European Parliament
2024-2029

TEXTS ADOPTED

P10_TA(2026)0312

An EU health workforce crisis plan: sustainability of healthcare systems and employment and working conditions in the healthcare sector

European Parliament resolution of 17 September 2026 on an EU health workforce crisis plan: sustainability of healthcare systems and employment and working conditions in the healthcare sector (2025/2062(INI))

The European Parliament,

– having regard to Articles 4, 6, 9, 45-48, 53, 114, 121, 151, 152, 153, 165, 166, 168(1), 168(5) and 174 of the Treaty on the Functioning of the European Union (TFEU),

– having regard to Article 35 of the Charter of Fundamental Rights of the European Union,

– having regard to the European Pillar of Social Rights (2017), notably its principles on healthcare and long-term care, quality and inclusive education, training and lifelong learning, gender equality and fair working conditions,

– having regard to the European Pillar of Social Rights action plan, especially its headline target requesting the participation of at least 60 % of all adults in training every year,

– having regard to Council Directive 98/24/EC of 7 April 1998 on the protection of the health and safety of workers from the risks related to chemical agents at work[1],

– having regard to Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time[2] (Working Time Directive),

– having regard to Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens, mutagens or reprotoxic substances at work[3] (Carcinogens, Mutagens and Reprotoxic Substances Directive), as amended,

– having regard to Directive 2005/36/EC of the European Parliament and of the Council

1 OJ L 131, 5.5.1998, p. 11, ELI: http://data.europa.eu/eli/dir/1998/24/oj.
2 OJ L 299, 18.11.2003, p. 9, ELI: http://data.europa.eu/eli/dir/2003/88/oj.
3 OJ L 158, 30.4.2004, p. 50, ELI: http://data.europa.eu/eli/dir/2004/37/oj.

of 7 September 20025 on the recognition of professional qualifications[4] (Professional Qualifications Directive),

– having regard to Directive (EU) 2023/970 of the European Parliament and of the Council of 10 May 2023 to strengthen the application of the principle of equal pay for equal work or work of equal value between men and women through pay transparency and enforcement mechanisms[5] (Pay Transparency Directive),

– having regard to the Commission proposal of 1 April 2025 for a regulation of the European Parliament and of the Council amending Regulation (EU) 2021/1057 establishing the European Social Fund + (ESF+) as regards specific measures to address strategic challenges (COM(2025)0164),

– having regard to the negotiation process of the multiannual financial framework (MFF) 2028-2034,

– having regard to the report by the Commission and the Organisation for Economic Co-operation and Development (OECD) of November 2024 entitled 'Health at a Glance: Europe 2024 – State of Health in the EU Cycle',

– having regard to the EU social scoreboard and secondary indicators,

– having regard to the Commission communication of 7 June 2023 on a comprehensive approach to mental health (COM(2023)0298),

– having regard to the Commission communication of 3 February 2021 entitled 'Europe's Beating Cancer Plan' (COM(2021)0044),

– having regard to the Commission communication of 28 June 2021 on the EU strategic framework on health and safety at work (2021-2027) (COM(2021)0323),

– having regard to the Commission communication of 7 September 2022 on the European care strategy (COM(2022)0440),

– having regard to the joint communication from the European Commission and the High Representative of the Union for Foreign Affairs and Security Policy of 26 March 2025 on the European Preparedness Union Strategy (JOIN(2025)0130),

– having regard to its resolution of 16 February 2022 on strengthening Europe in the fight against cancer - towards a comprehensive and coordinated strategy[6],

– having regard to its resolution of 21 June 2022 on mental health in the digital world of work[7],

– having regard to its resolution of 12 July 2023 on the COVID-19 pandemic: lessons

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4 OJ L 255, 30.9.2005, p. 22, ELI: http://data.europa.eu/eli/dir/2005/36/oj.
5 OJ L 132, 17.5.2023, p. 21, ELI: http://data.europa.eu/eli/dir/2023/970/oj.
6 OJ C 342, 6.9.2022, p. 109.
7 OJ C 47, 7.2.2023, p. 63.

learned and recommendations for the future[8],

– having regard to its resolution of 12 December 2023 on mental health[9],

– having regard to the 2022 Council Recommendation on access to affordable high-quality long-term care[10],

– having regard to the opinion of the expert panel on effective ways of investing in health on supporting mental health of health workforce and other essential workers of 23 June 2021[11],

– having regard to the State of the Union address of 10 September 2025 by the President of the European Commission, Ursula von der Leyen,

– having regard to the Council conclusions on the Future of the European Health Union: A Europe that cares, prepares and protects, adopted on 21 June 2024,

– having regard to the own-initiative opinion of the European Economic and Social Committee of 21 September 2022 entitled 'Health Workforce and Care Strategy for the future of Europe'[12],

– having regard to the opinion of the European Committee of the Regions of 14 May 2025 entitled 'Healthcare workforce: regional challenges and solutions'[13],

– having regard to the EU social partners' joint policy orientation of 13 June 2025 on creating a resilient hospital and health sector after the COVID-19 pandemic and the updated framework of action on recruitment and retention of 2022,

– having regard to special report 10/2024 by the European Court of Auditors of 1 July 2024 entitled 'The recognition of professional qualifications in the EU',

– having regard to the report by Enrico Letta, of April 2024, entitled 'Much more than a market: Speed, security, solidarity – Empowering the Single Market to deliver a sustainable future and prosperity for all EU citizens',

– having regard to the report by Mario Draghi, of 9 September 2024 entitled 'The future of European competitiveness – A competitiveness strategy for Europe (Part A) and Part B – In-depth analysis and recommendations' (Draghi report),

– having regard to the report of the Secretariat-General of the Council of the European Union of 2022 entitled 'The Conference on the Future of Europe: Report on the final outcome',

– having regard to Sustainable Development Goal 3 of the UN resolution entitled

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8 OJ C, C/2024/4003, 17.7.2024, ELI: http://data.europa.eu/eli/C/2024/4003/oj.
9 OJ C, C/2024/4162, 2.8.2024, ELI: http://data.europa.eu/eli/C/2024/4162/oj.
10 OJ C 476, 15.12.2022, p. 1.
11 European Commission, *Supporting mental health of health workforce and other essential workers*, 23 June 2021.
12 OJ C 486, 21.12.2022, p. 37.
13 OJ C, C/2025/3476, 16.7.2025, ELI: http://data.europa.eu/eli/C/2025/3476/oj.

‘Transforming our World: the 2030 Agenda for Sustainable Development’ (2015),

– having regard to the WHO Europe resolution on the framework for action on the health and care workforce in the WHO European Region 2023-2030, adopted on 26 October 2023,

– having regard to the World Health Organization (WHO) Regional Office for Europe publication entitled ‘Report on the Pan-European Commission on Health and Sustainable Development – rethinking policy priorities in the light of pandemics’ (August 2021),

– having regard to the WHO publication of the WHO of 14 September 2022 entitled ‘Health and care workforce in Europe: time to act’, and of 7 October 2025 entitled ‘Mental Health of Nurses and Doctors survey in the European Union, Iceland and Norway’,

– having regard to the report by the Pan -European Commission on Health and Sustainable Development of September 2021, entitled ‘Drawing light from the pandemic: A new strategy for health and sustainable development – Final report of the Pan-European Commission on Health and Sustainable Development’,

– having regard to the International Labour Organisation (ILO) report of 7 March 2022, entitled ‘Care at work: Investing in care leave and services for a more gender equal world of work’,

– having regard to the report by Eurofound of 16 August 2023 entitled ‘Social services in Europe: Adapting to a new reality’,

– having regard to the reports by the European Agency for Safety and Health at Work of 7 November 2023 entitled ‘OSH in figures in the health and social care sector’, of 15 October 2024 entitled ‘Mental health challenges in the EU health and social care sector during COVID-19: strategies for prevention and management’, of 3 October 2025 entitled ‘Musculoskeletal health and risk factors in the health and social care sector‘ and of 5 March 2024 entitled ‘Digital platform work in the health and social care sector: implications for occupational safety and health’,

– having regard to the European Agency for Safety and Health at Work (EU-OSHA) research review entitled ‘A review of good workplace practices to support individuals experiencing mental health problems’,

– having regard to the report by the European Labour Authority of 27 June 2025 entitled ‘EURES Report on labour shortages and surpluses 2024,

– having regard to the report by Sauli Niinistö, Special Adviser to the President of the Commission, of 30 October 2024 entitled ‘Safer Together – Strengthening Europe’s Civilian and Military Preparedness and Readiness’ (Niinistö report),

– having regard to the WHO Bucharest Declaration on the health and care workforce of 22-23 March 2023,

– having regard to the briefing requested by its Committee on Public Health entitled ‘The

health workforce crisis in the European Union' (September 2025)[14],

– having regard to Rule 55 of its Rules of Procedure,

– having regard to the joint deliberations of the Committee on Employment and Social Affairs and the Committee on Public Health under Rule 59 of the Rules of Procedure,

– having regard to the report of the Committee on Employment and Social Affairs and the Committee on Public Health (A10-0168/2026),

A. whereas the healthcare workforce refers to the WHO definition[15] acknowledging all personnel involved in the healthcare sector, including health professionals, health associate professionals, personal care workers in health services, health management and support personnel, and other health service providers not elsewhere classified;

B. whereas, in line with Principle 16 of the European Pillar of Social Rights, everyone should be able to exercise the right to timely access to affordable, preventive and curative healthcare of good quality; whereas health and care labour supply functions as a strategic public good;

C. whereas healthcare workforce shortages are among the most pressing strategic challenges for the resilience and quality of healthcare systems in the EU; whereas the EU Member States had an estimated shortage of approximately 1,2 million doctors, nurses and midwives in 2022[16] to attain universal coverage; whereas the WHO expects a shortfall of 950 000 healthcare workers in the EU by 2030[17]; whereas the healthcare sector is consistently ranked among the top three sectors with widespread and severe labour shortages across the Member States, according to the European Employment Services (EURES) and the European Labour Authority[18]; whereas the retirement cohorts in relation to the current declining enrolment in health-related studies and inflows of new graduates highlight a widening future gap in the healthcare workforce in several countries; whereas the WHO report on the healthcare workforce in Europe (2022) shows that 30 % of medical doctors and 18 % of nurses are aged 55 or older, with 12 EU countries reporting 40 % of physicians aged 55 and over in 2022[19];

D. whereas unmet demand for the healthcare workforce in the EU is increasing owing to multiple factors, including demographic changes with rising long-term care and societal support needs, the growing incidence of mental health issues, cancer and other non-communicable diseases (NCDs), the continuing threat of antimicrobial resistance (AMR), and persistent risks from pandemics and other public health emergencies, including the health impacts of environmental degradation and extreme weather events;

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14 Kuhlmann, E., The health workforce crisis in the European Union, September 2025.
15 World Health Organization, *Monitoring the building blocks of health systems: A handbook of indicators and their measurement strategies*, 2010.
16 OECD, Health at a Glance: Europe 2024, 18 November 2024.
17 WHO, *Health workforce migration in the WHO European Region: country case studies from Albania, Armenia, Georgia, Ireland, Malta, Norway, Republic of Moldova, Romania and Tajikistan*, 17 September 2025.
18 Commission proposal of 15 November 2023 for a regulation of the European Parliament and of the Council establishing an EU talent pool (COM(2023)0716).
19 Eurostat, 'Medical workforce in the EU: an ageing profession', 16 January 2025.

E. whereas Eurostat data reveals significant disparities both between and within Member States in the density of the healthcare workforce as well as marked differences in wage levels, with remuneration gaps contributing to workforce imbalances, professional migration, and unequal access to healthcare services across the EU; whereas persistent healthcare workforce shortages across the EU have created an unsustainable ratio between patients and the healthcare workforce, which can lead to shorter consultation times, long waiting lists, overcrowded emergency services, delayed diagnosis, poorer health outcomes, significant economic costs, an increased mental health burden, reduced time for preventive care and a general decline in the quality of healthcare services highlighting the urgent need for strategic investments in recruitment, training and retention policies for the healthcare workforce; whereas gender-responsiveness of health systems is also essential for the overall preparedness, resilience and stability of Europe's health systems;

F. whereas in public health it is acknowledged that everyone must play their part, adopting lifestyles that promote health and prevent disease in order to develop self-care; whereas many people rely on informal caregivers and this is a role that many people will take on in the course of their lives;

G. whereas the healthcare workforce crisis is a major public challenge that needs to be prioritised; whereas the resilience and sustainability of healthcare systems depends on the contribution of a broad range of professionals across the health and care ecosystem, including clinical, technical, administrative, research, digital, logistics and manufacturing roles, whose combined work ensures the continuity, safety and quality of care; whereas strengthening training and recognition of healthcare professions is essential to deliver on the EU's health, social and industrial policy objectives given that the EU health-related industrial sector requires technical expertise;

H. whereas the healthcare workforce crisis and chronic shortages are not only a resource issue but also a patient safety and care quality concern, as they can be associated with higher rates of avoidable harm, complications and readmissions due to shortened monitoring, necessary checks not being carried out, reduced adherence to clinical protocols, longer waiting times, delayed diagnoses, disruption of care continuity and access, and higher risks of clinical errors;

I. whereas underserved regions, including mountainous, rural, suburban, remote, depopulated, outermost or island areas, face significant challenges in covering health structures with suitably qualified staff; whereas the closure of hospital wards and healthcare facilities is reducing patients' ability to access services, with pregnant women having to travel over 100 km to reach a maternity ward in some regions of the EU;

J. whereas in 2024, 3,6 % of people aged 16 year or older in the EU who needed a medical examination or treatment reported being unable to access it due to financial constraints, long waiting lists, or excessive distance from healthcare services[20]; whereas community and primary care workers are too often covered through precarious contracts, undermining continuity, quality and retention; whereas needs-based planning must go hand in hand with high-quality training and fair remuneration;

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20 Eurostat, '3.6% experience unmet needs for medical care in 2024', 20 August 2025.

K. whereas budgetary constraints in recent years have placed significant pressure on healthcare systems; whereas the housing and cost of living crises have contributed to the shortages seen in the healthcare workforce;

L. whereas every euro invested in prevention can yield a return of EUR 14 through avoided healthcare costs and increased productivity; whereas NCDs cost the EU over EUR 700 billion annually; whereas every year, higher health expenditure and reduced workforce productivity due to the growing pressure of AMR on healthcare systems cost EUR 11,7 billion in the EU;

M. whereas responsibility for the organisation and management of health systems and for health personnel planning lies mainly with the Member States; whereas the COVID-19 pandemic exposed and exacerbated structural and systemic problems and weaknesses in healthcare systems including shortcomings related to healthcare workforce planning, working conditions, remuneration of the healthcare workforce, attracting and retaining talent, and the need for more cross-border mobility and cooperation within the EU; whereas EU measures in this field should focus on support for the Member States, on improving cooperation, on reducing administrative burdens and on increasing the availability of comparable statistics, in full respect for the principles of subsidiarity and proportionality; whereas according to the 2023 WHO/Eurohealth report, nine out of ten nurses across Europe considered quitting their jobs during the COVID-19 pandemic; whereas the OECD report 'Ready for the next crisis?' identifies healthcare workers as an essential component of all efforts to boost resilience while healthcare systems across Member States remain under-resourced, with insufficient staffing levels, infrastructure and operational capacity, which undermines overall health system resilience and poses serious risks to health security, emergency preparedness and the ability to respond effectively to public health threats;

N. whereas early-career healthcare workers constitute both the foundation and the future of Europe's health systems, yet face the most challenging working and training conditions, including excessive working hours, unpaid overtime and inadequate supervision, which undermine their well-being and compromise patient safety; whereas healthcare workers such as nurses or healthcare assistants have increasingly taken on additional responsibilities and complex tasks, while their wages have largely remained stagnant, reflecting a growing imbalance between workload and remuneration;

O. whereas all future EU health strategies or initiatives should address the needs of the EU healthcare workforce, also in view of the growing impact of major high-burden diseases including cardiovascular diseases which account for 1,7 million lives lost per year and 22 % of all hospital admissions[21], with significant consequences for both the healthcare workforce and healthcare systems;

P. whereas low pay is one of the main drivers of labour shortages; whereas fair wages and benefits play a significant role in job retention and attracting new talent to the healthcare sector; whereas effective social dialogue and collective bargaining systems are essential to improve wages, working conditions and retention in the healthcare and care sectors; whereas countries with higher collective bargaining coverage generally

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21 Luengo-Fernandez R. et al, 'Economic burden of cardiovascular diseases in the European Union: a population-based cost study' *European Heart Journal*, Vol. 44, Issue 45, 2023.

face fewer staff shortages and lower turnover; whereas EU action should also support capacity-building for social partners;

Q. whereas the EU healthcare workforce shows concerning trends in job satisfaction, including lower tolerance for working conditions that interfere with family and personal life, as well as mental health challenges, including secondary traumatic stress, moral distress, grief, anxiety, high exposure to physical and psychosocial risks, emotional exhaustion, burnout, fatigue, limited flexibility despite rising demand, excessive working hours, lack of recognition and a growing intention to leave the profession, driven by factors such as staff shortages, high workloads, overtime work and inadequate pay;

R. whereas the WHO survey on the mental health of nurses and doctors in the EU, Norway and Iceland reports that longer working hours, job insecurity, and exposure to violence and harassment are consistently associated with poorer mental health, with one in three workers reporting depression or anxiety and one in ten reporting thoughts of ending their life or harming themselves; whereas according to WHO one in four doctors, especially junior doctors, work more than 50 hours per week; whereas 32 % of doctors and 25 % of nurses are on temporary employment contracts, which increases their anxiety about job security[22]; whereas healthcare workers facing less stable working hours, such as extended working hours, night shifts, rotating shifts and temporary contracts, experience higher rates of anxiety, depression and increased prevalence of alcohol dependence; whereas studies indicate that healthcare workers experiencing burnout, such as workers in specialised cardiovascular units, among others, are twice as likely to be involved in patient safety incidents;

S. whereas according to EU-OSHA, musculoskeletal disorders are the leading cause of work-related health problems in the healthcare sector[23], with between 60 % and 90 % of nurses reporting such disorders each year due to the intense physical demands of their work; whereas RMDs are the primary health-related reason why healthcare workers leave the profession and thus are a major contributor to Europe's shortage of healthcare workers; whereas women are disproportionately affected by RMDs;

T. whereas the improvement of working conditions and health and safety, including support for physical and mental health, reliable shift systems and a predictable timetable, together with prevention and protection against violence and harassment, including on social media, are essential for retaining qualified professionals and ensuring patient safety, and thus are key elements of the efforts to address EU-wide healthcare workforce shortages;

U. whereas the human health and social work activities sector is among Europe's largest and fastest growing employers and the largest single employer of women[24]; whereas the health labour market is strongly gender-segregated with women making up the majority

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22 WHO, 'Healing hands – hurting minds', 10 October 2025.

23 EU-OSHA, Musculoskeletal Health and Risk Factors in the Health and Social Care Sector – A Review of Existing Information, 2025.

24 United Nations' International Standard Industrial Classification of All Economic Activities (ISIC), Revision 4, Section Q.

(78 %) of healthcare workers in the EU[25], whereas women face a 24 percentage point pay gap (in the case of mean monthly earnings) compared to men across the health and care sector and this gap is created through poor recognition of women's qualifications, lack of career chances, and an overall higher share of caring responsibilities; whereas in around half of the Member States, women account for more than 90 % of the nursing workforce[26]; whereas shortages in the healthcare workforce increase gender inequalities in different ways; whereas women are affected by a growing workload, stress, burnout and emotional burden in higher numbers; whereas women nurses are disproportionately affected by gender inequalities and violence; whereas women in the sector have poorer working conditions, suffer higher workplace violence and sexual harassment and occupy fewer leadership positions than men[27]; whereas these challenges are further exacerbated by insufficient or lacking victims support services; whereas robust education and training for health professionals is essential to prevent, identify and address problematic, harassing and violent behaviours linked to relationships and affectivity;

V. whereas women are often disproportionately affected by public health crises due to persistent inequalities, caregiving responsibilities and exposure to health risks; whereas several professions in the care sector suffer from insufficient visibility and societal recognition, leading to low wages and a lack of attractiveness; whereas the quality of care depends on the existence of a sufficiently large and well-trained workforce, decent working conditions, fair wages, and well-integrated and coordinated services; whereas informal caregivers, who are predominantly women, provide essential care while lowering the burden on healthcare professionals; whereas recognising the status of informal caregivers is a way to address workforce shortages; whereas the 2022 European Care Strategy explicitly recognises that informal care, usually provided by family and friends, and formal care, provided by professional services, must cooperate and be integrated into a coherent care system; whereas this strategy highlights the need for the formal sector to recognise informal carers as partners in care planning and delivery;

W. whereas adequate staffing levels are essential to ensure patient safety and protect the occupational health, mental health and overall well-being and safety of the healthcare workforce, including reducing the risks of burnout and strengthening the efficiency and resilience of healthcare systems and helping to prevent healthcare workers from leaving the profession because of poor working conditions;

X. whereas digitalisation and upgraded IT infrastructure, if well managed, can to a certain extent complement the work of the healthcare workforce, by reducing the workload of staff, particularly with administrative tasks, help leverage technology, redesign service delivery and optimise operations management, by relieving pressure on overstretched systems and improving access in underserved regions as well as rural areas, provided that it is implemented with respect for labour rights and without replacing human staff or leading to further privatisation of services and bearing in mind that it can be associated with psychosocial risks like cognitive overload, job insecurity or lack of

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25 Eurostat, 'Majority of health jobs held by women', 8 March 2021; OECD, 'Health at a Glance: Europe 2024',18 November 2024.

26 Eurostat, 'Healthcare personnel statistics – nursing and caring professionals'.

27 Azzopardi-Muscat, N. et al., 'Moving from health workforce crisis to health workforce success: The time to act is now', *The Lancet Regional Health – Europe*, Vol. 35, 2023.

trust; whereas any deployment of digital and remote solutions, including artificial intelligence (AI), should be based on a human-centric approach and ethics-by-default principle;

Y. whereas with the rapid development of AI and other emerging technologies, it is essential to invest in training and education in the use of new technologies, in order to provide healthcare workers with the necessary tools to optimise their time and improve patient care; whereas innovative working models, based on an evaluation of the health workforce skill mix, could bring greater efficiency while maintaining quality of care, ensuring that the right tasks are performed by the right worker, including through re-certification processes where appropriate; whereas the reskilling, upskilling and inclusion of new technical skills could lead to an even wider range of jobs in the healthcare sector;

Z. whereas AI systems used in employment, worker management and access to self-employment, in particular for the recruitment and selection of persons, for making decisions affecting terms of the work-related relationship, promotion and termination of work-related contractual relationships, for allocating tasks on the basis of individual behaviour, personal traits or characteristics and for monitoring or evaluation of persons in work-related contractual relationships, are classified as high-risk in the Artificial Intelligence Act[28], since those systems may have an appreciable impact on future career prospects, livelihoods of those persons and workers' rights;

AA. whereas under Article 168 TFEU, the organisation of health services and medical care is a competence of the Member States, with EU action subject to the principles of subsidiarity and proportionality; whereas the EU policies should help strengthen access to effective and sustainable healthcare systems in line with national contexts;

AB. whereas in its report on the health and care workforce in Europe, the WHO has warned of a future healthcare workforce crisis and future shortages and proposed ten actions and seven policy actions on mental health to strengthen the healthcare workforce in the EU and broader European region; whereas medical students and early-career healthcare professionals represent the future of Europe's health system; whereas there is a need for an intergenerational workforce transition; whereas declining enrolment in health-related studies poses a long-term risk to the sustainability of healthcare; whereas in several Member States medical education and training capacity are set by budgetary constraints rather than by transparent assessments of population health needs; whereas hospital-centric planning leaves rural, peripheral and outermost areas underserved;

AC. whereas measures to facilitate intra-EU mobility and third-country recruitment should be equitable and sustainable, avoiding a brain drain from regions already suffering shortages, and in line with the WHO Global Code of Practice[29] on the international

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28 Regulation (EU) 2024/1689 of the European Parliament and of the Council of 13 June 2024 laying down harmonised rules on artificial intelligence and amending Regulations (EC) No 300/2008, (EU) No 167/2013, (EU) No 168/2013, (EU) 2018/858, (EU) 2018/1139 and (EU) 2019/2144 and Directives 2014/90/EU, (EU) 2016/797 and (EU) 2020/1828 (Artificial Intelligence Act), (OJ L, 2024/1689, 12.7.2024, ELI: http://data.europa.eu/eli/reg/2024/1689/oj).

29 WHO, 'WHO Global Code of Practice on the International Recruitment of Health Personnel', 2024.

recruitment of health personnel; whereas, however, the voluntary control mechanisms of the WHO Global Code of Practice are not sufficient to respond effectively to the diverse needs of EU health systems;

AD. whereas the European Court of Auditors concluded that the EU system for recognising professional qualifications is ‘used sparsely and inconsistently’ and called on the Commission to better monitor Member States’ compliance with the Professional Qualifications Directive;

AE. whereas the European Committee of the Regions has called for data-driven solutions to address medical deserts, enhanced EU4Health prevention efforts, effective qualifications recognition, and a robust cohesion policy for expanded healthcare training;

AF. whereas the Commission proposal amending Regulation (EU) 2021/1057 does not specifically mention funds from the ESF+ going towards the healthcare sector, nor does it mention the sector’s specific challenges and fails to provide earmarking for the public health sector and for decent working conditions for health professionals, in particular women and young workers; whereas the privatisation of healthcare providers could reduce patients’ ability to access certain services and could lead to a loss of control over the public healthcare system;

AG. whereas funds from the national recovery plans were intended to support the resilience and development of healthcare systems and need to be complemented by further measures to properly address the healthcare workforce crisis;

AH. whereas the European Semester provides a key framework for coordinating economic, employment and social policies across the EU, and should support Member States in addressing health workforce challenges;

AI. whereas the Niinistö report acknowledges that a well-functioning healthcare system is a key element of the EU’s societal resilience and a priority within the EU’s preparedness agenda, including strengthening healthcare workforce, medical supply chains and improving mobility frameworks; whereas the lack of healthcare workforce is a threat to health security; whereas the Commission has announced the crisis preparedness strategy, which demands sufficient health workforce resources; whereas the Council (Employment, Social Policy, Health and Consumer Affairs Council) is not paying sufficient attention to shortages in the healthcare workforce;

AJ. whereas the rapidly changing global security environment, marked by increasing geopolitical tensions, armed conflicts, hybrid threats, misinformation and instability in the EU’s neighbourhood, has significant implications for public healthcare systems and the resilience of the healthcare workforce;

AK. whereas national and pan-European actions to respond to healthcare workforce shortages often remain poorly connected while effective governance and implementation strategies are ill developed or even lacking, whereas dysfunctional healthcare labour markets are impacting EU societies beyond the health sector, hampering economic development, social cohesion and equity, and ultimately trust in governments and democracy;

AL. whereas the Draghi report identifies public health and the life sciences as a core tenet of European competitiveness and resilience for the continent and acknowledges the situation of health-related industries as a competitiveness issue;

Employment, working conditions and the safeguarding of mental health

1. Calls on the Commission to urgently develop a comprehensive and long-term European healthcare workforce strategy to increase the healthcare workforce by at least one million professionals over the next seven-year MFF (2028–2034), covering the estimated EU-wide healthcare workforce deficit of around 1,2 million; calls for this strategy to be aligned with demographic, technological and epidemiological trends, to focus on addressing shortages, working conditions, employment mobility, skills gaps, education and training, improved data collection, and innovation, to help Member States ensure sustainable, accessible and patient-centred healthcare systems that guarantee high-quality healthcare for all and provide good, safe and motivating working and training environments; for this purpose, calls on the Commission to monitor labour shortages across health professions and across regions; calls furthermore on the Commission to consult on this strategy with the EU social partners and professional organisations;

2. Reiterates that any EU action in this field should respect the principle of subsidiarity, national competences and the autonomy of social partners;

3. Calls on the Member States to adopt and regularly update comprehensive national strategies in this field, including long-term action plans and effective workforce planning covering all stages of the professional life cycle, from promoting education, recruitment and retention, to continuing professional development and late-career engagement, with particular attention to underserved areas and those with constrained health infrastructure capacity; underlines that such long-term action plans require strong multi-sectoral coordination, involving all relevant authorities, to ensure that education systems, funding mechanisms and labour market policies are consistent and responsive to national and regional health needs; furthermore calls on the Commission to support cooperation and the exchange of best practice among Member States;

4. Calls on the Commission and the Member States to promote and coordinate – in close cooperation with social partners – integrated workforce strategies at both national and EU levels, aimed at attracting young people to healthcare professions while tackling brain drain, aligning educational capacities with healthcare system needs and ensuring that all Member States have a sufficient number of adequately trained healthcare professionals, in particular in the most understaffed specialisations; further encourages cross-border collaboration and exchange in education and training, notably through mobility programmes such as Erasmus+; calls for a separate Erasmus exchange programme to be set up for healthcare education and training institutions so as to contribute to skills development throughout the EU and to foster the development of transnational and transdisciplinary curricula;

5. Underlines that safe staffing levels, good working conditions and the right combination of professionals in the healthcare workforce are essential for patient safety, quality of care and staff well-being; calls moreover on the Commission to propose a Council recommendation setting out common principles for safe, evidence-based and high-quality staffing for the whole healthcare workforce, anchored in patient safety

outcomes, social dialogue and collective bargaining and risk-based assessment while fully respecting the diversity of healthcare system models; calls for such a recommendation to recognise unsafe staffing levels as an occupational hazard; calls on the Commission to consider the need for an obligatory framework to this end which comprises workload controls and doctor-to-patient/nurse-to-patient ratios, including in high-acuity settings and measures to relieve the physical, psychological and administrative burden faced by healthcare workers, aiming to reduce errors and strengthening overall healthcare system performance, while recognising the need for flexibility for health organisations to adapt to labour-market realities and workforce planning priorities without compromising quality of care or patient safety; calls on the Member States to adopt, implement and regularly review national legislative frameworks thereafter, including minimum thresholds and benchmarks on safe staffing, as well as minimum consultation times that are sufficient to ensure an accurate assessment and appropriate care of patients with increasingly complex clinical profiles, also in the light of the expansion of treatment options, where applicable; calls for national approaches to be based on evidence, clinical context, social dialogue and collective agreements, ensuring transparent reporting on quality and safety indicators;

6. Calls on the Commission, in cooperation with the Member States and relevant professional organisations, to develop a standardised EU tool for measuring nurses' workload, such as through validated systems similar to the Nursing Activity Score, in order to ensure safe staffing levels and improve patient safety;

7. Calls on the Member States to recognise the healthcare workforce as strategic for social and economic cohesion, and to ensure working conditions that reflect their contribution to society, as well as a formal recognition of healthcare professions as strenuous and particularly demanding; calls on the Commission and the Member States to address workforce shortages by ensuring job security, fair working conditions, fair remuneration and adequate minimum wages following the Directive on Adequate Minimum Wages[30] and commensurate with responsibilities and skills level, as well as by addressing occupational health and safety including mental health, musculoskeletal disorders and exposure to hazardous substances and environments; calls in this regard for the protection of workers' rights, notably respecting working hours, improving predictability and flexibility related to shift work, limiting consecutive night shifts and long shifts, ensuring adequate rest and recovery periods, statutory paid annual leave, access to occupational health and safety services, and enhancement of other protective factors, including social support and workplace support structures, and the protection of the healthcare workforce against precarious employment; looks forward, in this regard, to the Commission's upcoming proposals on a Quality Jobs Act;

8. Calls on the Commission to monitor and ensure compliance with the Working Time Directive since one in four doctors, in particular junior doctors, and one in ten nurses work more than 50 hours per week, which, according to the WHO survey on the mental health of nurses and doctors in the EU, Norway and Iceland, leads to exhaustion, burnout and higher risk of medical errors;

9. Calls on the Member States to support the financing of traineeships for students enrolled

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30 Directive (EU) 2022/2041 of the European Parliament and of the Council of 19 October 2022 on adequate minimum wages in the European Union (OJ L 275, 25.10.2022, p. 33, ELI: http://data.europa.eu/eli/dir/2022/2041/oj).

in accredited first-cycle and single-cycle programmes in medicine and other healthcare studies, and explore the possible complementary leverage of EU instruments; calls for the establishment of dedicated support to cover the full duration of studies, including clinical placements; calls on the Commission and the Member States to explore the possibility of setting up, with support from EU instruments, a monitoring framework to track uptake and impact of the financing support mechanism that will be provided to students;

10. Recognises the dual and vital role of junior doctors, residents and postgraduate trainees as both learners and workers; calls for their specific legal protection, ensuring fair remuneration, safe working conditions, protected rest, social security coverage, support for pregnancy and parenthood and adequate supervision in line with EU and national labour law; calls for safeguards to protect students from being used as a substitute for staff, thereby ensuring that their learning and safety are prioritised; emphasises the need to develop a European framework of minimum quality standards for residency programmes, guaranteeing fair remuneration, transparent career progression, adequate supervision and mentoring, and full respect for occupational health and safety, including rest periods and access to mental health support; underlines that investing in residents means investing in the future resilience and quality of European healthcare;

11. Calls for the health sector to be protected from the Omnibus deregulation agenda;

12. Calls on the Member States to ensure a genuine work-life balance, fair working hours, voluntary part-time work, and control over work and scheduling for the whole healthcare workforce, family-friendly and flexible work arrangements, affordable high-quality childcare facilities and other family support services; deplores the fact that difficulties in accessing affordable high-quality formal care lead to overreliance on informal care or undeclared work, with consequences for women; recognises the gender dimension in health work especially in women-dominated jobs such as nursing or midwifery, and in the care sector and calls for gender inequalities to be tackled and equal pay for equal work to be ensured, calls for better tailored and targeted occupational health and safety measures, measures to combat wage disparities, career barriers, unsafe working conditions and workplace violence against women, to tackle gender inequalities and ensure equal pay for equal work, and highlights the need to protect them with safer, more equitable, and supportive work environments; calls in this respect on the Member States to implement the Pay Transparency Directive fully without delay and to address the gender pay gap and gender glass ceiling; underlines the higher prevalence of depression and anxiety among women healthcare workers, as reported in the WHO survey on the mental health of nurses and doctors in the EU, Norway and Iceland; reminds the Member States that Article 10 of Council Directive 2013/59/Euratom[31] introduces exposure to radiation limits for pregnant and breastfeeding workers;

13. Calls on the Commission and the Member States to take action to ensure strong protection against gender-based discrimination and violence in the workplace; calls on

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31 Council Directive 2013/59/Euratom of 5 December 2013 laying down basic safety standards for protection against the dangers arising from exposure to ionising radiation, and repealing Directives 89/618/Euratom, 90/641/Euratom, 96/29/Euratom, 97/43/Euratom and 2003/122/Euratom (OJ L 13, 17.1.2014, p. 1, ELI: http://data.europa.eu/eli/dir/2013/59/oj).

the Commission to ensure the effective implementation of the Pregnant Workers Directive[32]; calls, furthermore, for the provision of incentives to support women's return to the labour market;

14. Deplores the growing number of violent acts against healthcare professionals and calls on the Member States to establish national action plans to improve the safety of healthcare professionals that include the integration of relevant training programmes, and in particular of de-escalation communication strategies, into curricula for the healthcare professions and to establish comprehensive support mechanisms such as structured cooperation protocols;

15. Highlights the importance of the mental health and well-being of the healthcare workforce; underlines the need to address the high prevalence of burnout, depression and anxiety among healthcare workers in the EU; notes that burnout rates in the healthcare workforce are particularly high, especially among cardiovascular professionals (79 % of nurses and 65 % of doctors)[33] and that, according to the WHO survey on the mental health of nurses and doctors in the EU, Norway and Iceland, one in three nurses and doctors experience mental health challenges and doctors and nurses are five times as likely as the general population to experience symptoms of depression (32 % compared with 6 %); notes the increased risk of errors caused by excessive fatigue, physical exhaustion, depression and mental strain, with potentially fatal consequences; highlights that patients' lives often depend on the endurance limits of exhausted staff; calls on the Commission and the Member States to ensure the proper implementation of the Framework Directive for occupational safety and health (OSH Framework Directive)[34], in order to prevent and manage the occupational risk factors affecting the healthcare workforce, including excessive workloads, work-related stress, unsafe working conditions, violence and harassment; emphasises furthermore the need and calls for mental health and substance-dependency support programmes to be made available and accessible to the whole healthcare workforce, and the recognition of the long-term effects of the COVID-19 pandemic on the mental health of the healthcare workforce; calls on the Member States to exchange good practices and implement measures promoting prevention, early intervention and long-term person-centred support measures such as regular recovery and resilience programmes, including access to psychological support, which can improve job satisfaction and prevent burnout without necessarily requiring a large financial investment;

16. Supports making the protection of staff mental health a key performance indicator to build on the accountability of healthcare managers to promote and protect staff mental

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32 Council Directive 92/85/EEC of 19 October 1992 on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding (OJ L 348, 28.11.1992, p. 1, ELI: http://data.europa.eu/eli/dir/1992/85/oj).

33 Jelen, A. et al., 'A qualitative co-design-based approach to identify sources of workplace-related distress and develop well-being strategies for cardiovascular nurses, allied health professionals, and physicians', *BMC Health Services Research*, Vol. 24, 2024.

34 Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (OJ L 183, 29.6.1989, p. 1, ELI: http://data.europa.eu/eli/dir/1989/391/oj).

health and well-being;

17. Calls on the Commission and the Member States to ensure the proper implementation of the OSH Framework Directive, particularly with regard to occupational exposure to hazardous medicinal products, in line with the Carcinogens, Mutagens and Reprotoxic Substances Directive; emphasises that RMDs are a primary reason why healthcare workers leave the profession on health grounds[35]; highlights the need for the Commission and the Member States to ensure occupational health and safety measures to address RMDs and psychosocial risks, including through enhanced research and prevention; calls on the Commission to strengthen the EU legislative framework on RMDs and psychosocial risks, also within the framework of the Quality Jobs Act;

18. Underlines the crucial role of social partners and professional organisations, academic institutions and scientific societies, and other relevant stakeholders at national and EU level, as well as that of social dialogue and collective bargaining at national and EU level, and calls for their close and structured involvement in the design, implementation and evaluation of workforce strategies, and in improving workplace standards;

Tackling inequalities in access to healthcare

19. Recommends that the relevant authorities in the Member States enhance coordination to develop integrated regional health strategies that establish better integrated care pathways and adopt a comprehensive and integrated model of care covering hospital, home, community and outpatient care; underlines that the reorganisation and modernisation of patient pathways are critical to improving the strategic allocation and utilisation of the health workforce, enhancing system efficiency and patient outcomes; calls on the Member States to strengthen services dedicated to women's health to provide integrated, gender-responsive care and recognises the unique role of formal and informal carers;

20. Calls for the recognition of the status of informal caregivers, who are predominantly women, in order to acknowledge and compensate their unpaid work and to ensure them adequate social and labour protection, including access to social security, training and support services;

21. Emphasises that disparities in access to and quality of care perpetuate health inequalities and jeopardise health coverage in underserved areas, such as mountainous, rural, island, remote, outermost, suburban and depopulated areas, owing to workforce shortages, in particular for elderly and disadvantaged populations and persons with disabilities; calls for the development of targeted and specific healthcare strategies to strengthen healthcare infrastructure; stresses that home and community care services must be considered essential social infrastructure; furthermore calls on the Member States to improve data collection and analysis to help prevent the over-concentration of medical professionals in certain large cities and developed regions; encourages the strengthening

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35 Sepehrian, R. et al., 'Nurses' viewpoint of sustaining work despite musculoskeletal pain: A qualitative study', *Journal of Education and Health Promotion*, Vol. 13(1), 2024; Gorce, P. and Jacquier-Bret, J., 'Continental effect on work-related musculoskeletal disorders prevalence among nurses: systematic review and meta-analysis', *BMC Nursing*, Vol. 24, 2025; see also 'Musculoskeletal disorders', European Agency for Safety and Health at Work website.

of data-driven approaches to identify and address regional and territorial disparities in the availability of healthcare professionals and to ensure adequate and equitable distribution of services in underserved areas;

22. Recommends integrating data on regional health disparities into national health workforce and cohesion policy planning, supporting the creation of a dedicated funding window under the ESF+ and cohesion policy to help the Member States implement sustainable healthcare workforce strategies; underlines that cohesion funds play an important role in investing in local healthcare infrastructure and creating incentives to attract and sustain healthcare workers in underserved and less populated areas, thereby promoting territorial cohesion;

23. Urges the Member States and authorities at local and regional levels to optimise the use of EU and national funds, included but not limited to innovative and financial and non-financial incentives for attracting and retaining health professionals in underserved areas, such as mountain, rural, island, remote, suburban, outermost, hard-to-reach and depopulated regions; suggests that these incentives include supporting housing solutions for healthcare professionals, funding scholarships, research grants and structured career development opportunities, as well as providing tax benefits; calls on the Member States to accelerate and facilitate the use of cohesion funds, in particular to support targeted and economically sustainable initiatives and to address medical deserts; suggests exploring cross-border healthcare initiatives where isolated areas are a consequence of administrative borders;

24. Recognises that young health professionals are at increased risk of work-related pressure and inappropriate workload allocation, and calls for the establishment of robust mentorship and support systems within the workplace to promote their well-being, professional development and retention in the sector;

25. Supports the development of targeted and equitable deployment of telemedicine, AI and other innovative technologies, including the necessary infrastructure, balanced national regulation, the necessary continuous digital education and training of healthcare professionals and, where relevant, patients, and measures to support equitable access, as a tool complementing in-person care to address healthcare inequalities; underlines that face-to-face care remains the priority; calls for the integration of secure, interoperable telemedicine solutions, such as remote patient monitoring for chronic conditions, to improve care continuity, address medical deserts and alleviate the pressure on the healthcare workforce; stresses that all digital and technological innovations in the pharmaceutical sector should support, and not supplant, the territorial network of pharmacies in their public service function so as to ensure high standards of quality and safety;

26. Takes note of the Commission President’s announcement of the new global health resilience initiative to strengthen health systems resilience and ensure preparedness for pandemics as well as natural and human-induced disasters; in this regard calls on the Member States to ensure sufficient resources to coordinate with the European Centre for Disease Prevention and Control to monitor and observe global health developments and timely local detection of global phenomena; underlines that the Union prevention, preparedness and response plan for health crises and Member States’ plans should ensure the continuity of care during health crises, including natural or other disasters,

uphold patients' rights under Directive 2011/24/EU[36] on cross-border healthcare and protect the health and safety of the healthcare workforce;

27. Urges the Member States to set up national pharmacy workforce strategies to define hospital and community pharmacists' roles in integrated care; acknowledges community pharmacies as front-line health facilities and essential health infrastructure while respecting national competences and the diversity of healthcare system models; stresses the urgent need to strengthen the hospital pharmacy workforce; recognises that scientific progress is transforming the role of pharmacists and calls for greater support for the profession and for measures to facilitate the free movement of pharmacists to improve workforce flexibility, acknowledges the pivotal role of pharmacists in the handling, disposal and recycling of medical products, in particular to reduce the pollution from pharmaceuticals, and encourages the Member States to go further with public awareness raising and training initiatives;

28. Encourages the Member States to explore, in close consultation with professional and patient organisations, evidence-based models for the gradual upskilling of pharmacists to support the long-term management of patients living with chronic conditions, ensuring that any potential extension of prescribing responsibilities is accompanied by appropriate training, regulatory safeguards grounded in patient safety and quality assurance mechanisms;

Recruitment, mobility and training of healthcare workforce

29. Calls on the Member States to boost high-quality education of the healthcare workforce, combined with high-quality mentorships to support the transition to the labour market, promote lifelong learning and flexible career progression pathways and invest in training pathways including upskilling, in order to safely integrate new technologies and task-shifting where clinically appropriate; encourages cooperation between the Member States on strengthening training capacities and pathways, including language and digital skills, and knowledge that is region-specific and adapted to the geographical context, return-to-work programmes and the recognition of informal skills; calls on the Member States, with the support of the Commission, to take coordinated measures on the basis of high-quality data, aimed at achieving self-sufficiency in education and at training adequate numbers of healthcare workers for their national needs, including in the specialisations and areas with the most severe shortages, thus promoting sustainable and efficient workforce planning to avoid over-burdening certain healthcare professionals; stresses the need to increase investment in higher education for healthcare professions and to promote EU-level and national campaigns encouraging young people to stay and work in their home healthcare systems to prevent further brain drain; calls on the Commission to facilitate and the Member States to undertake the exchange of best practice across the EU through healthcare expertise transfer, in order to strengthen equal access to healthcare;

30. Urges the Member States to build a sustainable cancer workforce to save lives, reduce the burden of cancer in the EU, and achieve the Europe's Beating Cancer Plan

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36 Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare (OJ L 88, 4.4.2011, p. 45, ELI: http://data.europa.eu/eli/dir/2011/24/oj).

objectives;

31. Calls on the Commission and the Member States to take measures to minimise ‘brain waste’ caused by health professionals working in a low- or medium-skilled job positions, for which a degree is not required;

32. Encourages fair labour mobility of the healthcare workforce within the EU facilitated by the Professional Qualifications Directive; stresses in particular the importance of ensuring that qualifications obtained in the EU are recognised in the same way, in line with the principle of equal treatment as set out in Article 14(5) of the directive, and in Commission Recommendation of 15 November 2023 on the recognition of qualifications of third-country nationals (C(2023)7700), Chapter VI, point 51, also in view of mobilising all potential;

33. Stresses the need for a coordinated approach by the ILO, the WHO and the EU to monitoring the flow of healthcare workers, promoting ethical rules for international mobility and preventing brain drain; stresses that, where international recruitment is needed, it should not be considered the only tool for the long-term sustainability of healthcare systems, and should be regarded as a complementary measure, and must comply with ethical principles as set out in the WHO Global Code of Practice, so as to prevent creating or exacerbating workforce shortages in countries of origin and to improve relevant monitoring; recalls that such recruitment should also be carried out in full respect of national health systems and workforce sustainability; welcomes the inclusion of certain categories of healthcare professions in the list of EU-wide shortage occupations as part of an array of measures addressing labour shortages in the EU, in the context of the recently adopted EU Talent Pool Regulation[37];

34. Calls on the Commission to review the Professional Qualifications Directive in order to include the recognition of qualifications awarded in a digital format, increase the number of professions covered and allow for true portability of qualifications, skills and roles, including in the area of long-term care and improve mutual recognition, including through better common minimum requirements and improved comparability of the education and training of the healthcare workforce across Member States;

35. Emphasises the need to defend science-based medical practices and stresses that the delimitation and EU-wide standardisation of medical practices should not include practices based on procedures lacking scientific support;

36. Encourages the expedited and digitalised recognition of additional qualifications and micro-credentials via the expanded use of common training frameworks for improved retention of the healthcare workforce and enhanced cross-border mobility; further encourages the mobility of healthcare workers and professionals to more advanced work functions backed by the recognition of their qualifications in line with the European qualifications framework for lifelong learning; emphasises the importance of focusing on the recruitment and retention of the healthcare workforce and specifically nurses, as the largest group of healthcare workers, developing motivating career perspectives and accessible training opportunities, while also improving working conditions and

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37 Regulation (EU) 2026/1047 of the European Parliament and of the Council of 29 April 2026 establishing an EU Talent Pool (OJ L, 2026/1047, 12.5.2026, ELI: http://data.europa.eu/eli/reg/2026/1047/oj).

supporting the work-life balance;

37. Calls for the EU and the Member States to work towards addressing the challenges faced by Member States with regard to brain drain and to ensure that safeguards are put in place so that mobility does not lead to skills shortages in remote and underserved regions; underlines that labour mobility within the EU should be a choice, not a necessity driven by persistent inequalities in employment and career opportunities across Member States; calls on the Commission to support the Member States most affected by health worker outflows; calls on the Commission and the Member States to establish appropriate incentives for medical and healthcare trainees who choose to complete their training in rural and underserved areas, where healthcare workforce shortages are most acute; furthermore calls for the creation of programmes to facilitate the voluntary return of EU healthcare workers currently employed in other Member States or outside the EU; stresses the importance of giving workers sufficient advance notice in the event of relocation in accordance with the directive on transparent and predictable working conditions in the EU[38];

38. Stresses that the EU and the Member States should invest in education and training including continuous upskilling, for a sustainable, resilient and highly qualified healthcare workforce, including by means of EU-funded programmes, ensuring availability, accessibility, acceptability and quality of the healthcare workforce as referred to in various WHO reports, and as a core component of resilient health systems, ensuring everyone in the EU has access to high-quality healthcare; stresses that a competent, ethically grounded and well-recognised public health workforce is essential for prevention, preparedness and response to health threats; calls on the Commission and the Member States to converge national and EU-level actions with the WHO-ASPHER Roadmap to professionalizing the public health workforce in the European Region; underlines that maintaining high standards of education and training is important to ensure the attractiveness of health professions and to guarantee patient safety and quality of care; calls on the Commission to conduct a coordinated assessment of medical education and training in the EU to help ensure that the allocation of additional resources is better targeted on addressing current workforce shortages; calls for a long-term cohesion policy in order to increase the capacity of Member States to provide education and training opportunities for more people in the healthcare sector;

39. Calls for healthcare workforce gaps to be closed by the end of the next multiannual programming period in 2034, which requires a combination of incentives, including education and training within the EU, retention strategies, intra-EU mobility and ethical international recruitment; underlines that addressing the structural challenges the sector faces is key to improving the attractiveness of the sector, facilitating the recruitment of young people and people looking for a career change, and enabling those who have left the healthcare sector to return, as well as to ensuring higher retention rates; emphasises that retaining existing staff is the most effective and cost-efficient way to stabilise health systems; stresses that reinforcing cross-border healthcare collaboration can help address workforce shortages, safeguard equitable access to care, and uphold fair working and mobility conditions for healthcare professionals within the EU;

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38 Directive (EU) 2019/1152 of the European Parliament and of the Council of 20 June 2019 on transparent and predictable working conditions in the European Union (OJ L 186, 11.7.2019, p. 105, ELI: http://data.europa.eu/eli/dir/2019/1152/oj).

40. Calls on the Commission, in cooperation with the Member States, to improve access to diversified training pathways including university, vocational education and training and specialist training, apprenticeships, reskilling and upskilling; calls for provisions to ensure that dedicated time for professional training and development is allotted in individual employment contracts; calls for the safeguarding and enhancement of good practice in the EU for cooperation in medical education to benefit both source and destination countries; asks the Commission, in this regard, to enable Member States to make full use of EU funding instruments, such as EU4Health, the ESF+, Horizon Europe and cohesion policy resources in order to address the most critical workforce shortages, update curricula, strengthen digital and interdisciplinary skills, so as to facilitate the recruitment and retention of the healthcare workforce and facilitate the voluntary return and reintegration of healthcare professionals to their countries of origin; stresses that cohesion policy instruments, including the ESF+ and EU4Health programmes, should be used to finance targeted incentives, mentorship schemes and centres of excellence that enable the transfer of skills and knowledge between Member States; calls on the Member States, with the possible support of EU funding, to promote the mobility of students and young professionals in the healthcare sector, through scholarships, while also targeting those coming from disadvantaged backgrounds, taking national contexts into account, and in cooperation with social partners;

41. Recommends the introduction at both EU and national level of incentives for making rare specialities attractive for doctors, nurses, midwives, dentists, pharmacists, paramedics and other medical or non-medical/healthcare professionals who complete advanced education and training pathways, including in emergency situations and in areas that are difficult to cover, such as the many medical deserts across the EU;

42. Encourages the EU and the Member States to update their legislative frameworks and further encourage tertiary institutions to develop curricula reflecting the changing medical and technological landscape, in order to review common training standards across countries and specialities and adapt national procedures for the renewal of licences for healthcare professionals and to enable cross-border portability in this changing landscape;

43. Encourages the Member States to promote training in communication for healthcare professionals; calls on the Commission and the Member States to support and fund public awareness and health literacy campaigns aimed at increasing the attractiveness of the healthcare professions, encouraging young people to pursue careers in the sector, strengthening overall health literacy among the population, and at involving healthcare workers in promoting accurate health information to build resilience to misinformation;

44. Encourages the Member States to take a life cycle approach to medical and nursing careers, supporting education and professional skills, with structured progression from entry-level roles to leadership, including through enhanced career supervision and mentorship with a particular focus on women and young professionals; calls on the Commission and the Member States to give greater recognition to the role and rights of formal and informal carers in integrated care;

45. Encourages the Member States to assess the skills mix within the healthcare workforce, and reshape task schemes by introducing task-shifting where relevant, including the possibility of delegating tasks to specialist and advanced practice nurses and qualified healthcare staff, or health services in pharmacies, building on models already effective

in the EU, and to explore evidence-based models and effective models of collaboration and supervision, including skills- and task-sharing, while ensuring adequate training, supervision, high safety standards and quality of care, as well as clear accountability structures; emphasises the need for EU-level guidance, following consultation with relevant social partners, on safe and evidence-based task-shifting and task-sharing; reiterates that any delegation or transfer of tasks must be accompanied by mutually agreed professional responsibilities, a clearly defined scope of practice, and appropriate accountability mechanisms and remuneration commensurate with the new responsibilities; stresses the importance of including, among others, nurses and midwives, in the development of health policies, in line with WHO Europe recommendations;

46. Highlights the potential of advanced practice nurses to strengthen the healthcare workforce, particularly in terms of addressing shortages in rural, suburban, remote and island regions; underlines that expanding and recognising advanced nursing roles can help improve access to care, support primary healthcare delivery and alleviate the strain on an already overstretched healthcare workforce; calls on the Commission and the Member States to promote the development, education and mutual recognition of such roles within the EU as part of the upcoming sustainable and resilient healthcare workforce strategy; calls on the Commission and the Member States to facilitate the exchange of best practice regarding national regulations on funding and payment systems that ensure quality, safety, accountability, fair compensation and recognition in advanced nursing roles;

47. Stresses the need for the recruitment of ancillary staff bearing in mind the full optimisation and extension of the skills mix;

Supporting the healthcare workforce through digital transformation

48. Stresses the need for the Member States to cooperate more closely with the OECD, the ILO and the WHO to improve their registries' methodologies and set up and develop interoperable and standardised digital systems to support real-time collection, mapping and analysis of data on the healthcare workforce; considers it important that these digital systems include data on factors driving professional career choices and trends in training needs, working-environment-related needs, turnover, gender and equality indicators, training uptake and digital skills, segments of the social care workforce integrated with healthcare services, mobility of healthcare professionals, the outflow into other sectors and their total number, workloads, including rest and overtime, employment status, statistics on foreign-trained nationals in the healthcare sector and regional disparities in such digital systems; underlines that such systems should enable forecasting, capacity planning and evidence-based decision-making to better anticipate future workforce needs and identify systemic bottlenecks, including by specialisation and level of care, as well as coordination gaps between the health and social care sectors; calls for the inclusion of data from both public and private healthcare providers so as to give a full picture of healthcare capacity, ensuring that data-driven innovative solutions complement broader strategies to improve recruitment and retention, enhance working conditions and improve patient outcomes;

49. Calls for continuous professional development of healthcare professionals in digital skills, biotechnology and other innovative technologies, and, where clinically appropriate, AI-supported diagnostics; calls for systematic support for education and

training through simulation-based programmes and digital literacy initiatives, allowing for continuous education for healthcare professionals in line with the requirements of the Professional Qualifications Directive; underlines the need to ensure education and training on the use of new technologies and digital tools for all healthcare professionals; recognises that levels of digital literacy vary significantly among healthcare professionals and therefore recommends adopting a lifelong learning approach to continuous upskilling; calls on the Member States to integrate these competencies into the curricula of healthcare education programmes, ensuring that all healthcare professionals acquire the skills necessary to work safely and effectively in technology-supported healthcare environments; bearing in mind that such training should be accessible for all healthcare professionals;

50. Stresses that innovations, including digital tools and technologies, must complement and not replace professional judgement, ensuring person-centred and human care, patient safety and identifiable liability; underlines that digital health systems must be designed based on scientific evidence and be operationally feasible, adapting to local workflows rather than hindering efficiency with fragmented systems or mandatory AI decision-logs; notes that AI-supported tools can also reduce costs and streamline administrative tasks, but underlines in this regard that any clinical decisions must always adhere to the human-in-control principle; calls in addition for alert fatigue to be addressed by encouraging closer cooperation with medical device and software developers to design interoperable and intelligent solutions that reduce unnecessary alerts and improve response accuracy; calls on the Commission to assess the relevance of issuing guidelines on AI at work, particularly regarding AI-enabled devices and tools that use high-risk AI systems as safety components, to ensure the human-in-control principle is guaranteed, notably in the clinical workplace and to pay particular attention to the impact of possible algorithmic management tools deployed in healthcare services in view of the implementation reports envisaged under the Artificial Intelligence Act and the General Data Protection Regulation[39] (GDPR); calls on the Commission to carry out an impact assessment complemented by a competitiveness and SME test and submit a proposal on algorithmic management in the workplace on the basis of TFEU Article 153(2)(b), in conjunction with TFEU Articles 153(1)(b) and 16(2) and of the result of the aforementioned steps;

51. Supports the digitalisation of administrative processes and the introduction of AI tools to reduce unnecessary administrative burdens; supports the wider use of interoperable tools and analytics for effective workforce management, including the forecasting of retirement trends, regional deployment and skill-gap identification, ensuring data protection and compliance with the GDPR; suggests that these tools should be explicitly designed to mitigate ‘digital paperwork’ and reduce the time spent on electronic documentation, noting that the time spent logged on after working hours to complete administrative work contributes to fatigue and intent-to-leave, and must be minimised to ensure professionals have more time to treat and inform patients; recognises the role of medical secretaries and healthcare administrators in alleviating administrative burdens for healthcare professionals, and supports inclusive digital and AI training for these

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39 Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation), (OJ L 119, 4.5.2016, p. 1, ELI: http://data.europa.eu/eli/reg/2016/679/oj).

professional categories as well; calls for the effective use of virtual reality and online tools to enhance professional development opportunities;

52. Stresses the role of secure, interoperable and innovative digital health solutions, aimed at improving the effectiveness of care processes for acute and chronic patients as well as along rehabilitation pathways, and the use of telemedicine including with connected medical devices to support rural and remote areas; calls for the promotion of such solutions to improve workflows and their operational coordination; underlines that, while these technologies can complement and enhance healthcare delivery, they cannot replace the need for an adequately staffed and well-supported healthcare workforce or face-to-face care; calls for the promotion of the digitalisation of administrative processes while ensuring that all innovations serve to support the territorial network of pharmacies rather than to supplant them; reiterates that the regulation of distance pharmaceutical services must comply with national legislation; warns that digital tools developed and introduced without the involvement of healthcare professionals and patients' organisations often fall short of needs and risk increasing administrative burdens and work-related mental stress;

53. Recognises the potential of the European Health Data Space (EHDS) to improve the efficiency of healthcare in the EU and as an enabler of the secure and interoperable exchange of health data between Member States, building on and complementing national eHealth infrastructure; underlines its potential to strengthen research and system resilience; calls on the Commission and the Member States to ensure that the EHDS supports digital capacity-building, while ensuring safe and secure digital data collection, transparent information provision, while always ensuring informed consent is obtained from patients, and upholding high standards of data protection and professional ethics; urges the Commission, within the existing framework of the Pact for Skills, to support vocational training, higher education and training, and capacity-building measures, including the development of skills initiatives on health data, enabling healthcare professionals to make effective use of the EHDS and other digital tools in their daily practice;

54. Urges the European Commission to promote a Skills Academy on health data and establish a skills framework and staffing chart to support the implementation of integrated health data management across European healthcare systems;

Financing and strategic planning at EU and national level

55. Calls on the Commission and the Member States to invest and coordinate preparedness and prevention measures, including adopting a preventive healthcare approach, as well as response and recovery measures, building on lessons learned from the COVID-19 pandemic and recognising the crucial role played by the healthcare workforce during that crisis, when healthcare workers often faced emotional exhaustion, high exposure to physical and psychosocial risks and increased demand within a context of worsening working conditions and limited flexibility in working arrangements; stresses the need to strengthen public health systems through sustained investments in the healthcare workforce, including improving the number, education and training, and competencies of healthcare personnel, as well as investment in medical equipment, hospitals and innovative health technologies that can enhance efficiency and resilience; highlights the importance of including crisis management, resilience and preparedness modules in professional education and training programmes; calls on the Commission, in

cooperation with the Member States, to encourage and monitor investments in the health workforce, including measures to ensure safe staffing levels, and in public healthcare systems in the European Semester; calls for coordinated investments in research and innovation to ensure Europe's strategic autonomy and the rapid development and manufacturing of medical countermeasures in times of crisis; demands that the Commission and the Employment, Social Policy, Health and Consumer Affairs Council devote significantly more attention to health sector preparedness and the ability to implement the preparedness strategy by more actively exploring shared competences to solve workforce issues within the health minister formats;

56. Calls on the Commission to set up an observatory to coordinate regular monitoring and forward-looking projections of healthcare workforce supply and demand at all levels of the healthcare system, developing indicators that Member States may use to assess the efficiency and safety of their healthcare systems, building on modelling by the Joint Research Centre, OECD reports and WHO initiatives, in collaboration with professional associations and patients' organisations; encourages the Commission, in cooperation with the Member States, to align the work of the relevant directorates-general to enhance transparency and evidence-based policymaking across Member States; encourages the forecasting of workforce needs to facilitate cross-border healthcare cooperation and rare disease care; stresses that this monitoring should be conducted in collaboration with relevant stakeholders, including patients' organisations;

57. Emphasises the importance of adequate, robust and sustainable financing to guarantee access to healthcare; calls on the Commission and the Member States to increase public funding in the health sector; stresses that the financial sustainability of health systems is key to ensuring macroeconomic stability and long-term socio-economic resilience; emphasises that targeted investments in healthcare training and education, prevention and health promotion, in strengthening the healthcare workforce and in preparedness for health emergencies can significantly reduce the future burden on health systems and public finances; highlights the need for better and more transparent governance, and for administration to be made more fit for purpose through the reduction of unnecessary administrative burdens, to create higher quality care environments that are better and safer; calls on the Member States to prioritise health investments within their national budgetary frameworks, to ensure not only access to medical services but also job security for the healthcare workforce, ensuring that funding is efficiently allocated to the recruitment, retention, safe staffing levels, upskilling and well-being of the healthcare workforce; advocates for public health financing to ensure that all patients, including those with rare and orphan diseases, are not left behind, while strategically addressing demographic trends and the broader burden of diseases, with a focus on prevention, early detection and intervention; calls on the Commission and the Member States, including in the context of possible future reforms and European preparedness initiatives, to recognise that investing in healthcare provides a long-term strategic benefit that unlocks productive potential and generates economic value that can potentially yield a return far exceeding the initial investment through avoided healthcare costs and increased productivity; urges the Commission and the Member States, on this basis, to prioritise these strategic investments by exploring the flexibilities within EU fiscal rules and assessing the feasibility of excluding healthcare spending from austerity measures, while ensuring budgetary discipline, transparency of expenditure, auditing of the effectiveness of interventions, and respecting national competences in public finance;

58. Recommends an increase in the allocation and efficient use of dedicated EU funding (EU4Health, Horizon Europe, European Structural and Investment Funds, Erasmus+, Digital Europe, etc.) in the MFF 2028-2034 to support an integrated approach to workforce planning, safe staffing levels, recruitment, education and training, retention and innovation in the healthcare sector, with particular attention to regions facing acute shortages, offering incentives for healthcare workers choosing to work in underserved areas; supports the strategic use of ESF+ and cohesion policy instruments to help Member States implement sustainable healthcare workforce strategies; stresses that the demographic challenge of an ageing population is one of the primary drivers of increased demand on healthcare delivery and the healthcare workforce, and must be recognised as a political priority; notes with concern that long waiting times, exacerbated by workforce shortages, undermine timely access to care, leading to poorer health outcomes, and stresses that delayed diagnosis and treatment increase healthcare costs and place additional strain on emergency and long-term care systems; notes with concern the lack of a dedicated budget line for health in the post-2027 MFF proposal, and stresses that adequate health-related funding must be safeguarded and ring-fenced within the future MFF framework; calls for an appropriate allocation within future EU funding instruments succeeding the EU4Health programme to support the European healthcare workforce; underlines the importance of a dedicated EU budget for health within each MFF to ensure that EU-funded initiatives addressing healthcare workforce shortages are sustainable, predictable and specifically targeted;

59. Underlines the need for a comprehensive and adequately funded health budget in the 2028-2034 MFF, ensuring the development and implementation of a long-term European Health Workforce Strategy, addressing shortages in the healthcare workforce and ensuring that health systems across the EU are sustainable, resilient and accessible;

Promoting the role of primary care

60. Calls for greater support for general practitioners, nurses, primary dental care providers and the primary healthcare workforce, recognising their pivotal role in prevention, health promotion, early diagnosis, disease management and integrated physical and mental care; calls for this role to be supported by creating incentives for the establishment of general practice clinics and expanding training and education capacities for general medicine, including the generational renewal of the healthcare workforce; insists that EU funding should contribute to financing joint training and digital infrastructure to ensure comprehensive integration of primary care and specialist services, enabling, for instance, the establishment of tele-consultation networks that improve patient access to care and alleviate waiting times; encourages the promotion of prevention and health literacy from a young age to reduce the burden on the primary healthcare workforce; underlines the importance of continuous dialogue with social partners, healthcare workers and other stakeholders, and calls on the Member States to ensure comprehensive consultation processes with regard to any policy changes;

61. Recognises the social aspect of community healthcare, underlines that digital and telehealth solutions should not replace the important role of community healthcare workers, who often cater to the most isolated in our communities, such as the elderly;

62. Stresses that the continuity of the patient-doctor relationship must be safeguarded, as it is essential for quality, trust-based and person-centred care; underlines that every individual should have access to a family or primary care doctor ensuring long-term,

ideally lifelong, care continuity, whether provided through public or private healthcare services; calls on the Member States to establish frameworks guaranteeing this right as a cornerstone of sustainable and accessible healthcare systems;

63. Recognises the crucial role of community pharmacists and stresses the importance of ensuring their close collaboration with multidisciplinary primary care teams, while integrating psychologists, physiotherapists, social workers, family nurses and specialised health administrative staff into such teams to reinforce the resilience of healthcare systems and provide coordinated, person-centred care; calls for proper infrastructure, adequate staffing and sufficient consultation time to be ensured for primary care professionals to provide effective preventive and holistic care; recommends improving coordination with informal carers;

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64. Instructs its President to forward this resolution to the Council, the Commission, and the governments and parliaments of the Member States.