuries are related to many factors, among them the number of staff at the work place, the level of education and knowledge of the staff but also of the willingness of staff to use the different aids/facilities. Other factors influencing the capacity can be the difficulties for long term sick and long term unemployed persons, to come back to work. Therefore, it should not be forgotten that Occupational Health Nurses have a key role to play and their specialist contribution to health should not be underestimated. Furthermore, national agencies for health in the workplace must be encouraged, especially in hospitals and primary care facilities. National schemes must be continuously supported and encouraged as well as assessed for effectiveness and best practice examples must be held up and shared. OSHA is the perfect tool through which to provide this support and share best practice.

Finally, EFN believes that the increasing focus on primary care will be of huge benefit to citizens' health and national budgets. Therefore, the artificial distinction between health and social care should be removed and combined into a single integrated care system linking both policies together.

4.3. Education of health professionals (page 8)

Significant investment in the education of health professionals is key. It is essential that patterns of career pathways are established and an extended career ladder is made available to health professionals facilitating the successful introduction and implementation of new skills, skills mixes and new ways of working^{3 4}. Education should follow strategic analysis of evidence and the resultant policies. If we continue to train in the current manner, the EU will not have an appropriate workforce to deliver effective healthcare in the future. Therefore it is important to map policy trends across Europe, for example education for more entry level posts for community nurses.

EFN, therefore, calls for more concrete actions from the European Commission to develop a Continuous Professional Development Framework⁵. In order to achieve the goals set out by the Lisbon strategy, it is essential that the Commission, together with the Civil Society, sets out a clear framework for CPD⁶, to identify strategies to enhance patient safety and quality of care and ensure optimal patient outcomes and to assist harmonizing the outcomes between European countries.

Therefore, the fundamental principles of CPD including a commitment to patient safety and quality of care must be grounded in the European Union legislation, and followed through by Member States and the healthcare professionals working in the health system.

³ EFN Position Statement on Skill Needs Skill Mix and Task Shifting in Nursing:

<http://www.efnweb.eu/version1/en/documents/EFNPositionStatementonSkillNeedsSkillMixandTaskShiftinginNursing-EN-final112008.pdf>

⁴ Skill-Mix and Policy Change in the Health - Workforce: Nurses in Advanced Roles

OECD Health Working Paper no. 17: (DELSA/ELSA/WD/HEA(2004)8), James Buchan and Lynn Calman

⁵ "Continuing Professional Development (CPD) is the systematic maintenance, improvement and continuous acquisition and/or reinforcement of lifelong knowledge and skills of health professionals. It is pivotal to meeting the patient needs, health service delivery needs and the learning needs of individual professionals." Source: Civil Society Resolution on Continuing Professional Developments, European Federation of Nurses/Pharmaceutical Group of the European Union/European Region of the World Confederation for Physical Therapy;

http://www.efnweb.eu/version1/en/documents/CivilSocietyResolutiononCPD17102006EN_001.doc

⁶ <http://www.efnweb.eu/version1/en/documents/EFNReportonCPD-June2006.doc>

4.4. Managing mobility of health workers within the EU (page 9-10)

Mobility of workers is a right enshrined in the EC treaty and with the EU Directive on the mutual recognition of professional qualifications (DIR 36). Nevertheless, nurses need to be fit to practice. Therefore it is important to communicate clearly the minimum requirements for ability to work as a nurse in EU countries effectively so that potential migrants are aware of what they need to achieve before they decide to move between countries. The 'Centre for Excellence in Health Workforce Monitoring and Planning' can play an important role in this regard.

Therefore, EFN believes DG Internal Market and DG Sanco should work closer together⁷ to plan better the implementation of Directive 2005/36 which allows the mutual recognition of qualifications of five healthcare professionals: nurses, doctors, midwives, pharmacists and dentists. The directive provides a special regime for these health professions which needs to stay in place to safeguard patient safety and quality of care.

Finally, the current EU wide rules that prohibit the language testing of EU health workers from other Member States must be scrapped as it is of the utmost importance that we have a personalised healthcare system, which respects individual's dignity, and that healthcare professionals can communicate meaningfully with patients and understand their needs.

4.5. Global migration of the health workforce (page 10-11)

The shortage of health workers reaches far beyond the borders of the EU, developing countries often find a strain put on their health systems by workers migrating to richer countries in search of better pay and greater quality of life. EU's policies in this area have important implications around the world.

In order to ensure that the impact of the European Union policies on the global shortage of health workers is not exacerbated the EU needs long term planning to prevent active or aggressive recruitment policies from third countries, whilst balancing and managing opportunities for sharing best practice and preventing skill shortages. Therefore, especially when the WHO ethical code of conduct on recruitment gets watered down, the EU needs to show its teeth. Bilateral agreements between single nations on ethical recruitment are to be encouraged but if the EU spoke with one voice and made agreements between the EU and an individual nation, the impact would be even larger.

4.6. Data to support evidence based policy decisions (page 12-13)

With a large number of health professionals moving in and between countries, up-to-date information is hard to come by; in order to address these problems we need to be able to collect better and comparable information. Quite clearly current systems of data collection are not effective enough. Setting up a 'Centre for Excellence in Health Workforce Monitoring and Planning' is therefore essential.

What would be useful to know about the EU nursing workforce?

1. How many qualified nurses are available to work by country? What is the source of this data by country?
2. Demographics of the existing nursing workforce by country: age, gender and the proportion who work full time and part time.

⁷ <http://www.efnweb.eu/version1/en/documents/EFNPositionStatementonSynergyMRPQ-Bologna-EQF-EN-final102008.pdf>

3. Migration information – ie the numbers and proportion of the existing workforce who leave the country annually. Also the number of nurses entering the country annually and ideally from where? Any barriers to recruitment from other countries.
4. The average age of newly qualified nurse by EU country.
5. The usual retirement age for nurses is by EU country.
6. The proportion of the workforce working in the public and independent sector and also the proportion working in hospitals and community settings.
7. Nursing workforce turnover rate and whether the workforce is in surplus, shortage or in balance. Any particular recruitment and retention issues.

The EU monitoring mechanism should collect related information:

8. A map of all the sources of workforce information by EU country and also any other agencies involved in the workforce planning cycles by country.
9. The time it takes to train a qualified nurse by country and attrition figures for nursing students. The number of student nurses currently in training.
10. Any new legislation of major policy shifts that might affect the nursing workforce.
11. National unemployment figures and nursing unemployment figures if known.

EFN therefore supports the Commission's move to set up a mechanism for Health Workforce monitoring and planning but as suggested, an Observatory, however, carries certain limitations and EFN questions the value of a body that is incapable of developing and implementing legislation on the EU workforce. EFN would encourage the Commission to investigate the possibility of a body with more weight such as a 'Centre for Excellence in Health Workforce Monitoring and Planning'. This 'Centre for Excellence' should go beyond collecting data: setting out recruitment and retention strategies, developing further 'Skill Mix/Skill Matching', assessing the implementation of DiR 36 in all EU Member States and formulating policies for internal EU and Member States mobility within the context of global migration are key to achieve within the EU a workforce for health which responds to the needs of the EU citizens. The 'Centre for Excellence' needs to support Member States implementing solutions in synergy as fragmentation only leads to waste of resources. Although data are key and missing ingredient in the policy-making process, and as such needs to be continually collected and assessed, data need to lead to decision-making and a stakeholder approach in policy-making is therefore crucial.

5. The Impact of New Technology: Improving the efficiency of the Health Workforce (page 13)

EFN wants to add one important aspect about the new technologies: the perspective must be to ensure better usability of the new technologies. The new technology must be developed for the patient and in close collaboration with the staff using the devices/technology. As it is described now all responsibility is on the user and not at all on the technology developer. All other actions recommended are putting the "blame" on the staff if it goes wrong. Many manuals are difficult to understand and not always translated and adapted to the country tradition/culture. The usability puts a focus on the patient safety.

6. The Role of Health Professionals Entrepreneurship in the Workforce (page 14)

EFN is supportive of new entrepreneurs in the health sector, but they must be publicly funded and publicly regulated to ensure equal treatment of patients. The Commission policies surrounding small and medium size enterprises (SMEs) can impact on the amount of support available to these entrepreneurs.

7. Cohesion policy (page 14-15)

Structural Funds, specifically Social Cohesion Funds, should be used more effectively at local and regional level to address the challenges of the EU workforce for Health. The effective use of €5.2 billion for health is an important strategy in times of economic crises. It is of no surprise that Health and its role in promoting economic wealth and prosperity has been addressed in the twelve cohesion priorities for investment for 2007-2013:

Priority 1: Recruitment, retention and effective deployment of workforce	<ul style="list-style-type: none">• Provision of training• Promotion of sustainable employment• Development of career services
Priority 2: Facing the challenge of global competition	<ul style="list-style-type: none">• Worker mobility• Higher education• Workforce adaptability

As the nursing profession is the largest occupational group in the health care sector, providing up to 80% of healthcare services, the EFN position is that sound investment in the Nursing workforce would be in the best interest of maintaining and advancing EU health, directly making a positive impact on EU citizens' lives. Therefore, synergies between the development of a White Paper and the applications for SCF should lead to coordinated and proactive change.

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