Summary of results the COVID19andPQD survey no 2

As a follow-up to the first survey on the same topic (27.03-06.04.2020), GROW.E5 asked the (10)(2a) states via a **second survey launched on 13.05.2020** and closed on **3.06.2020,** what kind of difficulties they are facing and what kind of solutions they adopt/envisage adopting with regard to theoretical and clinical training of students in sectorial health professions and with regard to medical staff shortages.

23 countries participated in this second survey, including 4 countries that have not participated in the first one. Several contributors stressed that they appreciated the guidance adopted by the (10)(2a) in form of a Communication on 7 May 2020.

The responses to the second survey confirm that the crisis had an impact on the training in half of the responding (10)(2a) States, and in the vast majority of the impacted (10)(2a) States all the sectorial professions were affected. All respondents aim at ensuring that the (10)(2a) minimum training requirements are met in the long term. Several respondents hint at a possibility of not meeting the minimum requirements, depending on the developments, in particular in terms of duration of clinical training as defined in the (10)(2a) i.e. in direct contact with healthy or sick individuals, as the entire training has not been delivered yet, or has been delivered to some extent via distance means, simulation techniques, etc. Such cases should be discussed with the (10)(2a) as there may be a need for a time-limited derogation. Some (10)(2a) States have adapted recognition procedures and formalities to further facilitate and speed up the process or because the crisis made compliance with some requirements difficult or impossible.

Please note that the free text contributions have been grouped and summarized.

Training of the sectorial health professions

Just like in the first survey, respondents from half of the participating countries indicated that **the theoretical or clinical training in at least some of the sectorial health professions had to be interrupted or adapted** due to the crisis.

The most affected profession appears to be **nurse responsible for general care** (12 countries), followed by **doctor/specialist doctors** and **pharmacists** (10 countries each), **midwives** (9 countries) and **dentists/specialist dentists** (8 countries). In comparison with replies to the first survey, which indicated clearly that the profession of nurse was most affected, the number of countries indicating that some or all of the other four health professions are affected too, has doubled.

Respondents from 9 countries indicated that the **duration of practical/clinical training** was affected for their professions concerned (against 11 countries in the first survey) while respondents from 7 countries indicated that the **content of practical/clinical training** was affected. In 2 countries the **duration of theoretical training** cannot be respected and also in 2 countries the **content of the theoretical training**.

In 10 out of the 12 countries that indicated that the training had been affected by the crisis, **measures have been taken to address the situation for students graduating in 2020.** 9 of these 10 countries **intend to issue diplomas listed in (10)(2a) only once the minimum training requirements under (10)(2a) are met,** while one explains that it hopes to

respect the minimum requirements, and explains that while theoretical training is delivered online, the completion of clinical training is delayed until the end of 2020. None of the respondents currently intends to issue (10)(2a) diplomas as long as the minimum training requirements under (10)(2a) (10)(2a) are not met and to request a derogation from the (10)(2a) to be able to issue such diplomas. However, one country is considering discussing such possibility with the (10)(2a) Another country indicates that their training indeed had to be adapted but this concerns only requirements that go beyond the minimum of the (10)(2a) so in fact it will be possible to issue compliant diplomas.

The countries in which the training had to be adapted due to the crisis and that intend to issue (10)(2a) diplomas only once the minimum training requirements under (10)(2a) are met, indicate the following ways to ensure compliance (the measures may differ between the training institutions and/or professions):

- Offering a possibility for students who worked in the profession during the COVID19 emergency to have their experience taken into account with a view to compensate for the missed clinical training ((10)(2a) diploma is only issued once this experience is positively evaluated): **7 countries;**
- Offering some clinical training courses via simulation methods: **7 countries;**
- Offering theoretical courses via distance-learning: **6 countries;**
- Adapting training programmes where minimum requirements of (10)(2a) (10)(2a) are already met at this stage of the training: **4 countries;**
- Prolonging the academic year and offering complementary training once the COVID-19 emergency is over: **3 countries.**

One country mentions an exceptional derogation from the exam regulation made possible by a decree so that students who had to deal with evaluation or deliberations delayed due to the crisis after the end of the academic year, but passed their exams, can still obtain the diploma. It also mentions assessment carried out remotely, postponing certain internships to the third quarter of the year and increasing the number of daily hours for internships that could not take place during the crisis, so that students make up for the time lost. Another country allowed medical faculties' students to obtain up to 40% of ECTS points specified for classes in their study program for this year, via on-line classes, including points for practical training.

Respondents from 8 countries out of 23 expect an **impact on the possibility to graduate on time and in compliance with** (10)(2a) **for students in lower years** (graduation years 2021, 2022, etc.), and indicate considering the following **ways to cope with it**:

- Providing theoretical courses via distance-learning: **5 countries;**
- Providing clinical training courses via simulation methods: **5 countries**;
- Prolonging the academic years and offering complementary training once the COVID-19 emergency is over: **3 countries;**
- Offering a possibility to students to compensate the missed clinical training by work experience in health care entities during the COVID19 emergency: **5 countries;**

Two countries indicate that at this point in time there is no definitive information as to the possible impact to graduate on time and in compliance with (10)(2a) for students in lower years.

Medical staff shortages

Respondents from 10 out of 23 countries participating in the survey indicated that the crisis caused **medical staff shortages** in their country for at least one of the professions concerned.

These countries apply currently the following measures to counter the shortages:

- Temporary employment of non-graduated students or trainees for specific tasks: **7 countries**;
- Mobilisation of retired medical staff: **6 countries;**
- Recruiting foreign medical staff from third countries: **4 countries;**
- Recruiting foreign medical staff from (10)(2a) countries: **2 countries;**
- Sharing reserved activities with neighbouring professions: **2 countries**;
- Graduating medical students in their last academic year 2019/2020 before they complete the training: **1 country.**

Other, as follows:

- Allowing certain graduate and retired professionals to work temporarily without registration;
- Suspending specialisation training requirement for nurses, i.e. intensive care;
- Reducing planned treatment volumes;
- Allowing (foreign) competent professionals who are not yet eligible for registration as a doctor/nurse to perform less complex tasks under the supervision of a registered professional;
- Simplifying the rules on the return to the profession for nurses or midwives who have had a longer career break;
- providing fast and intense education of already highly experienced staff. For example, courses in intensive care are arranged by hospitals to already highly trained personnel in neighbouring specialities;
- Encouraging people with medical skills who are part-time workers to work full-time;
- Encouraging people with medical skills working in other professions to work in health care;
- Introducing a possibility to quickly restore health professionals to Statutory Registers where a previously registered individual wishes to assist and be available to work within the health system. Such temporary registrations will automatically cease after the COVID-19 pandemic emergency has been officially declared to have passed.

21 out of 23 countries consider applying the following measures in the future:

- Temporary employment of non-graduated students or trainees for specific tasks: **16 countries;**
- Mobilisation of retired medical staff: **14 countries;**
- Sharing reserved activities with neighbouring professions: **9 countries;**
- Recruiting foreign medical staff from third countries **5 countries;**
- Recruiting foreign medical staff from (10)(2a) countries: **4 countries;**
- Graduating medical students in their last academic year 2019/2020 before they complete the training **2 countries.**

Other, as follows:

- Increasing admission to training for nursing students;
- Call for volunteers for specific tasks;
- If the potential of voluntary mobilisation is exhausted and there are still shortages, forced mobilisation remains an option;
- Re-recruiting health personnel that is not currently working in the health sector (unemployed or employed in other sectors).

The **recognition process for foreign healthcare workers** has been adapted due to the COVID-19 crisis in **8 countries** for at least one profession, and respondents from **6 countries** envisage to do so, a slight increase in comparison with the previous survey. No such adaptations have been done or are envisaged in **11 countries.**

Adaptations to the recognition process already introduced:

- Faster processing of applications - increasing the working hours of administration to speed up the registration process: **4 countries;**
- Shorter deadlines: **3 countries;**
- Requiring less documents than before: **2 countries;**
- No certified translations: **2 countries;**
- Registration made possible entirely online: **2 countries;**
- Accepting personal declarations on health rather than requiring certificates: **1 country;**
- Allowing compensatory measures to be carried out remotely: **1 country.**

Other, as follows:

- Professionals can start work right after the recognition, the compensatory measures as well the registration are suspended until the end of the crisis;
- Extension of deadline for submission of certain documents/authentications difficult to obtain in the current exceptional circumstances;
- Prioritising certain recognition procedures e.g. for persons already present in the territory of the host (10)(2a) State.

Adaptations to the recognition process envisaged to be introduced in the future:

- Shorter deadlines: **3 countries;**
- Registration made possible entirely online: **2 countries;**
- Faster processing of applications - increasing the working hours of administration to speed up the registration process: **2 countries;**
- No certified translations: **1 country;**
- Accepting personal declarations on health rather than requiring certificates: **1 country;**
- Language check takes place at a distance, e.g. via videoconference, as an alternative to face-to-face interviews: **1 country;**
- Allow compensatory measures to be carried out remotely: **1 country.**

Matters brought to the attention of the (10)(2a) included:

Requests for clarification to the (10)(2a) as regards recognition procedures about:

- The possibility in the current context to adapt the recognition process for foreign healthcare workers even taking into account a possible non-compliance with the provisions of the Directive, in particular with regard to third country nationals/third country training;
- The use of the provisions on temporary and occasional registration for those moving within the (10)(2a) to assist with Covid-19 can;
- Tacitly accepted or rejected (10)(2a) due to the crisis, having in mind that the pandemic made it more difficult for competent authorities to comply with the deadlines under the (10)(2a) especially when it comes to the (10)(2a)
- The possibility of completing part of the education program, including theoretical and clinical training, using on-line methods;
- The possibility of a derogation under which a full diploma could still be issued although the required hours of clinical training have not been followed completely, in case the training results in terms of knowledge, skills and insights have been met.

Other:

- The IPCR Questionnaire which covers the answers to questions 6 and 7 published once a week, could be helpful;
- The need to complete the missed practical hours of training after the crisis means that the training will take longer than initially foreseen for certain health professionals and there will unfortunately be delays in joining the workforce as fully qualified professionals;
- Recommendation to reinterpret the number of training hours (due to e-learning).