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Meeting of the Expert Group on Health Workforce 17 March 2016

DRAFT MINUTES

Chair: Caroline Hager, DG SANTE, European Commission

Welcome and introduction by Caroline Hager, DG SANTE, European Commission.

Caroline Hager welcomed all participants and started the meeting. She shortly recalled on the role of the expert group. The expert group was launched as a political decision under Senior Working Party and since 2010 it is guided by the presidency conclusions of Belgium and Hungary. From 2012 the role of the expert group is defined by the Commission Action plan with the main emphases on the four areas of European cooperation: improvement of health workforce and forecasting (Joint Action); better anticipation of skills needs and CPD through exchange of good practices; recruitment and retention; and international ethical recruitment.

She stressed on the three main objectives of the meeting:

- To continue the exchange of good practices and learning from the case studies from the Commission study on effective recruitment and retention strategies and to report on the conclusions of the workshop organized to discuss the role of CPD to ensure patient safety and quality of care.
- To update the participants on the JA activities and to summarize the discussion of the JA workshop on sustainability and proposals for future cooperation.
- To inform the participants about EU funding under the new 2016 Health Programme and ESIF and provide them with information on investments in the health sector.

SESSION 1: Sharing Good Practices and Information

Healthcare is changing. Ageing populations, new therapeutic possibilities and rising expectations have made the provision of health care much more complex than in the past. Many countries face the challenge of balancing the number of healthcare staff with the right skills in the right geographical areas to meet the changing healthcare needs. Member States as a response to this challenge are introducing new ways of delivering healthcare.

1.1 Recruitment and retention of health professionals in Europe

At the expert meeting last June, two case studies were presented: attracting and retaining GP's and nurses in primary care. The discussion of this meeting will focus on nurse retention in Malta, incentives to return nurses to practice in Ireland and measures to retain older health workers in Germany.

Jeni Bremner, Director of European Health Management Association introduced the case study on nurse retention and incentives to return nurses to practice and measures to retain health workers to Germany. She stressed on the urgency of R&R, with more evidence and deeper context.

Maraike Kroezen, Researcher from Catholic University Leuven introduced the case studies to be discussed during the meeting.

Sandra McCarthy, Head of Learning & Development at the Centre for Learning and Development at the Trinity College Dublin in Ireland presented the first case study on "Return to Nursing Practice Course". With the goal to upgrade professional knowledge and clinical practice at the Trinity College Dublin, it is recommended that nurses who return into practice take the offered nursing practice course. With its two parts, one being theoretical and the second one clinical, participants are encouraged to discuss and negotiate their learning outcomes. In its evaluations participants rated the experience as a high intensity programme. They were positive about eLearning.

During the discussion the low number of nurses involved in this pilot project compared to the high resources dedicated was raised, and the subsequent question of the best use of money for value. Additionally, not all participants were able to pass the exams since some of them have different working arrangements and it was not manageable to make custom fit program for everyone. Similar return to work initiative exists for other healthcare professionals (midwives, psychiatrists).

Andrew Xuereb, Chief Nursing Manager at the Ministry for Energy and Health of Malta, presented the case study "Attracting Nurses to Practice (Malta case)". Even though Malta is the most densely populated country in Europe, the demand for nurses is high; there are currently 410 vacancies in the public service for nurses. The country has taken various measures in order to attract professionals from EU and non EU countries, but also to foster re-engagement. The measures have been taken in respect to education, salary package and working conditions. Firstly, nursing degree and diploma is free of charge and nurses are encouraged to take more training while being compensated for the 50% release from work time. Malta also accepted that any nurse that works in another EU country will have the years in service counted as years of service in the Maltese public sector. Degree Nurses also get the same basic salary as junior doctors after 2 years in service and allied health professionals. Moreover, Malta has implemented family-friendly initiatives such as free child services and opportunities to work reduced hours. Re-engagement of nurses can occur without waiting for a public Call, which enhance return to practice of some professionals. The efforts are yielding results and if political commitment and strategies remain, the balance of supply and demand is expected to be reached in 2 years.

Mathias Maucher, Policy Officer European Federation of Public Service Unions, presented a case study on "Social partners-based initiatives to meet the challenges of an ageing workforce, focus on a German experience". Mr Maucher expressed that ageing workforce, if not tackled on time, will have consequences in the future. In case of Germany there is a developed action plan on which social partners agreed to make progress with regard to workforce planning. The objective is to develop models of flexible working hours and work organization adapted to different ages and especially to ageing workforce, with gradual transition to retirement and access to long life learning. This occurs through saving facilities agreed between the employer and the employee, and can be used for CPD, reduce hours, early retirement, sabbatical. Even though the initiative was launched recently, in 2014, the first results are promising and the number of applications higher than expected.

1.2 Continuous Professional Development (CPD) and Patient Safety

In February 2016, European Commission organised a workshop on the role of CPD in ensuring patient safety and quality of care. It was chaired by Carlos Morenos from the Spanish Ministry of Health and its goal was to follow up on the recommendation of the Commission study mapping

approaches to CPD to health professionals in Europe. In the workshop there were 60 experts and excellent speakers with the strong background in research, education and clinical practice in Spain and Netherlands. There was a chance to compare 4 national CPD modes of England, Ireland, France and Sweden.

Eszter Kovacs, Associate Research Professor at Semmelweis University in Hungary, presented the report and discussions of workshops' conclusions and lessons learned. Within the European context it was most important to tackle increasing cross-border mobility of health professionals; however across the different MS the approaches are different. In the UK the workshop took a look at the nursing profession. With the idea to tackle CPD among nurses, the UK is launching a new system for revalidation of nurses' licenses that will start in April 2016. In the case of Ireland, pharmacists' profession was discussed, and there is already in place a new revalidation scheme for pharmacist since January 2016. In the case of Sweden, a voluntary CPD framework was tried as a systematic approach guided by local authorities. Finally in France, there is a new legal act on CPD system, enforced since January 2016: it is obligatory to update knowledge and get the professional practice. France also established a High council that has designated actors/organizations dealing with this topic. Since the system is very new, there are still things to learn on this. Kovacs concluded that learning comes from practice. It is hard to measure the outcomes and it is hard to find common method on CPD activities. The assessment of outcomes shall focus on clinical practice rather than attitude. EU cooperation can help raise awareness, fund research and organize exchange of best practices.

Report of the workshop "Ticking the Boxes or Improving Health Care: optimising CPD of health professionals in Europe", 11 February 2016:
http://ec.europa.eu/health/workforce/docs/ev_20160211_mi_en.pdf

1.3 Presentation of the European Specialist Nurses Organization (ESNO)

Françoise Charnay-Sonnek, Secretary General ESNO presented the ESNO work, its work and achievements. ESNO consists of individual European nurse specialist organisations. It started in 2001, but it's more active since 2012. Currently there is no recognition of nurse specialist at EU level, but there is a high demand. Specialized nurses can take over delegated tasks, in some cases reorient patients towards specialists, discharge them, and prescribe medicines: their role should be strengthened in the context of moving care and remote services. There is a need to better map nurses specialists at European level but this reveals to be difficult in practical terms. In the future, qualified specialist nurses with academic degrees will be able to work across the borders, and there is a need for EU recognition and facilitation of mobility. On the agenda of ESNO there is to place a common training framework for each speciality based on common plinth of core competences of ESNO (long term version).

SESSION 2: Future Cooperation Activities

The Joint Action on Health Workforce planning and forecasting is due to end in June 2016, and many of the participants at the meeting also participated in the final workshop organised on 16th of March. During the workshop participants discussed the policy and technical recommendation and a key question: How can the Joint Action cooperation, expertise and knowledge transfer between countries be continued? What activities would provide the greatest EU added value? How could this cooperation be supported? For attracting future EU and political support it is crucial to send strong and clear message on the added EU value of these activities and explore possibilities and feasibility of a second Joint Action.

Joint Action on Health Workforce Planning and Forecasting was presented by **Michel van Hoegaerden** from Federal Public Service of Health, Food Chain Safety and Environment, Belgium and **Prof. Todorka Kostadinova** from Medical University of Varna. They updated the participants on the outcomes of the last workshop held by the Joint Action the day before (16th March) on the sustainability of the JA itself. Michel van Hoegaerden gave an update on the state of play of the different deliverables, in particular the report on mobility data, the report on future skills and competences, the webportal on planning methods, the webportal on circular mobility and the final conference which will take place in Mons on 3rd and 4th of May. He underlined the relevance of the pilot actions of Workpackages 5 (Portugal/Italy, Moldova/Romania and Germany) and 6 (Belgium) which enabled to concretely test the methodologies on forecasting and horizon scanning.

Main question was how to sustain EU cooperation in the field of JA. In the survey that was conducted before the workshop, a majority of MS expressed their support to the future network but in a form of a light version, calling for the support of the European Commission providing secretariat services. As far as activities are concerned, from the initial 22 proposals contained into the business plan, participants of the JA have clustered them in order to reduce their number, and the focus has been mainly given to three pillars: data collection, mobility data and data related to the labour policy challenges. It has also been underlined that national/regional projects are necessary. All in all, there is strong support for another JA, but other EU funded mechanisms will also be considered. Caroline Hager also noted that without the strong political message the JA will not be able to continue, and there must be more work done in making health workforce more attractive.

Closing event of the Joint Action on Health Workforce planning and forecasting, 3rd and 4th in Mons, Belgium: <http://healthworkforce.eu/events/closure-event-plenary-assembly/>

SESSION 3: EU funding to support health workforce policies

The aim of the EU Cohesion Policy is to reduce economic and social disparities between regions in Europe – mainly through the European Structural and Investment Funds (ESIF). Health has been recognised as an important asset for regional development and competitiveness and is eligible to receive ESIF for investment under various objectives. European Commission, in particular DG SANTE (Health and Food Safety) contracted a study to map the investments in the health sector which was published last November.

Katarzyna Glowacka-Rochebonne, Policy officer at DG SANTE, presented on the use of EU Structural and Investment Funds in the Health Sector. Health investment under the ESIF can be matched under the objective of smart, sustainable and inclusive growth, with the reference to eHealth investment. Furthermore, inclusive growth also encompasses healthy ageing and quality healthcare services. Investments for health can be incorporated under different objectives of the programme as well. DG SANTE has developed the tools on how to use ESIF in the field of health. For example under the section on education and training, it also refers to the training of health workforce. Additionally, there are measures of good working conditions and thematic objectives such as access to good healthcare and ensuring territorial access – availability of health workforce. As a whole around 300 Operational Programs out of 500 include health. Next step for the Commission is to examine the projects that ESIF funds and their implementation, through the establishment of a monitoring committee. A new tender will also be launched in order to undertake a country-based mapping exercise.

Isabelle Dévé, Policy officer at DG SANTE, presented the annual Health programme Work Plan for 2016. The criteria for establishing the annual work program are based upon different elements, particularly the policy relevance, and the EU added value of taking action. For 2016 the main priorities of the work programme are chronic diseases, ERN, migrants' health, medical devices and AMR. The budget under the Health programme 2016 is 36 300 000 Euro and the budget dedicated to procurement is of 14 913 112 Euro. The Health programme 2016 includes the publication of a tender to "support the health workforce planning and forecasting expert network" with the organization of three meetings, the maintaining of the website and the undertaking of analysis/updating information on the health sector, in particular skills needs. The call will be published in the 2nd semester of 2016.

SESSION 4: Report from OECD and WHO

OECD and WHO representatives presented two important reports that are raising the political attention on the importance of the health workforce for resilient and sustainable health systems and providing the new evidence to support the arguments on investing in HWF.

Gaetan Lafortune presented the OECD report "Health workforce policies in OECD countries" and announced a workshop that will be held in Paris by the OECD next 27th June with a focus on changes in skills mix.

Galina Perfilieva, programme manager at the WHO regional office for Europe, presented the global strategy of human resources in health: "Health workforce 2030". The document is still in negotiation. Ms. Perfilieva also mentioned another very important initiative that was launched in March, led by France and South Africa: UNSG High Level Commission on Health, Employment and Economic Growth, aiming to propose actions that will contribute to the job growth and the creation of new employment in the health sector. The Commission will present multi-sectorial responses to ensure that investments in health employment generate benefits across the sustainable development goals (SDGs) and progress toward the universal healthcare coverage. Moreover, the Commission will determine innovative sources of funding, analyze the risks of global and regional imbalances and unequal distribution of health workers, assess the potential beneficial and adverse effects and will generate political commitment. The Commission is a short term initiative, with its launch in Lyon the 23rd March and its closure in New York the 22nd September 2016. Ms. Perfilieva also invited all the partners to check the WHO Geneva website¹ and check the invitation for contribution with evidences that will be analyzed and put all together. Contributions can be in form of case studies, opinions, essays and summaries of published and unpublished work.

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Before the end of the meeting Leon van Berkel, from the Ministry of Health, Welfare & Sport of The Netherlands, announced the conference Dutch presidency "Professional Qualifications safe in motion" on 28th of June in Amsterdam, on healthcare workforce functioning and its best practices.

Close of the meeting

Caroline Hager closed the meeting and thanked all participants. Next meeting is planned for 7th of November, 2016.

¹ <http://who.int/hrh/resources/globstrathrh-2030/en/>