

JOINT ACTION ON HEALTH WORKFORCE PLANNING AND FORECASTING -SUMMARY OF RESULTS

EU Expert Group

Brussels, Belgium Nov. 12th 2016

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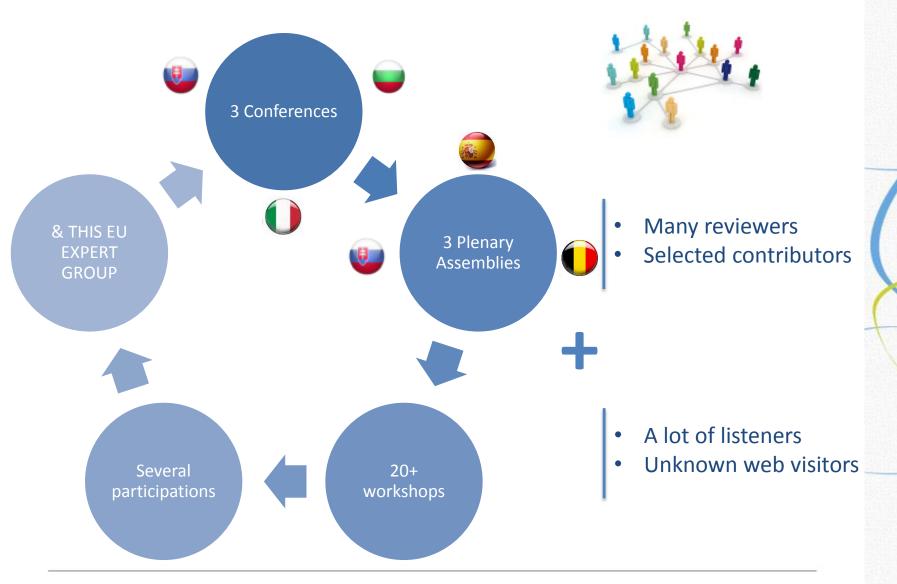




IN A FEW WORDS, WHAT DID THE JOINT ACTION FINALLY DELIVER?



1. JA BROUGHT EXPERTISE TOGETHER

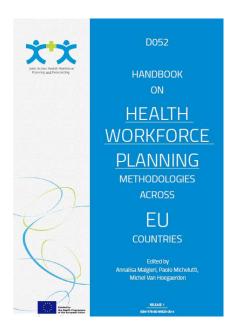








HANDBOOKS



(Explore sections by clicking on +)

O KNOWING ABOUT THE CURRENT HWF INVENTORY

O ASSESSING THE CURRENT HWF SITUATION

O ORGANISING THE STAKEHOLDER INVOLVEMENT

O MAKING FUTURE HWF FORECASTS

O SETTING THE GOALS

F O LINKING PLANS WITH POLICY ACTIONS

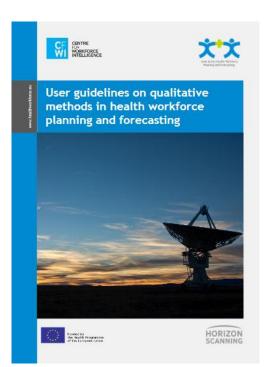
O PLANNING CAPACITY EVALUATION

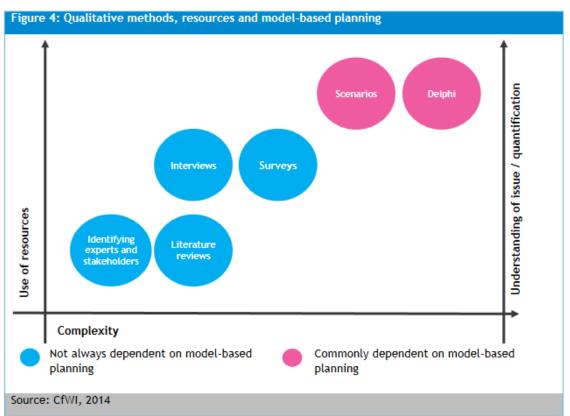






GUIDELINES OF METHODS



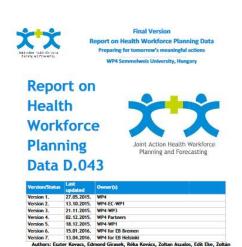








COLLECTION OF CURRENT PRACTICES



Cserháti, Károly Ragány. Health Services Management Training Centre - Semi

| 0 | 1 2 | 3 | 4 | 5 6 | 7 | 8 9 | 10 | 11 12 |
|--------------------------------------|------------------------|-----------------|----------|------------|------------------|-------------------|------------|-----------------------|
| | | | SUPPLY | | | | D | EMAND |
| | Data areas | Labour force | Training | Retirement | Migration inflow | Migration outflow | Population | Health consumption |
| | Availability - mean | 10.1 | 7.0 | 7.0 | 6.0 | 2.7 | 10.3 | 7.7 |
| Profession | 8.6 | 12 | 10 | 9 | 8 | 4 | | |
| Age | 7.1 | 12 | 5 | 7 | 5 | 2 | 11 | 8 |
| Head count | 8.8 | 12 | 10 | 10 | 7 | 4 | 11 | 8 |
| FTE | 7.0 | 7 | | | | | | |
| Georgaphic area | 6.7 | 11 | 6 | 7 | 5 | 2 | 9 | 7 |
| Specialisation | 6.6 | 11 | 8 | 6 | 6 | 2 | | |
| Country of first qualification | 3.8 | 6 | 3 | 3 | 5 | 2 | | |
| Gender | 10.0 | 10 | | | | | | |

Table 6 - Gap matrix on data availability







ANALYSIS OF LONG LASTING PROBLEMS



WP4

Terminology gap analysis

D041



| Version/ Status | Last updated | Owner |
|-----------------|--------------|-----------------------------------|
| Module Concepts | 22.05.2014. | Hungarian Team + WP1 + Reviewers |
| Draft 01 | 20.07.2014. | Hungarian Team + WP1 + Reviewers |
| Draft 02 | 11.08.2014. | Hungarian Team + WP1 |
| Draft 07 | 03.09.2014. | Hungarian Team + WP1 |
| Draft 05 | 06.10.2014. | Hungarian Team + WP3 + WP1 |
| Draft 05/2 | 20.10.2014. | Core reviewers + WP3 |
| Draft 09 | 24.10.2014. | Executive Sound (WP1 + WP2 + WP3) |
| Draft 09/2 | 05.01.2015. | WP4 Perfiners |
| Draft 09/3 | 29.01.2015. | WPS |
| Draft 09/4 | 20.02.2015. | Submission to the Executive Sound |
| Draft 09/5 | 10.03.2015. | Submission to General Assembly |
| Draft 09/5 | 24.03.2015. | Submission for scientifing editor |
| Draft 1 | 19.08.2015 | Submission for WP7 |



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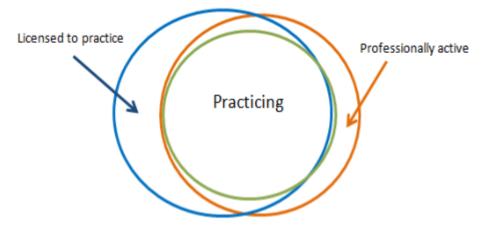


Figure 6b. Activity status categories in an overlapping depiction







EYE OPENER ON RAISING & FUTURE ISSUES









TOOLS









DISCUSSING ISSUES UP TO BUILDING SOLUTIONS

Figure 9. The two central issues to be specially addressed by a better HWF mobility information system in Europe

managing HWF outflow

- lost public investment
- · HWF replacement rate not met
- demand for health services not met

managing reliance on foreign HWF

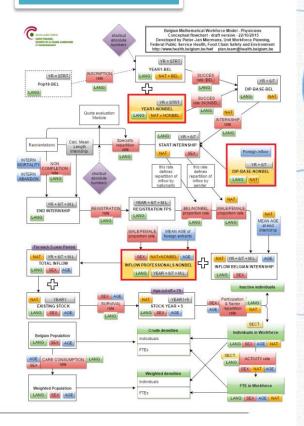
- dependency on unpredictable inflows
- Inflow of HWF trained in other health systems

Table 6: The recommended indicator set for measuring health workforce outflow - summary table

Proposal

| Indicator | Indicator content (optimum) | Indicator content (minimum) |
|--|---|-----------------------------|
| health professionals with passive intention to leave (source country | HPC1st \ FHPC[G+1], where F=FBnFN Number of health professionals requesting a certificate for working abroad for the first time ("first time applicants") without including foreign health professionals who requested a certificate in the first year after | working abroad |

Useful Practice



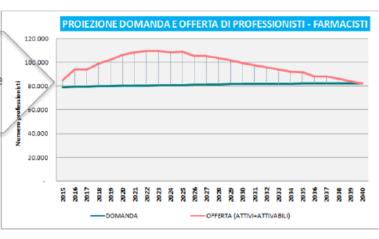




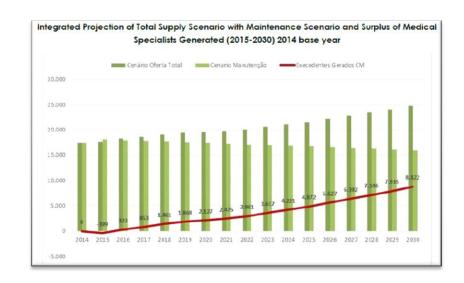
3. JA TURNED KNOWLEDGE INTO PRACTICE



Negative gap: demand will balance the oversupply only in 2040



IMPLEMENTING PLANNING









3. JA TURNED KNOWLEDGE INTO PRACTICE

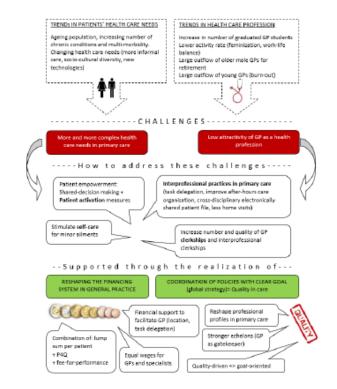


PILOT STUDY EXPERIENCES IN BELGIUM
WP6, Centre for Workforce Intelligence, United Kingdom



Figure 6: Explanatory diagram of the results of the literature search, for the situation of Belgium





Funded by the Health Programme of the European Union

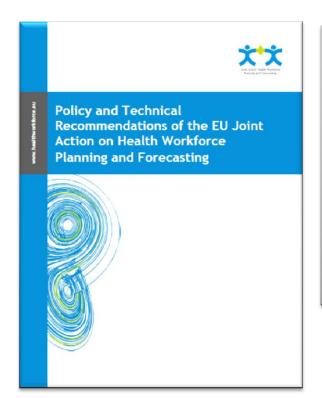
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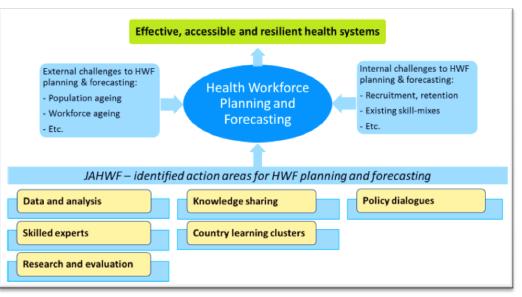


IMPLEMENTING



4. JA GAVE RECOMMENDATIONS SYNCHRONIZED WITHIN A SUSTAINABILITY FRAMEWORK & VISION







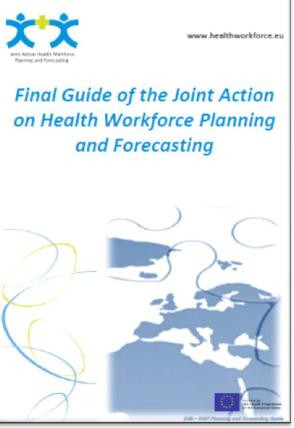




AND ALL OF THAT IS ON:

- A WEB SITE
- A FINAL GUIDE









EQUIPPED WITH SUCH MATERIAL, WHAT CAN POSSIBLY PREVENT A **COUNTRY / REGION /** PROFESSIONAL GROUP TO STUDY, **FORECAST & BUILD POLICY SCENARII ADRESSING HEALTHWORFORCE ISSUES?**





NOTHING!

THE MANY PRACTICES
HIGHLIGHTED TOGETHER WITH
THE PILOT PROJECTS
DEMONSTRATED THAT VALUE
ADDING PLANNING IS FEASIBLE
NOW!





THE MAIN RECOMMENDATIONS

- USE THE MATERIAL
- USE / DEVELOP THE NETWORK
- ACTIVATE / SUSTAIN / ENHANCE PLANNING UNITS
- BELIEVE IN EVIDENCE BASED DIALOGUE





NEVERTHELESS

 THERE IS ADDITIONAL KNOWLEDGE TO GATHER



SUSTAINABILITY BUSINESS PLAN

OWNERSHIP : CRITICAL QUESTIONS TURNED INTO USEFUL PROPOSALS FOR YOU FEASIBLE: DESCRIBED
IN A PROGRAMME
DESCRIPTION
INTEGRATED IN
WORLD INITIATIVES

DO IT : NEEDS YOUR SUPPORT TO HAPPEN





SUSTAINABILITY BUSINESS PLAN

APPLYING THE JOINT ACTION
RECOMMENDATIONS

Current & Future
Supply &
Demand
DATA

MOBILITY

of health workforce

Economic and labor market **DATA**

Future **SKILLS** and skills distribution agenda





· miscellaneous initiatives



THANK YOU FOR YOUR SUPPORT DURING THE PROGRAMME!

=> KEEP IT LIVING!



