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MEETING OF THE EXPERT GROUP ON

THE EUROPEAN HEALTH WORKFORCE

16 November 2015

DRAFT MINUTES

Chair: Caroline Hager, DG SANTE, European Commission

1. Welcome and introduction by Maria Iglesia, DG SANTE, European Commission.

Maria Iglesia, DG SANTE, European Commission, welcomed all participants and started the meeting with a statement of solidarity with France following the tragic attacks that took place on Friday 13 November in Paris.

Session 1: Technical Briefing Draft Global Strategy on Human Resources for Health: Workforce 2030

2. Draft Global Strategy on Human Resources for Health: Workforce 2030

The Commission and WHO have been cooperating for many years to maximise opportunities to encourage policy actions to support member states to tackle health workforce challenges. Maria Iglesia highlighted that the draft Global Strategy on Human Resources for Health (GSHRH) resonates with the EU policy objectives set out in the Action Plan for the EU health workforce and addressed by the Joint Action on Health workforce.

Jim Campbell (WHO HQ) presented the WHO draft GSHRH and results from the global consultation process which ended in August 2015. Jim Buchan, on behalf of the WHO Regional Office for Europe, facilitated a panel discussion of representatives of the UK, Hungary, Moldova and the Joint Action on Health Workforce Planning and Forecasting who presented their views on the applicability of the GSHRH in the European context:

- Cris Scotter (Department of Health, UK) showed support for the GSHRH and stated that the UK aims to reduce reliance on foreign health workers. He also believes that horizon scanning contributes to better health workforce planning of an uncertain future. He asked the WHO to clarify targets 2.1, 2.2 and 2.4.
- Réka Kovács (Ministry of Health, HU) showed support for the GSHRH and emphasised the importance of the WHO Code of Practice on international recruitment. She highlighted the examples of good practices from the Joint Action report on the WHO Global Code such as retention policies and circular migration. Furthermore, she emphasised the importance of international and bilateral cooperation (between source and destination countries) to improve collection of mobility data.
- Nicolae Jelamschi (Ministry of Health, Moldova) showed support for the GSHRH on behalf of the South-East European Health Network (SEEHN) countries and took this opportunity to express his gratitude to the European Commission for the EU funded project on managing the mobility of health professionals in Moldova

and supporting their health workforce policies. He also asked the WHO to provide normative guidance for better HRH policies including a roadmap with a consecutive order of actions. He stressed the importance of data sharing, including bilateral and regional agreements.

- Michel van Hoegaerden (Joint Action on Health Workforce Planning) explained how the GSHRH objectives were in line with the Joint Action and why European cooperation in research and data sharing is needed. However, he highlighted that policy action and political will at national or regional level are even more important and congratulated the countries who took the opportunity to pilot test the knowledge and tools of the Joint Action workforce planning handbook. He also encouraged the WHO to disseminate the methodologies and results of the Joint Action to countries outside Europe.

After the panel discussion, several members of the Expert Group and invited organisations took the floor:

- Public Services International (PSI) representative called for more indicators and for inclusion of mental health workers in the GSHRH. She also stressed that working conditions are as important as employment conditions, citing violence at work as an example affecting the retention of health workers.
- NHS-Europe, would like to see more emphasis on the outcome of HRH-strategies instead on the inputs. It is not only about more staff, but also about skills-mix and integrated care.
- Denmark is pleased to see that their earlier concerns on the GSHRH have been taken into consideration.
- EPSU argued that social care workers need to be also addressed by the GSHRH.
- Germany suggested under point 21, to streamline data collection instead of collecting more data and, under point 36 to emphasise that nurses are highly skilled professionals.
- Italy stressed that HRH-strategies are a national responsibility.
- EFNNMA highlighted the potential to align WHO strategies for strengthening Nursing and Midwifery to the global strategy for HRH and the valuable role national nursing and midwifery organisations could play in supporting the monitoring of national health workforce policies.
- Spain mentioned that the GSHRH could be implemented by using the tools and guidelines from the Joint Action.
- Slovakia emphasised the negative effects of migration of health professionals on source country health systems.

Jim Campbell (WHO) concluded by noting that the general approach of the GSHRH was welcomed by the members of the Expert Group, but he recognised the need to refine several issues (e.g. clarifying definition and targets). He agrees that the data burden should be low and that the process of collection should be as streamlined as possible. The need for an implementation framework was well understood, but the GSHRH is only there to support national implementation. It is up to the Member State to decide how this strategy will be implemented at country level.

3. Adoption of minutes and the agenda

The minutes of the previous meeting held on 17 June 2015 were adopted. The Chair noted that, in terms of follow-up actions, the Commission study on recruitment and

retention of health professionals in Europe is available on-line since July and that the information exchange on the case studies will be continued at the next meeting. The postponed workshop on CPD and patient safety will now take place in February 2016, probably on the 11th.

Two issues were added under AOB of the draft agenda (CPME conference on CPD and ESNO).

All presentations from the meeting will be made available on the Europa website: http://ec.europa.eu/health/workforce/events/ev_20150617_en.htm

Session 2: Health Workforce Planning, Education & Training

4. Joint Action on Health Workforce Planning and Forecasting

Michel van Hoegaerden, programme leader Joint Action, reported on the Joint Action's progress since June: launch of the new website, on-line publication of the Handbook of Planning Methodologies and kick off of the feasibility study to pilot test the JA planning methodologies in Romania/Moldova. MvH also announced two important events to which expert group members are invited: the Joint Action closing event on 3-4 May 2016 in Belgium with one session organised jointly with the WHO, the 3rd Joint Action annual conference in Varna, Bulgaria (18-19 February). He also announced that the Joint Action will organise an additional workshop on the sustainability of the Joint Action in March. Caroline Hager noted that this may take place in conjunction with next Expert Group meeting.

5. Presentation of OECD on Joint Questionnaire 2015 and education and training trends of health professionals

Gaetan Lafortune, OECD Health Division, presented the 2015 results of the Joint Questionnaire of non-monetary healthcare statistics. In reaction to the UK media's interpretation that the UK had a shortage of 50.000 nurses and 26.000 doctors compared to other OECD countries, particular attention was given to the fact that the OECD-average of number of doctors per population is not a gold standard. Other key points from the JQ data: the number of doctors and nurses continues to increase, increase of doctors and nurses above 55 years of age and a steady decline in the share of generalists as % of all physicians.

Regarding the OECD study on "education, training and *numerus clausus* policies" (co-funded by the Commission), the final synthesis report will be part of a broader OECD publication on health workforce, which will be published in March 2016. This will include 3-5 page country notes on education and training of doctors and nurses for a selection of OECD countries.

Michel van Hoegaerden argued that the ratio of doctors per population is sometimes also affected by a fall in population and asked whether the OECD also made comparisons with the training of other professions. Mr. Lafortune replied that the OECD comparisons with the training of other professions are not needed as there are normally enough candidates for medical and nursing education.

ESNO argued that a distinction should be made between general and specialist nurses. In reply, Mr. Lafortune noted that the OECD is using a 2+1 approach (high-level nurse, lower-level nurse and healthcare assistant) and that they are discussing with the EFN to

test out new data collection for general vs specialist nurses. Earlier attempts by Eurostat did not succeed due to limited availability of data.

Jim Buchan noted that the increase of nurses in the US was not a result of planning, but a market response as competitive wages and the high status of the profession attracted students into fee based private sector universities,. Mr. Lafortune agreed that in some countries such as US there is no *numerus clausus* that impact the training capacity of medical and nursing education. However, the training and education in those countries are still also financed with public money, meaning that training capacity can still be affected by policy makers.

6. Education & Training / Health Workforce Strategy in England

Professor Ian Cumming, Health Education England (HEE), presented HEE's health workforce strategy. He highlighted that nurse shortage was due to new demand scenarios driven by a political decision to increase nurse/doctor ratios in response to a major hospital failure in England. The HEE has now increased the number of nurse training places, however expects a higher reliance on foreign trained nurses in the coming 2-3 years bridge the supply gap. He gave a tour d'horizon of future drivers impacting on future health workforce and skills, including informatics, genomics, demographics and increase in self-care and patient empowerment.

EFN questioned the European dimension of this presentation and argued that the Commission has to play a role to ensure safe and quality health care. The European Observatory and Ian Cumming responded that national policy makers want to learn from the experiences of other countries and the Chair invited national experts to share their health workforce strategies with the expert group in future meetings.

In response to the European Observatory and Portugal on the governance structure, Ian Cumming indicated that it took 1.5 years to set up a good cooperation with all partners with a common agenda and a rotating chair.

In response to Public Services International on the number of physicians leaving due to fiscal reasons, Ian Cumming explained why it is difficult to convince the Ministry of Finance to use fiscal measures to retain physicians.

In response to CPME on the involvement of professional organisation in demand forecasting, Ian Cumming explained how stakeholders, such a health professionals, are involved in focus groups to validate numbers and results.

In response to Eurostat on the collection of data from the private sector, Ian Cumming explained that it is difficult to cover the private sector and he explained how they use proxy data of professionals leaving the public health sector.

Session 3: Skills in the health sector

7. Horizon Scanning: Future Skills and Competences in Europe

Matt Edwards and John Fellows, Centre for Workforce Intelligence (CfWI), presented their work on Horizon Scanning and future skills and competences as part of the Joint Action on Health Workforce. They explained how they used the interview method of Horizon Scanning to identify high-level drivers of change in 2035 in 3 broad areas: population needs, health care services and health workforces and how these changes can be translated into implications for the skills and competences needed in 2035. These

findings will be translated into a Joint Action report and policy briefs to be published in 2016.

In response to the OECD, Matt Edwards explained why it's necessary to make a distinction between skills and competences as skills, knowledge and personal attributes are all components of competences. He also responded that the implications for skills and competences are specified for different groups of health professionals.

WHO mentioned that Joint Action instruments such as horizon scanning have also been used in developing countries, in particular in response to health workforce needs in post – Ebola crisis countries in West Africa, Sierra Leone and Liberia.

8. Improving the Skills Mix for Chronic Care in Europe

Matthias Wismar, European Observatory on Health Systems and Policies, presented the ongoing study on the performance on chronic care in primary health care settings. The main objectives are to identify major skills-gaps, assessing major reform strategies to close these gaps, and analysing the barriers and facilitators (regulatory context and governance). The results will be published in February 2017.

Portugal expressed strong interest in this study as they are introducing the profession of family nurse at the moment and wondered which countries will be included. Matthias Wismar responded that they already have several country cases to include in the study, but that cases from other countries are still welcome.

Session 4: Building European partnerships

9. European Reference Networks – Highly Specialist Skills for Rare Diseases

Enrique Terol, DG SANTE, European Commission, presented the process of setting up the European Reference Networks (ERN). ERNs are networks of healthcare providers aiming at improving quality, safety and access to highly specialised healthcare for rare diseases. The call for networks will be opened in February 2016 and the first ERNs should be established in the third quarter of 2016.

10. European Sector Skills Alliances – Erasmus+ 2016

Felix Rohn, DG Employment, European Commission, presented the new Erasmus+ call for 2016 including funding for sector skills alliances for vocational education training and Knowledge Alliances for higher education.

EPSU noted that the feasibility study for a sector skills council for nurses and midwives concluded that there is no need to have sector skills alliances or sector skills councils as most health professions are regulated. In response, Felix Rohn explained that the process is demand driven, and not sector driven, and the best proposal wins. It is up to the stakeholders in the health sector to decide if they are applying for a call and not a decision of the European Commission. Caroline Hager reminded that there are many occupations in the health sector that are not regulated and that a pilot Sector Skills

Alliance led by a Finnish vocational college developed an EC-VET[1] certificate for elderly care providers.

11. Core competences of healthcare assistants

Ronald Batenburg, consortium leader from NIVEL[2], described the state of play of the Commission feasibility study on the core competences for healthcare assistants. The objective of this study is to explore the level of consensus among all 28 EU countries concerning the desirability and potential content of a Common Training Framework for healthcare assistants under the Directive on the recognition of professional qualifications[3]. The study will be finalised in the autumn of 2016 and more information can be found on www.nivel.nl/en/cc4hca.

12. Any other Business

Sarada Das, CPME, informed the Expert Group about their CPD-conference taking place on 18 December in Luxembourg. Due to time pressures, ESNO agreed not to take the floor and offered to present their organisation at the next Expert Group Meeting

13. Close of Meeting

The Chair announced that the next Expert Group will probably be held in March 2016 and thanked members for their attendance and input and closed the meeting.

[1] More information on ECVET for elderly care: http://www.ecvetforec.eu/index.htm

[2] Netherlands Institute for Health Services Research (NIVEL)

[3] Directive on the recognition of professional qualifications, 2005/36/EC as amended by 2013/55/EU