



Joint Action Health Workforce
Planning and Forecasting

Portuguese Pilot Project



JOINT ACTION HEALTH WORKFORCE

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PT-ACSS



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Agenda

Portuguese Pilot Project

1. Introduction
2. National context
3. Pilot Project
4. Results
5. Lessons Learned & Recommendations
6. Sustainability of Portuguese experience

1. Introduction

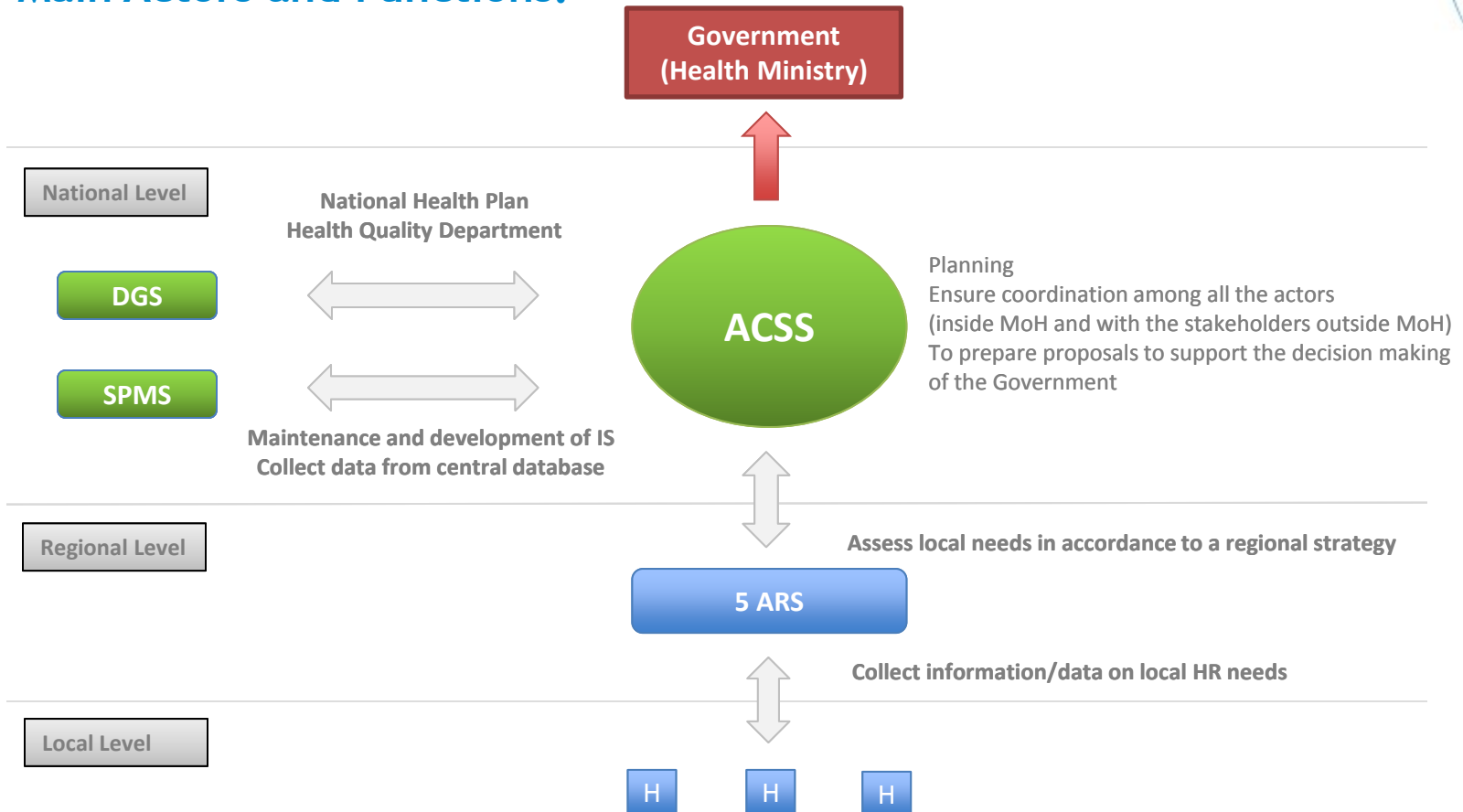
ACSS - Responsibilities in the Joint Action:

ACSS obligations in what matters the pilot project are the following:

- To work on a fixed term project to support national authorities in the implementation of models, procedures and tools, following the handbook;
- To write a report on the pilot experience.

2. National context

Main Actors and Functions:



2. National context

Main Functions of the ACSS (HRH):

- ❑ As a central organism of the Ministry of Health, ACSS is responsible for the **regulation of human resources in the health sector**;
- ❑ It has a **sound support in the professional orders** , such as Medical, Nurses, Nutritionists, Psychologists, Dentists. They are now gathered in a National Council;
- ❑ For the **Diagnostic and Therapeutic Technicians** (17 professions), ACSS is the institution where professionals do their registry, **acting as the competent authority**;
- ❑ **Also** for the 7 professions of **non-conventional therapeutics**, recently regulated;
- ❑ To **ensure human resources for health**, in order to **meet the healthcare needs**;
- ❑ Coordination of **medical internship** in connection with specific stakeholders;
- ❑ Others.

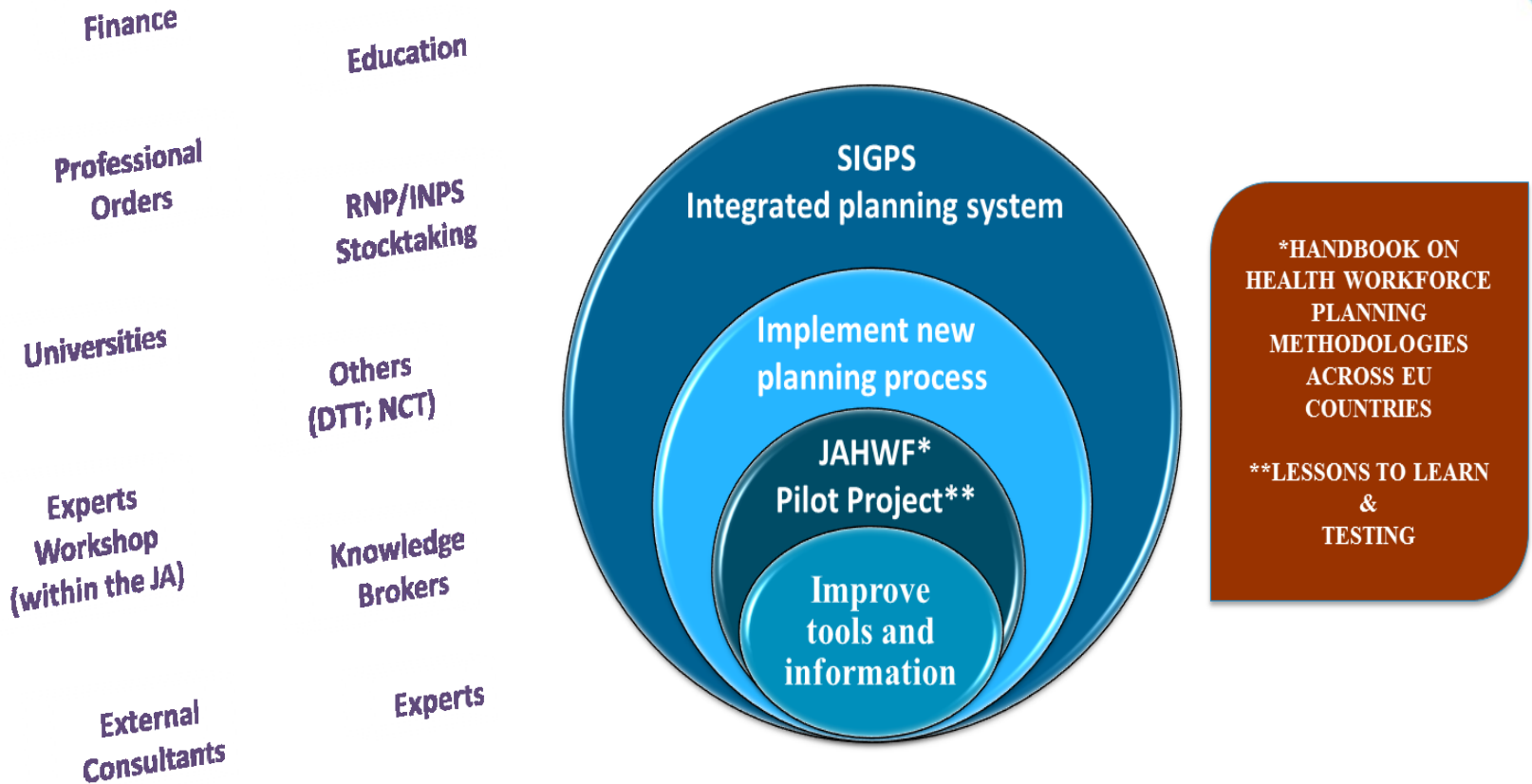
2. National context

Strengths of the national health workforce planning system

STRENGTHS	WEAKNESSES
Universal and strong NHS , with a high degree of centralization of decision and information.	Very limited information on the private and social sectors.
Qualified human resources with high technical knowledge on Health Workforce issues (medical internship well settled).	National Inventory of Health Professionals implementation delayed (for example, questions related with the information to be transmitted).
Active participation of stakeholders in processes related with HWF (careers, professions, medical internship).	Difficulty in accessing reliable data on emigration of health professionals.
National Inventory of Health Professionals -New Law.	

3. Pilot Project

Place of the pilot project in the HWF planning system in Portugal and main stakeholders



3. Pilot Project

Planning of the Pilot Project (Process)



PT-PPProject
As a combination of:

- ✓ Previous experience,
- ✓ Stakeholders,
- ✓ Joint Action,
- ✓ Work packages,
- ✓ Experts meeting,
- ✓ Working together.

3. Pilot Project

Management of the Pilot Project (Process)

- ❑ Development of a **strategy to line up** the JA, the Pilot Project and the HWF planning system in Portugal;
- ❑ Using the **Pilot Project to leverage a more adequate HWF management**;
- ❑ **Stakeholders meetings:**
 - ✓ The first one (01/2014) for the presentation of **the Portuguese participation in the JA**
 - ✓ The second one (09/2015) for the presentation of **the Projection Model**.
 - ✓ Next meetings to show the **results of the Pilot Project** and to define the **steps beyond**.

3. Pilot Project

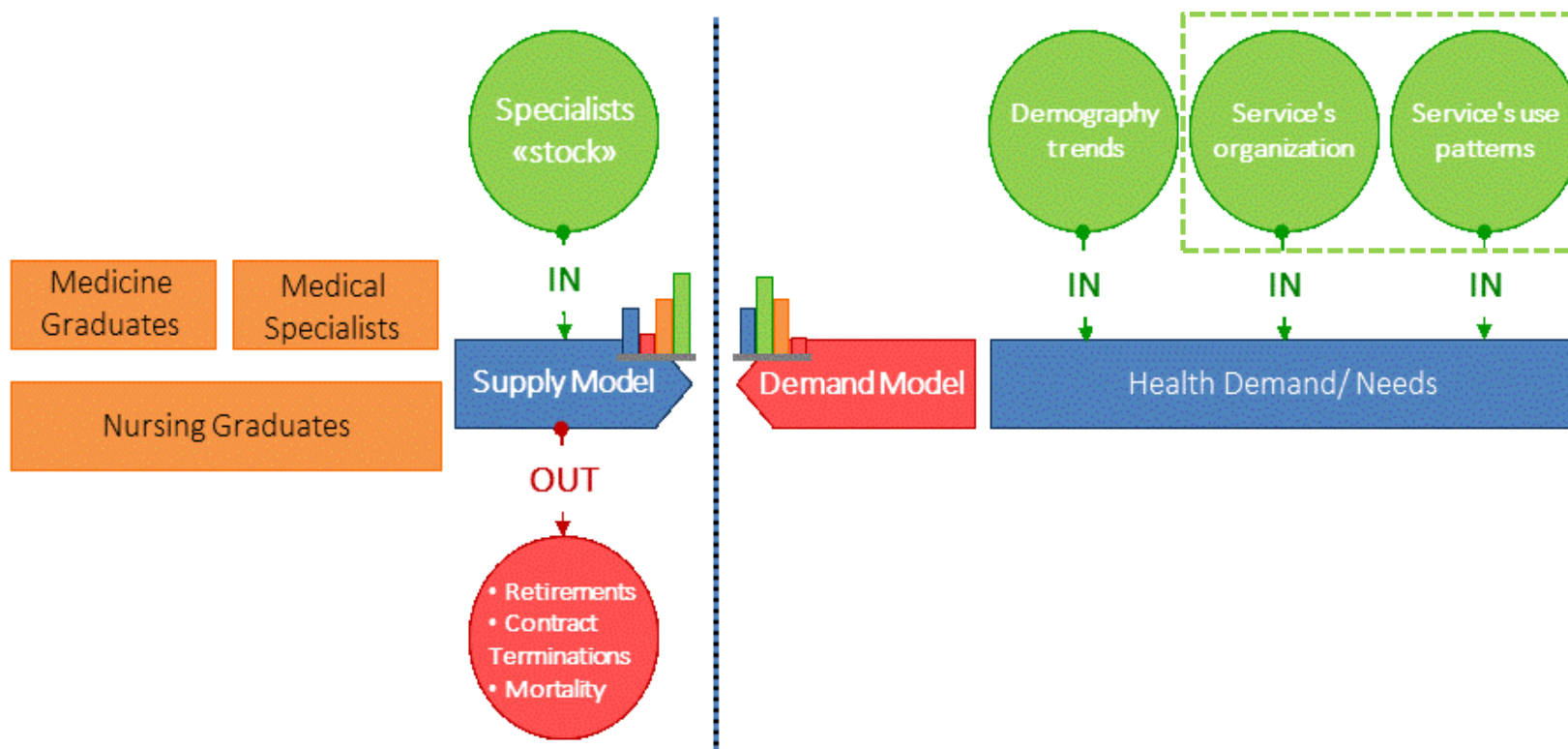
Planning of the Pilot Project (Outcome)

Professional Groups	Data Source	Stock/ Forecast	Supply	Demand	Stakeholders Involvement	Link with Education
Doctors	Public	Stock	Done	Done	Done	Regarding a different annual intake of students in health professions is under consideration by both Health and Education Ministries. Still, we would like to wait for the results of the implementation of the National Inventory of Health Professionals to get a more reliable knowledge of present and future imbalances within the NH System and also the foreseeable necessities of the private sector. The involvement of the stakeholders of all sectors is to proceed continuously.
		Forecast	Done	Done	Done	
	Private	Stock	-	-	-	
		Forecast	-	-	-	
Nurses	Public	Stock	Done	Done	Done	
		Forecast	Done	Done	Done	
	Private	Stock	-	-	-	
		Forecast	-	-	-	
Pharmacists	Public	Stock	Done	2018	Done	
		Forecast	2017	2018	-	
	Private	Stock	Done *	2018	Done	
		Forecast	2017	2018	-	
Dentists	Public	Stock	There are no public dentists	-	-	
		Forecast	-	-	-	
	Private	Stock	Done*	2018	Done	
		Forecast	2017	2018	-	

* Aggregate data from the Professional Order.

4. Results

Results of the Pilot Project - The projection Model



4. Results

Results of the Pilot Project

Projections for Doctors – supply and demand

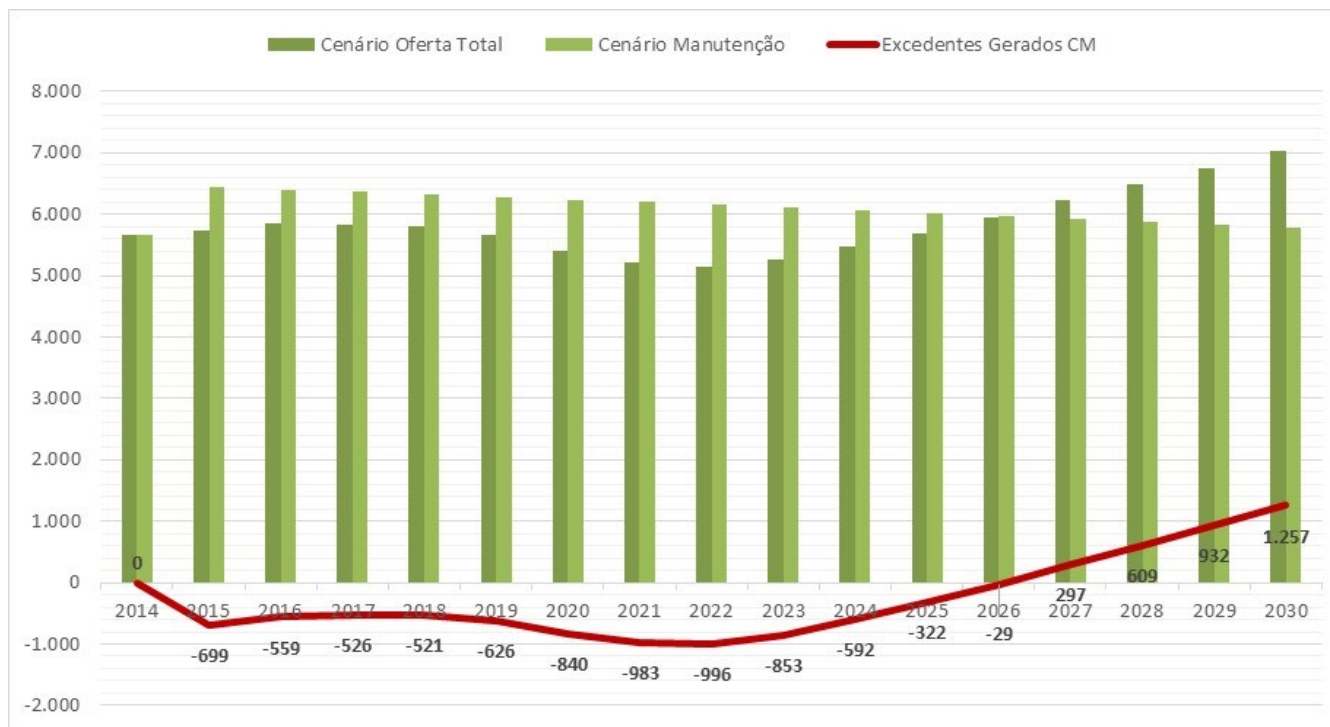


Total number of specialists (all specialities - hospital and family medicine)

4. Results

Results of the Pilot Project

Projections for Doctors – supply and demand (family medicine)

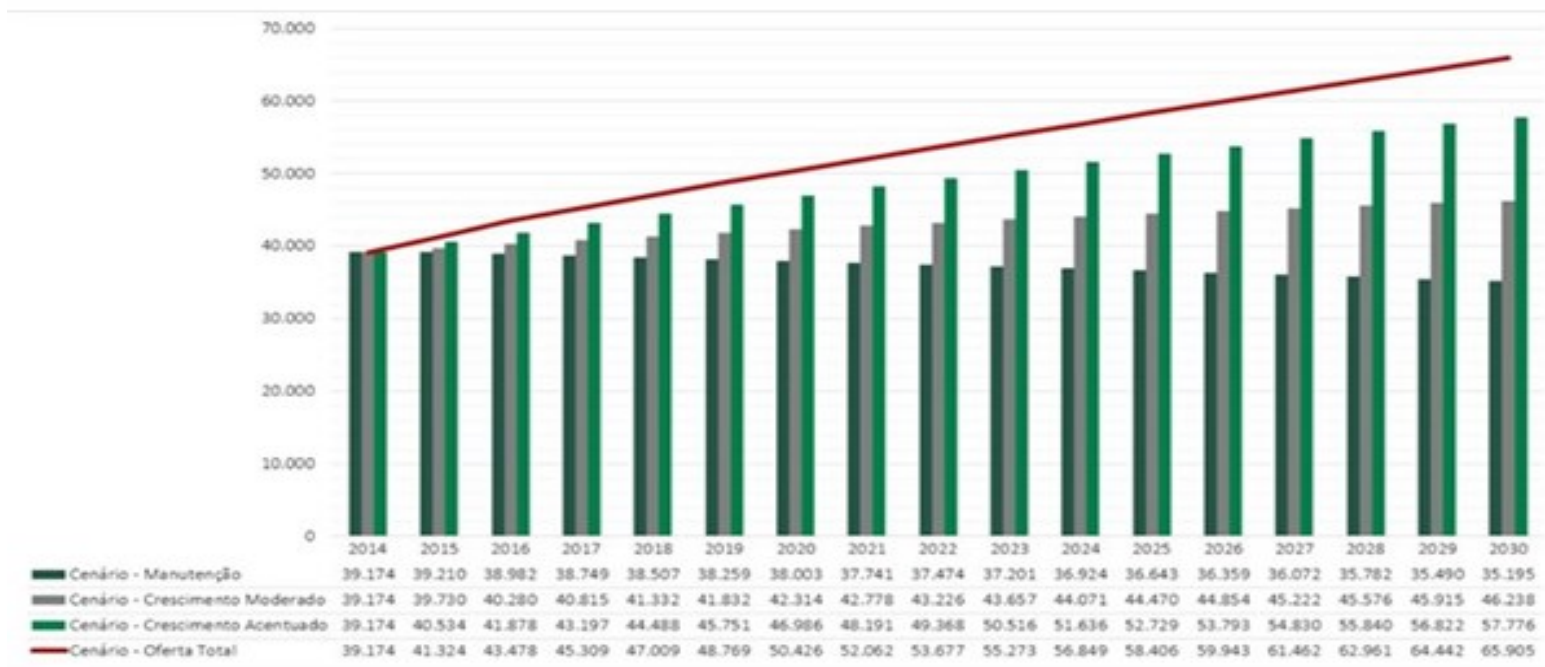


4. Results

Results of the Pilot Project

Projections Nurses – supply and demand

Integrated Projection of the Total Supply Scenario with the 3 Demand Scenarios (Maintenance, Moderate Growth and Strong Growth) (2014 base year-2030)



4. Results

Connection of the NIHP Law: public, private, social sectors with JA & Pilot Project

- ❑ **Approval of the National Inventory of Health Professionals (NIHP)** within the time of the Joint Action and the Pilot Project.
- ❑ This process (NIHP) began before the kick-off of the JA, but there are improvements resulting from this European Project:
 - ✓ A more wide scope of the Data Collection (near the one preconized by the MDS for HWF Registry - WHO)
 - ✓ The inclusion of mobility data (ex. place of birth, nationality, country of residence)
 - ✓ Establishment of an Advisory Board on the NIHP law

5. Lessons Learned

HANDBOOK

- ❑ The **goals** should be SMART.
- ❑ Integrated **Projection Model** (supply and demand side); current and future imbalances identified; projection of the number of health professionals through different scenarios and allocation of HWF).
- ❑ **Data collection** (Education, NHS – Internship, stock, outflow,) FTE and new law for private and social sectors.
- ❑ **Policy action** is an ongoing process (for example, legislation and communication among actors).
- ❑ Continuous improvement of the **planning organization** and the involvement of the stakeholders.

5. Recommendations

HANDBOOK

- ❑ The models should be adapted to the **concrete conditions of the country**. These conditions depend, in a great extent, on aspects such as the political context and the institutional framework, the collaborative institutional tradition, or the data availability and access to them.
- ❑ Designing the projection model according to: type of **health system**, the **maturity of the planning process** or planning system and the **involvement of stakeholders**.
- ❑ Use a **step by step** approach, from a **simple**, sound model to a more complex one.

6. Sustainability of Portuguese Experience

- I. **NIHP Implementation (Public, Private and Social sectors)** - Currently we are answering the questions presented by the recently created National Council of the Professional Orders - representing all the Orders - and also to those put by the National Commission of Data Protection (Protocol for data transmission).
- II. **Functioning of Advisory Board of the NIHP** - will gather all the significant stakeholders in an effective health human resources planning system – national and regional authorities, public, private and social sectors, professional orders, at high level.
- III. **Create a specific and dedicate team in ACSS for HWFPF** to link the strong expertise that exists in ACSS but is scattered through various areas (regulation, careers, hiring, training, professional registries, data, models).
- IV. **Promote a snapshot, for mobility knowledge purposes**, into some countries known as being destination countries for our health professionals, to have a sign of what's going on in this field as a starting point to get information.

Thank you!

Obrigada!

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