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On 10 September 2020, the CPME Executive Committee adopted the CPME Response to the Health First Europe and European Health Management Survey on 'Profiling and training the healthcare workers of the future' (CPME 2020/067 FINAL).

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**CPME Response to the Health First Europe and European Health Management Survey on 'Profiling and training the healthcare workers of the future'**

*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<sup>1</sup>.*

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<sup>1</sup>CPME is registered in the Transparency Register with the ID number 9276943405-41.

# HFE & EHMA Survey "Profiling and training the healthcare workers of the future"

## General information

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\*2. Last name

Roda

\*3. Organisation

CPME

\*4. Representing

- Patients
- Industry
- Healthcare professionals
- healthcare students
- Healthcare setting (e.g. hospitals, labs, primary care facilities)
- University & research center
- National authority
- EU body
- Other (please specify)

\*5. Role

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## 1) The core competences required for the healthcare workforce of the future

\*7. What are the two most important skills required for the healthcare workforce of the future (Max 2 choices)

- Adaptability to different settings and models of care
- Digital skills
- Management skills
- Health data analysis skills
- Communication skills
- Empathy toward the patients
- Administration skills
- Other (please specify)

The digital revolution in health care will not yield the “normal” patient-doctor contact redundant. Communication or empathy (not to forget physical examination) are central to the patient-doctor relationship. Healthcare workforce will also need to adapt to different settings and models of care.

\*8. Briefly motivate your choice

The digital transformation of medicine should be understood by all actors as a long-lasting disruptive process of change and innovation that will massively modify the structures, processes and cultures of the healthcare system and thereby significantly alter the roles, competencies and cooperation of doctors and other healthcare professions. Communication is central to the patient-doctor relationship, therefore this is a horizontal topic that must be considered in all future skills.

## 2) Structural changes in workforce planning, curricula and educational programmes

\*9. What tool can most impact the improvement in planning needed for the healthcare workforce of the future? (Max 1 choice)

- Planning (by) using better digital technologies
- Planning (by) using better governance models
- Planning (by) using better technical managerial frameworks
- Other (please specify)

\*10. Briefly motivate your choice

Promoting a wide acquisition of digital skills requires processes at various levels of the educational institutions: strategic processes by management, interdisciplinary processes by competence centres and individual promoters, technical processes by teachers.

It is not sufficient to only planning using better digital technologies. It is a wider approach, requiring in addition to investments in technologies, a profound reflection in people's mentalities.

\*11. The EU supports Member States in their efforts to provide the best education and training for their professionals. Which EU actions could better support Member States in training the healthcare workforce of the future? (Max 2 choices)

- Create EU curricula for health care professionals and common definitions of professions and specializations
- Generate more opportunities abroad for students as well as professionals
- Provide innovative scheme and programmes for sharing good practices on effective recruitment and retention strategies for health professionals
- Maximise the use of European funding instruments to support actions to tackle health workforce shortages and create EU training programmes and solidarity scheme
- Other (please specify)



\*12. Briefly motivate your choice

In CPME membership survey on health systems and skill mix, health workforce policy and recruitment of doctors i.a. in remote/rural areas was highlighted as one of the priorities for action. This is reflected in CPME's long-standing policy activities on health workforce planning and forecasting. European level coordination on these issues is key not only to improve national policies, but also to enable cross-border monitoring.

## Case studies and best practices across Europe

\*13. Please provide a best practices and cases study worth sharing across borders on educational programme and workforce planning

1) "Medicine in the digital age" was the first curriculum, which addresses digital transformation and the changing qualification need for future doctors at a German medical school. It has been implemented since 2017. The curriculum "Medicine in the Digital Age" explicitly pursues the approach of mapping the digital transformation of medicine in an interdisciplinary and interactive way. In addition to imparting knowledge, the focus is on practical skills in dealing with digital applications and a reflection of personal attitudes. Knowledge - skills - attitude: Only the integration of these three aspects leads to competence.

2) We also highlight the Support for the health workforce planning and forecasting expert network (SEPEN) which CPME is a consortium member of, which showcases and discusses good practices around planning and policies at [www.healthworkforce.eu](http://www.healthworkforce.eu).

\*14. If available, provide the link to the study / source

- Kuhn S: Medizin im digitalen Zeitalter – Transformation durch Bildung. Dtsch Arztebl April 2018; 115 (14): A 633–8;
- Kuhn S, Kadioglu D, Deutsch K, Michl S: Data Literacy in der Medizin: Welche Kompetenzen braucht ein Arzt? 2018 Feb; Der Onkologe. DOI10.1007/s00761-018-0344-9, online first 13 Februar 2018

\*15. Which policy recommendation(s) is resulting from the case study you mentioned?

The development of a digitization strategy and its didactic mediation is thus a relevant component of future planning for the curricular development of medical studies for all locations, but also for the further education and training of the medical profession.

In the future, this will require a comprehensive implementation in the curriculum. In this context, it must be critically reflected whether and how the range of courses presented here is scalable. We are convinced that the practical and reflective parts, even when scaled to the number of semesters, should be represented in the form of internships for a maximum of 15-20 students in order to foster exchange.

When developing these curricula, the high speed of the change process should also be taken into account and curricular adaptation in the sense of "agility by design" should be made possible right from the conception stage.

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