UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

Kroonlaan 20 Avenue de la Couronne
BE-1050 - BRUSSELS
www.uems.net

tel: +32-2-649.51.64
fax: +32-2-640.37.30
uems@skynet.be

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UEMS CONTRIBUTION

to the Green Paper on the European Workforce for Health
(COM(2008)725)

CONTRIBUTION to EC GREEN PAPER (COM(2008)725)

Endorsed by the UEMS Enlarged Executive on 9th April 2009

EXECUTIVE SUMMARY

The UEMS is a non-governmental organisation representing national associations of medical specialists in the European Union and in associated countries. With a current membership of 35 countries and operating through 37 specialists sections and European boards, the UEMS brings together approximately 1.4 million medical specialists in Europe. With the support of its membership, the UEMS is committed to the promotion of free movement of European medical specialists while ensuring the highest quality of medical care for European citizens.

The UEMS congratulates the European Commission for approaching the challenges faced by the European healthcare workforce and welcomes this opportunity to contribute its views on issues of importance to its constituencies.

Much work still appears to be needed on issues relating to:
- Medical education and training - in order to maintain the quality of general standards
- The decreasing workforce in healthcare
- The necessary guarantees of necessary qualifications and fitness to practice of mobile healthcare professionals
- Prevention of deficient access to medical care due to migration of healthcare professionals to areas and countries offering better conditions of work.

While UEMS is particularly pleased to see the importance of each of these issues acknowledged by the Commission, it is also concerned to bring healthcare professionals, particularly medical specialists, better working conditions and improve difficult situations such as difficulties in maintaining competence, heavy workload, poor support and infrastructure, precarious employment and poor pay where appropriate.

The UEMS, as a non-governmental organisation aiming to promote the mobility of medical specialists in Europe while guaranteeing the highest level of healthcare standards across Europe, carefully examined this Green Paper and carried an extensive consultation of its constituent bodies to elaborate this contribution.

The UEMS has therefore made a certain number of observations and recommendations in regard to the various issues raised in the European Commission's Green Paper. Additional issues having a direct or indirect impact on these matters were also addressed. The UEMS will now seek adherence to these concerns among the healthcare community and is happy to offer its expert-knowledge to the Commission and other EU decision-makers on the fields identified as its core areas of interest and expertise.

CONTRIBUTION from the EUROPEAN UNION of MEDICAL SPECIALISTS to the GREEN PAPER on the EUROPEAN WORKFORCE for HEALTH

INTRODUCTION

The UEMS is a non-governmental organisation representing national associations of medical specialists in the European Union and in associated countries. With a current membership of 35 countries and operating through 37 specialists sections and European boards, the UEMS brings together around 1.4 million medical specialists in Europe. With the support of its membership, the UEMS is committed to the promotion of free movement of European medical specialists while ensuring the highest quality of medical care for European citizens.

The UEMS congratulates the European Commission for approaching the challenges faced by the European healthcare workforce and welcomes this opportunity to contribute its views on issues of importance to its constituency. It also welcomes this document as a first step in supporting Member States, with the support of the EU, to create a modern, professional health workforce. Member states require an efficient and effective health workforce in order to respond adequately to the needs of their citizens as well as the challenges facing healthcare systems. The UEMS is particularly satisfied that the document recognises the numerous challenges that face the European health workforce. This appears to be even more significant as the European Parliament, in agreement with the EU Council, has agreed to deliberately remove all initially proposed main components relating to professional issues from the future directive on patient's rights in cross-border healthcare[1].

The European healthcare systems, and as a natural consequence their workers, are now faced with new and worrying situations, such as ageing population in Europe, the emergence of new diseases and infections, unexpected drawbacks of free mobility such as medical brain drain, the shortage of healthcare workers, which will force the EU and national authorities to put in place proper legislation in view to maintain and continue to improve the quality and safety of the healthcare services delivered in Europe.

As a whole, the UEMS as an organisation strongly committed to values such as the quality and the safety of healthcare treatment in Europe, calls the European Commission and EU Member States to take the sustainability of healthcare systems as a long term responsibility, in which this Green Paper constitutes an initial phase.

The UEMS is keen to contribute its professional expert-knowledge on the various issues raised in the Commission's document. In its recently adopted Strategy[2], the UEMS precisely defined its fields of expertise and areas of interest and competence as the following:

- Postgraduate Training (PGT)
- Continuing Medical Education and Professional Development (CME-CPD)[3]

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[1] *COM(2008)414 (http://admin.uems.net/uploadedfiles/1079.pdf)*
[2] *See UEMS 2008/05 (http://admin.uems.net/uploadedfiles/984.pdf)*
[3] *"The UEMS defines CPD as the educative means of updating, developing and enhancing how doctors apply the knowledge, skills and attitudes required in their working lives. The goal of CPD is to improve all aspects of a medical practitioner's performance in his/her work.*
"CPD therefore incorporates the concept of CME, which generally is taken to refer only to expanding the knowledge and skill base required by doctors. While the initial model of continuing education for practitioners focused on CME, an increasing recognition of the many components that contribute to good medical practice has led to CPD being accepted as the more appropriate concept.

- Quality Assurance (QA) in specialist practice

While it is particularly pleased to see the importance of each of these issues acknowledged by the Commission, the UEMS is also concerned to bring healthcare professionals, particularly medical specialists, better working conditions and improve difficult situations such as difficulties in maintaining competence, heavy workload, poor support and infrastructure, precarious employment and poor pay where appropriate.

The UEMS is equally worried that the current financial and economic context will be likely to put additional constraints on healthcare systems. There is the potential for economic factors to influence decisions in this area. While it is acknowledged that finances are not unlimited, the primary motivation for legislation in this area must remain equal access to high quality care for patients. In this regard, the UEMS fully supports the observations and recommendations set out in the "Open Letter on Economic Crisis and Health" from the EU Health Policy Forum[1] as it considers that their implementation will contribute to:

- Curb the currently growing disparities in access to healthcare between EU regions and countries; and
- Cover adequate levels of healthcare provision through sustained investment, and thereby avoid shortages in resources (including above all human capital)

For the purpose of contributing to the current consultation, the UEMS restricted its comments to this document. However, for a full coverage of all the issues raised, the reader is recommended to also consult the following UEMS policy papers:

- The UEMS Charter on Training of Medical Specialists[2]
- The UEMS Charter on CME[3]
- The UEMS Charter on Quality Assurance in Medical Specialist Practice[4]
- The UEMS Charter on the Visitation of Training Centres[5]
- The UEMS Charter on Continuing Professional Development - Basel Declaration[6]
- The UEMS Declaration on Promoting Good Medical Care[7]
- The UEMS Budapest Declaration on Ensuring the Quality of Medical Care[8]
- The UEMS Policy Statement on Assessments during Postgraduate Medical Training[9]

"There is a continuum from undergraduate medical education (UGE) through postgraduate training (PGT) to continuing professional development (CPD). CPD forms part of a personal program of life-long learning that every doctor is engaged in from his/her first day at medical school until their retirement from practice." Ref: Basel Declaration – UEMS Policy on CPD (http://admin.uems.net/uploadedfiles/35.pdf)
However, for the purpose of this document, the terms "CME-CPD" will be used.

[1] *See http://ec.europa.eu/health/ph_overview/health_forum/docs/EUHPF_letter_en.pdf*
[2] *For the full document, see http://admin.uems.net/uploadedfiles/906.pdf*
[3] *For the full document, see http://admin.uems.net/uploadedfiles/174.pdf*
[4] *For the full document, see http://admin.uems.net/uploadedfiles/175.pdf*
[5] *For the full document, see http://admin.uems.net/uploadedfiles/179.pdf*
[6] *For the full document, see http://admin.uems.net/uploadedfiles/35.pdf*
[7] *For the full document, see http://admin.uems.net/uploadedfiles/772.pdf*
[8] *For the full document, see http://admin.uems.net/uploadedfiles/875.pdf*
[9] *For the full document, see http://admin.uems.net/uploadedfiles/801.doc*

THE EUROPEAN WORKFORCE FOR HEALTHCARE, WHO ARE THEY?

While the Green Paper does not precisely define the terms related to the health workforce, certain categories are though proposed under “Health Management Workforce” (graph 1, p.4).

As a matter of fact, doctors, and medical specialists in particular, fall primarily under the category of “clinical workforce” and have also a stake in two other groups: “training professionals” and “allied health professionals”.

Under the graph proposed by the Green Paper, two other categories are linked to the “clinical workforce”: “social care workforce” and “informal carers”. From the graph, their scope could be seen as overlapping. While the UEMS considers that there are areas of care where the co-operation between these groups occurs and can indeed be useful for the patients, this interface would need some clarification in future documents. Besides, the UEMS strongly opposes any reference in this or any future initiative to types of care that are not evidence-based and groups of personnel that do not have a professional education based on science. These groups do not -and should not- form a part of the officially recognised health management workforce.

As a whole, the UEMS considers a well-educated, motivated and sufficient health workforce as a necessity to guarantee high quality of care and safety of patients in all European countries. It is therefore important to link the health workforce issues to the ongoing work of the European Union such as notably in the field of patient safety.

TOWARDS IMPROVED WORKING CONDITIONS...

The European workforce for healthcare, a shrinking resource

In general, the UEMS is concerned by the overall shrinkage of the European workforce for health. As a matter of fact, any lack of appropriately trained staff to treat patients will jeopardise the quality and safety of care provided.
Causes for this decline namely encompass:

- An increased mobility of professionals within the EU,
- The ageing of the workforce,
- The rising feminisation of caring professions,
- The lack of attractiveness for the medical career,
- An inadequate allocation of resources in staffing in certain regions and countries.

The UEMS welcomes the proposals from the Green Paper especially as regards the ideas to "educate, recruit and retain" young doctors and "reinvest" into mature healthcare workers.
The opportunity to develop additional incentives should though also be examined:

- Increased collaboration between the healthcare personnel should be provided for, notably through developing skill mix initiatives through which certain areas of work can be delegated to less highly trained staff working under appropriate supervision. In this respect, the UEMS reaffirms its commitment to and advocates for the adoption of its "European definition of the medical act"[1].
- Retention from retirement should also be seriously envisaged. At the same time, medical students and junior doctors should be encouraged to take up and continue a medical career. For these purposes, appropriate incentives should be put in place. Moreover, thanks to their experience and provided they can prove adequate training records, mature doctors can contribute as mentors and evaluators in the training patterns.
- Healthcare professionals, and doctors in particular, are among workers the most heavily affected by depression, stress and burn-out. Motivation should hence be fostered by different means, such as:
    - Higher salaries and rewards
    - Better career and professional development prospects
    - Decreased workloads, notably through reduced working time.
    - Guaranteed balance between professional and family life should be adopted. Making parenthood possible at a reasonable age is likely to contribute to improved attractiveness of the profession.
    - Sufficient professional support, including national professional risk insurance
    - Greater assistance in non-caring activities, such as administration or management. For these purposes, it could be made use of lay voluntary organisations in order to perform some tasks traditionally undertaken by trained staff.

Recruitment and attractiveness campaigns could certainly help alleviate this dangerous trend. Attracting trained doctors from other activities or professional fields back to clinical practice appears to be particularly challenging in this regard. Appropriate incentives should be embedded but particular attention should be paid to attract staff whose motivation and commitment remained high.

[1] *See proposed new Document UEMS 2009/14 (http://admin.uems.net/uploadedfiles/1265.pdf)*

The impact of regulating healthcare professionals' working time

The European Working Time Directive (2003/88/EC) is an essential health and safety legislation that is necessary for both doctors and patients, but covers all EU workers. In order to develop a safe, efficient health workforce and to attract the employees with highest professional potential, it is essential that the health workforce benefits fully from European health and safety legislation.

The UEMS acknowledges the importance of this piece of legislation as a major tool to safeguard patient and healthcare worker safety, particularly as it can provide the necessary protection of the most vulnerable parts of the healthcare workforce. However, the UEMS also recognises the need to ensure the necessary degree of flexibility in dealing with this issue in order to maintain an adequate level of healthcare training and provision.

The evidence has been provided thus far that compliance with working time regulations in the healthcare sector has not been achieved in large parts of Europe. The UEMS is concerned that the implementation of this directive is sometimes made impossible in some countries or regions due to objective factors, such as the shortage in staffing, and that it puts additional, and sometimes unnecessary, strains on an already fragile balance in the organisation of healthcare delivery.

One of the main UEMS concerns in regard to the EWTD relates to its implications on training. Reducing weekly working time for doctors in training to 48 hours is likely to have severe implications on the quality of their training and their fitness to practice as specialists, particularly in surgical disciplines where training and qualification are directly dependent upon the number of surgical procedures performed. There is a need to ensure that doctors are appropriately trained and to make sure that junior doctors are not put under direct or indirect pressure to opt out from the protection of this directive..

The UEMS is equally concerned that current provisions of the EWTD without additional funding of improved organisation of care are likely to have a detrimental impact on particular aspects of the care provided to patients such as the transmission of information between different teams working in shifts, or in the continuity of care after surgery.

The UEMS therefore calls on the Member States to ensure that the provisions of the EWTD protecting workers, and thereby patients, are genuinely implemented with some degree of flexibility while making sure that all necessary means are provided to ensure that doctors achieve the training necessary to be fit to practice for the sake of all European citizens. The UEMS also demands that the Commission collects data in order to strictly monitor implementation and effects of the EWTD in the Member States.

TOWARDS IMPROVED WORKING CONDITIONS...

CONCLUSION

By and large, the UEMS welcomes all initiatives directed at ensuring better working conditions for health professionals and in particular at increasing staff motivation and morale. Securing attractive working conditions is key to keeping healthcare staff morally fit for practice and avoiding situations of stress, depression and burn-out.
Good working conditions namely encompass:

- ***Ensuring enough time to be dedicated by physicians to medical/clinical practice for the sake of their patients***
- ***Guaranteeing an effective degree of protection and support to the workforce through:***
  - ***Complying with working time regulations and in doing so ensuring the flexibility necessary in medical practice***
  - ***Offering interesting and attractive opportunities in terms of professional development and career prospects***
  - ***Achieving effective deployment and allocation of the human capital in healthcare***
  - ***Providing greater assistance in non-medical areas of work***
  - ***Developing models of collaborative care through delegation to other professions with the appropriate level of supervision***
  - ***Securing appropriate remuneration***

INCREASINGLY MOBILE PROFESSIONALS

Mobility of doctors: for the good

Free movement of health professionals is one of the fundamental European principles. As pointed out by the European Commission, there are a variety of reasons for health professionals to move, like improved career and training opportunities or better pay and working conditions. Working experience in foreign countries broadens the horizons of physicians and other health professionals and provides them with valuable new perspectives and insight into other health systems.

As far as doctors, and medical specialists in particular, are concerned, mobility has always been a major component of their professional life. Mobility at all stages of doctors' professional life and education (undergraduate, postgraduate and lifelong) has proven to be extremely beneficial in acquiring, developing and sharing new knowledge and experience both at scientific and cultural levels.

Directives 2005/36/EC and 2006/100/EC: revision required to sustain quality in mobility

Mobility of healthcare professionals was regulated by the directive on the recognition of professional qualifications (2005/36/EC, completed by 2006/100/EC in view of the accession of Romania and Bulgaria). While this directive provides for efficient mechanisms of automatic and indirect recognition of medical degrees, the UEMS has identified a few areas where improvements were highly needed. The mere justification of this demand is based on the fact that this directive has always remained a consolidation of the previous texts, some of them adopted in the 1970's. There is indeed a need to revise and update the provisions relating to medical training, and particularly the length of training for certain specialties.

The UEMS is committed to the free mobility of medical specialists and, in doing so, ensuring the highest quality level of their training, medical practice and health care provided through the harmonisation of training programmes and standards of care. The UEMS is therefore worried that some of the current provisions in Directives 2005/36/EC and 2006/100/EC are no longer fit for purpose in modern medicine and thereby potentially jeopardise patient safety and quality of care. The UEMS demands that the necessary steps are undertaken in order to promptly revise and update this piece of legislation before the revision term of the directive scheduled for 2012. Any regulation which allows the free movement of medical professionals in the EU indeed remains of questionable ethical value when not accompanied by equally powerful regulations that provide for appropriately harmonised standards in the training of doctors.

This revision and update should encompass the scrutiny and possible revision of the different lengths of training as well as the inclusion of new specialities for which there is a clear demand and need in terms of cross-border mobility (such as lately: medical oncology and medical/clinical genetics). Moreover, there is a need to go beyond the restricted view of regulating medical training with an approximation of the duration of their respective training and develop the possibility to integrate the concept of competence-based education and training. As a consequence, concrete suggestions have been formulated as regards the inclusion of new particular competences (namely: intensive care medicine) and this option should be seriously envisaged. Equally essential is the need to introduce a system which emphasises healthcare professionals' continuing fitness and suitability to practice in the receiving country. Basing a decision on fitness to practice on the length of time individuals have trained rather than on the skills they have acquired is not suitable for the continued development of a modern healthcare system. The UEMS also calls for the Directive to introduce a legal duty on all medical regulators to share registration and fitness to practice information proactively with other regulators in Europe. Regulatory authorities have

established initiatives to ensure that national regulatory authorities are able to work collaboratively such as the Healthcare Professionals Crossing Borders initiative and such work should be further built on.

More importantly, in spite of the fact that this directive only aims to regulate the cross-border movement of professionals, a certain number of Member States have been using the provisions of this directive as a basis to revise their national regulations on medical training. The medical profession is extremely concerned that an outdated piece of legislation is likely to inspire Member States. This reinforces the need for a complete update of this text.

In doing so, the UEMS calls on the Commission and the Member States to comply not only with their obligation to consult representative organisations of the medical profession, but also to take into full consideration the recommendations that these bodies will formulate. The UEMS, in collaboration with other European Medical Organisations, is eager to provide the Commission and Member States with its expert-knowledge and professional input in this regard with an aim to facilitate satisfactory agreements and consensus-building.

Mobility of doctors: for the bad

Mobility, however, can also cause severe disparities between countries. Member states that offer limited possibilities for the training and continuing professional development and/or poor or unattractive working conditions for doctors and other health professionals are likely to experience a "brain drain" of highly qualified health professionals that can leave them short-staffed. This phenomenon puts the health systems of the affected countries in danger, since they are no longer able to offer an equal and decent access to healthcare to their citizens.

Directives 2005/36/EC and 2006/100/EC: a two-edged legislation – Undesired pitfalls: brain drain and reduced medical training

There is a natural trend for service providers to establish themselves in more densely populated and/or richer areas. This is also true in the healthcare sector, which bears serious implications for the population from the deserted regions. This trend has been amplified by the rising number of healthcare professionals who took advantage of the freedom to move under Directives 2005/36/EC and 2006/100/EC to now move between countries.

The UEMS is concerned by that situation. There is an urgent need to reconcile the imperative needs to comply with the principle of free mobility which is enshrined in the Treaties to guarantee the fundamental right of access to healthcare for all European citizens.

The UEMS is worried that these trends combined create situations whereby some countries and/or regions face difficulties in offering an adequate level of healthcare provision. The UEMS therefore welcomes proposals to deploy incentives to incite doctors

- to establish themselves in scarcely populated or worse-off areas
- to come back in their country of origin after establishment in another country ("circular migration")[1]

In order to achieve a higher degree of efficiency, the UEMS strongly recommends that these are embedded in close collaboration with professional organisations.

[1] *The promotion of "circular" movement of doctors and other health professionals, who move to another country for training and/or gaining experience for a limited time and then return to their home country with additional knowledge and skills, can be a win-win situation for both the country of origin as well as for the destination country. In addition, bilateral agreements between Member States that face intensive migration of doctors can provide an effective tool to support migration in a way that puts no party at a disadvantage.*

The UEMS is equally concerned by the increasing tendency from several Member States to lower national standards of medical training in order to prevent their medical graduates from benefiting from the automatic recognition of their qualifications under the mechanisms of Directives 2005/36/EC and 2006/100/EC. Thus far, the national medical organisations concerned, thanks to their connections with European Medical Organisations, and particularly the UEMS, succeeded in opposing national governments in their attempts. All efforts should be made in order to ensure that such initiatives are not put into effect in the long run and encourage other more constructive initiatives aiming at retaining healthcare personnel are developed (see above).

As a whole, the UEMS, as one of the co-authors of the document, strongly supports the "Recommendations from the EU Health Policy Forum on the mobility of health professionals" and calls on the Commission and Member States to implement the suggestions formulated within that document.

Levelling disparities between European countries and regions

In direct connection with the above mentioned issues, the disparities between European countries and/or regions can be identified as one of the major component and cause of what can be described as a medical brain drain.

Ideas such as circular migration will remain wishful thinking as long as major disparities between European countries and regions remain. The UEMS welcomes the idea to make use of structural funds to achieve greater cohesion and better balance inequalities between European regions. A greater use of these funds should be more widely and systematically used for the benefit of regions lagging behind. These could be used with an aim to

- develop, modernise or deploy infrastructures
- improve general working conditions (see above)
- sustain initiatives aiming to ensure professional training and continuous fitness to practice
- support the mobility of healthcare professionals for education and training and/or professional purposes

In regard to the latter, the UEMS strongly supports the idea to establish exchange programmes for doctors based on the Erasmus model. Such "Hippocrates" programmes are likely to be highly beneficial to doctors for the purpose of their PGT and CME-CPD.

Global migration

As regards global migration in particular, the UEMS fully supports the development of an EU-wide set of principles for the recruitment of health professionals from developing countries in order to reduce the negative impact of migrant flows on vulnerable healthcare systems.

Health worker migration needs to be considered in a balanced way which takes account of the rights and responsibilities of all those involved. To prevent or prohibit individuals from migrating freely constitutes an infringement of their human rights as set out in international law. Both developed and developing countries have roles to play in helping to offset the negative effects of migration. These roles directly address the 'push' and 'pull' factors which influence the flow of health professionals from country to country. In this regard, the UEMS supports any attempt to address the challenges presented by all of the main factors contributing to this area.

The UEMS recognises that managing health worker migration presents considerable challenges. Whilst the rights of individuals to migrate must be upheld, shortages of healthcare professionals in developing countries often mean that citizens' enjoyment of the right to health is compromised.

The UEMS is therefore supportive of partnerships between developed and developing countries. These can make and are already making a valuable contribution on a number of levels, from supporting the rebuilding of health systems to the development of strategies to encourage the retention of health professionals. The regulation of international recruitment must be positioned within this wider context.

The UEMS also encourages the adoption of international standards, yet cautions that further measures need to be put in place at a country level (linking both workforce and international development policies) to adequately address the negative impact of migration on developing countries.

The UEMS is also concerned that migrating doctors and other healthcare personnel live up to the standards applied in Europe as regards training and the quality of care. Full information should be available on the record of any migrating professional, including regulatory information.

INCREASINGLY MOBILE PROFESSIONALS

CONCLUSION

Professional mobility has always been a major component of medical specialists' professional life. The UEMS is committed to this principle, provided that genuine training standards are respected and the quality of care is thereby preserved. This is why the UEMS calls for the necessary revision of Directives 2005/36/EC and 2006/100/EC to:

- ***Update the provisions on medical specialist training in regard to standards of modern medicine***
- ***Integrate the concept of competence-based education and training, and namely include the notion of particular competences***
- ***Implement the obligation for medical regulators to systematically share information on doctors' fitness to practice***

At the same time, the UEMS is concerned by the fact that mobility is also the origin of severe disparities between European countries and/or regions which are unable to offer an equal and decent access to healthcare to their citizens ("brain drain"). Appropriate use of the structural funds has been also called for in order to curb growing disparities and achieve greater cohesion. The idea to start an "Hippocrates" exchange programme was also suggested as a means to support the mobility of doctors for training purposes.

In regard to mobility and training, the UEMS is also concerned that national retention strategies sometimes aim at reducing national training standards to prevent doctors from moving and supports the recommendations of the European Health Policy Forum on the mobility of health professionals.

As regards global migration in particular, the UEMS fully supports the development of an EU-wide set of principles for the recruitment of health professionals from developing countries in order to reduce the negative impact of migrant flows on vulnerable healthcare systems.

WHAT WOULD HEALTHCARE PROFESSIONALS BE WITHOUT PROPER EDUCATION AND TRAINING?

Education and Training at all stages of the medical life: key components to sustain doctors' knowledge, skills and professionalism

Education and training are vital components in creating a modern, efficient health workforce. Investment must be channelled into activities increasing the quality of training for medical students and trainees at both undergraduate and postgraduate level throughout the EU. Lifelong learning and continuous professional development (CPD) must be enshrined in the EU health workforce in order to ensure that doctors have up-to-date professional skills and are knowledgeable about the latest treatments and developments in medical technology.

Undergraduate medical studies

As regards undergraduate education, the Bologna Process is relevant when considering education and training in the context of creating a modern, efficient health workforce. Whilst welcoming the Bologna Process as an opportunity to improve quality assurance and promote mobility of EU students, the UEMS is concerned that it may have particular undesired impacts on medical education in some of the Member States. The introduction of a harmonised three cycle system presents specific problems for medical education with impacts on workforce planning and the flexibility of the medical degree. It may also have financial implications for medical students and could lead to the fragmentation of learning. The UEMS does not want the Bologna Process to result in a potentially fragmented medical degree which may challenge the integrity of the final medical qualification.

Postgraduate Training

As already mentioned, the UEMS has been active in developing harmonised standards for postgraduate training in each of the medical specialties. This harmonisation was summarised in the UEMS Charter on Specialist Training[1]. The UEMS is eager to achieve endorsement by and within Member States of the training curricula it developed at the European level. These training programmes precisely aim at harmonising training to the highest standard and thereby ensure the highest qualification and fitness to practice for those doctors and medical specialists moving across borders. Raising professional qualifications improves the quality of health outcomes and ensures patient safety. On the contrary, lack of harmonisation in training of medical doctors is likely to result in significant differences and potential discrepancies in healthcare standards across Europe.

This is why the UEMS will soon be launching the European Accreditation Council for Postgraduate Training (EACPGT). This platform will aim at achieving this grass-root deployment of harmonised training programmes through an increased collaboration between the UEMS Specialist Sections and European Boards and the national authorities in charge of this issue. The particular aspects of training which will be dealt with encompass the whole spectrum of doctors' professional life after graduation:

- Knowledge: to be assessed mainly by MCQs
- Skills: to be evaluated by different techniques, among which "DOPS" (direct observation of practical skills) and other techniques of assessment[2]
- Professionalism: encompass publications, research activities and participation to CME-CPD

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[1] *See notably the UEMS Charter on Training of Medical Specialists in the European Community (http://admin.uems.net/uploadedfiles/906.pdf)*

[2] *See also the UEMS Policy Statement on Assessments during Postgraduate Medical Training (http://admin.uems.net/uploadedfiles/801.doc)*

Faced with the need to achieve concrete outcomes in this regard, the UEMS is keen to initiate and run this project and calls on the Commission and Member States to support its efforts in getting adherence from all partner organisations and relevant bodies or authorities.

Continuing Medical Education and Professional Development, the physicians' commitment to lifelong learning

The model proposed for the EACPGT is based on an existing platform established by the UEMS in 2000 for the purpose of granting European accreditation to CME-CPD activities targeted at doctors, the European Accreditation Council for Continuing Medical Education (EACCME). This mechanism bridges the national accreditation authorities of European countries and the UEMS Sections and Boards in order to:

- assess and certify the quality of CME-CPD events
- allow participants to these events to get the recognition of the CME CPD gained in another country once back home

The UEMS was encouraged to gain recognition of this initiative from the European Commission[1] and looks forward to continuing close cooperation with the Commission and Parliament to ensure that high standards of CME-CPD for all European doctors are achieved. The EACCME has indeed proven to be a beneficial mechanism to allow European doctors to move across countries in order to more easily benefit from international CME-CPD which is of high quality thanks to the transfer of CME credits. The EACCME thereby also allows doctors to access updates in medicine and human science which are of relevance to their clinical work.

The lifelong knowledge and skill renewal: an ethical commitment

The opportunity to compel doctors to undergo CME-CPD on a regular basis is often debated in various circles, including within the medical profession itself. As there is no evidence that making CME-CPD compulsory is likely to improve health outcomes, the UEMS considers that CME-CPD are part of the ethical and moral obligation of each individual medical specialist and should therefore remain a voluntary responsibility[2]. Different kinds of incentives have been developed at the national levels to encourage or oblige doctors to follow CME-CPD. The various national situations have been extensively presented and detailed within the UEMS publication "CME-CPD in Europe – Development and Structure"[3].

General recommendations from the medical profession

The UEMS generally supports the CPD consensus statement which was signed by the European medical organisations in 2006[4] and encourages the European Commission to incorporate the key elements of this statement in any future legislation on the EU health workforce. Sufficient time, adequate learning and professional environment as well as appropriate funding for CME-CPD of physicians must notably be ensured by the health care system, especially when it comes to the CME-CPD requirements which are implemented by legislative acts. Incentives and rewards should be provided both to physicians-learners as well as to trainers or mentors.

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[1] *http://admin.uems.net/uploadedfiles/1050.pdf*
[2] *See UEMS Charters on CME (http://admin.uems.net/uploadedfiles/174.pdf) and CPD (http://admin.uems.net/uploadedfiles/35.pdf)*
[3] *The full printed publication is available upon request. For an insight see http://admin.uems.net/uploadedfiles/1029.pdf*
[4] *For the full text of the Consensus Statement, see http://admin.uems.net/uploadedfiles/803.pdf*

Furthermore, the UEMS welcomes all suggestions aiming to increase training capacities across Europe but is also concerned with the quality of medical schools, teaching hospitals and training centres. For that purpose, the UEMS has developed guidance and criteria for the visitation of training centres. The UEMS has already managed to increase standards in certain centres thanks to this Charter and is keen to share its documents and expert-knowledge with the European Commission for greater action in this regard.

What do doctors need to know?

Beside the development of general postgraduate training programmes which was addressed above, the inclusion of particular issues into training curricula has to be considered. General predictions in regard to particular training needs are difficult to make, as these can vary greatly between countries in relation to local needs and/or national legal requirements. However, a certain number of "global" needs where particular action should be undertaken were identified. Training was namely deemed as needed in:

- Methods of assessment and monitoring of standards of care, such as clinical governance, audit and an evidence-based approach to practice
- General management skills
- Communication and new technologies
- Health advocacy, economics and literacy
- Health promotion, prevention and screening
- Health threats, e.g. communicable diseases and climate change
- Evolving healthcare patterns, bearing in mind societal changes such as the ageing of population
- Ethics
- Opportunity and added value of medical interventions to the individual patient as well as the society in general
- Research[1]

The UEMS appreciates the concern from the European Commission to pay particular attention to the special needs of people with disabilities. The UEMS too advocates that they should receive care of the same quality as non-disabled patients and specialist health services adequate to their needs.

The UEMS strongly recommends to incorporate the abovementioned items not only into undergraduate or postgraduate training but also into CME-CPD in order to achieve concrete consideration of these issues by all practicing specialists and improved outcomes.

At the same, the UEMS insists that the medical profession remains the driver in defining its own training needs. To that end, greater support and recognition from responsible authorities is needed. Grass-root implementation of training programmes is also sought from Member States in order to achieve a wide implementation of these across Europe. As already mentioned, the UEMS considers this can be achieved through the establishment of its EACPGT and reiterates its request for support from the European Commission and the Member States in getting adherence from all partner organisations and relevant bodies or authorities.

[1] *In this respect, all aspects of conducting research programmes should be encompassed, including administrative aspects. Application to EU grants should also be facilitated as the current complexity is seen as a real deterrent to many research groups.*

WHAT WOULD HEALTHCARE PROFESSIONALS BE WITHOUT PROPER EDUCATION AND TRAINING?

CONCLUSION

The UEMS supports that Education and Training are vital components at all stages of the medical life in order to sustain a doctor's knowledge, skills and professionalism.
In this respect, the UEMS:

- ***Welcomes the Bologna Process, in the general context of undergraduate medical studies, as an opportunity to improve quality assurance and promote mobility of students, but warns against particular undesired impacts on medical education in some of the Member States.***
- ***Has been active in developing harmonised standards for postgraduate training in each of the medical specialties and that is eager to achieve endorsement by and within Member States of the training curricula it developed at the European level in the framework of its forthcoming new platform, the European Accreditation Council for Postgraduate Training (EACPGT).***
- ***Established the European Accreditation Council for Continuing Medical Education (EACCME) as a mechanism for the purpose of granting European accreditation to CME-CPD activities targeted at doctors. In this regard, the UEMS considers lifelong knowledge and skill renewal as an ethical commitment that should remain a voluntary responsibility.***

The UEMS looks forward to continuing close cooperation with the Commission and the European Parliament in order to ensure that high standards of medical training for all European doctors are achieved at all stages of their lives. For that purpose, the UEMS defends the recommendations of the European Medical Organisations' 2006 Consensus Statement on CPD and encourages the Commission to incorporate the key elements of this statement in any future legislation on the EU health workforce.
The UEMS also identified a certain number of priorities which should be taken into consideration in defining the training needs of medical specialists, as well as doctors and other healthcare professionals as a whole. In doing so, the UEMS supports that the medical profession should remain the driver of its own training needs.

AGEING POPULATION AND SHIFTING HEALTHCARE PATTERNS

The European Commission as well as other international institutions have produced a number of studies and publications to analyse this societal trend and provide recommendations to decision-makers to anticipate and, to a lesser extent and where possible, take advantage of this rising phenomenon.

In medical terms, the most important implications of an ageing European population for healthcare professionals will be the change in the healthcare patterns and needs, with a greater prevalence of long-term care and treatment of severe disabilities and chronic conditions, which all require higher degrees of expertise, skills and resources. There is hence a need to adapt the current organisational models to take this shift into consideration. At the same time, older patients often are affected by multiple pathologies, resulting in interactions of diseases and their management and also acute care needs. Other consequences could also encompass differentials in the number of hospital beds available for acute illness or surgery.

Combined with decreasing staffing, this tendency is creating room to develop collaborative care with greater delegation to other categories of personnel for procedures which do not require highly trained professionals. As already stated, this delegation should be done under adequate supervision.

As regards medical specialties, consequences in terms of healthcare provision are already felt among all specialities and not only geriatrics as one would have expected (beside paediatric fields, as a matter of fact). Aged patients usually suffering from multiple conditions create a need to refer them to different departments while ensuring an appropriate degree of coordination between them. In this regard, good initiatives have already been developed, such as the use of Electronic Health Records, in order to facilitate that necessary integration of caring teams. With the likely increase of referred old patients, all medical specialties will have to adapt their healthcare patterns accordingly, and ultimately integrate these aspects in their training.

The UEMS supports the development of all initiatives that aim to integrate this societal trend into all aspects of healthcare, from “classroom to bedside”. While further initiatives at EU level would naturally be beneficial, there is a need to also focus on national actions which often are best able to meet local needs. EU action could notably achieve real added value in initiatives such as support to EU-wide awareness-raising campaigns, professional information sharing or deployment of e-Health and telemedicine for the purpose of improving healthcare outcomes and developing integrated healthcare.

The UE could take initiatives to increase the value and support of medications and other medical interventions with positive effects upon quality of life as opposed to prolonged survival in chronic disabling incurable diseases. New parameters should be sought for assessing value of medication as a basis for their approval and financial support: Quality of life, QALYs (quality adjusted life years), or Trade-offs. In this respect, the UEMS welcomes the recent publication by the Commission of the report “Healthy Life Years in the EU”.

AGEING POPULATION AND SHIFTING HEALTHCARE PATTERNS

CONCLUSION

The most important implications of an ageing European population for healthcare professionals will be the likely changes in healthcare patterns and needs, and the consequent need to adapt the current organisational models to take this shift into consideration.
This tendency, combined with the decreasing staffing, will create room to develop collaborative care with greater delegation to other categories of personnel for procedures which do not require highly trained professionals. This should be achieved under strict conditions.
With the likely increase of old patients, many with co-morbidities, the UEMS believes that all medical specialties will have to adapt their healthcare patterns accordingly, and ultimately integrate these aspects in their training.
The UEMS supports the development of all initiatives that aim to integrate this societal trend into all aspects of healthcare, from 'classroom to bedside'. Attention should be paid in particular to national actions which often are best able to meet local needs, while further initiatives at EU level would naturally be beneficial.
The UEMS also eventually supports that the EU could take initiatives to increase the value and support of medications and other medical interventions with positive effects upon quality of life as opposed to prolonged survival in chronic disabling incurable diseases.

NEW TECHNOLOGIES TO SUPPORT DOCTORS IN DELIVERING BETTER HEALTHCARE

The UEMS welcomes the introduction of new technologies where they have a proven benefit for both patients and professionals. Increased use of telemedicine and e-Health have the potential to transform healthcare provision yet also entail possible problems regarding patient safety and confidentiality. As a whole, the UEMS looks forward to the forthcoming European Commission guidelines and framework on both telemedicine and e-Health which should ensure that these concerns are resolved satisfactorily. The UEMS generally considers that:

- ICT should only be implemented under the condition that it supports and benefits medical work and is adjusted to the needs of patients and health professionals.
- Patients and healthcare professionals must be the main beneficiaries of any type of e-health or telemedicine applications. As a consequence, the European Commission and national governments must ensure that the implementation of new technology in health care is not driven by market forces and the economic interest of the ICT industry.

The development and deployment of new technologies have been dealt with in other EC documents such as the EC Communication on Telemedicine[1]. The UEMS welcomed these as they addressed particular aspects in relation to this issue and was particularly pleased by the good and transparent collaborative approach followed by the Commission in elaborating these documents. As it trusts that this is likely to bring the highest level of efficiency and adherence, the UEMS supports the Commission to continue with this kind of approach in all current and future initiatives.

However, the UEMS calls on the European Commission and the Member States to bring further clarity on some of these items:

- Involvement from stakeholders, and healthcare professionals in particular, in all stages of the development of ICT tools for health should be systematic in order to develop applications which are fully for purpose in the medical or clinical field.
- The real added value of ICT tools in health should be continuously demonstrated in order to build up adherence and trust from professionals.
  The UEMS therefore calls on European and national authorities to ensure diffusion of transparent and reliable information towards patients and healthcare professionals to expose the opportunities and limitations in the use of ICT technologies in healthcare. Suitable training of doctors and other health professionals is also vital in the process of implementation of these technologies in order to make the best use of new technology.
- European and national regulatory frameworks should be revised and adapted to genuinely deal with the use of these new technologies both at national and cross-border levels and bring legal certainty namely as regards the professional responsibility in the use of such technologies.
  The UEMS supports the European Commission's intent to address this issue and calls on the Member States to provide its support and effectively collaborate in order to achieve the necessary legal security for healthcare professionals across Europe.
- The use of e-Health and telemedicine services:
  - adhere to the same professional medical quality and safety standards as those in use for non-electronic healthcare provision.
  - offer adequate protection to patients, notably through the introduction of appropriate regulatory requirements for practitioners identical to those in use for non-electronic healthcare provision.

  The UEMS formulated proposals to incorporate these concerns into the draft directive on patient's rights in cross-border healthcare[2]. The UEMS is encouraged that these proposed amendments were endorsed by the European Parliament's committee on health and looks forward to their formal adoption by the EP later this month.

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[1] *COM(2008)689, see http://admin.uems.net/uploadedfiles/1268.pdf*
[2] *COM(2008)414, see http://admin.uems.net/uploadedfiles/1218.pdf*

NEW TECHNOLOGIES TO SUPPORT DOCTORS IN DELIVERING BETTER HEALTHCARE

CONCLUSION

The UEMS welcomes the introduction of new technologies where they have a proven benefit for both patients and professionals. It also generally considers that ICT should only be implemented under the condition that it supports and benefits medical work and is adjusted to the needs of patients and health professionals, and that patients and healthcare professionals must be the main beneficiaries of any type of e-health or telemedicine applications.

The UEMS also calls for further clarity to the following issues:

- ***Involvement from stakeholders, and healthcare professionals in particular, in all stages of the development of ICT tools for health should be systematic.***
- ***The real added value of ICT tools in health should be continuously demonstrated. The UEMS further believes that suitable training of doctors and other health professionals is also vital in the process of implementation of these technologies.***
- ***European and national regulatory frameworks should be revised and adapted to genuinely deal with the use of these new technologies both at national and cross-border levels and bring legal certainty.***
- ***The use of e-Health and telemedicine services should adhere to the same professional medical quality and safety standards as those in use for non-electronic healthcare provision, and offer adequate protection to patients.***

WHAT CONCRETE ACTION TO SUPPORT HEALTHCARE PROFESSIONALS?

From the UEMS standpoint, imperative and immediate action is required on a certain number of fields, such as exposed above. These notably include the revision of Directives 2005/36/EC and 2006/100/EC on the recognition of professional qualifications. (see above)

The UEMS welcomed with interest the idea presented in the Green Paper to establish a European Observatory. This body could certainly be empowered with responsibilities such as the collection of reliable, comparable and easily available data to monitor flows and availability of healthcare workforce and support evidence-based decision-making both at national and EU levels. The UEMS has been surprised and concerned by the lack of consistent data relating to healthcare professionals at the European level as even well-established EU agencies such as Eurostat has proved to be unable to provide steady figures. Major difficulties in data collection notably relate to a lack of harmonisation between countries as regards the methodology or terminology used. The UEMS though cautions that the collection of such data must not lead to a disproportionate administrative burden.

Data collection will also allow properly planning the allocation of workforce and anticipating needs and their necessary solutions. As suggested, the medical population in the different specialties varies greatly across countries and specialties. Uncontrolled increase of specialists in certain disciplines, requiring minimum workload to remain competent may deteriorate the quality of medical services. At the same time, shortages in certain disciplines can create mounting difficulties in the general provision of healthcare.

The UEMS was equally satisfied with the suggestion to create a platform of exchange for healthcare professionals. This could indeed prove to be helpful to doctors in their clinical work. The UEMS sees great opportunity in this regard, notably in linking its future own e-platform for medical training to such a tool. The UEMS also trusts that issues linked to the liability of users will be timely and genuinely addressed.

The UEMS mildly welcomed the comments raised in the Green Paper as regards entrepreneurship in healthcare. While it encourages the increase of healthcare provision as a whole, including through this idea, the UEMS would like to make clear that health services, due to their specific nature, have a particular position within professional services, such as recognised by the European Parliament when examining the directive on services in the internal market[1]. Market forces and promotional activities, which play a major role in other areas, are and should remain of minor importance in the field of health care, as the provision of medical services cannot be compared to ordinary consumer goods. In the health care system more than in any other business, it must be guaranteed that the exercise of the medical profession remains free from any non-professional, purely economic influences. Each and every doctor is personally responsible to his patients that his acts are based exclusively on medical criteria, and are not determined by economic third party interests.

[1] *Directive 2006/123/EC, see http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32006L0123:FR:NOT*

WHAT CONCRETE ACTION TO SUPPORT HEALTHCARE PROFESSIONALS?

CONCLUSION

The UEMS considers that imperative and immediate action is required on a certain number of those fields expressed above, and that notably includes the revision of Directives 2005/36/EC and 2006/100/EC on the recognition of professional qualifications.
The UEMS also welcomed the idea of establishing a European Observatory, as it believes that major difficulties in data collection notably relate to a lack of harmonisation between countries as regards the methodology or terminology used, and cautions that the collection of such data must not lead to a disproportionate administrative burden.
The UEMS supports that data collection will also allow properly planning of the allocation of the workforce and therefore anticipate needs with their necessary solutions.
The UEMS was also satisfied with the suggestion to create a platform of exchange for healthcare professionals, and sees great opportunity in this regard, notably in linking its future own e-platform for medical training to such a tool.
The UEMS welcomed the comments raised in the Green Paper as regards entrepreneurship in healthcare, although it make it clear that health services have a particular position within professional services, and it must be guaranteed that the exercise of the medical profession remains free from any non-professional purely economic influences for profit.

CONCLUDING REMARKS

By and large, the UEMS welcomes all initiatives directed at ensuring better working conditions for health professionals and in particular at increasing staff motivation and morale. Securing attractive working conditions is key to keep healthcare staff morally fit for practice and avoid situations of stress, depression and burn-out. A few recommendations were notably formulated to improve the attractiveness of the whole medical profession.

Professional mobility has always been a major component of medical specialists' professional life. The UEMS is committed to this principle, provided that genuine training standards are respected and the quality of care is thereby preserved.
This is why the UEMS calls for the necessary revision of Directives 2005/36/EC and 2006/100/EC to:

- Update the provisions on medical specialist training in regard to standards of modern medicine
- Integrate the concept of competence-based education and training, and namely include the notion of particular competences
- Implement the obligation for medical regulators to systematically share information on doctors' fitness to practice

At the same time the UEMS is concerned by the fact that mobility is also at the origin of severe disparities between European countries and/or regions which are unable to offer an equal and decent access to healthcare to their citizens ("brain drain").

Appropriate use of the structural funds was also called for in order to curb growing disparities and achieve greater cohesion. The idea to start an "Hipokrates" exchange programme was also suggested as a means to support the mobility of doctors for training purposes.

The UEMS supports that Education and Training at all stages of the medical life are vital components to sustain doctor's knowledge, skills and professionalism. This is why the UEMS established the EACCME and will soon be launching the project of EACPGT. The UEMS looks forward to continuing close cooperation with the Commission and the European Parliament in order to ensure that high standards of medical training for all European doctors are achieved at all stages of their lives.

This appears to be even more important in view of the implications of an ageing European population. These will notably encompass, for healthcare professionals, changes in the healthcare patterns and needs, and the consecutive need to adapt the current organisational and training models to take this shift into consideration.

The UEMS welcomes the introduction of new technologies where they have a proven benefit for both patients and professionals. It also generally considers that ICT should only be implemented under the condition that it supports and benefits medical work and is adjusted to the needs of patients and health professionals, and that patients and healthcare professionals must be the main beneficiaries of any type of e-health or telemedicine applications.

The UEMS also supports additional initiatives such as: a European Observatory for Healthcare Workforce, improved and standardised data collection, platform for knowledge exchange, etc.