



Joint Action Health Workforce
Planning and Forecasting

JOINT ACTION RESULTS ON DATA FOR CURRENT AND FUTURE HEALTH WORKFORCE

Side Session 1, Auditorium 200

JA Closing Event
Mons, May 2016

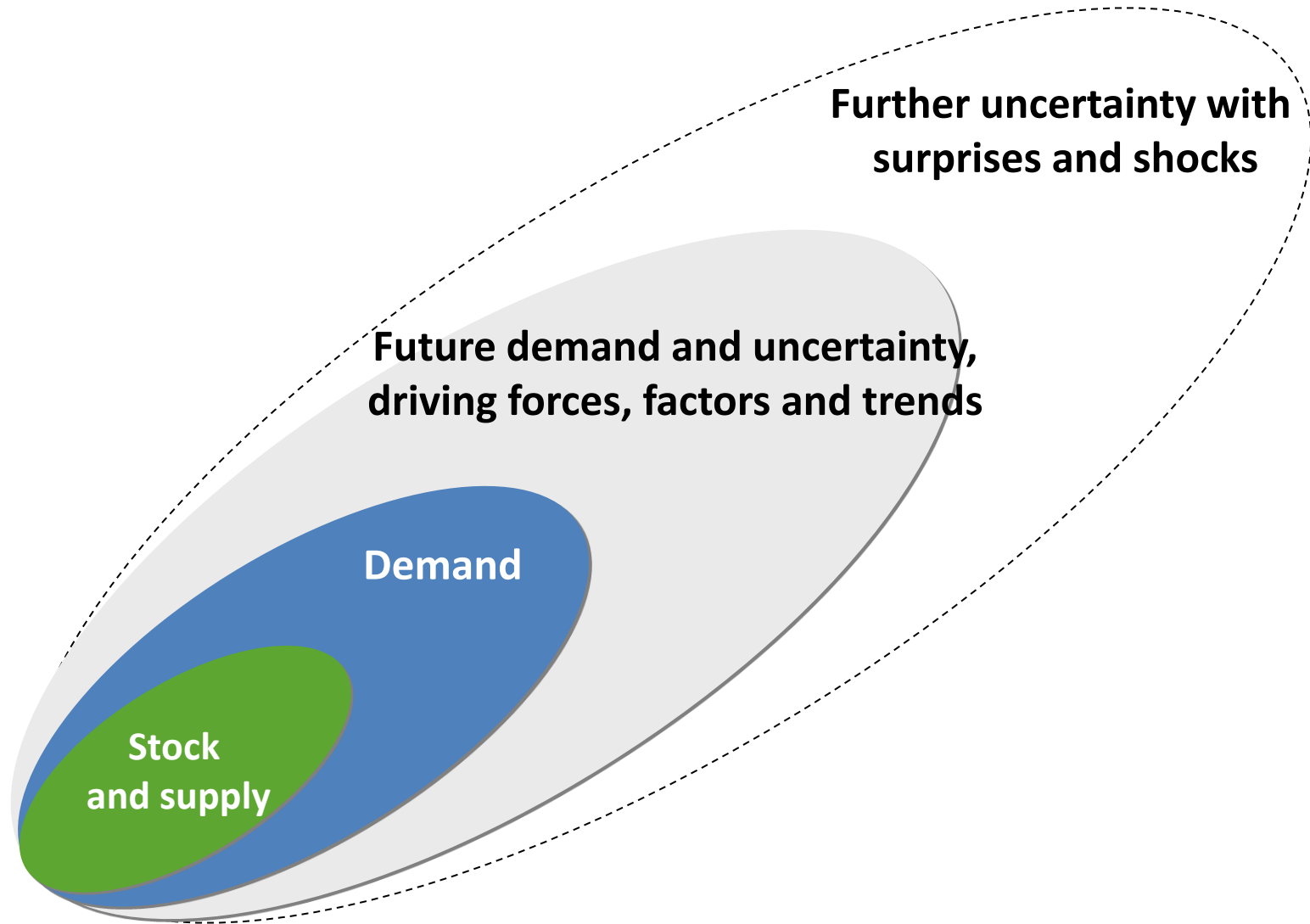


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This session

14:45 - 15:00	Introduction by Matt Edwards
15:00 - 15:35	Data for the current workforce Zoltan Azsalos, Semmelweis University, Hungary Dr. Zoltan Cserhati, National Institute for Health Development, Hungary
15:35 - 16:10	Data for the future trends in health workforce Matt Edwards and John Fellows, Department of Health, United Kingdom
16:10 - 16:30	Horizon Scanning Pilot Project Belgium Prof. Lieve Peremans MD, University of Antwerp, Belgium
16:30	Panel discussion – moderator Matt Edwards Presenters plus experts Dr Ronald Batenburg, NIVEL and Pieter-Jan Miermans, FPS, Belgium

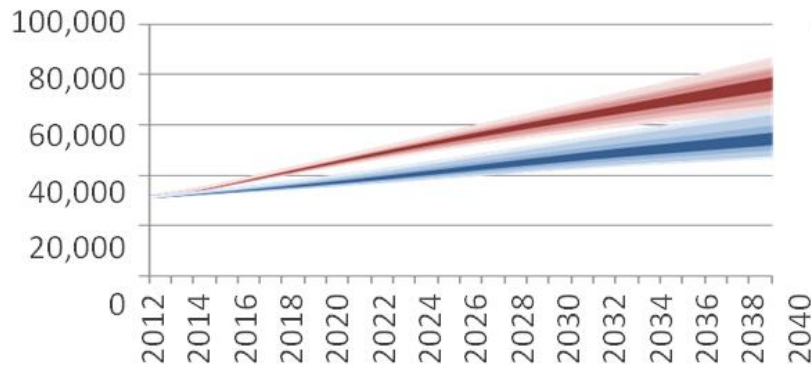
A continuum – how the JA helps



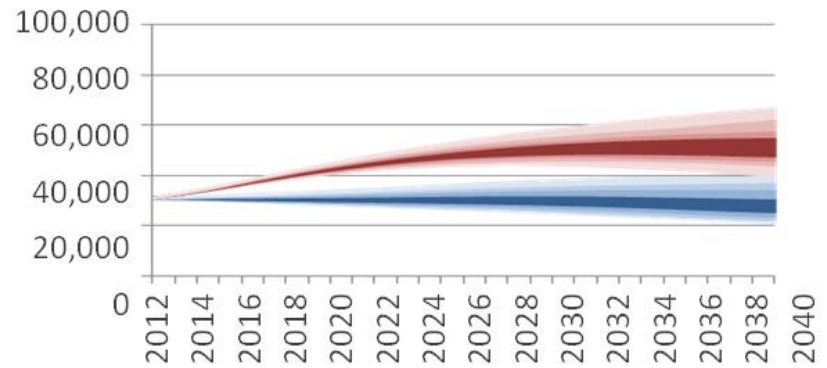
How uncertain is the future?

Number of pharmacists (full-time equivalent)

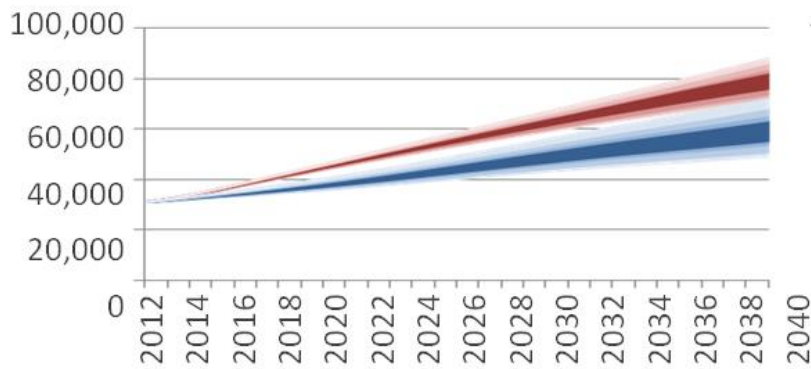
Scenario 1



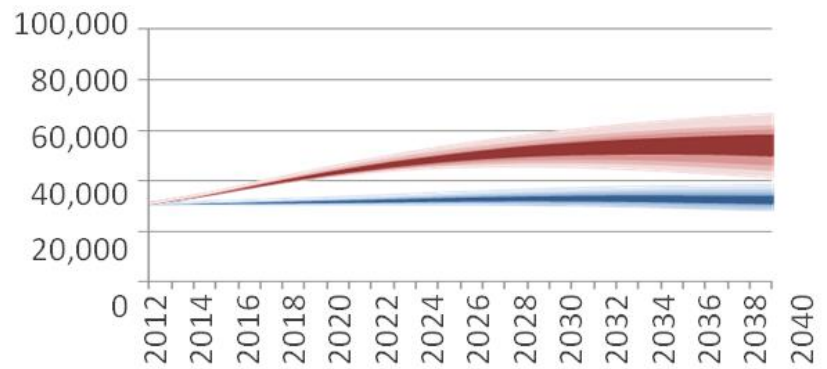
Scenario 2



Scenario 3



Scenario 4



Year

CfWI national review of the Pharmacist workforce in England, 2014

Playing your part in this session





Joint Action Health Workforce
Planning and Forecasting

Horizon Scanning: future skills and competences of the health workforce in Europe

MATT EDWARDS and JOHN FELLOWS

WP6, EU JA on Health Workforce Planning and Forecasting

Department of Health, UK

JA Closing Event

Mons, May 2016



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Questions and voting for this session

Does this audience:

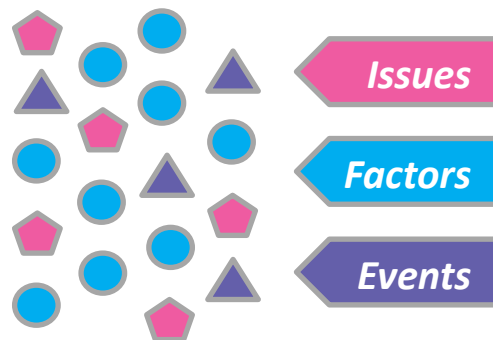
1. Believe that health and care systems should systematically plan their workforce for the future?
2. That in their respective contexts and health systems they have the time and resource to plan as they would wish?
3. Wish to participate in the development of future scenarios and create projections on a pan EU and Member State basis?

Horizon scanning

Horizon scanning in health workforce planning and forecasting is used to explore and describe the factors and forces, and their inter-relationships, in workforce systems.

The use of horizon scanning and the produced report and briefs aim to increase our collective knowledge of the factors and forces which may drive changes in the skills and competences required from health workforces over the next 20 years.

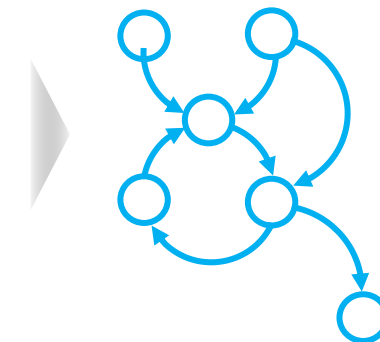
Context



Ideas bank



System mapping



Report and briefs

Centre for Workforce Intelligence
Future skills and competences of the health workforce in Europe

Resilience, Regulatory requirement and evaluation skills, Systems thinking and workforce planning skills and competence, Coaching and health promotion, Prevention, Auto-disciplinary team working, Information interpretation skills, Use of e-health and technology adoption, Detailed genetic assessment and treatment skills.

Driving forces out to 2035
 Health workforce
 Health care services
 New skills and competences

Horizon Scanning

HORIZON SCANNING BRIEF 1
Horizon scanning and future workforce planning in Europe

Horizon scanning for the Joint Action on Health Workforce Planning and Forecasting has carried out qualitative research into the driving forces and inter-relationships of factors influencing the future skills and competences of the health workforce in the European Union.

This series of briefings are aimed at workforce planners and policy makers across Europe to share the results of the project, their potential effects and to advocate for an increased use of such approaches to consider multiple futures as part of health workforce planning.

Key issues at a glance

- Health care workforces are involved in a wide range of essential activities, such as preventing ill-health, treating and caring for populations. These activities take place within a broader system of health care workforce skills and competences, where the responsibilities to deliver health care is associated with different professional groups.
- To better understand the future skills required from health workforces, workforce planning needs to take into account the driving forces causing change and understand their potential effects across individual and multiple health workforces.
- It is prudent to increase the focus on workforce planning at multiple levels (national-specific and supra-national) to better understand the current system and its dynamics through techniques such as horizon scanning and simulation methods. This would enable further anticipation of future developments and the identification of appropriate interventions.
- Factors may act over different timescales and combine to have large effects on the health workforce. Longer-term effects such as the demand for professional long-term care or the skills required to address long-term conditions may combine with effects which may impact over shorter time-scales such as workforce mobility or changes in health information technology. At national and supra-national levels we must aim to be better informed, and therefore better prepared, about how factors can combine to create risks or opportunities within our health systems in the future.
- These briefings and the associated report aim to increase our collective knowledge of the factors and forces which will drive changes to the skills and competences required from health workforces over the next 20 years. This qualitative investigation should be combined with quantitative approaches in future to benefit from both an in-depth understanding of the workforce system and numerical comparisons of size and uncertainty. This type of approach will require the involvement of experts from multiple disciplines.

HORIZON SCANNING BRIEF 2
Drivers of change to the skills and competences of the future health workforce in Europe Populations

Horizon scanning for the Joint Action on Health Workforce Planning and Forecasting has carried out qualitative research into the driving forces and inter-relationships influencing the future skills and competences of the health workforce in the European Union.

This briefing summarises the key drivers acting on populations and their potential skills and competence implications.

The key drivers at the EU-28 level include an ageing population with an increased life expectancy, increasing obesity, morbidity, increasing health inequalities and shifts in the distribution of health conditions across Europe (Barnes et al., 2012; van Soestbergen et al., 2012; WHO, 2013 & 2014).

particular reference to the types of health conditions that are currently prevalent in those higher age bands, and therefore the type of demand for health services which may be reasonably anticipated.

Figure 1: EU-28 Population structure 2015 and 2035 (Eurostat, 2015)

HORIZON SCANNING BRIEF 3
Drivers of change to the skills and competences of the future health workforce in Europe Health care services

Horizon scanning for the Joint Action on Health Workforce Planning and Forecasting has carried out qualitative research into the driving forces and inter-relationships influencing the future skills and competences of the health workforce in the European Union.

This briefing summarises the key drivers acting on health care services and their potential skills and competence implications.

Building on our understanding of the driving forces acting on populations and their skills and competence implications, this brief considers the drivers acting on health services.

The future of health services is important to consider from a health workforce planning perspective because it contributes to the context within which future health workforces will work.

Driving forces

Patient empowerment
 When populations interact with health care services there is a recognised trend of people expecting more information about their treatment, higher standards of care, more involvement in decisions and access to the latest treatments (Economist intelligence unit, 2009).

Developments in patient empowerment, where people gain control over the decisions affecting their health (WHO, 1998) may continue to have effects at all levels of a health system. At the macro level empowered patients may increasingly determine the goals, standards and structures of health care (Aggarwal and Berman, 2007) whilst at the micro level, empowered patients may increasingly act as self-determining agents with control over their own health care to achieve optimal well-being (Bullough, 2014).

Health care expenditures
 This is important to consider as a factor related to the current and future activity of health care services.

The historic trend in health care expenditure has been for it to increase in absolute terms and also relative to gross national product in high- and middle-income countries (Inouye et al., 2012) - although the effects of the economic crisis may have altered that relationship, at least in the short term, for some European Union member states.

Importantly, new health care technologies - defined as the drugs (pharmaceuticals and vaccines), medical equipment, health care procedures, supportive systems, and the administrative systems that tie all these disparate elements together (Dubzanski and Fiszelska, 2010) - are considered to be the main components of health

HORIZON SCANNING BRIEF 4
Drivers of change to the skills and competences of the future health workforce in Europe Health workforces

Horizon scanning for the Joint Action on Health Workforce Planning and Forecasting has carried out qualitative research into the driving forces and inter-relationships influencing the future skills and competences of the health workforce in the European Union.

This briefing summarises the key drivers acting on health workforces and their potential skills and competence implications.

Building on our understanding of the driving forces acting on health care services and their skills and competence implications, this brief considers the drivers acting on health workforces.

The main drivers acting on this part of the system include an ageing health workforce, potential changes to education and training, health IT, skill mix and workforce mobility.

Driving forces

Multi-professional education
 Central to considerations of the future for both healthcare services and health workforces is the extent to which disruptive technologies (European Commission, 2015), demand pressures or other factors cause substantial changes in the organisation of services and workforces and therefore the ways that they can be approached.

Large or even paradigm shifts may be plausible in health care within a twenty year timeframe which would alter the way that supply and demand pressures could be met and the types of policy levers which would be available to workforce planners to consider supply and demand issues.

A workforce example of the type of large shift which would result in changes to workforce planning analysis and projections are proposals towards multi-professional post-secondary education and the adaptation of competences to specific contexts as proposed by the Lancet's Global Independent Commission on Education of Health Professionals for the 21st Century (2012).

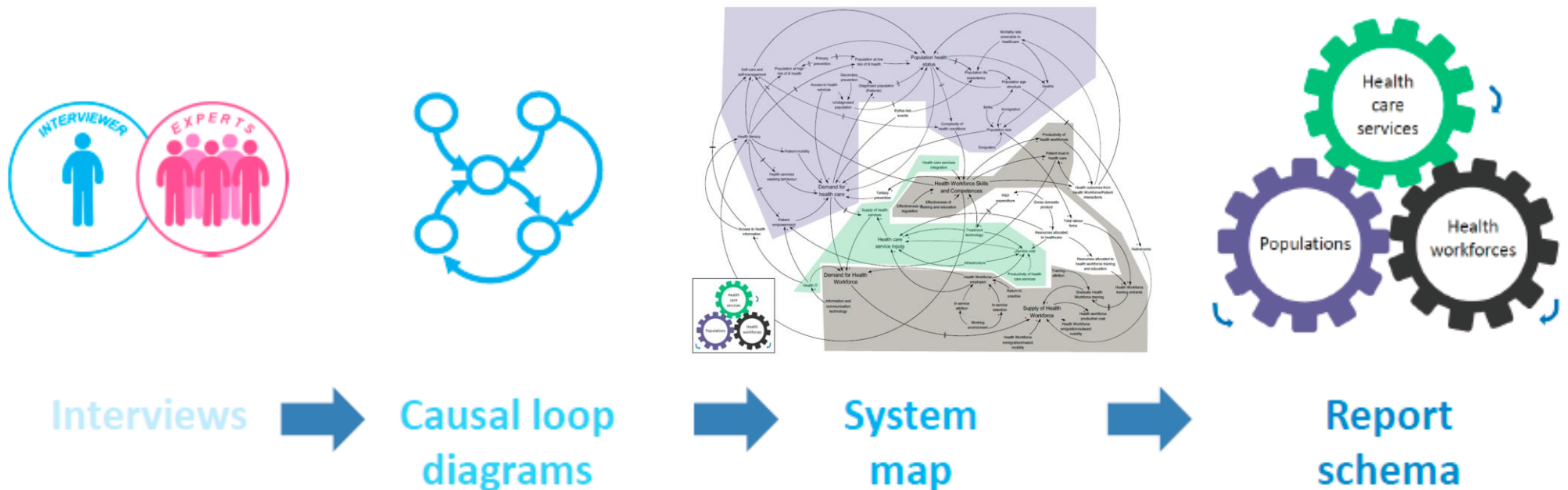
Considering that a large proportion of the workforce of 2035 are already within the system, also highlights the requirement to invest in and update the skills and competences of the existing workforce.

Will be available at www.healthworkforce.eu in 2016

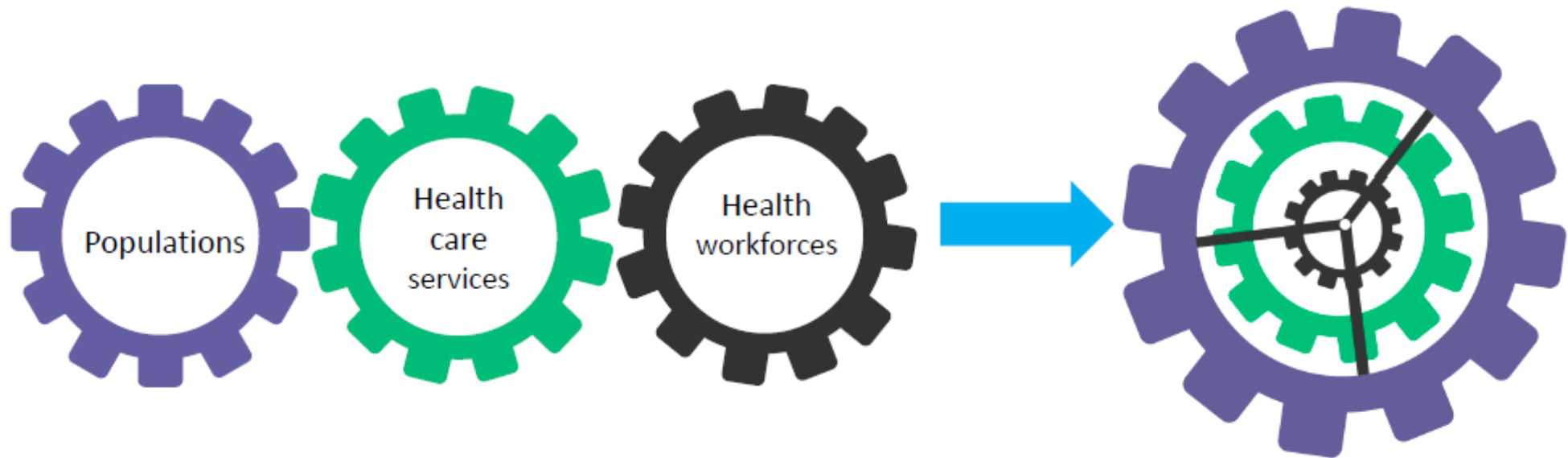
Methodology

Horizon scanning has been conducted by a network consisting of WP6 partners led by the CfWI, in collaboration with the UK Department of Health.

Focal question: ‘Thinking up to the year 2035, what are the key driving forces that will influence the skills and competences required in the health workforce?’



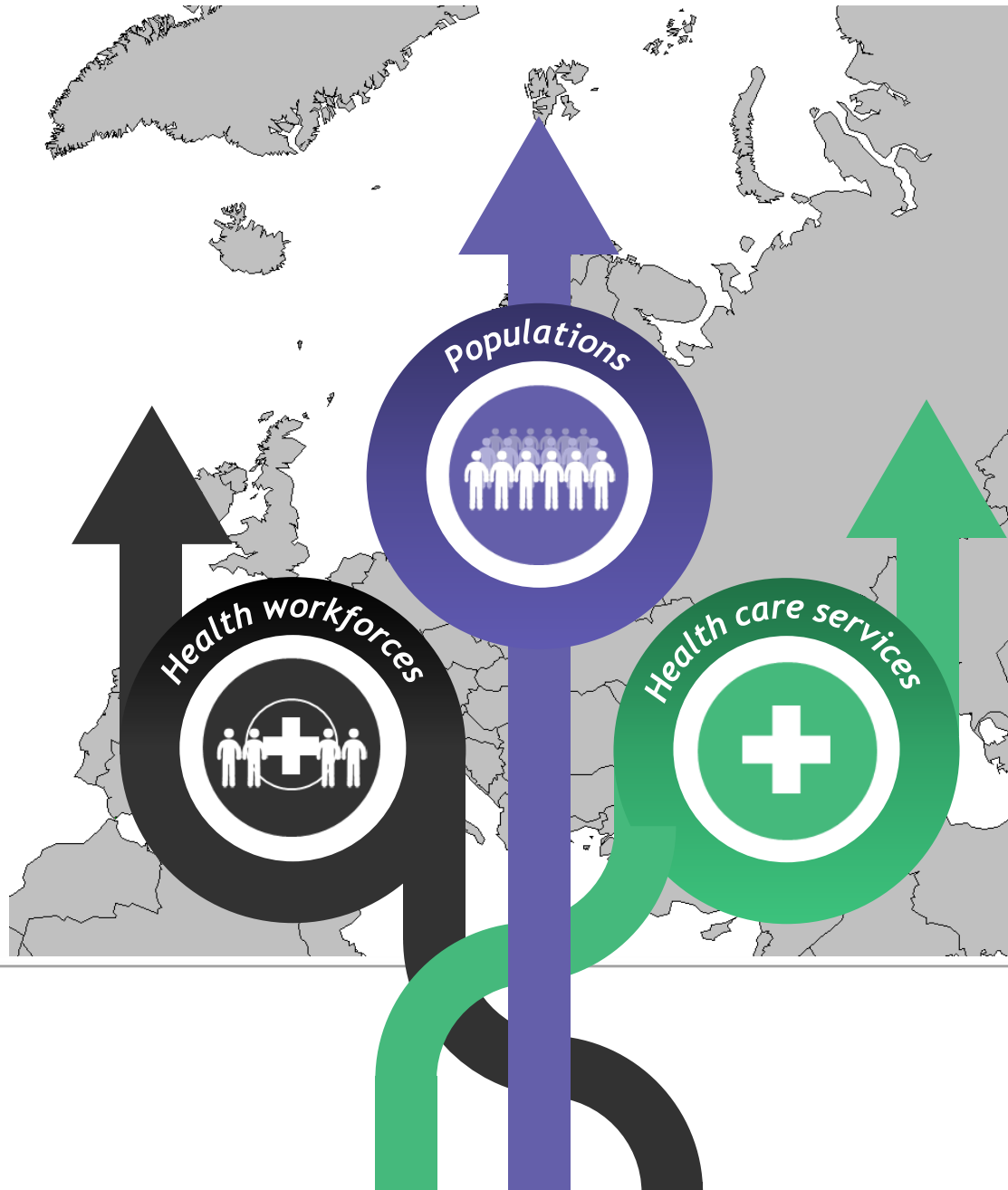
Drivers of change: categories



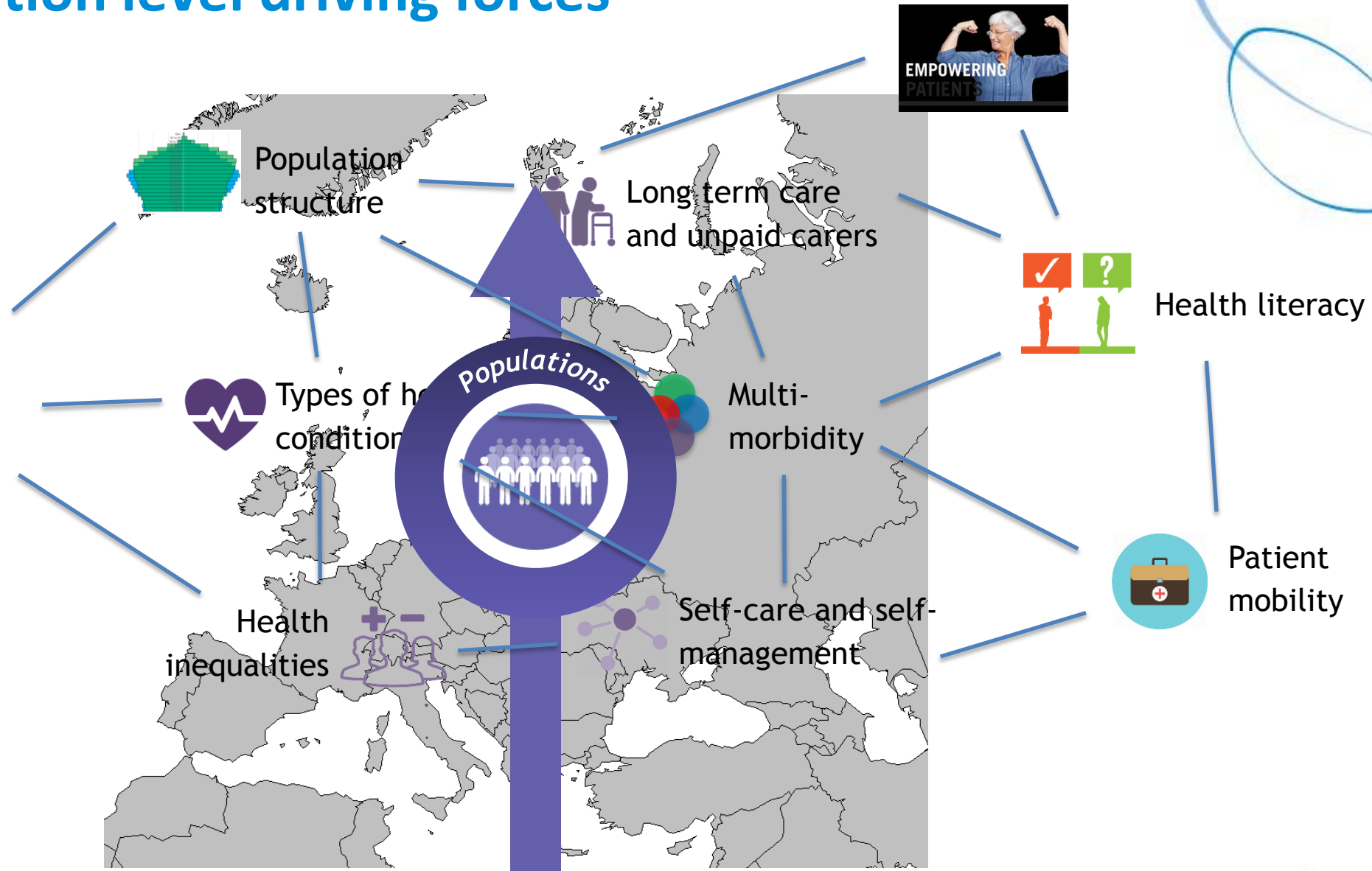
Driving forces across Europe impacting the health workforce

Improved health workforce planning and forecasting requires better understanding of both:

- how the drivers of change relate to each other.
- the likely future direction of these driving forces.



Population level driving forces

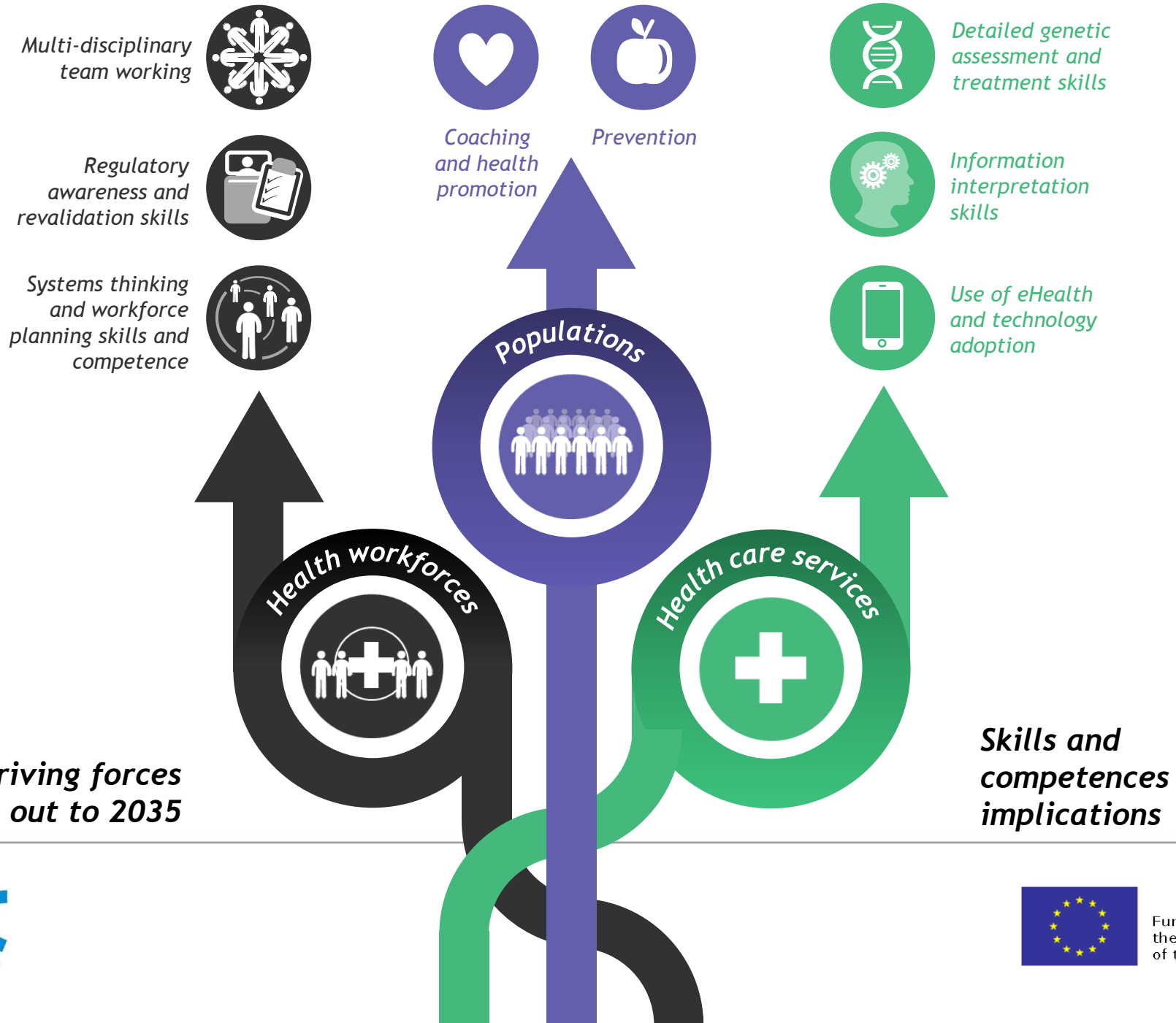


High-level drivers of change identified out to 2035

Populations	Health care services	Health workforces
<ul style="list-style-type: none">▶ Population structure▶ Long term care and availability of unpaid carers▶ Types and distribution of health conditions▶ Multimorbidity▶ Health inequalities▶ Health literacy▶ Patient mobility▶ Patient empowerment	<ul style="list-style-type: none">▶ Health care expenditures▶ Health IT and health services▶ Genomics and precision medicine▶ Location of care by setting▶ Roles and decision rights▶ Regulation	<ul style="list-style-type: none">▶ Ageing health workforce▶ Multi-professional education and adaptation of competences▶ Health IT and health workforces▶ Skill mix▶ Health workforce mobility

...which have implications to skills and competences

Drivers of change and skills implications



Populations – skills implications



Prevention

‘the ability to reduce the instance or incidence of ill health and social health’ (CfWI, 2014).



Coaching and health promotion

Increasing focus on joint planning around the person’s treatment goals. This type of ‘person-centred co-ordinated care (National Voices, 2013) involves further ‘engaging and empowering individuals’ (WHO, 2015) and the effective alignment of patient and system goals.

Populations

Examples of possible impacts to the workforce as shared by respondents

- ▶ **Nurses** as well as other health and care professions are likely to require an increased breadth of clinical and caring competence for increasingly prevalent diseases such as Alzheimer's and other long term conditions in the population.
- ▶ **Dentists** may require top-up education and continuing professional development in geriatric dentistry or gerodontology in order to better provide for the needs of an increasingly older population as well as wider health promotion and preventative skillsets for the young and middle age bands.
- ▶ **Doctors** will need to have an increasingly social role and provide guidance and coaching on public health and social aspects of people's lives that affect their health.

Populations

Education and training considerations

- ▶ **Broader general and specialist knowledge** for all workforces in prevention and self-care for a range of chronic conditions in combination with each other.
- ▶ Increased need for **further knowledge and training** in disability, dependency strategies and strengthening the overall prevention and self-care ability of the population.
- ▶ Promotion of health and well-being through participatory approaches between patients and health professionals – development of the workforce to do this

Workforce planning considerations

- ▶ **Changes in existing** workforce professions (supply increases or decreases) may not sufficiently match the future population health needs and demands.
- ▶ Competence and skill mix will need to be considered carefully so as to include **a wider definition of workforce** that includes patients, relatives, carers and other health and care workforces as part of the solution.

Health services – skills implications



*Genetic assessment
and treatment*

important for the workforces involved in assessment, diagnosis and treatment. The scope of workforces may also expand to new genetic advisory and therapy health professionals as part of multi-disciplinary teams



*Information
interpretation skills*

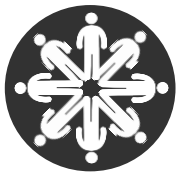
Resulting from developments in eHealth may increasingly have wide ranging impacts on patients, the workforce and health systems (EFN, 2014).



*eHealth and
technology adoption*

Use of technology and its adoption as part of care delivery from a physical and remote perspective such as eHealth, surgical robots and other enhancements amending clinical and non-clinical practices.

Health workforces – skills implications



*Multi-disciplinary
team working*

Includes a range of ‘different professional groups, deliver[ing] higher quality patient care and implement[ing] more innovations in patient care’ (Borrill et al, 2013).



*Regulatory awareness
and revalidation*

Health care professionals working in the EU face differing regulatory and re-certification changes as revalidation becomes more prevalent in Europe’s health systems.



*Systems thinking and
workforce planning*

The interconnectedness of how health systems operate, their complexity and how they interact have implications for the achievement of equitable health outcomes

Recommendations

High level drivers of change for the future

1. **Member States, competent national authorities and partners are aware of the implications of these driving forces on the workforce** (including the skills implications).

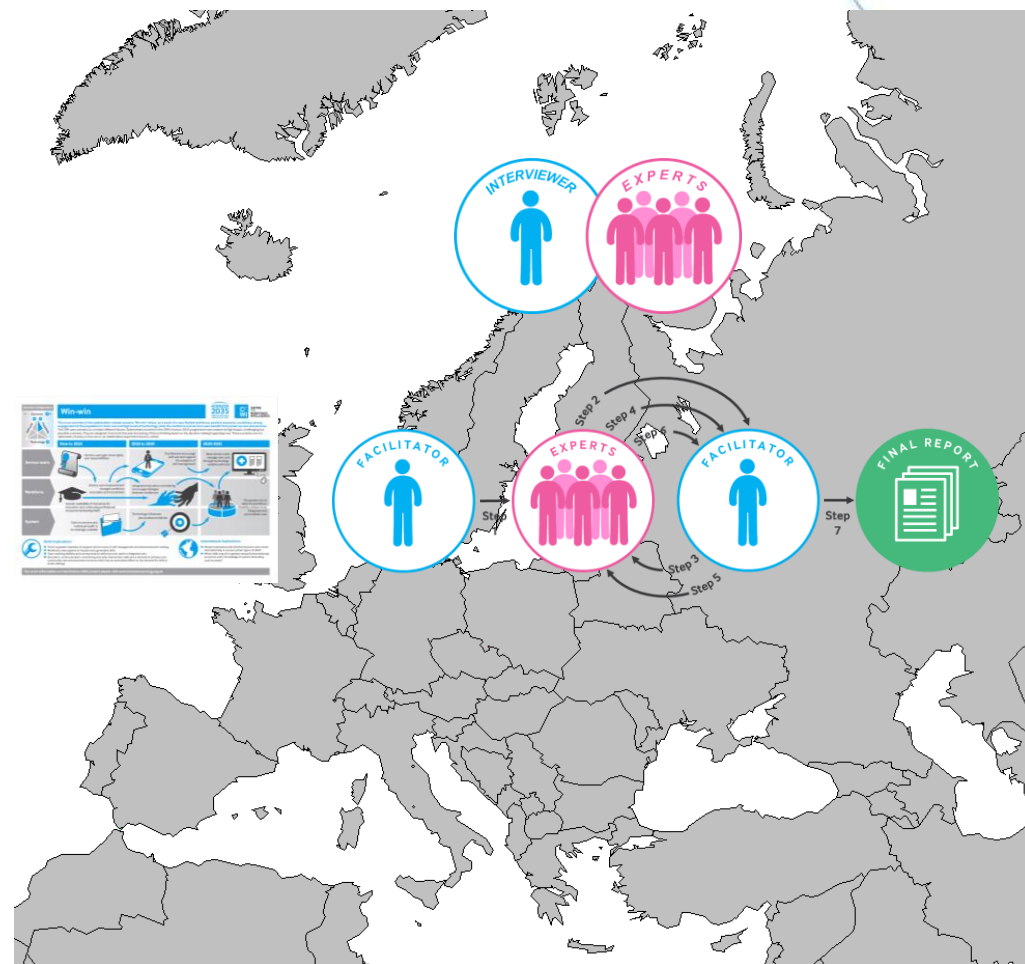
We encourage that this information and knowledge is applied in Member States' national-specific contexts with the support of workforce planning expertise and knowledge as mapped within the EU Joint Action network of experts.



Recommendations

Methods and tools for horizon scanning and multi-professional projections

2. Member States investigate the development of qualitative and quantitative workforce planning methods as well as multi-professional projections (within the context of individual member states) to further develop our future understanding of the implications to the workforce and skills.



Recommendations

A workforce research programme to model and investigate the health and care workforces of the EU

3. That the EU Commission and Member States consider the requirement, scope and timeframe of a further workforce research programme which builds on this horizon scanning.

The next stage would be to simulate the effects of selected driving forces on workforce skills and competences as part of a system dynamics modelling project at EU level where a range of challenging futures would be generated and quantified.



Recommendations

A wider definition of workforce – health *and* care

4. That the EU Commission and Member States are aware of the need to ensure that this programme of work should consider and investigate the health and care workforces of the EU.

Our health and care systems are intertwined; as are our health and care pathways that patients and service users travel.

Therefore a wider scoping of the issues potentially impacting on these workforces, with full engagement with the Commission, Member States, social partners, patient representatives and carers, is necessary.

This would consider how our health and care systems need to respond to the future pressures and future challenges they face and how we may further share approaches to respond to these challenges.



Voting



Yes / No

Voting



Does this audience:

1. Believe that health and care systems should systematically plan their workforce for the future?

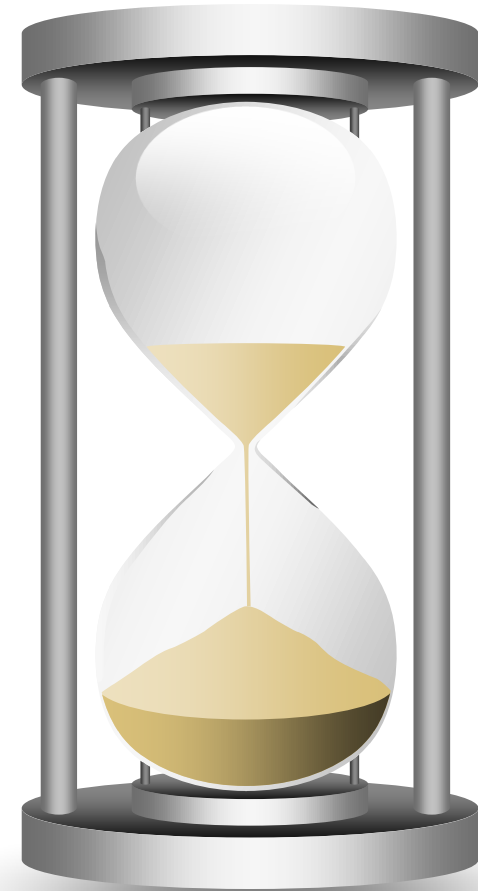
Result: **Yes**

Voting

Does this audience:

2. In their respective contexts and health systems have the time and resources to plan as they would wish?

Result: **No**



Voting



Does this audience:

3. Wish to participate in the development of future scenarios and create projections on a pan EU and Member State basis?

Result: **Yes**

Acknowledgements

Thank you for the support from the EU Commission, EU Joint Action team, the Department of Health, UK and our national and international partners and advisors for participating in this and connected research.

Questions welcomed in the panel session.

