

EU faces serious recruitment problems in the health-care sector

■ The EU health-care sector is facing hard times. With an ageing work-force and insufficient new recruits to replace those who are retiring, the future does not look promising. Owing to demanding working conditions and relatively low pay in some health occupations, recruits are not attracted to the sector. A working document published by the European Commission (EC) last year demonstrates the gravity of the situation.

A while ago, the EU member states invited the EC to propose an action plan to assist them in tackling the key challenges facing the health work-force in the medium to longer term. This commission staff working document describes the current status of the sector, among other matters.

The health-care sector comprises workers who primarily deliver health-care services, including health professionals (doctors, nurses, midwives, pharmacists and dentists), allied health professionals, public-health professionals, health management, and administrative and support staff. Some people also work for the health-care sector indirectly, such as those employed in the health-care industries and support services, pharmaceuticals, medical device industries, health insurance, health research, e-health, occupational health, spa, etc.

Most health-care workers are female. More than 13.1 million women were employed in the sector in 2010, making up more than three quarters of the health work-force in the entire EU.

Health care is one of the largest sectors in the EU, with around 17.1 million jobs in 2010, which accounts for eight per cent of all jobs in the EU-27. The number of jobs in the sector increased by 21 per cent between 2000 and 2010, creating four million new jobs. According to the EC document, the health-care sector even continued to grow during the economic crisis, with the positive trend reflected in all age groups. Forecasts predict that it will remain a growing sector, even though employment growth will be more modest compared with 2000 to 2010.

Lack of recruits

As the population ages, the demand for health care and thus for labour in this sector will increase dramatically. The number of elderly people aged 65 and over is projected to almost double over the next 50 years, from 87 million in 2010 to 152.7 million in 2060. According to the EC paper, long-term and formal care is likely to increase, with an expected reduction in the availability of informal careers, for example as a result of changing family structures.

Currently, most member states are facing critical work-force shortages in certain health professions and medical specialisations or geographical areas. Resulting from this, the retirement bulge is drastically shrinking

the EU's health-care work-force. In 2009, about 30 per cent of all doctors in the EU were over 55 years of age, and by 2020 more than 60,000 doctors or 3.2 per cent of all European doctors are expected to retire annually.

At the same time, not enough young recruits are coming through the system to replace those who leave. In Italy, 13,400 nurses were due to retire in 2010, but only 8,500 graduated in 2008/2009. Germany is facing serious difficulties in training a sufficient number of graduates, Slovakia has an insufficient number of nurses, midwives, physiotherapists, radiological



assistants and paramedics, and Hungary faces serious bottlenecks in supply caused by a reduced number of graduating nurses. Unfilled specialist training places have been reported in Austria, France, Hungary and Romania.

Jobs not appealing

The reasons for the lack of health-care workers are well known. Even though the level of education among health-care and social workers is higher than average, many jobs in the sector are poorly paid. Overall wage levels in the health-care and social services sectors tend to be lower than in other sectors of the economy. This tendency is related to the high rate of female employment in the sector and to the sex pay gap. On top of this, employees are often faced with long and demanding working hours, stress or difficult work-life balance. Those factors are reasons to quit for those already working in health care and make the sector unappealing to recruits.

European nurses in particular are significantly unhappy with their working conditions. According to the EC document, many report that they intend to leave their hospital positions, with numbers reaching from 19 per cent in the Netherlands to 49 per cent in Finland and Greece.

Dentists needed in Finland and the Netherlands

The commission estimates a potential shortfall of around one million health-care workers by 2020, increasing up to two million if long-term care and ancillary professions are taken into account. This means around 15 per cent of care will not be covered, compared with 2010.

The EU research project on health professional mobility and health systems (PROMeTHEUS) provides evidence from 17 European countries, for example Denmark, Finland, France, Germany and Romania, that there is an undersupply of health profession-

als in rural and sparsely populated areas, an oversupply of doctors in some urban areas, particularly in Germany, and an oversupply of nurses in Belgium. In addition, the number of medical specialists is increasing much more rapidly than the number of general practitioners.

A significant shortage of dentists is evident in Finland. Additionally, the Netherlands is short of dental surgeons. By 2020, there will be a shortage of 150,000 professionals in the group including dentists, pharmacists and physiotherapists in the EU. This means that up to 13.5 per cent of care will not be covered.

Professionals leaving the EU

All 27 member states are experiencing migration of health professionals, but western and northern member states are also receiving health professionals from other countries. However, based on the limited data available, outflows have rarely exceeded three per cent of the domestic work-force.

The brain drain, the high outflow of health professionals, does not benefit the member states, as many health professionals migrate to non-EU countries, according to the EC. Health workers migrate to the US, Australia, New Zealand and Canada, and the inflows of foreign doctors with long-term permits have also increased markedly in non-EU member Switzerland (70 per cent increase between 2001 and 2008), where mainly German professionals go.

In Austria, Belgium, Denmark, Germany, the Netherlands and Poland, nearly 30 per cent of all migrant doctors come from outside the EU. This figure rises to 60 per cent in France and Italy, and to 80 per cent in Ireland and the UK.

Action to be taken

In the document, the EC proposed three areas for action to help tackle the EU health-care work-force shortages: forecasting work-force needs and improving work-force planning methodologies, anticipating future skills needs in the health professions, and sharing best practice on effective recruitment and retention strategies for health professionals.

These areas for action reflect feedback from the commission's public consultation on the "Green Paper on the European Workforce for Health", which drew over 200 responses from several stakeholders.

The implementation of the actions requires enhanced collaboration—between the commission, the member states, stakeholders and social partners—and improved coordination across a range of policies (health, education, social, policy, employment, internal market, development and cohesion), the document says. Member states are urged to maximise the use of European funding instruments to support the actions to tackle health work-force shortages and to boost job creation in the health-care sector.

The complete document, including a detailed action plan to tackle the challenges for health-care systems, can be found in the document section at www.hospage.eu. ◀

Effects of tooth whitening under inspection by European Union



■ The Council of European Dentists (CED) is currently conducting a one-year survey on possible negative side-effects of tooth whitening and bleaching products. The committee has called upon dentists in the EU to report their own and their patients' observations.

The survey includes tooth whitening and bleaching products that are not freely available on the market to consumers, that is, those

that contain between 0.1 and 6 per cent hydrogen peroxide. It runs until 31 October 2013. The initial results will be reported to the European Commission by the end of this year.

Dentists can access the survey anonymously and voluntarily online through the website of their national dental association. According to the CED, only a summary of all responses will be published once the survey has been completed. The research is being

carried out in accordance with an agreement between the CED and the European Commission that was signed in March 2010 owing to the increasing availability of tooth whitening products on the EU market. The agreement was signed to ensure appropriate tooth whitening treatment through qualified dental professionals and to improve patient safety.

Over one year ago, the Council of the European Union passed an amended directive on tooth whitening products, which resolved that tooth whitening or bleaching products containing more than 0.1 per cent and up to 6 per cent hydrogen peroxide will only be sold to dentists. Products with concentrations of up to 0.1 per cent continue to be freely available on the market.

The CED is a non-profit organisation, which represents over 340,000 dentists across Europe. It is aimed at the promotion of high standards of oral health care and effective patient-safety-centred professional practice in Europe.



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