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## Policy on Health Workforce

**European Junior Doctors Association (EJD) represents more than 300 000 junior doctors in Europe. We advocate for Junior Doctors' rights, the improvement of training systems and optimal patient care.**

In the last decades, there has been a tendency change from a period of surplus of doctors to one of deficit. The European Junior Doctors Association (EJD)<sup>1</sup> warned in the 1990s about the changing demographic tendencies in society and in doctors' population due to increasing health needs derived from an ageing population and due to the retirement of the *baby boom* generation. An EU-Commission led initiative<sup>2</sup> warned in 2012 that by the year 2020 there was going to be an estimated shortage of 230.000 doctors in Europe.

The deficit was aggravated by austerity policies in the health sector after the 2008 economic crisis, which shrank health budgets and lead to suboptimal working conditions for health workers. Furthermore, the COVID-19 pandemic was a stress test to an already tensioned workforce. The WHO<sup>3</sup> estimates that nearly 50.000 health workers died globally as a direct result of the virus. Many doctors have suffered from health problems resulting from the pandemic and working conditions; we are seeing staggering rates of burnout<sup>4</sup> and, in some cases, doctors are considering abandoning the workforce.

### General Recommendations

- **All governments and administrations need to acknowledge that there is a European-wide problem with the health workforce planning** which needs to be **prioritized** and requires **collaboration** between countries and European institutions.
- It is **imperative to listen to National and European Medical Organizations and Junior Doctors' Organizations in the different stages of the health workforce planning process**. Indicators should reflect the workforce's realities; therefore, participation from stakeholders is necessary at every level of the process: local, regional, national and European.



- There is an urgent need for the **development of monitoring systems** which can produce robust and timely data, **analysis**, and operational planning as well as **strategic planning** based on sustainable collaboration between countries. These systems should produce accessible, transparent, and comparable indicators.
- Health Workforce Planning is not only a matter of increasing or decreasing the number of graduates. **We call on authorities to not only prioritize recruitment but to also focus on retention policies.** Incentives must be created to improving working conditions for Junior Doctors. In this sense, incentives should be directed at regulating workload, creating sustainable working environments, respecting working times regulations, ensuring adequate rests, and incentivizing training, research, and professional development. Fundamental to retention is fair and adequate remuneration commensurate with the skills and expertise of junior doctors, acknowledging the pivotal role they play in the provision of healthcare in society.

#### Recommendations on Postgraduate Training (PGT) and workforce planning:

- **Adequate financing and investment** in the healthcare system is crucial to redevelop a sector which has been under-financed for many decades, creating unsustainable and unprepared systems Europe-wide.
- **Workforce shortages might lead to Junior Doctors' work overload which could prove detrimental for Postgraduate Training (PGT) outcomes and the psychosocial wellbeing of Junior Doctors.** Measures should be put into place to prevent this scenario which could in turn lead to suboptimal patient care now and for the future generations. A lack of adequate numbers of health professionals must never be a reason to lower qualifications and training standards. Any compromise to the training process aiming at covering system shortages will likely result in a severe impairment of the quality of healthcare for future generations.
- **Postgraduate Training Programs (PGT) must not be used to cover or to forcibly allocate personnel to medical deserts.** Necessary incentives must be put into place to ensure the coverage of these position; negative incentives have only shown to worsen personnel shortages in the long-term<sup>5</sup>.
- Bottlenecks in transitions of medical training should be addressed **to prevent doctors from finding obstacles** when accessing PGT or other stages of medical or specialist training, creating unnecessary delays in moments when doctors are in need.

#### Recommendations on Working conditions and workforce planning:

- Governments and institutions must consider the changing cultural and demographic realities of the workforce and should therefore promote **work life-balance and equity** in the workforce.



- Doctors' **cross border mobility and free movement** should be protected and encouraged as a professional and individual right. EJD supports the principle of free movement and the attendant legislation, such as the mutual recognition of professional qualifications that facilitate junior doctors' right to work across Europe. Without prejudice to this view, the EJD strongly believes that such professional migration should not result from significant discrepancies between the working conditions – salary, post-graduate training, workload and working hours – in different countries, nor be prohibited by unjust contractual obligations. The European institutions and countries must take the necessary steps to tackle such inequalities and improve the standards of healthcare provision across Europe.
- Countries and institutions must implement **ethical recruitment policies** in line with WHO Global Code of Practice on the International Recruitment of Health Personnel<sup>6</sup>.
- **Mental health prevention and intervention** should be incentivized and prioritized as a means to improve the retention of the workforce. Nevertheless, the most effective preventive measures are the ones which improve working conditions and working environments<sup>7</sup>. Access to specialized mental health services should be encouraged and made available for workers who need it.



## References

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- 3) WHO Regional Office for Europe; 2022. Health and care workforce in Europe: time to act. Copenhagen: Licence: CC BY-NC-SA 3.0 IGO.
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- 5) World Health Organization (2021). WHO guideline on health workforce development, attraction, recruitment and retention in rural and remote areas. Geneva: (<https://apps.who.int/iris/handle/10665/341139>).
- 6) World Health Organization (2021). WHO Global Code of Practice on the International Recruitment of Health Personnel (2021). 63rd World Health Assembly Resolution.
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