



EPHA Consultation Response

Subject	EPHA consultation response to the European Commission Consultation: Green Paper on the EU workforce for health
Date	31/03/2009

Following an extensive consultation process¹, the European Public Health Alliance (EPHA) has produced this response to the European Commission's Green Paper on the EU workforce for Health.

EPHA is an international non-profit association registered in Belgium. Our membership is composed of around 100 not-for-profit organisations working on all aspects of public health at European level and at national.

EPHA's mission is to promote and protect the health of all people living in Europe and to advocate for greater participation of citizens in health-related policy making at the European level.

Please visit www.epha.org for more information.

Mechanism for health workforce monitoring and planning

EPHA supports the Commission's suggestion to set up a mechanism for health workforce monitoring but would also suggest that its role be expanded to include workforce planning.

EPHA believes such a mechanism can only work with a clear mandate, genuinely able to impact on workforce planning.

This mechanism should be a '**Centre for Excellence in Health Workforce Monitoring and Planning**,' located in one of the EU-twelve Member States. Provided the Centre for Excellence has a clear mandate it will act to drive up standards and contribute huge expertise to the health workforce in Europe.

The Centre should have four key roles, which should focus on:

1. data collection in order to develop innovative solutions for health workforce deployment and workforce/patient ratios, to allow maximisation for skill mix/skill needs and formulate policy;
2. sharing of best practices;
3. identify solutions for issues around mobile workers (such as language);
4. ensure implementation of legislation on health professionals.

Their should be a clear division of roles between the different layers of the centres

¹ For this consultation response the EPHA Secretariat followed the **comprehensive consultation response** as outlined in the EPHA Work Programme 2008 - 2010 (<http://www.epha.org/a/2325>)



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competencies. The Centre should have the capacity to call on all the EU Member States.

The 'Centre for Excellence' needs to have a Stakeholder Consultative Platform with clear terms of reference adopted by the Executive Body of the Centre.

The Terms of Reference of such a Platform should clearly describe:

- mandate and tasks;
- composition of the Platform and selection procedure;
- chairperson;
- meetings: frequency and location;
- working methods and time-frame;
- funding.

This Platform will assist the Centre with policy development by providing a forum for regular dialogue and exchange. By including such a Platform from the first stage, the impact of its work on stakeholders will ensure that future developments can be based on the genuine needs of the workforce in all different different settings (primary care, elder care etc...).

The Platform should be able to:

- comment on the Centre's (CEWPM) work programme;
- provide the Centre with feedback on the effectiveness of its policies in responding to stakeholders concerns;
- alert the Centre to key issues of current stakeholder concern;
- provide information and cooperation at technical level.

Changing demography and disease patterns

In order to achieve the goal of supporting a sustainable workforce in EU health systems, while responding to changing disease patterns and demography, EPHA believes it is essential to strategically plan the health workforce more effectively. Strategic workforce planning reduces the amount of unplanned, 'Knee-jerk' reactions to identified problems that are ineffective and unsustainable. Workforce planning for healthcare needs to be incorporated into more horizontal issues such as immigration policy and social policy.

EPHA requests the Commission to:

Set up a 'Centre for Excellence in health Workforce Monitoring and Planning' - on recruitment, training, screening, global migration and internal mobility, demography and changing disease patterns and equip this centre with the necessary tools to be able to collect the data and coordinate/disseminate the data to Member States Agencies.



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- E Work closely with DG Internal Market to plan better implementation of Directive 2005/36²** - Directive 2005/36 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 be implemented effectively to safeguard patient safety and quality of care. However DG SANCO should coordinate better with DG Internal Market to ensure that this Directive keeps up with medical progress.
- **Remove the artificial distinction between health and social care** - In order to allow an integrated policy approach in the EU to primary care, the artificial distinction should be removed and combined into a single integrated policy linking health and social care.
 - **Support for Allied Health Professionals³** - Carers such as pharmacists are hugely active in the community and could provide a basic level of primary care, acting as first contact for citizens or early warnings for further care and treatment.
 - **Explore support for Health Professionals operating in the Complimentary & Alternative (CAM) medicine sector** - Patients are demanding more variety of care and more care tailored to their needs, CAM health professionals can help to achieve this specific care model. CAM health professionals can bring a further dimension to healthcare and the EU should explore the impact that better incorporation of the CAM Health Professions could have on healthcare.

Recruitment and retention for long term sustainability

In order to effectively plan performance and create a sustainable workforce, strong human resource strategies need to be integrated into workforce planning.

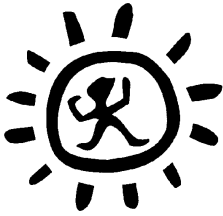
EPHA requests the Commission to support human resource strategies that:

- **Provide better opportunities for advancement for current staff** - It has been proven that better career opportunities (established career ladders) and skills escalators lead to a better retention rate within a workforce as a career that challenges a worker, triggers motivation and interest⁴.
- **Encourage greater incorporation and variety of new skills available to**

2 Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications

3 An independent study into community pharmacy in Ireland showed that early stage interventions by allied health professionals such as pharmacists saved Ireland more than €460 million and 3.9 million patient visits to a GP in one year alone - Review of Community Pharmacy in Ireland 2007, January 2009

4 Human resources for health in the WHO European Region. Copenhagen, WHO Regional Office for Europe, 2006 (<http://www.euro.who.int/document/E88365.pdf>)



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health professionals (Skill Mix/Skill Matching^{5,6}) - Skill mix must be encouraged and adaptive to the needs of a health system in both primary and hospital care. Good skill mix can make performance of the available workforce more effective and efficient and encourage retention. This must be encouraged across all health professions.

- **Work more closely with DG Employment to plan skill mix – skill needs** - More skill mixing/skill matching is needed in order that Member States do not waste resources, the added value of an EU action is to support member states in implementing change. Work on the development of a map of skills within the EU would help to identify areas of deficit. Possible practical applications of this mapping exercise could be explored by the 'Centre for Excellence in Health Workforce Monitoring and Planning.'
- **Set up a system of best practice sharing of skill mix and training** - This will enable Member States to cooperate on the best techniques for motivating and planning the workforce. The system could be facilitated through the Centre for Excellence for workforce planning.
- **Improve re-employment policies** - Many European countries have many health workers currently unemployed and unable to rejoin the workforce due to difficult working conditions, inflexible hours or age and gender related barriers. Campaigns targeted at over 55s may be encouraged, however, care should be taken to ensure appropriate roles are found within the workforce.
- **Promote gender equality measures in the European health workforce** – Some health professions, especially nursing, are predominantly female, therefore, finding ways to create flexibility would help to retain staff and could even attract people into health professions. Improving paternity leave and other flexible working options for men would enable women to work and will attract new workers as well.
- **Focus on acceptable performance of workers** - In order to decrease the continuous pressure on providers, there should be a greater focus on the performance of workers. Better performance will bring better safety and better health outcomes.

Education and Continuous Professional Development

The European health workforce needs high quality Education and professional development schemes to ensure safe, high quality care. New technologies and skills are required in an ever-changing healthcare environment which means that education and professional development must be both flexible and robust enough to meet these demands.

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

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

6 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



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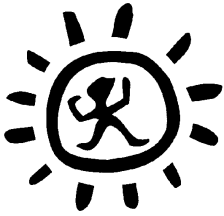
In a time of financial insecurity, we need to be absolutely certain that education does not suffer. Education is key to the sustainability and development of our workforce, it is one of the foundations on which health services are built, lose this and health services will fall apart.

EPHA welcomes the education and training needs identified in the Green Paper but calls on the Commission to bring about:

- **Explore re-assessment and revalidation of health professionals in Europe** - Re-assessment could help to ensure patient safety, it could also help to ensure safety and quality when health professionals cross borders, the European Commission should explore, with the 'Centre for Excellence,' possibilities for development of a pan EU re-assessment policy.
- **Legislation on and implementation of Continuous Professional Development⁷ (CPD)** - Lifelong learning schemes help to interest and motivate health professionals as well as improve quality of care and safety for patients. Well trained, motivated and interested health professionals make far fewer mistakes than those who are unmotivated and do not have up-to-date training. EPHA supports the *Civil Society Resolution on Continuing Professional Development⁸*.
- **Significant investment in CPD** - Investment is needed to ensure good quality training, however this investment will only work if a better financial rewarding system is in place for health professionals as well. The Commission, with Member States could explore possibilities for the use of Social Cohesion funds for this.
- **Best practice sharing for CPD and re-assessment** - This would help to ensure the best techniques for continuous training and assessment of health professionals throughout Europe are shared. This will contribute to increased patient safety and enable mobility. The European 'Centre for Excellence in Workforce Monitoring and Planning' could facilitate this.
- **Encourage a European education exchange for health professionals and health trainees** - For currently practising health professionals and those health professionals in education, a better understanding of the wider healthcare environment in Europe by health professionals can only benefit its citizens.

⁷ "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)

⁸ 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



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Mobility within the EU

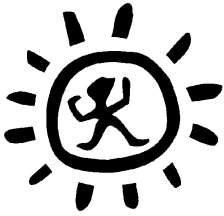
Mobility of workers is a right enshrined in the EC treaty⁹ and within the EU Directive on the mutual recognition of professional qualifications. However workers move for many reasons and deficits appear when they do, as there is often no one to fill the gap. The key element to solve this issue is retention of workers by both the country that is losing the health professional and the country that is receiving them: **Recruitment** without **Retention** is **Resource** wasted.

Existing gaps in skills and abilities of healthcare professionals need to be identified and clearly spelled out within Europe, mobility needs to be managed carefully to effectively ensure patient safety and high quality of care.

EPHA believes the Commission should therefore:

- **Identify the skills gaps between European Member States** - A project funded by the European Commission could enable an initial mapping of major skill deficits in Europe, this work could be coordinated/continued by the 'Centre for Excellence,' to be set up for workforce monitoring.
- **Use Social Cohesion Funds to target the needs in the field** - Investment using Social Cohesion funds will help Member States to target the solutions at the identified skills gaps and other identified needs. This will help to improve equality of care in Europe and address health inequalities within and between Member States.
- **Encourage Social Dialogue with DG Employment and DG Internal Market to address the weakness of Directive 2005/36 to explore systematic language testing of health professionals** - It is imperative that healthcare professionals can communicate with patients and understand their needs, therefore current EU wide rules that prohibit the language testing by regulators of EU health workers from other Member States must be reviewed. Employers should test language of EU Health Professionals joining their workforce and provide the courses. Encouraging social dialogue in this area is key for its development.
- **Support national associations of healthcare professionals** - To help the integration of migrant health workers into Member States' healthcare systems, for the purposes of patient safety and quality of care. Language training, proper time for orientation and support courses for integration should also be provided.

⁹ Treaty On European Union (92/C 191/01)



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Global Migration of healthcare workers

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 to **prevent active or aggressive recruitment** from third countries. Aggressive recruitment from EU countries causes serious shortages of health workers in developing countries.

EPHA urges the Commission to support:

- **The establishment by the Commission of a strong EU code for ethical recruitment** - from third countries to ensure that any recruitment from these countries is fair and equitable. EPHA also supports strategies aimed at the retention of health professionals that prevents over immigration from third countries and the development of an unsustainable health workforce in Europe and globally. The DG SANCO High Level Group on Health Services and Medical Care¹⁰ agreed an ethical code for recruitment that can form the basis of a full EU code.

Public Health

In order to reduce the burden on curative medicine and health systems at large, efforts should be made to increase the Public Health capacity of Member States to enable health promotion interventions. Health in the workplace plays an important role in ensuring public health of the general population, especially in healthcare settings.

EPHA strongly recommends the Commission to support:

- **Integration of public health workers** - into settings other than traditional healthcare locations. This would raise awareness of public health issues as well as increasing preventative healthcare (e.g. nurses in schools and prisons).
- **Public health training embedded** - into every level of health professional education. Embedding public health into every layer of healthcare will result in early catchment of large population based health problems and encourage a health advocate role in primary care professionals. Health professionals will become 'promoters of health' as well as 'curers and carers.'
- **Follow-up on the Council Recommendation on cancer screening** - by proposing recommendations on screening programs/systematic health checks. An offer of health tests and health consultations to the middle-aged population can be cost-effective and may be considered in the fight against the burden of

¹⁰ Guidelines for the ethical recruitment of internationally trained healthcare professionals (HLG-WP-2007-08) as agreed by the High Level Group on Health Services and Medical Care (DG SANCO)



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lifestyle diseases, e.g. cardiovascular diseases.¹¹ Training and education of the health professional workforce to enable it to provide appropriate health consultations is essential.

- **National schemes for Health in the Workplace** – particularly in hospitals and primary care facilities, must be continuously supported and encouraged as well as assessed for effectiveness.
- **Best practice examples of Workplace Health Promotion must be shared** – The European Agency for Safety and Health at Work¹² (OSHA) is the perfect tool through which to provide this support and share best practice. **Coordination between OSHA and the European Network for Workplace Health Promotion (ENWHP) should be encouraged** - This is an informal network of national occupational health and safety institutes, public health, health promotion and statutory social insurance institutions. In a joint effort, all the members and partners aim to improve workplace health and well-being and to reduce the impact of work related ill health on the European workforce.

Innovative use of the health workforce

As traditional models in healthcare are rapidly eroding, innovative solutions must be identified that provide better health for citizens, encourages and challenging its workforce and result in positive outcomes.

Innovative solutions come through a motivated well planned workforce that is free to challenge the existing paradigms. There are plenty of examples of where this is happening already, such as public health models applied in primary care setting, showing entrepreneurship in community settings that allows for better health outcomes.

Innovation in health workforce models should be encouraged and should be publicly supported, however, such models should only be built on **solid and equitable foundations**.

11 Scandinavian Journal of public health, 2008; 36: 650-661

12 European Agency for Safety and Health at Work - <http://osha.europa.eu/en>