



Joint Action Health Workforce  
Planning and Forecasting

# Joint Action results on planning methodologies

## The pilot project in Italy

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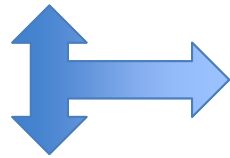
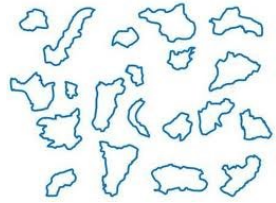
JA Plenary Assembly  
Mons (Belgium), May 2016



Funded by  
the Health Programme  
of the European Union

# The yearly institutional process in the Italian HWF planning

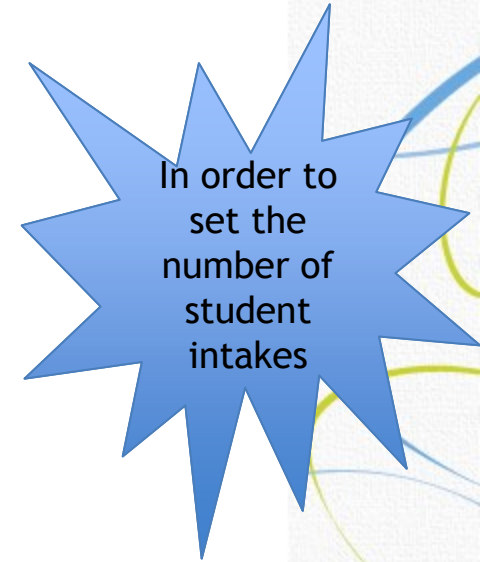
HWF needs by the Regions



Data comparison and analysis: balanced proposal by the MoH.

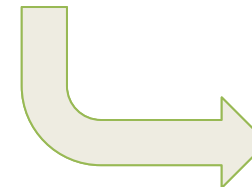


Agreement among Government and Regions



In order to set the number of student intakes

HWF needs by the Professional Bodies



Communication of the agreement to the Ministry of Education for the regulation of the access to academic courses

OCT-DEC

JAN-MAR

APRIL

MAY

# Strengths / Weaknesses of the process

## STRENGTHS

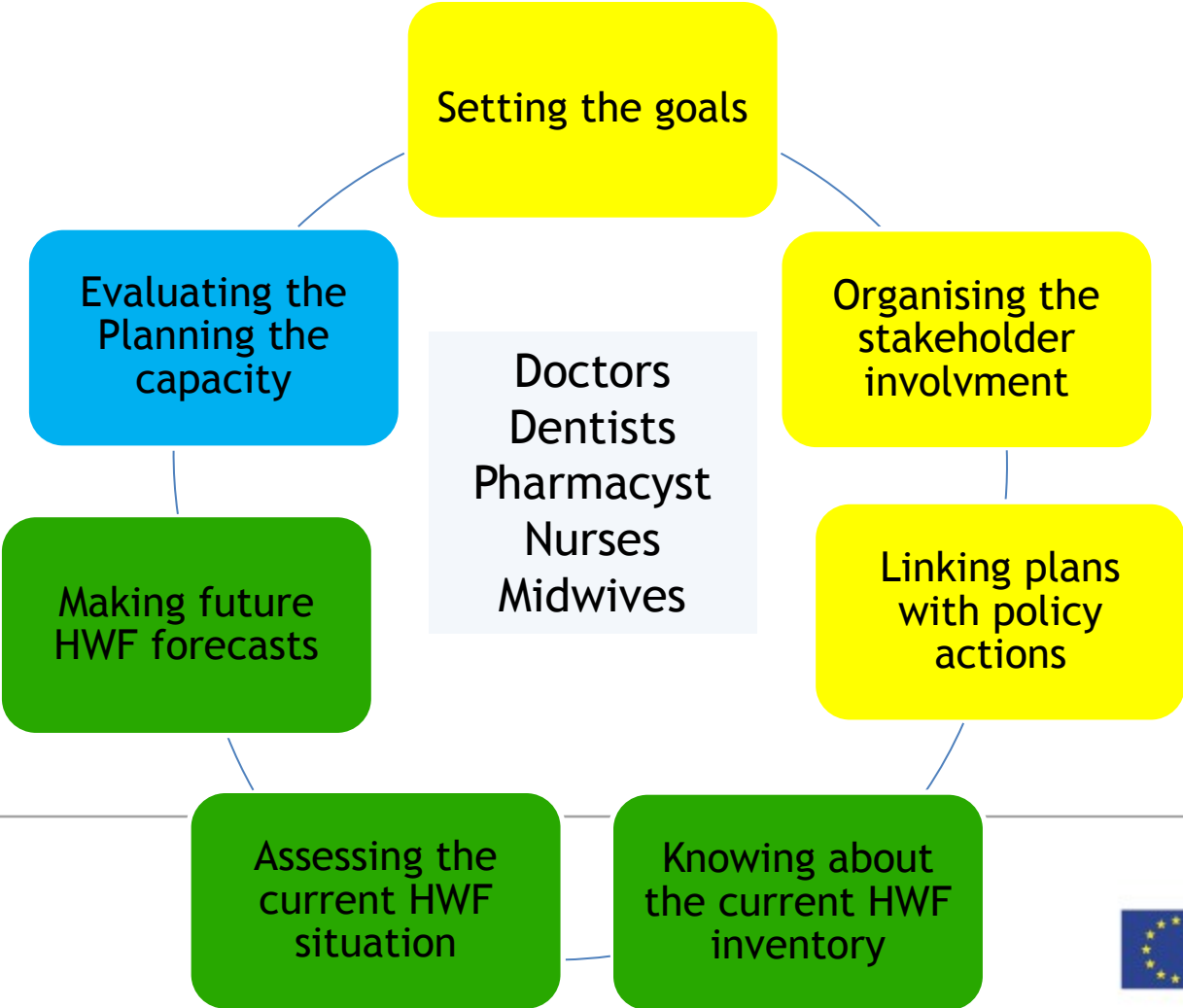
- **Legal framework** of the HWF planning process forcing a yearly collection of the HWF needs.
- **Involvement stakeholders at regional and national** (representatives of the Regions, Ministries and National Health Professionals Associations).
- A **specific unit** within the Ministry of Health in charge of responding to the Law obligation.

## WEAKNESSES

- **No common understanding** of the “health workforce needs” among the stakeholders (only “public health sector” or “overall health sector” needs? University training capacity or actual health workforce needs?).
- **No common methodology** used by the stakeholders to estimate the HWF needs.
- **Policy actions limited** to numerous clauses.
- **No clear roles of the stakeholders** in the different stages of the process and no clear scopes of the different stages.

# How to tackle the Pilot Project in Italy?

The implementation path suggested by the “Handbook” and by the WP4 evaluation toolkit.





## Item #1

Set-up of clear and explicit HWF Planning **objectives** in national health policy.

**Score:**

0 → *not at all*

1 → *somehow*

2 → *completely*

Evaluation **before** the pilot project:

0 1 2

In Italy no explicit targets (SMART objectives) are defined but:

- A national law set up a planning process to decide upon the student intakes at university courses.
- In the 2014 Deal for Health among the Government and the Regions set an overall target on the improvement of the HWF management and planning system.

Evaluation **after** the pilot project:

0 1 2

The pilot project in Italy was not focus on the goals. The legal framework, as well as the national health policy, remains the same. But several points of improvement were proposed by the stakeholders involved in the project. Some of them can be potentially turn in future HWF policy and goals.



## Item #2

Achievement of strong **political commitment** and awareness

**Score:**

0 → *not at all*

1 → *somehow*

2 → *completely*

Evaluation **before** the pilot project:

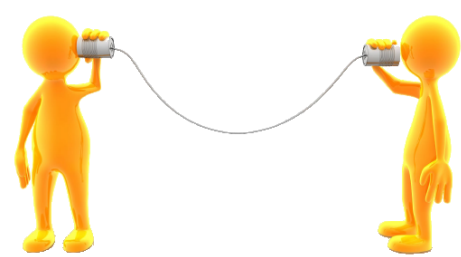
0 1 2

We considered the involvement in the JA as WP leader and the content of the Deal for Health (see point 1) as a moderate political commitment.

Evaluation **after** the pilot project:

0 1 2

The pilot project helped to arise the political commitment and the awareness, in particular at the local level (involvement of the Regions) and at the cross-sectoral level (involvement of the Education sector, Finance sector, Labour sector).



## Item #3

### Coordinated communication and information flow among national level stakeholders

**Score:**

0 → *not at all*

1 → *somehow*

2 → *completely*

Evaluation before the pilot project:

0 1 2

Good coordinated communication and information flow between Ministry of Health, Regions and Professionals Associations in the framework of the institutional process.

Evaluation after the pilot project:

0 1 2

Coordinated communication and information flow between Ministry of Health and Professionals Associations were already at good at national level. The Pilot project improved greatly the communication among national and local level.



## Item #4

Dedicated and established **HWF Planning committee** at national level - designated responsible entity/specific group

**Score:**

0 → *not at all*

1 → *somehow*

2 → *completely*

Evaluation before the pilot project:

0 1 2

No HWF standing committee is established. Number of student intakes are decided through the proceeding of a “working committee” made up of representatives from: the Ministry of Health, the Ministry of Education, the Regions, the Universities with medical schools, and the various national orders representing healthcare personnel (multi-level negotiation).

Evaluation after the pilot project:

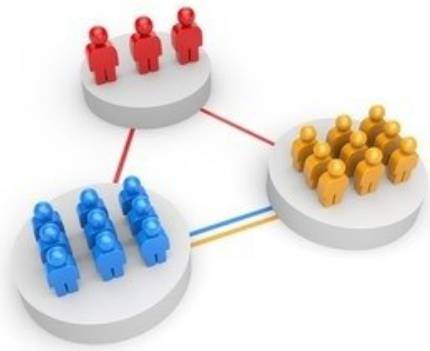
0 1 2

During the Pilot Project a Steering Committee was established with specific working groups in charge of specific activities and targets. In the follow-up stage of the pilot project several proposals to establish a Standing Committee are in discussion but nothing has been decided yet.



## Item #5

### Multisectoral collaboration in HWF Planning



**Score:**

0 → *not at all*

1 → *somehow*

2 → *completely*

Evaluation before the pilot project:

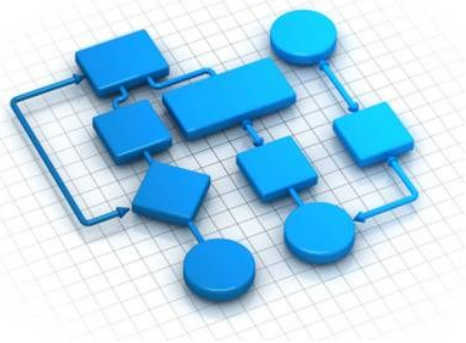
0 1 2

In the framework of the institutional planning process, the Ministry of Health established a collaboration for data exchange with Professionals Associations, National Institute of Statistics, Ministry of University and Ministry of Finance.

Evaluation after the pilot project:

0 1 2

During the pilot project the collaboration among different sector and stakeholders at national and local level really improved, both on data collection, on data analysis, on building the forecasting tools and in discussing the forecasting results. About 50 stakeholders were involved in the Pilot Project.



## Item #6

Established methodology and use of **explicit model elements** (from simple scenarios to complex mathematical simulations).

**Score:**

0 → *not at all*

1 → *somehow*

2 → *completely*

Evaluation **before** the pilot project:

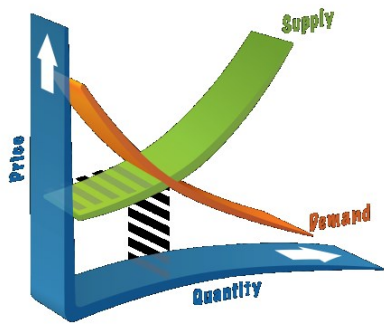
0 1 2

No established and shared methodology or scenario.

Evaluation **after** the pilot project:

0 1 2

The development of a common and explicit model was the goal of the Pilot Project in Italy. As result, a forecasting methodology was developed and used by 19 Regions of 21. Moreover, the same methodology was used, at national level, by the Ministry of Health and the Professional Bodies. In any case, it's necessary to improve the knowledge of this methodology among the stakeholders.



## Item #7

**data coverage and completeness on both supply and demand side**

**Score:**

0 → *not at all*

1 → *somehow*

2 → *completely*

Evaluation **before** the pilot project:

0 1 2

For the Supply side, only data on the Licensed to Practice Stock. No forecasts based on the demand side.

Evaluation **after** the pilot project:

0 1 2

During the pilot project data coverage improvement was target, in particular on supply side: professionally active measurement instead of licensed to practice; geographical distribution based on workplace; age and gender distribution. But a lot of improvement are still needed. The data gap analysis was one of the output of the pilot project.



## Item #8

Different **data sources linked** to each other, fostered data exchange - building an integrated interlinked database/warehouse

**Score:**

0 → *not at all*

1 → *somehow*

2 → *completely*

Evaluation **before** the pilot project:

0 1 2

No HR interlinked database used for HWF planning. There are some HR database based on the Licensed to Practice Professionals data (from Professional Associations registries) but these databases were not used for planning purpose.

Evaluation **after** the pilot project:

0 1 2

During the Pilot Project, some experimentations of HR interlinked database were done in order to identify the professionally active stock. The results were really good and appreciate by all the stakeholder, but further improvements are needed (see previous point).



## Item #9

### Support of **online platforms**, HR information systems

**Score:**

0 → *not at all*

1 → *somehow*

2 → *completely*

Evaluation **before** the pilot project:

|   |   |   |
|---|---|---|
| 0 | 1 | 2 |
|---|---|---|

No support from online HR platform in HWF planning.

Evaluation **after** the pilot project:

|   |   |   |
|---|---|---|
| 0 | 1 | 2 |
|---|---|---|

No support from online HR platform in HWF planning. Not developed during the pilot project.



## Item #10

### Utilization of **qualitative** methods

**Score:**

0 → *not at all*

1 → *somehow*

2 → *completely*

Evaluation **before** the pilot project:

|   |   |   |
|---|---|---|
| 0 | 1 | 2 |
|---|---|---|

No at all.

Evaluation **after** the pilot project:

|   |   |   |
|---|---|---|
| 0 | 1 | 2 |
|---|---|---|

During the pilot project the Ministry of Health organised two expert meetings and a survey using qualitative methods to build future scenario on the demand side (main drivers and future skills). This was just an endeavor with very appreciated results. However, the qualitative methods are to be improved and incorporated in the forecasting tool.



## Item #11

**Regular evaluation of HWF Planning System -  
continuous fine-tuning**

**Score:**

0 → *not at all*

1 → *somehow*

2 → *completely*

Evaluation **before** the pilot project:

|   |   |   |
|---|---|---|
| 0 | 1 | 2 |
|---|---|---|

No at all.

Evaluation **after** the pilot project:

|   |   |   |
|---|---|---|
| 0 | 1 | 2 |
|---|---|---|

The pilot project itself was the first step for a continuous improvement of the HWF planning system in Italy. The WP4 evaluation toolkit and the stakeholders' satisfaction survey, done after the pilot project, were two experimentations which could be implemented for a regular evaluation.



## Item #12

Implementation and policy actions based on **recommendations** of the HWF Planning committee

**Score:**

0 → *not at all*

1 → *somehow*

2 → *completely*

Evaluation **before** the pilot project:

|   |   |   |
|---|---|---|
| 0 | 1 | 2 |
|---|---|---|

No planning committee and no recommendations.

Evaluation **after** the pilot project:

|   |   |   |
|---|---|---|
| 0 | 1 | 2 |
|---|---|---|

As follow-up activity of the pilot project, proposals of improvement and recommendations were collected and they are going to be presented and discussed during a national conference next May, 19th.





## Item #13

**Sustainability** ensured by accomplishable/adequate resources

**Score:**

0 → *not at all*

1 → *somehow*

2 → *completely*

Evaluation **before** the pilot project:

0 1 2

At the current in each Region as well as at the Ministry of Health there's at least one person in charge for carrying on the activities related to the HWF needs (institutional process). At the Ministry of Health this person is in charge to collect and systematize the Regional needs (FTE=0,5).

Evaluation **after** the pilot project:

0 1 2

The Pilot Project involved more than 150 people, both national and local representatives. Anyway, it's necessary to increase the staff in the Regions and at National level. There's also need for improving skills and competences of the dedicated staff. A sustainability plan is going to be discussed.

# Planning capacity improvement



Total score before the pilot project:

7

Total score after the pilot project:

15

# Lesson learned and next steps

## Setting the goals

- **Lesson learned**: to agree on principles and than to try to turn the principles into goals «time-based».



- **Next steps**: to work on setting a HWF strategy.

# Lesson learned and next steps

## Linking plans with policy actions

- **Lesson learned**: to create a specific working group / committee with the goal to analyse and propose alternative and complimentary policy actions.



- **Next steps**: to ask for strong commitment in order to start the policy actions analysis.

# Lesson learned and next steps

## Organising the stakeholder involvement

- **Lesson learned**: to involve stakeholders representing “users” and “payers” and foster their participation in an organised form.

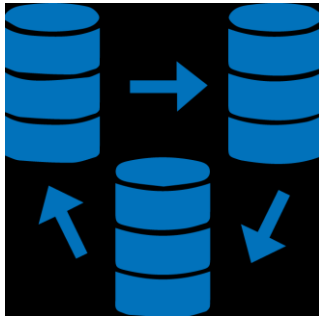
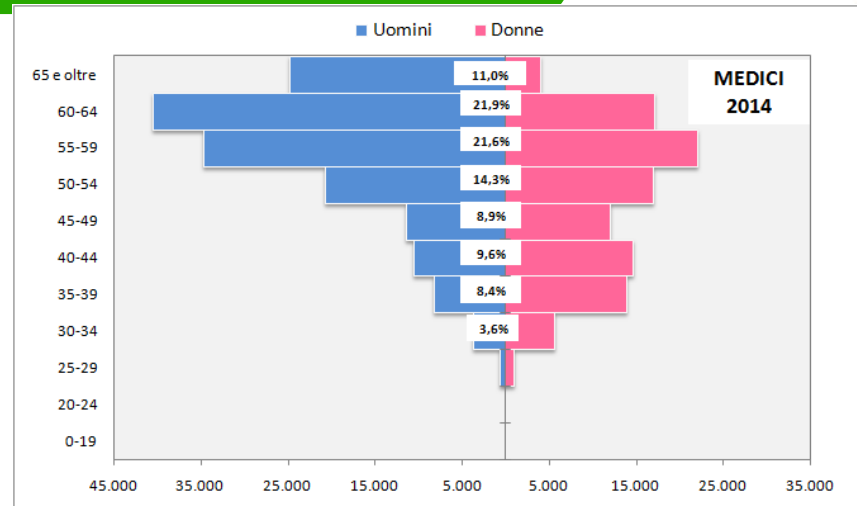


- **Next steps**: updating stakeholders analysis.

# Lesson learned and next steps

## Knowing about the current HWF inventory

- **Lesson learned:** Investing resources on data analysis and start a discussion with the stakeholders.



- **Next steps:** exploring better use of existing database.

# Lesson learned and next steps

## Assessing the current HWF situation

- **Lesson learned**: to agree first on the conceptual framework, on principles and then on the indicators to use. To clarify the differences between «demand of the market» and «population needs».



- **Next steps**: to propose a shared methodology to evaluate the current situation.

# Lesson learned and next steps

## Making future HWF forecasts

- **Lesson learned**: to spend time and resources in developing an intelligible forecasting model.



- **Next steps**: to improve the layout of the tools (user-friendly). To propose a training program for users.



# Lesson learned and next steps

## Evaluating the Planning the capacity

- Lesson learned: to use WP4 evaluation toolkit.



- Next steps: to implement a regular self-evaluation process.



# THANK YOU