COUNCIL OF EUROPEAN DENTISTS

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// **CED POSITION PAPER**

RESPONSES TO EUROPEAN COMMISSION'S GREEN PAPER ON THE EUROPEAN WORKFORCE FOR HEALTH

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// INTRODUCTION

The Council of European Dentists (CED) is the representative organisation for the dental profession in the EU, representing over 320,000 practising dentists through 33 national dental associations. Established in 1961 to advise the European Commission on matters relating to the dental profession, the CED promotes high standards of oral healthcare and effective patient-safety centred professional practice across Europe.

The CED welcomes the Commission's Green Paper and the initiative to launch a debate on the challenges faced by the EU health workforce and possible responses to those challenges at EU level. The CED agrees with the rationale for the Green Paper, i.e. increasing the visibility of challenges of demography, training capacity, mobility, and lack of data, while noting that most of these challenges are neither new nor EU-specific and require action at regional, national and international level if they are to be tackled effectively.

By way of introduction, we would like to make the following preliminary remarks:

- In line with Article 152 of the EC Treaty, Member States are principally responsible for the organisation and delivery of health services and medical care. Potential action at EU level should fully respect Member States' competences and the principle of subsidiarity.

- The CED agrees in principle that added value can be gained from action at EU level, specifically by encouraging a common understanding of challenges, sharing of best practices and coordination of national and sub-national policies. In addition, dialogue between EU institutions, national authorities and health professions at European and national level should be fostered as to ensure appropriate participation by health professions in the planning of policies and programmes.

- The CED wishes to stress that the primary objective of planning for a sustainable healthcare workforce should be based on social and health factors rather than economic considerations. At the same time, healthcare should be recognized as a sector that not only incurs costs, but also provides investment in healthy and productive European citizens, is a source of jobs for often highly qualified employees, and promotes scientific research and technological development, contributing directly to the achievement of Lisbon Strategy objectives.

- There are substantial differences between professions involved in the provision of healthcare in the EU in terms of image and attractiveness, recruitment procedures and training requirements, roles and responsibilities, funding and remuneration, organisation and place of work. Consequently, it is unlikely that "one size fits all" solutions could be found to combat challenges identified in the Green Paper. Differences between health professions should be taken into account when planning policy responses.

- Specifically, dentists differ from other health professions, particularly because nearly 90% of practising dentists across the EU are non-salaried practitioners, working from privately-owned premises. Dental care in the EU is subject to various models of financing through taxation or voluntary and compulsory insurance, but is typically funded by direct out-of-pocket patient payment to a greater extent than other areas of healthcare.

// DEMOGRAPHY AND THE PROMOTION OF A SUSTAINABLE HEALTH WORKFORCE

Possible area for action: Assessing levels of expenditure on the health workforce

The CED agrees that adequate funding should be provided for training, recruiting and retaining healthcare professionals. However, we believe that an open-ended suggestion such as "assessing levels of expenditure" might be counter-productive and could lead in some cases to a reduction of expenditure under the guise of rationalization. Instead, the CED would prefer specific actions to be listed and detailed.

Possible area for action: Ensuring better working conditions for health workers, increasing staff motivation and morale

The CED recognizes that better working conditions increase motivation and morale and play a key role in reducing staff turnover in health professions. Better working conditions should be understood to include appropriate safety standards for health professionals; the CED intends to establish a Dentist Safety and Welfare Working Group and will be able to contribute to the debate on this issue on the basis of the Working Group's activities.

Possible area for action: Organising chronic disease management practices and long-term care provision closer to home or in a community setting

The CED would like to underline that dental/oral care should be seen as an integral part of holistic care for the elderly, the disabled and others who would benefit from the organisation of care closer to home or in a community setting. We see this issue as being closely linked to the question of public health capacity and we provide further detail on the specificity of dental care in the context of public health below.

Possible area for action: Providing for a more effective deployment of the available health workforce

In many EU Member States, shortages of health practitioners, including dentists, are limited to remote and sparsely populated areas. The CED acknowledges the difficulties in attracting practitioners to move and practise in these areas, particularly if their income directly depends on the number of patients treated. As a great majority of dentists across the EU work as private practitioners in privately-owned practices, central planning and directed deployment to areas experiencing a deficit of dentists would hardly be productive. Instead, targeted incentive schemes, including subsidized mortgage loans and tax incentives, could be considered.

Possible area for action: Promoting more social and ethnic diversity in recruitment

The CED noted in its November 2007 resolution "Profile of the dentist of the future" that most European countries already have very diverse populations, with citizens from a wide variety of ethnic and cultural backgrounds, each presenting unique dental problems and attitudes. The CED recommended that dental training should provide dentists with the competences necessary for meeting the challenges of such societies. Promoting social and ethnic diversity in recruitment could be another way to ensure that minorities receive adequate care. However, care should be taken to avoid implicitly limiting healthcare practitioners from a specific social or ethnic background to treating only patients from the same group, so as to avoid segregation of both practitioners and patients.

Additional remarks

The CED agrees that any policy aimed at promoting of a sustainable health workforce in the EU should take into account the increasing participation of women in the workforce. Dentistry across Europe has recently seen marked increases in the proportion of female dentists. In 2008, 46% out of 349,640 active dentists in the EU/EEA including Croatia were female, with the proportions within the EU ranging from 25% in Malta to 88% in Latvia. This trend is likely to accelerate in the future: in 2008, 60% of over

70,000 dental students undergoing basic dental training in dental schools in the EU/EEA including Croatia were female, compared to only 52% in 2003.

// PUBLIC HEALTH CAPACITY

Possible area for action: Strengthening capacity for screening, health promotion and disease prevention

The CED welcomes the Commission's recognition of the importance of screening, health promotion and disease prevention. In its recommendations from the Portuguese EU-Presidency conference on "Health Strategies in Europe," which took place in Lisbon in July 2007, the CED supported a reorientation of oral healthcare systems to focus more on prevention, promotion and education. The CED stressed the need for oral health promotion to become an integral part of chronic disease prevention, recognizing the important role of dentists in detecting diseases that manifest themselves first in the mouth, such as HIV/AIDS and osteoporosis. In addition, oral infections are often related to diabetes, heart disease, respiratory ailments and poor pregnancy outcomes. Finally, oral diseases are a serious public-health problem and some, such as oropharyngeal cancers, often result from over-consumption of tobacco and alcohol, which are recognized common-risk factors for many non-oral diseases.

Public dental care is defined in different ways across the EU and includes dentists working in publicly funded clinics or in the framework of a state system or a social insurance fund. Common care provided within public dental care includes emergency care, domiciliary care, education and prevention, often without direct charges for the patient. Nevertheless, and as mentioned in the introduction to this document, a great majority of the EU population receives dental care exclusively from dentists working as private practitioners with no or limited access to public funding. Although these dentists are not part of the formal public health workforce, in their everyday work they perform public health functions, including early detection of non-oral diseases, oral and general health promotion and education. Potential initiatives to strengthen the capacity for screening, health promotion and disease prevention should take the specific role and position of dentists in account.

Possible area for action: Collecting better information about actual and potential population health needs in order to plan the future development of the public health workforce

The CED agrees that having reliable and comparable information about population health needs is an essential precondition for planning and organising of healthcare systems, including the public health workforce. At the Lisbon conference the CED recommended that essential oral health indicators should be integrated into health surveillance and knowledge systems and used as markers of health inequalities.

The CED feels that oral epidemiology needs to be regularly monitored across the EU, with full participation of dentists. Duplication of effort should be avoided and further work should build on successful past initiatives such as the Commission-supported EGOHID project.

// TRAINING

Possible area for action: Focusing on health professionals' continuous professional development (CPD). Updating professional skills improves the quality of health outcomes and ensures patient safety.

The CED agrees that in the framework of training, particular attention should be paid to continuous professional development (CPD). In its resolution "Profile of the dentist of the future," the CED stated that the knowledge and skills acquired during basic dental training should represent only the first stage in an educational continuum that should last throughout a dentist's entire practising life. Practising

dentists in all EU Member States have at least an ethical obligation to undertake CPD and in a majority of countries CPD is mandatory.

The CED wishes to stress that CPD should enable dentists to adequately respond to demographic and social trends and changing disease patterns and should allow them to take full advantage of advances in science, research and technology. Dentists themselves should be able to define the contents of further training and professional development on the basis of completed basic training and in line with their professional needs.

Possible area for action: Fostering the cooperation between Member States in the management of numerus clausus for health workers and enabling them to be more flexible.

The existence of *numerus clausus* (limiting the number of places available for entrants to dental schools) is a necessity for Member States as it allows them to plan the provision of dental care and balance their healthcare budgets, both of which are competences of Member States. The CED does not feel that systematic exporting of dental graduates should be encouraged, as this would destabilise national planning provisions.

Possible area for action: Providing management training for health professionals

The CED would support the option of providing management training for health professionals. Many dentists function as small business owners and would be likely to benefit from management training. However, management training should be voluntary in nature, in order to allow health professionals to tailor their training to their individual professional needs.

Possible area for action: Developing possibilities for providing language training to assist in potential mobility

Effective communication between dentist and patient is the cornerstone of a trusting dentist-patient relationship and is necessary for obtaining informed consent from the patient. The CED would therefore very much welcome the development of possibilities for providing language training for dentists who are considering practising in EU Member States where a different language is spoken.

The CED like to note that Directive 2005/36/EC on the recognition of professional qualifications states in Article 53 that "persons benefitting from the recognition of professional qualifications shall have a knowledge of languages necessary for practising the professions in the host Member State," but that systematic testing is not allowed. The CED would welcome a clarification of this issue.

Additional remarks

The Green Paper states that "if more doctors and nurses and other staff are needed, more university places or training schools will need to be created and more teaching staff to train them." The CED would like to note that increased training capabilities address only part of the problem – the supply of new graduates to the workforce – and do not take into consideration other factors that might be contributing to the situation, for instance unappealing working conditions, poor career development possibilities, low salaries etc. Decisions on training capacity should be made on the basis of up-to-date, accurate, relevant and correctly interpreted data.

// MANAGING MOBILITY OF HEALTH WORKERS WITHIN THE EU

Possible area for action: Fostering bilateral agreements between Member States to take advantage of any surpluses of doctors and nurses

The CED agrees that bilateral agreements between Member States could be an efficient means of easing temporary local shortages of health professionals. However, decisions to enter into such agreements should be taken autonomously and should respect the Member States' competences in the

organisation and delivery of health services and medical care. Consequently, we do not see a substantial EU role in the process.

Possible area for action: promoting "circular" movement of staff (i.e. staff moving to another country for training and/or to gain experience, and then returning to their own countries with additional knowledge and skills).

The CED sees substantial benefits from "circular" movement of dentists as a way of exchanging knowledge between dentists and health systems in the EU and encouraging diversity in health care provision.

Additional remarks

The CED is generally in favour of professional mobility for the reasons mentioned above. The CED would like to note that mobility in itself is not a panacea: it does not create a higher total number of health professionals and does not reduce overall costs for training those professionals. Mobility should be managed in order to achieve the most effective deployment of the available health workforce and at the same time guarantee that patients receive appropriate high quality professional care.

Directive 2005/36 on the mutual recognition of professional qualifications comprehensively regulates mobility within the EU by setting minimum training requirements for health professionals, including dentists. The CED would like to underscore that minimum training requirements should be regularly updated. We would also see benefits from increased clarity on the permissibility of language testing for mobile professionals in line with Article 53 of the Directive. Finally, the CED supports close cooperation between competent authorities in order to confirm that mobile dentists have the required qualifications, are not subject to disciplinary action due to professional misconduct, mistreatment or other irregularities, and are fit to practise. In this context, we strongly support the Health Professionals Crossing Borders project and the Commission's Internal Market Information System (IMI).

// DATA TO SUPPORT DECISION-MAKING

Possible area for action: Ensuring the availability and comparability of data on the health workforce, in particular with a view to determining the precise movements of a particular groups of the health workforce

The CED would like to note that there is a lack of data regarding mobility of dentists within the EU. Data gathered by competent authorities on dentists leaving or practising in another Member State is limited and cannot be verified. The CED would therefore support initiatives for ensuring availability and comparability of such data.

// THE ROLE OF HEALTH PROFESSIONAL ENTREPRENEURS IN THE WORKFORCE

Possible area for action: Encouraging more entrepreneurs to enter the health sector in order to improve planning of healthcare provision and to create new jobs

As noted earlier in this document, majority of EU dentists function as small business owners and are aware of the need for an entrepreneurial approach to organizing their practice. The CED would however like to note that dental and other healthcare practices should not be organized purely as a business in order to prevent health professionals being compelled to encourage patients to choose more profitable treatment even if it is not urgent or necessary, rather than focusing on less-profitable areas of their work such as follow-up visits, prevention and patient education. Dentists should be free to perform their clinical work based on professional judgement and in line with their professional code of ethics as administered by their national dental association or regulatory body.

EU Member States have different legal provisions for ownership and participation of non-dentists in dental practices and clinics. In general, the CED could only support the accession of more entrepreneurs to the health sector if this would not reduce the freedom of dentists or undermine the provision of care in line with professional ethics.

// COHESION POLICY

General remarks

Substantial inequalities still persist in the availability of dental care between and within EU Member States. In 2008, dentist-to-population ratios in EU Member States, an indicative measure of provision of dental care, ranged between 1:794 and 1:3041. The CED welcomes the idea of enhancing the use of structural funds for training, developing and improving working conditions for dentists in less affluent regions, particularly if funds are made available for projects at regional level directly through dental associations or dentists.