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**PRIORITIES FOR A EUROPEAN PARLIAMENT REPORT ON ‘AN EU HEALTH
WORKFORCE CRISIS PLAN: SUSTAINABILITY OF HEALTH CARE SYSTEMS AND
EMPLOYMENT AND WORKING CONDITIONS IN THE HEALTH CARE SECTOR’**

RESOLUTION OF CESI’S
EXPERT COMMISSION
‘HEALTH SERVICES’

The European Confederation of Independent Trade Unions (CESI) is a confederation of more than 40 national and European trade union organisations from over 20 European countries, with a total of more than 6 million individual members. Founded in 1990, CESI is a recognised European sectoral social partner and advocates improved employment conditions for workers in Europe and a strong social dimension in the EU. As part of its membership, CESI represent trade unions of medical and health care staff from across Europe.

Disclaimer

CESI recalls that Europe is facing a health care workforce crisis, with shortfalls estimated to reach 4.1 million by 2030, and that understaffing poses risks and real consequences for workers, patients and the sustainability of public finance and public health systems. CESI underlines that demand for health and care is high and increasing, while the supply of healthcare services does not match increases in demand, and employment and working conditions are in many places inadequate. The COVID-19 pandemic revealed the indispensable value of strong public health systems and an effective, empowered, well-trained and fit-for-purpose workforce. From this perspective, CESI welcomes the initiative of the European Parliament Committees on Employment and Social Affairs and on Public Health to develop an own-initiative report to make a case for a an EU health workforce crisis plan to ensure sustainability of health care systems and employment and working conditions in the health care sector.

CESI’s priorities for what the Parliament’s report should include

I. For adequate staffing, the report should call for:

1. minimum European guidelines on the development of patient-staff ratios, to ensure adequate patient care and thus reduce patient mortality, and to diminish workload-related stress.
2. the establishment of a target of a common staff-patient quota, used as an effective quality benchmark and hiring target.

3. fiscal sensitivity in the EU's economic governance framework so Member States can finance staffing ratios without being penalized under the Stability and Growth Pact (SGP).

II. For adequate pay, working conditions and occupational health & safety, the report should call for:

4. attractive salaries, by adjusting pay scales to the demanding nature of work and minimizing salary gaps between EU regions to avoid unbalanced migratory flows.
5. improved employment and working conditions, by establishing predictable and family-friendly working hours, safe workplaces with strict hygienic standards, exposure limits and state-of-the-art personal protective equipment (PPE) and facilities.
6. measures for reduced psychosocial risks and a better provision of access to remedies for burnout and long-COVID.
7. enhanced work-life balance, to be achieved by reduced work intensity through reasonable working hours and adequate breaks.
8. initiatives to combat third-party violence with preventive risk tools, security measures and effective legal sanctions against perpetrators.
9. reduced administrative burden and boosted interoperability of health services for staff and patients.

III. For necessary skills, education and modern infrastructure in the sector, the report should call for:

10. increased investments in medical school places and high-quality education, adapting curricula to green and digital competencies.
11. continuous professional training and lifelong learning, enabling especially older staff to adapt to technological change.
12. investments in modern facilities, equipment and digital innovation (telemedicine, digital health) to improve output efficiency and working conditions in the sector.
13. an update the Professional Qualifications Directive 2005/36/EC so that recognition rules reflect diverse training models in the health care sector of the different Member States.

IV. For ethical and balanced mobility and reduced brain drain & medical deserts, the report should call for:

14. ethical, sustainable and fair migration (and return) frameworks, including bilateral/multilateral agreements and circular migration schemes that do not hollow out less-advantaged EU regions or third countries.
15. EU social, cohesion, structural and investment funds as well as pre-accession and neighbourhood instruments that are more tailored to fair labour mobility and brain drain mitigation, to improve conditions in less-developed regions and reduce push factors of migration.

V. For equality, recognition and professionalisation in the health care sector, the report should call for:

16. a full transposition of the EU Pay Transparency Directive 2023/970 in the EU health care sector work force that is over 75% female, and new measures to address gender inequalities and stimulate more women in leadership positions.
17. more awareness-raising efforts to improve the public recognition and valorisation of health care professions, with EU funding for all relevant trade unions to run campaigns.
18. a more complete formalisation of long-term care which includes training and recognition for informal carers and case-management roles for nurses/physios/social workers, thus integrating social and health aspects of home care.

VI. For appropriate governance, better data sourcing and more representative social dialogue in the sector, the report should call for:

19. more evidence-based and forward-looking workforce planning in the Member States, achieved by a more systematic collection and sharing of workforce data (staffing levels, future needs, risks) with reporting to EUROSTAT to inform EU and national policies.
20. shifts from reaction to prevention in health care policy making, based on the consideration that investing in health care prevention is cheaper than repairing damages of failed or shortsighted policy making.
21. inclusive social dialogue, ensuring that all representative trade union organisations, including CESI, can participate in the EU-level sectoral dialogue on hospitals and healthcare, based on the consideration that a voice for all will ultimately improve social dialogue outcomes.