



Health workforce: challenges and actions at European level

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State of Health in the EU Companion Report 2021

Draws three takeaway messages based on the findings of the
Country Health Profiles 2021:

1

Understanding the far-reaching health impacts of the COVID-19 pandemic

2

Locking in the advantages of digital innovation in healthcare delivery and public health

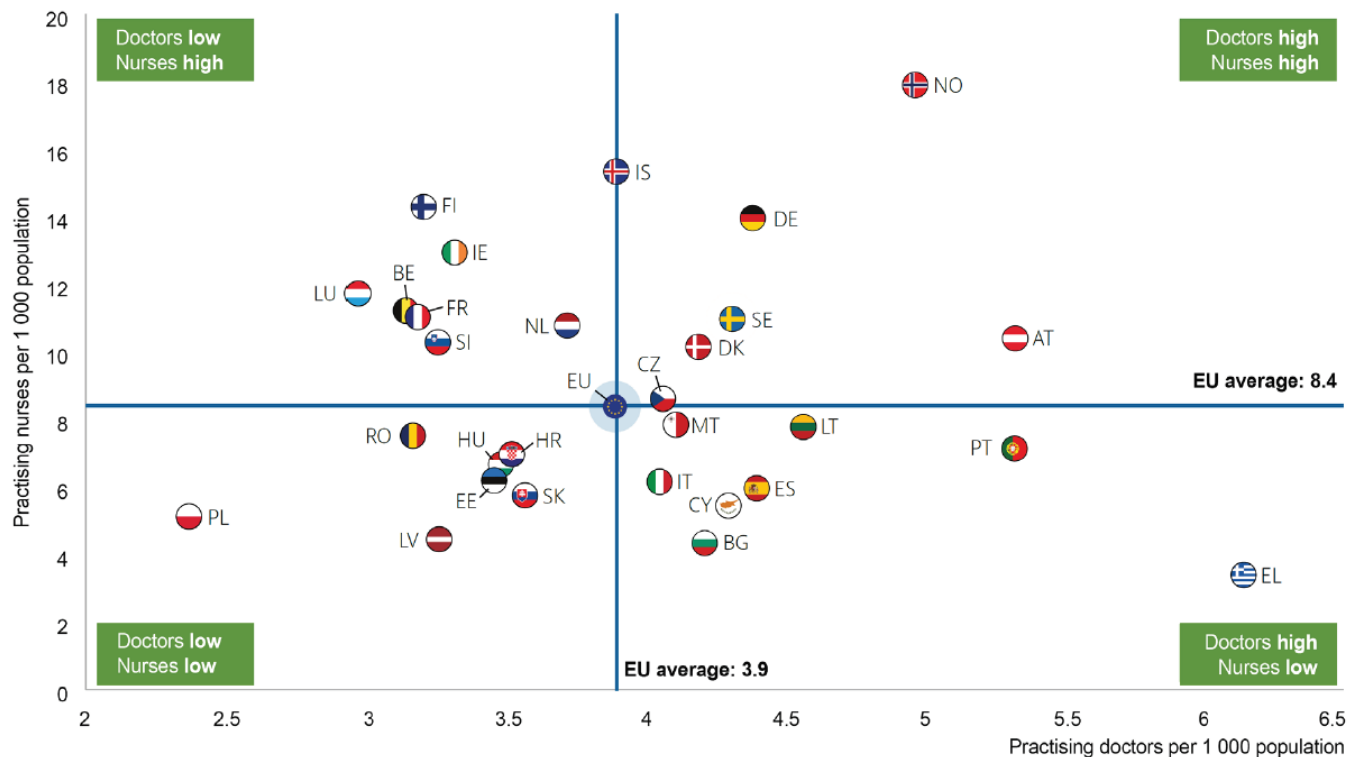
3

Rethinking health workforce strategies and planning after the COVID-19 pandemic



Rethinking health workforce strategies and planning after the COVID-19 pandemic

Doctors and nurses per 1000 population, 2019 or latest year available



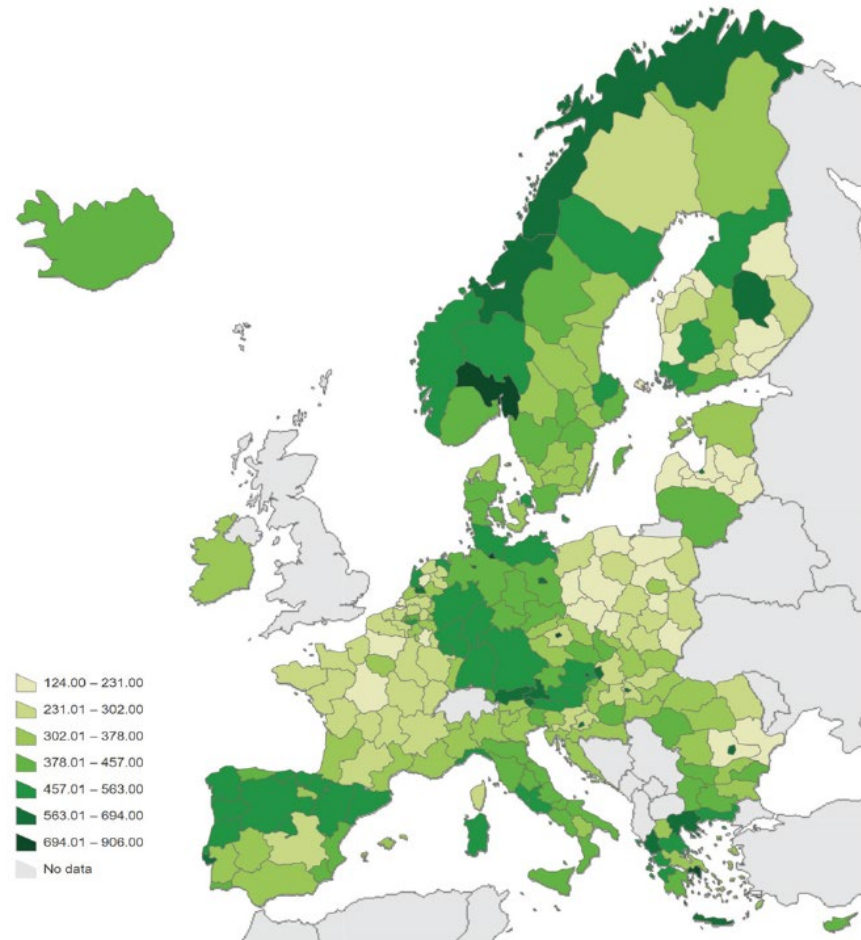
Note: In Greece and Portugal, data refer to all doctors licensed to practice, resulting in an overestimation of the number of practising doctors. In Greece, the number of nurses is underestimated as it only includes those working in hospitals.

Source: Adapted from OECD/European Observatory on Health Systems and Policies (2021), Country Health Profiles 2021 - State of Health in the EU.



Rethinking health workforce strategies and planning after the COVID-19 pandemic

Doctors per 100 000 population – regional breakdown, 2020 or latest year available



Note: In Greece and Portugal, data refer to all doctors licensed to practice, resulting in an overestimation of the number of practising doctors.

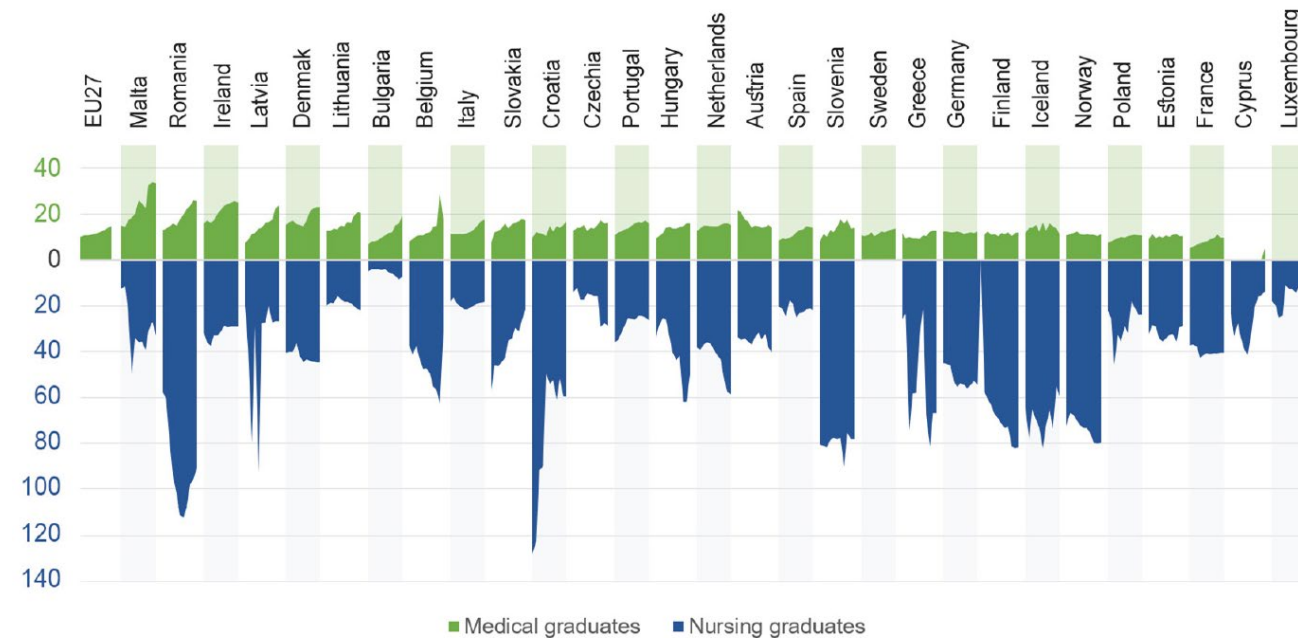
Source: Eurostat database, National Statistical Institutes, National Medical Associations. Regional data (NUTS 1, 2 or 3) not available for Ireland, Estonia, Lithuania and Iceland.



Rethinking health workforce strategies and planning after the COVID-19 pandemic



Medical and nursing graduates per 100 000 population, 2009-2019



Source: Eurostat database. 2018 data for Denmark, Greece, France, Poland (both variables) Croatia and Slovenia (nursing graduates); no data on nursing graduates for Sweden.

- Strategies to expand health workforce capacity were essential to avert health system failure in the countries hardest-hit by COVID-19.
- Avenues out of the health workforce crisis post-COVID-19 pandemic:
 - 1) Implement **better workforce planning**
 - 2) Increase investment in **training and education**
 - 3) New skills and **skill-mix innovations** (e.g., task-shifting, not as a substitute for expansion of the size of the workforce)

Working conditions

	Healthcare professionals	Long term care workers	All workers
Work negatively affects health of workers	29%	37%	25%
Shift work	28%	33%	15%
Care-specific physical risks:			
Handle or are in direct contact with materials that can be infectious (waste, bodily fluids, laboratory materials), at least three-quarters of the; not all well informed (or protected, in particular early-on in pandemic)	31%	23%	2%
'lifting or moving people' more than three-quarters of the time	23%	40%	5%

Eurofound (2020), Long-term care workforce: employment and working conditions, <https://www.eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions> (LFS & EWCS analysis)

Pay in healthcare
(comparison to average national hourly earnings)

below average only in few Member States, but heterogeneity: especially assistant nurses well-below average

EUStructure of Earnings Survey, 2018

Current actions on health workforce

Health Workforce Projects Cluster 5
projects on medical deserts, task shifting and workforce retention

HEROES Joint Action
on workforce planning and forecasting

Pact for Skills
partnership in the health ecosystem

Call for proposals for continuous professional training under the EU4Health work programme 2022

European Semester: in 2020 and 2022, a combined total of 18 Member States received country specific recommendations to address health workforce challenges.

Recovery and Resilience Instrument
(some reforms and investments in health workforce)

Recovery and Resilience Programmes: health workforce

MS	Reforms and investments
AT	reform to improve working conditions in primary care, establishment of a network of community nurses
BG	reform to improve attractiveness of healthcare professions and ensure a more balanced distribution of health workforce
CZ	improvement of education of health professionals
EE	expanding the role of nurses within the primary care reform
ES	reform of the status of health workers, including working conditions and reduction of temporary employment, reform of education of health professionals, training measures
HR	specialist training (emergency medicine)
IT	various training measures (GPs, ARM, digital skills, managerial skills)
LT	health workforce reform, including working conditions and education, competence platform
LU	reform of the education system to establish new professions or increase quotas of selected faculties, electronic register of health professionals
LV	reform and investment to improve human resources management and upskilling in the health sector
MT	development of a health workforce planning tool and the implementation of measures to improve the wellbeing and integration of foreign health workers
SI	training of professionals for mobile palliative care teams, training for nurses, increasing quotas of students of medicine and dentists
SK	Improving processes for recognition of qualifications
SE	Regulation of the profession of a nursing assistant

Supporting mental health of health workforce and other essential workers

The recommendations in the opinion call to change the focus from ‘mental health’ to ‘mental wellbeing’, incorporating the idea of staff wellbeing as an inherent part of the workplace. The recommendations are addressed to EU and national decision makers in the field of health, employment and education policies, as well as senior managers of organisations which employ a high number of essential workers. They cover a number of areas from planning, screening, reporting to training, research and knowledge sharing.



Thank you



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