EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Health systems and products
Healthcare systems

Document: Minutes of meeting of Working Group on the European Workforce for Health held on 24 November 2014	
Date: February 2015	**Reference:** HLG/WORKFORCE/2014/02
To: Members	**From:** Secretariat
Action: for comments/approval	

MEETING OF THE EXPERT GROUP ON

THE EUROPEAN HEALTH WORKFORCE (OF THE HIGH LEVEL GROUP ON HEALTH SERVICES AND MEDICAL CARE)

24 November 2014

DRAFT MINUTES

Chair: Caroline Hager, DG SANCO, European Commission

1. Welcome, adoption of the agenda, minutes of the last meeting and introducing the new Head of Unit on SANCO, Healthcare systems

The Chair welcomed all participants. The draft agenda was adopted and the minutes of the previous meeting held in 2 June 2014 were approved. The Chair reminded participants of the meeting objectives:

- To discuss the findings and recommendations of the European Commission study to map and review continuous professional development of health professionals in the EU/EFTA
- To present and discuss recent European research into the skills and roles of health professionals (MUNROS project on Health Care Reform: the iMpact on practice, oUtcomes and costs of New roles for health pROfeSsionals; EMpathie[1] – empowering patients in the management of chronic diseases)
- To update on other EU and international activities under the Action Plan for the EU health workforce, including:
    - Joint Action on health workforce planning and forecasting
    - OECD study on the education and training of doctors/nurses
    - Recent consultations launched by WHO Europe on strengthening nurse roles[2] and WHO consultation to develop a global health strategy by 2016[3].

The Chair introduced the new Head of Unit of DG SANCO's unit D.2. Healthcare systems, Maria Iglesia. Maria Iglesia highlighted the start of the new European Commission and how the work on EU health workforce fits into the new priorities.

All presentations from the meeting will be made available on the Europa website: http://ec.europa.eu/health/workforce/events/ev_20141124_en.htm.

2. Findings of EU mapping study on continuous professional development

The Chair introduced the study on CPD as being highly informative and pioneer work. The consortium, led by CPME, carried out this mapping study of all 5 professions

[1] http://www.abdn.ac.uk/munros/

[2] *http://www.euro.who.int/en/health-topics/Health-systems/nursing-and-midwifery/news/news/2015/09/nurses-and-midwives-a-vital-resource-for-health*

[3] *http://www.who.int/workforcealliance/media/news/2014/globalHRHconsultation/en/*

(doctors, nurses, midwives, dentists and pharmacists) in the 31 EU/EFTA countries within a year. The presentation was broken down into seven sessions.

CPD systems: mandatory/voluntary, monitoring, compliance, enforcement

Sarada Das, CPME, presented the findings and recommendations of the various CPD systems. Key points for discussion were:

- The distinction between mandatory and voluntary systems and how they can co-exist. An example was given that a core mandatory framework on minimum hours could co-exist with more specified criteria in a voluntary setting laid down by professional organisations (e.g. in Switzerland).
- Whether there is a strong link between CPD and licence to practice. The consortium responded that where countries have a revalidation of licence to practise and a mandatory CPD system in place, there was a direct link. A table with an overview is included in the report.
- How the consortium researched whether a CPD system is mandatory or voluntary as this could be rather difficult to define. The consortium indicated that they asked their members to assess their CPD systems based on a strict definition, which was agreed by the consortium. Sometimes this created difficulties as national administrations had a different understanding of the definition of mandatory/voluntary systems than the professional organisation. However, this was resolved in close dialogue with the actors. The consortium stressed that it is not a judgement and that mandatory CPD systems are not always preferable over voluntary CPD system. This depends on the context.

Accreditation of CPD

Sarada Das, CPME, presented the findings and recommendations of the various accreditation systems of CPD activities. Key points for discussion were:

- That in the EU (except Italy) CPD activities are accredited and that in North America the providers are accredited.
- If the consortium could clarify why outcome based accreditation of CPD activities is better than output based and if they found good examples. The consortium responded that the academic discussions indicated that in an ideal world the outcome of a CPD activity would be assessed and accredited. We should move away from assessment of CPD activities on duration, to assessing the added value of a CPD activity. However, this is really difficult and also the reason why the consortium has not found a good example. This was also validated by the experts in the workshop.
- The distinction between professional organisation and professional body as there seems to be an overlap. The consortium responded that both definitions are included in the glossary. The professional body has some regulatory competences in the Member State and professional organizations do not.

Financing and transparency

Sarada Das, CPME, presented the findings and recommendations of the various financing systems of CPD and their transparency. Key points for discussion were:

- What was meant by CPD activities provided free of charge as someone always has to pay the bill and how often the pharmaceutical industry was involved. The consortium explained that they used this term in their survey and that respondents used it for CPD activities paid by others like the national government or EU social funds. For instance, in Bulgaria the professional organisation of dentists pays for some CPD activities from the money they collect through membership fees. The consortium has no specific data on how often the pharmaceutical industry was involved, but that they found some anecdotal evidence.

- Examples of government funding of CPD activities and which mechanisms are put in place. The consortium gave examples of the doctors in Hungary and France.

Barriers and incentives

Sarada Das, CPME, presented the findings and recommendations of the barriers and incentives there are in the CPD systems. Key points for discussion were:

- The lack of time as the main barrier to access CPD activities. HOSPEEM stated that it is in employer's interest that professionals follow CPD. It should be included in their appraisal. She also mentioned that social partners want to get involved and that they will discuss this in relation to lifelong learning in their social dialogue with EPSU. EPSU complemented HOSPEEM that there should be no barriers to health professionals to follow lifelong learning or CPD. Other working group members mentioned that there is a dual responsibility between individuals and organisations as they both benefit from CPD.
- Whether the consortium could indicate what the relative importance is of the various barriers per country. The consortium explained that this is a good concrete suggestion for any follow up study.
- What is included in the term financial relieves. And if tax offsets are included the consortium should correct the situation of Germany in their tables. The consortium explained that there is no clear definition and that it differs across countries. On the whole tax reliefs include tax offsets, reduction in fees and grants to professionals. Also the consortium took note of the German case and will check this again.
- Whether CPD should be taken into account in health workforce planning at macro level. Participants argued that CPD should be taken into account on organisational level of human resource management as well as sectorial agreements per profession or sector. The consortium responded that collective agreements are not always included in the survey as they might not always be well implemented. However, the consortium agrees that the study should mention collective agreements to encourage CPD. Even more as health professionals that follow CPD sometimes have an advantage in their career progression. There was also support to include CPD in health workforce planning at national level. In Hungary, for instance, the regulated profession are allowed to follow 3-10 days of CPD activities during working time depending on their sectorial agreement. This example was welcomed by other working group members and might be a topic for follow up discussion.
- CPD can play a role in retaining health professionals by making the jobs more attractive. Also he confirmed the link between career progression and following CPD (EHMA).

The Chair concluded that several issues not included in the report and might be taken in up in a follow up discussion at EU level (e.g. social dialogue in the hospital sector).

Patient safety and quality of care

Sarada Das, CPME, presented the findings and recommendations of the link between CPD and patient safety and quality of care. Key points for discussion were:

- The Council Conclusions under the Italian Presidency about the role of CPD in patient safety. The Chair agrees that further research is needed but difficult and she welcomed the view of the working group members. Francis' report on one failing NHS hospital, which addresses CPD and patient safety was mentioned by the UK.

- The inconsistency between the recommendation that patient safety has to be imbedded in CPD activities and the lack of evidence that CPD has on patient safety. The Consortium responded that intuitively CPD is important for patient safety, but that due to lack of research a clear link can't be proven. The conclusion and recommendations were stated in the report to encourage more research on the link between CPD and patient safety. Furthermore, the research should focus on what CPD activity is most valuable for patient safety. HOSPEEM reiterated that the experts at the CPD workshop did not like the idea to separate patient safety as a topic within CPD. It should be part of a broader quality assurance as it is not only about skills, but also the right attitude and values.
- Whether health professionals that migrate to other EU countries find obstacles to access CPD. The Consortium responded that as soon as a health professional is registered, he has the same rights to follow CPD as other health professionals in that country.

The Chair concluded that research methods to assess the impact of CPD on patient safety need to be explored to see whether it's feasible to have an EU study on this.

Trends in CPD practices

Sarada Das, CPME, presented the findings and recommendations on the trends in CPD practices. Key points for discussion were:

- Whether a future mapping study is needed for trend analysis The Chair responded that Member States will have to provide data on their CPD systems for the Directive on Professional Qualifications that could be used for a future snapshot. Some working group members argued that the Directive on Professional Qualifications does not oblige Member States to provide detailed data. Alma Basokaite, DG MARKT, responded that Member States may supply more information under the Directive's reporting requirements that could feed into a snapshot.

The representative of France mentioned that CPD was voluntary in the past, but that it was mandatory for all 5 professions many years ago. France will reform its CPD system to include a minimum number of days that professional would be allowed to follow CPD under working time. This reform will be discussed with the stakeholders in 2015.

Recommendations for European cooperation: presentation, discussion and next steps

Sarada Das, CPME, presented the findings and recommendations for European cooperation on CPD. Key points for discussion were:

- The proposal of the European Commission is to set up an expert group to exchange good practice on CPD that meets 2-3 times in total and draft a report addressed to this working group as well as the Group of Coordinators under the Directive of Professional Qualifications. Ireland, France, Spain, Hungary, Malta, ESNO, EPSU, EFN, CPME, CED saw a high added value to exchange best practices for Member States and proposed the following topics: accreditation, barriers and incentives, further research on CPD and health outcomes and cross border recognition of CPD. Other members were more cautious as they see a risk of duplicating the work of the Group of Coordinators on the Directive of Professional Qualifications.

The Chair indicated that a conclusion cannot be drawn at the moment as not all Member States were present and some members may wish to consult other colleagues and/or stakeholders. However, the Chair noted that there seems to be some interest of the working group to organise a further information exchange, however this should not overlap with the work of others.

The Chair proposes to send out a written consultation to all Member States, which will include suggestions for topics to be discussed by this expert group.

3. Presentation of Institute for Health Policy and Management (Erasmus University) on an EU funded research project Munros on health care reforms.

Ms. De Bont, IMBG Erasmus University, presented the Munros project

Key discussion points:

- How are the researchers going to involve 108 hospitals and 108 primary care settings? Antoinette replied that hospitals and primary care settings are really interested to see what other countries are doing (e.g. NL with nurses performing surgery) and that this will motivate health organisations to participate.
- The unusual conclusion of the project that health professionals need to do more than they are qualified for. Ms. De Bont replied that they report what they see. On the one hand, health professionals are sometimes overqualified for the job they are doing, but on the other hand health professionals go beyond their qualifications. ESNO agreed and mentioned that a specialist nurse sometimes works outside the strict legal framework. There is a difference between responsibility and accountability.
- The professional liability of nurses if they perform tasks that were previously done by doctors. Ms. De Bont indicated that doctors sometimes still feel responsible if a nurse does surgery, even though the nurses are fully responsible. It's about building trust between professions.
- The distinction made between hospital and primary care settings becomes blurred as integrated care becomes more important. Ms. De Bont replied that they look into integration of primary care and hospitals as they discovered that due to new professions some hospitals are taking over roles of primary care and the other way around.

Sylvia Gomez, EFN, mentioned that the EFN is collecting data on the advanced role of nurses and sees opportunities to relate their work to the MUNROS project.

The Chair concluded that this presentation raised a great deal of interest among the members of the working group and that we look forward to its results in 2016.

4. Presentation of EU study EMPATHiE – empowering patients in the management of chronic diseases.

Kari Steig, DG SANCO European Commission, presented the work of EMPATHiE.

Patient empowerment is considered as a process consisting of three main elements 1) education, 2) shared decision making and 3) self-management. Final recommendations target the education of the public and patients, health information should be easy

accessible, quality data to facilitate patients' choice should be provided and health professionals should have sufficient skills and knowledge to practice patient-centred care.

The study suggests four scenarios for future collaboration including one on "New professional skills, knowledge and attitudes". The next steps are currently under internal discussion. The views of the working group would be welcome.

The Chair thanked Kari for her presentation and concluded that this topic fits in well into the discussion on skills needed to deliver patient centred care.

5. Update of the Joint Action on health workforce planning and forecasting.

Michel van Hoegaerden, programme leader Joint Action, gave a brief update on the process that has been made in the first 18 months. On 4 and 5 December the Joint Action will organise a second conference, with over 200 participants expected under the auspices of the Italian Presidency of the EU. The results of two important deliverables will be presented (guidelines on qualitative planning and the handbook on planning methodologies).

6. Presentation of OECD on education and training capacities.

Gaetan Lafortune, OECD Health Division, presented an update on the Commission co-funded study on education and training capacities. With the data gathered so far, OECD found that the training capacities for doctors and nurses have increased in most OECD countries. Even in times of crisis, not many countries decided to decrease their training capacities. The report will include country specific notes. Mr. Lafortune also stressed that they still need data from several countries in particular Central Europe and invited working group members to contribute.

The representatives of Finland and Ireland both offered to assist with supplying data or on a country specific note.

7. Update of WHO on European strategic direction to strengthen roles of nurses/midwives and on the WHO consultation on a global HRH strategy.

Galina Perfilieva, WHO-Europe programme manager, presented the draft WHO-Europe strategy to strengthen the roles of nurses and midwives. This will be discussed at the next CNO meeting under the Latvian presidency in April 2015.

Ireland mentioned that it was good to see how the WHO and the European Commission work together on health workforce policies.

The Chair announced that, at the Rome conference of the Joint Action on health workforce planning and forecasting, there will be a workshop organised on the WHO-code of practice on international recruitment. Furthermore, that DG SANCO collaborates closely with DG DEVCO (Development and Cooperation) on workforce planning in developing countries.

8. Any other business

Paul Giepmans, EHMA, gave a short update on the Commission funded mapping study on effective recruitment and retention strategies in the EU. The study will finish in May 2015 and will be presented to the working group in June.

The Chair announced that the next working group will be held in June 2015 (possible date is 16-17 June) and that the main topics will be the sustainability of the Joint Action, the findings from the recruitment and retention study and possible follow up on CPD.

The Chair announced that the Commission will send out a written consultation on setting up an expert group on CPD and thanked members for their attendance and input and closed the meeting.