WP5 - Ministry of Health & Agenas, Italy.

WP5 Florence Conference: results of Groups' activities A

Joint Action Health Workforce Planning and Forecasting

3rd July 2014

Draft 01	24/06/14	WP5 Anna Maria
Draft 02	26/06/14	Anna Maria: integrations
Draft 03	30/06/14	Anna Maria: Paolo and Edit integrations
Draft 04	03/07/14	Anna Maria: finalization
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Expert Conference minutes
Results of groups' activities A

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EXPERT CONFERENCE - FIRST DAY 8th of MAY 2014

1. Groups' activities A

(13.15 => 15.25)

All participants organized in 15 groups of 5 members each.

One group leader.

All groups members switched – the group leader remaining the same – 15' focused on the 3 first categories:

A. How the planning system is organized
B. Which goals are set and with time frame
C. How the planning process in connected with the actions that will achieve what has been planned

→ **First session**: each group has one aspect with a statement. Discussion. Prepare an opinion on the statement

→ **Second session**: each group has one aspect with a statement. Discussion. Confront the previous opinion made on the statement and prepare other opinions on the statement

→ **Third session**: each group has **one aspect with a** statement. Discussion. Confront the previous two opinions made on the statement and prepare other opinions on the statement

GROUP	MODERATOR	CATEGORY
Abruzzo	Achille Iachino	A
Basilicata	Paolo Tubertini	B
Emilia Romagna	Francesca Senese	A
Friuli Venezia Giulia	Eszter Kovacs	A
Lazio	Annalisa Maglieri	C
Liguria	Lieve Jorens	B
Lombardia	Edit Eke	B
Marche	Cristina Sabatini	A
Piemonte	Paolo Michelutti	A
Puglia	Zoltan Aszalos	B
Sardegna	John Fellows	A
Sicilia	Giovanni Leonardi	C
Toscana	Isabella Notarangelo	C
Umbria	Ana Paula Gouveia	C
Veneto	Milena Vladimirova	C

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2. "Abruzzo"

Moderator: Achille Iachino
Topic: Organization of the HWF planning system.
Mandate: *Let's discuss about decision making process on the health professionals training programmes: which is the best level (central/local) to define the training programmes? To evaluate the training needs?*
Keywords:

1. They have different goals and different forces that influences the behaviour
2. In different country there are different responsibilities in the levels.
3. There is need for collaboration.
4. It is necessary to coordinate the planning from the center.
5. The decision maker has to be in the center.

3. "Basilicata"

Moderator: Paolo Tubertini
Topic: Setting the objectives
Mandate: *Let's discuss about the action plan to reach the objective.*

- *How to manage the realization of the plans?*
- *Who has to be involved in the "plans management"?*

Keywords:

1. Involving local and central stakeholders
2. First involve data holders
3. Integrate the stakeholders horizontally and vertically
4. In fragmented systems the plurality at the local level should be accepted.

Since it was not completely clear to us which kind of objectives we were looking at, we mainly focused on Pilot study definition and management

3.1 Session 1

- At first we highlighted that the stakeholders involvement should be both at a central and local level;
- Stakeholder definition should not be strictly related to data holders that are fundamental for the project warm-up but that should be considered only as a portion of the broader picture;
- Data holders are the first that should be involved;

3.2 Session 2

All members agree with session 1 statements, in addition:

- A project manager that is the leader of the implementation and that checks the improvements related to the achievement of the objectives should not be designated only at a national level but also at a regional one;
- The absence of local project managers will decrease the pilot study effectiveness;

3.3 Session 3

All members agree with session 1 and 2 statements, in addition:

- Stakeholders should be engaged both at a national and local level, as a consequence it is fundamental not only an horizontal coordination to make the national or local project effective but it is also important to create vertical integration among stakeholders that have the same characteristics (e.g. nurses representatives coordination from national to local)
- That statement is very important in fragmented and federal systems as Italy is.

4. "Emilia"

Moderator: Francesca Senese

Topic: Organization of the HWF planning system.

Mandate: *Let's discuss about: how to involve the stakeholders?*

- *On the base of a law?*
- *On the base of the decision maker initiative?*

Keywords:

1. By coercion
2. From beginning
3. Few accountable persons
4. Stress the benefits
5. Show disclosure commitment
6. Clear method to hear and listen
7. Select them on their capacity of contribution

4.1 Session 1

- The effectiveness of any lever to assure stakeholders' involvement depend upon the context;
- There's no rule, it is not a matter of choosing between means of 'coercion' or by 'gentle nudging', it is about finding a combination: 'enforced invitation'?
- Some features are key to get any stakeholder involved:
  - Early involvement: make sure they are on board since the very beginning;
  - Clearly identify the persons involved for each stakeholder: it is better if they are few, motivated, accountable persons representing each stakeholder;
  - Disclose objectives and make their involvement 'visible' (eg. Belgium: the names of people involved are available on the website)
- Stress always the future benefits of their involvement.

4.2 Session 2

- The leading organization (the one requiring others stakeholders to get involved, perhaps the MOH) should make a self-assessment of conditions facilitating or hindering stakeholders involvement:
- Different stakeholders require different means of involvement: University might be 'forced', while 'representative of patients' might be encourage;

- Stakeholders involvement works better if it is limited to a number of them, some form of selection on the basis of their likely capacity to contribute might be needed;
- Overrepresentation of stakeholders is likely when it comes to patients and civil society, the Ministry of health (MOH) can make a selection.

4.3 Session 3

- Further involvement is achieved if the MOH shows its commitment;
- Also, a clear methodology to listen to stakeholders it might prove beneficial (eg. document stakeholders proposals and motivate why they are disregarded);
- Do not resort to 'monetary' incentives to encourage participation, find instead a blend of non-monetary incentives.

Evidences	Sessions		
	1	2	3
Successful involvement is context-dependent	√	√	
Disclosure of the process objectives and benefits is crucial	√	√	√
To pre-defined method of involvement works (coercion / spontaneous invitation): a mix of enforcement and invitation is needed	√		√
Stakeholders' involvement is likely to take off and to be sustainable if is restricted to a number of them, likely to contribute and represented by few persons.	√	√	

5. "Friuli" (to be integrated)

Moderator: Eszter Kovacs

Topic: Organization of the HWF planning system.

Mandate: *Let's discuss about: which is the best level (between local and central) to decide on means / levers / triggers (for example number of new enrolments; retirement age; etc.) to reach the objectives of the planning?*

Keywords:

Integration between local and central decision makers

1. Feedback from locals approval
2. Local level – needs
3. Nationally what guidelines to follow
4. Communication and information flow should go both directions

6. "Lazio"

Moderator: Annalisa Maglieri

Topic: Control and continuous improvement of the planning.

Mandate: *Let's discuss about: minimum quotas and maximum quotas.*

- *Is it feasible to fix and reach minimum quotas? How to?*
- *Do maximum quotas work to limit the future number of health professionals? Do they guarantee the quality and levels of skills?*

Keywords: The levers and actions that planners can manage to reach the objectives

1. Maximum level of acceptance of new students
2. To increase maximum we need training capacity and financial resources
3. Minimum is essential to guarantee the quality of care and assure the access of care
4. New skills and new professions are important for balance between min and max

6.1 Session 1

- Maximum quota is more applicable than minimum quota
- Establishing minimum quotas is only a theoretical exercise
- Minimum could be useful to address the choices in Universities
- To increase maximum quota we need training capacity (in terms of teachers and structures) and financial resources
- Quota is useful for balance in medical specialties (i.e.: anaesthesiologists vs others specialties)

6.2 Session 2

- Maximum is more applicable but minimum is not only a theoretical exercise
- Minimum is essential to guarantee the quality of service and to ensure the access to cares
- New skills and new professionals are very important for balance between minimum and maximum quotas (i.e.: mid-level providers)

6.3 Session 3

- Minimum and maximum depending on Country system
- Minimum and maximum could be depend on profession (i.e.: minimum quota for GPs and maximum quota for medical doctors)
-

Evidences	Sessions		
	1	2	3
Maximum is more applicable than minimum	√	√	
Minimum quotas is only a theoretical exercise	√		
Minimum could be useful to address the choices in Universities	√	√	
To increase maximum quota we need training capacity (in terms of teachers and structures) and financial resources	√	√	√
Quota is useful for balance in medical specialties	√		√
Minimum is essential to guarantee the quality of service and to ensure the access to cares		√	
New skills and new professionals are very important for balance between minimum and maximum quotas		√	
Minimum and maximum depending on Country system			√
Minimum and maximum could be depend on profession			√

7. "Liguria"

Moderator: Lieve Jorens

Topic: Organization of the HWF planning system.

Mandate: *Let's discuss about: there are some good examples of "planning institutions" in some EU countries that do their job for the Ministries as third part (see England or The Netherlands, for examples). Can a network of experts (national and/or international) lead by a Ministry guarantee the same "neutrality" and specialization as those institutions seem to guarantee in their countries?*

7.1 Session 1

In session one, there was a strong preference expressed on the outsourcing of the HWF Planning. Participants stated that it was necessary for neutrality and by consequence acceptance of the result, since governmental bodies are under a lot of influences. An independent / outsourced body could be better placed to synchronise between political level and professional level.

7.2 Session 2

In session 2, the opinions were much different. Participants stated that the situation and therefore the preference for outsourcing or not, depends from country to country, influenced by how HWF is organised in the country, cultural aspects, history, previous experiences, … There should not be a 'rule' on outsourcing or not, but the acceptance of the results is at the central point. Every country should chose to outsource or not in order to have the results of the planning accepted. In Norway, for example, results are only accepted if the activity was run by the government. Government can also make sure that all parties, stakeholders are involved and that the synchronization between different levels is achieved.

At the end of the discussion, the group became slightly more pro governmental run HWF planning because of 2 reasons. If you work with individual/nominative data, governmental run HWF planning is preferred for ensuring anonymity and 'correct' handling of the data for privacy reasons. Secondly, in case of government run, if you ask a questions/request information/… to governmental body, they are obliged to answer. Private companies may refuse to answer if the request is not foreseen in the initial contract or scope.
Conclusion of this group: outsourcing is a good solution IF in the country the independency of the HWFPbody is important. If this is not the case, preference goes to governmental HWFP.

7.3 Session 3

In session 3, no consensus was reached on the preference for one option or the other. Some of the participants agreed with arguments from session one (neutrality, independence), others agreed with arguments from session 2 (most important thing is that results are accepted and that process is done properly). One additional argument pro government run was given: only the government has mandate to take final decision, an outsourced body can only give advice.

Synthesis = √ = agree X = disagree 0 = not discussed in this group

Evidences	Sessions		
	1	2	3
Outsourcing gives higher neutrality and independence	√	X	√ / X
Outsourcing creates easier acceptance of results	√	X	√ / X
Outsourcing can better synchronize between political and professional level	√	X	O
Preference depends on in-country characteristics; results are most important	O	√	√
Government can better handle data subjected to privacy legislation	O	√	O
Government is more flexible in handling new/additional requests	O	√	O
Government has mandate to take decisions, outside body can only advice	O	O	√

8. "Lombardia"

Moderator: Edit Eke

Topic: Setting the objectives

Mandate: *Let's discuss about: the objectives have to be:*

a. *Communicated or not?*
b. *How to communicate them?*

Keywords:

1. Objectives have to be communicated
2. Needs steering documents and annual budgets
3. Transparent website
2. Objectives have to be communicated
3. Needs steering documents and annual budgets
4. Transparent website)

8.1 Session 1

- Yes, has to be communicated
  - it has to be bidirectional, mutual between policy/decision makers and officers (who actually have to realize those objectives, execute the relating actions)
    - politicians (national level): what are their expectations – it has to be clear
    - executive unit(s): what is their opinion
    - two way system of communication is needed to decide on the "why, how, what" to realize the objectives
  - communication has to reach each stakeholder
  - the public (population)has to be informed, but not to be involved into professional discussions, not communicate all details
- How?
  - not to open further discussions on the defined objectives once they were set up
  - top down, hierarchical (national >>>regional>>>local>>>population level), steering documents
  - annual budget is needed in a tailored way, for the communication itself

- Important aspects to consider and prepare for:
  - The objective of the communication has to be clarified
  - Adverse effects of the communication process have to be considered

8.2 Session 2

- Define the responsibilities of the stakeholders in communication, star with national administration
  Stakeholders communicate their objectives >>> steer it at national level
- Communication has to be a multidirectional process
- In the communication it has to be clear: WHAT are the objectives? WHO sets those objectives?
- Transparent website is needed
- regularity of the communication is depending on the regularity of the decision circle:
  - In the preparatory phase (national level): objectives are set up, involving all stakeholders in the discussion
  - Once agreed-accepted, communicate
  - repeat the circle as appliy

8.3 Session 3

- How to communicate is crucial: the possible NEGATIVE consequences have to be communicated as well, needs a delicate comm. process
- At top policy level the short list of objectives to be communicated has to be clarified as a starting point!
- Whom to involve and when (regulatory)– important to define it in a framework
- Balanced, clear, defined roles are needed in the communication process

Evidences	Sessions		
	1	2	3
Yes, has to be communicated	√	√	√
Clarify the objectives of the communication	√	(√)	(√)
HOW, WHO, WHOM, WHEN are crucial in communication	√	√	√
Multidirectional communication, involve all stakeholders in the preparatory phase (to set up and discuss consequences of the objectives), clarify roles in the communication process, after it: top-down comm. : national >>>regional>>>local>>>population level	√	√	
Public: inform on main points, but no details and do not involve into the discussion of the objectives	√		
Have clear communication framework/plan	√	√	√
Allocate annual budget for the communication process	√		
Prepare in advance for the adverse effects the communication may have	√		√
Find suitable, delicate way to communicate unfavorable effects of the objectives to stakeholders		√	
Have transparent website with all information, available for stakeholders	√	√	

9. "Marche"

Moderator: Cristina Sabatini

Topic: Organization of the HWF planning system.

Mandate: *Let's discuss about the role of the stakeholders in the planning process.*

- *Should stakeholders give only advices or should they has share the responsibilities in taking decisions?*
- *Should there be different weights for different stakeholders, according to their impact in the social system?*

Keywords: Involvement of the stake holders

1. Stakeholders have to take responsibility for their advise
2. Decision – makers make final decisions.
3. In some cases stakeholders have political responsibility
4. Different weight but equal opportunity to give advice

9.1 Session 1

Question 1

- stakeholders take responsibility for their advice they give to the decision makers;
- decision makers take final decisions;

Question 2

- the weight depends on their impact on the social system.

9.2 Session 2

Question 1

- stakeholders influence decisions in the planning process;
- in some cases stakeholders have political responsibility;

Question 2

- different weight but equal opportunities to give advice.

9.3 Session 3

Question 1

- they must have responsibility for their actions, evaluation and implementation;

Question 2

- agree with previous sentences.

Evidences	Sessions		
	1	2	3
stakeholders take responsibility for their advice they give to the decision makers	√		
decision makers take final decisions	√		
the weight depends on their impact on the social system	√	v	√
stakeholders influence decisions in the planning process		√	√

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in some cases stakeholders have political responsibility		v	√
different weight but equal opportunities to give advice		√	v
they must have responsibility for their actions, evaluation and implementation			v
agree with previous sentences on question 2			√

10. "Piemonte"

Moderator: Paolo Michelutti

Topic: Organization of the HWF planning system.

Mandate: *Let's discuss about which is the best level:*

a. *to decide the main political objectives of the planning (matching the demand for health workforce based on population's health needs)?*
b. *to evaluate the needs?*
c. *to monitor the results?*

Keywords:

1. Patients inputs
2. Municipality
3. EU level

10.1 Session 1

- HWF needs evaluation is a very complex activity that requires high and specific skills. So the national level is the basic one.
- To monitor the HWF stock and flow dimensions as well as the demand side both local and national level are necessary, because the local level has the detailed data that the central level can bench (strategic analysis and benchmarking).
- The local level is necessary to snapshot the patient point of view.
- The best level to decide on the political objectives of the HWF planning depends on the political structure of each Country

10.2 Session 2

- It's very important to define a way to mediate between the local and central level and to have a constant discussion (2/3 times a year minimum) between the two.
- The local level is important to collect information on the health production system (productivity, HWF standard, etc.) and so transferring the HWF needs in the health production system.
- The EU level is also very important in order to better define HWF needs (methodology, benchmarking), to facilitate bilateral agreements between MSs on training programs and on HWF mobility.

10.3 Session 3

- It's not easy to say which is the most important level because it depends on the organization of the health care.

- Also the "very local" level is very important, in particular the hospitals, because of the involvement of the local politicians that often have great influence on the decision making process.
- The EU level it could be important to support the countries that have not experiences on HWF planning.
- Between local and central level the "secret formula" is: engage local and manage central.
- Local and central level have to collaborate in order to cope with the Universities autonomy.

11. "Puglia"

Moderator: Zoltan Aszalos

Topic: Setting the objectives

Mandate: *Let's discuss if the objectives should be:*

- *specific or generic.*
- *Which type of objective?*
  1. *Skills needed.*
  2. *Future professional mix.*
  3. *Quantity of professionals.*
  4. *Future working conditions.*
  5. *Future necessary changes in training.*
- *How to set the objectives?*

Keywords*:*

1. Patient needs not lobby interests
2. Planning based on skills needed
3. Plan for other types of workers, i.e. social workers

11.1 Session 1

- Planning of health workforce should be based on the needs of patients instead of different lobby interests, including those of medical universities
- HWF planning should be based on the analysis of skills needed in health services in the future. This is the starting point for deciding on current and future training needs and the professional mix
- HWF planning on its own is a disaster – it cannot be successful on its own but only when integrated with the planning of other, related type of workforce categories, such as social workers

11.2 Session 2

- Agreed with first statement of Session 1: Planning of health workforce should be based on the needs of patients and not on lobby interests
- Reflection on Statement 2 of Session 1: Some health workers have too wide scope of skills. Narrowing the skills with a more focused experience-base would be highly needed
- Reflection of Statement 3 of Session 1: the types of workforce where planning should be harmonized with HWF planning: basic assistance workers, social workers, prevention, sport education

11.3 Session 3

- Reflection on Statement 1 of Session 1: An official body would be needed in each country for ethical issued – in order to set the limits to future patient needs
- Reflection on Statement 2 of Session 1 and 2: in order to fit the needs of the future health system, workforce should be first of all flexible
- Reflection on Statement 3 of Session 1 and 2: health services can be provided by many categories of workforce as well as by the population, including self-treatment. Reducing demand by transferring knowledge to other categories including population.

Evidences - statements	Sessions		
	1	2	3
Planning should be based on patient needs not lobby interests	√	√	√
Planning based on skills needed	√	√	√
Plan for other types of workers, i.e. social workers	√	√	√

12. "Sardegna"

Moderator: John Fellows

Topic: Organization of the HWF planning system.

Mandate *Let's discuss about: in which phase of the planning process (and how) should they be involved*

- *For the data collection?*
- *To set the forecasting model?*
- *To validate the results of the forecasting?*
- *On the development of the scenarios?*
- *Since the beginning and throughout the process?*

Keyword: Involvement of the stakeholders

1. In the data collection
2. Not in the forecasting model that should be independent
3. Validate is too strong, feed-back
4. Scenario development are important the experts
5. They have to be involved in the whole process

12.1 Session 1

- Norway has a whole system model for their healthcare system. This includes 16 professional groupings
- Slovakia looks at qualifications over the long term by professional categories and is similar to Serbia in its approach of matching the workforce to the healthcare infrastructure
- Serbia links workforce planning to the size and distribution of the population, healthcare infrastructure, proximity of services, targets for care, doctors and the number of beds a facility may have. Serbia has restructured recently in response to financial changes.

- England looks at professions historically and continues to do so for the major workforce groups. However also looks at and is increasingly looking at workforce models for care pathways, life course, health systems and groupings by disease or condition group for example vulnerable older people or cancer. England uses systems dynamics for supply and demand planning at national levels. A range of tools are used locally.

12.2 Session 2

- Choosing the appropriate model depends on many things such as do you wish to look at skills and competences of the workforce or just headcount.
- In the Netherlands they only look at workforces by professions within the remit of their department. They have 15 years' experience within some professions of workforce planning.
- Italy use the same key parameters for each review such as headcount, profession etc. But they vary what is collected and modelled depending on the question they wish to answer.
- **Question**: Might the expert network being organised by WP7 look to develop expert coaching for those partners and member states who wish to start workforce planning for the first time or to move up the scale of advancement?

12.3 Session 3

- In Belgium they use the same baseline parameters for any review of workforces or professions e.g. headcount, entries or exit data from the profession etc
- **Question**: Could there be models or tools that can be made available to support beginners, intermediate and advanced practitioners of workforce planning methods?
- It is important for partners to identify the steps they need to take to answer the key question as part of an agreed roadmap with stakeholders.

12.4 Conclusions

- Decide if you need a model at all! Is the issue or study area a policy challenge or stakeholder engagement requirement? What evidence do you require to answer the question? Then choose the most appropriate approach.
- Involve a wide range of stakeholders appropriate to the study.
- A model or study should be designed to answer the key question as to what the aim and purpose of the analysis or the vision for the study. The model built should help answer this question.
- A single static model will constrain you and what you might be able to study - combine different types of analysis or modelling if needed and worth it.
- The approach you choose depends on many factors - question to be answered, the vision for the study, the area of study, data availability to enable modelling or absence of information that the study seeks to tackle.
- If your key question requires all aspects of a system including all professions to be included then it would be appropriate to model in this way. If it does not then there is no need - select the approach necessary for the context of each country.
- However it is not necessary to build a vast model if all professions/workforces are not required in that model - to collect data is a major effort for many and this can take a long time - do not build a model or collect data if it is not helpful to answering the reason or question posed by the study/review. This will allow partners to judge for their contexts the

level of investment, time and effort that would be selected i.e. to answer the key question for a review or study

- If you were to start workforce planning for the first time: it is recommended a profession based approach is first selected. However do not ignore linked workforce questions or relationships where relevant

13. "Sicilia"

Moderator: Giovanni Leonardi

Topic: Control and continuous improvement of the planning.

Mandate: *Let's discuss about: which is the best way to check if the planning objectives are reached? Who has to be the checker?*
For example: in Finland the educational supply is evaluated in the middle of the implementation period for the development plan. This process is commissioned by the Ministry of Education and Culture and supported by a national coordination group appointed by the Ministry of Education and Culture. During this process the production of the qualifications is compared to the entrant targets and assessed in relation to the sufficiency of workforce (shortages among different professional and vocational groups, changes in professional roles and the service structure etc.).

Keyword: The system to check how the objectives are reached.

1. Set criteria
2. Continuous review within the process
3. Independent review
4. Check should involve the stake holders

13.1 Session 1

- The most important thing is to set the criteria (indicators) to evaluate the degree of achievement of the objectives.
- Concerning the efficacy of the control, it's necessary the continuous review within the process.
- But the review and the checker must be independent (third part).

13.2 Session 2

- A good way to evaluate the objectives of the planning system is to compare the results with international benchmarks.
- To benchmark the results it's necessary to have measurable targets (adopting measurable indicators).
- The checker should be who has given the commitment, that is the political level.

13.3 Session 3

- Targets change over time since they have to be adopted to new scenarios.
- So it's difficult to check the process through targets.
- In any case, the political level is not considered appropriate to check the results of the planning process.

- The checking process should be an independent audit.
- In particular, it's necessary to have a baseline measurement to monitor how the system evolves.
- And the checking process should involve stakeholders.

14. "Toscana"

Moderator: Isabella Notarangelo
Topic: Control and continuous improvement of the planning.
Mandate: *Let's discuss about which are the best levers to tackle the problems of the geographical maldistribution.*
Keywords: The levers and actions that planners can manage to reach the objectives

1. Stakeholders involvement
2. Needs assessments
3. Mutual cooperation
4. Incentives

14.1 Session 1

- To look at models implemented by bigger/ federal countries (characterized by several territorial/administrative levels, where the complexity is higher) and/or with higher financial capacity (it is probable that these countries have already adopted a HWF planning model);
- To assess the needs;
- To enhance the collaboration between data producers and users;
- To involve stakeholders;
- To implement an incentives strategy agreed between and within local and regional policy makers.

14.2 Session 2

- To introduce long-term training programs in areas with higher needs of HCW;
- To reduce HCW flows to areas characterized by professionals surplus;
- To involve stakeholders, policy makers, patients, insurance companies and professionals;
- To implement incentive strategies for professionals who decide to work in areas affected by shortage of HCW.

14.3 Session 3

- To develop professionals exchange programs within Europe;
- To promote mutual collaboration between decision makers, institutions that produce data, employers and HWF;
- To involve stakeholders;
- To increase incentives in areas affected by shortage of HCW in terms of: tax, career incentives, working hours and higher salaries.

Evidences	Sessions		
	1	2	3
To look at models implemented by bigger/ federal countries and/or with higher financial capacity	√		
To assess the needs	√		
To promote mutual collaboration between decision makers, institutions that produce data, employers and HWF	√		√
To involve stakeholders, policy makers, patients, insurance companies and professionals	√	√	√
To implement an incentives strategy	√		√
To introduce long-term training programs in areas with higher needs of HCW		√	
To reduce HCW flows to areas characterized by professionals surplus		√	
To develop professionals exchange programs within Europe			√

15. "Umbria"

Moderator: Ana Paula Gouveia

Topic: Control and continuous improvement of the planning.

Mandate: *Let's discuss about: one of the main risk in the implementation of the planning process is the lack of continuity / sustainability.*
How to guarantee it in the long term considering also the involvement of the policy makers?

Keywords: The levers and actions that planners can manage to reach the objectives

1. There is different with short planning and long-term planning
2. Budget guarantee for the planning process
3. Continuous dialogue
4. Trustworthy figures from trustworthy sources

15.1 Session 1

- National legislation/MS/ Health Care System
- Get together decisions-makers and stakeholders
- More or less professionals in process - knowing the reality on site of actual numbers
- Short planning and long term planning (differences)

15.2 Session 2

- Work with accurate and trustworthy figures provided by trustworthy sources.
- Do not politicize the planning (process and forecasting)
- Promote a sense of public interest in the planning process. Continuous dialogue between decisions-makers and health care professionals

15.3 Session 3

- Ok, get together decisions-makers and stakeholders, but depends of your country reality.

- Budget guarantee for: planning, implementation, results (Policy).

Evidences	Sessions		
	1	2	3
National legislation/MS/ Health Care System	√		√
Get together decisions-makers and stakeholders (but depends of your country reality)	√	√	√
More or less professionals in process - knowing the reality on site of actual numbers)	√		
Short planning and long term planning (differences)		√	
Work with accurate and trustworthy figures provided by trustworthy sources.		√	
Do not politicize the planning (process and forecasting)		√	√
Promote a sense of public interest in the planning process. Continuous dialogue between decisions-makers and health care professionals		√	
Budget guarantee for: planning, implementation, results (Policy).			√

16. "Veneto"

Moderator: Milena Vladimirova

C Control and continuous improvement of the planning

The levers and actions that planners can manage to reach the objectives

1. We have to have barriers and or specific authorization to work
2. Develop planning for other health care professionals
3. Involvement of stakeholders on numerous clausus
4. Vertical transfer of tasks between professions

16.1 Session 1

- **To barriers to and/or specific authorizations to work**:(language factor, skills, re-qualification, work permit, national specific education minister education and minister of health; postgraduate training ;barriers to specialization) ;
- **Other levers or action** (The international migration of health professionals has been recognised as a means to diversify the health workforce and increase its cultural competence and to assess the needs qualification, not halt the process of continuing education (bachelor pharmacists can continue to study for master pharmacy),effectiveness planning postagraduate training; to introduce programs in areas with higher needs of few country; register; data collection private sector and public sector HWS;
  - **Development the process planning** for other health professionals (doctors, nurses, pharmacists, dentists, midwives);
  - **Involvement of stakeholders on "numerus clauses" decisions**(look at models planning, data collection and to assess the needs, equality treatment of workers in the health sector, implemented incentives, policy makers, government policy; opinions of the

Scientific Medical Societies; During these years, there are now bans workers from Eastern Europe to England (for example)

16.2 Session 2

- Depend on goal :for increase or decrease of workforce (barrier – week-better). Really assess the effectiveness of health planning; to implement incentives and develop professionals exchange educations and skills programs within Europe;
- The data available suggests that most migrants health care professionals move on relatively quickly either to another destination country or back to the source country. When estimating the loss or cost to the source country, the duration of migration is a fundamental piece of the equation. Policy discussions however tend to assume permanent migration in health professionals,however, could result in a net gain for source countries prepared to integrate their return migrants into their health systems in appropriate positions and putting to good use their newly acquired knowledge and skills. Return migration incentives need to be in place to encourage temporary as opposed to permanent migration;
  - ***Vertical transfer of tack between health professionals*** (doctor-nurses, social worker), better collaboration, between health professionals, the develop exchange program within Europe;
  - ***Development the process planning for other professionals;***
  - ***Involvement of stakeholders on "numerus clauses;***

16.3 Session 3

- Collaboration stakeholders - patients, government, NGO, insurance company, private health sector and strategy for incentives;
- Create incentives to provide education health professionals, create markets, and the need to develop sustainable health care systems (eg, through collaborative mechanisms)health resources;
- Development the process planning for other professionals;
- Involvement of stakeholders on "numerus clauses;

Evidences	Sessions		
	1	2	3
To barriers to and/or specific authorizations to work	√		
Other levers or action	√		
Development the process planning for other health professionals (doctors, nurses, pharmacists, dentists, midwives)	√	√	√
Involvement of stakeholders on "numerus clauses" decisions	√	√	√
Depend on goal :for increase or decrease of workforce (barrier – week-better)		√	
Vertical transfer of tack between health professionals(doctor-nurses, social worker)		√	
Collaboration stakeholders ,patients, government, NGO, insurance company, private health sector and strategy for incentives;			√
Create incentives to provide education health professionals, create markets			√

Opinion of Milena Vladimirova, Bulgaria:

The process planning and forecasting health professionals will examine patterns of cooperation and conflict at the subnational level regarding the delivery of health care services in a variety of national contexts in countries in Europe. Both structural exchange and devolved "functional" decentralized federal-like relationships affect the delivery of health care services in different countries in a variety of ways.

Within a competitive global context, national health systems have to cope with the opposing pressures from both the need to secure economic growth (e.g., through substrate competition) and the need to develop sustainable health care systems (e.g., through collaborative mechanisms).

Comparing different types of model planning of HWF, the project intends to explore factors that contribute to the formation of robust and sustainable federal health care systems –health professionals, and factors that present significant obstacles to the same. Are there specific strategies, policies, or institutional designs that work particularly well toward this end? Theoretically, the policy making in another European countries also intends to explore different approaches in comparative the process of planning, examining to what extent are they successfully (and unsuccessfully) transferable and applicable to disparate political systems, and to what extent are they limited in applicability due to specific cultural, political institutional, or geographic phenomena.