



Joint Action Health Workforce
Planning and Forecasting

The «*Handbook on health workforce
planning planning methodologies
across EU Countries*» and its
experimentation in Italy.

Stockholm

May 13th 2016



Paolo Michelutti

Age.Na.S (Italian Agency for Regional Healthcare)



Funded by
the Health Programme
of the European Union



Joint Action Health Workforce
Planning and Forecasting

45' presentation + 15' Q&A

Content of the presentation:

1. The Joint Action on Health Workforce Planning and Forecasting
2. The Handbook on Health Workforce Planning Methodologies
3. The Pilot Project in Italy



Funded by
the Health Programme
of the European Union



Joint Action Health Workforce
Planning and Forecasting

45' presentation + 15' Q&A

Content of the presentation:

2. The Handbook on Health Workforce Planning Methodologies
3. The Pilot Project in Italy



Funded by
the Health Programme
of the European Union

JOINT ACTION HEALTH WORKFORCE PLANNING & FORECASTING

General Objective: To collaborate and exchange between Member States to support them in their health workforce planning and to increase Member States' and Europe's capacity to take effective and sustainable measures.

Coordinated by the FPS Health, Food Chain Safety & Environment - Belgium

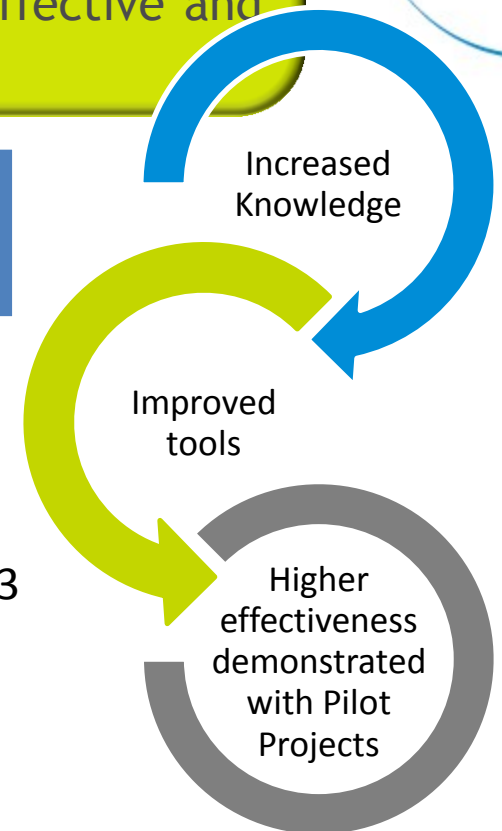
Focus on 5 professions :

- doctors
- nurses
- pharmacists
- dentists
- midwives



Starting date:
April 1st 2013

Duration:
3 years



<http://healthworkforce.eu/>



[Home](#) | [About](#) | [Results](#) | [News](#) | [Events](#) | [Partners](#) | [Partner Pages](#) | [Contact Us](#)



Web Portals ▾

Welcome to the pages of the EU Joint Action on Health Workforce Planning & Forecasting

This Joint Action aims to improve the capacity for health workforce planning and forecasting by supporting European collaboration



Handbook on HWF Planning Methodologies

A collection of good practices and theoretical examination of the HWF planning across 7 EU countries.



The Future Health Workforce

HORIZON
SCANNING

Planning for the future health workforce across Europe including the skills and competences implications.

(This webportal is work in progress and will be available in the coming months.)

Join our Newsletter

Your Email

Your Name

Select list(s):

- Newsletter List
 List of Experts

*required



Joint Action Health Workforce
Planning and Forecasting

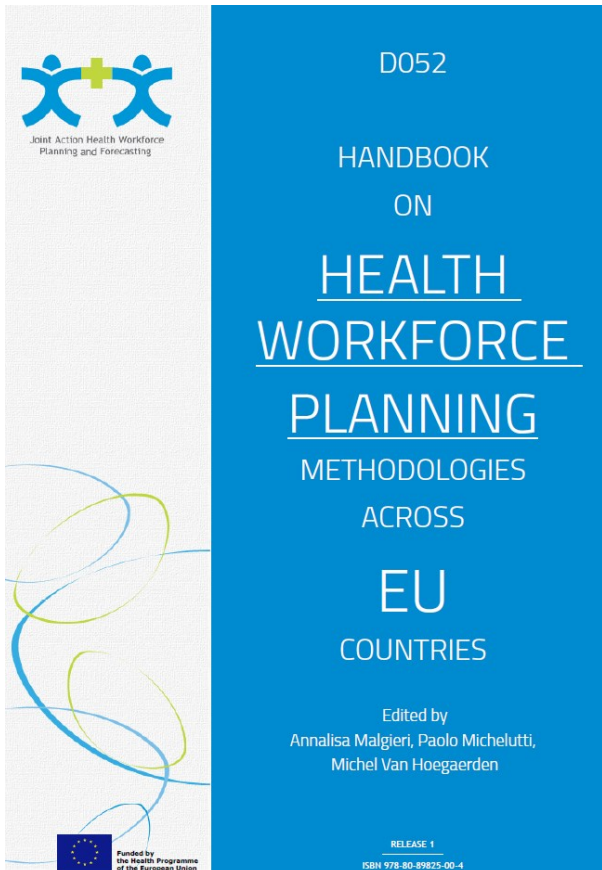
45' presentation + 15' Q&A

Content of the presentation:

1. The Joint Action on Health Workforce Planning and Forecasting

3. The Pilot Project in Italy

Handbook on Health Workforce Planning Methodologies across EU Countries



The Handbook on Health Workforce Planning Methodologies aims to furnish a useful contribution to all those who are engaged in the development and improvement of HWF planning systems in EU countries.

The focus is on planning experiences concretely realized and currently working. The Handbook describes and analyzes the planning practices developed in selected EU countries. As such, planning systems developed in Belgium, Denmark, England, Finland, Norway, Spain and the Netherlands have been analyzed through a grid of 5 elements as the 5 key elements of the planning system.

The comparison of these key aspects among the seven planning systems highlighted the diversity of approaches to the issue of workforce planning in healthcare, but also allowed to detect some constants.

Web Portal on HWF Planning Methodologies



Content of the Handbook: the 5 key elements





Joint Action Health Workforce
Planning and Forecasting

45' presentation + 15' Q&A

Content of the presentation:

1. The Joint Action on Health Workforce Planning and Forecasting
2. The Handbook on Health Workforce Planning Methodologies



Funded by
the Health Programme
of the European Union

The 5 key elements in the Italian pilot project

FOCUS
ON

NO

YES

Goals

Link to policy actions

“Each year, by April 30th, the Minister for Health, after receiving the opinion of the Government-Regions Standing Committee and the opinion of the National Federation of Health Professionals Associations, determines the needs of medical doctors, veterinarians, dentists, pharmacists, biologists, chemists, physicists, psychologists, as well as nurses and caring personnel for the National Health Services, also divided per Region, and for the sole purpose of planning, by the Ministry of Education, the students access to degree courses and training specialisation schools. The same process to establish the needs of opticians, dental technicians and other health and social care personnel which operates in the National Health Service Institutions.”

Forecasting

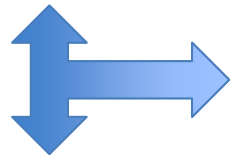
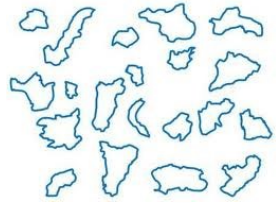
Data
Set

Organisation

MEDICAL DOCTORS, NURSES, DENTISTS, PHARMACISTS, MIDWIVES

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

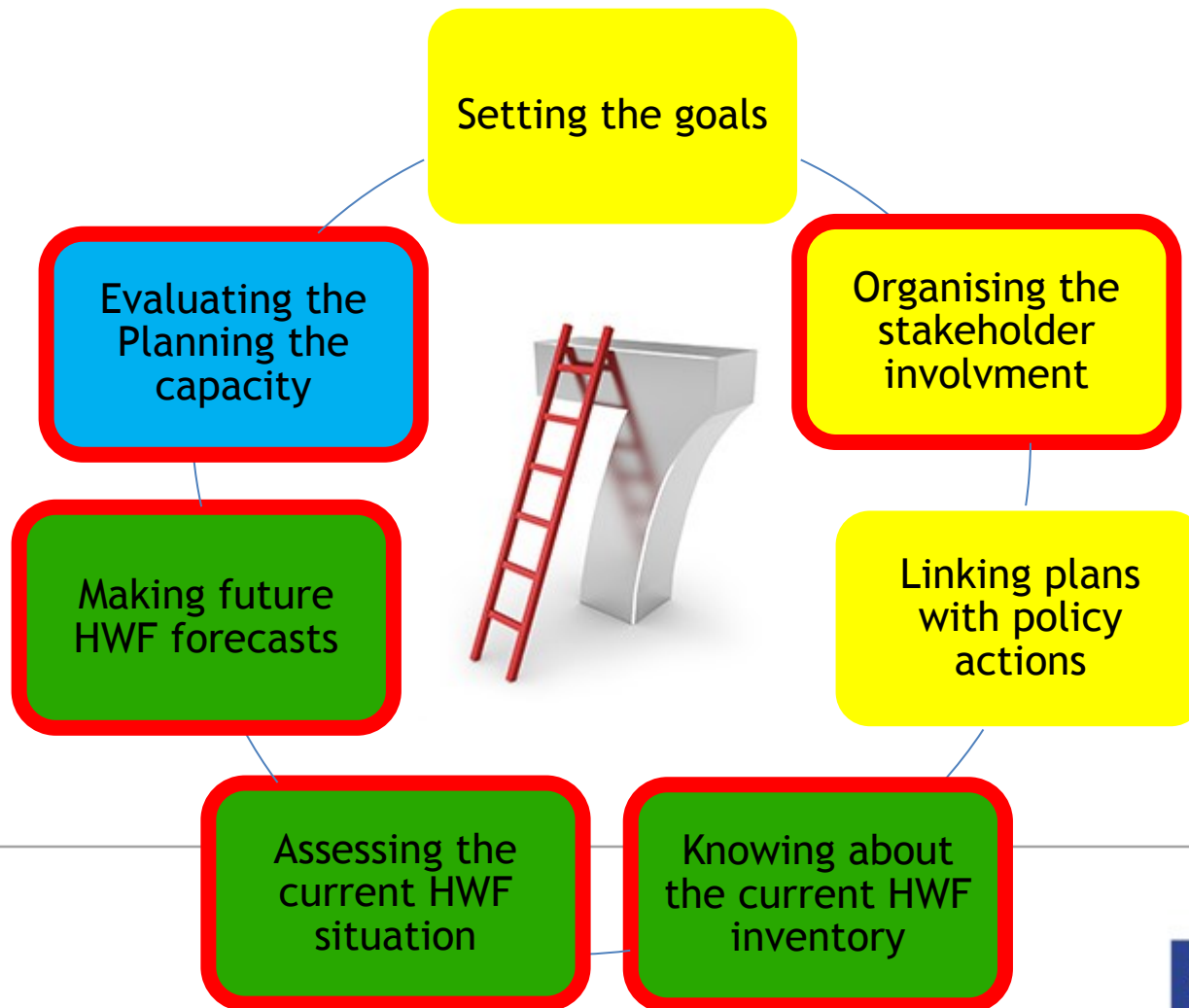
- **Legal framework** of the HWF planning process forcing a yearly collection of the HWF needs.
- **Involvement stakeholders at regional and national** (representatives of the Regions, Ministries and National Health Professionals Associations).
- A **specific unit** within the Ministry of Health in charge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

The 7-steps suggested in the “Handbook” and the activities in focus in the Italian Pilot Project



Planning capacity improvements in the Italian HWF planning system

Improvements measured by the 13-items' evaluation tool (*by Workpackage 4 - Hungary*)

1	Set-up of clear and explicit HWF Planning objectives in national health policy.
2	Achievement of strong political commitment and awareness
3	Coordinated communication and information flow among national level stakeholders
4	Dedicated and established HWF Planning committee at national level - designated responsible entity/specific group
5	Multisectoral collaboration in HWF Planning
6	Established methodology and use of explicit model elements (from simple scenarios to complex mathematical simulations)
7	Data coverage and completeness on both supply and demand side
8	Different data sources linked to each other, fostered data exchange - building an integrated interlinked database/warehouse
9	Support of online platforms, HR information systems
10	Utilization of qualitative methods
11	Regular evaluation of HWF Planning System - continuous fine-tuning
12	Implementation and policy actions based on recommendations of the HWF Planning committee
13	Sustainability ensured by accomplishable/adequate resources



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 focused 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:

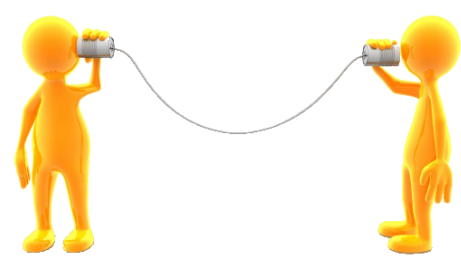
0 1 2

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).

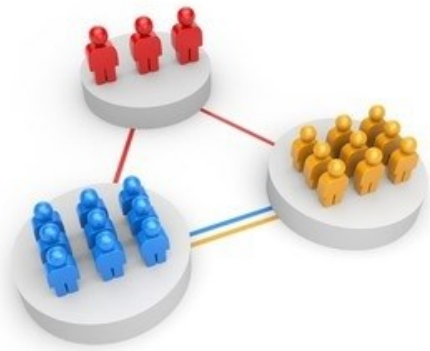
Evaluation after the pilot project:

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:

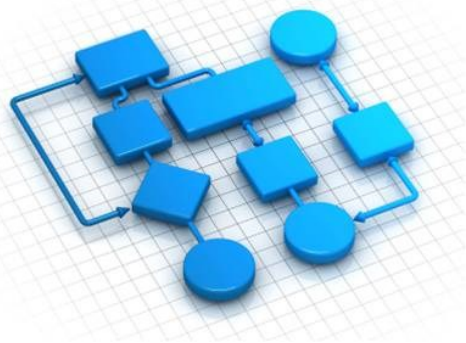
0 1 2

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:

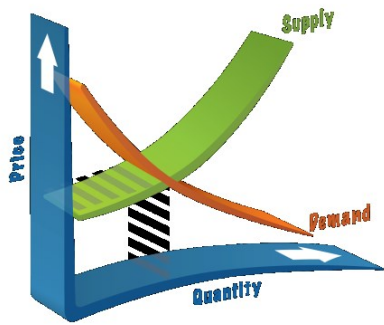
0 1 2

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. However, 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:

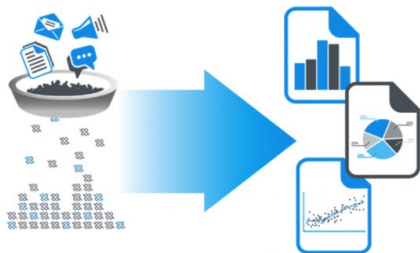
0 1 2

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 a target, in particular on the supply side: professionally active measurement instead of licensed to practice; geographical distribution based on workplace; age and gender distribution. But a lot of improvements 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 the Closure Conference of the Italian Pilot Project in Rome on 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

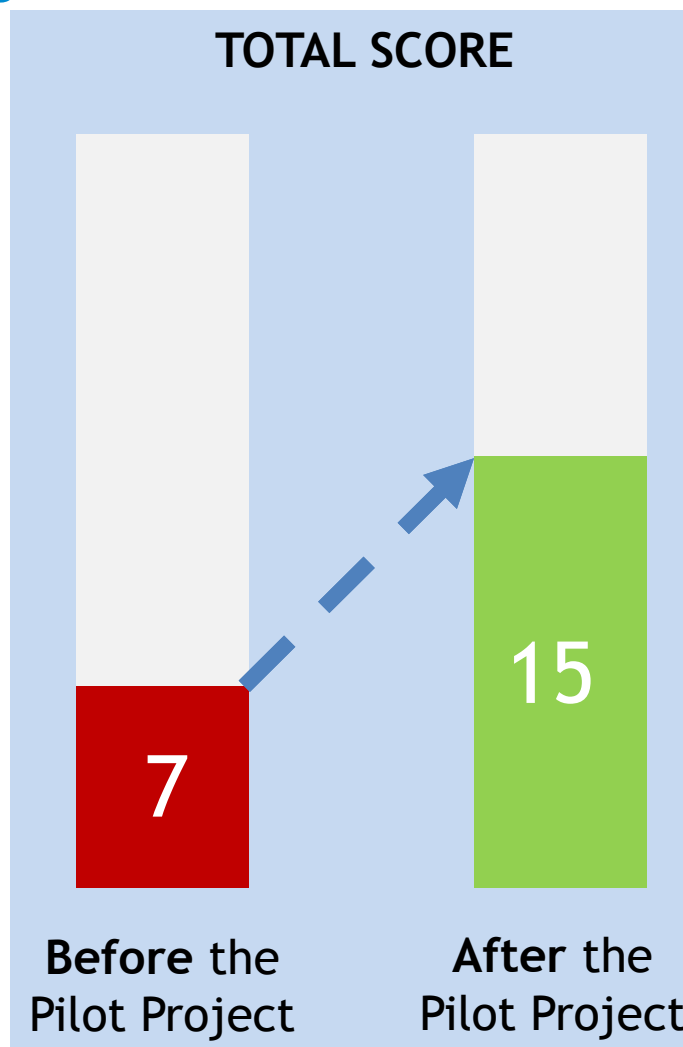
At the current in each Region as well as at the Ministry of Health there's at least one person in charge for carrying on the activities related to the HWF needs (institutional process). At the Ministry of Health this person is in charge to collect and systematize the Regional needs (FTE=0,5).

Evaluation **after** the pilot project:

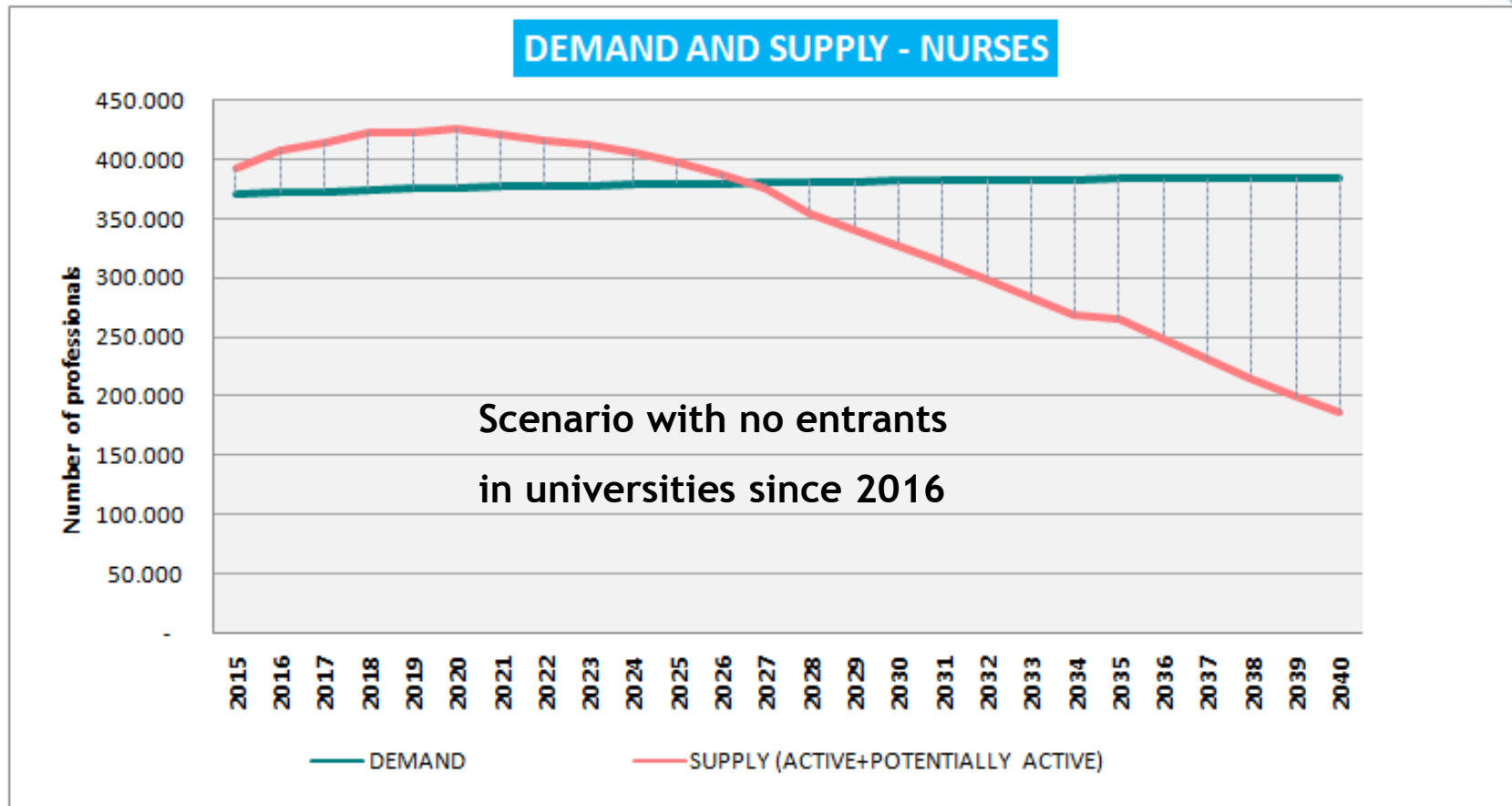
0 1 2

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.

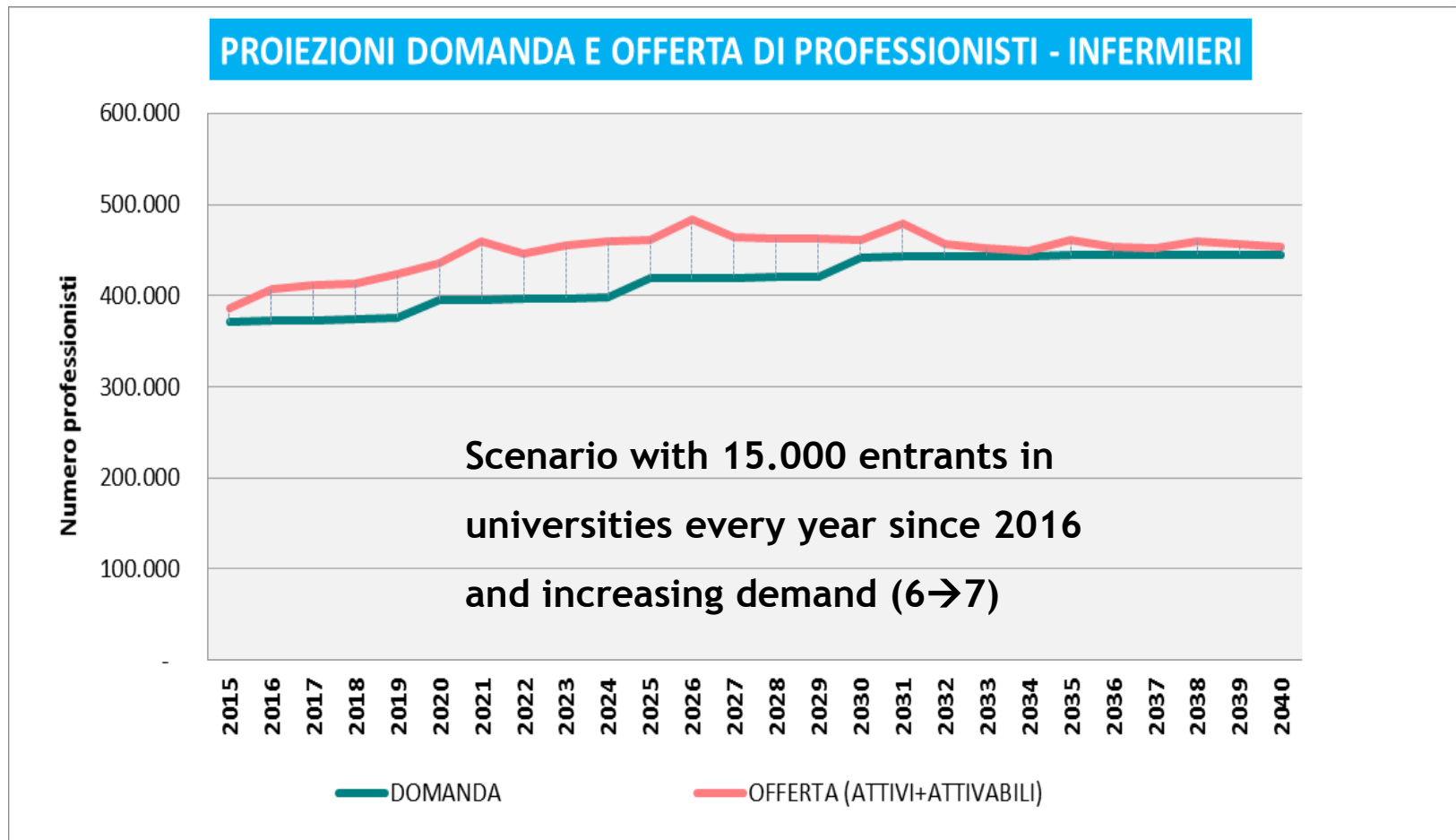
Planning capacity improvements



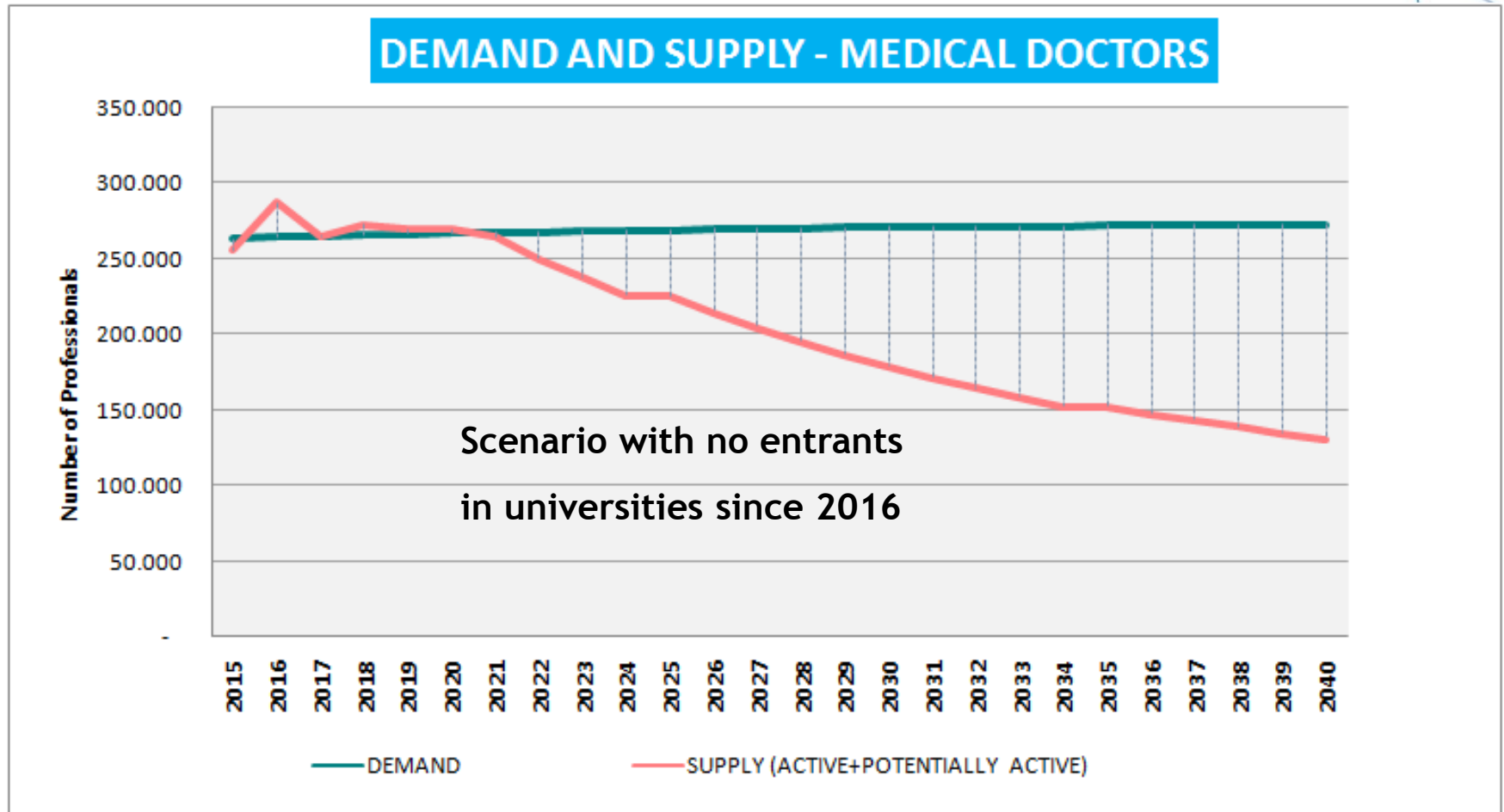
Results: examples of future projections (demand and supply)



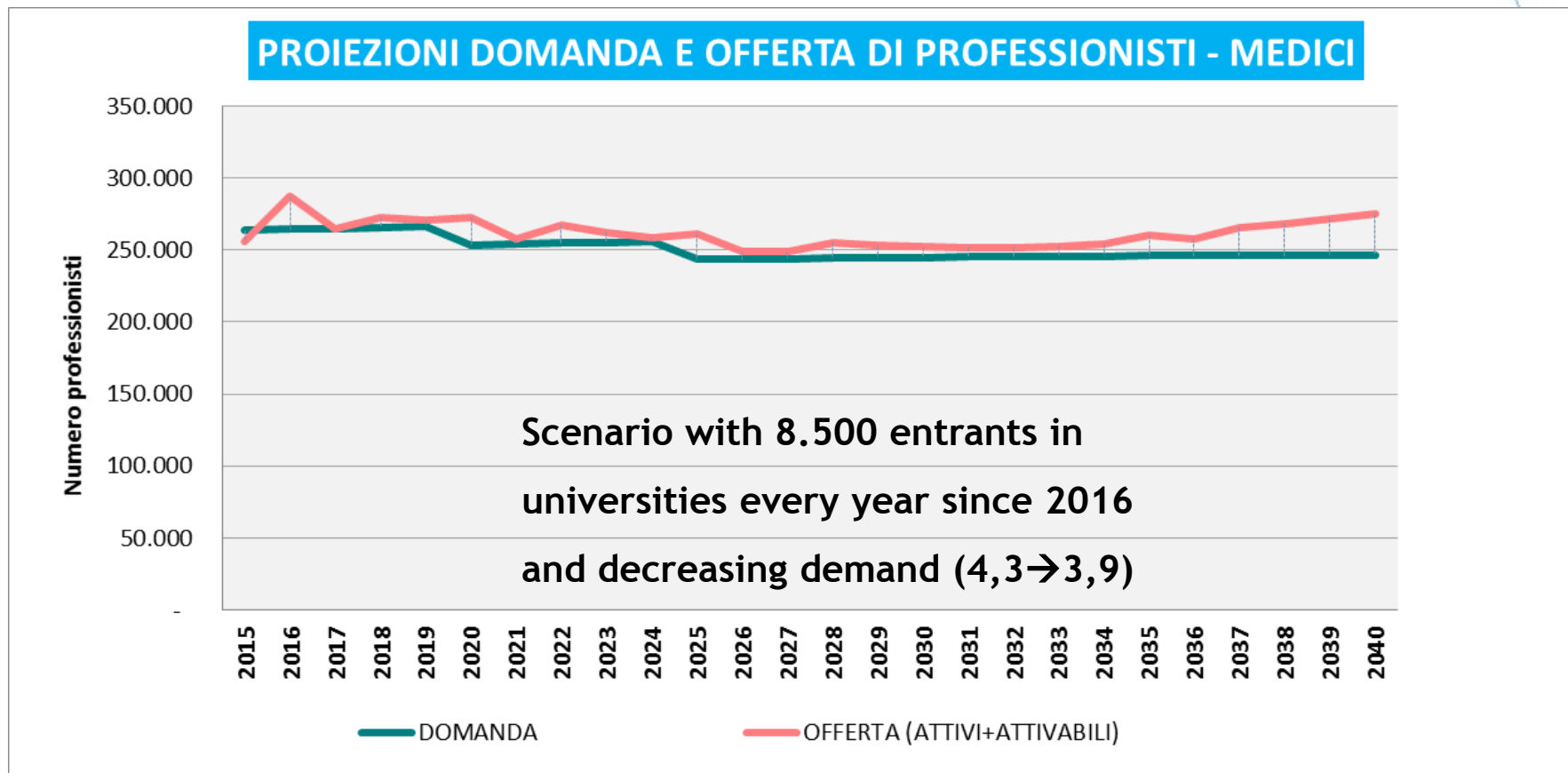
Results: examples of future projections (demand and supply)



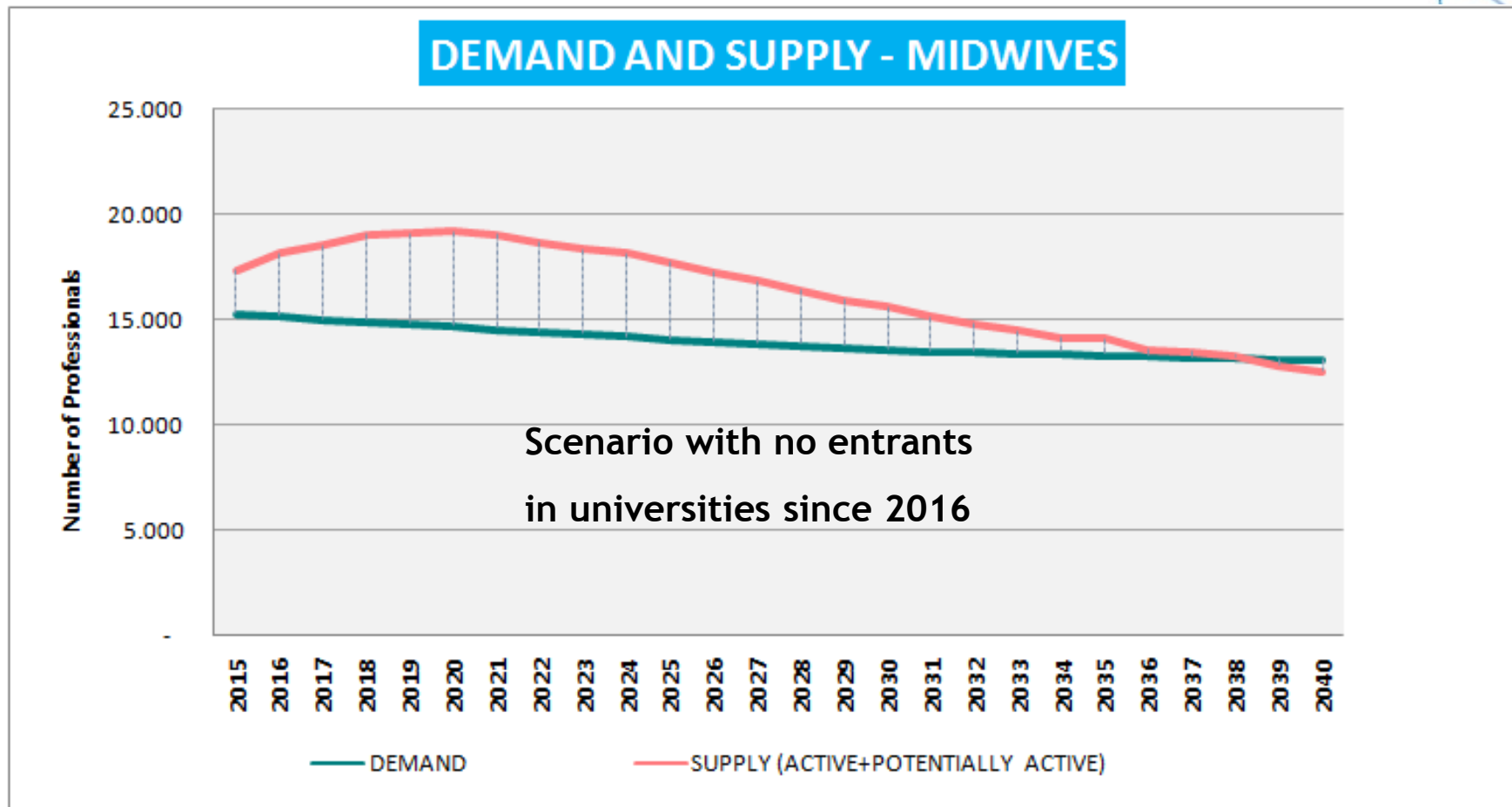
Results: examples of future projections (demand and supply)



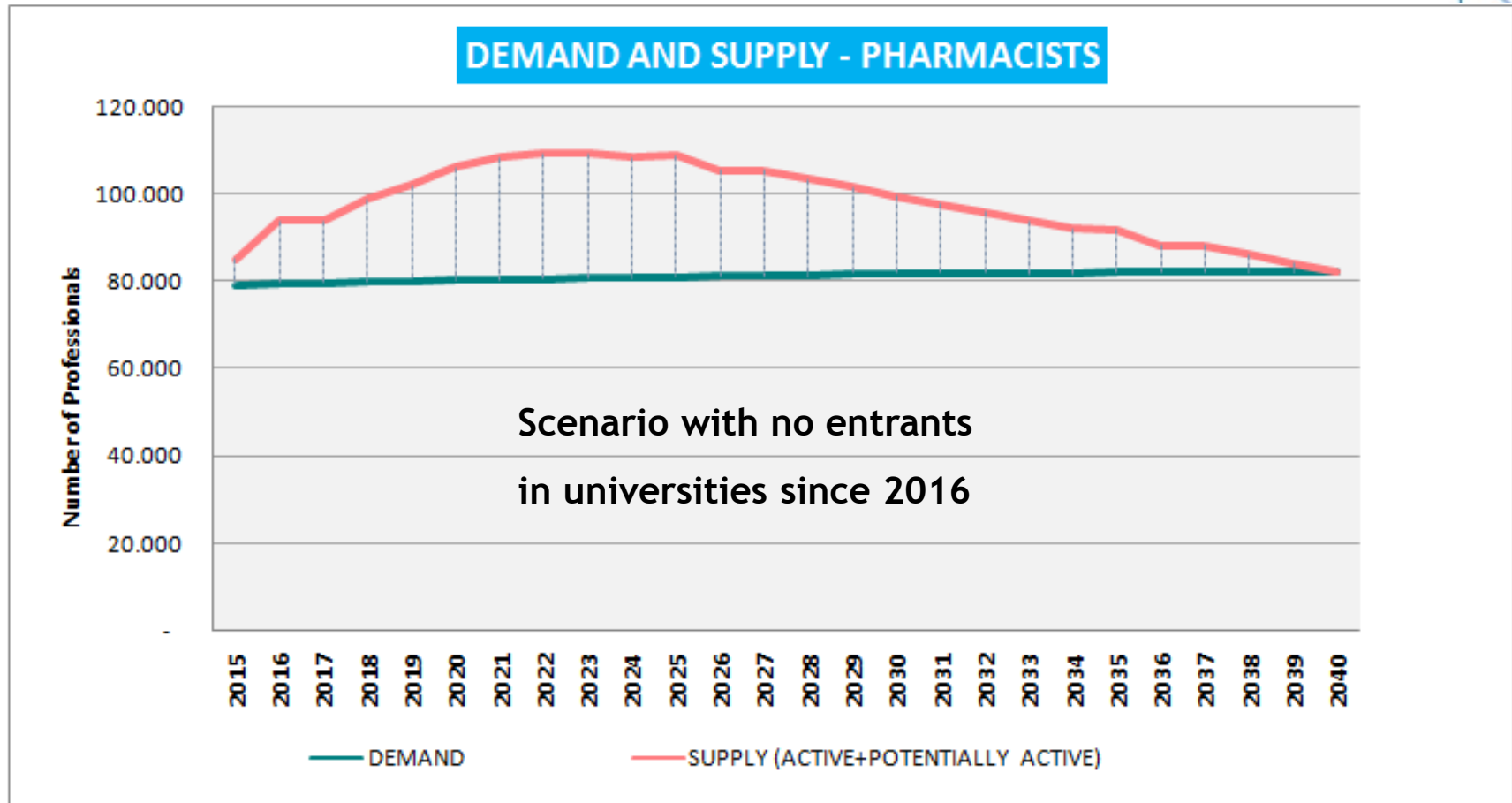
Results: examples of future projections (demand and supply)



Results: examples of future projections (demand and supply)



Results: examples of future projections (demand and supply)





Joint Action Health Workforce
Planning and Forecasting

45' presentation +

Content of the presentation:

1. The Joint Action on Health Workforce Planning and Forecasting
2. The Handbook on Health Workforce Planning Methodologies
3. The Pilot Project in Italy



Funded by
the Health Programme
of the European Union

Results: Conference on the Italian Pilot Project

19/05/2016 – The Final Convene on the Pilot Project Italy – Dissemination Event



AGENDA:

http://healthworkforce.eu/wp-content/uploads/2016/05/Convene-HWF-needs-May-19-2016-Min.-of-Health_Rome1.pdf

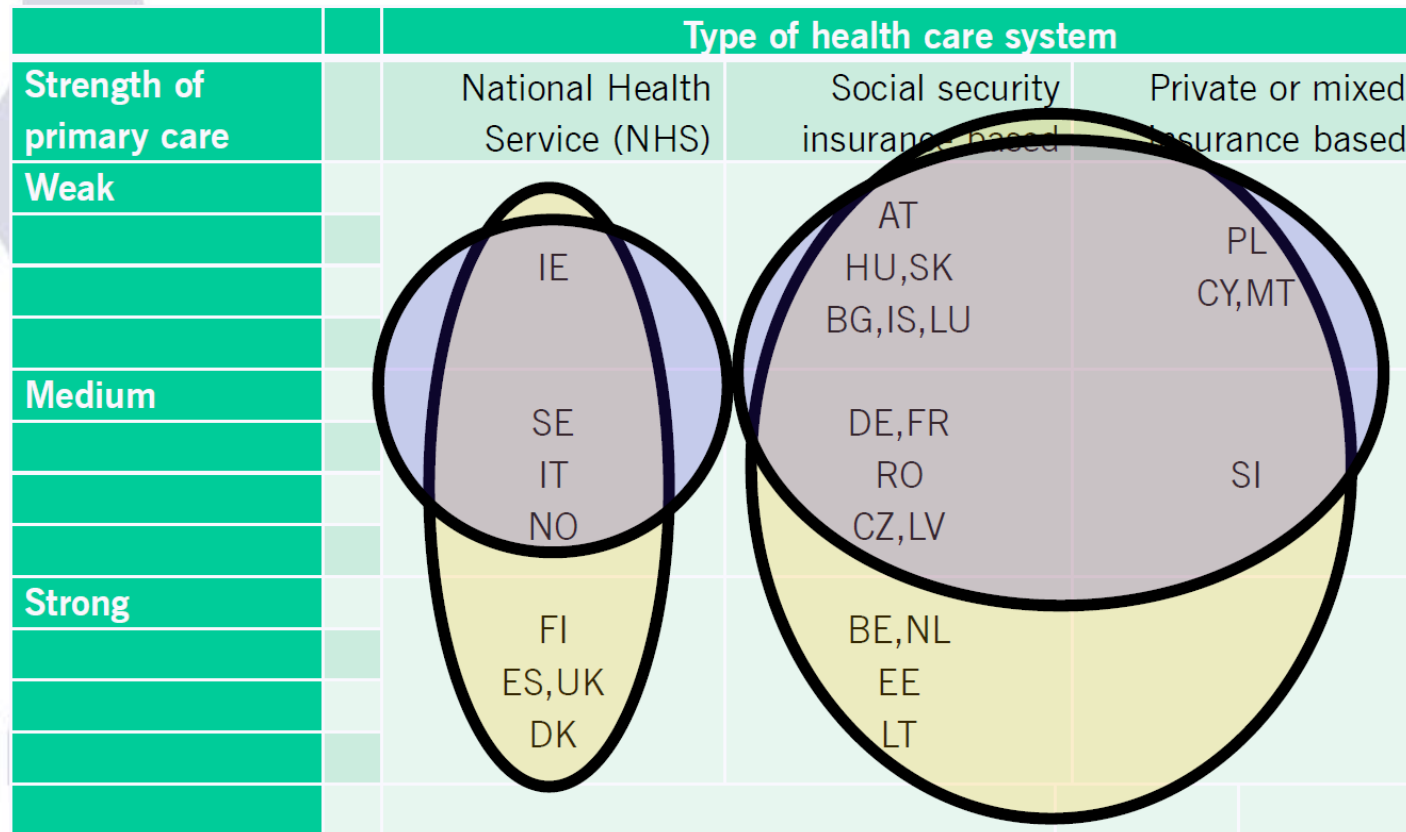
PRACTICAL INFO

http://healthworkforce.eu/wp-content/uploads/2016/03/Practical-information_EN.pdf

REGISTRATION FORM

<https://docs.google.com/forms/d/1zduJvOtp57SJrMMUF3SHUi0qtJjfJA62iWghcxLrkvk/viewform?c=0&w=1>

Creating country learning clusters by (1) healthcare system and (2) primary care strength



Austria (AT), Belgium (BE), Bulgaria (BG), Cyprus (CY), Czech Republic (CZ), Denmark (DK), Estonia (EE), Finland (FI), France (FR), Germany (DE), Hungary (HU), Iceland (IS), Italy (IT), Latvia (LV), Lithuania (LT), Luxembourg (LU), Malta (MT), Netherlands (NL), Norway (NO), Poland (PL), Republic of Ireland (IE), Romania (RO), Slovakia (SK), Slovenia (SI), Spain (ES), Sweden (SE), United Kingdom (UK)

How can countries learn from each other in Health Workforce Planning? Towards a context-sensitive and goal-based health workforce planning in Europe
Varna Conference, February 2016 - Ronald Batenburg (NIVEL)



THANK YOU

Paolo Michelutti

Agenas - ITALIAN AGENCY
FOR REGIONAL HEALTHCARE
(www.agenas.it)
Mobile +39.348.5217400