

Planning for the Pilot Study

WP5



Joint Action Health Workforce
Planning and Forecasting

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PLANNING FOR THE PILOT STUDY

1. The Joint Action on Health Workforce Planning and Forecasting

During the kick-off the 4:th of April 2013 the overview of the Joint Action on Health Workforce Planning and Forecasting was presented as follows.

The joint action will work towards:

- (1) better understanding of terminology
- (2) better monitoring of the HWF by access to timely data
- (3) updated information on mobility and migration trends in the EU
- (4) guidelines on quantitative and qualitative HWF planning methodology
- (5) increased quantitative and qualitative planning capacity
- (6) estimation of future skills and competencies needed in the health workforce
- (7) a platform of cooperation to find possible solutions on the expected shortage of HWF
- (8) a higher impact of HWF planning and forecasts on policy decision making

Although most EU countries have a part of the project, seven countries are responsible for the workpackage. The workpackages are divided in core and horizontal where the core work packages will produce proposals and the the horizontal work packages are responsible for project management.

- Three horizontal work packages
 - WP 1 Coordination (Belgium)
 - WP 2 Dissemination (Slovakia & EHMA)
 - WP 3 Evaluation (Finland & MT)
- Four core work packages
 - WP 4 Data for HWF planning (Hungaria)
 - WP 5 Planning methodology (Italy)
 - WP 6 Horizon scanning (United Kingdom)
 - WP 7 Sustainability (Belgium & Bulgaria)

2. WP5: Exchange of good practices in planning methodologies of Health Work Force (HWF)

The main objective of the WP5 is "Exchange of good practices in planning methodologies of Health Work Force (HWF)". These "good practices" will come from the collection of methods in use by member countries and from the work within the Joint Action developed by WP4 and WP6.

To support the exchange of good practices the WP5 will (see appendix 1 for a more extended description):

- make a survey of existing planning methodologies in the member states that will be assessed by an expert group;
- define a minimum data set to use by the countries that starts a regular planning system;
- create a Web based portal to be used by professionals of HWF planning;
- create a set of learning packages, a "cook book", that can be used by a country that starts a regular planning system or that wants to expand their present planning system;
- apply the "good practices" in reality in a Pilot Study in order to gain practical knowledge of the usefulness and to collect useful advices for other countries that will start a regular planning system.

3. The Pilot Study

The Pilot Study will:

- work on a fixed term project to support national authorities in the implementation of models, procedures and tools, following the handbook;
- create a Steering Committee to be tasked with strategic control of the pilot study through regular meetings in which the persons responsible for the implementation of the project will inform the Committee on the progress of the works, on any problems identified and possible actions to be taken;
- write a report on the pilot experience;
- check the value of the implementation and make suggestions to improve it, together with the WP7. Eventually act to improve it (after the Joint Action).

In May 2013, two countries that volunteered for the Pilot Study: Italy and Portugal.

In September, representatives from the two countries agreed that the planning of the Pilot Study was to be made in autumn 2013 in order to be able to prepare the Pilot study during the whole year 2014 and to start the detailed programming at the beginning of 2015 and the operations in June 2015 with a kick-off meeting. The reason for this long period of preparing the operations is the need to guarantee resources, to prepare the stake-holders and to exchange methods between the two countries.

In Italy the Pilot Study will include the Ministry of Health and the Regions. Even if the project aims at including all Regions, it is possible that there will be a "core" of Regions that will be more active in the project, the "Players" (the other Regions will be Supporters and Followers).

The Players are Regions that:

- will experiment the pilot study in 2015;
- will be promoting the project among local stakeholders involving them in a regional coordination table;
- will ensure a strong commitment throughout the project.

The WP5 Italian team will promote and support the work of the Players during the project and will seek to ensure the participation of both Regions from the North of Italy, as well from the Center and the South. The Portugal team will be working on national/regional level as decided during the project.

4. The organization of the Pilot Study

The main difficulty with a practical application of a complex method, such as the planning of the need of Health Work Force in the future, is the number of subjects involved. The Dutch experience has shown that mutual trust between the different stakeholders and the balance between the various interests takes years to create. Some of the data needed for the simulation model may also take some years to create and to agree upon. This means that the "theoretical model" has to be created well in advance of the Pilot Study in order to be able to communicate with the stakeholders and to build up a team.

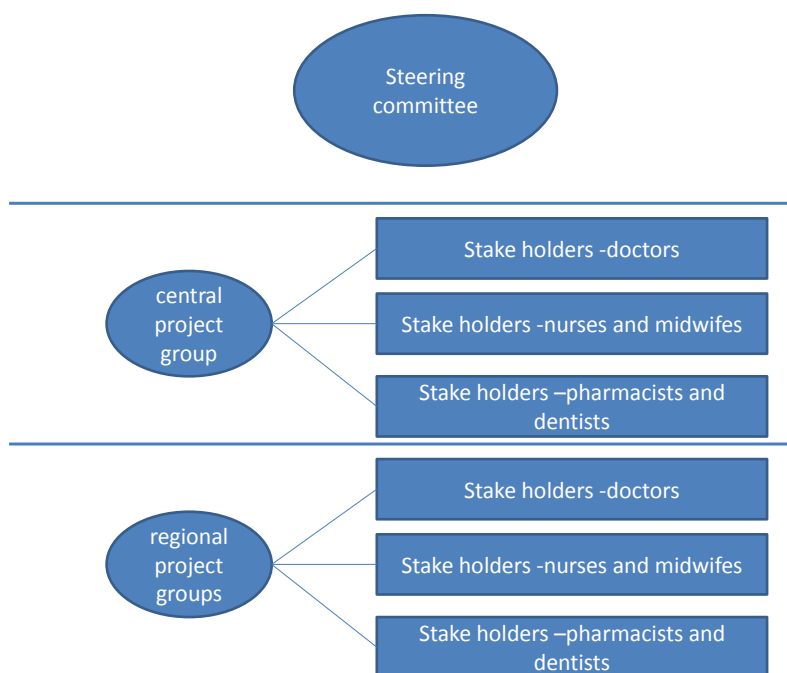
The team will be composed by:

- (1) a small project group that will coordinate all the activities, make the data collection and the simulations that will produce the forecast;
- (2) a group composed by the stakeholders that will discuss the planning model, the forecasting model and the results. This group will certainly contain representatives of the National Health System and of the Professional group involved (see the Dutch model).

We think that in a country like Italy, where the responsibility for the health care is divided between a National level and a Regional level, is it important to create a team in each Region that is participating and one team on the National level. In a country with a more simple structure like Portugal it will be sufficient with one national level.

The professionals included in the Joint Program are five: doctors, dentists, nurses, midwives and pharmacists. It is required that all five professionals are covered by the Pilot Studies. As the stakeholders are slightly different for each profession, it might be necessary to create more than one group with stake holders. This has to be discussed with the two participating countries as each stake holder group needs resources to be organized and kept alive. Depending on the length of education, could be possible to treat doctors in one group, nurses / midwives in another and pharmacists / dentists in a third. The project in a country like Italy could thus be organized as figure 1, while in Portugal it could be enough with one level.

Figure 1 Scheme for the organization of the project



The Steering committee has the responsibility to coordinate the activities in the two countries and to guarantee the connections between the other work-packages involved (WP7 for the future, WP1 for the overall project coordination, WP5 as the responsible for the Pilot Study, Portugal, two Italian Regions as responsible for the applications, EFN, PGEU and ENMCA). The Steering committee will meet once every three months and will approve all documents regarding the Pilot Study.

The central project group of each country will be responsible for all the activities in the country, for the project plan and for the deliverables. As described above the project group will have two major activities: on one hand the coordination of all the planning activities, making the data collection and the simulations that will produce the forecast, on the other hand activating the stakeholders that will discuss the planning model, the forecasting model and the results. The stakeholders may be organized in three groups as of the picture above (doctors in one group, nurses / midwives in another and pharmacists / dentists in a third). If there are regional project groups, they will be coordinated by the Central project group. In this case the central project group will have the competence to create accordance between the regional proposals.

The regional project groups will be organized much the same as the central project group as they will be responsible for producing the results that will be collected by the central project group. There will be a plan for the activities in each region with dates for the deliverables.

5. The programming of the Pilot Study

During the meeting in September it was decided to have a proposal of an Planning of the Pilot Study built on the experience from the WP6 Pilot Study. This proposal starts in November 2013 and covers the whole 2014 and 2015. Four months are used for Phase 1 (preparing the scope and the team), eight months are devoted to Phase 2 (Prepare content and outroll), eleven months are spent on Phase 3 (Roll out the pilot project), three month for Phase 4 (evaluation of the pilot project) and one month for Phase 5 (create the report on the pilot project).

This proposal, compared with the original proposal of the Pilot Study that starts with the subscription of the contract in October 2013, has the same duration but is more detailed in the description of the activities included in the first Phases.

On the basis of the two proposal we have made a new proposal to be shared by the participating countries and submitted to the WP1 for approval (see appendix 2).

6. Appendix 1 - The WP5 Project

WP 5. Exchange of good practices in planning methodologies

Scope: Promoting and supporting the use of quantitative model-based planning methodologies (both supply-side and demand-side) based on what is in use today or shortcomings in EU countries and a “good practices” evaluation. Health professions in focus are doctors, nurses, pharmacists, dentists and midwives (the five health professions covered by the Recognition of Professional Qualifications Directive). A handbook on best practices will be created and a movement towards planning in all MSs will be started up.

ACTION 3.1: MINIMUM DATA SET

A) Survey on literature

According to Feasibility Study “at the moment there is no agreement at the international level on minimum data requirements for health workforce planning”. Starting from Feasibility Study, we will investigate and analyze existing literature and international collaborations and initiatives (WHO and OECD minimum data set, ECHI and ECHIM project) dealing with the issues of HWF planning indicators and data in order to collect indications and advices about minimum data requirements for health workforce planning.

*Apr-13
Jan-14*

- 1) Survey on existing literature in english language
- 2) Review on existing literature in english language
- 3) 2nd survey on existing literature in different countries
- 4) Report on existing literature

B) Build up a theoretical model of HWF planning

Based on the first results of the literature review the group of WP5 partners will define a conceptual model of HWF planning. The model will contain explicit reference to items of the planning system and indicators og planning procedures.

*Apr-13
Jun-13*

- 1) First draft of conceptual model
- 2) Presentation and focus on the draft of conceptual model
- 3) Definition and approval of the conceptual model
- 4) Finalization of the conceptual model

C) Survey of existing planning methods in MS (first part)

The WP5 partner group will work to gathering the first informations on EU existing workforce planning methods on the base of the conceptual model defined on the previous step. Starting from information contained in the Feasibility Study and in other reviews of planning methods (in particular the OECD review), the working group will mapp the existing procedures and models in EU MSs which are parterns in the WP5.

*Apr-13
Mar-14*

- 1) Proposal of a template to gathering information, testing the template and approval.
- 2) Finalization of the template
- 3) Based on the template, first collection of information in the WP5 partners' countries and gathering of their feedback on collection information.
- 4) Also Member States not partner in the WP5 will be involved in collecting information, also through knowledge brokers' engagement.
- 5) First interim report on countries' planning system and forecasting models.

D) Defining the minimum dataset

WP5 partners team will be tasked with identifying a set of key common indicators that are instrumental to health workforce planning. Based on the conceptual model and on the first analysis of the planning models existing today in the EU MSs, the group will discuss on the "HWF minimum purpose of planning" in order to define a "basic model" for planning. The basic model for planning will contain two data sets (minimum data set, also overlapping): one for "supply based" forecasting and one for "demand based" forecasting. Final version of the "minimum data set" will be submitted in month 7.

*Apr-13
Nov-13*

- 1) Defining the criteria of minimum data sets based on literature review (focus group and approval of the draft)
- 2) First draft of minimum data set based on literature review and on first survey of existing planning methods (focus group and approval of the draft)
- 3) Final draft of minimum data set based on literature review and on first survey of existing planning methods (focus group and approval of the draft)
- 4) Minimun data set final report (**D051**)

ACTION 3.2: EXCHANGE OF GOOD PRACTICES

E) Second part of the survey on planning methodologies.

Starting from the results of the first part of the survey, the analysis will point out, for the existing methodologies, a list of resources needed and benefits expected. In order to learn by experience, the analysis will also include a description of cases of failure and success in different MSs. In-country knowledge brokers will be involved to pick up in-depth information on existing practices.

Jan-14
Apr-14

- 1) To gather information (also by interviewing) from the EU MSs WP5 partners.
- 2) To send the template (see stage C) to Countries not involved in the WP5 (involving country's knowledge brokers).
- 3) To analyse data collected and review them..

F) Assessment of planning methodologies

An expert group on planning method and tools will work to review and assess EU existing workforce planning methods on the base of the conceptual model defined in the early stage.

Jan-14
Sep-14

- 1) Experts group conference on HWF planning methodologies
- 1) First draft report containing HWF planning methodologies reviewed and assessed.
- 2) Feedback on first draft and preparation of final report on good practices on planning methodologies.
- 3) Final report presentation and validation. (D052)

G) Web-based platform

A group of partners will be task to project and build a web portal (Infrastructure implementation and maintenance is by WP2) based on contents of previous survey and analysis. The web portal will allow: to download versions of the tools; to see a description of the tool, conceptual model, methodological approach, key indicators and key outputs; to consult a list of countries in which the tool has been applied, including contact details for the relevant planning authorities; to contact the experts, who can provide more technical information on the model; to download users manuals and guidelines documents; to read and participate to a blog / forum where users can discuss the models and their use.

Jan-14
Jan-15

- 1) First prototype of web-portal
- 2) First release of the web portal with basic features and functions based on a few planning methodologies.
- 3) Implementation of release 1
- 4) Document on rules, responsibilities, requirements, features and content of the final release
- 5) Draft of the complete release of the web portal
- 6) Implementation of final release. (D053)

ACTION 3.3: DEFINING AND EXPERIMENTING GUIDE LINES ON HWF PLANNING (HANDBOOK)

H) THE HANDBOOK

The experts group of deliverable 3 will develop a handbook of learning packages to outline the possible implementation of the tools at the national level, taking into account existing guidelines (WHO tools). The cookbook will contain quantitative and qualitative aspects. Some of the qualitative aspects will be developed by WP6 and will not yet be included in this version of the cookbook.

May-13
Sep-15

- 1) First prototype of the handbook (index)
- 2) Second prototype of the handbook (contents)
- 3) Third prototype (good practices)
- 4) Fourth prototype (good practices)
- 5) Draft of the complete release of the handbook
- 6) Validation of the handbook
- 7) Finalization of the handbook

I) APPROACHING THE PILOT STUDIES

SEE APPENDIX 2

M) PILOT STUDIES

SEE APPENDIX 2

M) FEASIBILITY STUDY

Besides the two pilot countries, other two countries will be chosen to analyse the opportunities to implement new planning methodologies (feasibility study). If possible, after the Joint Action, it will be experimented the cookbook.

Jan-15
Feb-16

- 1) Choose of the countries. Jan-15
- 2) In-depth survey of the countries Feb-15
Sep-15
- 3) Report on feasibility of implementation of the cookbook Feb-16

CHAPTER OF THE FINAL JA REPORT

N) CHAPTER OF THE FINAL JA REPORT

As a summary of the entire WP5 activity, composition of the relevant chapter of the summary book/manual in cooperation with the authors of other chapters in order to support the coherence of the entire publication.

Oct-15
Dec-15

- 1) First draft
- 2) Final version of the chapter (D082)

