



On 21 January 2021, the CPME Executive Committee endorsed the EUHPP Thematic Network Joint Statement on "Profiling and Training the Healthcare Workers of the Future" (CPME 2021/008 FINAL).

CPME Endorsement

EUHPP Joint Statement 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 issues¹.

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EUHPP Thematic Network

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Profiling and training the
health care workers of the future

JOINT STATEMENT

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January 2021



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FOREWORD

Health First Europe and the European Health Management Association (EHMA) are network organisations that work intensively to improve the quality of European healthcare delivery. In 2019, our organisations joined forces to collaborate on a project to participate in addressing the needs of the health workforce of the future. Needs that were made greater and starker by the challenges of the current global health crisis.

By leading a Thematic Network on the topic of 'Profiling and training the health care workers of the future', EHMA and Health First Europe wanted to identify the health workforce skills and competences necessary to effectively address the digital transformations that are facilitating more effective, accessible, and resilient health systems. We also wanted to highlight European innovations in digital and data areas that represent best practices in developing the skills of the health workforce.

Our organisations brought together an extensive network of stakeholders across European health and care systems with the relevant experience to inform a policy discussion to then define the barriers and incentives to promote health systems that successfully implement innovations in digital and data areas.

We intend for the work of this Thematic Network to inform the initiatives that will be funded by the Digital Europe programme for 2021–2027, and primarily those that propose to act on the 'advanced digital skills' of the health and care workforce, and to support the uptake of innovation and digital tools that is rapidly taking place, as well as those to be implemented within the cluster on health of Horizon Europe.

More than ever, European health systems need to identify good practices in digitalisation and integration of care linked with health workforce challenges. EHMA and Health First Europe will continue to collaborate with our networks to initiate discussions, provide a platform to highlight best practices, and advise European policy makers in promoting the delivery of high-quality healthcare.

George Valiotis
Interim Executive Director
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Introduction

Healthcare systems around the world have been under tremendous pressure, even before the COVID-19 crisis, based on a confluence of factors such as the increased prevalence of chronic diseases, changing population demographics, digitalisation, restrained health care budgets, and institutionalised systems out of date with modern day requirements.

Healthcare workers are the backbones of these systems. Health is highly labour intensive and one of the largest economic sectors in the EU: Europe's 18.6 million health and care workers represent 8.5% of the total workforce and they are involved in a wide range of activities to promote healthy lifestyles and prevent, diagnose and treat illnesses. Any transformation of the healthcare systems to make them resilient and innovative, while ensuring patients' safety and quality of care, must start with healthcare professionals, their educations and continual learning.

Starting from this assumption, the following joint statement, a product of the work of the EU Health Policy Platform (EUHPP) Thematic Network on the workforce of the future led by the European Health Management Association (EHMA) and Health First Europe (HFE), provides insights into best practices in workforce education to be shared across borders, into the skill set of the workforce of the future and into the role of healthcare professionals in promoting data-driven innovation and patient-centered and inter-disciplinary models of care. The set of concluding recommendations of the statements shall inform and advise the European Commission and the EU Members States on health care workforce education, training, and planning for the future of care, identifying the necessary skill mix and the areas in which greater EU collaboration and best practice sharing are needed.

A large community of stakeholders has been involved in the drafting of the joint statement, including healthcare workers, hospital and healthcare employers, representatives of families and informal caregivers, students, academia and technology providers, as vital segments of health care delivery. Those stakeholders have contributed via an online survey and presenting their case studies and best practices at the Thematic Network webinars in 2020.

The challenges ahead

Even before the COVID-19 pandemic, Europe was experiencing a rising demand for complex care linked with an increase in the percentage of the European population that is elderly and has chronic and multiple diseases. New patient needs require different skill sets as well as different ways of working across sectors and disciplines. There is also a lack of a joined strategy for the future of care delivery to tackle common and cross-border issues.

The challenges affect the health and well-being of every EU citizen and require imaginative thinking along with decisive changes. The transformation of health care systems implies structural changes and disruptive reforms to become more resilient, accessible, and effective in providing quality care to European citizens. It may require the redefinition of the relationship between different service providers, the introduction of new stakeholders and new cultural thinking for carers and citizens. Therefore, a joint effort is necessary to improve our mutual well-being.

In recent years, the incidence of chronic diseases has increased due to the ageing of the population, environmental pollution, and unhealthy lifestyles, raising pressure on public health and social care budgets. This has led to the need for a shift towards prevention and a more patient-centred and value-based method of healing. Consequently, more digital technologies have been employed to achieve greater precision, better results and to increase life expectancy. The health workforce has been highly affected by this phenomenon and the demand for specialised professionals is increasing every day. Unfortunately, this demand is rarely satisfied.

The European Commission has estimated a future shortage of healthcare workers that will leave 15% of the positions unfilled in the next years.[1] The shortage of both healthcare workers and students exacerbates the burnout issues that are created by an excess of work and long working days. Increasing demands for more complex care exacerbate the shortage.

European hospitals have yet to agree on a shared vision and collaboration to create a connected system for care that could benefit all European citizens and improve the quality of services in each country by fostering healthcare service and policy innovation transfer. Healthcare professionals are still not trained and formed with a harmonised, standardised protocol. There are also neither common digital infrastructures nor consistent outcome-based policies that would incentivise an effective use of digital tools and technologies. Both are needed to support health professionals and health systems to deliver a stronger, more effective integration and personalisation of care across the Union.

[1]

https://ec.europa.eu/health/sites/health/files/workforce/docs/health_workforce_study_2012_report_en.pdf

Best practices across Europe

The following section covers the case studies presented during the EU Health Policy Platform webinars and submitted in response to our survey. This section is divided into **four thematic segments**, including case studies on (1) Continuity and coordination of care, (2) Innovation readiness and digital health, (3) Harmonised curricula and international exchanges and (4) Workforce planning & interprofessional programmes.

Continuity and coordination of care

Thematic segment N.1

Introduction: A certain skill mix is needed to provide continuity and coordination of care, especially to those chronic patients who need frequent controls and support in self-management. The following best practices in continuity & coordination of care show how to prepare the health care workforce to provide coordinated care and meet the needs of chronic patients.

Case Study no. 1: An integrated care approach to tackle heart failure

Actor / author: Heart Failure policy Network and the University Hospital Bellvitge, Barcelona

In a multidisciplinary and integrated care approach, patients are involved in every stage, empowering them and their families. Those have been shown to be best practices, but in reality, they are not put in practice (e.g., patients experience significant changes in medications when they transfer to other clinicians). At the University Hospital Bellvitge (Barcelona), in the scope of delivering multidisciplinary and integrated care, the following measures resulted in a 50% reduction in hospitalisation:

- Endorsement of health pathways by managers;
- Give access to Key Performance Indicators to professionals: quality improvement;
- Population-based approach (tailored intervention for each patient).

A Nurse-led heart failure (HF) management programme in primary care in Barcelona showed excellent results. Healthcare institutions in the Litoral Mar area in Spain and the Catalan Health Service developed a nurse-led multidisciplinary HF care model that integrated care and reduced the risk of readmission and death. Adding a telemedicine component further reduced hospital readmission, length of hospital stay at readmission, and cost per patient. This care model is being implemented and improved in South Metropolitan Barcelona with coordination from the Bellvitge University Hospital.

Lessons learned

- Boosting HF specialists while supporting generalists;
- Facilitating formal accreditation for different speciality;
- Removing legal barriers to clinical delegation of tasks (e.g., nurses can prescribe, GP can ask for diagnosis procedures, etc.);
- Considering the value of recognising the specialist disciplines other than medicines;
- Formalising person-centred skillsets.

Case Study no. 2 : A programme to increase adaptability with flexible learning routes

Actor / author: Dutch Association of Hospitals

In the Netherlands, the healthcare system can count on the training program 'CZO flexlevel', which aims to increase the adaptability of health care professionals by innovating the post-initial nursing education. The programme focuses on adaptability by introducing flexible post-initial educational pathways for nurses and that enables individual customisation.

Lessons learned

- Flexible learning routes give care providers more career opportunities: they are trained more efficiently, they can enter and move on more easily, and they are ready for tomorrow's health care demand;
- Those trainings help professionals acquire the right skill mix to provide continuity and coordination of care, especially to chronic disease patients.

Case Study no. 3 : Diabetes patients and ten rules for continuity and coordination of care

Actor / author: International Diabetes Federation Europe

Ten rules of performance in a modern health care system:

- 1 Care is based on continuous healing relationships. Health professionals should provide care whenever patients need it, in different forms if needed, and not be limited to face-to-face visits. Health professionals should be responsive at all times (24 hours a day, every day) and provide care over the internet, by telephone, and by other means in addition to face-to-face visits;
- 2 Care is customised based on patient needs and values. Health professionals have the capability to respond to individual patient choices and preferences;
- 3 The patient is the source of control. Health professionals should be able to accommodate differences in patient preferences and encourage shared decision making;
- 4 Knowledge is shared, and information flows freely. Health professionals should support patients' unfettered access to their medical information and clinical knowledge and communicate effectively and share information with patients;
- 5 Decision making is evidence-based. Health professionals should provide care based on the best available scientific, standardised knowledge;
- 6 Safety is a system property. Health professionals should ensure safety by paying greater attention to systems that help prevent and mitigate errors;
- 7 Transparency is necessary. Health professionals should make information available to patients and their families that allows them to make informed decisions about all aspects of care;

- 8 Needs are anticipated. Health professionals should be able to anticipate patient needs through planning;
- 9 Waste is continuously decreased. Health professionals should make efforts not to waste resources or patients' time;
- 10 Cooperation amongst clinicians is a priority. Health professionals should actively collaborate and communicate to ensure the appropriate exchange of information and coordination of care.

Lessons learned

- Care is based on a continuous healing relationship and patients need to be in control of the process;
- Knowledge is shared and information flows freely;
- Decision-making is evidence-based;
- Safety is a system property;
- Waste is continuously reduced (resources and time of patients and professionals);
- Cooperation amongst clinicians is a priority (importance of multidisciplinary).

Innovation readiness, digital skills and literacy

Thematic segment N.2

Introduction: Digital solutions have a great role to play in ensuring continuity of care provided that healthcare professionals are trained to use them and are involved in identifying the most effective digital tools. Investing in digital skills and in healthcare workers' education in digital tools (from electronic health records to AI solutions) ultimately results in providing the best quality of care for patients while speeding administrative processes and diagnoses and making the delivery of care more efficient and effective.

Case Study no. 4 : Digital readiness to embrace digital solution for care

Actor / author: NHS Digital Academy and Imperial College London

Digital readiness for healthcare workers is essential to quickly adapt to new technologies and support healthcare systems as they embrace digital solutions. Digital readiness cannot be unilateral. It needs to be fostered by a wide range of stakeholders from clinicians to health managers to patients. Access to innovation and digital technologies should be granted without excluding minorities, by providing equal access to digital technologies in order to make the digital environment easy and safe to navigate.

Mr David Farrell presented the case study of the NHS Digital Academy, conducted through Imperial College London, a learning programme in digital health leadership for mid to senior-level workers aiming at enhancing digital skills significantly.

This programme brings innovative solutions for stakeholders to adopt digital leadership skills to be applied in healthcare systems and beyond by addressing the following:

- How to take offset in real clinical needs?
- How to lead the change?
- How to change the workflows?
- How to be involved in the process?
- What do they expect from the training sessions?
- How to follow up after the training sessions?
- Providing a framework for digital development and awareness for board-level leaders to help them to understand new technologies better
- Ensuring the understanding of the needs of the current digital workforce and foreseeing the needs for the future digital workforce
- Supporting digital skills with an assessment framework (staff development, change of mentality for health managers)

The project is funded by Health Education England and aims at embracing “Digital Readiness”, building a digital-ready workforce and embracing new technologies to boost digital leadership and empower patients.

Lessons learned

Embrace a digital change in healthcare management by:

- Promoting a culture of open discussion amongst patients and health care professionals and open research;
- Embracing digital literacy to empower the health workforce as well as patients;
- Promoting cross-border non-hierarchical health systems;
- Boosting fast, integrated and light organisational processes;
- Comparing and assessing the risks of digitalisation against the benefits;
- Fostering scalable, interoperable, fixable, resilient and fit-for-purpose technology;
- Fostering multidisciplinary collaboration, innovative attitudes and team learning.

Case Study no. 5 : The DISH project

Actor / author: Digital & Innovation Skills Helix in Health (DISH) project, Denmark

This project is funded by Erasmus+ programme and it addresses the digital skills gap of the healthcare workforce by establishing a triple helix partnership consisting of healthcare providers, educational institutions and private enterprise, representing six countries (Spain, the UK, Germany, Denmark, Poland and Norway). The project aims at identifying new approaches to support citizens (patients and healthcare professionals) in the use of new technology and at preparing health care professionals to the ongoing digitalisation of care. The DISH project focuses on three areas: innovation readiness, digital leadership and literacy. The project’s training sessions are horizontal and involve both management and staff.

All the DISH concepts will be tested in the 6 participating countries, and once completed, a general assessment would be carried including good practices learned from each country. These recommendations could also be transferred to other countries’ health care systems.

Policy Recommendations

- Promote a secure use of digital technology;
- Encourage training and brainstorming technological participation;
- Promote an ethical use of technology, valuing patients' insights in the implementation of digital solutions.

Case Study no. 6 : Gastroenterology and robotics

Actor / author: Gastroenterology (UEG), Member of the BioMed Alliance

It is not surprising, but no less impressive, that half a million robot-assisted surgeries are performed throughout the world every year. Robotics platforms are human-operated and controlled tool kits to perform laparoscopic and endoscopic procedures. Three-dimensional views, access in crowded organ spaces and a fine range of movements on robotic arms enable healthcare professionals to perform complex procedures with more precision, flexibility and control.

Robotic tool kits are used to remove gastrointestinal (GI) cancers, perform bariatric surgery, fix tissues to their regular positions and provide diagnostic access to the GI tract. Robotic assisted minimally invasive procedures are associated with less pain, early hospital discharge and better outcomes. Development of slender, versatile and affordable robotic platforms is enabling healthcare professionals to perform less invasive diagnostic and therapeutic procedures with the potential to reduce variation in outcomes. However, a lack of a standardised training pathway, certification of GI healthcare professionals using robotic toolkits and a European database for safety and clinical outcomes is still lacking. Access to robotic platforms is also disparate in Europe and is a burden to training professionals.

The use of robotic platforms to detect and treat diseases, in gastrointestinal diseases, is growing at a fast pace. Robotics offers many potential technical advantages and are an opportunity for the diagnostic and treatment of numerous digestive diseases, as robotics are being used for Bariatric surgery, rectal cancer surgery, endoscopic therapeutic procedures, etc. Robotics benefit the general public, reducing variation in outcomes, improving clinical outcomes and results, and allowing short term advantages of minimally invasive procedures, with for example less operative blood loss, less postoperative pain and consequently, reduced requirement of narcotics, as well as a shorter length of stay. However, the clinical application of robotic platforms is currently challenging.

To cope with the fast development of robotic surgery, the use of these robotic platforms needs to be increasingly taught in trainings, and certificates should be delivered for the use of gastrointestinal robotics. At the EU level, there are substantial inequalities in the uptake of gastrointestinal robotics and different quality standards for their use. It is therefore becoming increasingly important to develop aligned standards for Robotic Surgery training in Europe.

Policy Recommendations

To cope with the fast developments of AI, reduce the vast inequalities in the uptake of gastrointestinal AI & robotics, guarantee safe and accurate AI-enabled healthcare delivery, it is essential to address several challenges:

- Despite the many opportunities AI holds, the increasing levels of autonomy for surgical robots are also raising ethical issues which need to be addressed. In this respect, we emphasise the importance of having well-defined standards for human control and liability;
- Specific attention must be given to strengthening trust with patients, reviewing which information is sufficiently rich and understandable for autonomous patient reflection and decision making. The ownership of the data should also be discussed;

- The significant barriers are encountered in the quality of input data sets lacking appropriate annotations, and in a robust golden standard against which to train models;
- At EU level, we experience substantial inequalities in the uptake of AI devices in gastroenterology and different quality standards for their use. Hence, healthcare professionals need skills to adequately train the AI, understand the main principle underlying the given AI system, interpret the data correctly, and maintain control over the system;
- With increasing numbers of AI-based assistance systems developed for cancer screening and early detection, there is an urgent need for a standardised approach to classifications. We recommend that all AI-based systems for detection of polyps should be classified under the MDR as IIa-products and the AI-based systems used for differentiation of polyps as IIb-products.

Case Study no. 7 : Evidence-based health literacy educational programs to improve medical and nursing students' education

Actor / author: Regional Health Agency Marche Region; Project IMPACCT

The IMPACCT project (IMproving PATient-centered Communication Competencies: To build professional capacity concerning health literacy in medical and nursing education) aims to improve the relevance and quality of education of medical and nursing students in Europe through the development, implementation, evaluation and dissemination of an evidence-based Health Literacy Educational Program (HL-EP).

The educational program consists of a set of 17 Learning Units (LUs), covering a wide range of health literacy competencies and reflecting a comprehensive person-centred care approach to tackle health literacy problems. LUs have been tested in higher education settings in 5 European countries (Germany, Ireland, Italy, Slovakia, The Netherlands).

HL-EP is further integrated by a Massive Open Online Course (MOOC) and quality standards and guidance manual for educators. The project is funded by the ERASMUS+ Programme, Strategic Partnership for higher education, and lasts 36 months, from 01/09/2017 till 31/12/2020.

Lessons learned

The IMPACCT consortium is currently finalising a policy brief, aimed at raising awareness of the importance of Health Literacy (HL) education and promoting its integration in university curricula. Stakeholders at all levels (local, national and EU levels), such as those organising, providing, and receiving care, can move in parallel and in coordination to achieve the common goal of better health outcomes. This can be achieved by:

- 1 Emphasising the importance of health literacy and strengthening internal collaboration inside institutions, which will improve the general awareness of the topic as well as the procedures to enable change processes (governance).
- 2 Key stakeholders (Higher Education decision-makers, Policymakers, Healthcare professionals), within the same framework, can implement specific actions, from increasing awareness and engaging stakeholders, then piloting and evaluating proposed solutions, to scaling up good practices.
- 3 Higher Education institutions could explore required competencies needed to implement new care models, integrating them in the curricula. Policymakers could organise health campaigns on HL, promote equity and quality in healthcare, and invest in HL education and interventions. Healthcare professionals could increase demand for HL training, facilitate studies on the efficacy of HL interventions, and promote the organisation of training activities on HL.

Case Study no. 8 : The European School of Radiology (ESOR) case and the need for EU quality indicators in the future of health literacy

Actor / author: European Society of Radiology.

The European Society of Radiology offers a wide range of learning and training opportunities to promote diagnostic and interventional radiology and associated disciplines through pre- and postgraduate education and research. The European School of Radiology (ESOR) assists in harmonising radiological education in Europe. With its wide range of activities, ESOR aims to raise standards in the field of scientific radiology, extend and coordinate teaching resources worldwide and help young radiologists achieve the knowledge and skills to fulfil the requirements of the future. Similarly, the European Diploma in Radiology (EDiR) is an international diploma issued and certified by the European Board of Radiology (EBR) and endorsed by the European Union of Medical Specialists (UEMS). The document certifies that a radiologist has the knowledge and competence in line with the European Society of Radiology's European Training Curriculum for Radiology.

Lessons learned

The European Society of Radiology (ESR) believes that EU member states should jointly agree on quality indicators for continued medical education and on changes to university syllabi to include Artificial Intelligence, digital and communication skills. Regarding the recognition of professional qualifications, the ESR considers that medical training for radiologists, and other medical disciplines, should be further harmonised to uphold patient safety and training standards across Europe. The European Commission should therefore review the regulatory framework and consider adopting a delegated act to increase the minimum years of training for radiologists from four to five years in full compliance with the European Training Curriculum for Radiology that was developed to harmonise radiology education throughout Europe further.

Growing training needs and the introduction of digital solutions in medical imaging require equally high standards of training that can only be met by implementing a full-fledged five-year radiology training. In addition, the ESR calls on the Member States and the European Commission to change the name of the discipline from “Diagnostic Radiology” to “Radiology”, reflecting the profession’s current practice comprising both diagnostic and interventional procedures. As Member States hold the competence to enter the name of a profession into Annex V unilaterally, individual Member States are strongly encouraged to unilaterally enter “Radiology” as the name of the discipline as a first step towards harmonisation. Nevertheless, the ESR believes that an EU-wide solution is needed and therefore urges the Member States and the European Commission to start dialogue in this direction in the interest of the free movement of radiologists and of high-quality patient care in Europe.

Case Study no. 9 : The SILCC exchange programme for pharmacists and hospitals: Improving healthcare professionals’ exchanges to improve their competence and experience

Actor / author: European Association of Hospital Pharmacists (EAHP).

EAHP has set up a Statement Implementation Learning Collaborative Centres (SILCC) programme to enable the sharing of best practices linked to the European Statements of Hospital Pharmacy among EAHP’s member countries. The programme provides individual hospital pharmacists with the opportunity to visit hospitals in other European countries in order to be trained on specific pharmacy procedures that can then be implemented in their home country. Also, an internship programme for pharmacy students and young graduates was set up together with the European Pharmacy Students Association (EPSA) in 2014.

This collaboration project helps with sparking interest among young professionals in the hospital pharmacy profession. The SILCC programme will allow hospital pharmacists (SILCC Fellows) to visit hospitals (SILCC hosts) from other EAHP member countries to learn about pharmacy procedures linked to the European Statements of Hospital Pharmacy.

The EAHP Implementation team has developed this programme with the help of the EAHP Board, its national associations and the national implementation ambassadors.

Lessons learned

The main recommendation is to foster exchange between healthcare systems and healthcare professionals; consequently, to ensure that different countries and settings can learn from each other more efficiently. This comes with several challenges. In the case of mutual exchange of innovation, for instance, the challenges are related to adapting the good practices from one health system or hospital to another to ensure that little is lost in translation. The different working culture of healthcare professionals involved in exchanges, and the different context in which they work (different countries, different national regulations) calls for the need of common guidelines that can facilitate such exchanges, in respect of differences and giving healthcare professionals the tools to get the most benefits out of the exchange.

Harmonised curricula and international exchanges

Thematic segment N.3

Introduction: Healthcare students and professionals move within the EU internal market, not only for work, but also for learning opportunities. Educational standards and harmonised curricula would be essential tools to promote professionals' and students' mobility and aspirations as well as contribute to harmonised core competencies in the context of the healthcare workforce's education and training.

Case Study no. 10 : Harmonised medical curricula in Germany: Medicine in the Digital Age

Author: Sebastian Kuhn, Professor for Digital Medicine, Bielefeld University

“Medicine in the Digital Age” was the first curriculum that addresses digital transformation, and the changing qualification needs for future doctors at a German medical school. It has been implemented since 2017. The curriculum 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.

Lessons learned

The development of a digitalisation strategy and its didactic mediation is 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.

Case Study no. 11 : Common training framework for hospital pharmacists

Author: European Association of Hospital Pharmacists (EAHP).

The European Association of Hospital Pharmacists (EAHP), and its 35 member country platforms are creating a common training framework for hospital pharmacy education in Europe. The framework will support the raising of standards in hospital pharmacy practice and thereby enhance the quality, the safety and equity of access to, patient care in every European country. It will provide a key tool for all countries in delivering the vision of the 44 European Statements of Hospital Pharmacy.

Lessons learned

A first important step for creating harmony between training frameworks in the EU is to foster international exchanges between healthcare systems to ensure that different countries can learn from each other.

Case Study no. 12 : A common curriculum for specialty training in orthopaedics

Author: The European Federation of National Associations of Orthopaedics (EFORT).

The European Federation of National Associations of Orthopaedics (EFORT) and Trauma agreed on a curriculum for specialty training and is now working with subspecialty groups to agree on common standards for subspecialty training. EFORT is conscious that even in the larger countries there can be considerable variation in training systems and assessments. Furthermore, the scope of the specialty is variable, with some countries separating orthopaedics and traumatology, and variable levels of training in non-operative and operative management.

For this reason, we believe it would be to the benefit of all the national associations if we developed a document setting out what we consider to be the minimum requirements for training in orthopaedics and trauma across Europe. Based on this premise we think that one of the roles of EFORT is to build up a European Orthopaedic and Traumatology platform that recognises the primacy of the national associations and regulatory authorities.

Lessons learned

Harmonising standards and curricula for specialty training facilitates confidence in a workforce that can be mobile, adaptable, and future-proof.

Case Study no. 13 : Harmonised competences and training of specialist nurses in rheumatology and the Royal College of Nurses Competency Framework

Author: UWE Bristol in the United Kingdom and EULAR, European League Against Rheumatism, member of the BioMed Alliance).

There is a need to develop harmonised competences and training of specialist nurses in rheumatology. There is also a lack of sufficient training and planning concerning the rheumatology nursing community. The development of competency-based training takes into account the key skills (both generic and specialised) that nurses need to possess. In this context, the Royal College of Nurses Competency Framework was developed by leading emergency nursing experts in order to support the personal and continuous professional development of nurses as well as succession planning. It also represents a benchmarking tool for rheumatology nurses and a tool for establishing nation-wide standards of training.

Lessons learned

In order to build harmonised competences and training of specialist nurses, policymakers and healthcare decision-makers shall:

- Develop robust, competence-based training as a means of facilitating a clear pathway to career development for nurses;
- Address the current mismatch between the training offered across different European countries;
- Strengthen specialist training for nursing staff.

Case Study no. 14 : Better family and community nursing via a European Curriculum

Actor / author: Nadia Kamel from EUROCARERS

The main scope of Erasmus+ Sector Alliance ENhANCE Project (European Curriculum for Family and Community Nurses) is to target a specific existing mismatch between the skills currently offered by nurses working in Primary Health Care (PHC) and those demanded by both public health care institutions and private service providers when applying innovative healthcare models centred on PHC.

The ageing of the EU population is a long-term trend that began several decades ago, creating many challenges at EU and national level. EU recommendations point out the importance of family and community in the ageing process, emphasising Primary Health Care (PHC), frailty prevention, early detection and diagnosis. Many World Health Organization (WHO) reports identifying the Family and Community Nurse (FCN) as a key actor in the new PHC model. Currently, no standardised Professional Profile (PP) for FCN has been defined at EU level in line with the WHO and EU recommendations.

Starting from existing research evidence and results of ongoing EU Projects, a PP for FCN will be defined as the EU benchmark. The competence-based PP will be the baseline for the definition of a European, innovative, learning outcome-oriented modular VET Curriculum for FCN. It will target both formal and non-formal and informal learning. Thanks to its flexibility and modularity, the general EU Curriculum will be transposed into national Curricula considering local and contextual constraints; specific guidelines will support this process.

Lessons learned

Healthcare systems need to be re-organised towards a stronger focus on primary care and recognition of the professional profile of "Family and Community Nurse". More significant investments are needed in informal carers' training to strengthen their skills and improve the quality of care they provide, as well as to maximise their chances to maintain an active professional life. Carers' organisations have expertise in this topic and the potential of ICT-based solutions should be further explored. Moreover, the possibility and added value of a certification process to apply to the competences developed by informal carers (in the frame of their caregiving activities) should be explored to valorise and/or recognise their skills and facilitate their re-entry into the labour market.

Workforce planning & interprofessional programmes

Thematic segment N.4

Introduction: The rapid changes in healthcare demands requires a re-thinking of workforce planning and programmes to ultimately support students and professionals in acquiring new skills and adapt to new settings. The following case studies have a special focus on nurses, amongst the largest group of healthcare professionals and considered the backbone of healthcare systems.

Case Study no. 15 : Additional professional demands caused by the COVID-19 pandemic

Actor / author: Health Care Trade Union of Romania (FSSDR)

Departing from the experience of the Romanian health system, Dr. Viorel Rotila, Professor of Social Sciences and President of Health Care Trade Union of Romania (FSSDR), discussed the challenges faced by nursing staff when adapting to new professional and technological requirements, which have been exacerbated by the COVID-19 pandemic:

- Rapid change in working and protection procedures;
- The necessity of acquiring new professional skills in a concise time;
- The effects of depersonalisation of patient relationships generated by the use of personal protective equipment;
- Increasing professional and personal risk.

Policy Recommendations

- Promote digital literacy among nursing staff in order to ensure effective utilisation of digital technologies.

Case Study no. 16 : Upscaling nursing education with a common educational framework

Actor / author: Dr. Eszter Kovacs, a representative from the Health Services Management Training Center at Semmelweis University and a Coordinator of SEPEN Tender (European Support for the Health Workforce Planning and Forecasting Expert Network).

Acknowledging the need for revamping of existing training practices in the nursing profession, Dr Kovacs discussed the issue of healthcare planning and its role in strengthening the position of nurses and midwives in the healthcare sector.

Dr Kovacs also highlighted the widespread shortages of nursing staff but stressed the importance of prioritising quality of staff over quantity. In this context, she discussed the need for developing a common educational framework in Europe in order to remedy the mismatch in training that currently exists. She noted the positive impact that the current COVID-19 pandemic has had in exposing the need for robust data on the health workforce across jurisdictions. Dr Kovacs also highlighted the acceleration of the digital transformation of healthcare systems which has been necessitated by the pandemic. In order to ensure that the workforce adapts effectively to this transition, she stressed the need for an EU-level dialogue on nursing education and upscaling.

Policy Recommendations

- Modernise training practices to make them fit for the digital age;
- Develop a common educational framework for nurses in Europe.

Case Study no. 17 : Recognising the need for better training for nurses starting from Directive 2005/36/EC

Actor / author: Jean-Marc Delahaye from the NATIONAL COUNCIL OF THE FRENCH CHAMBER OF MIDWIVES

The National Council of the French Chamber of Midwives has worked to be able to identify the main difficulties involved in implementing the directive 2005/36/EC on the recognition of professional qualifications including the midwifery profession. While the directive has established a common European training framework enabling professional qualifications to be recognised within the EU, in particular for midwives, there are significant training disparities between the Member States concerning this profession. The training followed in certain Member States may prove to be insufficient and unsuitable in view of the skills required in other Member States. In addition, some of the midwives may not have sufficient language skills to practice the profession. Practising any health profession requires being able to read, understand, write and express yourself clearly enough and precisely with patients and other health professionals to ensure the quality and safety of care for patients.

Lessons learned

The midwifery profession intends to work in close cooperation with the European institutions in order to update Annex V.5. of the directive, a key element in improving the mobility of midwives in the European Union.

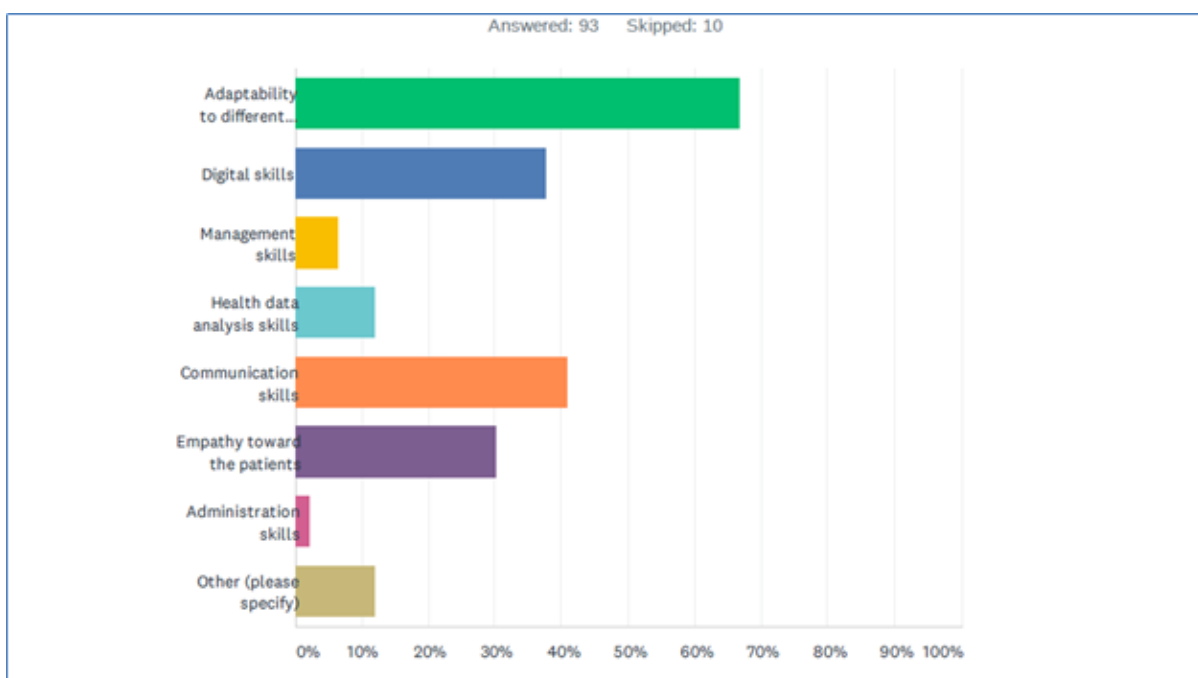
The work of the National Council of the French Chamber of Midwives has led to the need to engage in new dialogue and cooperation with the EU to discuss in detail the elements within Directive 2005/36/EC that can be strengthened starting from the needs of nurses recognised by the profession itself. The Directive is a useful tool that ought to be further developed in light of the new challenges that health systems and nurse's profession have faced to improve and increase the impact of the mobility of midwives in the European Union, their professional growth, their competences and their capacity to implement good practices borrowed from their colleagues working in other health systems with different challenges throughout Europe.

Core competences for the future of care

In order to build a resilient workforce and meet the challenges of Health 2.0, a paradigm shift in health care systems is required. This shift should start from the workforce core competences, moving towards a more holistic approach and goal-oriented care and tackle chronic problems and multimorbidity while putting patients' needs and goals at the centre of care.

The case studies and the best practices presented at our webinar and reported back in this report, together with the replies to the Thematic Network's survey, identified the core competences required for the health care workforce of the future. Those competences, listed below, include the essential knowledge, skills and attitudes necessary for the practice of public health, transcending the boundaries of specific disciplines:

- Adaptability to different settings and models of care
- Person-centric communication skills and empathy toward the patients
- Digital skills
- Basic health data analysis skills
- Management skills
- Interdisciplinary teamwork skills
- Administrative skills



Conclusion and policy recommendations

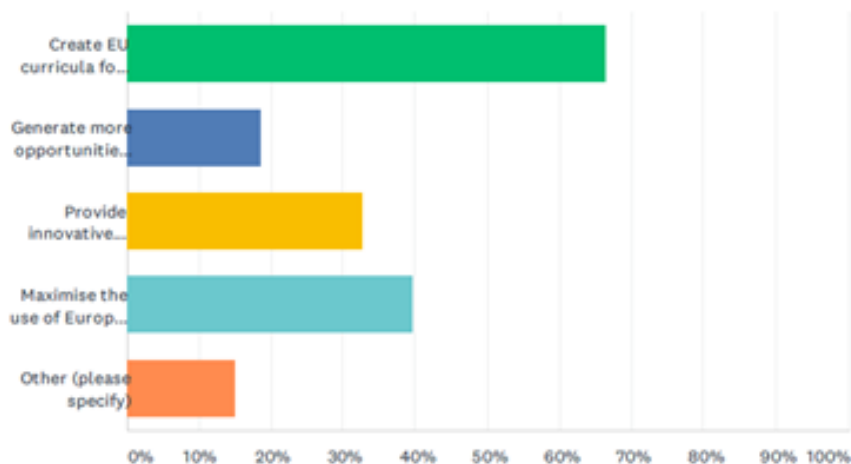
The survey and the case studies presented in this document and in the Thematic Network's webinars resulted in a series of recommendations to policymakers to shape the workforce of the future and re-think the education programmes. The following calls to action are addressed to both national and EU policymakers. The ultimate policy goals are to develop a European strategy for effective and sustainable healthcare workforce planning, identify and foster the healthcare workforce's core competences and encourage EU member states' collaboration to develop a common vision for the future of care delivery. How?

1. Create EU curricula for healthcare professionals and common definitions of professions and specialisations across Europe
2. Foster a focus on adaptability in healthcare professionals' education programmes, also by introducing flexible post-initial educational and enabling individual customisation
3. Provide innovative schemes and programmes for sharing good practices on effective recruitment and retention strategies for health professionals
4. Maximise the use of European funding instruments to support actions to tackle health workforce shortages and create EU training programmes and a solidarity scheme
5. Generate more opportunities abroad for students as well as professionals, specifically focusing on digital solutions and AI technologies
6. Include digital literacy and skills along with patient-centred care and multidisciplinary skills as core competences in undergraduate training programmes including cross-disciplinary experiences as part of the European profile of the workers of the future
7. Recognise the value and role of emerging professions – concerning higher demands of complex care – from biomedical engineering to specialised nurses, new digital health professionals and health care assistants

8. Re-think how professional education is delivered with the inclusion of new tools (including through virtual trainings) and introduce interprofessional learning programmes that should be included in all curricula for healthcare professionals
9. Widen access to healthcare occupations for people without degree-level education, using on-the-job training and development
10. Invest in cross-border eLearning opportunities and multinational research programs, also to allow professionals to develop new skills not offered in their national programmes
11. Introduce into education programmes short term visits to different health care facilities in order to accelerate the sharing of best practices
12. Develop new programs to easily integrate new healthcare workers considering the evolving needs of healthcare professions and the evolution of these professions into more holistic care and more robust interpersonal competence

Q11 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)

Answered: 86 Skipped: 17





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