



Joint Action Health Workforce  
Planning and Forecasting

## STAKEHOLDER FORUM ON IMPROVING OUR DATA COLLECTION & KNOWLEDGE ON PLANNING METHODOLOGIES TO FILL THE NEEDS OF STAKEHOLDERS

23.03.2015

**Table 1: Cost & Planning of HWF**  
**Moderator: Isabella Notarangelo**

### Issues to debate:

- Is budget stronger than planning ?
- Looking for medical performance from a patient perspective and from a financial perspective is not the same. How can we then set planning targets ?

### List of the attendees

Nº	Name	Country	Organization	Function
1.	Giulia De Ponte	IT	AMREF Italia	European Advocacy Coordinator
2.	Stefka Koeva	BG	Medical University of Varna	Head of Department of economics and health care management
3.	Nkolina Radeva	BG	Medical University of Varna	Expert international projects and programmes
4.	Jamie Wilkinson	EU	PGEU	
5.	Diana Fernandes	EU	European Junior Doctors	EJD Chairperson
6.	Frauke Gundlach	EU	European Junior Doctors	Contact WP6
7.	Isabella Notarangelo	EU	HOPE	Health Economist
8.	Milena Santric Milichevic	SB	University of Belgrade	Assoc. professor
9.	Monica Teran	ES	Spanish Medical Council	Head of delegation
10.	Nina Bernot	EU	Council off European Dentists	Head of office

### Feedback

- Investing in promotion and prevention and calculating the ROI (Return On Investment) of strategies on prevention and promotion:
  - to use resources for health in a more effective way;
  - to convince policy makers in investing further on promotion and prevention.
- Investing first on professionals working in primary care and prevention:
  - they care patients on the territory;
  - to reduce the burden of in-hospital care spending.



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- Optimizing skills and competencies of HWF → *health professionals are valuable in terms of skills and competencies. For this reason it is advisable hiring them to conduct “clinical” activities (and not administrative/bureaucratic ones):*
  - Reducing unnecessary bureaucratic burden on HWF;
  - Measuring the workload linked to health outcomes.
- Health in all policies → *focus on budget - convincing policy makers that:*
  - Investing in health produces positive effects in long-term;
  - Using incomes from taxes on production and consumption of un-healthy products/behaviors;
  - Exploring new ways to gather resources for healthcare (e.g. structural funds).
- Promoting good practices implemented abroad (not only in EU!) to reduce Healthcare expenditure.

## Table 2: Education and Employment of HWF

**Moderator: Carsten Mohrhardt**

### Issues to debate:

- Which is the perspective of employers on Planning of HWF when shortage is a business risk and push the cost up ?
- Global shortages but local oversupplies – what to learn from the process of *numerous clausus*

### List of the attendees

Nº	Name	Country	Organization	Function
1.	Silvia Gomez	EU	EFN	Policy Advisor
2.	John Williams	IT	Association of Italian Chiropractor (AIC)	President
3.	Ines Czasny	AT	Gesundheit Österreich GmbH	Researcher
4.	Alessandra Spedicato	IT	ANAAO - Segreteria Nazionale AnaaO	Medical doctor
5.	Carsten Mohrhardt	EU	European Junior Doctors	EJD President (main contact)
6.	Mara Timofe		Cluj School of Public health	researcher
7.	Juan Cabanillas	ES	Regional Health Ministry of Andalusia	Head of service
8.	Armando Romanos	ES	Regional Health Ministry of Andalusia	advisor
9.	Esperanza Sanchez-Biezma	ES		



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### Feedback

- Public money groups and individual employers are across the health and care system
- Private employers, self-employed / employing, all with different access and flexibility towards education
- There would appear to be less flexibility in the private sector at times, where access and time is not set across the profession in a standardised way.
- There are challenges identifying the workforce in the private sector which makes planning harder
- 'Numerus clausus' on its own is not sufficient for planning, there are wider considerations and levers that must be considered / used

### Table 3: Health professionals and patients perspective

**Moderator: Sarada Das**

#### Issues to debate:

- HWF are all human – not numbers on a planning ! – Are limitation of intakes legitimate from a health worker perspective
- Are they good practices in involving patients ... Or are we waiting for Apple/Google/Samsung/... to rule the interaction.

#### List of the attendees

Nº	Name	Country	Organization	Function
1.	Baiju Khanchandani	IT	Association of Italian Chiropractor (AIC)	Vice president
2.	Attila Sarvary	HU	University of Debrecen	Faculty of health
3.	Daval Bertrand	EU	European Union of Medical Specialists	General director
4.	Carsten Mohrhardt	EU	European Junior Doctors	EJD President (main contact)
5.	Sarada Das	EU	Standing Committee of European Doctors	EU Policy Advisor
6.	Konstanty Radziwill		CPME	
7.	Alberto Silva		Int. federation of med. Students association	
8.	Maurizio Cappiello	IT	Assomed	
9.	Carlos Mediano	ES	"Health workers for all" project	Spanish coordinator

### Feedback

- Patient involvement is lacking in planning across the EU in general and could be improved
- There is a need to understand outcomes and gain feedback
- The Patient and Health Professional relationship is constantly changing and should be strengthened to withstand more upcoming changes in the future



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- The intake of workforce and the context of health care delivery in different environments will impact this
- General skills away from single disease oriented services is needed, to health promotion skills being required more and more in health professionals available skillset
- Health literacy and empowerment of patients cannot be avoided
- There will need to be capacities planned to enable to the health workforce to acquire and deliver this to patients
- New roles such as Physician Assistants / Associates should be welcomed and maintained where they make sense and can assist
- Private funded institutions should not be able to bypass the public mechanisms and requirements if equal and consistent delivery is to be achieved



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