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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Health systems and products  
**Healthcare systems**

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**MEETING OF THE EXPERT GROUP ON  
THE EUROPEAN HEALTH WORKFORCE**

**17 June 2015**

**DRAFT MINUTES**

**Chair: Caroline Hager, DG SANTE, European Commission**

**1. Welcome and introduction by Caroline Hager, DG SANTE, European Commission. Adoptions of minutes, adoption of agenda**

The Chair welcomed all participants. The minutes of the previous meeting held on 24 November 2014 were approved. Two issues were added under AOB of the draft agenda (update on Healthcare assistants and update on WHO-code of practice).

All presentations from the meeting will be made available on the Europa website: [http://ec.europa.eu/health/workforce/events/ev\\_20150617\\_en.htm](http://ec.europa.eu/health/workforce/events/ev_20150617_en.htm)

**2. Action Plan for EU health workforce: State of Play and Next Steps**

Leon van Berkel (DG SANTE) updated the Expert Group on the progress made on [the Action Plan for EU health workforce](#) since its launch in 2012. As most projects and studies, under the Action Plan, have been or will be finalised in one year, the European Commission invites the Expert Group to reflect on possible areas for future cooperation.

**Action:** Expert Group invited to reflect on possible areas for future cooperation in health workforce policy.

**3. Joint Action on Health Workforce Planning and Forecasting**

Michel van Hoegaerden, programme leader Joint Action, reported on [the Joint Action's good progress](#) and the key deliverables available, drawing attention to the pilot testing of the JA handbook on health workforce planning and forecasting in Italy, Portugal and Belgium. He indicated that dissemination will start in parallel with further delivering the Joint Action programme, highlighted the important role of the members of the EU Expert Group in taking ownership of the JA results at country / organisation level.

Gaetan Lafortune noted OECD interest in the recommendations of the Joint Action on international data collection on health workforce (including on migration data).

Dora Kostadinova, work package leader on the sustainability of the Joint Action, presented [the draft policy recommendations](#) which are grouped into five key policy messages under the headings vision, incentives, skills, resources and action plan. Professor Kostadinova stressed the importance of involving all stakeholders in this process and announced that the members of the Expert Group will be consulted in the summer on the draft policy messages and recommendations. Furthermore, she invited the members of the Expert Group to the Joint Action workshop on sustainability in Varna, Bulgaria (date: 9-10 Nov, tbc).

The Chair stressed the importance of the involvement of the Expert Group in this process as policy makers and looks forward to the final policy recommendations.

**Action:** Joint Action to consult the Expert Group on draft policy recommendation by the end of July and to invite Expert Group to participate in the Joint Action workshop on sustainability.

#### **4. OECD/EUROSTAT/WHO-Europe Joint Questionnaire 2015 on health workforce migration data**

Gaetan Lafortune, Health Division OECD, presented on behalf of Eurostat and WHO-Europe the preliminary results of the [migration data](#) collected with the Joint Questionnaire (JQ) 2015. After the successful pilot data collection in 2014, the partners of the JQ decided to take up the migration module into their regular data collection. In the autumn, on the basis of a mini cost/benefit analysis, it will be decided whether this data will be collected once every three years (to correspond with the requirements of the WHO Global Code on international recruitment) or to collect the data on a yearly basis. The final data results will be published during the summer.

Several Expert Group members (UK, Portugal, Finland) expressed their preference for an annual data collection as migration flows tend to be volatile. The OECD, Eurostat and WHO Europe will take this into consideration when they meet this autumn. Several Member States also asked for clarification on the data presented, particularly with regard to nurses, the methodology used and whether any link to the Commission's data collection under the Recognition of Professional Qualifications Directive 2005/36/EC.

The Chair concluded that this presentation raised a great deal of interest among the Expert Group and suggested that experts could liaise with their national data correspondents on the data collection on health workforce migration.

#### **5. Feedback on the Commission survey: topics for an information exchange on CPD**

Leon van Berkel, DG SANTE, European Commission, presented [the results of the survey](#) on continuous professional development of health professionals that was carried out by the Commission to identify topics for a future information exchange on CPD.

21 Member States and 10 professional organisations responded to the survey. 26 respondents were interested in participating in an information exchange (on all five professions of the CPD mapping study). The following two topics raised the most interest: 1) CPD and patient safety and 2) barriers and incentives of CPD.

Belgium wondered whether the results differed significantly between Member States and other EU-stakeholders. Leon responded that this was not the case. Furthermore, Germany queried the methodology, where the Commission decided to take the average weight instead of only the high scores. Leon explained that this method takes both high and low scores into account and is therefore more representative. Moreover, other ranking methodologies would not have a major impact on the results

Carlo Moreno Sanchez, Spanish Ministry of Health volunteered to chair the two sessions (end September 2015 and beginning of 2016, tbc). OECD would like to be invited to this information exchange.

The Commission will request the expert group to nominate participants and noted that it would cover travel costs.

**Action:** Commission will confirm date, programme and logistics of CPD information exchange.

## **6. Commission study on the recruitment and retention of the health workforce**

The Chair explained that the aim of this mapping study on the recruitment and retention of health professionals was to identify effective strategies across the EU and inspire solutions at organisational and policy level.

Gilles Dussault and Marieke Kroezen presented, on behalf of the consortium, the study methodology and findings: Based on an [extensive literature review](#), the consortium identified [8 case topics](#) along the lines of the life cycle of a health professional. 40 interventions were selected on the basis of criteria and categorised in one of the 8 case topics. In the discussion that followed:

EPSU asked about the costs of the interventions and Gilles Dussault clarified that this information was very hard to find.

HOPE asked whether the consortium found interventions of the recruitment of foreign professionals. However, no such interventions was found in the literature review.

The consortium also mentioned the lack of evidence of effectiveness as a limitation of the study and various Member States stressed the added value of this study as an inspiration for their own policy strategies.

## **7. Case Study: Attracting and retaining GPs to strengthen primary care**

Jean-Marc Braichet, French Ministry of Health, presented the French recruitment and retention strategy '[Le Pacte Territoire Santé](#)', put in place in 2012 to address the lack of general practitioners in underserved areas. The Pacte is a formal agreement based on a consensus between the French health ministry and stakeholders, consists of 12 commitments backed by financial incentives. A recent evaluation shows positive success rates of the various measures.

This presentation raised considerable interest, especially on the Maisons pluriprofessionnelles de santé (MPS), in the costs of the whole programme and the involvement of other ministries. Mr Braichet clarified that the MPS involved doctors, dentists, nurses, midwives, pharmacists and other health professionals. EFN underlined the success of MPS, saying that young health professionals feel better supported when they work in a multidisciplinary team.

Members were also interested in the measure of contracting medical students to work for 2 years in underserved areas after graduation. Mr. Braichet replied that the financial burden was relatively low at 1200 EUR per doctor per month and that the Ministries of Education and Finance were involved.

## **8. Attracting and retaining nurses**

Johanna Pekkilä, Development & Registered Nurse in Finland, presented the Finnish intervention '[Huhtasuo Haltuun](#)', which is a nurse-led solution to a shortage of doctors in an underserved area. Experienced nurses, with additional prescription training, became

the first contact point for patients instead of the general practitioner. This resulted in a lower demand for doctors and a more challenging working environment for nurses. Moreover, patients were treated quicker and in a more integrated way through different health professionals (physiotherapists, dietician, etc.).

The discussion focussed on the cost and time implications for nurses. Nurses have to take holiday to study, but they can get some paid leave. Ms. Pekillä and the Finish Ministry of Health also explained that most patients did not have any problems to have their medicines prescribed by a nurse instead of a doctor. They also pointed out that this project started a policy dialogue in Finland and that the amount of prescribing nurses has increased recently. EFN and OECD concluded that they see similar trends in other countries.

#### **9. Recruitment and retention: a priority for the social partners, examples from a joint HOSPEEM-EPSU report**

Mathias Maucher, EPSU, and Tjitte Alkema, HOSPEEM presented the work of the [EU social dialogue in the hospital sector on recruitment and retention](#) within the context of a Framework of Actions on Recruitment and Retention agreed by the social partners in 2008. Their work echoed the main findings from the EC-study, but highlighted other specific interventions in the areas of supportive working environment and CPD. They will publish the report to help their own members, who can use it as a source of inspiration. Mr. Alkema proposed to have a joint dissemination with DG SANTE and suggested the organisation of regional seminars.

**Action:** Commission and social partners to discuss follow-up in the Social Dialogue in the Hospital Sector.

#### **10. Success factors and recommendations from Commission study on recruitment and retention**

Prof. Walter Sermeus presented the [conclusions](#) of the Commission's study and its main recommendations, including proposals for the following actions at European level: EU-repository of good practices, promotion of toolkits for evaluation, support of cross-country learning, activating existing networks to mobilise stakeholders and research on measuring effectiveness.

Eurostat emphasized the importance of measuring the cost-effectiveness of any health workforce policy. But unfortunately, the consortium did not find many interventions that were thoroughly evaluated and the evidence is therefore lacking.

The Chair invited Expert Group would be interested in more presentations of individual interventions, Furthermore, the Chair concluded that the report will be published before the summer and that the executive summary will be translated into all EU languages.

**Action:** Commission to inform Expert Group when final report is available and to organise the presentation of further case studies.

## **11. Presentation of OECD on education and training capacities.**

Liliane Moreira, OECD Health Division, presented the findings of the [OECD study on education and training capacities](#) (co-funded by the Commission). With the data gathered so far, OECD found that the training capacities for doctors and nurses have increased in 2/3 of the OECD countries, while it remained constant in other OECD countries. Ms. Moreira announced that the full report will be published soon and that they will include country notes for a selection of countries.

**Action:** Commission/OECD will disseminate final report when available.

## **12. Any other Business**

Gabrielle Jacob, Irish Department of Health, gave an update on the review of the relevance and effectiveness of the WHO Global Code of international recruitment on behalf of the WHO. The Chair noted that there would be an overview of the WHO HHR activities at the next expert group meeting.

Leon van Berkel reported on the Commission study on core competences for healthcare assistants, which kicked off in March 2015. Updates are available at: [www.nivel.nl/en/cc4hca](http://www.nivel.nl/en/cc4hca). Results are due in the autumn of 2016.

## **13. Close of Meeting**

The Chair presented the [“take home messages”](#) of the Expert Group session and announced that the next Expert Group will be held in November 2015 (possible date is 16 November) and thanked members for their attendance and input and closed the meeting.