



Work Package 4 Meeting
 Budapest, 13th and 14th of June 2013



WP5 kick off minutes

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Joint Action on European
Health Workforce
Planning and Forecasting



WP5 Actions, Milestones and Deliverables

ACTION 3.1 – Minimum data set

MILESTONES 5.1 = Agreement on the minimum data set => **October 2013**

DELIVERABLE D.051 = Minimum planning data requirements => **November 2013**

ACTION 3.2 – Exchange of good practices

MILESTONES 5.2 = Experts group conference on HWF planning methodologies
=> **January 2014**

DELIVERABLE D.052 = Report of good practices in planning methodologies => **September 2014**

DELIVERABLE D053 = Web portal on HWF planning methodologies (with WP2)
=> **January 2015**



WP5 Actions, Milestones and Deliverables

ACTION 3.3 – Defining and experimenting guide lines on HWF planning (cookbook)

MILESTONES 5.3 = Validation of the cookbook => **March 2015**

MILESTONES 5.4 = Start up of the Pilot studies => **June 2015**

MILESTONES 5.5 = Finalization of the cookbook => **September 2015**

DELIVERABLE D054 = Report on WP5 pilot study experiences => **March 2016**



The comprehensive model

We are going to built up a catherdral with stones and pillars, the comprehensive model is the cement.

It is necessary to distinguish between:

Planning system

the project which involves planning resources, stakeholders,.... and that produces results

Planning model

the elements taken into account in the planning

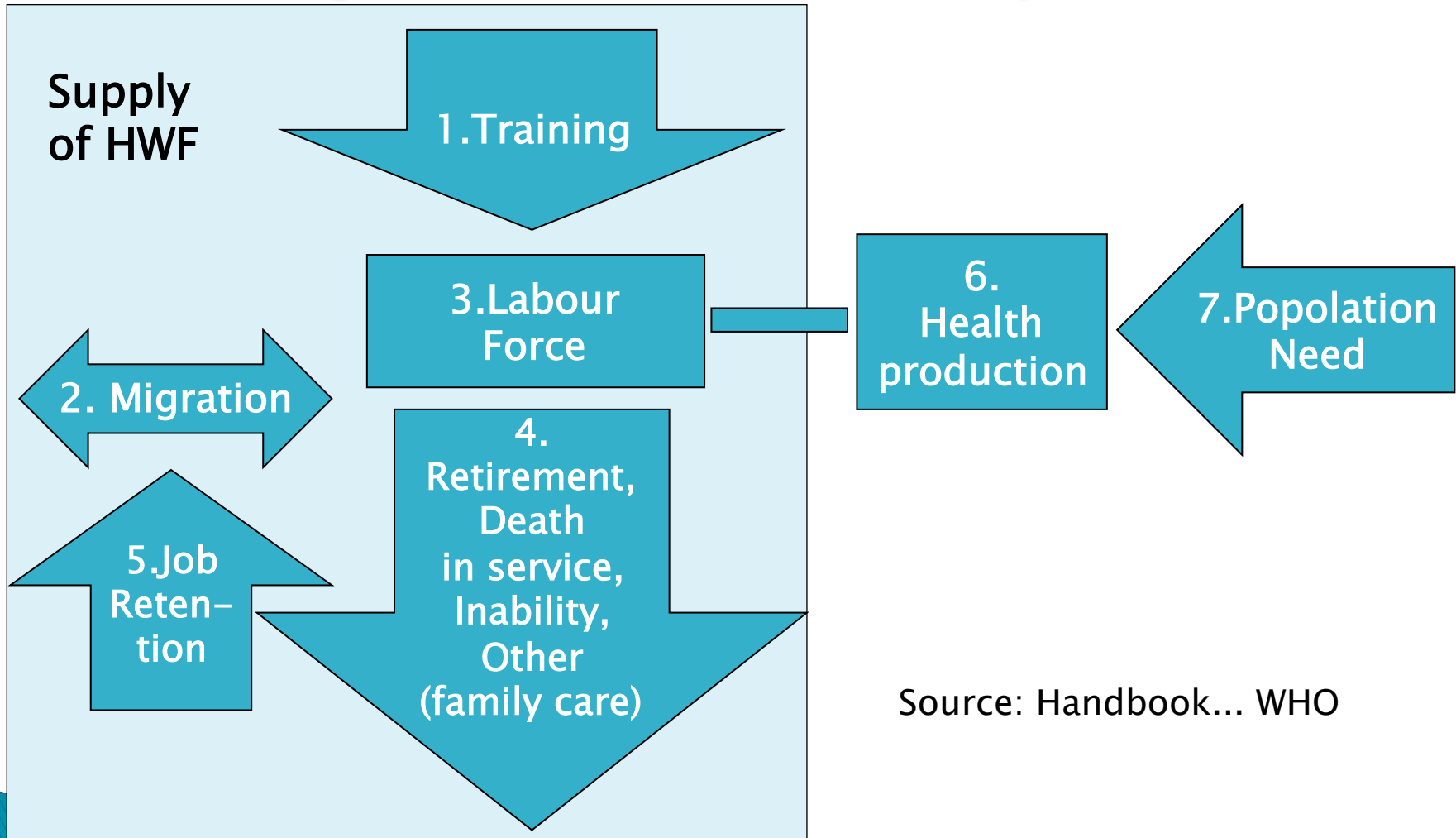


A. Planning system

1. Definition of the profession and sources of information.
2. The objectives of the planning system (determine outcome indicators).
3. Planning procedures (define planning model and process indicators).
4. National and regional legislation.
5. Actors and organization of the planning process.
6. Measuring the actual situation today (indicators).
7. Set reference values (indicators).
8. Forecasting (time horizon, frequency).
9. Determine actions for reaching the reference values.
10. Resources for planning.
11. Measure benefits of planning (outcome indicators).



B. Planning model of the HWF system



Source: Handbook... WHO



Recommendations from OECD (Michael Schöenstein)

1. Health workforce planning is not an exact science; it needs regular updating.
2. Need to know where you are before you know where you are going (good data about current situation is a prerequisite to projections).
3. Health workforce projections should help avoid a “yo-yo” approach to “numerus clausus” by keeping an eye on the long term.
4. Supply-side improvements need to focus in particular on retention and retirement patterns (revisit previous assumptions).
5. Demand-side remains the most difficult and complex; need to focus on possible impact of health service delivery reforms.
6. Need to gradually move from uni-professional to multi-professional workforce planning.
7. Need to strengthen links between health workforce projections and health expenditure projections (based on different scenarios) .



Some lessons learned from OECD (M. Schönstein)

1. Forecasting should be carried out on the relevant level of governance.
2. Regional and national forecasting vs. international level actions.
3. Data (requirements) fundamentally different.
4. Costs and benefits of refinement
 - ✓ Supply-side: clear in structure but depth of data may be a challenge.
 - ✓ Demand side: simple worker/pop ratio may go a long way, anything beyond demands significant investment in data.



Next steps

WHAT	WHEN
Finalize the template based on the comprehensive model (with Italy's Case).	By June the 14th
Complete the first survey on HWF planning and forecasting in EU countries not WP5 partners.	By the end of August
Complete the survey on existing literature.	By the end of June
Outline the first draft of minimum data set based on literature review and on first survey of existing planning methods.	By the end of September
Agreement on the minimum data set (milestone)	By September the 26th
Write down the minimum data set final report (deliverable)	By november 2013



THANK YOU

