

The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.

CPME Voting recommendations on the European Parliament own-initiative report on an EU Health workforce crisis plan

Doctors support amendments that reflect the needs and solutions identified by front-line healthcare professionals, including upholding high education and training standards, promoting domestic self-sufficiency in training the workforce, safeguarding patient safety and quality of care, addressing poor working conditions that drive professionals away, and recognising the value of digital technologies.

As the European Parliament SANT and EMPL Committee consider the amendments to the Joint own-initiative report on an EU Health Workforce crisis plan: sustainability of healthcare systems and employment and working conditions in the healthcare sector, European Doctors appeal for concrete solutions to ensure a resilient and sustainable health workforce for the future.

We call upon the SANT and EMPL committee members:

- **To uphold high standards of education and training for healthcare professionals.** A lack of adequate numbers of healthcare professionals does not justify decreasing education and training standards. High quality medical education and training is a prerequisite for a high patient safety and quality of care in healthcare delivery. Additionally, high quality education improves the attractiveness of the medical profession. CPME opposes a general revision of the Professional Qualifications Directive as doing so risks lowering standards for medical education due to the political pressure caused by the lack of adequate numbers of health professionals. The existing legislative framework on the recognition of professional qualifications is functioning as intended. The general system of recognition offers scope for professions not covered by the automatic recognition regime.

CPME therefore recommends to vote against amendments, 566, 613, 618 649 which would undermine the well-functioning of the existing system on the recognition of professional qualifications.

CPME underlines the importance of ensuring that health professionals are highly educated and trained to the highest standards and rejects the idea of providing pathways for non-medically qualified personnel to e.g. diagnose, prescribe medications, and treat patients. Recent experiences from European countries concerning the implementation of non-medically qualified roles have shown negative

impacts on patient safety as well as created confusion for patients as to whether they are seeing a doctor. CPME therefore recommends voting against amendment 602.

- **To encourage Member States to work towards self-sufficient systems which educate an adequate number of healthcare professionals to meet existing and future needs.** While CPME underlines the personal and professional right for doctors to migrate, both within the EU and internationally, Member States must not rely on international recruitment to address structural deficiencies in their own health workforce planning. Where there is pro-active outreach to professionals abroad, Member States and private actors must implement ethical recruitment policies in full alignment with the EU Directive on the conditions of entry and residence of third-country nationals for the purpose of highly qualified employment ('Blue Card Directive') and the WHO Global Code of Practice on the International Recruitment of Health Personnel.

CPME supports an explicit reference to be made for Member States to ensure self-sufficiency and therefore supports amendments 266, 523 ,525, 530.

CPME underlines the personal and professional right of doctors to exercise the right of free movement and opposes measures that would restrict this right.

CPME strongly opposes compulsory and coercive relocation of healthcare professionals as such measures undermine professional autonomy and exacerbate the dissatisfaction and burnout faced by doctors while leaving unaddressed the structural conditions that deter doctors from practising in underserved areas. CPME therefore rejects any references to mandatory relocation and recommends voting against amendment 580. Solutions should focus not on restricting mobility but on tackling the underlying conditions that drive healthcare professionals to seek opportunities abroad.

- **To safeguard a high level of patient safety and quality of care in the context of multi-disciplinary teams and interprofessional collaboration.** In certain circumstances, transfer of tasks can help optimise resources when safely designed and properly implemented, allowing doctors to focus on care that requires their expertise. CPME acknowledges the potential of non-clinical support roles, particularly in data entry and administrative processes, where they can relieve doctors of non-clinical tasks and ensure that medical expertise is primarily dedicated to patient care. This must be accompanied by a clear scope of practice to ensure there are no concerns for patient safety. However, CPME cautions that task-sharing and task shifting cannot replace comprehensive workforce planning and investment to ensure adequate and equitable supply of doctors and healthcare professionals. Without formal structured arrangements, sufficient safeguards and clinical supervision, transfer of tasks risks decreasing the quality of patient care, incorrect diagnosis and treatment, and fragmented follow up. The involvement of doctors in the leadership and evaluation of task delegation and shifting initiatives is essential in ensuring their proper and safe implementation, maintaining patient safety and quality of care.

CPME warns against the promotion of task-sharing and task shifting initiatives as a substitute for addressing structural deficiencies in workforce planning and retention. CPME recommends voting against amendments, 620, 631, 652, 654, 656 663 665, 670, 674, 738.

CPME supports amendments that promote safe, structured and well-supervised task sharing and task shifting within multidisciplinary teams, backed by clear scopes of practice, appropriate safeguards and the involvement of doctors in the design, leadership and evaluation of such initiatives. CPME therefore support amendments 324, 325, 657, 658.

- **To address the poor working conditions that drive healthcare professionals to leave.** CPME underscores that addressing working conditions is the primary preventive measure to ensure the well-being of healthcare professionals. Concrete commitments are therefore needed to improve working conditions to ensure present and future workforce sustainability.

CPME supports measures that tackle poor working conditions such as excessive hours, poor work-life balance, and burnout, which drive healthcare professionals to leave the profession. CPME therefore recommends supporting amendments, 246, 256, 257, 388, 540, 669.

CPME emphasises the importance of safe staffing levels not only in the context of lawful working conditions and the attractiveness of medical practice as a long-term career, but for the safety and quality of patient care. CPME supports amendments, 243, 261, 283, 286, 297 to promote safe staffing.

Doctors safety at work is the basis for quality healthcare. CPME observes that doctors and other healthcare professionals, working in hospitals, general and private practice and increasingly confronted with situations of violence, sometimes extreme, in their daily practice. CPME highlights the need to protect healthcare professionals from violence and supports amendments 183, 423.

- **To recognise the potential of digital tools in alleviating administrative burden for healthcare professionals.** Digital tools and telemedicine, when properly implemented, can contribute to reducing administrative burden and freeing up time for patient care, but they cannot substitute for an adequately staffed and well-supported health workforce. Healthcare professionals must be involved in the design and implementation of such tools to ensure they meet the needs of those delivering care and do not add any further undue burden.

CPME underlines that face-to-face care remains the gold standard for ensuring high-quality healthcare. Telemedicine can serve as a complementary tool when used appropriately by doctors, based on medical necessity and professional judgement. CPME supports amendments 491, 492, 493, 494 , 686, 732 which reaffirm this principle.

CPME stresses that telepharmacy is not a legally recognised concept under EU law but rather used by commercial online retailers of medicine, unlike telemedicine which is defined, and therefore recommends to vote against amendments 741, 742, 754, 756.

CPME recommends voting against amendment 616.