Please, **consider the below questions** in order to provide a quick overview about your national Health Workforce Planning and Forecasting for the discussion for the Rome WS.

**Following up the latest changes, developments and completing the information** of country profiles provided in the EC Feasibility study (2012) and country case studies in JA deliverables D041-D051-D052-D061, the discussion aims to

* **reveal the current practical problems, critical points of HWFP,**
* **the feasibility and availability of HWFP,**
* **the systematic use of elements of HWFP (data and process).**

With the discussion WP4 attempts to **verify the questions need to be raised and understood regarding HWFP gaps** in different MSs. As the next task, WP4 will conduct a detailed survey-based analysis on the **daily practice and scope of the application of HWFP data and process-related elements** in order to overcome difficulties and make HWFP structures and models work or develop them to be more effective, close to real-life practice.

1. How/Do you distinguish HWF monitoring, planning and forecasting in your country?
2. Do you conduct systematic Health Workforce Monitoring, Planning and Forecasting in your country? What actors shall play a role in the process? Is HWFP an organized and structured activity at national/regional level in your country?

*If yes*: What strengths/limitations, benefits/barriers do you see in HWFP of your country? (*c.f.* responsibilities, roles, tasks, aims, regulations)

*If not*: What initiatives and aims are focussing on building HWFP&F in your country? What level of HWFP&F is needed/relevant in your country?

1. Do you use/link databases in HWFP&F?

*If yes:* What good/bad experiences you have in data utilization, merging?

*If not:* could any data be used for planning purposes? Why do you experience difficulties in data utilization? How could data/data linking be improved?

1. Can you recognize the major imbalances in HWF and evaluate the supply and demand for healthcare? Can you analyse these imbalances? (WP5 defined scope for the MDS for HWFP)
2. What difficulties do you experience in providing data on key planning indicators, e.g., health production, health consumption, HWF mobility, overall coverage of HWF, cost aspects of the current HWF, imbalances of quality, unmet needs of domestic production?
3. Can you provide valid and reliable data for the following categories? (Please, double check your WP5 template on HWFP systems and models if you participated in that activity)

|  |  |  |
| --- | --- | --- |
| Areas | Supply | Demand |
| Category | Labour force | Training | Retirement | Migration - Inflow  | Migration - Outflow  | Population | Health consumption |
| Profession |  |  |  |  |  |  |  |
| Age |  |  |  |  |  |  |  |
| Head count |  |  |  |  |  |  |  |
| FTE |  |  |  |  |  |  |  |
| Geographical area |  |  |  |  |  |  |  |
| Specialisation |  |  |  |  |  |  |  |
| Country of first qualification |  |  |  |  |  |  |  |
| Gender |  |  |  |  |  |  |  |

Note: Minimum planning data requirements from D051

1. How feasible is HWFP&F? What are the practical problems, critical points regarding data? What are the practical problems, main difficulties regarding the process?

 **Glossary**

**Health professional mobility**: Any intentional change of country after graduation with the purpose and effect of delivering health-related services, including during training periods. Mobility impacts on the performance of health systems by changing the composition of the health workforce in both sending and receiving countries (distribution of HPs), it also affects the skill-mix since skills travel with the mobile health professional (Wismar et al. 2011)

**Health workforce monitoring**: performing analysis on the current situation and aiming at responding to the challenges posed by the current situation (D052), data on the current and future health workforce are collected to monitor performance and forecast (EC Feasibility Study, 2012)

**Health workforce planning**: ensuring the right number and type of health human resources are available to deliver the right services to the right people at the right time (Birch et al. 2009). Strategic planning: over the longer term direction of the health system, including resource allocation, system characteristics and ensuring a sustainable health workforce (EC Feasibility Study, 2012)

**Health workforce forecasting**: the required health workforce to meet future health service requirements and development of strategies to meet those requirements (D061)

More in detail: descriptions and projections of possible and plausible future situations, estimate future needs for people and competences by reference to corporate and functional plans and forecasts of future activity levels; estimate the supply of people by reference to analyses of current resources and future availability, after allowing for wastage. The forecast will also take account of labour market trends relating to the availability of skills and to demographics (Amstrong, 2000)

**Health production**: it is the maximum output of healthcare services that can be produced out of a given combination of human resources and non-human resources (WP5 glossary)

**Health care consumption**: annual consumption of health care goods and services in various health care establishments, ongoing healthcare use of agencies, reliance on the health system, requires knowledge about patterns of healthcare contacts in various settings and costs across various agencies during – mostly – annual periods (specific types: readmissions to hospital, length of hospital stay, referral to long-term care, special units). Healthcare cost is one aspect of health care consumption, and care-seeking behaviours vary across different socioeconomic groups (Kristensson, 2008)

Health consumption expenditures include all personal health care spending, government administration and the net cost of private health insurance, and public health activities (National Health Expenditure Accounts Methodology Paper, 2010)

**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 (WP2 Glossary)

**Population needs**: Population healthcare needs are the requirements at the individual, family, community and population level of care and services to achieve physical, cognitive, emotional, social wellbeing, taking into account the broad determinants of health (D051)

**Unmet need**: measuring difficulty of access to health care due to various factors, the total self-reported unmet need for medical care (medical examination or treatment) for the following three reasons: financial barriers + waiting times + too far to travel (ECHIM). Forgoing any types of care because they were not available or not easily accessible, the individual could not afford to (costs), waiting lists, and travelling-related problems, or the individual wanted to wait to see if the problem got better on its own, did not know any good doctor, fear of care, and could not take the time off work (Allin & Masseria, 2009)

**Healthcare quality**: quality in health care, health systems, and the outcomes they produce, achieved for both individual service users and whole communities, there are six dimensions of quality: effective, efficient, accessible, acceptable/patient-centred, equitable and safe (WHO, 2006)