



Recruitment and Retention of the Health Workforce in Europe

Report on Final Workshop

Annex 6

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Recruitment and Retention of the Health Workforce in Europe

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Annex 6

Report on Final Workshop

Written by the Consortium for the Study of Effective Health Workforce Recruitment and Retention Strategies

1	European Health Management Association (coordinator)	EHMA	Ireland
2	Catholic University Leuven	KUL	Belgium
3	Institute of Hygiene and Tropical Medicine	IHMT	Portugal
4	King's College London	KCL	United Kingdom
5	Royal Tropical Institute	KIT	the Netherlands

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1. Introduction

This report outlines the structure, comments, discussion and conclusions from the final workshop for the study on effective health workforce recruitment & retention strategies held on the 10th and 11th March 2015 in Leuven. The workshop brought together 60 participants including policy-makers, health managers, health professionals, representatives from professional organisations and social partners and researchers. The aims of the workshop were to:

- share the findings and recommendations of the study on effective recruitment and retention strategies for health workers;
- explore how to build consensus and create alignments to tackle R&R issues;
- explore how to support countries wanting to tackle R&R issues
- consider how best to disseminate the learning and to identify key target audiences

The structure of the workshop allowed for maximum participation by including extended breakout sessions. These sessions illustrated the vast knowledge base of attendees and their comments have helped to shape the final report. All presentations and sessions were led by members of the study consortium

2. Presentation of the Literature Review

A presentation of the findings from the literature review was given by Prof. Gilles Dessault from the Institute of Hygiene and Tropical Medicine (IHMT, Lisbon, Portugal). The presentation described the methodology and systematic nature of the literature review and went on to provide a detailed outline of the findings from the review.

Main comments and questions from the floor:

1. The workshop participants agreed that the overall findings echoed their professional experience. They identified the need to keep R&R on the policy maker's agenda and also implored national governments to focus attention on implementing and evaluating R&R interventions.
2. It was proposed that the final report and/or disseminated guidance could include a list of potential indicators that would be used at national, regional and organisational level. Prof. Dessault noted that policy makers prefer concise data and it would be useful to outline the four or so key indicators that could be used when implementing R&R interventions for all stakeholders from national policy level to local managers.
3. There was a general consensus that R&R challenges have changed over time. For example, the motivations of students and young people has shifted and they are more interested in job satisfaction than money. This presents more complex organisational challenges to create an attractive workplace and conditions of employment.
4. Finally, wider workforce trends were discussed. There is a need to keep R&R on the political agenda along with the requirement to understand global market dynamics. The point was raised that R&R issues are not unique to Europe and are influenced by worldwide events and the global economic crisis. Due to the nature and timeframe of the project it was not possible to look at global literature but further research in this area would be both useful and welcomed.

3. Presentation of the Case Studies

A presentation of the case studies was given by Dr Marieke Kroezen from KU Leuven (Belgium). She described the methodology and form of the case studies, which included 40 desk based research assignments, 31 telephone or email interviews and 9 site visits. Dr Kroezen went on to provide a detailed overview of the findings from the case studies.

Main comments and questions from the floor:

1. A participant asked about the availability of literature on replicating interventions on a larger, EU, scale. The panel agreed that although little literature is available on this subject, some general interventions, such as using promotional tools to attract young people into healthcare professions can be replicated on a larger scale and be successful independent of the country context. However, it was stressed that simply copying and pasting interventions did not work and interventions needed to be adapted to the national and local context.
2. Following on from the question above a discussion took place between the floor and the panel about the meaning of a 'no copy and paste' mantra. It was confirmed that although interventions should not simply be lifted from one county context to another, key elements of interventions could be retained and adapted, inspiring and informing policies and implementation on an organisational level.
3. The panel was asked if they identified any examples addressing the social sector in addition to the health sector. If they did, how can learning be transferred to social care field? The panel replied that although this study focused on healthcare, some interventions included in the study are relevant to the social care context, as many interventions don't focus on one single professional group and some issues are the same.

4. Presentation of the Recommendations

A presentation of the recommendations of the project was given by Prof. Walter Sermeus from KU Leuven (Belgium). He gave a very brief summary of the themes outlined by the literature review and case studies and then proposed, initially, six recommendations for designing, implementing and researching R&R interventions.

Main comments and questions from the floor:

1. Workshop attendees believed that the recommendations should be addressed quite specifically to key staff groups. Suggestions from the floor proposed that managers (including HR managers), researchers and education institutions be added to the list of policy makers and health professionals.
2. There was a comment regarding the role that 'trust' plays in success of retention interventions. Studies from occupational psychologists have shown that employee-employer 'trust' levels can dictate how valued an individual feels within an organisation. Jeni Bremner responded that this was an interesting point and that the findings from this project could form a basis for further research in this area. The 'Expert Workshop' had previously identified the need for policy makers and organisations to ensure that the culture within organisations was receptive to any interventions.
3. There was a call from the floor that policy makers move towards implementing 'Evidence Based Policy'. In the health sector evidence based medicine or evidence based practice is common but very rarely seen in policy development. The panel generally agreed but also noted that policy issues are often large and complex, influenced by political considerations and often require a variety of actions at a number of levels. Therefore it is not always as simple as implementing one evidence-based policy. However, the large amount of research conducted on R&R interventions in the study goes some way to creating an evidence base for such R&R policies.

5. Break-out Session Day 1

The break out session carried out after lunch on day one was chaired by Prof. Anne Marie Rafferty from Kings College London (United Kingdom). The session focused on two questions:

1. How can we increase agreement between the different stakeholders involved in recruitment and retention and how can cooperation be facilitated?
2. What could be the European added value of sharing these practices and can we group countries that share specific problems/characteristics?

The discussion and conclusions of the break-out session are summarised below.

How can we increase agreement between the different stakeholders involved in recruitment and retention and how can cooperation be facilitated?

1. There was a shared agreement among participants that different contexts (political, social, economic, geographic etc.) will need focused stakeholder discussions and careful staging of involvement in order to succeed. Selecting these specific stakeholder groups is key to co-operation. These stakeholders could be guided by experts and policy makers at an EU level who would help dissemination and discussion to try and create a 'win-win' situation for all stakeholders.
2. There was also a discussion on making sure all stakeholders are included and not just the 'usual suspects' at national and international level. A bottom- up approach to stakeholder engagement as well as a top down approach was considered vitally important. Including often-ignored groups such as students in the decision-making process and giving these stakeholders resources to engage with policy decisions was considered important. Everyone agreed that the process of engagement with stakeholders must start early in a policy or projects life-cycle.
3. Additionally, policy makers should, as a first step, look for wider shared issues and values between stakeholders and create a common language that everyone understands. This would go hand in hand with building usable platforms and channels for further dissemination and co-operation. The use of stakeholder champions was also considered by the group

What could be the European added value of sharing these practices and can we group countries that share specific problems/characteristics?

1. There was general consensus that spreading of good recruitment and retention practices and the sharing of information had high added value. Some countries suffer severe shortages of particular health professionals (such as GPs) while others need to develop strategies to retain their professionals. A few countries currently have an excess of certain health professionals, but need to plan for potential future shortages
2. Forums such as the European Joint Action Community of Experts and the European Working Group on Health Workforce would be a good starting point to bring countries with similar problems together and discussion solutions and policy implementation. However, participants identified the need at European level for further platforms and discussions between social partners and public authorities.
3. Lastly, it was commented that stakeholders must not forget that Europe is part of a global market and cannot discount what is happening in the rest of the world when tackling R&R issues.

6. Break-out Session Day 2

The second break out session, conducted on day 2 of the workshop, was chaired by Jeni Bremner, Director of EHMA, the consortium lead partner. The participants were split into tables of 6 and asked to focus on three questions:

1. How can we maximise the impact of the recommendations and good practices for Policy Makers, Health Professionals and Managers?
2. What formats might be most useful for each of these groups?
3. What are the barriers and opportunities to implementing recommendations from this report?

Each table was assigned the 'role' of either policy maker, manager or health profession and asked to 'think' like each specific group. This provided some excellent discussion which is summarised below.

How can we maximise the impact of the recommendations and good practices for Policy Makers, Health Professionals and Managers?

Policy makers – prefer to work with clear summarised information. It is also essential to provide potential solutions as well as describing problems. Using the right triggers (such as improvements in R&R will also improve quality, access and finance) will help ensure that recommendations are acted upon. Additionally, integrating solutions, policies and key stakeholders will maximise impact for policy makers.

Health professionals – need to believe that the report's recommendations will solve a problem facing them, while also showing positive gains and benefits for them and the patients. Additionally, ensuring that recommendations are accepted and approved by European level health professional organisation will help to maximise the impact of the recommendations.

Managers - don't always have either the responsibility or instruments to effect change. In order to ensure that buy-in occurs to proposed recommendations, managers will need resources and time to implement any change in their work programme. If money is not in the budget then managers are simply too stretched to be able to comply. Managers often work in isolation and good implementation practices are not always distributed so creating a platform and forum for them to exchange information would be helpful.

What formats might be most useful for each of these groups?

Policy Makers

- Ideally short, one page documents
- Evidence based proposals
- Good communication strategy

Health Professionals

- Social media (such as LinkedIn)
- Team meetings
- Available to all professionals (not just doctors and nurses)
- Through leader or mentors
- Professional associations (national and European)

Managers

- Management and leadership education
- Mentorship
- Conferences
- Through insurance companies and professional organisations
- Creating a management forum
- Professional effectiveness (such as Personal Development Reviews)
- Incentives (rankings between institutions, employer of the year)

What are the barriers and opportunities to implementing recommendations from this report?

1. One major barrier to any project remains finance. Cost and resource implications for implementing recommendations coupled with the potentially limited scope of the European framework might derail implementation of recommendations.
2. Lack of time for stakeholders to inform themselves of useful interventions/information and to create an enabling environment for changes
3. Stakeholders create both opportunities and barriers to implementation. If, as previously discussed, the correct stakeholders are identified, their differing tensions and requirements understood, they are appropriately represented and formal channels for engagement are created, then stakeholders can enable numerous opportunities for the effective implementation of recommendations. However, if not engaged in this way, stakeholders can become a barrier to implementation.

7. Conclusion

The Workshop concluded with positive remarks from the participants, the European Commission and the project consortium. The Workshop was deemed a very helpful platform for contribution to the study, especially the ability to view and comment upon the recommendations, which were crafted to inspire managers and health professionals to try different approaches and also to support future policy decisions and frameworks. The Final Draft report will be finalised in mid-2015. The closing statement to all participants was that “the future is now” and commitment is needed to help solve the current European wide health workforce recruitment & retention issues.