

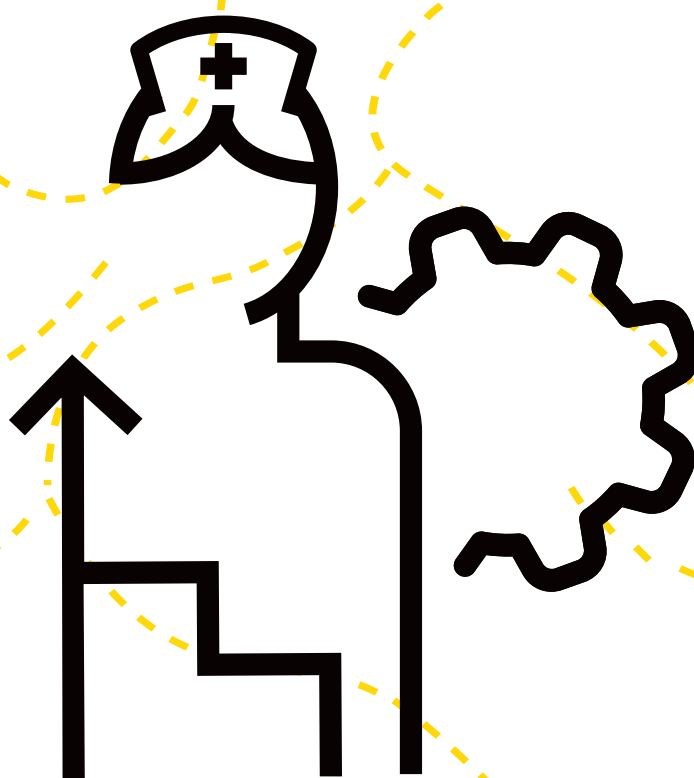


EUROPEAN
HEALTH PARLIAMENT

COMMITTEE ON HEALTH WORKFORCE PLANNING

Health care for the people,
by the people

2017-2018



COMMITTEE ON HEALTH WORKFORCE PLANNING

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I personally welcome the initiative of the European Health Parliament and all the work and reflection produced by its young participants. In particular, the work and recommendations of the Committee on Health Workforce Planning are very relevant and to the point. They should definitely be seriously taken into consideration by policymakers, both at the European and national level, as their implementation would be of major help for improved policymaking.

Akiko Maeda

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Having carefully read and reviewed the proposal of the Committee on Health Workforce Planning, I am pleased with the quality of their analysis and recommendations. In particular, I appreciate the attention you have paid to patient involvement as well as ensuring the skills and well-being of the health workforce in the final text. The issues of improving the availability of policy-relevant data on health workforce, and the criticality of combining technical/digital skills with interpersonal skills, are among the key challenges facing the health systems across the EU. I, therefore, approve your legislative proposal and call the Commission and other legislative bodies on the National and EU levels to consider these recommendations and take necessary actions.

Executive summary

1. Create higher coordination between Member States on forecasted EU health workforce cross-border mobility flows through:

- Making data collection & monitoring of health workforce mobility indicators centrally available by setting up an EU health workforce monitoring capacity.
- Creating a European Coalition on health workforce consisting of national competent authorities and stakeholders treating and acting upon the collected data.

2. Create an attractive working climate for the health workforce in every EU Member State through developing national policies that aim to:

- Promote self-care and health literacy of the population.
- Redesign and diversify professional roles.
- Introduce measures to reduce work pressure and improve working conditions for health professionals
- Fund and promote infrastructures and educational programmes for digital/telehealth.

3. Balance access to healthcare professionals within EU Member States through:

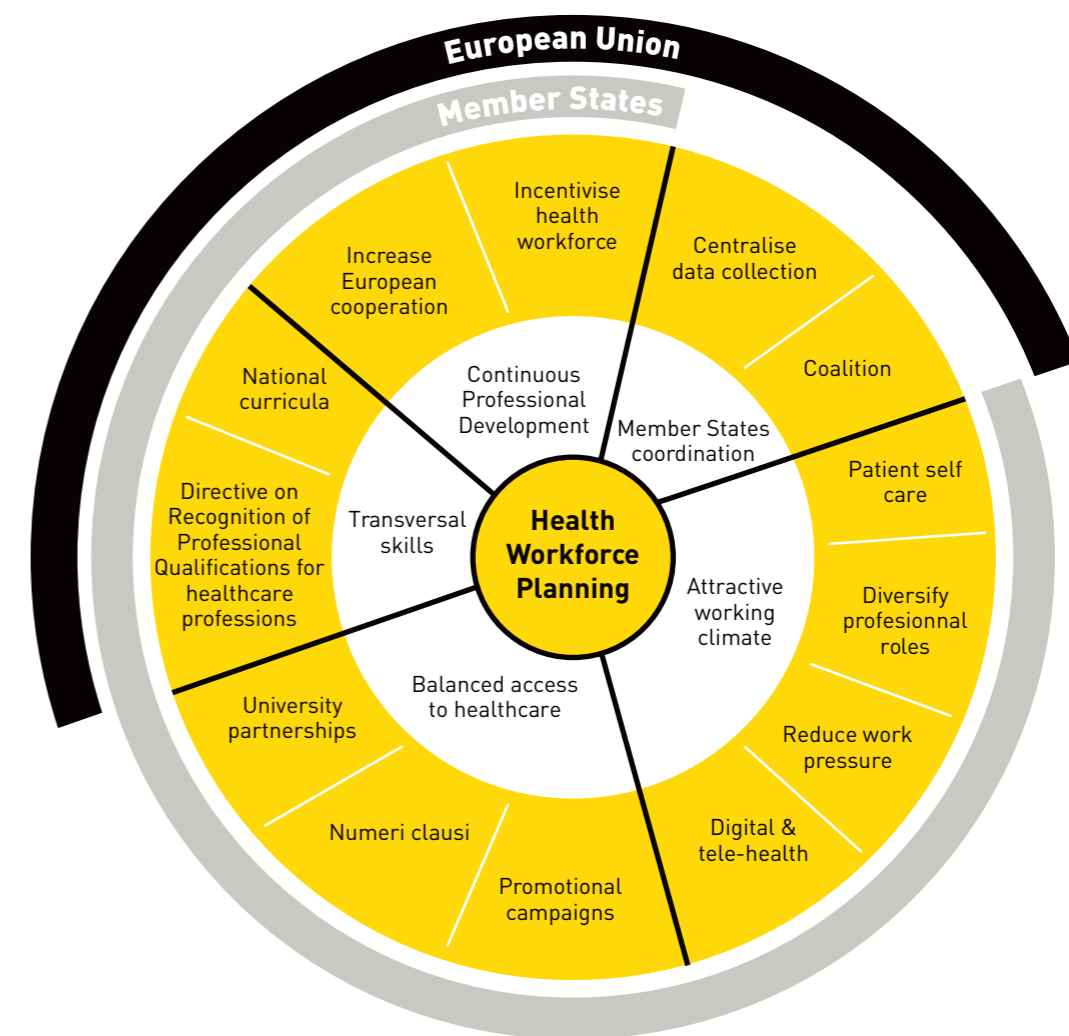
- Stimulating and incentivising partnerships between universities in over-and undersupplied areas as a precursor to higher retention in medically undersupplied areas.
- Using real-world centralised EU data and forecasting indicators to set numeri clausi.
- Organising promotional campaigns to promote undersupplied health professions in medically undersupplied areas.

4. Integrate transversal skills in EU undergraduate training programmes of healthcare professionals by:

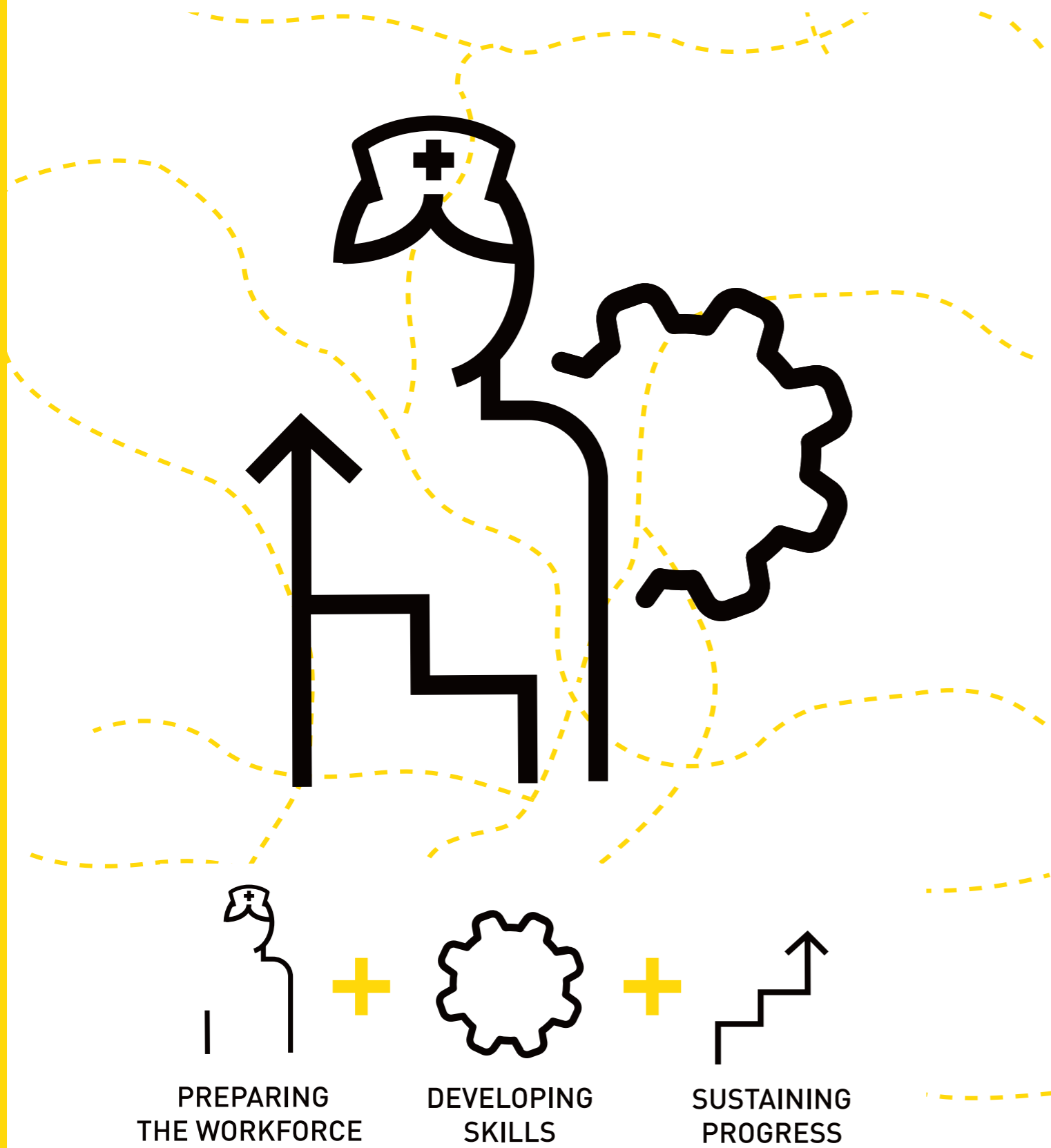
- Including them in the EC Directive on Recognition of Professional Qualifications for healthcare professions.
- Enhancing collaboration between the EU Commission and Member States on the integration of transversal skills in national curricula.

5. Ensure equal access to quality Continuous Professional Development (CPD) Programmes for all health professionals across the EU through:

- Strengthening European cooperation on CPD Programmes and education methods.
- Incentivising participation of health professionals in CPD Programmes in the EU.



COMMITTEE ON HEALTH WORKFORCE PLANNING
Health care for the people, by the people



Introduction

More than any other field of knowledge, medicine is a science for the people, by the people. Since many countries are confronted with shortages in health workforce (HWF), policy makers have come up with alternatives to fulfil its greatest needs. Artificial intelligence, telemedicine, e-health and so forth: all of them have been proposed as the ultimate solution. Nevertheless, the “care” in healthcare is essentially of a human nature. Therefore, even with a technological revolution ahead, a sustainable future can only be guaranteed by an internationally balanced and well-trained workforce.

Health Workforce Planning is a gigantic topic. To be able to develop a set of homogenous recommendations, the EHP Health Workforce Planning Committee has focused on two major issues. Firstly, the problem of surpluses and shortages of a number of professions in certain countries. Although migration is a fundamental right to all European citizens, we believe that a systematic brain drain from one country to another is not beneficial, neither for the healthcare provider nor for the patient.

Secondly, policy makers need to ensure that healthcare providers are being trained for the reality of the next forty years. Education programmes should prepare students to develop soft skills, of which the importance cannot be overestimated. Furthermore, digital skills should be integrated into the curricula of all universities throughout Europe. This will result in better inter-professional collaboration, more usage of up-to-date guidelines and a more fundamental involvement of the patient in his/her own health record. Multidisciplinary skills need to be further examined and integrated into training programmes of healthcare professionals. Now more than ever, healthcare’s potential should be fully exploited by making sure that the knowledge of different disciplines adds up.

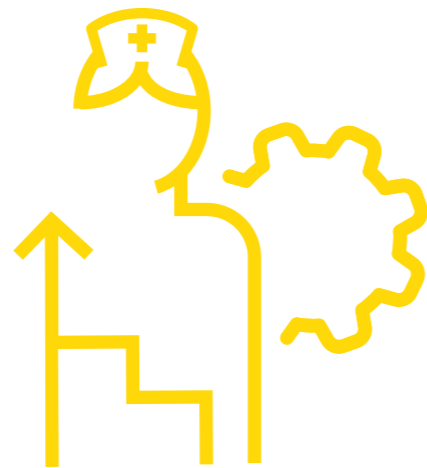
To translate these ideas from theory into practice, the EHP Health Workforce Planning Committee has designed policy recommendations that focus on both the European and the national level. The next few pages are not a clear-cut recipe for success, but an attempt to shape a better and healthier future. So, feel free to share ideas, concerns or limitations. And through reading, may the workforce be with you...!

Recommendations

As highlighted in the Companion Report of the State of Health in the EU,¹ Europe's 18.6 million health and care workers represent 8.5% of the total workforce, and that number is expected to grow with an extra 7.8% (1.8 million new jobs) by 2025. The EU country profiles highlighted several problematic situations when it comes to growing imbalances in supply of healthcare staff in certain regions, due to either cross-country mobility flows of health professionals or a national imbalance between certain geographical regions. To solve the problem, an innovative approach is required. The time to act is now.

The 2016 OECD report² shows that there is a greater level of skills mismatch amongst health professionals compared to other technical and professional occupations. It echoes earlier findings³ from the EU Commission demonstrating that health professionals are in the EU's top five bottleneck professions. In the coming years, countries will need resilient and flexible health workers who are not only armed with technical and clinical skills, but with skills that will enable them to monitor and assess situations, take decisions and a leadership role, communicate and coordinate their actions within a team; all this within a growing digital environment that equally requires new digital skills.⁴ Digital and interpersonal

skills are grouped under the term transversal skills. These transversal skills allow the healthcare professional to manage increasingly complex tasks, such as actively engaging individuals in their own care management and health maintenance, while working in an occupational context that requires the professionals' on-going adaptation to advance in technology and changes in professional standards.⁴ Fresh approaches towards both undergraduate and CPD training programmes of health professionals are therefore needed in order to achieve high levels of patient safety and efficiency of care across the EU.



RECOMMENDATION #1

Create higher coordination between Member States on forecasted EU health workforce cross-border mobility flows

On a European level, higher coordination between the Member States is desired to ensure that cross-border mobility flows are not causing higher imbalances in access to healthcare services in the undersupplied European areas by ensuring balanced geographical distribution of HWF. As mentioned in the Companion Report of the State of Health in the EU, many Member States lack the institutional capacity to generate and process the data necessary for planning their health labour market needs and mitigating the gaps between supply and demand.¹ In order for Member States to better collaborate on these flows, available monitoring systems and data collection should be centralized and a concrete framework should be established to allow a greater and efficient collaboration among Member States. Data collection to monitor flows of healthcare professionals at EU level is urgently needed. Since 2015, a joint questionnaire for collecting healthcare statistics developed by EUROSTAT, the OECD and the WHO Regional Office includes "health workforce migration" data.⁵ The purpose of the joint questionnaire is to collect internationally comparable data on an annual basis to monitor key aspects and trends in HWF, while reducing data collection burden on national authorities and improving the consistency of data in international databases. The HWF data collected through this joint questionnaire represents one of the most comprehensive dataset on HWF for the EU countries, however, the data collected remain incomplete or, in many countries, not consistent.^{6,7} Therefore, to achieve higher coordination between Member States on forecasted EU HWF cross-border mobility flows, we recommend:

- The European Commission to encourage the information exchange among Member States on issues related to HWF in the context of migration and to centralise, standardise and complete existing data collection mechanisms on healthcare workforce. A list of common HWF planning indicators and definitions must be drawn up aligned with international guidelines on HWF recruitment.⁸ All HWF planning information should be centrally available via an EU-wide portal.
- Initiate a European Coalition on Health Workforce consisting of national competent authorities and all relevant stakeholders treating and acting upon the collected data. The solutions to the challenges of HWF migration in the EU cannot be implemented in isolation by any single Member State or by any single group of stakeholders, as their nature requires strong cross-European and national partnerships, adequate policies, appropriate funding and most importantly, strong and sustained commitment to reverse trends. We envision this Coalition to bring together national ministries, healthcare professional associations and patient organisations to periodically revise the results of centrally available data on HWF indicators and to discuss potential cross-border policy solutions, under the strategic leadership of a governing board consisting of representatives of all stakeholder groups. Further, the Committee calls upon the European Commission to initiate and coordinate the activities of this European Coalition and its discussions at EU level, aiming at connecting and improving the dialogue among all relevant stakeholders.⁹

RECOMMENDATION #2

Create an attractive working climate for the health workforce in every EU Member State

Having enough health professionals available with the right skills in the right places across all Member States is essential to provide access to high quality healthcare for all EU citizens. Currently, several areas within the EU are facing shortages of HWF due to unattractive jobs, lack of career advancement, lack of CPD opportunities or lack of support and poor management.¹⁰ Member States should focus on improving working conditions as a means to attract and retain HWF and, thus, ensure self-sustainability of their health systems. This can be achieved through several measures:

- Reduce work pressure by promoting self-care and health literacy of the population, acknowledging the contribution that can be made by informal carers and patients as “co-producers” of care,¹ as well as investing in primary care within community-based services as a cost-effective solution to support complex individual needs of disadvantaged groups (people with a physical or mental disability, older people, homeless people). Hereby, ensuring patient advocacy is important in order to respect and preserve the needs and the rights of the patients, as endorsed by the EHP Committee on Outcome-Based Health Care.
- Redesign and diversify professional roles by increasing the pharmacists’ role for minor illnesses and including social workers in the primary care system. Examples are found in Ireland where, in 2011, pharmacists were licensed to deliver flu vaccines to increase uptake, and in the Netherlands where task shifting generated nurse specialists who can prescribe medication.¹

- Fund and promote infrastructures and educational programmes for digital/telehealth through raising awareness about positive experience of patients’ and health professionals’ using digital health tools.

- Implementing flexible working hour schemes and promoting group practices and multidisciplinary centres.

RECOMMENDATION #3

Balance access to healthcare professionals within EU Member States

In addition to cross-country imbalances in HWF, there is also an imbalance of healthcare professionals within countries. The State of Health in the EU Country Profiles highlighted many examples such as France¹¹, Germany¹², Czech Republic¹³ and Slovakia¹⁴ where, in rural areas, access to healthcare professional services is much lower than in urban areas. Although these geographical shortages mainly exist in rural areas, they can also occur in urban areas. For example, London is suffering from a major shortage of youth psychiatrists, which means that kids often have to wait more than 100 days to receive a proper treatment.¹⁵ We therefore call upon Member States to:

- Stimulate and incentivise partnerships between universities in over- and undersupplied areas as a precursor to higher retention in medically undersupplied areas.
- Use real-world centralised EU data and forecasting indicators to set numerical targets.
- Organise promotional campaigns to promote health professions in medically undersupplied areas.

RECOMMENDATION #4

Integrate transversal skills in EU undergraduate training programmes of healthcare professionals

Reforms in initial education and training programmes are vital to foster new and appropriate skill sets. Both a bottom-up and top-down approach is needed to direct undergraduate training programmes for healthcare professionals in the EU into the right and same direction. We therefore call on the European Commission and Member States to:

- Integrate transversal skills in the EC Directive on Recognition of Professional Qualifications.¹⁶ The European Commission Directive 2005/36 on the Recognition of Professional Qualification (amended by Directive 2013/55/EU)¹⁷ defines for each of the regulated health professions the list of knowledge and skills for undergraduate trainings in the EU. The integration of digital skills in healthcare curricula through the EC Directive 2005/36 has already been one of the key recommendations made by the 2014 eHealth Stakeholder Group, a European Commission advisory body, in its report on eSkills workforce.¹⁸ The promotion of digital skills is also endorsed by the EHP Committee on Robotics, AI & Precision Medicine.

- Enhance collaboration between the EU Commission and Member States on the integration of transversal skills in national curricula. As highlighted in the European Commission communication on the New Skills Agenda for Europe,¹⁹ too little emphasis is placed in curricula on transversal skills in many Member States. To integrate transversal skills in new training programs on undergraduate level, the Commission should closely work with national competent authorities. This will result in a better quality of education for young professionals and better work possibilities after graduation.

RECOMMENDATION #5

Ensure equal access to quality CPD Programmes for all health professionals across the EU

Amongst its many functions, CPD aims to sustain competence and introduce new skills as required for contemporary practice needs.¹⁶ Since HWF will have to meet growing and changing care needs over the next two decades, it is critical for Member States, employers and other stakeholders to invest in CPD, with the aim of updating the skills and competences of the existing workforce, so as to keep providing high quality healthcare and ensuring patient safety. It is also known that certain groups of health workers (e.g. workers aged 45+, part-time workers, bedside or front-line workers, workers in night shifts and less qualified workers) are traditionally undersupplied in CPD.¹⁷ CPD of these undersupplied workers is fundamental for their indispensable role in service delivery. Additionally, it provides a more than average return on investment.¹⁷ The European Commission funded study concerning 'the review and mapping of CPD and lifelong learning for health professionals in the EU',²⁰ highlighted that a European cooperation to exchange experience and good practices is largely welcomed as providing an added value to strengthening national CPD systems. Therefore, we call on both the European Commission and the Member States to:

- Strengthen European cooperation on CPD Programmes and education methods. This exchange should also include good practices in the area of teaching methods, such as eLearning and patient role play models. The practice of inter-professional education has already been identified by WHO as an effective precursor to better inter-professional collaboration. Therefore, it equally requires attention in CPD training programmes. At the same time, a common approach towards assessing skills by all health professionals needs to be developed.²¹
- Incentivise and promote participation of health professionals in CPD Programmes in the EU. These incentives can include career succession programmes. These have been shown to be a key success factor for retaining and motivating healthcare staff. However, in most Member States, with some notable exceptions, there are no coherent HWF policies that would help to map out career pathways.²² At the same time, the biggest barriers towards CPD are time, human resources and costs.²⁰ These barriers could be partially addressed by investing more in interactive eLearning modules within CPD programmes. Lastly, campaigns promoting the importance of CPD for better patient outcomes should be set up at national level to increase the participation rate in Member States of health professionals in CPD programmes.



Conclusions

OUR MESSAGE TO EUROPEAN POLITICAL LEADERS

Our Committee has aimed for five core objectives to be implemented at European and national level. We are convinced that the overall well-being of health professionals would be considerably improved and that their routine work would be simplified by 1) creating an attractive working climate, 2) centralising data collection and monitoring, 3) balancing under- and oversupplied areas in terms of healthcare workforce, and 4) ensuring access to quality Continuous Professional Development Programmes.

To make HWF benefit from digitalisation, it is necessary to include digital skills along with soft and multidisciplinary skills in undergraduate training programmes. Moreover, creating positive perception towards these transversal skills will influence considerably the efficiency of use of digitalisation of health by both patients and health professionals. Finally, we see that the EU can play an important role by taking the initiative in supporting Member States in developing national and regional HWF planning and uniting all relevant stakeholders and the existing research. Cooperation, collaboration and investment in health workforce planning are necessary to ensure a healthy future for all EU citizens.

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