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# **UEMS GUIDE**

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

**GUIDING QUESTIONS on the EC GREEN PAPER (COM(2008)725)**

Submitted to the UEMS Specialist Sections & Boards Meeting organised  
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## BACKGROUND INTRODUCTION

On 10 December 2008, the European Commission adopted a Green Paper on the EU Workforce for Health. The Green Paper has been produced in response to the observed need for a strategy in resolving many issues presenting the European health workforce and is intended to launch a consultation on these issues. This serves as an opportunity for those working in the field of healthcare to debate the problems and solutions to the problems identified in the Green Paper.

This questionnaire was elaborated to help you to provide a framework on which to structure some thoughts about the topics raised. The UEMS Executive and Brussels Office will draft a contribution to the consultation, with a particular emphasis being given to the issues pointed to in the responses to these guiding questions.

The Green Paper pursues two main objectives:

1. Describe and increase the visibility of the issues of availability, mobility, training etc..., of the European health workforce
2. Discuss possible actions & ideas and initiate a debate at EU level

The Commission's Green Paper spells out nine key factors that currently and will, in the future, impact on the European health workforce:

### Key factors

### Green Paper Sections

1. Demography and the sustainability of the health workforce	Section 4.1	p. 5
2. Public health capacity	Section 4.2	p. 7
3. Training of health professionals	Section 4.3	p. 8
4. Mobility of the health workforce in the EU	Section 4.4	p. 9
5. Global migration of the health workforce	Section 4.5	p. 10
6. Data to support evidence based policy decisions	Section 4.6	p. 11
7. Impact of new technology	Section 5	p. 13
8. Entrepreneurship in the health workforce	Section 6	p. 13
9. Cohesion policy (Structural Funds)	Section 7	p. 14

Each section contains a short description of the issue followed by guiding questions. The questions mirror the sections and the **'influencing factors and possible areas for action'** spelled out within the Paper.

## **1. Demography and promotion of a sustainable health workforce (Section 4.1, p. 5)**

### **SHORT DESCRIPTION**

People in Europe are living longer and generally in better health. The increasingly ageing population is putting a strain on health systems with more and more chronic diseases and severe disabilities requiring long term treatment as well as an increasingly ageing workforce.

The Green Paper suggests dealing with the problems posed by the long term care management aspects of chronic disease and greater disability due to demographic change with two main actions:

- Organising chronic disease management practices
- Providing long-term care provision close to home or in a community setting

### **QUESTIONS**

***1.1. Will these actions be enough to provide for better and more effective long term care?***

***1.2. Would action at EU level be beneficial for the organisation and provision of long term care or should this remain the domain of Member States? What EU action, if any, could compliment national initiatives?***

Due to the ageing and shrinking workforce, the Green Paper suggests ensuring increased intake and better distribution of staff. Suggestions in the Commission Green Paper to facilitate this are as follows:

- Providing for a more effective deployment of the available health workforce
- Beginning recruitment and training campaigns, in particular to take advantage of the growth in the proportion of over-55s in the workplace and those who no longer have family commitments
- Implementing "return to practice" campaigns to attract back those who have left the health workforce
- Promoting more social and ethnic diversity in recruitment

Raising awareness in schools large range of careers in the health and care sectors

### **QUESTIONS**

***1.3. Do you agree that these actions are necessary? Are there further actions needed to ensure and improve working conditions for health professionals in the EU?***

***1.4. Is there enough evidence to suggest that the above measures will be effective in adapting to the demographic changes to the workforce, encouraging intake and allow better distribution of staff?***

***1.5. In order to increase the size of the health professional workforce, staff numbers will have to grow, where will these workers come from?***

***1.6. Is an increased immigration in Europe a good way to increase the size of the health workforce?***

**1.7. Are there any other ways of improving distribution, retention and intake of staff in the caring professions, e.g.**

- a) Providing better pay?**
- b) Making the caring professions more attractive?**
- c) Providing better career prospects in the care professions: skills escalators?**

**1.8. What would be an appropriate balance between informal care and professional support?**

## **2. Public health capacity (Section 4.2, p. 7)**

### **SHORT DESCRIPTION**

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 more preventative medicine and health promotion. Health in the workplace must also play an important role in ensuring public health.

In order to promote a public health workforce, including strengthening capacity for screening, health promotion and disease prevention, the Green Paper suggests:

- Collecting better information about actual and potential population health needs in order to plan the future development of the public health workforce
- Promoting scientific vocations in schools by highlighting career options in lesser known public health jobs (biologists, epidemiologists, etc...) will become key

### **QUESTIONS**

**2.1. How would you improve the capacity for public health in the EU and do you believe this will have advantages for the public health workforce of the EU?**

**2.2. Do we need more public health staff or do we need more effective deployment of the current staff? Would integrating public health staff into other settings e.g. Nurses in schools, prisons, workplaces etc... be effective?**

**2.3. How can the visibility and importance of public health and the public health workforce be increased?**

**2.4. Should we be relying on particular staff to provide the public health function or should we be embedding public health education into every level of health professional training and specialisation? Could this result in a health professional/health advocate role, Health Professionals as 'promoters of health' as well as 'curers and carers'?**

**2.5. Should public health be embedded into primary care and the training of primary care staff (general practitioners, pharmacists, primary care nurses etc...), for early catchment of population based health problems and for health advocate role of primary care?**

**2.6. Are there issues that remain unconsidered?**

In order to help to improve the health of the workforce at large, the Green Paper suggests that it is necessary to give the European Agency for Safety and Health at Work (OSHA)<sup>1</sup> more visibility in Member States by publicising its existence directly at workplaces. Promoting the work of occupational health physicians and giving incentives to doctors to join this area will help to increase the health of the workforce.

## QUESTIONS

**2.7. Should the Commission be promoting workplace health through OSHA or are national occupational health agencies a better channel for this information and training?**

**2.8. Are there issues that remain unconsidered?**

## 3. Training (Section 4.3, p. 8)

### SHORT DESCRIPTION

In order to facilitate a potential influx (from better recruitment etc...) and mobility of staff in the European workforce, high quality training is needed to ensure safe, high quality care. New technologies and skills ensure an ever-changing healthcare environment and training must be both flexible and robust enough to meet these demands

The Green Paper attempts to address some of training needs as follows:

- Ensure training takes into account the special needs of people with disabilities.
- Direct some attention to health professionals' continuous professional development (CPD) Updating professional skills improves the quality of health outcomes and ensures patient safety
- Develop training courses to encourage the return to the workforce of mature workers
- Provide management training for health professionals
- Developing possibilities for providing language training to assist in potential mobility

The Green Paper suggests that potential for the EU to add value in this area could come from:

- Fostering cooperation between Member States in the management of *numerus clausus* for health workers and enabling them to be more flexible
- Creating an EU mechanism e.g. an Observatory on the health workforce which would assist Member States in planning future workforce capacity, training needs and the implementation of technological developments

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1 <http://osha.europa.eu/en>

## QUESTIONS

**3.1. Do you agree with the training needs observed by the Green Paper? Are there any extra issues that should be considered?**

**3.2. Should training only take into account people with disabilities or should it also consider:**

- a) Ethnicity?
- b) Gender?
- c) Socio economic status?
- d) Other social and biological determinants of health?

**3.3. Do we need to establish why mature workers are leaving? Could there be another role for them:**

- a) As mentors?
- b) Involved with training?

**3.4. Should we be looking at mandatory re-assessment of health professionals and do more than "direct some attention" towards CPD?**

**3.5. Would standardisation of training across the EU aid positive outcomes in the areas of:**

- a) Quality and safety?
- b) Nomenclature and terminology?

**3.6. Should primary care givers and other supporting health professionals such as pharmacists be trained in public health and health promotion to become 'promoters of health' as well as 'curers and carers?'**

**3.7. How would you see the role of the EU, Member States and civil society organisations in training, or the promotion of training, of the health workforce?**

## **4. Managing mobility of health workers within the EU (Section 4.4, p. 9)**

### SHORT DESCRIPTION

Mobility of workers is a right enshrined in the EC treaty<sup>2</sup> and with the EU Directive<sup>3</sup> on the mutual recognition of professional qualifications. Workers move for many reasons and deficits appear when they do as there is no one to fill the gap. Sometimes workers are trained and then leave the country almost immediately, poor retention is a serious problem in many Member States.

The Green Paper suggests that these shortages and poor retention of health workers may be combated by:

- Fostering bilateral agreements between Member States to take advantage of any surpluses of doctors and nurses

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

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

- Investing in training and the recruitment of sufficient health personnel to achieve self-sufficiency at EU level
- Encouraging cross-border agreements on training and staff exchanges, which may help to manage the outward flow of health workers while respecting Community law.
- Promoting "circular" movement of staff (i.e. staff moving to another country for training and/or to gain experience, and then returning to their home countries with additional knowledge and skills)
- Creating an EU-wide forum or platform where managers could exchange experiences and best practice

## QUESTIONS

**4.1. Do you think that these measures sufficiently address the issues around mobility?**

**4.2. Would bi-lateral payment and training schemes between countries that have large scale movement of health workers between them help to address problems associated with mobility?**

**4.3. How can the skills gaps between different EU countries be addressed:**

- a) Identify the skill gaps?**
- b) Create an EU wide mechanism to meet the gaps?**
- c) Best practice exchange?**

**4.4. How can mobile and migrant health workers be properly integrated into the workforce while maintaining high quality, safe care? Could providing support services for non-native nationals be instrumental in reducing adverse incidents?**

**4.5. What role can civil society play in ensuring that migrant workers in the health community are properly supported?**

**4.6. How can we ensure quality and safety in healthcare in an increasingly mobile Europe?**

**4.7. How can the language competencies and needs be met in an increasingly mobile Europe?**

**4.8. Are there any issues that have not been considered?**

## **5. Global Migration of Health Workers (Section 4.5, p. 10)**

### **SHORT DESCRIPTION**

The shortage of health workers reaches far beyond the borders of the EU, developing countries often find a strain put on their health systems by workers migrating to richer countries in search of better pay and greater quality of life. EU's policies in this area have important implications around the world.

The Green Paper proposes that a first step in trying to combat the issues raised of global migration of health workers would be to:

- Put in place a set of principles to guide recruitment of health workers from developing countries and introducing methods for monitoring

- Support the World Health Organisation<sup>4</sup> in its work to develop a global code of conduct for ethical recruitment
- Stimulate Bilateral and Plurilateral agreements with source countries and introducing methods for monitoring circular migration

## QUESTIONS

**5.1. Do you agree that the above issues can be addressed in this way?**

**5.2. Are these measures enough to prevent 'brain drain' from developing countries?**

**5.3. How can we improve policies to increase domestic supply and retention of workers?**

**5.4. What more solid instruments could be put in place to ensure ethical recruitment and greater retention of staff in the EU, thus preventing the need for staff from third countries?**

**5.5. Are there other elements to the debate that have not been accounted for?**

## **6. Data to support decision-making (Section 4.6, p. 11)**

### SHORT DESCRIPTION

With a large amount of health professionals moving in and between countries, up-to-date information is hard to come by, so in order to address these problems we need to be able to collect better information. Quite clearly current systems of data collection are not effective enough.

The Green Paper suggests that actions at EU level could involve:

- The harmonisation or standardisation of health workforce indicators
- Setting up of systems to monitor flows of health workers
- Ensuring the availability and comparability of data on the health workforce, in particular with a view to determining the precise movements of particular groups of the health workforce

## QUESTIONS

**6.1. Do you agree that better data systems are necessary and must be developed?**

**6.2. Would this be possible without serious issues of interoperability?**

**6.3. Could there be a role for civil society in collection and coordination of data throughout Europe? Could this encourage interoperability of data collection?**

**6.4. Are there any issues with data collection that have been omitted?**

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<sup>4</sup> [www.who.int](http://www.who.int)

## **7. The impact of new technology (Section 5, p. 13)**

### **SHORT DESCRIPTION**

New technologies should help the advancement of healthcare. Staff must be trained to use new technologies that are being developed all the time. These technologies could help us deal with the problems of demography and mobility etc....

The Green Paper recommends tackling the issues posed by new technologies by:

- Ensuring suitable training to enable health professionals to make the best use of new technologies
- Taking action to encourage the use of new information technologies
- Ensuring inter-operability<sup>5</sup> of new information technology
- Ensuring better distribution of new technology throughout the EU

### **QUESTIONS**

**7.1. What concrete actions can be taken to ensure that new technologies are accepted while ensuring quality, safety and usability?**

**7.2. Does the introduction of new technologies such as telemedicine<sup>6</sup> enable better care from a distance or does it breakdown traditional methods of healthcare?**

- a) How can we ensure that we do not replace 'face to face' with technology?**
- b) How can we balance 'efficiency with personality'?**

**7.3. Can we be sure that new technologies support the health workforce and do not overburden/add new demands to an already over-stretched workforce?**

**7.4. How can new technologies be implemented so that they support the informal sections of the workforce:**

- a) Informal/family carers?**
- b) Incidental health workers (people involved with child care, teachers etc...)?**
- c) Emergency first aid givers (workplace, schools etc...)?**

**7.5. How can we ensure that when these technologies are introduced the quality of care does not fall?**

**7.6. Could setting up a platform for exchange of best practice be useful at EU and national level?**

**7.7. Are there any other techniques or possibilities for areas of action on this issue?**

**7.8. Not all health professionals in Europe will have the capacity to use the same technologies, how can we ensure that minimum requirements for technologies do not outgrow those Member States that cannot implement the minimum requirement?**

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5 Inter-operability is the problem of ensuring than one electronic system can interact with another, be that country to country, hospital to hospital or department to department so that information can be transferred without re-formatting, for more information visit the EPSOS website: <http://www.epsos.eu/>

6 Telemedicine is an application of medicine where clinical information is transferred between clinician and patient or between clinicians via telephone, Internet or other networks for consultation and sometimes remote medical procedures or examinations.

## **8. The role of health professional entrepreneurs in the workforce (Section 6, p. 13)**

### **SHORT DESCRIPTION**

Health Professionals often work as entrepreneurs, running their practices or medical centres, the Commission policies surrounding small and medium size enterprises (SMEs) can impact on the amount of support available to these entrepreneurs.

The Commission's Green Paper says that EU level action could encourage more entrepreneurs to enter the health sector in order to improve planning of healthcare provision and to create new jobs. By examining the barriers to entrepreneurial activity in the health sector the EU could provide some much needed support to SMEs working in health and could help to foster growth in the sector.

### **QUESTIONS**

***8.1. Is this a good way to promote growth in the health sector?***

***8.2. Would encouraging entrepreneurship result in better health outcomes, or are entrepreneurship, innovation and demand driven solutions positive outcomes of a system that encourages and challenges its workforce?***

***8.3. Can entrepreneurship be encouraged by tax breaks and incentives to SMEs or is it better encouraged by a motivated and challenged workforce that is free to and challenge the existing paradigms?***

***8.4. Should entrepreneurship be used as a tool to develop health services or should it be a positive result rather than a tool?***

***8.5. Are there other elements to the debate that have not been accounted for?***

## **9. Cohesion Policy (Section 7, p. 14)**

### **SHORT DESCRIPTION**

Structural Funds<sup>7</sup> can be used to develop a 'healthy health workforce.' The effective use of €5.2 billion could greatly contribute to the infrastructure and health of the European health workforce.

The Green Paper states that making more use of the support offered by Structural Funds to train and re-skill health professionals would go a long way to resolving the issues of retention and gaps in skills. Improving the use of the Structural Funds for the development of the health workforce and enhancing the use of Structural Funds for infrastructures to improve working conditions would benefit the workforce and healthcare generally.

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<sup>7</sup> At present, four Structural Funds allow the European Union to grant financial assistance to resolve structural economic and social problems: [www.ec.europa.eu/regional\\_policy/funds/prord/sf\\_en.htm](http://www.ec.europa.eu/regional_policy/funds/prord/sf_en.htm)

## **QUESTIONS**

**9.1. What use would increased availability of Structural Funds be to the improvement of the workforce?**

**9.2. Should Structural Funds be channelled into training and developing human capital?**

**9.3. What role could civil society have in ensuring public sector cooperation? How can civil society ensure the availability of Structural Funds to those sectors involved in training and improvement of working conditions?**

**9.4. Are there any issues that have not been considered here?**

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***Acknowledgement to the European Public Health Alliance (EPHA)***