



EUROPEAN COMMISSION

HEALTH & CONSUMERS DIRECTORATE-GENERAL

WORKING GROUP ON EU WORKFORCE FOR HEALTH

Document: Minutes of the meeting of the working group on the EU Workforce for Health held on 24 September 2009	
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To: Members of the working group	From: Secretariat
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Working group on the EU Workforce for Health

Brussels, 24 September 2009, 10.00 – 13.00

MINUTES

Those present:

Marleen Steenbrugghe	Belgium
Riet De Kempeneer	Belgium
Lot Debruyne	Belgium
Charitini Frenaritou	Cyprus
Frédéric Sicard	France
Aude Marlier-Sutter	France
Mario Millan	France
Nora Kajtar	Hungary
Davide Lecchini	Italy
Kristine Briede	Latvia
Mindaugas Plieskis	Lithuania
Désirée Hofnagel	Netherlands
Heidi Langeas	Norway
Petra Zetterberg-Ferngren	Sweden
Debbie Mellor	UK
Nina Bernot	CED
Lisette Tiddens Engwirda	CPME
Paul De Raeve	EFN
Andreas Xyrichis	EFN
Elin Marlén Hollfjord	EFTA
Pascal Garel	HOPE
John Chave	PGEU
Ivana Silva	PGEU
Matthias Wismar	WHO European Observatory
Galina Perfilieva	WHO European Region
Maria Cruz Razquin	DG AIDCO
Ondrej Simek –	DG DEV
Ursula Scheuer	DG EMPL
Roland Bladh	DG EMPL
An Baeyens	DG MARKT
Oyvind Hope	DG RTD
Christoph Hofbeck	DG SANCO
Katja Neubauer	DG SANCO Chair
Elizabeth Kidd	DG SANCO Secretary

1. WELCOME

DG SANCO, chairing the meeting in the absence of an elected chair, welcomed the participants. The draft agenda was adopted and the minutes of the previous meeting held in 2008 were acknowledged.

Nominations of Member State representatives (including self-nominations) for Chair were invited. After the meeting, Désirée Hofnagel of the Netherlands kindly offered to Chair.

2. REPORT ON GREEN PAPER CONSULTATION

SANCO gave a presentation on the early results of the analysis of consultation responses. The main points were as follows:

- Overall positive reaction. An EU dimension recognised. Only 2.5% of the 197 respondents were against EU action. Responses, in particular from governments, that principle of subsidiarity needs to be observed. Any action needs to be cross-cutting, taking into account the development of human resources, education and training strategies as well as EU employment, social affairs, internal market and cohesion policies.
- Overall, there was most concern about the perceived shortage of health workers, specialist doctors and nurses in particular, both now and in the future. Respondents called upon the European Commission to take action in order to gather more quantitative and qualitative data to support decision making, improve working conditions, which are seen as a prerequisite for improved recruitment and retention; to support training and the public health capacity as well as the work of WHO on international recruitment principles.

- Data

Gathering more data to support decision making appeared to be the most popular area for EU action, particularly action to ensure the availability and comparability of data on the health workforce. Many respondents highlighted the need for more information on mobility of health professionals explaining that, currently, we have access only to incomplete data on numbers of qualified health professionals and proxy data on movement.

- Training

Strong support for continuing professional development, language training and return- to-practice training. Calls for social funds/structural funds to be better targeted, in order to provide support for training of health workers.

- Workforce planning and the opportunity of setting up an Observatory

A clear majority were in favour of support to health systems on workforce planning. One possibility would be an Observatory on workforce trends at EU level that could map the skills and competences needed for the future and help Member States in providing data for an effective workforce planning. More support for this amongst stakeholders, in particular doctors' organisations, than amongst Member States. Preference for using existing structures for this process, eg Eurofound or EUROSTAT

- Working conditions

Most believe improved working conditions are crucial for the attractiveness of health professions. The development of robust human resources strategies to improve recruitment and retention is considered one of the most important issues for employers in the health and care sectors. Many respondents from health professional stakeholder groups and from Member States commented that the gender imbalance eg nursing and medical school intake needs to be addressed.

- Public health capacity

There were calls for the strengthening of capacity for screening, health promotion and disease prevention as a way to improve health.

- Managing Migration

Stakeholders want the health systems of developing countries protected against mass migration of valuable health professionals and would support measures to encourage circular migration. There was support for the WHO Code of Practice for International Recruitment and stakeholders were equivocal on whether the EU needed its own Code.

- Mobility within the EU

Investing to train and recruit sufficient health personnel to achieve self-sufficiency in Member States and promoting circular movement of staff are, together with cross-border agreements on training and staff exchanges, seen as the way forward.

A report by the Commission on the implementation of Directive 2005/36/EC on the recognition of professional qualifications is prepared for the year 2012.

- Next steps

The Commission will reflect on the results of this public consultation to see how the EU can contribute to tackling the challenges. The Commission consultation document on the future “EU 2020” Strategy recognises that health and healthcare play a key role in generating new types of job and one of the routes to economic recovery.

3. QUESTIONS AND FEEDBACK ON CONSULTATION FROM MEMBER STATES AND STAKEHOLDERS

France recommended that future meetings should attempt to bring together all MS. SANCO undertook to send invitations to the next meeting to the Health Attachés of all the Permanent Representations.

France asked for clarification on the scope of the Green Paper in respect of healthcare and social care and expressed the hope that the analysis of the consultation would differentiate between governments and health authorities. SANCO explained that the consultation on the health workforce differed from that on patient safety in that it was not structured in the same way and the responses had been free form. As a result of this it was difficult to express these fine differences cogently in the analysis and so had tended to focus on opinions.

SANCO explained that the green paper had a broad remit in terms of the workforce it covered and had tried to reflect the increasingly blurred boundary between health and social care but that it covered long term care rather than, say, street workers.

4. THE PROMETHEUS PROJECT

Matthias Wismar of the European Observatory on Health systems and Policies gave an update on the project. The powerpoint presentation is available on the SANCO Public Health Website

5. THE MOBILITY OF HEALTH PROFESSIONALS PROJECT

On behalf of the International Organisation for Migration/WIAD, Oyvind Hope of DG RTD gave a progress report. The powerpoint presentation is available on the SANCo Public Health website.

France suggested that the project leaders of RN4CAST, Prometheus and MOHPROf should be invited to the next meeting.

Action: Secretariat

6. UPDATE ON THE DEVELOPMENT OF THE WHO CODE OF PRACTICE

Jean-Marc Braichet was unable to attend the meeting but sent the following written update:

"The discussion on a code of practice on the international recruitment of health personnel has been prominent over the recent months. The July 2009 G8 Summit held in Italy encouraged the WHO to develop a code of practice on the international recruitment of health personnel by 2010. Furthermore, the ministerial declaration of the 2009 high-level segment of the Economic and Social Council also encouraged the finalization of a code of practice on the international recruitment of health personnel.

The code is also the object of discussions during the WHO Regional Committees.

So far, the developments in the 4 Regional Committees (AFR, SEAR, EUR, WPRO) which have completed deliberations show strong support for moving ahead with the development of the Code. At EURO RC, the Member States passed resolution EURO/RC59/R4 entitled "Health Workforce Policies in the WHO European Region", which among other things "advocate the adoption of a global code of practice on the international recruitment of health personnel in line with the European values of solidarity, equity, and participation..."

Following the discussions at the WHO Regional Committees, a progress report, a draft resolution and revised draft code of practice will be prepared for the by the Secretariat and presented to the 126th Executive Board session in January 2010. Then, the EB will decide whether or not the code would be an item for adoption by the World Health Assembly in May 2010."

DG DEV reminded the Working Group that a set of principles for the EU on ethical recruitment was a commitment made in the EU Programme of action for tackling the critical shortage of health workers in developing countries.

Galina Perfilieva of WHO European Regions reported that work is in progress on migration flows indicators. WHO/OECD/EUROSTAT were working on a joint data collection and more work was needed to get a agreed set of indicators. She reported that ILO and WHO Geneva are also negotiating on key indicators. She commented that it was important to make clear in the report on the consultation the difference between mobility and migration

9. TOUR DE TABLE – WORKFORCE NEWS FROM AROUND THE EU

- Sweden – studying under-employment of immigrant doctors
- UK reported on the procurement exercise which is being undertaken with the aim of establishing a Centre for Workforce Intelligence. The core capabilities which the Centre will be required to deliver are:- data collation, analysis and modelling; horizon scanning; leadership for capability building.
- Netherlands – producing a report for the national parliament in October on innovation in the health sector
- Lithuania – budget cuts

- Cyprus – in transition. Suggested that small countries would benefit from bilateral relations especially where there were workforce deficits.
- France - French Parliament passed law on 21 July to address rural disparities in health professionals. Cooperation will be encouraged between doctors, nurses and other health professionals.
- Italy – experiences similar workforce issues to other Member States. There is a shortage of nurses, which is addressed through recruiting from outside Italy.
- Belgium - will assume the Presidency in the second half of 2010. Aim to add value to the health workforce issue and to raise the political profile of the debate.
- Norway – focus on domestic measures and HR strategies. White Paper – introducing reform and reorganisation to derive full potential of existing health workforce.
- HOPE – evidence that there are more candidates to healthcare professions during a recession, reflecting the perception of greater security of employment offered by jobs in this sector.
- CPME – current work focussing on e-health and mobility – the potential win:win of circular mobility of patients and professionals. Also considering the impact on an ageing workforce of increased workload due to chronic disease in an ageing population.
- PGEU – commented that on language testing there were different practices in different countries. PGEU was currently carrying out a major study of the global pharmacy workforce.
- EFN – focussing on economic crisis. Want to assess the financial impact of the financial crisis on the nursing profession and communicate those findings to ministers

10. DATE OF NEXT MEETING

SANCO will advise on the date of the next meeting which is likely to be after the publication of the report on the Green Paper consultation. In the meantime communication can be handled by email.