The Dutch HWF planning methode - overview

1. Planning on professions with regulated education inflow

- ACMMP, resulting in an advice to government and the "health field" on the amount of appropriate inflow in the corresponding professional training programs

2. Forecasting of professions without regulated education inflow

- Research program
- Not resulting in an action plan for every individual stakeholder (own responsibility)
- when necessary resulting in an governmental policy on the labour market (financial support)

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1. How the planning system is organized

- ACMMP monitors, advizes government and health field on range for annual intakes in training programs/ medical schools;

- Government takes a decision on the financing of a certain number of medical students/ medical graduates;

- Health field distributes the intake across all participants and gets the funding;

Strenghts: advice ACMMP is agreed upon by the healthfield, no "surprises" from the government, which stays in control, advice is timely, everybody has own set of responsibilities.

Weaknesses: ACMMP is monopolist, patients have no say, financing creates only a maximum; distribution can go wrong

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2. Which goals are set and which time frame?
- The goal is to create an equilibrium between the need for care and the supply of care;
- The time frame is each time 12 to 18 years from now.

Strenghts: There is no argument about the advice of the ACMMP; everybody understands that the ACMMP cannot react swiftly; the farmers cycle has disappeared

Weaknesses: The introduction of new laws, new professions, new habits, and vertical substitution have a massive impact on the needs if you use these vast time frames

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3. Connection planning system with actions

- ACMMP monitors, advizes government and health field on range for annual intakes in training programs/ medical schools;
- Government takes a decision on the financing of a certain number of medical students/ medical graduates;
- Health field distributes the intake across all participants and gets the funding after filling in the places;
- ACMMP monitors the effects and adjusts next advice.

Strenghts: system acts as an pdca cycle

Weaknesses: system only works as long as everybody complies

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4. Which data is really used in the planning

- Needs: demography, epidemiology, sociocultural, policies, needs not fulfilled;
- Supply: fte professionals by occupation and gender, attrition, immigration, changes in working hours;
- Working process: Substitution, efficiency, professional changes;

Strenghts: The parameters are checked by professionals; forecasts are also checked by professionals; repeating forecasts continuously makes them better; policies are included, not only form government but also from other stakeholders

Weaknesses: Danger of relying to much on present trends

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5. Type of forecasting model

- Simple straight out model in Excel sheet

Strenghts: The model can be distributed to other parties; effects of changes of parameters can be demonstrated; model has been evaluated.

Weaknesses: Model is not consumer friendly.

2. Forecasting of professions without regulated education inflow

Concerning general nurses, assistant-nurses, care-takers, social workers and home helpers.

Monitoring (quantitative input)
+
Forecasting (qualitative input by using different scenario's)

Improvements:
Demand site mainly (governmental) budget driven
Forecasting only per sector not per profession