CEPLIS – European Council of Liberal Professions
Response to the European Parliament's Report on the EU Health Workforce Crisis Plan

CEPLIS, representing several amongst the leading associations of liberal healthcare professions across Europe — including nurses, midwives, dentists, general practitioners, pharmacists, pharmacist specialists in laboratory medicine and genetics, physiotherapists, orthoptists, osteopaths and allied health professionals — welcomes the initiative of the European Parliament to address the health workforce crisis. Based on consultations with its member associations, CEPLIS wishes to draw the attention of MEPs to the following priority concerns.

1. Harmonisation and Mutual Recognition of Professional Qualifications

The inconsistent transposition of Directive 2005/36/EC (Professional Qualifications Directive) into national law remains a fundamental barrier to labour mobility. Member associations report that:

- The European Professional Card, designed to simplify cross-border recognition for nurses, has in practice become more burdensome and costly than the previous system — a finding confirmed by the European Court of Auditors.
- Several professions are not formally registered in all Member States, making recognition structurally impossible regardless of the directive.
- Disparities between degree-level and diploma-level qualifications across Member States undermine standardisation and hinder mobility.
- Advanced Practice Nursing (APN) roles remain unregulated or unrecognised in the majority of EU Member States, despite established global standards and robust evidence of their clinical effectiveness — constituting a structural gap that must be addressed in any revision of the Directive, including through common recognition as indicated at global level of three levels of practice: generalist, specialistic, and APN.

CEPLIS calls on the European Parliament to encourage the Commission to enforce compliance with the directive, extend its scope to a broader range of healthcare professions, and establish an EU-wide professional register to underpin effective recognition. CEPLIS calls to simplify recognition procedures across the 27 Member States and promote mutual trust. *At the same time, CEPLIS emphasises that harmonisation must not come at the cost of quality: any standardisation effort at EU level must uphold high standards of education, training and professional practice, ensuring that greater mobility does not translate into a race to the bottom on competence requirements.*

2. Excessive Administrative and Regulatory Burden

Healthcare professionals across multiple Member States report that excessive administrative and bureaucratic procedures are a direct driver of workforce attrition. Key issues include:

- Data privacy frameworks are restricting the use of digital tools and AI in clinical practice in ways that go beyond what patient protection requires.
- Administrative requirements have increased significantly over the past 15 years without corresponding improvements in outcomes, contributing to burnout and early exit from the professions.

CEPLIS calls for a meaningful reduction in administrative burdens on healthcare professionals, coherent implementation of privacy rules that enables responsible AI use, and a dedicated regulatory simplification effort within the healthcare sector.

3. Role and Recognition of Allied and Satellite Health Professions

A structural response to workforce shortages must include the fuller integration of allied health professionals. Member associations highlight that:

- Laboratory technicians, orthoptists, dental auxiliaries and other 'satellite' professionals are significantly under-utilised, despite their capacity to relieve pressure on physicians and senior clinicians.

- Task-sharing and scope-of-practice frameworks vary widely across Member States, limiting cross-border operability and preventing best practices from scaling.

CEPLIS supports the harmonisation of scope-of-practice frameworks at EU level, enabling allied health professions to take on broader professional competencies under appropriate regulatory safeguards, and calls for their formal inclusion in EU workforce planning instruments.

4. Investment, Incentives and Workforce Planning

Despite repeated political commitments, investment in healthcare human capital remains insufficient. Member associations stress that:

- The EU Commission consistently acknowledges the nursing shortage yet has not delivered tangible incentives to increase nurse numbers or improve retention.
- The absence of robust, EU-wide workforce data (by profession, region, mobility flows) makes forward planning unreliable.

CEPLIS calls on the Parliament to secure explicit healthcare workforce provisions in the ESF+ revision, to pursue comprehensive data collection through Eurostat in cooperation with the OECD and WHO, and ensure that EU funding instruments actively support recruitment, retention and training in underserved regions.

5. Quality, Patient Safety and Preventing Abuse of Practice

Alongside facilitating mobility and expanding roles, robust safeguards are essential. Member associations call for:

- Effective mechanisms to track and share information on professionals who have been sanctioned or struck off in one Member State, preventing them from practising in another.
- Clear regulatory boundaries for AI-assisted diagnostics and decision-support tools, ensuring that technology complements — and does not substitute — qualified professional judgment.
- Explicit regulatory recognition that the deployment of under-qualified personnel in roles requiring full professional competence constitutes a patient safety risk that must be addressed in national and EU regulatory frameworks.

CEPLIS calls for strengthened EU-level coordination on professional discipline and a coherent framework for AI in clinical settings that maintains high standards of patient protection.

6. Digital Transformation and EU-Wide Adoption of Clinical Terminology Standards

The ongoing transition to digital health systems across the EU requires a coherent and interoperable informatics infrastructure to support safe and effective care delivery. Member associations highlight that:

- The fragmentation of clinical coding systems across Member States — with different terminologies used for diagnoses, procedures, health interventions including nursing intervention, medical devices and pharmaceutical data — constitutes a critical barrier to cross-border data exchange, clinical research, and AI-assisted healthcare.
- HADEA (Health and Digital Executive Agency), in the context of the European Health Data Space (EHDS) and the EU4Health programme, has identified the large-scale adoption of SNOMED CT (Systematized Nomenclature of Medicine — Clinical Terms) as a strategic priority to achieve semantic interoperability across European health systems, enabling consistent documentation of clinical concepts across all care settings and Member States.
- Healthcare professionals in general, and nurses in particular, remain insufficiently involved in the governance and implementation of digital health standards, despite generating the majority of clinical data captured in electronic health records.

CEPLIS calls on the European Parliament to support the accelerated, EU-wide deployment of SNOMED CT as the common clinical terminology standard, in line with HADEA's recommendations, and to ensure that implementation programmes are co-designed with frontline healthcare professionals. CEPLIS further calls for dedicated investment in digital health literacy and informatics training across all healthcare professions, as an integral component of EU workforce development strategy.