



Joint Action Health Workforce
Planning and Forecasting

Opening speech to the Plenary Assembly meeting of the Joint Action on Health Workforce Planning & Forecasting (Chr. Decoster - General Director)
Bratislava 28 January 2014

Ladies and gentlemen,

As general director of the Directorate-general Health Care of the Belgian Federal Public Service Health, and as coordinator of the Joint Action on Health Workforce Planning and Forecasting, it is a great honour for me to welcome you today to this first Plenary Assembly meeting. I am glad to see you, associated and collaborating partners of the Joint Action, so numerous present at this meeting, and I thank my colleagues from Bratislava for their hospitality and warm welcome. I would like to address a special welcome to the new collaborating partners that have recently joined the project and for whom this is the first official meeting.

I hope this Plenary Assembly session will provide them with valuable opportunities to meet the project partners in person. Since the beginning of my career at the Belgian Federal Public Service Health, health workforce planning and forecasting has always been an issue that has received my utmost attention.

It is widely known that meeting the needs for health care professionals in sufficient numbers and with appropriate skills is a key factor in the sustainability of health systems.

Although the focus of my speech lies on the planning of the health care workforce size, I would like to take this opportunity to underline the importance of the skill of these professionals. A vast quantity of literature shows that “outcomes of care” in health care institutions depend both on a sufficient staff size and on adequate training and development of skills. These aspects are essential for the retention of staff, quality of care and patient safety. Thus, at the micro-level, by which I mean the level at which care is given, the quality of care is defined both by the number of health care professionals and by their level of skill.

Organising workforce planning is necessary for the proper management of a country's health.

However, many countries are facing difficulties in establishing a framework enabling them to gather relevant information, to integrate this data into a forecasting model and to have the necessary political debates which will result in the adoption of measures which will have an impact over the coming decades.

In 2010, Belgium had the honour to preside the European Council and to organise a conference in La Hulpe named « Investing in Europe's health workforce of tomorrow ».



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Strengthened by years of experience in data collection and planning, our country, given voice by its Minister (of health), urged the European Council and the Commission to commit themselves to work out an integrated action plan to face the challenge of increasing shortages in the health care workforce. This "Action Plan for the EU Health Workforce" finally came into being in 2012, supported by several studies such as MoHProf, RN4Cast and PROMeTHEUS.

Now, these initiatives, together with our commitments in the context of the Global Code of Practice on Ethical International Recruitment, need to be translated into actions.

In Belgium, our commitment resulted in the coordination of this Joint Action, in addition to our numerous national priorities.

It is an honour, but also a duty for our country to oversee this ambitious programme and to share the knowledge acquired. Therefore, I would like to take this opportunity to highlight several priorities we have been working on for 20 years.

Everywhere in Europe, we face the question of a shortage in health care professionals. In Belgium, we have learned to be cautious when dealing with the concept of shortage and have become aware of its different dimensions.

- Shortages may be linked to a specific activity sector. In Belgium, for instance, it is often said there is a general shortage of paediatricians. However, after closer examination, this shortage only exists in hospitals.
- Shortages may also manifest themselves only in specific regions. Even in a small country like Belgium, disparities do exist between provinces, especially in regard to primary health care.
- Shortages may also be more pronounced according to the professional speciality. Thus, in Belgium, certain medical specialities such as ophthalmology, aesthetic surgery etc. are very popular among candidate physicians, whereas other specialities such as geriatrics or child and adolescent psychiatrics struggle to attract candidates.

To meet specific shortages, Belgium has provided several solutions:

- Medical and dental professions are regulated by establishing quotas. Quotas are set for the access to specialities, some of which are restrictive while others are incentive.
- Different kinds of measures aimed at improving working conditions and financial conditions exist with the purpose of attracting future physicians to certain specialities.
- Primary health care, especially, is being reorganised in order to reduce unnecessary workloads.

Of course, shortages are only one side of the medal, oversupply being the other.



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Although from a strict public health perspective, shortages pose a greater risk for the population, a situation of oversupply has its own negative effects. An effective workforce planning system aims to avoid both.

In this context, I would also like to refer to the important role of health care professionals in the fight against health inequalities. At this moment health inequalities are increasing in the EU. Therefore tackling this shortage in health care professionals will hopefully increase the access to health care and will decrease the existing health inequalities.

Furthermore, in the training of health care professionals, enough attention should be accorded to the topic of health inequalities and how health care professionals should adapt their communication in function of different vulnerable groups of patients.

Returning to the theme at hand, Belgium's experience has demonstrated that simple quantitative planning, using a quota system to regulate the entrance into a profession, only meets immediate political expectations, but is inappropriate in the long term.

The challenge of workforce planning is complex, so our policy proposals need to take this into account and develop a cohesive, multi-dimensional approach. Many of the factors to be considered do not have a linear impact.

Let us take a look at a few examples:

- Careers are no longer as linear as in the past. Feminisation of the medical professions result in other ways of exercising the profession. Working people nowadays no longer devote themselves exclusively to their professional activity, they are increasingly in search of a good balance between professional and personal life, whether they are men or women.
- Medical practices are in constant evolution, technical progress modifies working methods, new specialities and professions appear.
- There are also changes in the population structure. Belgium's population is getting old at a different rhythm in the South than it is in the North of the country. The active part of the population will decrease while the inactive 65+ part will keep growing. The imbalance is true for all three regions of the country, but is more pronounced in Flanders.
- International mobility has been made easier for students by the Bologna agreements, but is also a realistic choice for professionals as a result of the European principle of free movement of workers. So, we observe a “Double mobility”.

Essential in the development of a workforce policy is an approach we refer to as “health in all policies”. Specifically, a close collaboration is needed between the key departments of health, employment and education. This collaboration is needed in order to develop a comprehensive dataset and to guarantee an efficient and effective health workforce planning.



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In order to develop a policy, able to meet this complex challenge, the Belgian government has invested millions of euros in numerous studies to support the work of the Planning Commission, composed of experts from different backgrounds. The role of this Commission is to ensure the monitoring and regulation of the health care professions, and to manage a mathematical planning model concerning the offer of health care professionals.

This universal forecasting model is valid for all professions and comprises more than forty parameters. It incorporates data from several sources such as the National Register of Health Care Professionals and the Social Security and Medical Insurance Agencies. These sources will soon be linked on a permanent basis.

We bring an enthusiastic, encouraging message to our European partners, by demonstrating that such a complex matter can be dealt with, even in a country with a certain institutional complexity like Belgium.

This message is also the one underlying the programme of the Joint Action. By conceiving a methodology based on the acquired experience that is altogether simple and efficient, by proposing data coordination between Member States with regard to their definitions as well as their collection, by suggesting a reflection on those qualitative factors that are likely to have a major impact in the future, and finally by proposing to Europe a network of experts and an implementation strategy, the Joint Action is showing us the way to action.

We are certain that adding our experience to that of countries which, like Belgium, have been working for many years to develop planning dynamics, will increase our collective knowledge and will be very useful in putting this know-how at the disposal of countries which are presently initiating this process.

We are convinced that reliable data about professional and educational mobility can only be achieved if we cooperate with each other.

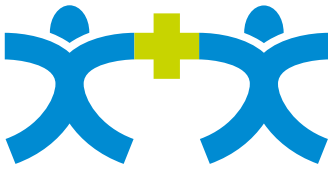
Through this Joint Action, Europe offers us the opportunity to exchange experiences and to improve the quality of the available data. This Joint Action is one of the major on-going initiatives in health workforce planning. It is very ambitious and faces many challenges. It is an exceptional and unique partnership, involving numerous partners from Central and East European countries, together with new EU Member States and EU candidate countries. Up until now, new collaborating partners have been joining the Action every month. The interest in the project keeps on growing and is even extending to other professions in addition to the 5 professions included in the project, and even to other continents. It is with a certain pride that I see this diverse and ambitious group of like-minded people gathered here today, eager to work together and to share their knowledge.



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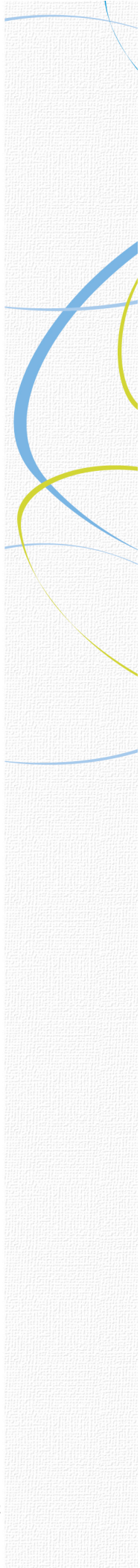


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True to Belgian tradition, I will continue to support this Joint Action and I urge the Belgian coordination team to sustain their efforts in coordinating the project. I am convinced that all of us, united as partners in the same project, can move Europe forward on the way to effective health workforce planning and forecasting.

It is with this conviction, and as a representative from the coordinating country, that I would like to open this first Plenary Assembly meeting of the Joint Action on Health Workforce Planning & Forecasting.

Thank you for your attention.



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