

Lack of Hospital Doctors and Task-Shifting Across Europe

EMSA's Perspective

Luka Delak
EMSA Vice President of External Affairs 2022/24
vpe@emsa-europe.eu

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Workshop: „Physician Autonomy, Professional Satisfaction and Burnout: What Future Practicing Physicians Need to Know”

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PHYSICIAN AUTONOMY,
PROFESSIONAL
SATISFACTION AND
BURNOUT: WHAT FUTURE
PRACTICING PHYSICIANS
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Workshop: „Physician Autonomy, Professional Satisfaction and Burnout: What Future Practicing Physicians Need to Know”

- Issues addressed:
 - Bureacracy/Health Record/Paperwork
 - Workload and Night Scheduling
 - Recruitment & Retention and Insufficient Compensation
 - Lack of Physician Autonomy and Expanding Role of Nonphysician Clinicians
 - Unattached/unaware Leadership and Group Instability

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- Bureacracy/(Electronic) Health Records/Paperwork:
 - Problems:
 - **Important**, but not what doctors signed-up to do;
 - **Administrative burden deterring** from time spent helping the patient;
 - **Wide range of regulations** (difficult to navigate);
 - **Inefficiencies in billing and reimbursements** (slow, confusing, causing delays);
 - **Limited access to healthcare services** (delays / waiting lists → disparities for patients).
 - Solutions:
 - Hire more administrative staff;
 - Integration of better platforms, improvement of technologies;
 - Committees of Reviewers, to address issues & prevent them from happening in the future.

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- Workload and Night Scheduling:
 - Problems:
 - The system doesn't make it appealing for doctors to stay (stress and lack of work-life balance, leading to burnout, professional dissatisfaction) → more physicians leave the workforce, which in turn increases the workload (viscious circle);
 - Medical schools are not preparing junior doctors enough, for them to be more independent and to be able to lighten the workload of more senior ones;
 - Capacitation of senior doctors to tutor more efficiently, and to trust their students more;
 - More equality in dividing work between senior and junior doctors (too much of the work gets delegated to juniors, for whom also the compensation is much lower).
 - Solutions:
 - More teamwork and communication;
 - Mental health surveys/support;
 - More practical medical courses (implementing the Miller's „Extended” Pyramid and Core Entrustable Professional Activities);
 - More regulated shift hours;
 - More quality control;
 - A system that makes it more appealing for doctors to stay.

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- Recruitment & Retention and Insufficient Compensation:
 - Problems:
 - Recruitment – intransparency, inefficiency and corruption of recruiting systems in some countries;
 - Retention – *everything that makes the workplace unappealing.*
 - Solutions:
 - Benefits:
 - Housing options;
 - Better pay / better work hours;
 - Daycare for kids;
 - Better food at workplace;
 - Better infrastructure in the city they are living in.
 - Funding for students during their studies; paying for summer internships (which some private clinics do);
 - Assuring career development possibilities;
 - Assuring better equipment;
 - Assuring proper mentorship.

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- Lack of Physician Autonomy (1) and Expanding Role of Nonphysician Clinicians (2):
 - Problems (1):
 - Lack of resources;
 - Lack of time;
 - Unqualified law-givers / insurance companies imposing unreasonable regulations;
 - Conflicting hospital policies;
 - Focus only on patient rights, without focusing on patient roles and responsibilities;
 - Cyberchondria.
 - Solutions (1):
 - Better funding;
 - Better resource management;
 - Better legal protection of physicians;
 - Improving health literacy;
 - Better task delegation between healthcare professionals.

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- Lack of Physician Autonomy (1) and Expanding Role of Nonphysician Clinicians (2):
 - Problems (2):
 - Availability;
 - Placebo effect;
 - Low scientific literacy;
 - Affordability;
 - Due to being unregulated, new work opportunities.
 - Solutions (2):
 - Better legal regulation and definition of scopes of work (clearly defining jurisdictions);
 - Improving health literacy.

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- Unattached/unaware Leadership and Group Instability:
 - Problems:
 - Group frustration & miscommunication;
 - Unqualified leaders;
 - Lack of soft-skill development;
 - Unclear roles → chaos.
 - Solutions:
 - Trainings on how to develop oneself into a leader;
 - Seminars for team dynamics;
 - Fostering a good atmosphere within the team;
 - Debriefing frameworks;
 - Case scenario simulations;
 - Team-building weekends;
 - Work surveys;
 - Changing of hospital policies (requiring of leadership training for instance).

Take-away point

- Meaningfully involve youth (young people, young professionals and youth NGOs) in both advisory and decision making capacities, when it comes to health and care workforce planning.
- Evidence on current and future workforce needs, needs to be generated, in order to do strategic planning to meet those needs.

Bucharest Declaration on the health and care workforce

High-level Regional Meeting
on Health and Care Workforce in Europe: time to act

22–23 March 2023, Bucharest, Romania

