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Joint Action Health Workforce  
Planning and Forecasting

## NEWSLETTER

July 2015 | ISSUE 10



## JOINT ACTION DELIVERABLES IN THE SPOTLIGHT

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# PROGRAMME MANAGER'S WORDS



Dear Joint Action Partners and Followers,

I'm not looking back to the two years of workshops and conferences we have already achieved, mobilising a significant network of experts. I'm looking forward to the last year of Joint Action and to the dissemination of our results.

The many documents that we currently have sitting on our desks are close to being released on time and be handed over to the many institutional and professional partners, knowledge brokers and other interested parties. The Report on the applicability of the WHO Code on Ethical Recruitment of Health Professionals in the EU has already been disseminated, followed by the Terminology gap analysis report mapping international data collection. The Handbook on planning methodologies is in its final editing phase and will be issued in July.

We may now confirm that the Joint Action is achieving its main dissemination phase of its major results, and this will be the main focus of the last year of the programme. The report on Mobility Data is currently scheduled as one of the last major reports to be issued.

Now our common goal is to actively share this knowledge. I call upon you to take ownership of our reports and disseminate them further to your networks and ensure that they feed discussions. It is up to us how and in what manner we will use this knowledge to keep it alive.

The same way, our conclusions now drop into your hands, report by report, and it is to each competent authority to consider applying them to their local health system.

Together with the EU Commission we shall ensure that our work maintains a strong political and policy focus for dissemination, but that is where the task ends for the JA management team. The rest is in your hands.

As you'll understand from my message so far, 2015-2016 is the crucial year and that major dissemination activities will be conducted in parallel with the second run of deliveries and evaluations. But dissemination alone will not ensure that our efforts to understand and suggest tools to address the HWF crisis will pay off. During this last year, we shall put emphasis on proposals on sustainability. Consultations on different levels and debate on the next steps after the project will be our focus from now on.

I wish you all a very good summer holiday. Our programme carries on at a dynamic pace and we will need all your energy during the next 12 months.

**Eng. Michel Van Hoegaerden**  
Programme Manager of the  
Joint Action Health Workforce  
Planning and Forecasting

# WP1

In March, WP1 supported by WP2 and the Spanish Ministry of Health, organised the second Plenary Assembly Meeting in the beautiful city of Madrid. Read more about the event at the next pages of this Newsletter.

In addition, as every year, an independent auditor is performing a revision of the accounts at the Belgian Ministry of Health and of the expenses made by all partners. He will issue his report during the month of July. WP1 will make sure all partners are compliant with CHAFEA rules and regulations, in light of the Final Financial Report to be delivered at the end of the project and of the final payment.

The Joint Action is running its last project year, and our work package leaders, in close collaboration with the partners, have a lot of deliverables to produce. At its current pace, reaching the final delivery of the project on time will be a huge challenge. Of course, WP1 team, will keep on supporting all work packages as much as possible in guiding them to the finalisation of all deliverables. That is why the Executive Board (the governing body of the Joint Action) will gather more frequently during the next year, in order to take the necessary decisions and actions.



# WP2

WP2 has worked on the development of the deliverables dissemination strategy. The strategy focuses on overall understandability and the use of the JA products, identification of target groups, use of appropriate dissemination channels with focus on social media and website. The dissemination strategy will become the part of the dissemination plan and will be presented to EB in October 2015. Along with the dissemination strategy, WP2 has worked on the third part of Stakeholder analysis where we have put our focus on analysing quality data gathered from our network of In-country knowledge brokers. The data revealed the attitude and motivations of our stakeholders towards implementation of the Joint Action results. We are happy to share both of the documents after their EB approval.

WP2 has reached the last round of website public procurement last week. We believe that we will deliver the website by the end of summer and our long awaited dream will come to reality.





# WP3

WP3 has completed the Interim Evaluation Report which is available on SharePoint. The work package has also compiled reviews from experts for output evaluation of Handbook on the planning methodologies (D052) and submitted the Handbook to the evaluation of an Expert Reference Group whose outputs (together with the outputs of the Pilot Studies and of the two Feasibility Studies) will be used in order to write version 2.0 of the Handbook.

The expert reference group report was approved by the Executive Board in May 2015. We will keep you informed on the availability of this report.

# WP4

WP4 team and its partners are currently working on the last two WP4 reports: The Report on Mobility Data (D042) and the Report on HWF Planning Data Gaps (D043).



The development of the Report on health workforce planning data and process gaps has been started. The recent WP4 workshop held in Budapest on June 18<sup>th</sup> and 19<sup>th</sup> has significantly contributed to the material for this Report.

The Report on Mobility data in the EU (currently in draft) is a document that demonstrates the importance and benefits of the clarification of HWF mobility terminology, and of closing the gaps in mobility data collection. This report also underlines that automatic HWF mobility related information exchange between MSs is a must.



# WP5

The Handbook on HWF Planning Methodologies across EU Countries (D052 Version 1) has been approved by the Executive Board on March 5<sup>th</sup> 2015 and was officially presented to all partners during the Plenary Assembly on March 23<sup>rd</sup> 2015.



On March 19<sup>th</sup> 2015, WP5 has organised the 2<sup>nd</sup> meeting of the Steering Committee concerning the pilot projects, with the participation of Programme Manager and European Commission representative. In the meantime, all Italian Regions have applied for the Pilot Project. WP5 are now working to carry on with all activities connected to the Pilot Project. An Expert Workshop on the topic was organised on June 24<sup>th</sup> in Brussels where IT & PT Teams met the Experts of the 7 planning methodologies analysed in the Handbook, in order to tackle some challenges arising during the implementation of the two Pilot Projects. You can read more on the Pilot Projects at the next pages of this newsletter.



# WP6

Work Package 6 continues to make good progress with horizon scanning deliverable Report on Future Skills and Competences (D062). Many associated and collaborating partners and organisations took part in WP6 workshop in London in April 2015. There the focus groups were conducted to gain valuable feedback on the work done so far and on ways to describe the current and future challenges facing health workforces, health services and populations. The workshop was a highly productive day and resulted in significant value for WP6 ongoing activities. Read more in section Events.



# WP7

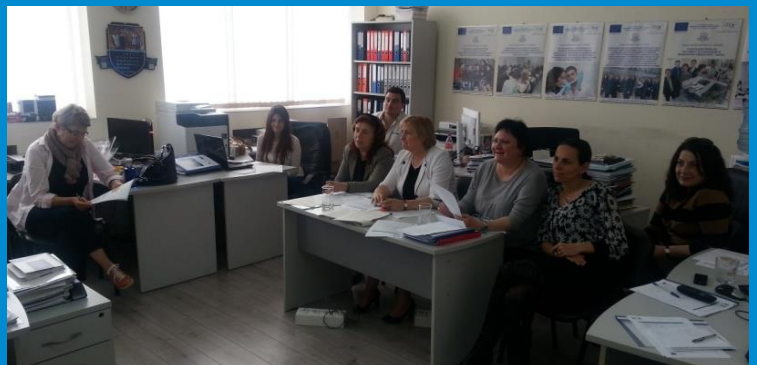
The last 4 months have been a period of very intensive and creative work for team of WP7 to propose, consult and apply the methodology for the two important documents – Technical recommendations (D073) and Policy recommendations (D074). Thanks to the fruitful workshops which were held in Varna and Leuven, 8 key topics were identified in the Technical recommendations and 5 in the Policy recommendations. We will inform you on the progress in the next issue of the newsletter.



Furthermore, WP7 has been working on extending List of Experts (D072) and has proposed to rename it to a Network of Experts. The consultation letters have already been collected by the other work packages and partners and the work package team will take them into account when preparing the second version of the Technical and Policy recommendations.



Currently, WP7 is focusing on the organization of the forthcoming workshop in Varna in October 2015 as well as the VARNA SEEHN WORKSHOP & Conference which will be held in February 2016 in Varna.





# PILOT PROJECTS

In the next section of this newsletter, we provide you with the latest information on the Pilot Projects of WP5 conducted in Italy, Portugal and Pilot Project of WP6 conducted in Belgium. Read more on the next pages!

## ITALY

The two WP5 Pilot Projects have officially started up in April in two countries – Italy and Portugal. The objectives of the two projects is the experimentation with the recommendations and good practices described in the Handbook on Planning Methodologies across EU Countries (D052) approved by the EB in March. In particular the two pilot projects will experiment with the implementation path contained in the Handbook.



In Italy the official start up has been preceded by a three months feasibility study focused on three out of five key elements of a planning system as described in the Handbook:

- Data
- Forecasting model
- Organization of the planning system

From April until June three working groups have worked in order to define the data, forecasting and organization models that will sustain the process until April 2016, when the pilot project will be concluded.



In the next months the forecasting model will be defined, filling it with stock data. So, first draft data will be presented and discussed in October.



## PORTUGAL

On the other hand Portugal has worked during the first six months of the year in order to define a sole National database of individual data of health workers, integrating the existing data of public sector with data of the private one. In order to set up an individual register a specific law has been written. The filling of the register will likely start in September.



In the meantime Portugal in April has started to work at the forecasting model. Finally, Portugal will try to work not only on the above mentioned three elements Italy is working on, but also on the other two key elements:

- Goals of the planning system
- Link between goals and policy actions



As for the professions studied, Italy is working on the five professions object of the JA: Doctors, Dentists, Pharmacists, Nurses and Midwives while Portugal is working on data on Doctors, Dentists and Nurses and on the forecasting model just on Doctors and Nurses.

First results of the two pilot projects have been discussed in Brussels on June 24th during an Expert Meeting among IT & PT Teams and a panel of about 10 Experts. During the meeting the Experts have answered a series of doubts and questions of the two teams engaged in the pilot projects, furnishing advices and suggestions based on their own experiences. The experimentation goes on!





## BELGIUM

The Planning Unit at FPS Public Health, Food Chain Safety & Environment, Belgium are kindly working with the UK Work Package 6 team to undertake a pilot study to use qualitative methods as part of an overall review of the General Practitioner workforce in Belgium.



The Belgian team have conducted horizon scanning interviews with stakeholders as well as round 1 (of 2 rounds) of a Delphi process. The findings of these steps are presently being analysed and reviewed prior to them contributing to model updates, scenario generation and provision of a summary of the key driving forces facing GPs for the overall study.



**The main objective of the Pilot Study is to incorporate relevant qualitative methodologies:**

- To develop specific parameters to feed the existing Belgian Health Workforce Planning Model (horizon scanning and Delphi). The FPS Public Health hopes to determine if these methodologies can enrich the current qualitative consultation taking place in the framework of the Belgian medical workforce planning commission.
- To improve these parameters by adapting the parts of the best practice qualitative methodologies which are applicable to the specific Belgian health workforce planning context
- To demonstrate the value of applying qualitative methods to planning models to improve policy advice by health workforce planners in the EU Joint Action
- To provide a 'proof of concept' to member states to allow them to see what the impact is of using good quality qualitative methods
- To show that qualitative methods can be used in countries across Europe
- To compile findings from the pilot study to be included in the final deliverables for the EU joint action project - D064 Report pilot study experiences

## Events organised by the Joint Action

### Plenary Assembly in Madrid

Plenary Assembly is one of the major Joint Action events of 2015. This year's meeting was held in Madrid in March 23<sup>rd</sup> and 24<sup>th</sup> hosted by the Ministry of Health, Social Services and Equity. Besides the

presentations by Work packages of their results achieved so far, the event provided a good basis for four stakeholder forum sessions. The Stakeholder forums gave the participants the opportunity to openly discuss Joint Action's achievements, developments, dissemination and sustainability. Country and Regions Forums provided flashback and perspectives of HWF discussions at EU level as well as the use of planning methodologies across the EU.



the methods, structure and illustrative outputs of the report. Following the two rounds of WP6 partner comments, the deliverable will be submitted to Work Package 3 for formal evaluation in August 2015 ahead of submission to the Executive Board of the Joint Action in October 2015.

### Workshop in London

On April 23<sup>rd</sup> our colleagues from WP6 hosted the workshop in London to discuss on the first version of D062 Report on future skills and competencies describing

### Stakeholder meeting in Rome

On June 4<sup>th</sup> 2015 the Italian WP5 team organised, a meeting related to Pilot Projects with National and Regional Stakeholders in order to present them the project's results and to have their feedbacks. The meeting has been a great success with the participation, in person and via videoconference of about 100 people. All attendees have agreed that we are on the right track!



### Workshop in Budapest

The event was held on June 18<sup>th</sup> and 19<sup>th</sup> at our WP4 partner Semelweiss University. This workshop was attended by 38 representatives from 12 countries and 8 EU level organisations, who contributed to the discussions on the solutions to overcome difficulties concerning data and data collection processes required for HWF Planning.



# GET TO KNOW OUR LATEST DELIVERABLES AND MILESTONES

On the next pages of the newsletter, we are happy to present to you our major core work packages official deliverables.



## **M 2.2 WP2 Stakeholder analysis**

Work Package 2: Ministry of Health of Slovakia, EHMA  
Status: Part I, II and III finalized, the recommendations will be further developed. The Stakeholder analysis Part I and II is available [by clicking here](#).

## **D052 Handbook of Planning Methodologies**

Work Package 5: Ministry of Health, Italy  
Status: Checked by the Professional Editor, will be officially launched soon.

## **D033 Interim Evaluation Report**

Work Package 3: Ministry of Health of Finland, University of Eastern Finland, Ministry of Health of Matla  
Status: Finalised, fully available on our website [by clicking here](#).

## **D061 User Guidelines on Qualitative Methods in Health Workforce Planning and Forecasting**

Work Package 6: Centre for Workforce Intelligence, United Kingdom  
Status: Finalised, fully available on our website [by clicking here](#)

## **D041 Terminology Gap Analysis**

Work Package 4: Semelweiss University, Hungary  
Status: Finalised, fully available on our website [by clicking here](#)

**We encourage all of the partners to help us in promoting our Joint Action deliverables by disseminating them to your networks, stakeholders and professional area. Thank you for all your dissemination activities on behalf of Joint Action Health Workforce. Promotion and dissemination of our products will widely help us in strengthening the sustainability of the Joint Action outcomes !!!**



## THANK YOU FOR DISSEMINATING OUR DELIVERABLES FURTHER!!!



# Milestone M 2.2

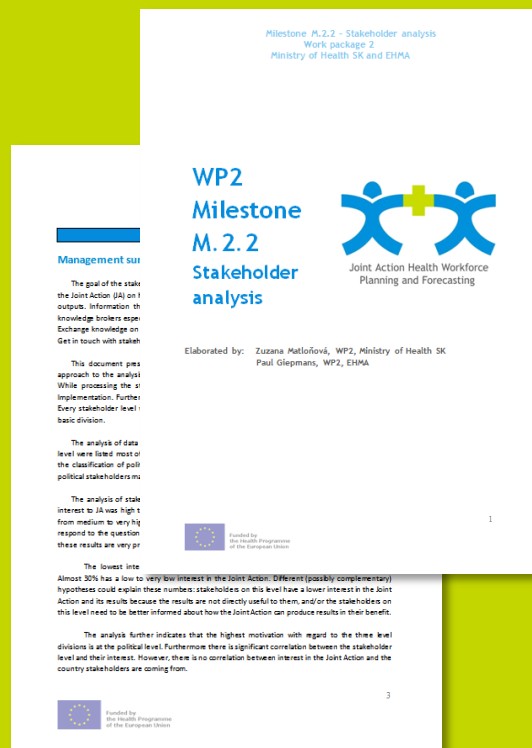
## WP2 Stakeholder analysis

### FACTS TO KNOW

- 3 rounds of analysis updates conducted
- 15 member states involved via the network of In-Country Knowledge Brokers (KBs)
- Interviews with KBs lasting from October 2013 to May 2014
- Quantitative and qualitative analysis accomplished
- 4 Knowledge Brokers webinars arranged
- Dominant motives of the Joint Action Stakeholders identified
- 45,5 % of stakeholders responded that their interest to JA results is high

### The Story of the Analysis

The prime objective of the Stakeholder analysis was to identify key stakeholders at national level, Exchange knowledge, identify interests and get in touch with our key audience. So far, as you know, there were 3 updates of the analysis conducted. The data for the analysis were collected via the network of In-country Knowledge Brokers who contributed by their personal country experiences and also conducted questionnaire surveys with relevant stakeholders.



In Part I the focus was put on the stakeholders' identification and their division into three levels: political, strategic and implementation. Prime objective of the second phase of the analysis was to map stakeholders interests and provide full scale of quantitative analysis in relation to SKD levels and country. The results of the quantitative analysis are [available here](#).



The third part of the analysis focused on the identification of the motivations of specific stakeholders and identified the reasons why stakeholders should join the initiative of JA. The analysis clearly shows the dominant motives in general, the differences and similarities across respondent levels.



Networking and Expertise but also Information and Data collection appears to be dominant motivators for respondents at both political and strategic level. While the implementation level represented mostly by professional organizations and chambers stressed the importance of information of Joint Action in enhancing the quality of care and quality of health professionals in their own countries.

These key themes include 1/ Delivering opportunities for knowledge Exchange, networking and sharing good practices, 2/ Foster links between European Union context and local context, 3/ Consider the difference in motives between the three levels, 4/ Provide details for responding to information requests.

### What's next?

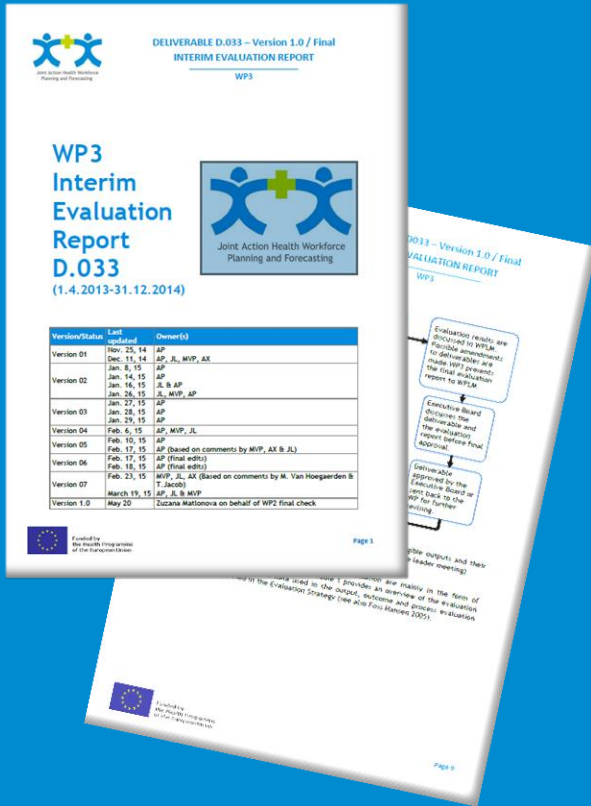
Based on the knowledge gained out of the three analyses, key themes with call to actions were formulated along with the examples of how these can be used.



The call to action in relation to SKD analysis themes will be the prime focus of the upcoming In-Country Knowledge Brokers webinar that will take place in September.



# D033 – Interim Evaluation Report



## Facts to know:

- Evaluation of the Joint Action progress half way through the project.
- One of the main Deliverables of Work Package 3 (Evaluation) led by Finland and supported by Malta.
- 25 page document including the two process evaluations and the output evaluation of 6 deliverables.
- Included a WP3 self evaluation
- Highlighted the evolution of the role of WP3 to developmental evaluation.
- Approved by the Executive Board in March 2015.
- Recommended to be used as an evaluation report template

## Main Objective:

To verify whether the Joint Action is being implemented as planned and reaches the defined objectives.

It gives an intermediary short summary of the evaluation activities and their results based on the evaluation reports produced by Work Package 3 between April 1, 2013 and December 31, 2014.





# D033 – Interim Evaluation Report (2)

**Process Evaluation:** conducted on:

- Risks and issues
  - Stage plans
  - Use of Project Management (Mgt)tools
  - Progress of Joint Action
- *Main Conclusions:*
- WP1 and WP3 to continue monitoring delays
  - Project Mgt tools should NOT add burden
  - Continuous discussions on Resource Adequacy and Timetables between Mgt office and WP leaders



**Output Evaluation:** covering status, process and quality, and content of 6 deliverables namely:

D041 Report on Terminology Mapping

D052 Handbook on Planning Methodologies  
*Pre-evaluation feedback provided.*

D071 Sustainability Strategy

D072 List of Experts (Release 1)

*Both need revisions along the JA process*

D061 User's Guidelines on Estimating Futures Needs

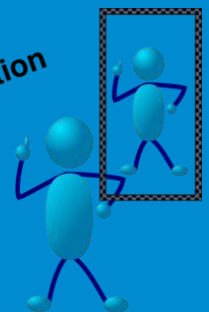
D051 Minimum Planning Data Requirements  
*Final evaluation, both met objectives*

**WP3 self-evaluation:**

Evaluation through SWOT analysis

*“The quality of deliverables can be ensured and improved through the process of **continuous** evaluation. In doing this, the evaluation needs to stay at the same time **objective** yet **developmental**”.*

**Self-Evaluation**



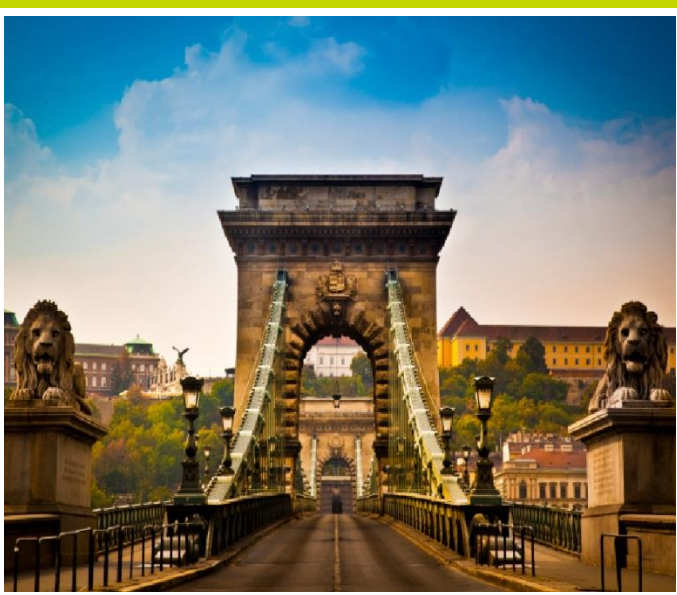
# D041 - Report on Terminology mapping



**FACTS TO KNOW:**

- 180 pages
- 15 rounds of reviews
- Two year process of developing the document
- Involvement of more than 90 representatives of 48 associated and collaborating institutional partners
- 5 overarching recommendations formulated

The work on the D041 Report on health workforce terminology and data source analysis was launched at the very beginning of the Joint Action - in April 2013.



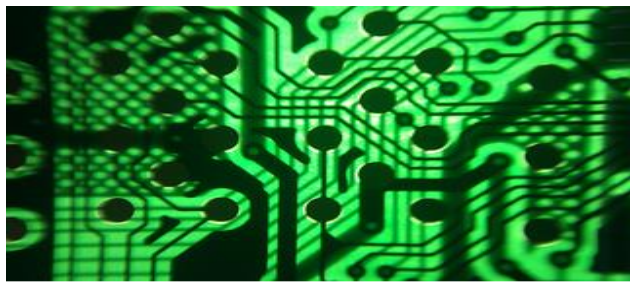
This report underlines that improving the availability, quality and comparability of data reported to the Eurostat-OECD-WHO Joint Questionnaire, is an important task to sustain a common understanding across countries on the different categories of health workforce. Improvements to this Questionnaire are also needed to gain a more accurate picture of the health workforce in order to improve planning future health workforce needs better at national level.

Despite the complexity and challenges of the needed improvements, the recommendations put forward in this report will help to sustain and develop this international data collection process.



# D041 - Report on Terminology mapping recommendations

The report provides 24 recommendations that address partly the data supplying Member States, partly OECD, Eurostat and WHO. These recommendations are grouped around the following 5 main overarching recommendations:



**1.** National data collection should be improved by developing strategic directions, with the involvement of national stakeholder organisations.

**2.** National HWF data collectors and owners (such as ministries of health, professional chambers, health workforce planners and data providers) should work together to achieve better HWF data flow at the national level, thus improving the current JQ data collection.



**3.** International data collecting organisations should facilitate the training and working in partnership with data providers and the JQ National Focal Points, in order to demonstrate the usefulness of international HWF data collection in serving national interests. The identification of clear domestic benefits resulting from investment in international data provision is essential for motivation and engagement at the national level.



**4.** The JQ data collection in the activity status data categories of health workforce (“Licensed to Practice”, “Practicing” and “Professionally Active”) in both headcount and full-time equivalent should be improved. This will allow for a better streamlining in international comparability and serve a better HWF monitoring and planning at national level.



**5.** Strategic changes in data categorisation at the international level for the nursing, midwifery and caring professions should be implemented, in order to increase the value of JQ reporting.



# D052 - Handbook on Health Workforce planning methodologies across EU countries (Version 1.0)

## Facts to know:

- 343 pages
- 3 workshops and 40 peoples involved in planning, writing and revision
- 12 working months
- 5 key elements and 15 good practices existing in 7 countries analyzed and described
- 19 “minimum” requirements and 14 recommendations individualised in order to develop a HWF planning and forecasting system
- 3 suggested reading paths
- 2 pilot projects and 2 feasibility studies under realisation



These are some of the numbers that describe and “tell” the content of the Handbook, as the D052 is “friendly” called, and the process of producing version 1.0 is now in its editing phase.

## The story of the Handbook:

WP5 has started working “full time” at the production of the Handbook immediately after the first Plenary Assembly (PA) of the Joint Action in Bratislava (January 2014), having the months to study the literature and information disposable in Matrix Feasibility Study. After the PA with two specific surveys and two in-country visits in Belgium and Spain, the model and the 5 key elements were analysed and the 7 planning systems have been defined. The first comparison among the 7 systems on the bases of the 5 key elements have been done during the workshop in Florence (May 2014), and then in Lisbon (June 2014) and Turin (September 2014).



# D052 - Handbook on Health Workforce planning methodologies across EU countries (2)

## Current state of art

A first version of the Handbook has been submitted for approval at the Executive Board of November 2014 and presented during Rome Conference (December 2014). During the first months of 2015 WP5 has worked in order to improve this first version of the Handbook. The final version has been submitted and approved by the Executive Board of March 2015.



WP3 has submitted the Handbook to the evaluation of an Expert Reference Group whose outputs, together with the outputs of the Pilot Studies and of the two Feasibility Studies, will be used in order to write version 2.0 of the Handbook.



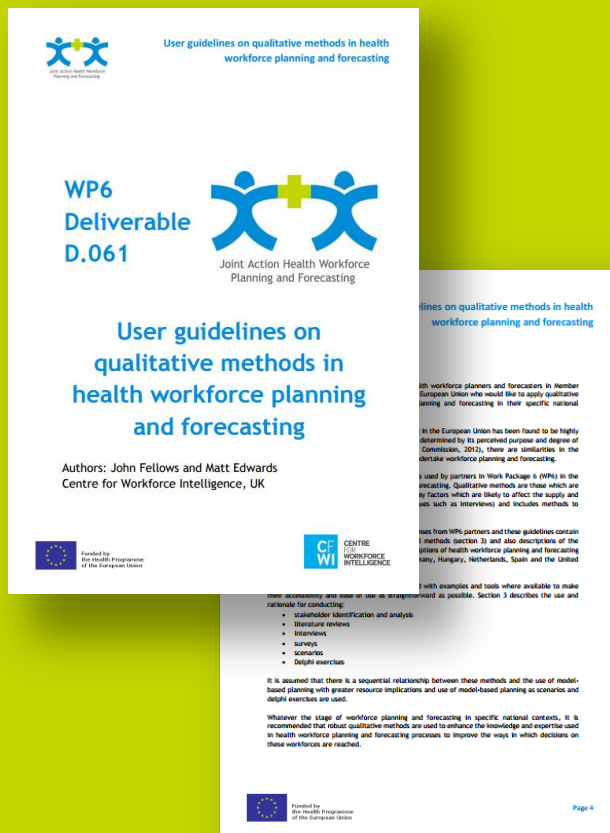
This is not the end of our work: A web site for the dissemination of the contents of the Handbook is under construction (D053) We are experimenting the contents of the Handbook in two Pilot Projects (in Italy and Portugal) and we are evaluating its “implementability” in two Landers of Germany (Feasibility Study)



# D061 - USER GUIDELINES ON QUALITATIVE METHODS IN HWF PLANNING AND FORECASTING

## Facts to know:

- 82 pages in total
- Contains 8 key messages
- Published on the JA and CfWI websites with over 365 downloads so far
- 6 different types of qualitative methods described in detail
- Contains individual descriptions of qualitative methods for 7 Member States
- Forthcoming reference in World Health Organization technical papers
- Is in support of the Pilot Study currently carried out in Belgium
- All WP6 partners involved



This deliverable of the Joint Action was led by the Centre for Workforce Intelligence in partnership with the UK Department of Health and is the product of contributions of WP6 partners to describe the qualitative methods used across Member States to consider drivers of future change in health workforce planning and forecasting. The document was formed through multiple survey responses and workshops of WP6.



# D061 - USER GUIDELINES ON QUALITATIVE METHODS IN HWF PLANNING AND FORECASTING (2)

The qualitative methods presented in the user guidelines can be used for a number of purposes alongside quantitative methods to ensure that an integrated approach to health workforce planning and forecasting is achieved by Member States.



The central idea and assertion of the user guidelines is that the use of qualitative methods (to describe current workforce situations and to investigate different workforce futures ) improve the relevance of outputs, aids transparency of decision-making and helps develop a shared vision of the future health workforce for Member States and across Europe.



The user guidelines include qualitative methods used for Belgium, Finland, Hungary, Netherlands, Spain and United Kingdom. On the top of that the document includes the contribution of MS Partner Profiles and their individual feedbacks on the drafts.




# NEWS/ANNOUNCEMENTS

WP1 and WP7 along with support of WP2 started the organisation of the third and last Joint action Conference, scheduled in February 2016 in Varna (Bulgaria). WP1 also started preparations for the last Plenary Assembly Meeting in Belgium (May 2016). For the organisation of the Conference, the FPS of Belgium was so kind to foresee an additional (temporary) project officer. We welcome Anne Pieront on board!

Furthermore, we would like to inform you of some internal changes in the WP2 team as well. Judith van den Broek has left the WP2 team and is being replaced by David Smith. David works for European Health Management Association (EHMA) in the position of Networks and Operations Manager. He will be managing primarily the network of Knowledge Brokers and support WP2 in dissemination activities.

As we have already informed you in one of our JA communications, our website domain name [www.euhwforce.eu](http://www.euhwforce.eu) was replaced by [www.euhwforce.weebly.com](http://www.euhwforce.weebly.com) . Pls, update your bookmarks accordingly. This status is being just temporary. The transitional period will be in place until *the Joint Action official dedicated website is delivered along with the brand new website domain name*. We will keep you all informed on new website updates!

## UPCOMING EVENTS



October 15 - 16	Executive Board meeting <b>BUDAPEST</b>
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Autumn 2015	WP7 Workshop Venue TBC
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February 2016	Joint Action Conference <b>VARNA</b>
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May 2016	Joint Action Closure Event <b>BELGIUM</b>
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