AK EUROPA

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AK Position Paper

Green Paper on the EU Workforce for Health

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About us

The Federal Chamber of Labour is by law representing the interests of about 3.2 million employees and consumers in Austria. It acts for the interests of its members in fields of social-, educational-, economical-, and consumer issues both on the national and on the EU-level in Brussels. Furthermore the Austrian Federal Chamber of Labour is a part of the Austrian social partnership.

The AK EUROPA office in Brussels was established in 1991 to bring forward the interests of all its members directly vis-à-vis the European Institutions.

Organisation and Tasks of the Austrian Federal Chamber of Labour

The Austrian Federal Chamber of Labour is the umbrella organisation of the nine regional Chambers of Labour in Austria, which have together the statutory mandate to represent the interests of their members.

The Chambers of Labour provide their members a broad range of services, including for instance advice on matters of labour law, consumer rights, social insurance and educational matters.

More than three quarters of the 2 million member-consultations carried out each year concern labour-, social insurance- and insolvency law. Furthermore the Austrian Federal Chamber of Labour makes use of its vested right to state its opinion in the legislation process of the European Union and in Austria in order to shape the interests of the employees and consumers towards the legislator.

All Austrian employees are subject to compulsory membership. The member fee is determined by law and is amounting to 0.5% of the members' gross wages or salaries (up to the social security payroll tax cap maximum). 560.000 - amongst others unemployed, persons on maternity (paternity) leave, community- and military service - of the 3.2 million members are exempt from subscription payment, but are entitled to all services provided by the Austrian Federal Chambers of Labor.

Herbert Tumpel
President

Werner Muhm
Director

Executive Summary

In contrast to earlier customs, this Green paper does name the "influential factors and possible need for action" in advance and does not contain - as is customary - a catalogue of questions which would be authoritative for the statement.

The Austrian Federal Chamber of Labour (AK) regards many of the conclusions as appropriate. Particularly pleasing is the suggestion to secure better working conditions for the workforce for health and to increase the motivation and job satisfaction of the employees. The fact, however, that this target had only been listed after the "review of the expenses for the workforce for health" was met with scepticism. The reference to the high share of personnel costs in the overall expenses also gives rise to the fear that a higher attractiveness of these professions will hardly be associated with the necessity to improve the income situation.

Suggestions for example to promote mobility, vocational training, education, and advanced education or the recruitment of personnel in accordance with ethical principles also have to be welcomed. Their implementation, however, will always depend on the readiness of the Member States to be compared to others and to exchange best-practice projects as well as to reform their own systems.

The following proposals of the AK are in many cases specifically based on Austrian experiences; they can, however, in most cases be generalized in such a way that they are also relevant for other EU Member States.

In some points, however, the AK holds a different opinion than the Commission. In particular the current debate on the Working Time Directive and the EU's handling of the issue of opting out of the minimum standards of the working time shows that the EU also pursues targets in the health sector, which cannot be shared by the AK for socio-political reasons. The approach to promote self-employment within the health sector represents for reasons for security of care and supply also a step towards a critical health political direction.

The AK position in detail

On the demographic development and promotion of the sustainability of the workforce

The introduction of the Green Paper refers to the demographic development and thereby to the "inevitably" rising costs in the healthcare systems. A higher life expectancy for example and a falling birth rate in all Member States are the reason for a demographic development, which sooner or later will hit the boundaries of the financial feasibility of the healthcare and care systems. In the opinion of the AK, the scale of this development depends above all on general conditions, such as the economic development and the labour market situation, as to whether a society is willing to afford a high welfare state security level or not. This in turn is the result of a political process and not necessarily the consequence of demographic processes. This is added by the fact that the extent of "overaging" is scientifically rather controversial. The future development will also significantly depend on how the conditions for a health promoting life will be created. In the Green Paper the high personnel intensity of the work is only regarded a trigger for costs, but not as a chance for the European labour market. The growth of healthcare systems means additional jobs, additional income and thereby additional financing resources for the social and health systems.

The AK criticises that in the Green Paper the high personnel intensity of the work is only regarded a trigger for costs, but not as a chance for the European labour market.

In its Green Paper, the Commission - due to the increasing demographic aging of the population, socio-structural changes (more working women, increase of single households etc), better offers and new technologies as well as a range of recently emerged health hazards - assumes an increasing future demand of healthcare services. Against this background, the question of future financing requirements is increasingly asked both at national and at European level (last EPC/DG ECFIN, Impact of ageing on public expenditure, Special Report/2006). Even if in the opinion of the AK, the Green Paper should not focus as much on the financing of public healthcare and care, it cannot be disputed that these systems should be constantly reviewed with respect to efficiency and economic viability. That means that they not only have to have a highly qualified workforce but that they must also be highly efficient. It would therefore be a waste of public money to provide care personnel with an expensive state education without making sure that these do not after a short spell in the job turn they back on it thereby triggering a "care crisis" of social dimension. It is obvious that this development, which can be observed in most EU Member States, can first and foremost be associated with the working conditions (work organisation, working time and job dissatisfaction) in particular with regard to in-patient

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care, to the lack of recognition and to the too low remuneration of health and care jobs. Hence, in the opinion of the AK emphasis must above all be on securing better working conditions for the workforce for health.

Chronically ill patients and care recipients should be cared for at home, because professional care close to home in form of short time, day and transitional care is far more desirable than care in care homes. This obviously requires the development of extramural social services. Of great importance for the future organisation and quality of care is the reduction of interface problems in the care area through integrated forms of care.

On the capacities in the public healthcare sector

With respect to the capacities in the public healthcare sector, one must in particular emphasise the target of "Assessment of demand and consequences for care planning, prevention ..." which has been expressly named in the Green Paper. Most national healthcare systems do indeed suffer from the lack of comprehensive (empiric) evidence on the quality of healthcare (over, under and wrong care) being available to politicians and healthcare administrators. Such studies could make a vital contribution to a rational healthcare policy and should be expressly recommenced by the EU in the final version of the Green Paper.

The same applies to the promotion of health and the prevention of diseases. Based on a fall in demand for treatment and care services, any upgrading of the preventive approach in healthcare policy rates high both in humanitarian and economic terms. Although the EU Member States do attach different degrees of importance to prevention and (occupational) health promotion, they are also greatly underdeveloped (as in Austria for example), which is associated with financing problems on the one hand, but most definitely also with the more than problematic attitude that prevention and operational health promotion are not particularly macroeconomically profitable and economically reasonable on the other. In contrast, a number of international studies show a return of investment - in case of occupational health promotion - in a ratio of 1:3. Here, the EU, without a doubt, could play a stronger role than it has done so far, without, however, interfering in the configuration and structural rights of the Member States. The interest of social security, of the members and the companies in taking healthcare measures should in any case be promoted.

In this connection it has to be pointed out that in Austria care (unless it is provided in hospitals) and social care are a matter of the individual federal states; this, however, is the main reason for significant care disparities and considerable deviations from any politically agreed minimum standards. In addition, there is the question with regard to necessary care requirements. The fact that the current care situation is a known factor does not necessarily

mean that it is identical with the officially stated care requirements. What is therefore missing in Austria, but almost certainly also in other EU Member States, is findings recommended in the Green Paper resp. better information about the "actual and potential requirement" of the population for health and care services.

It is with good reason that the Green Paper also criticizes the necessity of more personnel working in occupational healthcare services (in particular incentives to take up an occupational healthcare job) and the upgrading of the European Agency for Safety and Health at Work in the Member States. The recommended "Increase of the level of awareness" of the European Agency for Safety and Health at Work will hardly trigger a run of employees on the healthcare sector. On the contrary, it should be job of the agency to start initiatives for promoting the health protection of the Workforce for Health and to raise awareness both on the side of the employers as well as the employees.

This perspective also requires legal bases occupational health and safety schemes throughout Europe. Apart from that, security representatives should also be introduced at EU level.

The AK rejects the privatisation and marketing of public healthcare and care services. Both result neither in more cost effective systems nor in a better quality and even less in better working conditions for employees, as experiences made in Great Britain and Germany have shown. If the EU also wants sufficient healthcare and care workers in future in order to guarantee adequate healthcare, this question must not be ignored in the Green Paper.

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New financing sources (assets, capital gains, value added), which are not associated with the wage bill have to be developed for financing state or parafiscal healthcare systems. Here too, the EU could become active and commission/provide recommendations and studies.

On vocational training, education and advanced education

The AK comes out in favour of the mutual recognition of healthcare jobs on the basis of a Certificate of Proficiency (appendix to the obligatory professional licence). This certificate should specify the respective qualification. The national authorities must have the option of providing advanced training measures for practicing a profession. The determination of the contents of training for individual medical professions should be mandatory in all EU countries; after a candidate has successfully passed the relevant domestic examination, the contents of training will be entered into his or her Certificate of Proficiency. That way all medical professions and their respective differences will be covered and registered. Apart from quality assurance, the registration also serves the requirement planning.

A comprehensive discourse must be initiated as to which responsibilities will be transferred to the individual professional groups. The implementation should be left at the Member States' discretion. Performance quality and efficiency could in important performance ranges (e.g. for widespread diseases) be improved by a separate institute of the EU, for example by determining uniform treatment. The following questions would also need answers: What will the interaction of the professional groups associated with healthcare look like in future? How can integrated care be achieved?

Reorientation, initial training, advanced training and vocational training require special framework conditions. Job and family must be better coordinated in future. Due to the fact that in particular women are working in the healthcare sector and many want to get back into their jobs, the Member States should make an effort to create the necessary conditions. Alternative work and working time models as well as sabbaticals and time-out models must be promoted. Language courses should help to reduce language barriers.

The AK advocates the promotion of alternative work and working time models as well as sabbaticals and time-out models because more favourable working times are a possibility to increase the attractiveness of the healthcare sector for employees.

In our opinion, the working time problem, to which attention has been called to by the European Court of Justice in the rulings of Jäger, Simap, Pfeiffer etc, which is caused by the regularly exceeded upper limit of the working time in the health sector, has not been sufficiently taken into account by the Commission in its contemplations on revising the Working Time Directive; on the contrary, the consideration of excluding on-call time from working time has even exacerbated the situation. More favourable working times are definitely an effective possibility to increase the attractiveness of the healthcare sector for employees.

Only once an appropriated working environment has been created, campaigns for attracting people back to their jobs as well as for recruiting older employees can be successful. The working conditions in the healthcare system must be structured in such a way, that older employees are also able to cope and that they generally do not suffer from adverse health effects. The organisation of work in general seems in many cases too inflexible to provide older employees with alternative fields of operation, in order to compensate for an age and job related impairment to their health.

The more legal, administrative and economic rules and proceedings as well as medical, psychological, psychosocial knowledge and innovations have to be taken into account, the greater the necessity of more competent and directly responsible employees. Therefore, working structures have to be created, which help to exploit potentials. Fault management and the expansion of "magnet hospitals" should be promoted.

In order to be able to meet the high quality requirements in the healthcare sector, it is necessary to introduce binding personnel standards and personnel recruitment methods. In particu-

lar in view of the imminent bottleneck regarding qualified personnel, it is vital to take at least minimum precautions to prevent an exodus into other branches.

The Green Paper addresses the expansion of prevention and health promotion capacities. This also includes a comprehensive offer of professional rehabilitation and geriatric remobilisation. In particular in healthcare and care related jobs, emotional stress can result in burn-out.

Female employees working in the healthcare sector are less likely to be promoted and to have a successful career than men. In view of the high number of female employees the low number of female executives is rather modest. A special promotion of female applicants would therefore be urgently required. In addition, healthcare jobs should also be made more interesting and attractive for male employees.

On the mobility management of healthcare workers within the EU

The AK welcomes the initiative of the European Commission to solve the imbalanced global mobility of healthcare jobs from the poorer to the richer countries with the help of a global code of conduct and global mechanisms for circular mobility.

The European Commission is right in emphasising that the recognition of professional qualifications in the past has significantly increased mobility within the EU. The proposal to set up a separate EU observation unit that could recognize bottlenecks concerning employees within the EU seems to be sensible. Building on the results of this observation unit, it would be possible to conclude agreements at bi or multilateral level to use possible surpluses of doctors and medical care personnel in a country or via the exchange of specialist personnel. This could also result in a common investment policy to promote vocational or advanced training or an improved "circular mobility". This unit could also recommend new advanced training contents to the Member States.

In any case, the planning of steering measures requires meaningful data. Certificates of equivalence, inquiries regarding the wish to pursue a profession also in another country and country comparison studies do currently not provide sufficient information about the extent of the actual professional conduct. Consequently, the data situation has to be harmonised and standardised and it must be possible to access and to compare data.

On the global migration of healthcare workers

Apart from the working conditions, in particular the imbalanced global mobility of healthcare jobs from the poorer to the richer countries represents an (ethical) problem. In order to be able to effectively cope with the lack of specialist healthcare personnel, European countries frequently recruit personnel from African states; later these employees show little interest in returning to their home countries. This circumstances results in a massive lack of qualified employees in the developing countries.

The European Commission is right in proposing to solve this deplorable state of affairs with the help of a glo-

bal code of conduct and global mechanisms for circular mobility. Apart from that, however, an increased integration of migrants, who are permanently living in a country, would be desirable.

The problem of the "Numerus Clausus", which was only hinted at in the Green Paper that led in Austria to an over-proportional increase in particular of German students at Austrian Medical Universities must be urgently solved at European level. This Europe-wide granted right concerning the mobility of students, which is basically to be regarded as positive, involves, however, the danger that Austria's healthcare can no longer be guaranteed in future, if the majority of university places is occupied by citizens of other EU countries, who, having completed their studies, want to return to their home country.

Currently, Austria has - until the end of the transitional period for the new Member States - special access regulations, which are supposed to guarantee the protection of work and wage-related standards to the highest possible extent. Following the expiry of this period in 2011, the retention of the Austrian wage level and the social safeguarding provisions, will, in view of the unrestricted freedom of movement, pose a particular challenge.

On the effects of new technologies, improvement of the efficiency of healthcare workers

Telemedicine can help to guarantee medical or care provisions in areas, which are difficult to access or in case of home care; it does, however, require a comprehensive qualification offensive in the individual Member States. The "pharmaceutical efficiency" can only then be improved, when the EU has a central marketing authorisation of pharmaceuticals and price structure.

On the significance of self-employed persons for the working force potential

This chapter addresses the "Promotion of self-employment in the healthcare sector" ("Examination of obstacles for entrepreneurial activities in the healthcare sector"). The Commission points to the "Small Business Act" for Europe and recommends promoting self-employed healthcare workers by removing all obstacles for entrepreneurial activities for the relevant professional groups.

The AK comes out against the proposal of the Commission to give particular emphasis to the promotion of self-employment. Self-employment can neither improve the planning of service provision, nor does it create new jobs. On the contrary, it results in a decrease of the number of care facilities. For reasons of patient protection, self-employed persons too had to be committed to the working times of employed staff.

In particular the discussions about 24-hour care in Austria has shown that self-employed activities can lead to the fact that unqualified personnel works without control and that the

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competitive situation, which emerges from that, triggers wage dumping.

The AK welcomes the promotion of the healthcare system intended in the Green Paper using means from the structure fund of the EU. The funds, which Austria is currently entitled to from the European Social Fund (ESF), were hugely reduced for the current promotion period (2007 to 2013). In the past and in particular in view of the challenges faced by the labour market, this requires the focus on some of the target groups (for example on the promotion of older persons, women and persons with migration background) and on particularly relevant measures, to achieve an optimal effect by concentrating the funds available. A special consideration of promoting the healthcare sectors beyond these target groups was obviously not possible within this scope.

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