Handbook on Health Workforce Planning Methodologies Across EU Countries - Addendum 2016 to Chapter 9 "Lessons Learned".

I. Introduction

The "Handbook on Health Workforce Planning Methodologies across EU countries" (hereinafter Handbook) is a collective book presenting good practices from seven EU countries, input from grey literature, insights from in-country and international experts, suggestions and recommendations derived from the analysis of the state of the art in the EU countries. The content of the Handbook is organised into five components corresponding to the five key elements of a planning system: goals of the system, data needed, forecasting tools (to estimate future supply and demand), organisation (of the processes and of the stakeholders' involvement) and links to policy actions (in terms of adopted policy levers and management systems put in place to assess to efficacy of the planning actions).

One of the ambition of the Handbook is to provide guidelines to the people engaged in the development and improvement of health workforce planning systems in EU Countries[1]. According to the Handbook:

> "*The efficacy of the Handbook in responding to these objectives will be tested in two Pilot Studies, in Italy and Portugal, and in two Feasibility Studies (in Germany and in Moldova and Romania) planned to start in January 2015. Results of Pilot Studies and Feasibility Studies will provide precious contributions in order to improve and update the Handbook here presented in a first version. In particular, the chapter 9 "Lessons learned" will be completely rewritten based on the experiences of both the pilot studies and the feasibility studies, while the chapters of the Second Part about the good practices will be continually updated as new practices will be identified and analysed.*" (p. 168).

The four initiatives mentioned in the Handbook and conducted in 2015 and 2016[2]. The overall findings showed the efficacy of the Handbook as guidelines in implementing a health workforce planning system[3]. So, the Work Package 5 (WP5) team, committed to deliver the Handbook and to coordinate the four initiatives in the field, on the base of those overall findings, decided to propose a reviewing instead of a re-writing of the chapter 9 cited in the above quotation.

In this light, this Addendum aims to review the chapter 9 "Lesson Learned" of the Handbook on the base of the evidences and findings of the four initiatives. In particular, the reviewing process targeted to add the main evidences to the "**Minimum planning requirements**", already reported in the Chapter 9 regarding the five key elements of the planning system, namely Goals, Forecasting, Data, Link to Policy Actions, Organisation.

II. Goals

The Minimum Planning Requirements inherent the goals of the planning system and proposed in the Handbook (p. 159) are:

- Define and agree with stakeholders on planning principles.
- Turn planning principles into operational objectives, even in case of maintaining the situation "as it is now".
- Set targets regarding, at least, the amounts of health professionals needed and the year in which these amounts are to be accomplished.

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[1] "Handbook on Health Workforce Planning Methodologies across EU countries", A. Malgieri, P. Michelutti, M. Van Hoegaerden, Slovakia, Joint Action Health Workforce Programming & Forecasting, Funded by the Health Programme of the European Union, http://healthworkforce.eu, 2015, p. 20.

[2] See "Two Pilot Projects and two Feasibility Studies. The overall report", Joint Action Health Workforce Programming & Forecasting, Funded by the Health Programme of the European Union, http://healthworkforce.eu, 2016.

[3] Ibidem, p. 36.

- Ensure to start the process with an assessment of the current situation on the basis of which to define future goals.
- Be transparent and communicate principles, assumptions and targets to the stakeholders.

The evidences from the four initiatives on this topic[4] show that setting the goals at **national level** is not an easy task, in particular on public policies, because it forces a consensus on the long term targets and it poses the constrains to the stakeholders involved. Establishing a strategy on overall principles appears, as already suggested by the Handbook, to be a good mean to come to a definition of operational objectives.

From a **local perspective** or from a Professional Body perspective, in order to reach targets on the long term it is mandatory to know about the goals and the strategies of the other stakeholders in order to create synergy and having better chance to reach the proper goals.

Moreover, it came out the importance to have a **vision**[5] and a strategy including, at the same time, a local view and an international perspective. Finally, in order to ensuring the collaboration of stakeholders, the recommendation is to achieve results in the near future by adopting a basic approach and then scale-up with a more ambitious vision.

III. Forecasting

The Minimum Planning Requirements related to the forecasting tool and proposed in the Handbook (p. 161) are:

- Forecast both supply and demand, first of all measuring and predicting the demographic variables.
- Involve stakeholders in the description of future demand.
- Provide different scenarios related to different conditions of the supply.
- Calculate the margin of error of the forecasting.
- Take into account the interaction between different health professions and the budget constraints.
- Set at 12 (for nurses) or 18 (for medical doctors) years the minimum time horizon and restrain expectations on shorter terms.

The evidences show[6] that forecasting is **feasible** at different levels of complexity, using basic indicators or more sophisticated mathematical tools. The use of information gathered through **qualitative** methods enhances the efficacy of the model. Thus, it is recommended to use them already in a basic approach, paying attention to "insert" the qualitative information in the mathematical tool.

Additionally, it's important to decide the **geographical "magnitude"** of the forecasting: some dimensions are better forecasted at local level (e.g. the population needs), while other at national (inflows from education) or international level (mobility flows).

Finally, it's important to invest in the development of a comprehensive and **intelligible** forecasting model in order to be accessible also by a broader panel of stakeholders.

IV. Data

The Minimum Planning Requirements on data collection and data needed, proposed in the Handbook (p. 163) are:

- Collect data from different sources setting up communication lines with concerned data managers and institutions.
- Use updated data to provide an accurate and comprehensive description of the current supply for both the stock and the flow and to give timely descriptions HWF demand.

[4] "Two Pilot Projects and two Feasibility Studies. The overall report", op. cit., p. 27.
[5] Ibidem, p. 31.
[6] Ibidem, p. 26.

- HWF planning is feasible also using only aggregated data. When data are not available use qualitative methodology to gather the information needed and in the meanwhile improve the quantitative data collection process.
- Measure the current and desired workforce in FTE focusing the analyses in the professionally active workforce.

The evidences on data collection and data needed[7] show that the best option to obtain a complete picture on the current situation is to have workforce data collected at a personal level in a single dedicated database, as already suggested by the good practices described in the Handbook. But, implementation of a professional register requires time and resources.

The recommendation is, when necessary data are not available and it is not feasible to collect them during the planning timeframe, **to estimate** the missing information by means of detailed assumptions based on already existing data.

Data useful for knowing the current health workforce stock are, at least, the type of profession (and specialisation if relevant), the "**status of activity**" and the year of birth while the FTE count remains a challenge in a first stage as the data useful to measure the mobility flows (i.e. the country of first qualification).

V. Link to Policy Actions

The Minimum Planning Requirements inherent the links to the policy actions and proposed in the Handbook (p. 164) are:

- Communicate goals, targets and tools available to reach them.
- Monitor continuously the HWF situation keeping stakeholders informed on the progress and changes in order to adjust and intervene with corrective actions.
- Evaluate periodically the planning capacity of the system.
- Communicate reached results and on that base, set the new goals.

The evidences on linking plans to policy actions[8] show the importance to choose the right policy action accordingly to the setting goals. Generally, it is recommended to strengthen the **link between education and health workforce planning** developing a robust health workforce planning system.

Additionally, it is recommended to implement **complementary policy actions** (retention, retirement, flexibility, financial mechanisms, etc.) in order to solve current or foreseen challenges of the labour market. An important recommendation is to develop all those strategies in the more general context of **human resource management**.

Finally, it is recommended

- to assess regularly the capacity of the planning system to reach its goals using different tools, also custom made;
- and to use the evaluation toolkit developed by the Joint Action (http://hwftoolkit.semmelweis.hu) to check up the planning system and to identify potential area of improvements.

VI. Organisation

The Minimum Planning Requirements related to the organisation of the planning system proposed in the Handbook (p. 166) are:

- Define and implement a national body that engages state, local, public and private stakeholders and supports the planning process in every stage, with roles and responsibilities clearly defined.

[7] Ibidem, pp. 22-23.
[8] Ibidem, pp. 29-30.

- Establish a subcommittee that tries to implement the planning and forecasting committees wishes into a technical forecasting model.
- Identify all the interested stakeholders.
- Strengthen partnership between educational institutions and the health-care delivery system, between training system and health care system.
- Communicate goals and results of the planning process to the stakeholders and engage them in particular building and agreeing upon the model that will be used by the health workforce planners and in the elaboration of scenario.

The evidences[9] confirmed the Handbook findings: the success key is achieving the **stakeholders' engagement** both in the process of building the forecasting model that will be used by the health workforce planners, as well in the elaboration of scenarios. Their participation is essential despite it will potentially create criticalities, which will in turn take a lot of time to solve or diminish them.

Thus it is recommended to:

- **Check** periodically the **stakeholders' analysis**, paying attention to involve also parties potentially "weak" as sometimes are direct healthcare service providers or patients.
- Establish an **action plan** using a "step-by-step" approach validate.
- Establish a **management team** with few people working full time to lead the plan.
- Assign a limited **timeframe** in which to achieve concrete results.
- Foster the discussion among experts and learn from **best practices** so that for every problem there may be more solutions already applied by other parties or applicable.

[9] Ibidem, pp. 25; 33; 35.