

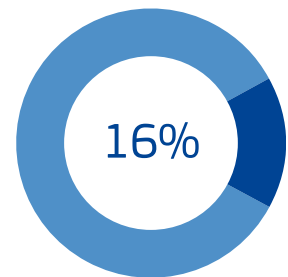


ANALYTICAL HIGHLIGHT

PROSPECTS FOR Health associate professionals

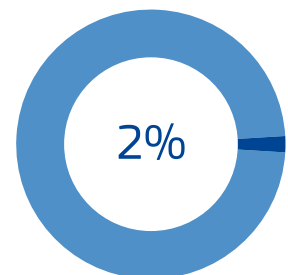
- The number of health associate professionals has increased substantially in recent years across the EU-28. Whilst most health associate professionals are found in the human health and social work sector, the share working in retail and in business services is also growing.
- From 2103 to 2025, health associate professional employment is forecast to increase further, although the pattern is not uniform at national level. Around half of EU-28 countries will experience growth and half will experience some decline in the overall number of health associate professionals.
- These roles have become increasingly highly-skilled, especially as the reorganisation of health services leads to associate professionals taking on greater responsibilities (e.g. administering vaccinations, undertaking diabetic checks and monitoring etc.).

▼ Figure 1a – Health associate professionals share of Technicians and associate professionals occupational group, EU-28, 2013



Source: Cedefop forecasts (2014)

▼ Figure 1b – Health associate professionals share of total employment, EU-28, 2013



Source: Cedefop forecasts (2014)

WHAT DO THEY DO?

Health associate professionals¹ are part of the wider occupational group of Technicians and Associate Professionals². They support the diagnosis and treatment of illness, disease, injuries and impairments in humans and animals; as well as the implementation of health care plans typically established by medical, veterinary, nursing and other health professionals.

Roles associated with this group include:

- medical and pharmaceutical technicians;
- nursing and midwifery associate professionals;
- traditional and complementary medicine associate professionals;
- veterinary technicians and assistants;
- and other health associate professionals. This latter group includes workers that provide support services in dentistry, medical records administration, community health, ophthalmology, physiotherapy, environmental health, emergency medical treatment and other activities to support and promote human health³.

The types of tasks usually performed by health associate professionals include: testing and operating medical imaging equipment; administering radiation therapy; performing clinical tests on specimens of bodily fluids and tissues; preparing medications and other pharmaceutical compounds under the guidance of pharmacists; designing, fitting, servicing and repairing medical and dental devices and appliances; providing nursing and personal care and midwifery support services; and using herbal and other therapies.

Employment outlook

In 2013, there were around 5.4 million health associate professionals across the EU-28. This represented an increase of around half a million workers since 2003. Health associate professionals still form a relatively small component of the wider technician and associate occupational group (see Figure 1a).

The more recent employment trend varies by country and specific occupation. There is no overall pattern for health associate professionals, although many job roles have experienced increased demand. At EU-28 level, medical and pharmaceutical technicians, as well as other health associate professionals, were among the top-25 occupations for employee growth from 2011 to 2012⁴. Both medical and pharmaceutical technicians and nursing and midwifery associate professionals were among the top-25 occupations for hirings and for youth hirings growth, demonstrating that these occupations are important routes into the labour market for qualified young people.

However, nursing and midwifery associate professionals were amongst the top-10 occupations for employee decline in a number of individual countries (Austria; Belgium; Croatia; Czech Republic; France; Greece; the Netherlands; and Slovenia). This is partly driven by public financial constraints within these countries, but could also reflect the declining birth rates in many EU-28 countries⁵.

Other health associate professionals in Austria, Greece, Italy and the Netherlands were amongst the top-10 occupations for employee growth from 2011 to 2012. This group includes osteopaths, chiropractors, and other workers who collect, record, monitor and share information about patients' health. This may reflect the trend towards preventative care rather than treatment.

Unsurprisingly, three quarters of health associate professionals work in the human health and social work sector. The only other significant subsector of employment is retailing, which accounts for 10% of the workforce. In the early 2000s employment levels grew steadily, but then at a much faster rate since 2008.

Health associate professionals are the highest qualified occupation within the technicians and associate professionals group. As Table 1 shows, over half of health associate professionals possess a medium-level qualification and two in five hold a high-level qualification. The latter group has increased by 11% since 2003, largely at the expense of those with medium level qualifications. Health associate professionals have become more highly-qualified partly in response to the increasing complexity of some roles, especially where they are taking on tasks traditionally the responsibility of health professionals.

▼ **Table 1 – Share of Health associate professionals by qualification level compared to all occupations, EU-28, 2013**

	Low	Medium	High
Health associate professionals	6.6%	51.7%	41.7%
All occupations	21.2%	48.1%	30.7%

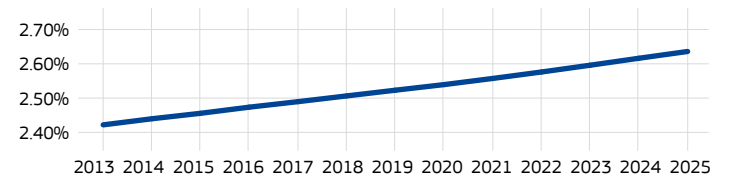
Source: Cedefop forecasts (2014)

A look into the future

Figure 2 shows that health associate professionals' share of EU-28 employment is expected to increase over the next decade. The overall number of health associate professionals is forecast to rise by 13% in absolute terms from 2013 to 2025 (equivalent to 0.7 million newly-created jobs). However, much of the growth is forecast outside of the main health and social work sector, which is expected to shrink slightly reflecting organisational and financial drivers.

New jobs growth is predicted in 12 out of the EU-28 countries. Decline is expected in France, Germany and a number of other Central and Eastern European countries. Overall, and taking account also of the need to replace workers who leave their job due to retirement or for other reasons, there are expected to be around 2.8 million job opportunities for health associate professionals by 2025.

▼ **Figure 2 – Future share of Health associate professionals, EU-28**



Source: Cedefop forecasts (2014)

From 2013 to 2025, it is estimated that health associate professionals will account for 2.4% of all EU-28 job openings. Most countries fall within a narrow range around the EU-28 average (see Figure 3).

The shift to high-level qualifications among health associate professional workers is predicted to continue. By 2025, it is estimated that half of all health associate professionals will hold a high-level qualification, an increase of seven percentage points since 2013. There will be a corresponding decline in the share of health associate professionals with medium-level qualifications.

Skills challenges

The skills required by health associate professionals are highly occupation-specific. For example, jobs with a laboratory or testing focus can require knowledge and understanding of equipment operation, calibration and maintenance, as well as research skills (obtaining samples, measuring dosages, monitoring conditions and reactions to treatment, record keeping and reporting results). Whereas, nursing associate professionals require skills including cleaning wounds and applying dressings and providing home care advice, as well as administering medications and emergency first aid^{7 8}.

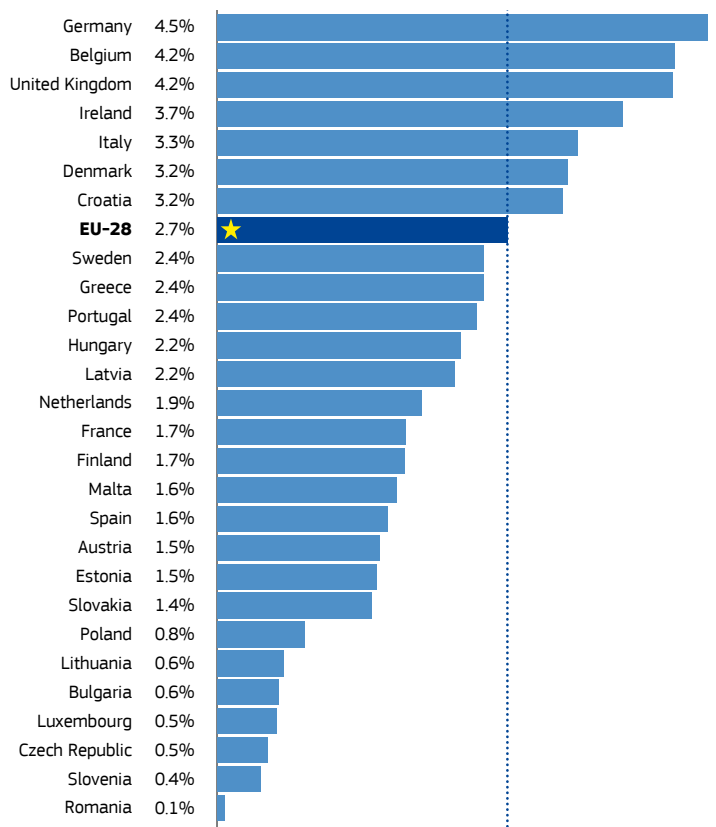
In addition, important personal attributes across the occupational group such as: good interpersonal skills; an ability to empathise with patients and their families; an ability to communicate effectively with other health professionals; an ability to take responsibility and work in a team; and good organisational skills⁹.

The main skills drivers for health associate professionals over the next 10 years will be financial, organisational, legislative, demographic and technological, of which many are interlinked. Demographic changes may reduce the demand for midwifery skills, but increase those aspects of health care relating to older people, and a greater emphasis on prevention across the life span¹⁰.

An important driver will be organisational change, with a greater emphasis on prevention rather than treatment. New roles are likely to be created where associate health professionals are operating in a non-clinical environmental as part of multi-disciplinary teams. The focus on prevention further prioritises skills in relation to collecting, recording, monitoring and feeding back information about patient health.

In addition, there is expected to be further ‘fusion’ of roles and tasks between health professionals and associate health professionals (in areas such as administering vaccinations, diabetic checks and monitoring etc.)^{11 12}. This will impact on regulations that define the roles and practices of certain health associate professionals. ■

▼ Figure 3 – Share of Health associate professionals in total job openings by country, EU-28, 2013-2025



Source: Cedefop forecasts (2014)⁶

- 1 Defined as ISCO-08 Group 32 Health associate professionals
- 2 ISCO Major Occupational Group 3 – Technicians and associate professionals.
- 3 International Labour Organization (2012), International standard classification of occupations structure, group definitions and correspondence tables: ISCO-08 Volume 1
- 4 European Commission (2014), European vacancy and recruitment report
- 5 Eurostat (2014), Total fertility rate, 1960-2012 (live births per woman)
- 6 Cyprus has been excluded for data reasons.
- 7 Skills for Health (2011), The role of Assistant Practitioners in the NHS: factors affecting evolution and development of the role
- 8 O*Net (2014)
- 9 Rosso, A., Civitelli, G., and Marceca, M., Annali Di Igiene: Medicina Preventiva E Di Comunità, (Jul-Aug 2012) Vol. 24 (4), pp. 263-7, Global health, international health and public health: which relationship?
- 10 European Commission (2012), Commission staff working document on an action plan for the EU health workforce
- 11 Skills for Health (2011), The role of Assistant Practitioners in the NHS: factors affecting evolution and development of the role
- 12 Arthritis Research UK (2013), The absent health professional: The educational needs of nurses, allied health professionals and associate practitioners working with people with osteoarthritis or rheumatoid arthritis



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