


# Health associate professionals: skills opportunities and challenges (2016)

12/2016  Health & social care, Health associate professionals, EU,  
Skills opportunities and challenges in occupations

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## Summary

Employment in health associate professions rose by 12% over the last decade, and is expected to further grow by about 10% by 2025.

## Key facts

- Employment in health associate professions rose by 12% over the last decade, and is expected to further grow by about 10% by 2025.
- Traditionally, the majority of health associate professionals hold medium-level qualifications.
- The five key skills required for these workers are teamwork, communication, problem solving, learning and job-specific skills.
- They are one of the most needed occupations on the EU labour market: 21 EU countries report their [shortages](#). In case of just two EU Member States there seems to be a [surplus](#) of health associate professionals.
- Interestingly, the anticipated employment growth in health associate professionals over the next decade will probably not come from health sector.
- Europe's ageing population increases the challenges for public health policies as well as the demand for healthcare associate professionals to work in healthcare provision and pharmaceuticals.
- Changing lifestyles are heavily impacting on the types of diseases, injuries and ailments that health associate professionals will increasingly manage and treat.

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## Who are they?

Health associate professionals are responsible for carrying out a range of practical and technical activities to support the diagnosis and subsequent treatment, or care, for humans or animals suffering from illness, disease, injury or impairment <sup>[1]</sup>. Tasks carried out include: providing nursing, midwifery and/or physiotherapy support services; clinical testing of bodily tissue and fluids; preparing medications, under the supervision of pharmacists; formulating and dispensing optical prescriptions; operating, testing or maintaining medical equipment; and providing advice and consultation regarding diet, family planning or occupational health.

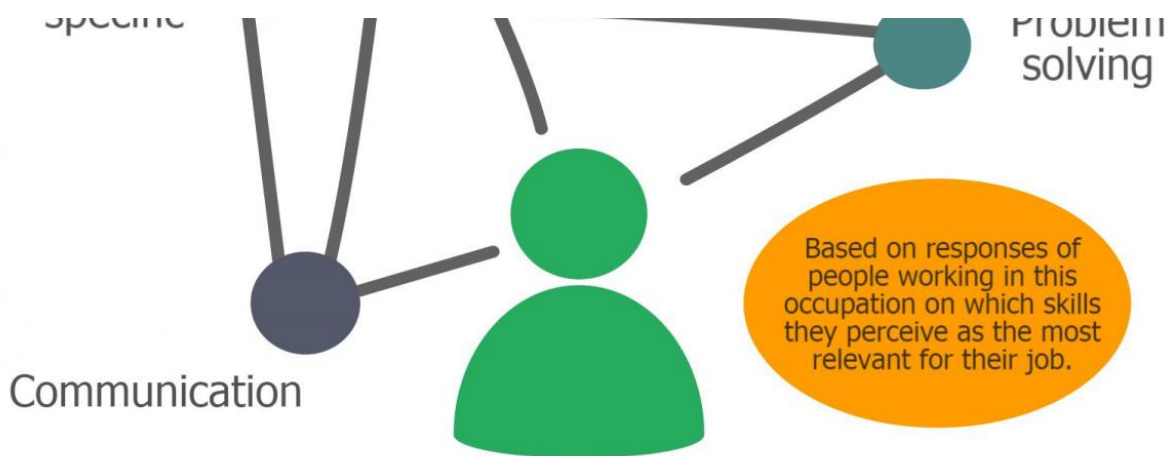
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## What skills do they need?

According to [Cedefop's European skills and jobs survey \(ESJS\)](#) the key 5 skills for these workers are **teamwork, communication, problem solving, learning** and **job-specific skills**. These skills could support employees in this occupation to also tackle anticipated future skill challenges (see drivers of change below).

**Figure 1: Most important skills required for health associate professionals**





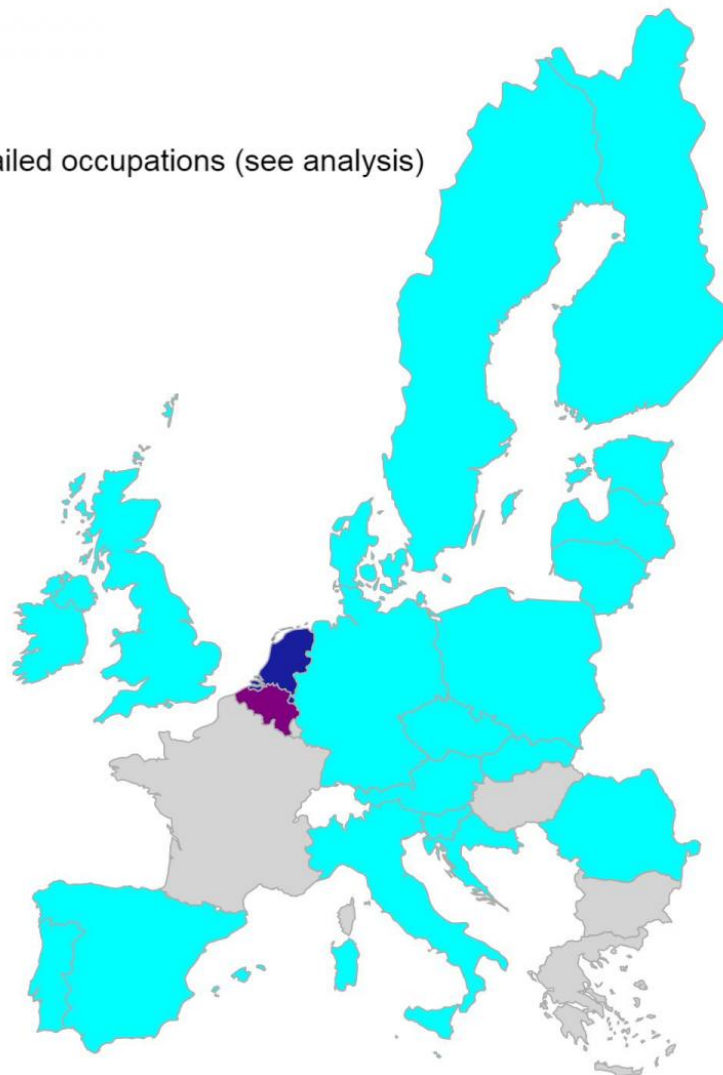
From Cedefop's European skills and jobs survey

## Where are they mostly in demand?

The labour market dynamics for this occupation differ across EU Member States:

**Figure 2: Shortages and surpluses for health associate professionals across the EU**

- Shortage
- Surplus
- Varied for detailed occupations (see analysis)



There is a significant need of health associate professionals in Europe, mainly of *nursing and midwifery associate professionals* and *other health professionals*. For different sub-occupations, 21 EU countries are liable to register skills **shortages** – all but Bulgaria, Greece, France, Luxembourg, Hungary, and the Netherlands. On the other hand, *nursing and midwifery professional* tend to be in **surplus** in the Netherlands along with *veterinary technicians and assistants* in Belgium.

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## What are the trends for the future? <sup>2</sup>

Employment in health associate professions rose by 12% over the last decade, and is expected to further grow by about 10% by 2025. This trend can be attributed to the overall increased demand for healthcare services, driven by demographic changes, and shifting healthcare needs. However, more than three quarters of the 2.5 million new jobs forecast to be made available between 2015 and 2025 will come from replacement demand <sup>[3]</sup> due to the ageing of workers in this occupation <sup>[4]</sup>.

Traditionally, the majority of health associate professionals hold medium-level qualifications. By 2025 a shift of balance is expected in qualification levels, as almost two thirds of these employees will hold high level qualifications and about two in five, medium-level qualifications. The trend towards higher qualifications can be attributed to the changing role of associate professionals in healthcare as they will continue to take on additional responsibilities from more senior level practitioners. As many of the occupations in this group are regulated, respective changes in domestic and EU regulations will also have impact. For example, in some occupations the level of compulsory qualifications has increased - a trend which is likely to continue <sup>[5]</sup>. Nurses for example, need to have undertaken a three-year full time course, which includes at least 4600 hours of theoretical and clinical education if they wish to work in another EU Member State <sup>[6]</sup>. Furthermore, in order to receive one's license or registration to practice, the provision of evidence demonstrating continued professional development is mandatory in a number of European countries <sup>[7]</sup>. This includes medical and pharmaceutical assistant staff, physiotherapists and those working in dentistry.

Interestingly, the anticipated employment growth in health associate professionals over the next decade will probably not come from health sector. Employment growth is foreseen in sectors closely connected to changing demands in the health industry. For example, increase in lifestyle-induced chronic diseases is expected to boost the demand for pharmaceuticals <sup>[8]</sup>, which in turn will likely contribute to an increase of more than 30% in employees in the pharmaceuticals sector over the next decade. Respectively, employment of health associate professionals in wholesale and retail sector is forecast to grow by about 40%, encompassing those responsible for dispensing pharmaceuticals.

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## Which drivers of change will affect their skills?

- **Europe's ageing population** increases the challenges for public health policies as well as the demand

for healthcare associate professionals to work in healthcare provision and pharmaceuticals. Incidences of chronic and degenerative conditions (e.g. Alzheimer's, arthritis and cancer) are expected to increase in frequency across Europe. Thus, regardless of their medical discipline or level of seniority, health associate professionals should possess particular expertise in delivering integrated geriatric care <sup>[9]</sup>.

- **Changing lifestyles** are heavily impacting on the types of diseases, injuries and ailments that health associate professionals will increasingly manage and treat. For example, with a growing number of obese European citizens, and the resulting associated symptoms (e.g. diabetes and muscular and skeletal problems), expertise in disease management and patient counselling will become more important <sup>[10]</sup>, while specific skills will be needed for occupations like physiotherapists.<sup>[11]</sup> Collaborative skills have also been cited as essential in order to provide a comprehensive plan that is managed by multiple care providers, including nurses, dieticians and community health workers <sup>[12]</sup>.
- **Shifts towards preventative and community-based healthcare** are changing the role of many health associate professionals, who are increasingly expected to fulfil new roles that focus on the promotion of good health and the prevention of disease and injury. Public health practitioners, nurses and community care workers, in a number of EU countries, have played a key role in improving patients' adherence to treatment regimes, knowledge of their conditions and self-management <sup>[13]</sup>. This move towards preventative practice requires specific expertise in health promotion activities throughout the healthcare profession, and an understanding of the key factors that negatively impact public health <sup>[14]</sup>. In order for community-based health associate professionals to impart knowledge and advice to patients, communication skills are vital, along with the ability to work in a range of environments and with different groups who have varying healthcare needs.
- **Technological advances** are changing the way that patients understand their own health needs, whilst also enabling health workers to deliver more person-centred care. Associate professionals, such as nurses and technicians, need technical skills and experience in a variety of emerging practices; playing a proactive role in their own professional development is vital <sup>[15]</sup>. Emerging practices such as e-health (healthcare delivery that is facilitated by electronic processes and devices) and m-health (care that is provided via mobile communication devices) require staff to possess ICT skills. Effective communicative skills are also important to enable associate professionals to engage with patients in non-traditional ways, through telephone communications or using online platforms. Keeping up to date with new, evidence-based, best practices has also been cited as essential <sup>[16]</sup>.

"Numerous patient groups experience significant advantages from being closely monitored while they are in their own home. Patients often feel more secure at home and do not have to commute to and from outpatient departments.

Telehealth solutions not only benefit the patients in terms of avoiding unnecessary transportation – they are also cost-efficient for the society as a whole. Effective collaboration between municipalities and medical professionals and experts brought in from hospitals, ensures that patients receive better treatment with both faster and better outcomes.

Videoconferencing and home monitoring of patients offer a good supplement to physical

consultations with caregivers, and online tools for rehabilitation are increasingly being implemented to prevent readmissions. Online dialogue-based tools provide caregivers in the municipalities with the ability to tailor rehabilitation programs for their patients. The results from the rehabilitation programs are available online, and the caregiver can assess the data and adjust the exercises if needed”.

Source: [Healthcare Denmark](#) [17]

- Efforts to overcome **fiscal challenges** of healthcare organisations across the EU [18] may lead to changes such as the **redistribution of roles** carried out by hospital staff. Expanding the role of nurses, and merging their activities with those of more senior healthcare professionals, has been identified by academics, and employed as a policy measure in the United Kingdom, as an efficient means to improve the quality of care in the face of budget constraints. Movement towards more advanced roles will require additional soft skills, such as complex decision making, and specialist technical skills [19]. Important technical skills will include managing chronic disease, carrying out clinical assessments, ordering investigations, referring patients for onward care, clinical management and prescribing medication [20]. The prospect of fulfilling more advanced roles, along with the greater potential for career development, can also play an important part in encouraging younger people to enter the health associate professions.
- **Mobility** will continue to play a significant role in increasing the diversity of health workforces throughout Europe, with many new healthcare associate professionals moving within the EU or coming from abroad. Mobility can be an important response to staffing shortages. It is therefore important that experienced staff, well-acquainted with national regulations and standards of care, possess the ability to supervise, manage and assist colleagues who are new to the health system [21].

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## How can these skill needs be met?

To meet the increasing demand for and address the changing roles of some health associate professionals, workforce planning will be important. Planning could also include measures to encourage lower-skilled workers join the health and social care sector, by offering them training opportunities.

The challenges reshaping the health care workforce can be primarily tackled through high quality and updated initial education on which associate professionals will develop their occupation-specific expertise throughout their careers [22]. High quality initial education can also attract people to these professions, especially if offering agile learning pathways, such as dual routes of specialization in health or social care [23].

Perhaps more than other occupational groups, health associate professionals need to have continuous learning opportunities for re- and up-training throughout their careers. This seems to be the case in the

majority of EU Member States: in nursing occupations, for example, continuing professional development is carried out by roughly 90% of EU countries; other training addressing management, communication and patient records, and chronic disease management is provided by 75%, 71% and 68% of EU countries respectively [24]. However, establishing mandatory continuous medical education could ensure that health associate professionals maintain a satisfactory level of skills development, measured in terms of competences developed through a mandatory number of hours or assessment credits, or a combination of these methods [25].

The main responsibility for promoting lifelong learning in this occupational group lies with the employer [26] that will need to plan such training offers in concurrence with healthcare developments and skills upgrade of health professionals. [27] Employers also need to have the capacity to tailor such training programmes to country or even local-specific requirements, and thus enabling the workforce to better support the local community.

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## References

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[1] Defined as ILO ISCO 08 group 32 health associate professionals. ILO (2012) [International Standard Classification of Occupations ISCO-08](#). More information on the occupation can be found [here](#).

[2] 2016 Cedefop forecast.

[3] The need to replace workers leaving a profession for various reasons, such as retirement. For more information on replacement demand and how it drives employment across sectors, can be found on the Skills Panorama [here](#).

[4] Centre for Workforce Intelligence 2016, *Future Skills And Competences of the Health Workforce In Europe-WP6*

[5] European Commission 2016, *The EU Single Market: Free Movement of Professionals*

[6] The World Health Organisation 2009, *European Union Standards for Nursing and Midwifery: Information for Accession Countries*

[7] European Commission 2016, *Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU*

[8] PWC 2012, *From Vision to Decision: Pharma 2020*

- [9] The King's Fund 2014, *Making our health and care systems fit for an ageing population*
- [10] European Commission 2016, *Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU*
- [11] The Chartered Society of Physiotherapy 2016, *Physiotherapy works: Obesity*, accessed 13 June.
- [12] *ibid.*
- [13] Kemppainen, V, Tossavainen, K, & Turunen, H, 2013, "Nurses' roles in health promotion practice: an integrative review", *Health Promotion International*, vol. 28 no. 4, pp. 490-501 and NHS Careers 2016, *Public Health Practitioner*, accessed 13 June 2016.
- [14] OECD 2016, *Health Policy in France- Overview*
- [15] Sweeney, A, 2015, "Nanomedicine Concepts in the General Medical Curriculum: Initiating a Discussion", *International Journal of Nanomedicine*, vol. 10, pp. 7319–7331 and European Commission 2015, *Research and Innovation, Personalised Medicine*, accessed 13 June 2016.
- [16] UK Commission for Employment and Skills 2015, *Sector insights: skills and performance challenges in the health and social care sector*
- [17] <http://healthcaredenmark.dk/the-case-of-denmark/telehealth.aspx> accessed 30 May 2016
- [18] Deloitte 2015, *2015 Global health care outlook: Common goals, competing priorities*
- [19], Niezen, G H M, Mathijssen, J P J 2014, "Reframing professional boundaries in healthcare: A systematic review of facilitators and barriers to task reallocation from the domain of medicine to the nursing domain", *Health Policy*, Vol. 117, no 2, pp.151-169
- [20] OECD 2014, *OECD Reviews of Health Care Quality: Norway* and OECD 2016, *The nursing workforce: Past trends, future developments*
- [21] Hongyan, L, Wenbo, N & Junxin, L 2014, "The benefits and caveats of international nurse migration", *International Journal of Nursing Sciences*, Vol. 1, no 3, pp. 314-317
- [22] European Observatory on Health Systems and Policies 2015, *Economic Crisis, Health Systems and Health in Europe: Impact and Implications for policy*
- [23] UK Commission for Employment and Skills 2015, *Sector Insights: Skills and challenges in the health and social care sector*
- [24] The European Commission 2016, *Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU*



[25] Ibid and OECD 2014, *OECD Reviews of Health Care Quality: Norway*

[26] The European Commission 2016, *Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU*

[27] The Kings Fund 2010, *A Pro-Active Approach. Health Promotion and Ill-health prevention*

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