

Speech Christiaan Decoster – JOINT ACTION ON HEALTH
WORKFORCE PLANNING & FORECASTING – PLENARY ASSEMBLY
– MADRID MARCH 23rd, 2015

Honorable Minister, Dear Colleagues,
Dear Assembly,

Last year in Bratislava, I proudly renewed Belgium's engagement toward Health Workforce Planning, through national research efforts, and through leadership of the European Joint Action on Health Workforce Planning and Forecasting. Today, 14 months later, I take stock of the work which has been accomplished but I would also like to underline the need for more action, more research and more joint activities. Today I am not only proud of this Joint Action. Today I will not only insist on the work which still has to be done. Today I'm calling all partners to further engagement toward the sustainability of our health care systems, toward a good public and private management of our facilities and resources to the benefit of health care and toward the courage to take action by innovation and by looking over the horizon.

Health workforce issues are key to obtaining and maintaining Universal Health Coverage.

Health workforces are essential to the implementation and use of new technologies, to populate Health care facilities and to research new pathways into addressing emerging health care problems. Health care personnel is key to cure, and health and social workers are there to care.

Our role as public managers is diverse: planning, sponsoring innovation, monitoring, proposing action on a political level, applying decisions and evaluating the impact of these decisions. All those actions are of equivalent importance, but bad planning has a stronger impact, and no planning at all can be as destructive as bad planning.

Especially concerning the health workforce, who here believes that the market will sort itself out and create and fill in the open positions? The dynamics of our systems clearly show us that changes occur faster than the production and re-training of our health care resources. The employment statistics clearly tell us how important the health and social care sector is and how important the dedication of these workers is. This could all be endangered by wrong decisions. Many studies directly link the results of healthcare systems to the size of the available workforce, the working conditions and the competence level of each individual health care professional.

My country took the route of healthcare workforce planning a long time ago, leading to improved monitoring, intense discussions between professions, and year-by-year prognoses and reshaping of the workforce. From a few simple models, we built a professional unit supported by a constant dialogue throughout our diverse administrations, stakeholders and institutional levels. Where are we now? We came to the conclusion that we needed even more monitoring, consensus, regular data collection and synchronization between departments. Today we provide better and more evidence based advice to our national policy makers than in the past, but that is not the most important conclusion. For years now, we have kept the attention on human resources for health care. We have created a dialogue between education, health care and social security. We provided the policy makers with material that enabled them to think further than the horizon of their political mandate.

From the experience we have had in our country, I cannot tell you it is an easy job, but I can tell you it is a necessary, feasible and useful job.

Looking back at my diverse experience in all health care sectors, especially in healthcare facilities, taking into consideration the

threats and opportunities in the health care sector, and considering the many policies that influence the viability and performance of our systems. I call for more health workforce planning, as part and parcel of an improved health system planning.

Planification of the health care workforce is, for many reasons, not an easy task. I will sum up five golden rules to which a planification system must comply.

1. NEED FOR TOOLS

Firstly, you must have access to good tools and criteria. For a long time, we planned in terms of individuals who are allowed to exercise the profession. Today, we are building a system we call the dynamic register: in this system we couple the register for a profession to their activity. This will lead to a more refined planification.

2. NEED FOR STUDYING MACRO & MICRO

Secondly, you can define the need of a global quota for a profession, but there is also the possibility to work in a more refined way, and thus by sub-specialization. Of course, this is a more difficult task with all the inherent risks involved. The quota for a given profession and the different sub-quotas within this profession need to be aligned.

3. HEALTH CARE SYSTEMS GOALS RULES

Thirdly, behind these quota's and sub-quota's lie diverse hypothesis that have to do with which health-care policy we wish to implement. It is therefore important to have a coherent policy with on the one side the global health-care policy, and on the other side the policy with regard to the professions, taking into consideration primary as well as secondary care.

4. POLICIES MUST BE ENFORCED

Planification has to be enforceable, and this is the reason why an enforcement policy must be in place. Not respecting the planification, whether it is a surplus or a deficit, makes the system unreliable.

5. PLANNING IS A LEARNING PROCESS

Lastly, planification is a process in which we learn constantly. We learn from our experiences and guide where needed. The analysis and the quality of the data improve with every planification we do, and this in turn improves the reliability of our projections.

This Joint Action has already achieved a lot, and not only the deliverables which will be on the table in the coming days, but in sustaining a dialogue between many experts in the field of health workforce. I am sure the Joint Action will deliver more successful pilot projects, more data analysis and very useful policy briefs in 12 months' time. At the end of the Joint Action, Work Package 7 on sustainability it will issue many recommendations and you may count on my country to push these forward at the European level. But I can also tell you my strong belief that there is a need for more actions: actions that look at health system planning.

In the pure health workforce field, there is a need to study and collect good practices in planning. These good practices are of the utmost importance in fields of health-care for which there are severe unbalances, one example that comes to mind is mental health care. There is also the need to take a closer look, together, at major trends in health workforce which have already been identified in the excellent reports provided by our UK partners. A few examples are the impact of eHealth, new roles in primary care, and many others. Last but not least, we need to fill the gap

between our countries and achieve the health system self-sustainability proposed by the WHO Global Code of Practice, and help health workforce planning emerge in those Member States that are currently struggling to put such methods in place.

To reach all these goals, I call for a continuation of the work we have performed together in this joint Action, and the many others supported by the EU Commission, which I would like to thank for the very important role they have played.

Honorable Minister, Dear Colleagues,
Dear Assembly,

You have heard my rather passionate call for more action, a better perspective and further collaboration at EU level.

I'm already looking toward the future, but the immediate future is this second plenary assembly of the Joint Action on Health Workforce Planning & Forecasting, which will formally present to this assembly the results so far, and offer the opportunity for dialogue between the many stakeholders here today.

I'd like to thank my own team for organizing it, all the partners of the Joint Action for helping with the production of the valuable work which will be presented. I also warmly thank the Minister of Health of Spain and the team of the Ministry for offering to host the Joint Action today, and for their continuous contribution to the work.

Now, I have the pleasure to declare the Plenary Assembly open.
