Work Package 5 Meeting
Rome, 16th and 17th of May 2013

Focus on Portugal pilot study.

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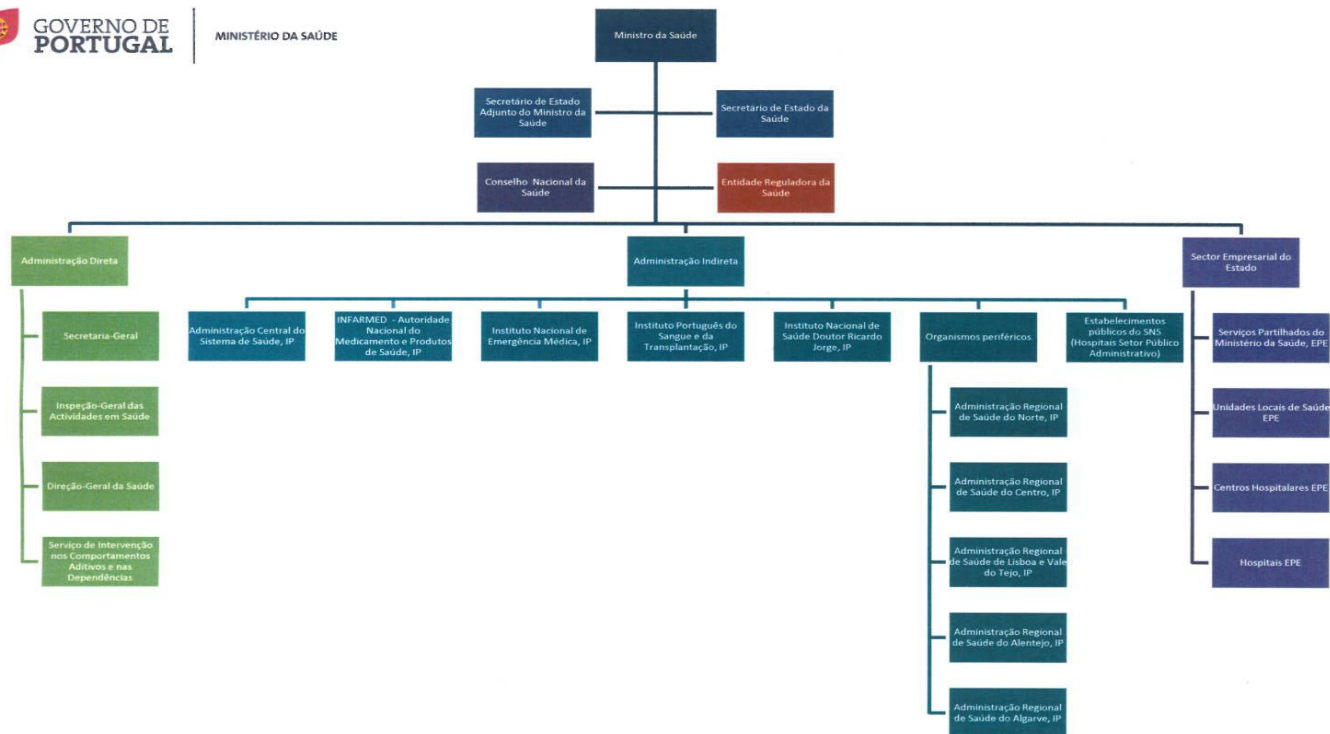
Joint Action on European Health Workforce Planning and Forecasting

PORTUGAL – HEALTH MINISTRY

SERVIÇO NACIONAL DE SAÚDE (SNS)
1- O membro do Governo responsável pela área da saúde exerce poderes de superintendência e tutela, nos termos da lei, sobre todos os serviços e estabelecimentos do SNS, independentemente da respetiva natureza jurídica.
2 - Integram o SNS todos os serviços e entidades públicas prestadoras de cuidados de saúde, designadamente os agrupamentos de centros de saúde, os estabelecimentos hospitalares, independentemente da sua designação, e as unidades locais de saúde.
3 - Os serviços e estabelecimentos a que se refere o presente artigo regem-se por legislação própria.
(Artigo 7.º do Decreto-Lei n.º 214/2011, de 29 de dezembro, que aprova a Lei Orgânica do Ministério da Saúde)

I. Mission and responsibilities of the ACSS, IP in Human Resources Area

▸ Promote, by coordinating and supporting, the implementation of procedures set for Public Administration in matter of organization and management of human resources, in Health Ministry departments and institutions.

▸ Ensure the establishment of centralized common activities in the areas of human resources for Health Ministry

▸ Coordination of the activities related to the definition and development of human health resources policies, including setting standards and guidelines for the careers, professional exercise, labour regimes, collective negotiation, human resources databases, education and professional training and studies of human resources in the health sector.

Portugal Central Administration of the Health System, IP
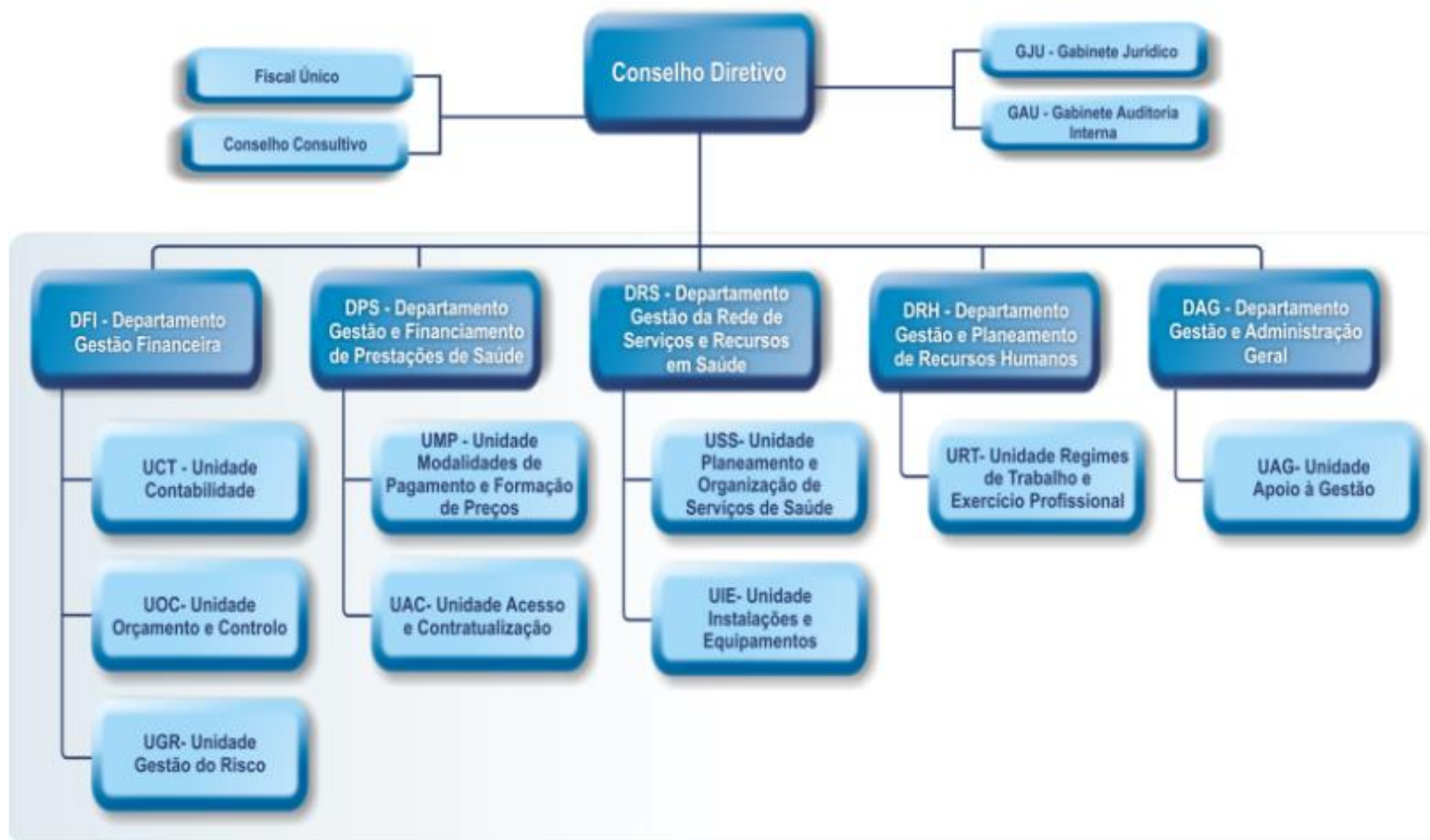
II. Responsibilities of the Human Resources Department

- Guarantee the planning of human health resources in order to provide the needs of the health system.

- To establish an integrated system of indicators, and an adequate base for the characterization of human resources in the health sector, in order to provide definition of policies and a forethought management of human health resources.

- Ensure the collection and the quality of the information needed to produce statistics and other information for the appropriate management of human resources.

- Ensure an integrated management of human resources and keep an updated database, in cooperation with other departments and agencies.

III. Evolution of the Human Health Resources in NHS

REGION	% Pop.	2010	2011	2012	Var.% 12/10
Norte	36,7	43.426	42.948	42.548	-2,0
Centro	17,3	24.445	24.041	24.249	-0,8
Lisboa e VT	36,4	45.747	44.722	47.252	3,3
Alentejo	5,1	6.460	6.479	6.650	2,9
Algarve	4,5	5.449	5.463	5.595	2,7
TOTAL	100,0	125.527	123.653	126.294	0,6

Source: Balanço Social/Social Balance 2010–2011 and Inventory 2012

IV. Evolution of the Human Health Resources in NHS

INSTITUTION TYPE	2010	2011	2012	Var.% 12/10
Hospitals	89.733	87.347	88.919	-0,9
Health centers	24.581	24.185	24.298	-1,2
Local health units	11.213	12.121	13.077	16,6
TOTAL	125.527	123.653	126.294	0,6

Source: Balanço Social/Social Balance 2010–2011 and Inventory 2012

V. Evolution of the Human Health Resources in NHS

PROFESSIONAL GRUPS	2010	2011	2012	Var.% 12/10
Physicians	23.324	23.894	27.534	18,1
Nurses	39.686	39.528	40.202	1,3
Other health professionals (higher education/professional specialization) (1)	1.504	1.486	1.428	-5,1
Paramedical professions (2)	7.669	7.604	7.853	2,4
Other	53.344	51.141	49.277	-7,6
TOTAL	125.527	123.653	126.294	0,6
(1) Pharmacy / Sanitary Engineering /Nutrition /Clinical Psychology/Physical Hospital /Laboratory /Genetics				
(2) Physioteraists (Covers 17 health professionsProfessions regulated by the Ministry of Health)				

Source: Balanço Social/Social Balance 2010-2011 and Inventory 2012

VI. Evolution of the Human Health Resources in NHS

Health Ministry (Global Data)	2010	2011	2012	Var.% 12/10
National Health Service	125.527	123.653	126.294	0,6
Other	4.729	4.751	4.179	-11,6
Health Ministry (Global)	130.256	128.404	130.473	0,2

Source: Balanço Social/Social Balance 2010-2011 and Inventory 2012

VII. Physicians (2011)
(National Institute of Statistics)n and Out the NHS

Local de residência/ Place of residence	Médicos especialistas (N.º) por Local de residência e Especialidade médica; Anual (2011) Physicians (N-º) by place of residence and specialty									
	Total	Cirurgia geral/ General Surgery	Estomatologia/ Dentistry	Ginecologia e obstetrícia Gynecology and Obstetrics	Medicina geral e familiar Family and Gerneral Medicine	Oftalmologia/ Ophthalmology	Ortopedia/ Orthopedics	Pediatria/ Pediatrics	Psiquiatria/ Psychiatry	Outras especialidades/ Other
	N.º	N.º	N.º	N.º	N.º	N.º	N.º	N.º	N.º	N.º
Portugal	30493	1527	652	1538	5410	903	1011	1648	982	16822
Continente	29580	1477	638	1488	5251	881	981	1600	958	16306
Região Autónoma dos Açores	381	18	9	23	60	11	11	20	13	216
Região Autónoma da Madeira	532	32	5	27	99	11	19	28	11	300
Médicos especialistas (N.º) por Local de residência e Especialidade médica; Anual - INE, Estatísticas do Pessoal de Saúde										
The physicians count as many times as specialties exercising										
Source: http://www.ine.pt										

VIII. Planning process

- Actors involved – ACSS, IP, Regional Health Authorities (ARS), Professional associations, IM (Medical Training)
- Objectives – answer according to the demand and the number and kind of HWF available.
- Procedures – Analyze data of human resources (physicians), demand made by the ARS and negotiation with the five regions, in the mainland.
- Law aspects – The legal frame is highly detailed for the PHCare.
- Stakeholders – Regions, Professional associations, IM (Medical Training Consultant Board)
- Strengths – Negotiations and participation of professional associations and health regions. Now we are trying to call for global data – social, public and private sectors.
- Weaknesses –The lack of a model that allows the integration of all the data sources in a comparable way.

IX. Forecasting Models

▸ Projections period – five to ten years

▸ Professions on focus – Physicians and Nurses

▸ Drivers and indicators used in models – N.º of people retired, n.º of physicians prepared to enter the system, n.º of physicians in the system, national and regional ratios.

▸ Results of the forecasting –With these data we can find out whether we have a lack or surplus of HWF, and what kind of professionals, in different levels of health care and different regions of the country.

▸ Failures and successes of forecasting - It's very difficult to find out the "right" ratios by specialties, and integrate these ratios in the forecasting models. There are some deep differences among specialties across countries.

X. Expectations

▸ Create and implement a model of planning and forecasting health workforce that is and strong and takes into account the possible supply and demand, the population with its characteristics and health goals as decide at political level.

THANK YOU