Describing the fundamental aspects of the HWF planning systems in selected European Countries

The purpose of the handbook on HWF (Health Work Force) planning systems (D52) is to become a guide to all European states wanting to improve their planning of the HWF but in particular those who are starting up a planning system now.

In order to respond to the future requests on the handbook we have decided to distinguish between the activities that need to be done during the starting up of a planning system and a description of that one. In this document we will treat the description of the planning system.

When we have analysed the different planning systems that could be used as “good practice” and compared with the literature on the subject, we have found five main elements to describe a planning system:

1. **How the planning system is organized** in order to guarantee a permanent process. The literature defines planning (also called forethought) as the process of [thinking](http://en.wikipedia.org/wiki/Thinking) about and organizing the activities required to achieve a desired goal. Planning is deciding in advance what to do, how to do it, when to do it, and who should do it. In a complex system it is critical to engage the stakeholders in the planning process.
2. Which **goals** are set and with which time frame. If the goals are set on fifteen years from now, probably there will be less restrictions in the system than if you plan for the next year. For example, in most European countries in fifteen years from now, half of the doctors of today will have left the active working life and the new doctors may have different characteristics.
3. How the planning process is connected with the actions that will achieve what has been planned, (the **cycle of continuous improvement** of Deming with the phases Plan, Do, Check, Act). Within the planning phase, the literature highlights the need to adopt a method that is consistent with the time frame. It might be necessary to include in the planning the skills needed, the future professional mix, the quantity, the working conditions and the training.
4. Which **data** is really used in the planning.
5. The type of the **forecasting model** and its use.

The attached template is to be used when describing some selected existing planning systems in European Countries[[1]](#footnote-1). In the expert meeting in Firenze in May the template and the descriptions will be used to:

* compare the different systems;
* choose criteria for assessing the systems;
* assess the systems according to these criteria.

During the following months the results of the expert meeting will be used to organize and develop the Handbook.

**ORGANIZATION OF THE HWF PLANNING SYSTEM** (staff, competences, workflow, responsibilities)

|  |  |  |
| --- | --- | --- |
| **Main aspects** | Description / Examples | Documents |
| At what level does workforce planning take place?1. Regional (local).
2. National (central).
3. Separated between central administrations and regional (local) administrations.
4. Shared among central administrations and regional (local) administrations.
 |   |  |
| Staff members.1. How many people are involved in the planning institution?
2. Which competence profile?
3. Other people involved from external organizations?
 |  |  |
| Specialization of the staff members.1. Staff members specialized for single professions.
2. Staff members competent for all professions.
 |  |  |
| Organization of the workflow.1. Different workflow for each professions managed by different planning institutions.
2. Same workflow with some specific articulation for the different professions managed by the same planning institutions.
3. Unique workflow with no specific procedures for the different professions managed by the planning institutions.
 |  |  |
| Organization of the stakeholders representation.Please, describe the involvement in the decision making process of the stakeholders and, if possible, design the chart. |  |  |
| Which are the stakeholders involved?1. Health care producers (public and private).
2. Health care trainers.
3. Health care payers.
4. Health care workforce (professional orders).
5. Health care users.
 |  |  |
| Which is the role of the stakeholders?1. Contributing to give advices.
2. Contributing to the take the decisions.
 |  |  |
| Responsabilities in the decision making process:In the process to reach the defined goals, the responsibility of the final decision is up to1. One subject (who?);
2. Two or more subject (shared responsibility).
 |  |  |
| Communication: How the decisions regarding “the goals” and “the results” are communicated/ published?1. Goals;
2. Results.
 |  |  |

**GOALS OF THE HWF PLANNING SYSTEM** (reporting and describing the goals of the HWF planning system)

|  |  |  |
| --- | --- | --- |
| **Main aspects** | Description / Examples | Documents |
| The goals are1. Explicit or Implicit (communicated or not);
2. Specific or Generic (type of objective);
3. Measurable or not (is it possible to set indicator?;
4. Attainable (is there an action plan) or not;
5. Realistic (are there restriction?) or not;
6. Timely or not (is set a time frame to reach the target? If so, which time frame?).
 |  |  |

**CONTROL AND CONTINOUS IMPROVEMENT OF THE HWF PLANNING PROCESS** (Deming cycle: Plan, Do, Check, Act)

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| --- | --- | --- |
| **Main aspects** | Description / Examples | Documents |
| PlanWhich “objects” are taking into account in the planning?1. Skills needed.
2. Future professional mix.
3. Quantity of professionals.
4. Future working conditions.
5. Future necessary changes in training.

Which are levers and actions that planners can manage to reach the goals? 1. barriers to university (basic degree);
2. barriers to specialization;
3. barriers to and/or specific authorizations to work;
4. other levers or actions.
 |  |  |
| DoHow are the plans realized and who is involved? |  |  |
| CheckHow are goals and actions checked? Who is the checker? |  |  |
| ActAre there any example or documentation on acts to correct the activities in order to reach the goals?Who is in charge of acting if the objectives are not reached?Are there any examples of re-actions to external events (for example increase/decrease in working hours or in retirement age introduced for economic reasons)? |  |  |

**DATA ON CURRENT SITUATION ON SUPPLY SIDE** (What are the supply side data on the current stock and flow and how they are collected)

|  |  |  |
| --- | --- | --- |
| **Main aspects** | Description / Examples | Documents |
| Data sourcesIs there a unique database with data stored in for the planning purposes?The database contains:1. Aggregated data
2. Individual data

Which are the data sources?1. Unique
2. Multiple

Who reports the data? |  |  |
| Timely DataNow you are working on supply side data regarding which year?1. 2014
2. 2013
3. …
 |  |  |
| Data collectionWhich Is the data collection main purpose?1. Specifically for planning
2. For other purposes and used for planning.
 |  |  |
| List of the data collected for planning (indicating also the data used by the mathematical forecasting model) |  |  |

**MATHEMATICAL FORECASTING MODEL** (How future scenarios are made? How future HWF needs are calculated?)

|  |  |  |
| --- | --- | --- |
| **Main aspects** | Description / Examples | Documents |
| The projections concern1. Only Supply
2. Supply and Demand
3. Supply and population needs
 |  |  |
| Which are the projection periods? |  |  |
| Integration of different professional groupsDoes the forecasting model take into account any kind of 1. horizontal integration (different specialties within the professional group) or
2. Vertical integration (different professional groups)
 |  |  |
| Forecasting methods used1. Only quantitative methods
2. Onlu qualitative methods
3. Combination of quantitative and qualitative methods
 |  |  |
| Quantitative forecasting methodWhich statistical forecasting method is used?1. Classical time series analysis
2. Stochastic time series analysis
3. Multiple Regression Analysis
4. Other
 |  |  |
| Qualitative forecasting method (if used)1. Delphi
2. Brainstorming
3. Market survey
4. Other
 |  |  |
| Evaluation of forecast1. Forecast error calculation (MAD, percent confidence interval, tracking signal, etc)
2. Test on historical data
3. Others.
 |  |  |
| Scenario analysis 1. Just one scenario developed
2. More scenarios developed with not adjustable assumptions
3. More scenarios developed with adjustable assumptions
 |  |  |

1. See document in Sharepoint at

https://collab.health.fgov.be/sites/dg1/CW/JAEUHWF/WP\_5/Shared%20Documents/D052%20Handbook%20on%20planning%20methodologies/140312\_Inclusioncriteriaforassessmentofplanningmethodologies\_WP5\_PM.docx . [↑](#footnote-ref-1)