

- MULTI REGIONAL PLANNING IN THE SPANISH SYSTEM: ORGANISATION ASPECTS AND FORECASTING MODEL

Reference information:

- National website. MoH. Studies for health workforce planning
 - [Ministerio de Sanidad, Servicios Sociales e Igualdad - Profesionales - Estudios para la planificación de profesionales sanitarios](#)
- Regional website. Murcia Region:
 - <http://www.murciasalud.es/fse.php?iddoc=192437&idsec=4494>
 - http://www.murciasalud.es/recursos/ficheros/165344-modelo_dinamico.pdf
- Legislation: Last modification of article 22 [Law 44/2003, November 21st](#).

Main aspect:

- *In the countries with a decentralized planning system, such as Spain or Italy, the regional stakeholders' involvement is very important;*
- *The Spanish planning system of specialists involves various stakeholders that enrich the discussions and bring different approaches: central, regional and professional;*
- *The challenge is to tune up the regional instances, reinforced by the regional autonomy, with the needs and the resources of the Country. The challenge is more hard if we think that what is planned as health workforce need for each specific Region is than threatened by the health professions mobility between regions;*
- *In the forecasting model Spain takes into account both the multi-regional dimension and the inland migration. The results of the projections are that discussed in the Human Resources Commission;*

Description:

The Spanish experience is focused on the planning of medical specialists and other specialists (nurses, biologists, pharmacists, chemists, physicists and psychologists).

Since 2003, the number of vacancies for specialist training is annually approved by the Commission on Human Resources of the National Health System (CRHSNS)⁽³⁷⁾, with the previous report by the Ministry of Education and the National Council of Specialists in Health Sciences (CNECS)⁽³⁸⁾.

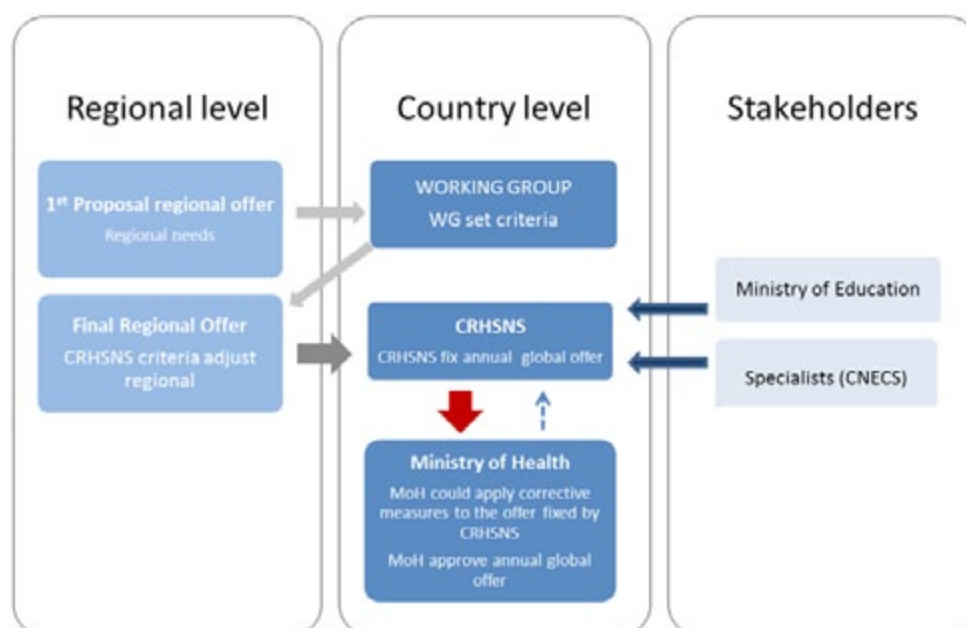
The annual offer of specialist training meets the needs of specialists identified at national and regional level, as well as budget available.

(37) CRHSNS is composed by health officials of the regions (17 autonomous communities + INGESA) and the central state administration (Ministry of Health, Social Services and Equality, Ministry of Education, Culture and Sports, the Ministry of Defense and the Ministry of Finance and Public Administration)

(38) CNECS represented by each of the specialties.

The first step is the initial proposal for regional offer (17 regions+ INGESA⁽³⁹⁾). Regional proposals respond to regional needs (regional planning) and do not always match with the global needs at country level (country planning). Even though the regional offer aims to be self-sufficient for training, sometimes a region hasn't authorized training capacity to meet regional needs or the specialty is oversupplied at country level.

To get a consensus to address these differences, a Working Group (WG)⁽⁴⁰⁾, by delegation CRHSNS, maintain numerous contacts and negotiations: plenary and bilateral meetings. In these meetings, the criteria for each annual offer are fixed, differentiating between specialties with oversupply, deficiency or balance and checking regional and national needs. These criteria based on a forecasting model are yearly adjusted in order to anticipate future demands. Sometimes, a region didn't unilaterally accept these criteria and proposes a number of vacancies higher than the necessities calculated. In these cases and before 2014, tools were not available to reduce the regional proposal according to global needs and planning. This was the main reason for a change in the Law⁽⁴¹⁾ to allow the MoH to introduce corrective measures to the regional proposals. These corrective measures require a reasoned report from the MoH to the Commission of Human Resources.



Spanish specialists planning process

(39) National Institute of Health Management

(40) WG is composed by technical staff of the MoH and the regions

(41) Article 22, [Law 44/2003](#), modified in March 2014

Results:

The offer 2014/15, set on September 1st, and negotiated during the past nine months, hasn't required taking corrective measures because previous negotiations among the MoH and the regions have allowed to adjust the initial proposal of certain specialties. Probably the new MoH competence has changed the predisposition of some regions to reach agreement, as in previous years had been more reluctant.

Spain has to continue to improve its planning, especially by continuing working in the availability and reliability of data for planning and updating the skills of specialists. For this task we have two new tools:

- *The State Register of Health Care Professionals⁽⁴²⁾, created specifically to improve planning, which will be available by November 2016*
- *The new specialist training system that includes a core training period (trunk) common to several specialties⁽⁴³⁾.*

Helpful tips:

- *Buiding a working group composed by central government and regions and other stakeholders;*
- *Setting a time horizon to adopt agreements;*
- *Launching the working group timely for the discussion of all criteria and measures;*
- *Sharing and disseminating information necessary for planning among all stakeholders;*
- *Considering regional needs but remembering that planning has to cover the overall needs of the country;*
- *Further information (including next changes or improvement planned, related bibliography, useful documentation, working materials, pdf or excel tool, link, etc.).*

(42) Royal Decree [640/2014](#), July 25

(43) Royal Decree [639/2014](#), July 25

