



# The Portuguese Pilot Project Questions related to the Forecasting Model



## JOINT ACTION HEALTH WORKFORCE Brussels, 24, June 2015

«ACSS,I.P.»

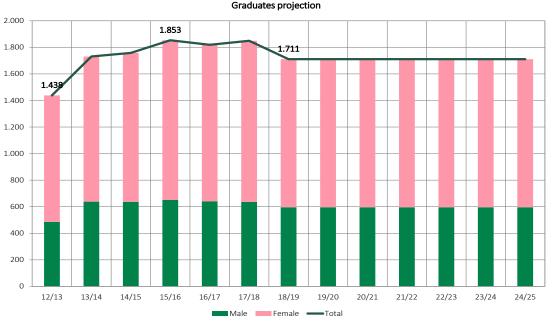






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1. Considering that there is no available data relating to the number of schools / courses / numerus clausus for the future, the number of graduates will be constant in the model. It is reasonable or should be estimated potential variables that can influence this behavior?







2. How can we estimate the effect of early retirement? In recent years Portugal registered a large number of early retirements in the public sector (mainly doctors). The reason lies in factors like the existence of a legislation that allowed early retirements in the public administrations, wage cuts in the public sector, the existence of a modern an growing private sector and recruitment from other countries. Since that legislation that allowed retirements is now much more severe, how should we consider that variable in the model - if we considerer the past trend, the rate of early retirements tends to be much higher than the reality.

3. Considering we can only know the retirement age in the public sector, do you consider acceptable the methodology of assuming an agreed age (70 years) as the limit age for practicing doctors in the private sector? And for nurses?





4. What do you consider to be an adequate margin of surplus in medical and nursing training in relation to a system needs? Are there any international recommendations?





5. What actions can be taken to reduce the gap between supply and demand of health workforce? How can we estimate and measure the impact of these actions? To measure the impact of these actions which variables have to be considered in the model?

There are several measures that can be taken to reduce the gap between supply and demand (adjust training capacity, intervention in retirement age, working conditions, benefits and supplements, productivity...). If some of that measures do not present great difficulties (for instance training capacity), others seem rather difficult to incorporate in the forecasting model - improving working conditions, improving productivity. How can we incorporate those dimensions in the forecasting model? How can we measure its impact? Trough which variables?





6. We think that in the particular situation of Portugal, the inclusion of the economic and financial constraints in healthcare professional future demands in the forecasting model are in order. What methodologies are available? Is it enough to establish a correlation between the projected GDP evolution and health expenditure in health professionals?



