WP7 Sustainability plan D071

WORK PACKAGE 7

Medical University of Varna, Bulgaria
Catholic University of Leuven, Belgium
National Centre of Public Health and Analyses, Sofia, Bulgaria

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The Joint Action Health Workforce Planning and Forecasting

The Joint Action on Health Workforce Planning and Forecasting is a three-year programme running from April 2013 to June 2016, bringing together partners representing countries, regions and interest groups from across Europe and beyond, but also no EU countries and international organisations. It is supported by the European Commission in the framework of the European Action Plan for the Health Workforce, which highlights the risk of critical shortages of health professionals in the near future.

The main objective of the Joint Action Health Workforce Planning and Forecasting (JA EUHWF) is to provide a platform for collaboration and exchange between partners, to better prepare Europe's future health workforce. The Joint Action aims at improving the capacity for health workforce planning and forecasting, by supporting the collaboration and exchange between Member States and by providing state of the art knowledge on quantitative and qualitative planning. By participating in the Joint Action, competent national authorities and partners are expected to increase their knowledge, improve their tools and succeed in achieving a higher effectiveness in workforce planning processes. The outcomes of the Joint Action should contribute to the development of sufficient health professionals, contribute to minimise the gaps between the needs and the supply of health professionals equipped by the right skills, through the forecast of the impact of healthcare engineering policies and of the re-design of an education capacity for the future.

This document contributes to achieving this aim by providing a Sustainability strategy for the sustainability of Health Workforce Planning after the end of the JA project.

This document has been approved by the Executive Board of the Joint Action on Health Workforce Planning & Forecasting on November 12th 2014.

Contributors and Acknowledgements

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- Prof. Todorka Kostadinova, PhD. - Vice Rector for International Cooperation, Accreditation and Quality, Department of economics and health care management, Medical University of Varna, Bulgaria
- Michel van Hoegaerden - Catholic University of Leuven, Belgium
- Prof. Walter Sermeus, PhD. - Catholic University of Leuven, Belgium
- Assoc. Prof. Emanuela Raycheva-Mutafova, PhD. - Dean of the Faculty of Public Healt, Medical University of Varna, Bulgaria
- Slava Penova – Head of International projects and programmes office, Medical University of Varna, Bulgaria
- Nikolina Radeva – Expert, International projects and programmes office, Medical University of Varna, Bulgaria
- Elitsa Drenska – Expert, International projects and programmes office, Medical University of Varna, Bulgaria

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The following members of the WP3 evaluation committee have formally evaluated the document: Johanna Lammintakanen, Alisa Puustinen and Andrew Xuereb, under the leadership of Marjukka Vallimies-Patomaki from the Finnish Ministry of Social Affairs and Health.

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Glossary

Term	Definition
Affordability	Keeping the costs of healthcare services within the threshold of what is considered sustainable by the population, national government and/or EU definition.
Age groups	A division of the population according to age, in a pre-determined range, used to distinguish differences among populations. Examples: 0-4; 5-9; 10-14; …. 60-64; 65+.
Anticipation	Thinking ahead of an occurrence in order to determine how to handle it, or how to stop it from happening.
Big picture challenge	A fundamental challenge that policy makers are facing across the (healthcare) system. Meeting a big picture challenge requires focused action at the highest level across the health, social care, education and employement sector.
Circular mobility	A form of migration that is managed in a way allowing some degree of legal mobility back and forth between two countries
Cluster	A set of system factors and driving forces, similar to each other and linked through cause and effect relationships, which describe a key focal issue of concern.
Demand (of HWF)	Number of health professionals required to fill in open vacancies. It should ideally be expressed both headcount and in full-time equivalent (FTE), depending on the forecasting purpose.
Driver / Driving force	A factor that causes or might cause changes, measurable movements or trends in the HWF of a health care system.
Events	Occurences that can impact the healthcare system.
Emigration (outflow)	The act of leaving one's current country, in this context with the intention to practice a profession abroad.
Factors	A circumstance, fact or influence that contributes to a result. Factors are linked to each other through cause and effect relationships. A change to a factor often will influence one or more other factors in the system.
Full-time equivalent (FTE)	Unit used to measure employed persons to make them comparable, as they work a different number of hours per week, in different sectors. The unit is obtained by comparing an employee's average number of hours worked to the average number of hours of a full-time worker of same kind. A full-time worker is therefore counted as one FTE, while a part-time worker gets a score in proportion to the hours he or she works or studies. For example, a part-time worker employed for 24 hours a week where full-time work consists of 48 hours, is counted as 0.5 FTE.
Healthcare production	The output of healthcare services that can be produced from the given combination of human and non-human resources.
Health professional	Individuals working in the provision of health services, whether as individual practitioner or as an employee of a health institution or programme. Health professionals are often defined by law through their set of activities reserved under

	provision of an agreement based on education pre-requisites or equivalent.
Health workforce	The overarching term for the body of health professionals (trained and care workers directly involved in the delivery of care) working in a healthcare system.
Horizon scanning	A systematic examination of information to identify potential threats, risks, emerging issues and opportunities allowing for better preparedness.
Imbalances (major)	The uneven spread of the active health workforce across countries, regions or professions, resulting in *underserved/overserved areas*.
Indicators (key planning)	A quantitative or qualitative measure of a system that can be used to determine the degree of adherence to a certain standard or benchmark
Job retention	The various practices and policies which enable healthcare professionals to chose to stay in their countries to practise for a longer period of time, or to stay in their practice, or even to keep working full time.
Labour force	The total number of people employed or seeking employment in a country or region.
Megatrend	A large, social, economic, political, environmental or technological change that is slow to form and difficult to stop. Once in place, megatrends influence a wide range of activities, processes and perceptions, both in government and in society, possibly for decades. For example, the ageing population megatrend is composed of trends in birth rate, death rate, quality of healthcare, lifestyle, etc.
Migration (inflow)	The act of (either temporarily or permanently) moving into a country, in this context in order to practice a profession.
Minimum data set (MDS) for Health Workforce Planning	A widely agreed upon set of terms and definitions constituting a core of data acquired for reporting and assessing key aspects of health system delivery
Planning process	A process of defining health workforce planning perspectives, based on needs assessment, identification of resources, establishing the priority of realistic and feasible goals, as well as on administrative measures planning to achieve these goals
Planning system	Strategies that address the adequacy of the supply and distribution of the healthcare workforce in relation to policy objectives and the consequential demand for health labour force
Population	A group of individuals that share one or more characteristics from which data can be gathered and analysed.
Population healthcare needs	The requirements necessary to achieve physical, cognitive, emotional, and social wellbeing, at the individual, family, community and population level of care and services.
Professions (withing JA scope only)	The professional qualifications of physicians, nurses, midwives, pharmacists, and dentists, included in the Directive 2005/36/EC of the European Parliament and of the Council.
Qualitative information	Information collected using qualitative methodologies to identify and describe key factors in the health workforce system which are likely to affect the supply and demand of workforces.
Qualitative	Methods used to gather qualitative information on key factors which are likely to

methodologies	affect the supply and demand of health workforces through techniques such as interviews, document analysis, or focus groups. Includes methods to quantify uncertain parameters for forecasting models.
Reliance on foreign health workforce	The share of foreign (trained & born) health professionals within a country's health workforce in a given year, expressed as a percentage of the stock of the workforce
Retirement	Period or life stage of a health care worker following termination of, and withdrawal from the healthcare system. It is expressed in the number of healthcare professionals retiring from the labour market.
Scenario	A description of a sequence of events, based on certain assumptions. Scenarios are used for estimating the likely effects of one or more factors, and are an integral part of situation analysis and long-term planning.
Shortage	The negative gap between supply and demand.
Stakeholder	Groups or individuals that have an interest in the organisation and delivery of healthcare, and who either deliver, sponsor, or benefit from health care.
Stock (of HWF)	Number of available practising and non- practicing health professionals in a country, recorded in a registry or database. It should ideally be expressed in headcount and in full-time equivalent (FTE)
Supply (of HWF)	Number of newly graduated health professionals available to fill in open vacancies. It can be expressed in headcount or in full-time equivalent (FTE)
System	A network of interdependent components that work together to try to accomplish the aim of rendering medical and other health services to individuals.
Threat/opportunity	A future event or system state which may occur due to changes in the system. The impact to the system may be viewed as detrimental (a threat) or beneficial (an opportunity); or a combination of both.
Training	The process by which a person acquires the necessary skills and competencies for delivering healthcare, possibly through post-graduate training programmes (in the framework of Continuous Professional Development) in addition to graduate training programmes
Trend	An emerging pattern of change, likely to impact a system.
Universal coverage	A healthcare system that provides effective, high quality and free of expense preventive, curative, rehabilitative and palliative health services to all citizens, regardless of socio-economic status, and without discrimination
Underserved areas	A region or area that has a relative or absolute deficiency of medical personnel or healthcare resources. This deficiency could present itself in shortages of professionals/specialities/skills required to deliver health services
Variables	A characteristic, number or quantity that can increase or decrease over time, or take various values in different situations.
Weak signal	Barely observable trends or events that indicate that an idea, threat or opportunity is going to arise. Sometimes referred to as *early signals*.
"Wild card"	A situation or event with a low probability of occurrence, but with a very high impact in a system. Sometimes they can be announced by a weak signal.
Healthcare	Strategies that address the adequacy of the supply and distribution of the health

Workforce planning	workforce, according to policy objectives and the consequential demand for health labour (National Public Health Partnership, 2002).
Workforce forecasting	Estimating the required health workforce to meet future health service requirements and the development of strategies to meet those requirements (Roberfroid et al, 2009; Stordeur and Leonard, 2010).

TITLE

Executive summary

Work Package – 7 "Sustainability" (WP7) consolidates the experience of the Joint Action on Health Workforce Planning and Forecasting (JA) in order to have a higher impact of HWF planning and forecasting on policy decision making.

The contribution of WP7 is expressed in 2 main actions during Joint Action on Health Workforce Planning and Forecasting. The first one is mapping the technical outcomes of JA, on this way WP7 will propose working modalities of a network and will provide definitions of the proposed new initiatives with EU added value, identifying the next steps of the project. The second main action is making recommendations for future actions in policy making, based on the output of other WPs.

The core team members of WP7 are Medical University – Varna, National Centre of Public Health and Analyses, Sofia, Bulgaria, Catholic University of Luven, Belgium.

WP7 has to deliver the following documents: D072 List of experts; D073 Technical recommendations; D074 Recommendations towards policy making.

Different tools are used in order to create the deliverables of WP7 with a broad input, by means of cost effective approach. These tools are:

- Tool 1: Strong integration with the other Work Package activities
- Tool 2: Research, consultation & expertise
- Tool 3: Workshops
- Tool 4: Joint opportunities for Networking, participating in meetings and conferences outside the JA Workshops

During the JA programme, it has been decided to produce 3 deliverables of WP7 with a release management system, based on version 1 (early 2014), version 2 (mid-2015) and finally version 3 (end of the JA & final reports). These releases aim to achieve delivery of the product in evaluative state.

- Release 1 – February/ March 2014. The focus of this Release is on
  - ✓ the preparation of the draft list of exerpts (D072);
  - ✓ minimum planning data requirements (D073);
  - ✓ describing the current framework (DO74);
- Release 2 – Mid 2015. This time the focus is on:
  - ✓ the preparation of the second list of experts (D072);
  - ✓ report on the terminology mapping, handbook on planning methodologies, web portal on planning methodologies (D073);
  - ✓ EU plan for HWF 2016 – 2019 (D074).
- Release 3 – end of the Joint Action April 2016. The focus is on:
  - ✓ activating the network of experts (D072);
  - ✓ WP4, WP5, WP6 final papers (D073);
  - ✓ the final JA recommendation, feasibility of those recommendation and coordinating with WP2

The sustainability plan is built on the basis of The Knoster model (it connects the symptom with the components of change). The main roles of the stakeholders' group, the policy dialogues, the educational plans for transferring the knowledge and the indicators for monitoring the implementation are considered in the sustainability plan.

The results of the Joint Action activities would enable the process of overcoming the gap between education and health employment. They would also lead to further development of common guidelines for recognition of diplomas and licenses from the different countries and establish training equivalency recognition. The outcomes of the JA could increase the understanding of global developments beyond the national strategies in order to plan and manage human resources for health in the EU internal market.

1. Introduction

1.1. Goal and Objectives of Work Package 7

The main goal of Work Package – 7 "Sustainability" (WP7) is to consolidate the experience of the Joint Action on Health Workforce Planning and Forecasting (JA) in order to have a higher impact of HWF planning and forecasting on policy decision making. Through a review of the projects' objectives and results and in close collaboration with the partners, the needs, tasks and possible formats will be defined to continue the activities after the Joint Action end period in 2016.

WP 7 consolidates the experiences from the Joint Action into a design for a platform of collaboration and exchange between Member States (MSs), stakeholders, international organizations and the academia. As a prior objective, this platform will enable future uptake and roll out of tools and methodology for health workforce planning, according to the recommendations, within the EU MSs.

The experiences and evaluation of all WPs and the management office will be reviewed and used to discuss and evaluate the collaboration as such and in terms of its impact on health workforce planning policies. Suggestions for improvement will be collected and consolidated in policy recommendations for a permanent cooperation platform on health workforce planning and forecasting.

During the JA, specific requests will be formed for advice and recommendations using the available knowledge and expertise within the core WPs. A first request to handle is a request for guidance on cooperation between donor and receiving countries in training capacities and circular mobility, within the framework of the WHO Global Code of ethical recruitment.

1.2. The position and role of WP7 in the Joint Action on Health Workforce Planning and Forecasting

In addition to creating and sustaining a network of experts within EU, WP7 will present 2 main actions during the Joint Action (related to the Milestones envisaged in Annex 1b of the Grand Agreement – See Appendix 2):

(1) Mapping the technical outcomes of JA

The JA delivers through WP4, 5 and 6 several technical deliverables, which WP2 will promote towards EU/JA partners.

WP7 aims at defining the best path to enhance the uptake of this material and ensure its sustainability. WP7 aims at designing the updated lexicon of HWF planning issued by WP4, proposing recommendations to turn the "trial" mobility data collection into routine, and recommending the next steps to use a common data set in the EU. WP7 will translate the lessons of the "trial" workforce forecasting projects conducted by WP5 into a potential deployment strategy, including an updated methodology handbook produced. WP7 will take the advantage of both best practice in the usage of skills as a factor for workforce planning and pilot projects conducted by WP6 to draw up technical recommendations to enhance the current qualitative methodologies for planning, including a possible roll-out plan regarding WP6 products.

Together with the participants in WP4, 5 and 6, and the identified experts, WP7 will propose working modalities of a network capable of supporting any roll-out projects across the EU. WP 7 will provide definitions of the proposed new initiatives with EU added value and will identify the next steps in order to improve the EU Action Plan on Health Workforce.

(2) Recommendations for future actions in policy making

Based on the output of WP4, WP7 will consolidate the JA experience to issue a recommendation on the evaluation of the data and the development of their monitoring and collection at EU level. The objective of this recommendation is to reach comparable and quality data on health workforce at country and EU level. WP7 will produce a report with recommendations on the coordination of planning data collection to serve as a basis of the future improvement of the Joint Questionnaire on non-monetary health data of Eurostat, OECD and WHO.

Based on the results of WP4, WP7 will also develop a recommendation on the design of a policy making process to move forward with the application of WHO Code on International Recruitment in the EU.

WP7 will propose future cooperation on health workforce planning within the EU or other international policy making events, for example, organised by OECD and WHO.

By the end of 2014, WP7 will examine the added value for a new proposal to continue the European network on health workforce planning with the aim to implement the roll-out plans with

the support of the technical and scientific expert groups in all EU members. WP7 will develop a business plan, including a cost/benefit analysis for this proposal, and a request or co-funding under the Health Programme 2014-2020.

WP7 will deliver a sustainability report, consolidating all proposals together with a review of findings of the WP deliverables and the intermediate evaluation issued by WP3.

There are two more sub-actions of WP7 as following:

(1) Guidance on circular mobility

The formulation of guidance will be developed based on the results of WP4 and will be discussed with all WPs and European Commission.

(2) Formulation of the next steps in the light of long term sustainability of the results and the activities of the current Joint Action

Given the dynamics of the process of migration, mobility and socio-economic changes in EU and globally it is essential to foresee several variants of continuation of Joint Action activities (JA-2) according to the needs, conditions and achievements after 2016.

1.3. Timetable

The time frame for decisions is 1 to 7 years and societal impact is 1 to 15 years when typically viewed from the trigger Education (e.g. student, graduate and specialized as a medical specialist) - this is the usual overview in planning. It can also be of undefined period extending further than 15 years if assessed from broader perspectives such as implementation of structural and social processes as professional continuous training, change in the health care system, professional reconversion, retention, work conditions, etc.

The same usual or slightly modified planning model can be applied to this new horizon. The time frame can be immediate (e.g. on planning capacity, data collection and analysis, systems and organizations at regional and national level), midterm (implementation of decisions on educational and care systems, on regulations of professions, competencies, skills, tasks, structures, institutes, data at international level) and long-term (time to specialize and enrol in the professional life, reimbursement systems, on patients' life, accessibility and quality of care). There are 3 target groups:

• Immediate (1-3 years): junior and senior health workforce planners and forecasters, Member States' national data collection offices and services, health attachés, policy makers and experts in health care, social security and education, ministers of health, social security and education, stakeholder organizations, the EU Commission;

• Midterm (4-7 years): secondary schools, high schools, universities, students, new graduates (bachelors) when they enrol in their professional life, organizations of social and health care, patients, social and health care users;

• Long-term (8-15 years): new graduates (Masters) when they enrol in their professional life, organizations of health care, patients and health care users. This is without taking into account other industries where decisions from changes in health care can have an impact.

2. Sustainability team and partners (Core team members)

BG_MUV

The Medical University of Varna is a modern educational, scientific and research centre in North Eastern Bulgaria. For the 50 years of its existence it has respected the most important values for high quality of the education, stable learning environment, scientific and faculty potential. The mission of Medical University "Prof. Dr. Paraskev Stoyanov"- Varna is to meet the needs of the society for highly qualified medical and management personnel in the fields of health and social care in accordance with the national strategies for educational and public health development, as well as in accordance with the international standards; to develop fundamental and applied scientific research, innovations and new technologies and improve the nation's health in partnership with the remaining institutions of the health care system.

The university has an experience in the field of research and collaboration, in the field of mobility of health professionals (FP7 Projects), in the field of training and research for human resources management (Master – and PhD. programs), health systems and models for change, demographic assessment and health status, poverty and health (WHO projects), quality and patient safety, workforce in health care.

BG_NCPHA

The Centre coordinates information activities within health care, develops mathematical models and forecasts for the demographic and health status of the population. The centre also provides methods and models for planning and management of health resources. In JAs: Patient Safety and Quality of Care; Health Technology Assessment and other EU and WHO Projects. The latter projects are related to the assessment of human resources in Bulgaria and the development of Retention Strategies for Healthcare.

BE_KUL

KU Leuven is an autonomous university. It was founded in 1425. It was born of and has grown within the Catholic tradition. KU Leuven is a research-intensive, internationally oriented university that

carries out both fundamental and applied research. It has a strong inter- and multidisciplinary focus and strives for international excellence.

KU Leuven encourages personal initiative and critical reflection in a culture of ideas exchange, cooperation, solidarity and academic freedom. It pursues a proactive diversity policy for its students and staff. KU Leuven aims to actively participate in public and cultural debate and in the advancement of a knowledge-based society. It puts its expertise to the service of society, with a particular consideration of its most vulnerable members.

From a basis of social responsibility and scientific expertise, KU Leuven provides high-quality, comprehensive health care, including specialised tertiary care, in its University hospitals. In doing so, it strives toward optimum accessibility and respect for all patients. KU Leuven carries out its academic activities at various campuses, research parks and hospital facilities in close cooperation with the members of the KU Leuven Association and with its hospital partners.

DE_UNI

The Centre for Social Policy Research (ZeS) of the Department is an interdisciplinary research institute dedicated to the comprehensive study of all aspects and areas of social policy, including health policy, healthcare services and manpower planning. The Institute has extensive experience in collecting, analysing and processing routine health data and combines basic and applied research. In their research the Centre focuses on a comparative perspective with particular regard to the EU.

STAK_CPME

CPME aims to promote the highest standards of medical training and medical practice in order to achieve the highest quality of health care for all patients in EU. CPME is also concerned with the promotion of public health, the relationship between patients and doctors and the free movement of physicians within the European Union. CPME offers broad expertise in matters related to medicine and the medical profession.

STAK_EHMA

EHMA is a non-profit membership association with over 160 member institutions across 30 countries. EHMA's aim is to improve the quality and build the capacity of health management in the European region. EHMA is focusing on innovation in health management across the whole health sector. EHMA is involved with the PROMeTHEUS study on health professional mobility and leading dissemination work packages for the ECHO project. With these activities EHMA has a lot of knowledge.

Following the work of the other WPs, all JA partners are indirectly involved and participating in the WP7 and the fact should be emphasized that the front door of WP7 remains open for collaboration with more collaborating partners.

3. Methodologies used for delivering

The sustainability work package has to deliver various types of deliverables (See Appendix 1).

- ✓ **D072 List of experts (updated several times)**
  This deliverable requires the set up HRM & CRM processes.
- ✓ **D073 Technical recommendations**
  This deliverable requires a strong project understanding and sound technical knowledge.
- ✓ **D074 Recommendations towards policy making**
  This deliverable requires the broad collection of opinions, and large connection with policy initiatives e.g. EU strategy, and deep analysis of the HWF strategy.

3.1. Tools

We identified the following tools to be used to achieve the WP7 delivery.

Tool #1: Strong integration with the other Work Package activities

To enable WP7 to translate the technical deliverables into recommendations, we need a very early and constant integration of WP7 activities with the WP4, 5 & 6. We need to understand the development path, make sure all developments are conducted following a sustainable strategic approach and consistently link the work in progress with all other activities within and around the Joint Action.

Therefore WP7 will:

- Follow all workshops and surveys that are organized by WP4, 5 & 6;
- Include a specific sustainability item within each workshop
- Include a specific sustainability element in the WP4, 5 & 6 surveys / research

Such synchronization will also provide a scale effect for the organization of workshops. Finally, this approach will ensure a stronger validation process of WP7 documents.

Tool #2: Research, consultation & expertise

Desk research remains an important tool in order to collect most running policy processes and ministerial declarations.

WP7 will consult the following people to gather opinions and advice.

- The experts who will be identified within the list of experts;
- The major stakeholders (identified by the Stakeholder analysis) will be major contributors to the input collection.

WP7 team members are also convinced that students and other young people have an important role in the opinion exchange process. Therefore, we will consult students' organisations, the population and young HWF professionals using a mix- model approach.

Tool #3: Workshops

WP7 will organize 2 traditional workshops

- **Initial** (3-4 September, 2013, Sofia) with inputs that will be processed mainly for producing draft 1 & 2 of the Joint Action WP7 Deliverables.
- **Final** - to gather final input and to obtain a plain validation of both assumptions and conclusions.

We will make the best use of the Stakeholder Forum, which will be a standard forum for the WP7 development.

Tool #4: Joint opportunities for Networking, participating in meetings and conferences outside the JA Workshops

We consider that many organization and various international forums are sharing objectives with the Joint Action. A number of those are associated or collaborative partners of the Joint Action. It is therefore recommended to enforce a strong collaboration and take all opportunities to cooperate. The ideas are to represent the JA, where possible, and if feasible, influence the agenda, as well as to share workshops and conference with some of those partners.

Among these joint opportunities, we will especially keep close contact with European and Global health organisations during the WP7 work to constantly check, discuss and evaluate the intermediate work and results of WP7. It is important to make sure that the results meet the needs of the stakeholders.

Transcription per deliverable

D072 will be gathered preferably by:

- Desk research
- Network consultation of experts
- Meeting in various forums & conferences

D073 will be gathered preferably by:

- Integration with the WP4, 5 & 6 workshops
- Consultation of experts
- WP7 workshops

D074 will be gathered preferably by:

- Consultation of experts & population
- Joint opportunities
- Integration with the WP4, 5 & 6 workshops

Through these tools we will create the deliverables of WP7 with a very broad input but still by means of a cost-effective approach. Nevertheless, the teams in WP7 will not underestimate the

amount of data collection needed and workload to invest. In addition to the WP7 staff, students will be offered projects to help the data collection for WP7. We also find a positive symbolic in building up proposals for the future with an active participation of young people.

4. Timetable and Deliverables

This chapter tends to give a highlight of the release descriptions. Please refer to Appendix 1 to match with the timing of the technical deliverables.

A release is a grouping of consistent pieces of work to achieve the delivery of a product in an evaluative state. From release to release the product sees its scope increased.

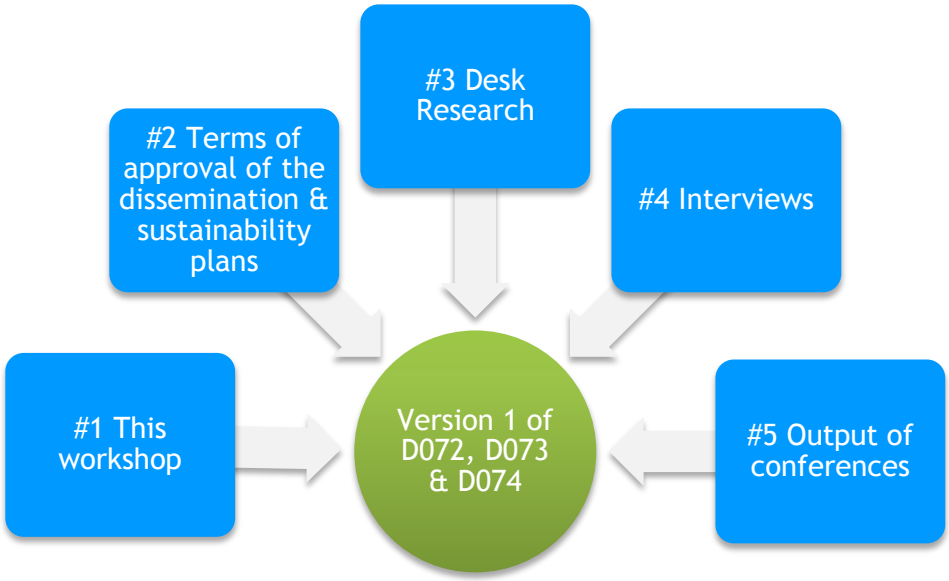
During the JA programme, we decided to produce all three deliverables of WP7 with a release management system, based on version 1 (early 2014), version 2 (mid-2015) and finally version 3 (end of the JA & final reports).

Please note that a release ends before the official delivery date of the versions because then a post-production (layout, acceptance, etc.) has to occur. This section and this plan has no intention to give exact dates of delivery, as all delivery dates will be compliant with the Grant Agreement, and the delivery will run parallel to the WP2 dates of the Conferences & Stakeholder forum. The present document aims at describing the approach and activities used to achieve the goals.

Release 1 / September 2013 => February/ March 2014

Officially we will propose this release to the JA Conference & Stakeholder forum in Bratislava at the end of January. Though taking into account the inputs of these events the final sign-off will be targeted for February/March 2014. In the meantime, the work on Release 2 will already have started.

Release 1 method:



#	Description of activities	Timing
1	Workshop aiming at collecting opinions within the JA partner groups	Held in Sofia 3rd and 4th September, 2013
2	According to the Executive Board comments on both the current plan and the dissemination plan, input will be gathered for this delivery and especially for the table of content	Last week of September & first week of October 2013
3	Desk Research on: ○ Previous studies recommendations; ○ International literature; ○ Some of the items and pathways identified during the workshop ○ Focus on the expert description ○ & gathering of curricula ○ Coordination with WP2 on stakeholder analysis	October to January 2014
4	Achieving a limited number of interviews of known experts and stakeholders	October to January 2014
5	Participation in international conferences for representing the Joint Action and gathering information ○ HPCB; ○ HRH Recife meeting preparation; ○ HOPE board; ○ Etc.	September to January 2014
=>	Conference / Plenary Assembly / Stakeholder forum reviews	End of January 2014
=>	Post-production and finalization of the List of Experts	February / March 2014

Release 1 focuses:

Deliverable	Focus
D072	Preparation of the draft list of experts with all the known experts participating in the JA, but also with the experts proposed by the major stakeholders; The first matrix-like list of expert will match names with types of expertise. An additional column will indicate the profession of each expert; Finally, the list will be updated after the Conference & Stakeholder Forum
D073	Focus on WP5 first delivery which is D051 Minimum planning data requirements
D074	Focus on describing the current framework and identifying all possible activities jointly with other initiatives

Release 2 / January 2014 => mid-2015

This release will start in parallel with the finalization of the previous release and end up after the Conference & Stakeholders' forum in 2015.

Release 2 methods:

#	Description of activities	Timing
1	We will make the best and full usage of the Stakeholder forum to meet the Stakeholders and gather opinions. We will also make the best use of the Stakeholders to identify more experts and prepare the second list of experts.	January 2014 in Bratislava
2	Participation in the already planned WP4 & WP6 workshops with a special section on sustainability reserved	February & March 2014
3	Society survey including various students' organizations	From November 2013 to Mid-2015
4	Desk Research on: ○ The various work achieved at a stakeholders' level ○ Best practice for the build-up and maintenance of a platform of experts ○ Countries policy directions ○ Current implementation level of the EU plan for HWF ○ Etc.	From February 2104 to March 2015
5	Extensive amount of interviews with known experts	From February 2014 to March 2015
6	Participation in international conferences for representing the Joint Action and gathering information ○ HPCB; ○ CfWI yearly conference; ○ HRH Recife meeting preparation; ○ HOPE board; ○ Etc.	September to December 2013

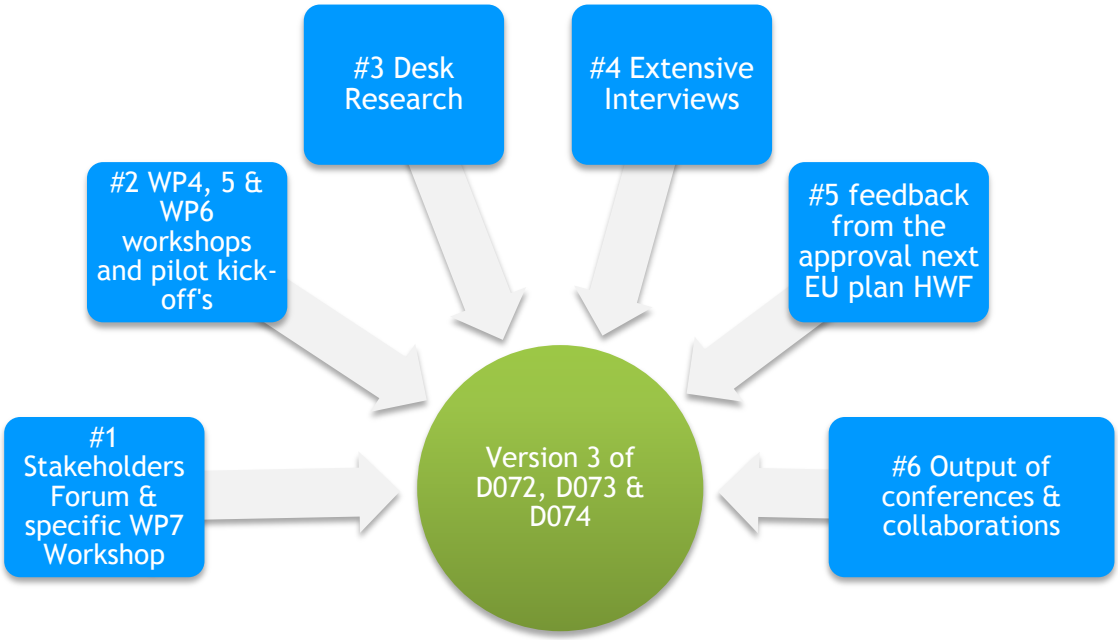
Release 2 focuses:

Deliverable	Focus
D072	Preparation of the second list of experts in close collaboration with all stakeholders. The second matrix-like list of expert will also be enriched with a curriculum. Liaisons with WP5 to set-up the web-portal which will support the network of experts.
D073	We will focus on: WP4-D041 Report on terminology mapping WP5-D052 Handbook on planning methodologies WP5-D053 (part of D024) Web portal on HWF planning methodologies WP6-D061 User's guidelines on estimating future needs
D074	We will focus on the preparation of EU plan for HWF 2016-2019

Release 3 / Mid-2015 => end of the Joint Action April 2016

This release will be submitted to finalize the WP7 reports, taking into account all final documents of the other work packages and providing coordination between all reports (together with WP1 & WP2).

Release 3 methods:



#	Description of activities	Timing
1	Final conference and stakeholder forum in BG with a joint WP2&7 organizations; Best and full usage of the Stakeholder forum to meet the stakeholders, gather opinions and create room for validation Special WP7 workshop (in Varna) to write the final report to be presented at the conference.	2015 & 2016
2	Participation in the already planned WP4, WP5 & WP6 workshops with a special section on sustainability reserved. A special attention will be drawn to the pilot projects.	2015 & 2016 according to the WP4, 5 & 6 plans
3	Desk Research on: ○ The various work achieved at stakeholder level ○ Feasibility aspects of all proposals ○ Some non-EU initiatives (Commonwealth) ○ Etc.	2015 & 2016

4	Extensive amount of interviews of known experts.	2015 & 2016
5	The negotiations and countries opinions on the 2016-2018 EU plan for HWF are very important inputs for our final recommendations.	2016
5	Participation in conferences to represent the Joint Action and gather information; The co-organization of the final conference will be THE major event of the final year.	2015 & 2016

Release 3 focuses:

Deliverable	Focus
D072	We will activate the network of experts together with the other WP's and we will review the list and finalize it according to the network dynamics.
D073	We will focus on WP4, 5 and 6 final papers.
D074	We will focus on the final JA recommendation. We will have a strong focus on the feasibility of those recommendations. We will strongly coordinate with WP2 to ensure a large and positive audience for those recommendations.

5. Risk analysis

5.1. Overall Risks

This section refers to page 82 to 84 of Annex 1 – Grant agreement document.

We will highlight in a current plan the overall risk of the JA, which tends to be the most relevant for WP7

JA Risk #	Description	Specific mitigation within WP7
3 & 6	Lack of participants' motivation / Member States low commitment	Our current experience with all JA WPs shows that the opposite effect can occur: there is an important motivation in participating, even though some MS do not have a lot of input to provide. There is evidence that WP7 will not be affected, as WP7 questioning would be presented as JA overall data gathering, and as the coordination with WP2 will be important.
9	Sustainability of the Website & Platform after the Joint Action	Sufficient networking should reduce the probability. Close involvement of experts &

		stakeholders will define the requirements. Though the main criteria for reducing the risk is to build an attractive network, have it started before the JA's end, and make sure there is no discontinuity at the end of the project.
25	Diversity of initiatives within MS & other bodies competing with the proper production of recommendations concerning this JA on HWF	We have foreseen a strong integration with other major initiatives and joint efforts in delivering. Also, most of the partners running additional actions are represented in the JA and will be requested to endorse the results of WP7. Finally, a strong coordination with EU COM will be set up.
26	Divergence of point of views between JA partners during the next steps	Extensive participation in WP's activities and large amount of interviews will offer a steady platform of information, shared by all, to build views on next steps accordingly.
28	Lack of expertise in EU projects / Lack of knowledge on how EU works	Both co-leaders have knowledge of the EU functioning and are experienced in similar projects. Additionally, WP7 will collaborate with a person who has worked for the EU for several years.

5.2. Specific Risks

WP7 encloses specific risks that need integration. We currently identified 2 risks during the workshop held on 3rd and 4th September, 2013 in Sofia.

Specific Risk #1 – Scope creep

Risk description	The workshop identified many directions to look at after the current JA. Additional opinion gathering can of course still enhance this result. Still, we will not be able to walk all possible paths within WP7 and propose extensive planning to the EU for the future. Also, we can create a network but, with the current budget, we cannot turn it into a professional network management office.
Mitigation actions	We know that the JA WP7 needs to focus on its task. We will gather many opinions but we will identify, within a good scope description tracking, which subject we handle and which we do not. We shall also propose various students to work on our project with lot of freedom and a win-win approach for both them and WP7. Finally, a very good integration with other running initiatives will help a lot in sharing the workload between those initiatives and reference to each other is also to be considered as a win-win.

Specific Risk #2 – Change Management & Feasibility

Risk description	We all know that the room for change is very broad and that the walk is uneasy, and also slow. Many MS currently face the difficulty of launching data collection & planning programmes as the effort seems huge. We need to recommend feasible but still important change recommendations. We also need to obtain sound sponsorship at EU level and by each MS. Otherwise no implementation will occur.
Mitigation actions	An early start of WP7 is important for going through the long process of acceptance of the JA messages and to slowly forge MS expectations and possible acceptance of recommendations. Also we shall pay important attention to the integration of the JA within the official forum (EU, WHO, Official conference, etc.) making the JA a usual spot in the policy making landscape. A very good dissemination is also important for WP7 added value and ace ptance, so we will care for close integration with WP2. Finally, we will match our work with the Knoster Model for change. The model will be a universal tool for the sustainable continuation of the joint efforts of the MSs. We shall liaise with WP3 in the usage of this tool.

5.3. Sustainability as change management

All theory on change management dates back to the 1940s on Kurt Lewin's model of change that consists out of 3 stages: unfreeze (why we need to change), change and refreeze (what we would call sustainability now). These theories have been more developed during previous years. The most well-known model is from John Kotter (1990), professor at the Harvard Business School:

- Establishing a sense of urgency: Helping others see the need for change so that they are convinced of the importance of acting. It refers to objective one that the sustainability of the health system depends on the sustainability of the health workforce.
- Creating the guiding coalition: Assembling a group with enough power to lead the change effort what is foreseen in the stakeholder groups.
- Developing a change vision: Develop strategies for achieving that vision what is mainly done in W4 to WP6.
- Communicating the vision for buy-in: Making sure as many as possible understand and accept the vision and the strategy what is requiring a broad education plan (on European and national level).
- Empowering broad-based action: Removing obstacles to change, change systems or structures that seriously undermine the vision.
- Generating short-term wins: Planning for achievements that can easily be made visible, follow-through with those achievements and recognize and reward employees who were involved.

- Never letting up: Using increased credibility to change systems, structures, and policies and keeping the process alive with new projects, themes, and change agents.
- Incorporating changes into the culture: Articulating the connections between the new behaviors and organizational success, and develop the means to ensure leadership development and succession.

The work of Kotter has been further developed. The most recent work has been performed by C. May, University of Southampton in the formulation of a theory of implementation and integration for complex interventions (mainly in healthcare): the Normalization Process Theory. Normalization is defined as the opposite of rejection in which people refuse the new innovation and different from adoption, in which people are pretending to use the new innovation but are not integrating it in their daily practice. May defines normalization as the integration of the new innovation in daily practice.

A model that is often used in guiding change and implementation is the Knoster Change model. The model is developed by Timothy Knoster, Bloomsburg University. Knoster (1991) presented in a presentation to The Association for Severely Handicap (TASH) Conference a Managing Complex Change Model. He suggested that when the components of *vision, consensus, skills, incentives, resources and action plan* are collectively inherent in the system, then change will likely take place. However, if any one of the components was missing, then the "Change Process" may be inhibited. Although the model may appear to be simple, it is a powerful tool to connect the symptom with the components of change.

Figure 1 - Knoster model for Change - summary picture

- Vision: it is important to make the vision explicit (where to go) and shared (shared vision). Lack of a seeing a vision creates confusion. If the vision is not shared than it will lead to sabotage.
- Skills: there should be trust that the change will be realized and will happen. It is trust in the project teams and the implementation later on. If people do feel that the change is well guided and that the skills are missing, than anxiety is created.
- Incentives: There should be a reason to change cfr. sense of urgency of Kotter. If people do not see the reasons why they should change, than it will create resistance.
- Resources: it is important that the change get the necessary resources during the project and later in implementation (cfr. objective 2 of the sustainability). If people don't see that the necessary resources are put into the change program and that the additional efforts for creating the change are not supported, than this will lead to frustration.
- Action plan: The implementation strategy should be clear and concrete steps need to be taken. When the change takes too long and no progress is made, than people feel that they are in a treadmill and will withdraw their support.

The Knoster model as the basis for the sustainability plan of WP7

1. Stakeholder groups

The main roles for the stakeholder groups is:

- To create a shared **vision** by indicating how health workforce planning efforts can help to realize the sustainability of health workforce in the various EU member states and at the European level.
- To guarantee and create the necessary flow of **resources** for health workforce planning beyond the level of the project, on EU-level as well as on the national level.
- To develop an **action plan** (together with a group of experts) to implement health workforce planning tools in the daily practice of healthcare administrations and EU policy.

2. Policy dialogues

The policy dialogues have an important role in creating a shared vision on health workforce planning and its impact on the sustainability of health systems. It might not be easy to create a shared vision (e.g. there might be differences in vision of EU and the member states; destination countries and source countries) but it is important to align them as a shared vision is a critical element for collaboration and implementation.

Malcolm Gladwell (2000) describes in "The Tipping Point" three types of people that are necessary to spread out new ideas and innovations and who should be included in these stakeholder groups and policy dialogues:

- Experts (what he called the mavens) that really understand the value and impact of the new technology and innovation and are willing to adopt them early (early adopters). They will have a major role in realizing role 1 and 3.

- Connectors which are people in a community with high social skills and who know a large number of people and can introduce people to each other. Connectors will spread out the work of the Joint Action. They are important in realizing role 1.
- Persuaders are charismatic people with power negotiation skills. They are the captains of industry, politicians who can convince others to invest in health workforce planning. They are mainly involved in role 3.

3. Training

It is clear that the sustainability plan should incorporate an education plan to transfer the knowledge developed in WP4 to WP6. Next to the technical training Carl May gives four elements that should be taken into account in this education plan and what would facilitate normalization of the new technology:

- Interactional workability: what is the effect of this new technology on people's job and how this will change the way people are working.
- Relational integration: how will the new technology impact the existing knowledge and relationships among people (e.g. role of planning committees in healthcare policy making).
- Skill-set workability: what will be the effect on the current division of labor (e.g. what is done on EU-level, national level, regional level).
- Contextual integration: how will the new technology be supported by the organization by transferring into policies and procedures and providing the necessary materials and human resources?

4. Indicators for monitoring the implementation

It would be advisable that the implementation of the Joint Action is monitored carefully so that the degree of adoption/normalization can be evaluated. A good framework to monitor the implementation plan is the RE-AIM framework:

1. REACH: intended target population (individuals), in the Joint Action, this refers to the different professional groups of health workforce planning: physicians, nurses, dentists, pharmacists across the EU.

2. EFFECTIVENESS: What are positive consequences of the health workforce planning? What are negative or unintended consequences?

3. ADOPTION: How many settings (in the JA might be referring to member states, regions...) are using the new technology?

4. IMPLEMENTATION: What is the fidelity to the various elements of the interventions?

5. MAINTENANCE: How the new technology is institutionalized and made part of the daily routines of the organization?

It is clear that WP7 is dealing with implementation and change management. The technological innovation is situated in WP4-6 and will create knowledge, methods, tools and high expectations. It is first phase of the Gartner Hype chart. The moment of implementation (often at the end of projects) goes often together with a peak of expectations that will not be met because of barriers and problems in implementation in real world situation. To prevent disillusionment, it is necessary to prepare the implementation process right from the beginning of the project and to take measures to overcome these barriers during development of the Health Workforce Planning tool. It means that the third objective has to be refined:

> 3a. To detect barriers and facilitators on European and National level in the implementation of Health Workforce Planning.
>
> 3b. To give recommendations on how these barriers and facilitators can be integrated in WP4 to WP6.

Following this path and methodology we will be able to achieve the main objectives of WP7:

- To generate stakeholders buy-in and to emphasize that the sustainability of the Health Workforce is needed to ensure the sustainability of health systems.
- To make sure that the Health Workforce Planning initiative will be financed on both European and national level. On the European level, it should be clear that there is a European dimension in health workforce planning. On the national level, health workforce planning is necessary for sustaining the national health systems.
- To maximize the uptake of the initiative on European as well as national level. The success will be highly dependent on the level of participation.

6. Conclusions

Though the Workshop of WP7 held on 3rd and 4th September 2013 in Sofia, we already identified a large number of activities to handle **after the JA** in all directions.

- On the **Network of experts**:

We recognize a difference between 4 to 6 categories of technical expertise skills & policy experts requesting difference in networking, though we tend to recommend creating only one network of technical experts, with a strong management allowing each category to be addressed on its own topics on a regular base. We will build up a matrix-like list of experts; we will match names with types of expertise, and add additional columns highlighting the profession of each expert. We will then propose a networking scheme, encompassing the current networks, with at least the following goals:

- To follow-up the recommendations on HWF and especially out of the JA;
- Make sure the technical experts provide input to policy makers;

- Provide data / Evidence based evaluation of policy / Observatory role;
- Knowledge Management / Sharing & Internal Consultancy throughout EU.

The preferred ways of gathering a network are also variable according to goals:

- Platform type;
- Conference, seminar type;
- Policy dialogue type;
- Workshops.

- On the **Handbook & Guidelines**:

We agreed on the process to switch in 2016 from the WP5 handbook to future development, with open source concept (to the usage of the network of experts) and the setup of a Quality Assurance process. We recognize the need of very basic tools for the starting countries. We still have the expectation to evaluate fast after the basic level is implemented

- **On Policy making**, we can artificially group the inputs into 3 large categories, which we agreed to use as chapters for the first delivery:

- Lessons learned
- Extending the models up to Management Information Systems
- Data collection and update implementation

Based on previous projects, several research results, professional experience of the JA team members and on the current social-economic developments in Europe, we can argue that it is urgently required for the EU to stimulate, facilitate, evaluate and support cost and quality effective health work force planning and forecasting strategies.

Within the activities of the Joint Action, we strongly believe to contribute to the process of developing of such strategies. The results of the JA will throw more light on issues as innovative use of recruitment pools and re-recruiting, professional education and profiles. This will enable the process of bridging the gap between education and health employment. One of the advantages of the JA teams is the mix of experts, including academic people and universities. In this regard we can discuss and explore how to implement innovations on the job and between jobs, including adjustments of skill mixes in the field of health. The results of the JA will lead to further development of common guidelines for recognition of diplomas and licenses from the different countries and establishment of training equivalency recognition. This will at least improve the productivity with equal quality of the health care delivery in the different countries. Furthermore, the results of the JA can increase of understanding of global developments beyond the national strategies in order to plan and manage human resources for health in the EU internal market.

Co-Authors:

- Prof. Todorka Kostadinova
- Eng. Michel Van Hoegaerden

With the participation of:

Prof. Walter Sermeux, and Mrs Slava Penova, Elitsa Ilieva & Nikolina Radeva

APPENDIX 1: High level plan of the technical deliverables

WP	Nr	Title	Sub-deliverables	Month of delivery
4	D04	Deliverables to support existing data collection	D041 Report on terminology mapping	15
4			D042 Report on mobility data in the EU	24
4			D043 Report on HWF planning data	30
5	D05	Deliverables on quantitative methodologies	D051 Minimum planning data requirements	7
5			D052 Handbook on planning methodologies	18
5			D053 (part of D024)Web portal on HWF planning methodologies	22
5			D054 Report on WP5 pilot study experiences	36
6	D06	Deliverables on qualitative methodologies	D061 User's guidelines on estimating future needs	14
6			D062 Report future skills & competencies	30
6			D063 (part of D024) Web content on horizon scanning	30
6			D064 Report on WP6 pilot study experiences	36

APPENDIX 2: Milestones

Nr	Milestone	Month of achievement	WP responsible	Specific objective / Action
7.1	Sustainability expertise	10	7	6.1, 6.2
7.2	Finalization of advice on circular mobility and following steps	22	7	6.1, 6.2
7.3	Final out roll & next steps	36	7	6.1, 6.2