

TACKLING THE HEALTH WORKFORCE CRISIS: **TOWARDS A EUROPEAN HEALTH WORKFORCE STRATEGY**

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Summary: Many countries in the European Union (EU) are experiencing a health workforce crisis, which is straining the performance and resilience of health systems. To support and complement the efforts of Member States to address the crisis, the EU should develop a comprehensive health workforce strategy. This strategy should include EU support for health workforce development, the alignment of the EU labour market with health system goals, and advance the review of the professional qualifications directive.

Keywords: *Health Workforce, Human Resources for Health, EU-Labour Market, EU Support, Professional Qualifications Directive*

A crisis with many faces and different roots

There is a health workforce (HWF) crisis in Europe with many countries reporting a shortage of healthcare workers (HCWs). These shortages are a result of: 1) COVID-19, which led to many HCWs leaving the sector; 2) Supply and demand discrepancies of which a topical example is the medical deserts appearing across the region and beyond;* 3) a lack of planning and forecasting resulting in skill-gaps. These gaps in training are noticeable across the region, for example in digital skills,¹ which are indispensable for care integration; 4) labour market and legal framework disputes where some countries have recently witnessed frictions surrounding the pay and working conditions of their HWF. While these are all general issues contributing to the

HWF crisis in many countries, the extent of the crisis varies considerably between countries. There are vast differences in staffing levels between countries, while some countries make better use of HCWs thanks to primary care and integrated care models.

One of the root causes of the HWF crisis in the EU is demography. An ageing society requires more services and, therefore, more health workers. But the HWF is ageing too, and the replenishment of retirees is not a given. The cohorts of young people graduating from school and moving into training are getting smaller. In many countries, the training pipeline as it is currently will not suffice but it is not demography alone. Countries are now addressing omissions of the past: a lack of strategy development, inadequate forecasting and planning, insufficient investment in training and education, inadequate allocation of resources for needed positions, ineffective lifelong learning mechanisms, and a mismatch

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* Medical deserts can be found in almost all countries, mostly in remote and rural areas, where some services cannot be provided on time or with the expected quality, because of the lack of HCWs.¹

between newly trained health professionals and the skills required for health system reforms and new care models.⁸

While COVID-19 has aggravated the HWF crisis, it has also helped move the topic up and onto the political agenda. The WHO Regional Office for Europe launched an influential report⁹ at its Regional Committee in 2022 and followed up with a high level-conference in 2023 resulting in the Bucharest Declaration.⁹ At the global level, the WHO has focused its attention on the remedies for the HWF crisis with the 5th Global Forum on Human Resources for Health.⁹

“support the implementation of new care models and bridge skill gaps

In this article we argue that the EU also plays an important role in supporting and complementing the efforts of Member States as they confront the HWF-crisis. This important role comes from the EU's considerable budgets for health system development that can be used for addressing the HWF crisis. It has also legislated frameworks highly relevant for HWF development.

Belgium has taken the opportunity to champion the cause of the HWF during its Council Presidency 2024, thereby elevating it on the EU's political agenda. Belgium leadership is underpinned by past successes in this area. The last time the HWF received such attention on the EU level dates back to 2010, during the Belgian presidency, when critical Council Conclusions were adopted.⁷ These conclusions gave impetus for joint actions in HWF planning, culminating in the formation of the EU Action Plan on Health Workforce in 2012.⁸

An EU health workforce strategy

A comprehensive EU health workforce strategy will need to address the twin-challenges EU Member States are confronted with. First and foremost, it must lend support to Member States currently struggling with the HWF crisis previously described. Simultaneously, the HWF strategy needs to support Member States in their efforts to transform their health systems by introducing new models of care. These innovative models of care may include care integration, digitalisation, teamwork, community involvement, healthcare delivery approaches like hospital-at-home services, to name a few. These models are designed to respond to the evolving demographic, social and environmental realities in Europe while making the best use of medical and technological innovations.

Often, it is argued that the public health mandate stipulated in article 168 of the Treaty on the Function of the European Union (TFEU) doesn't provide much scope for EU action on the HWF let alone the development of a HWF strategy. Indeed, the public health mandate is limited and explicit with regards to the Member States' responsibility for the organisation and delivery of health services and medical care. These limitations, however, do not preclude the EU from taking decisive action as demonstrated by the EU's COVID-19 health system responses. Moreover, the public health article 168 is not the only source of EU-health policy. Legal instruments, budgets and strategies outside the scope of article 168 are shaping EU health policies and with it the HWF. The challenge will be the alignment of the legal and budgetary instruments impacting the HWF with health system goals.

The following sections present three elements that could make up such a European HWF strategy. This includes EU-support for health workforce development, an EU labour market for health workers that is aligned with health system goals, and finally a thorough review of the existing EU legal framework regulating health professions.

EU support for health workforce development

Four key areas of action can address the current HWF crisis, while also supporting the adoption of new models of care:

Recruiting focuses on improving the alignment between labour demands in the health system and the supply of health workers. It involves utilising foresight, forecasting, and planning to anticipate future workforce needs, investing in education and training programs, and establishing intersectoral governance to coordinate education, finance, and health initiatives effectively.⁹

Retaining aims to ensure that health workers remain in the health sector, preferably within each healthcare facility. While fair salaries play a crucial role, working conditions extend beyond remuneration. This strategy encompasses measures such as providing physical protection against infectious diseases and violence and harassment, which is a prevalent and growing issue in healthcare facilities. Additionally, retention strategies include social interventions like sick-pay, as well as the provision of nurseries and kindergartens in hospitals to create family-friendly working conditions and improve work-life balance. Protecting mental health is also vital, as health workers are often affected by conditions like burnout.⁹

Reactivating encompasses programs designed to facilitate the return of health workers who have taken time off, such as during their children's early years. It also aims to reactivate and re-skill health workers who have transitioned to other sectors and professions. Furthermore, it addresses health workers from third countries whose qualifications are not fully recognised by the competent authorities, offering opportunities for their reactivation within the health sector. Reactivation is an often-neglected strategy, but is an intervention worth exploring given the magnitude of health workers active in other sectors. In Germany alone it is estimated that at least 300,000 full-time equivalents of trained health workers are working in other sectors.¹⁰

(Re-)skilling involves adapting vocational and academic curricula, creating new roles and professions, and improving lifelong learning systems to enhance

the skills of health workers. Re-skilling initiatives can support the implementation of new care models and bridge skill gaps, including digital skills, and green skills. Very important for primary care and care integration, also with links to social care, are teamwork skills including the communication and coordination competencies.¹¹

In order to help Member States implement these tasks, the EU has a large array of support tools¹² at its disposal. These tools encompass policy development, piloting and implementation that can be used for health and health systems and the development of the HCWF (for an overview see the article by Mauer et al. in this issue).¹³

Research and action-oriented research play a crucial role in supporting HWF developments in Member States. Initiatives led by DG Research, Erasmus+, and the European Commission's Public Health Programme, EU4Health, are instrumental in driving these advancements. There are also important Joint Actions in the remit of DG SANTE. These projects offer valuable insights and practical implementations that contribute to the improvement of HWF planning, addressing issues such as medical deserts, skill-mix optimisation, bridging the digital and green skills-gaps, ensuring mental health protection for health workers, and implementing retention-oriented workplace interventions. These topics are of utmost importance to Member States as they strive to strengthen their health systems and ensure the availability of a skilled and sustainable HWF.

There are several important EU tools available for investing in health systems and the health workforce. One of these tools are the European Structural and Investment Funds (ESIF). They have been open since 2010 to fund health-related investments. Originally focused on large-scale investments, they have now become more accessible for targeted and focused investments. A study, focusing in particular on the European Social Fund and the European Regional Development Fund, which are part of the ESIF has reviewed the health investments during the 2014–2020 period. It identified

over 7,000 projects,¹⁴ amounting to more than €8 billion, with an average of approximately €1.2 million per project. ESIF also emphasises lifelong learning, including initiatives aimed at improving and adapting skill-mix, human resource management, continuous professional development, reorientation of specialists to general practitioners, expanding education and training opportunities, and increasing the involvement of non-doctor health staff. Additionally, ESIF aims to enhance the attractiveness of healthcare professions, attract young people to the field, and improve working conditions to facilitate effective retention of health workers.

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establishing
a more
harmonious
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Another significant player in investing in the HWF is the European Investment Bank (EIB), one of the world's biggest lenders. The Bank's investment program includes a focus on education and training, which directly contributes to the development and enhancement of the HWF.

Furthermore, the Recovery and Resilience Facility (RRF), a temporary instrument introduced as part of the European Semester in response to the COVID-19 pandemic, offers opportunities for investing in the HWF as well. For example, Spain has utilised the RRF to invest in professional skills and reduce temporary employment of nurses and doctors to address shortages in the healthcare workforce. Estonia is also leveraging the funds to address health workforce shortages. Malta is utilising the RRF to develop and implement its health policy framework, including the strengthening of the health workforce. Romania is directing the funds towards enhancing the health

workforce in community health centres, while Austria is investing in community nurses through these funds.

There are more EU tools available. But already this selection demonstrates funding opportunities within the EU provide Member States with avenues to invest in and strengthen their HWF, address shortages, improve skills, and enhance the overall effectiveness and quality of healthcare provision.

Not all tools and budgets are equally easily accessible for health systems and HWF development. Sometimes in countries focal points for specific funds are not in the health administration. A HWF strategy could help to improve the visibility of this issue and underscore the urgency.

An EU-labour market for health workers that aligns with health system goals

Health workers can choose to seek employment in any other Member State of the EU. Medical doctors, nurses, midwives, pharmacists and dentists are recognised as regulated professions and enjoy an automatic procedure stipulated in the directive on the recognition of professional qualifications (Directive 2005/36/EC). This makes cross-border mobility much easier. While the free mobility of workers is a great achievement, criticism with regards to the effects on patients, professionals and health systems have always been present. Indeed, the directive is rather indifferent to health system goals and the role of the HWF contributing to them.

In this regard, the EU-labour market for HCWs appears incomplete. While the free mobility within the EU-labour market is thriving, the minimal control mechanisms (robust monitoring of HCW movement or training pipelines) to make such a labour market sustainable are missing. Therefore, the following additions are necessary:

EU-wide electronic health professional register, including health professional cards and employment data that would allow to monitor the EU-labour market. This would remedy the problem that currently the EU-labour market is like a black-box.

We neither have timely nor accurate data on the numbers, full-time equivalents, training pipelines, leavers and cross-border HCWs.

An EU-planning and forecasting mechanism that complements forecasting and planning in Member States. This mechanism could identify/flag up early any under-production of health workers or certain specialties, e.g., primary care doctors. It would help to address imbalances and underinvestment before shortages appear.

Monitoring health workers from third countries should also be considered. EU Member States agreed to the World Health Organization (WHO) Global Code of Practice for the International Recruitment of Health Personnel. This code specifies that health workers should not be recruited from countries that suffer from severe HWF shortages. According to research most EU Member States adhere to the WHO Global Code.¹⁵ The monitoring of third country health professional recruitments is also necessary because of the EU Global Health Strategy. In its guiding principles it states that it should address imbalances and foster skills. It aims a strengthening international collaboration and foster mutually beneficial mobility arrangements.¹⁶ Currently, the data collected by Eurostat the WHO Regional Office for Europe and OECD are incomplete and come with a considerable time lag.

A thorough review of the EU legal frameworks regulating the professions

An EU HWF strategy should also advance the review of the professional qualification directive. It may steer research and the political debate on unresolved, albeit important issues. And there are plenty of issues which would need to be addressed.

Sufficient policy space is among the major concerns of policy-makers with the directive. Using the professional titles of the directive may render HWF development to some extent dependent on those definitions. Diverging HWF development may become difficult. National legislation and policy-making

always interacts with EU policy and law. The question is, however, how these interactions, and sometimes conflicts can be resolved. A health workforce strategy would provide the framework to look at these issues from a health systems and health workforce point of view, acknowledging that policy-makers in countries require room for manoeuvre to develop the health workforce of the future.

Skills-standards and training curricular that make the skills of health workers, especially in cross-border healthcare better comparable are an issue for review and debate too. Today, for the regulated professions, skill-equivalents are assumed, though mostly the length of the training is basis for the recognition of professional qualifications. Bearing in mind the quickly evolving professions and their qualifications, training length may not be sufficient to ensure comparability of qualifications across Member States.

EU-wide training schemes for continuous professional development which ensures that skill-gaps can be addressed and closed in a timely manner are also a subject for review. Life-long learning is a need for most professions as technologies and organisations are changing rapidly. There are, however, no shared criteria among Member States what should be subject of the continuous professional development. In the worst case that could mean that while basic qualifications are comparable, over time the additional qualifications obtained differ widely.

Voluntary cross-border collaboration in the health workforce, with a view to specialist training should receive both attention and support. Small countries, which cannot provide all specialist training in depth could benefit from such arrangements. The Maltese Presidency in 2016 proposed these developments.

A legal framework for health workers. Given the specificity of healthcare, the role of health professionals in protecting human life and health and the key importance of health workforce policies to ensure accessibility of healthcare of high quality, a horizontal directive, dealing with a broad range of regulated professions, from accountants to medical specialists, may

not be the most appropriate instrument to regulate health professionals. Furthermore, the shift needed to a more competency driven system for health professionals, may not fit with the architecture of the Directive on professional qualifications. Given these unresolved yet pressing issues, creating an EU legal framework specifically on and for health professions could prove to be of great value. This framework could have a double legal basis in the TFEU (public health and internal market)[†] and could provide the necessary basis to regulate health professions in a flexible way.

A dedicated sectoral directive for health workers could also open up opportunities *for including more health professions.* While in principle all health workers are covered by the directive on the recognition of professional qualifications only the so call five regulated professions, medical doctors, nurses, midwives, dentists and pharmacists, fall under the automatic procedure. The question to discuss is whether there are additional professions that may fall under the automatic procedure.

Conclusions

An EU HWF strategy covering the proposals discussed in this article (**see Box 1**) has the potential to draw attention to the pressing need for addressing the HWF crisis while also aligning it with the ongoing transformations within healthcare systems. Such a strategy could offer guidance on utilising and enhancing access to existing healthcare support tools. Moreover, it could play a crucial role in establishing a more harmonious EU labour market for health professionals by more effectively aligning to the objectives of health systems. Lastly, the EU strategy could aid in the adaptation of existing legal frameworks and budgets to meet the evolving HWF requirements of future healthcare systems.

While seemingly challenging, the creation of an EU HWF strategy is not entirely unrealistic. There is a trend aligning existing legislation to health system goals. The Patients' Rights Directive (2011/24/EU) has clearly demonstrated that the

[†] As is the case with the Directive 2011/24/EU on patients' rights in cross-border healthcare.

Box 1: Summary of proposed actions for EU-support for health workforce development

- EU-wide electronic health professional register, including health professional cards and employment data that would allow to monitor the EU-labour market.
- An EU-planning and forecasting mechanism that complements forecasting and planning in Member States.
- Monitoring health workers from third countries.
- EU-wide training schemes for continuous professional development.
- Voluntary cross-border collaboration in the health workforce, with a focus on specialist training.
- Creating an EU legal framework specifically on and for health professions.

free movement of services can be leveraged to benefit both patients and healthcare systems. The pharmaceutical strategy, adopted in April 2023, has provided a clear path for shifting legislation from its original industrial policy focus towards aligning it with the goals of healthcare systems. An additional, significant step in this direction would be the improved alignment of the EU legal frameworks regulating the professions. Belgium's Presidency 2010 and the Council conclusions resulting from it paved the way for the Health Workforce Action plan, which has proven to be an important step forward. The next step would be the push for an EU HWF strategy.

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