



WP4 "Filling the gaps" Workshop

Limitless proceedings **Essential principles of HWF** Planning Data Gap analysis

ESZTER KOVACS

Health Services Management Training Centre Semmelweis University

Budapest, 18h June 2015



D043 - general information

D043 delivers the results of Activity 3 of WP4

12 MSs involved

Title: A better understanding by MSs of the gaps between data they currently collect or use and the data they should have available for proper HWF planning on national level

Basis: EC Feasibility study 2012, minimum key indicators defined by WP5, D043 Country Template







D043 - general information 2.

Objective:

- 1) to identify causes for not collecting data and/or not using existing data for HWF planning purposes
- 2) to map practical problems of data collection and the involvement of national data collecting authorities

We concentrated on HWF Planning Process and Data



 The report identifies the gaps between currently collected data by MSs and the contents of the proposed MDS (GA)





Structure of D043 - planned content

JA standard report structure

Introduction

Results

Objectives Methods

Conclusions

Recommendations





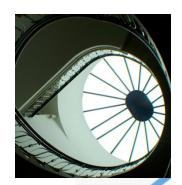
Structure of D043 - planned content 2.

- JA standard report structure Glossary, Executive summary, JA framework, Reading path
- Introduction brief summary on HWF Planning continuum and the principles of the D043 report
- Objectives focus on revealing barriers, critical points in HWF planning-related process and data in 12 EU countries
- Results
- Conclusions
- Recommendations for national level and EU/international level
- Annexes definitions, methods of Activity 3 work, Country Summaries

Note: in blue first draft available







D043 - methods and frames of the analysis

- Literature review (pre-defined)
- Advanced desk search (online databases)
- All JA materials (i.e., country templates, survey content, draft reports, meeting materials and newly published JA approved materials)
- Country Summaries (prepared by WP4)
- Country Templates (January-March 2015)
- Rome and Budapest WP4 WS (all WS in the JA)
- Problem-based approach

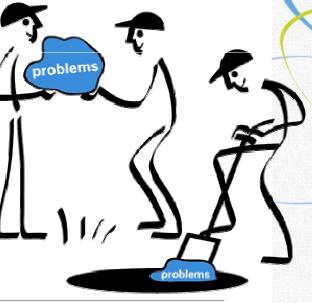




Problem-based approach

- active learning centred process
- investigation of any real-world problem
- open-ended, context-specific problems
- discovers meaningful solutions
- core lies in collaboration, personal reflections and teamwork
- explanation of prior country knowledge
- knowledge construction
- dialogue of experiences and reflections
- foster multiple ways of understanding

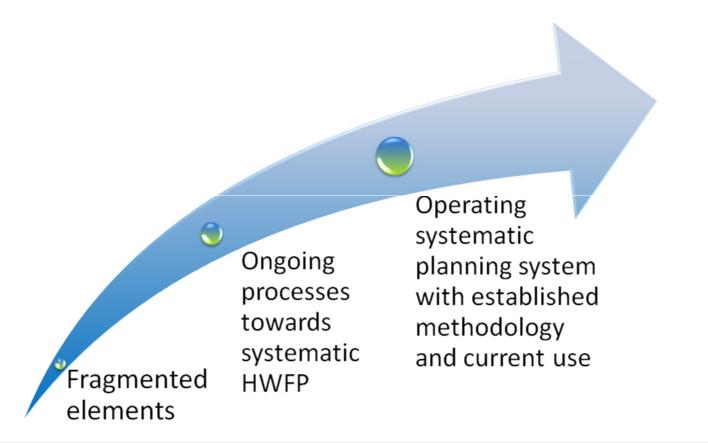








D043 starting point HWF planning continuum





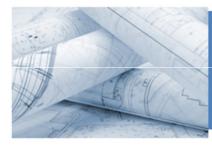


D043 analysis on HWF planning systems



Systematic HWFP

Belgium
Finland
Germany
Spain
The Netherlands



Towards systematic HWFP

Iceland Italy Hungary Portugal Poland



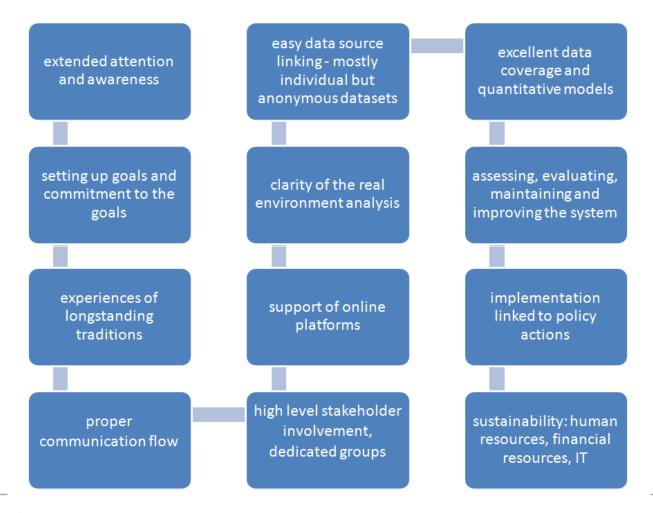
Fragmented elements in HWFP

Greece Slovakia





D043 results on Elements of systematic, proper and comprehensive HWF planning







D043 results on clustering



Systematic HWFP

Belgium Finland The Netherlands Spain Germany



Towards systematic HWFP

Systematic HWF monitoring with HWFP mechanisms

Hungary Poland Slovakia Portugal Italy Iceland Greece





D043 results 2.

Trends that matter in HWF Planning

- structural imbalances
- **shortages** in certain subspecialties, geographical areas
- ageing rate of elderly population also among HPs steadily increasing
- paying attention to **training** capacity sufficient supply
- mobility trends affect significantly the operation of domestic HWF
- economic crisis





D043 results 3.

Medical doctor workforce monitoring, forecasting and planning are the most frequent

Overview on the current and future possibilities of HWF Planning

	Doctors	Dentists	Nurses	Midwives	Pharmacists
HWF monitoring	12	9	12	11	10
HWF forecasting	9	6	5	5	4
HWF planning	8	6	6	5	6

Table 1 Prevalence of HWF monitoring, forecasting and planning measures (Nr of countries)





D043 results 4.

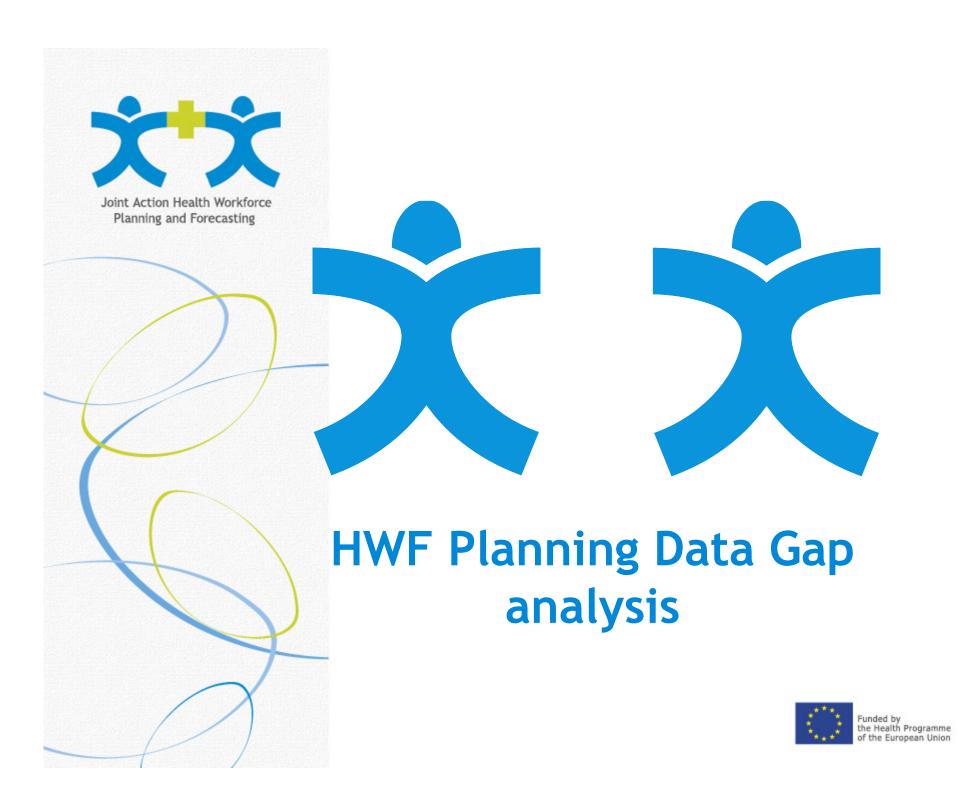
To assess the feasibility of having/enhancing national HWF Planning to adapt the supply to the variations of demand in their country in a 4 point Likert scale

HPs	Mean	S.D.	
Doctors	3.50	0.67	
Dentists	3.25	0.97	
Nurses	3.33	0.78	
Midwives	3.09	0.94	
Pharmacists	2.50	1.17	

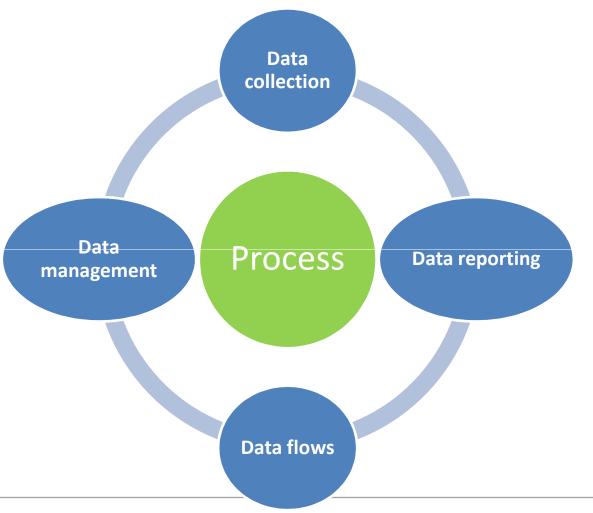
Table 2 Assessment of enhancement/development possibilities regarding HWF Planning







HWF Planning Process

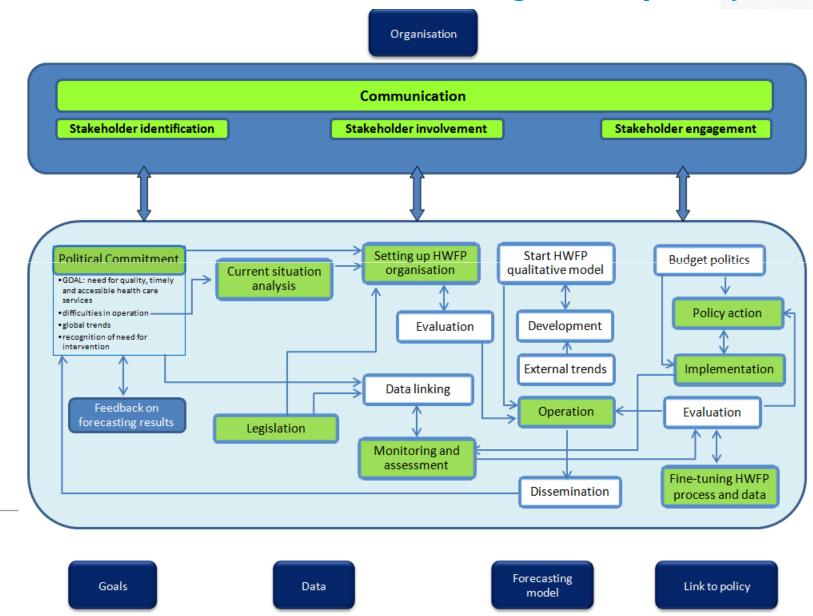






D043 starting point - Flow chart Processes influencing Data quality

Planning and Forecasting



D043 results HWF Planning Process gaps

Factor	1 never	2 few times	3 sometimes	4 often	5 regularly	Weighted frequency score	Mean
Lack of resources (e.g. financial, HR)	••	••	••	••	••••	28	3.33
No tracking of shortage or surplus of HWF (e.g. role of HWF mobility)		••	•••	••		26	3.17
Level of planning – complicated regional and/or national, not structured planning system		••••	•••	•••		24	3.00
Unclear roles of actors – shared responsibilities	•••					19	2.50
No consideration of supply- demand side in HWFP (e.g. training, educational places not considered for long-term)		••				18	2.58
Information flow failures – institutions involvement, coordination difficulties				•		18	2.50
Lack of collaboration at EU/international level						15	2.25
Low level of Stakeholder engagement – convincing decision makers faces difficulties						12	2.0
National legislation, regulation- related lacks or difficulties (mandatory vs. voluntary)						9	1.75





D043 results HWF Planning Process gaps

Factor	Weighted impact score
i) Lack of resources (e.g. financial, HR)	13
b) No tracking of shortage or surplus of HWF (e.g. role of HWF mobility)	13
g) Level of planning – complicated regional and/or national, not structured planning system	11
e) Unclear roles of actors – shared responsibilities	8
 a) No consideration of supply-demand side in HWFP (e.g. training, educational places not considered for long-term) 	7
f) Lack of collaboration at EU/international level	6
c) Information flow failures – institutions involvement, coordination difficulties	5
d) Low level of Stakeholder engagement – convincing decision makers faces difficulties	3
h) National legislation, regulation-related lacks or difficulties (mandatory vs. voluntary)	2





See also in your folder

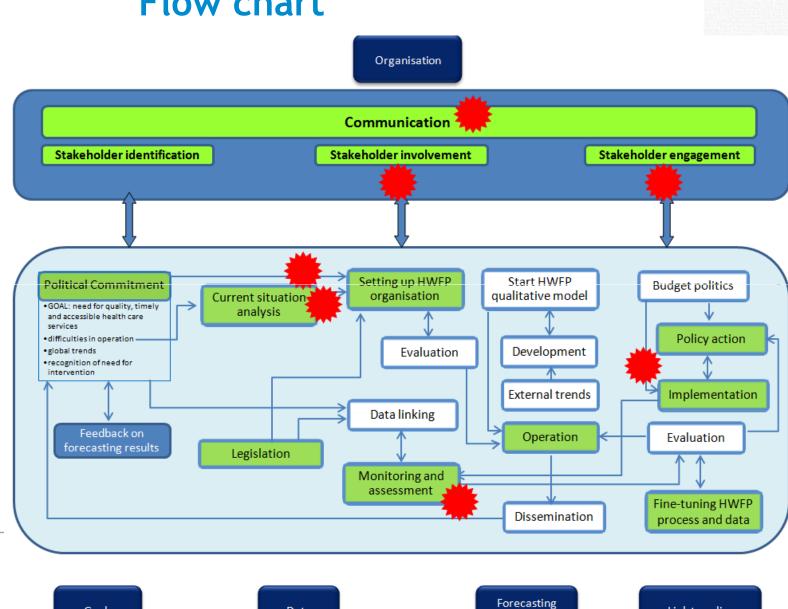
PREREADING

Top limitation factors identified		Weighted frequency score	Mean	Weighted impact score			
1	Lack of resources (e.g. financial, HR)	28	3.33	13			
2	No tracking shortages and surplus of HWF (e.g. role of HWF mobility)	26	3.17	13			
3	Level of planning – complicated regional and/or national, not structured planning system	24	3.00	11			
4	Unclear roles of actors and shared responsibilities	19	2.50	8			
5	No consideration of supply and demand side in HWFP (e.g. training, educational places not considered for long-term)	18	2.58	7			
6	Information flow failures – institutions involvement, coordination difficulties	18	2.50	5			





D043 results on limiting factors Flow chart





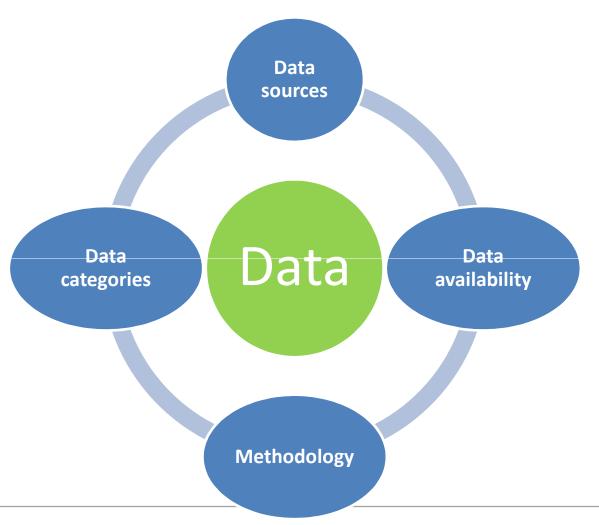






Link to policy

HWF Planning Data







D043 results HWF Planning Data gaps

Similarly to HWF Planning process gap analysis

Factor	1 never	2 few times	3 sometimes	4 often	5 regularly	Weighted frequency score	Mean
Non-available data (e.g. FTE or Headcount)	•	***	••		•	26	3.17
Lack/Misuse of models/methods/data						24	2.91
No good quality data (lack of valid, reliable data)	-					23	2.92
No use of qualitative data	•			-		23	2.92
No complementation of quantitative data with qualitative data (lack of triangulation)	•	••••		•	••	23	2.92
No data source linking						22	2.83
No exact data but estimates/sample based data	•					20	2.67
No up-to-date data (timeliness)						18	2.33
No accessible data (privacy)		•				17	2.42
No clear definitions for key indicators				•		16	2.33
No clear categories (e.g. for specialisation)						9	1.75





D043 results HWF Planning Data gaps

Factor	Weighted impact score
Non-available data (e.g., FTE or Headcount)	13
No good quality data (lack of valid, reliable data)	12
No up-to-date data (timeliness)	10
Lack/Misuse of models/methods/data	9
No use of qualitative data	9
No clear definitions for key indicators	7
No complementation of quantitative data with qualitative data (lack of triangulation)	5
No data source linking	3
No accessible data (privacy)	2
No exact data but estimates/sample based data	2
No clear categories (e.g. for specialisation)	1





See also in your folder

PREREADING

	KEKEADITO						
	Top limitation factors identified	Weighted frequency score	Mean	Weighted impact score			
1	Non-available data (e.g. FTE or Headcount)	26	3.17	13			
2	Lack/Misuse of models/methods/data	24	2.91	9			
3	No good quality data (lack of valid, reliable data)	23	2.92	12			
4	No use of qualitative data	23	2.92	9			
5	No complementation of quantitative data with qualitative data (lack of triangulation)	23	2.92	5			
6	No data source linking	22	2.83	3			
7	No exact data but estimates/sample based data	20	2.67	2			
8	No up-to-date data (timeliness)	18	2.33	10			





Aim of the WS

- To discuss the findings
- To validate the main gaps

To find the way out

















