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EU Green Paper Sheds Light on Healthcare Workforce: Summary of Key Issues

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Launched officially in December 2008, the European Commission's Green Paper on the EU Workforce for Health officially recognises the many challenges facing health systems in Europe. In this article, we summarise the key points of interest.

The Green Paper aims to describe the challenges faced by the EU health workforce common to all Member States. The second objective is to help identify where the Commission believes further action can be undertaken and to launch a debate on it.

What are the Main Issues?

1. Demography and the Sustainable Health Workforce

Life expectancy has increased consistently since the 1950s by around 2.5 years per decade. This is expected to continue. As the population ages, so does the workforce. Between 1995 and 2000, the number of physicians under 45 in Europe dropped by 20%, whilst the number aged over 45 went up by over 50%. As these staff approach retirement age there need to be sufficient recruits to replace them.

Possible Action Areas

- Assessing levels of expenditure on the health workforce;
- Ensuring better working conditions for health workers;
- Considering recruitment and training campaigns, in particular to take advantage of the growth in the proportion of over-55s in the workplace;
- Organising chronic disease management practices and long-term care provision closer to home or in a community setting;
- Providing for more effective deployment of the available health workforce;
- Considering "return to practice" campaigns to attract back former health workers;

- Promoting social and ethnic diversity in recruitment, and
- Raising awareness in schools of careers in health sectors.

2. Public Health Capacity

A range of diverse activities are needed to protect and improve the health of the general population, tackle inequalities, and address the needs of disadvantaged and vulnerable groups. Tasks include carrying out health impact assessments for service planning, prevention of diseases, health promotion and education, securing the blood supply, epidemiological surveillance, etc.

Possible Action Areas

- Strengthening capacity for screening, health promotion and disease prevention;
- 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 lesser known public health jobs;
- Giving the Agency for Safety and Health at Work (OSHA) more visibility in the Member States, and
- Promoting the work of occupational health physicians and giving incentives to doctors to join this area.

3. Training

Training capacity is an issue crucial to workforce planning. If more doctors and other staff are needed, more university places will need to be created and more staff to train them. This will require planning and investment. Member States will have to assess what types of specialist skills will be needed.

Possible Action Areas

- Ensuring that training courses take into account the special needs of people with disabilities;
- Focusing on health professionals' continuous professional development (CPD);
- Developing training courses to encourage the return to the workforce of mature workers;
- Providing management training for health professionals;
- Fostering cooperation between Member States in the management of numerus clausus for health workers and enabling them to be more flexible;
- Providing language training to assist in potential mobility, and
- Creating an EU mechanism on the health workforce to assist Member States in planning future workforce capacity, training needs and the implementation of technological developments.

4. Mobility of Health Workers Within the EU

Free movement of persons provides for the right of EU citizens to work in another Member State as an employee or civil servant. Directive 2005/36/EC provides for the recognition of professional qualifications in view of establishment in another Member State and in the provision of crossborder services. The Directive has also introduced a requirement for the competent authorities of the host and home Member States to exchange information regarding disciplinary action or criminal sanctions taken or any other serious, specific

circumstances.

Possible Action Areas

- Fostering bilateral agreements between Member States to take advantage of any surpluses of doctors and nurses;
- Investing to train and recruit sufficient health personnel to achieve self-sufficiency at EU level;
- Encouraging cross-border agreements on training and staff exchanges;
- Promoting "circular" movement of staff (i.e. staff moving to another country, and then returning to their home countries with additional knowledge and skills), and
- Creating an EU-wide forum or platform where managers can exchange experiences.

5. Global Migration of Health Workers

The EU has made a commitment to develop a Code of Conduct for the ethical recruitment of health workers from non-EU countries and to take other steps to minimise the negative impacts on developing countries resulting from immigration of health workers to the EU. A common immigration policy will include approaches to avoid undermining development prospects of third countries through, for example, exacerbating "brain drain", by instead promoting circular migration.

6. Data to Support Decision-Making

Data is needed on migration of healthcare workers. For example, the European Commission collects data on the decisions on recognition of qualifications that show movement to, or the intention to practice, in another Member State covered by the sectoral systems of recognition:

(http://ec.europa.eu/internal_market/qualifications/regprof/index.cfm.)

However, since there is no further information on whether the professional actually took up that post, these data can be used only as a proxy in the absence of more detailed information. Other data collected by EUROSTAT on numbers of health professionals relies upon what different Member States collect:

(http://ec.europa.eu/health/ph_information/dissemination/echi/echi_en.htm.)

In addition, an EU-supported OECD project on the migration of doctors and nurses in the OECD/EU-25 countries is underway and will in future look also at other health professionals.

Possible Action Areas

- Harmonising or standardising health workforce indicators;
- Setting up systems to monitor flows of health workers, and
- Ensuring the availability of data on the health workforce to determine the precise movements of particular groups.

7. New Technology & the Workforce

The introduction of new technology requires that health workers are properly trained, to use it. The Commission

communication on "Telemedicine for the benefit of patients, society and the economy" proposes a European framework to tackle some of these challenges.

Possible Action Areas

- 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 interoperability of new information technology, and
- Ensuring better distribution of new technology throughout the EU.

6. The Health Professional as “Entrepreneur”

Some health professionals work as entrepreneurs running their own practices or medical centres and employing staff. Commission policies to improve the business environment in Europe and to support and encourage entrepreneurship have an impact on these activities. The Small Business Act (SBA) is a key element in the EU's Growth and Jobs Strategy (Commission Communication "Think Small First –A Small Business Act for Europe" – COM(2008)394).

Possible Action Areas

- Encouraging more entrepreneurs to enter the health sector to improve planning of healthcare provision and create new jobs, and
- Examining the barriers to entrepreneurial activity in the health sector.

7. Cohesion Policy

Development of the EU health workforce is also linked to Cohesion Policy. Under the current legal framework it is possible to use Structural Funds to develop the health workforce. The Community Strategic Guidelines for Cohesion, which defines the priorities for the Structural Funds for the 2007 - 13 period, contains a section describing the aim to “help maintain a healthy labour force”.

Possible Action Areas

- Making more use of the support offered by structural funds to train and re-skill health professionals;
- 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.

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