

Reference information:

- National website. MoH. Studies for health workforce planning
- <u>Ministerio de Sanidad, Servicios Sociales e Igualdad Profesionales Estudios para la planificación de profesionales sanitarios</u>
- 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 <u>Law 44/2003</u>, <u>November 21st</u>.

Main aspects:

- Since sustainability of the Health care system is one of the values of the HWF planning systems, it's very important to know how to put it in practice, both in the forecasting model and during the discussion with the stakeholders
- The planning of HWF should be made based on the needs of health care for the population, but economic resources should also take into account, because the available budget is a factor that influences the demand, just as has happened in Spain during the economic crisis.

Description:

In Spain, by Law⁽²⁹⁾, the planning of health specialist's vacancies takes in account the budget and the needs (demand) of professionals. Both factors are closely related, the budget determines the investments of regional health services, low budgets condition the opening of new health centers, retirement patterns and replacement of health professionals and, consequently, the demand of new specialists.

In the Spanish planning model for specialists, the regional proposal of vacancies must ensure that the budget is available. The vacancies offer by central administration⁽³⁰⁾ (0.3% of total) must be fiscally authorized by the Ministry of Finance, previously.

In the beginning of the economic crisis, the annual vacancies of specialized training continued growing in Spain and reached the highest number of offer to history (2011). However since 2012, the reduction is progressive according to these two factors: specialist demand and budget.

In addition to the previously mentioned, Spain has frozen salaries in thepublic sector

⁽³⁰⁾ Ministry of Defense, Health Institute Carlos III and INGESA (National Institute of Health Management)

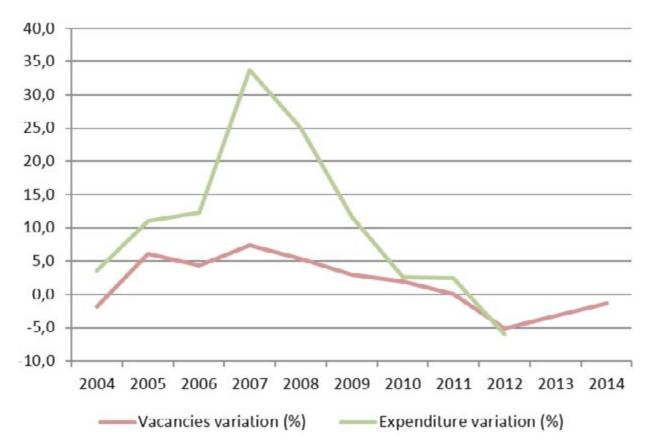




⁽²⁹⁾ Article 22, <u>Law 44/2003</u>, <u>November 21st</u>.



since 2010; this measure also affectsspecialists in training, and,therefore,the overall cost of specialized training.



Evolution vacancies and expenditure specialist training in Spain

Source: Ministry of Health, Social Services and Equality, September 2014.

The increase in spending in 2007 and 2008 reflects a change in the remuneration⁽³¹⁾ and the increased number of specialists in training.

Expenditure data 2023 and 2014: not available.

Results:

The specialist training spending in 2012 reached 992 million euros, compared to 1.001 the previous year, representing a decrease of 0.9%, while the overall reduction of public health expenditure was 1.7%. The expenditure data are published with two year delay, so we have to wait to know the real expenditure of specialized training in 2013 and 2014.

⁽³¹⁾ RD 1146/2006, August 6. special employment relationship of specialist training.







Despite theprogressive reduction of supply (number of vacancies), the specialist replacement in the next 15 years is guaranteed with the current specialists in training. Our last offerwas a bitoversized in relation to future demand and because the demographic forecast have not accomplished. Currently, the offer is adapting to new scenarios

Helpful tips:

When budgets are low, you can opt for an easy short-term measure: reducing expenditure can be approached in two ways: by reducing the expenditure of specialized training or reducing overall costs by employing lower-paid professionals as specialists in training. This measure can have serious consequences in the medium and long-term supply of professionals, may cause imbalances (shortages or surplus). Therefore, in these situations it is more necessary than ever to optimize resources and, therefore, a good planning is a key factor.