

expectations on the short term.

After implementation, the duration of the training is the major contributing parameter. There is a vast range of training years for the different professions, from 3 years for a nursing profession to 12 years for a fully trained clinical specialist. This means, obviously, that there may be differences in the dimension time for the different professions.

### FOR FURTHER DETAILS:

- Focus on --> Insights --> [To set targets for HWF planning](#)

## **FINDINGS**

Mostly, the goals of the seven planning systems here described are very generic and not specific. What is identified as a goal, in reality is most of the time a mission of the organisation or its activities.

It is important to make a distinction among “Goals”, “Scopes” and “Missions”. An example of goal may be the following: “Increase by the 30% the value of the ratio *number of doctors per 1000 inhabitants* in a country by 2020”. Following the SMART logic, this “goal” is “specific” (furnishes an indicator), is “measurable” (furnishes a target), is “time-related” (furnishes a deadline). We may not discuss if this objective is also “achievable” and “realistic”, because the specific context of applicability is missing, but in general we may assume that it “probably” is. On the other hand, in many countries, a “scope” or a “mission” is confused with a “goal”. An example of a “scope” (or “mission”) is: “make sure that the offer of health workforce always satisfies the demand”. The “scope” (or “mission”) is not “specific”, nor “measurable”, nor “time-related”, but might however be “achievable” and “realistic”. As opposed to the goal, the “scope” (or “mission”) defines the direction toward which converge the actions, without clearly fixing the purpose to reach, the time needed to reach it, nor the modalities. In a planning logic, these missing elements represent a problem.

In the case of Belgium, Denmark, Finland, Spain and Norway the action appears more guided by a “statutory mandate”, than by operative goals.



PLANNING SYSTEM	STATUTORY MANDATE	SPECIFIC TARGETS
BELGIUM	<p>MONITOR AND OBSERVE THE CURRENT WORKFORCE SITUATION AND EVALUATE THE CURRENT AND FUTURE HEALTH WORKFORCE NEEDS AND DEFINE ALLOWED INFLOW INTO PROFESSION;</p> <p>ADVISE THE MINISTER OF HEALTH ON THESE AND RELATED ISSUES.</p>	NO
DENMARK	<p>TO SET THE NUMBER OF POSTGRADUATE TRAINING POSTS FOR DENTAL AND MEDICAL SPECIALISTS;</p> <p>TO ADVISE THE MINISTRY OF HIGHER EDUCATION AND SCIENCE REGARDING THE STUDENT INTAKE;</p> <p>TO ILLUSTRATE THE EXPECTED DEVELOPMENT IN THE NUMBER OF PHYSICIANS, MEDICAL SPECIALISTS, DENTISTS, DENTAL SPECIALIST, DENTAL HYGIENISTS AND CLINICAL DENTAL TECHNICIANS. TO CREATE A BASIS FOR DISCUSSIONS FOR THE FUTURE NEED OF WORKFORCE WITHIN A GIVEN PROFESSION AND SPECIALTY;</p> <p>TO MONITOR AND OBSERVE THE CURRENT AND FUTURE SUPPLY OF WORKFORCE.</p>	NO
ENGLAND	<p>TO ENSURE THAT AN EFFECTIVE EDUCATION AND TRAINING SYSTEM IS IN PLACE FOR THE NHS AND PUBLIC HEALTH SYSTEM;</p> <p>DELIVERING HIGH QUALITY, EFFECTIVE, COMPASSIONATE CARE: DEVELOPING THE RIGHT PEOPLE WITH THE RIGHT SKILLS AND THE RIGHT VALUES.</p>	YES
FINLAND	<p>TO PROMOTE THE AVAILABILITY OF SKILLED LABOUR IN ACCORDANCE WITH DEVELOPMENTS IN INDUSTRIAL AND OCCUPATIONAL STRUCTURES AND TO GUARANTEE ALL YOUNG PEOPLE AN OPPORTUNITY TO APPLY FOR VOCATIONALLY/PROFESSIONALLY ORIENTED EDUCATION AND TRAINING.</p>	NO
NORWAY	<p>TO EVALUATE THE PRESENT AND FUTURE NEEDS OF HEALTH AND SOCIAL PERSONNEL;</p> <p>TO FOLLOW UP INITIATIVES TO STRENGTHEN THE CAPACITY AND QUALIFICATION BUILDING AS NEEDED.</p>	NO
SPAIN	<p>TO MAINTAIN THE PLACES IN THE MEDICAL SCHOOLS ACCORDING TO THE NEEDS;</p> <p>TO IMPROVE THE DISTRIBUTION OF THE SUPPLY OF SPECIALIZED TRAINING ACCORDING TO IDENTIFIED NEEDS;</p> <p>TO REDUCE ABANDONMENT OF SPECIALIZED TRAINING AND PREVENT RECIRCULATION.</p>	NO
THE NETHERLANDS	<p>TO DRAW UP REQUIREMENT ESTIMATIONS ON THE BASIS OF, AMONGST OTHERS, THE ANTICIPATED DEMANDS FOR HEALTH CARE AND DEMAND PROJECTIONS IN RELATION TO VARIOUS MEDICAL AND DENTAL HEALTH SPECIALISATIONS;</p> <p>MEET BOTH THE HEALTH CARE SECTOR AND THE GOVERNMENT'S DEMAND FOR INFORMATION IN CONJUNCTION WITH THE PERCEIVED NEED AND THE RELATED CAPACITY FOR BASIC MEDICAL AND DENTAL EDUCATION AND SUBSEQUENT SPECIALISATION;</p> <p>ASSES THE REQUIRED CAPACITY LEVEL AS FAR AS BASIC MEDICAL TRAINING AT MEDICAL SCHOOLS IS CONCERNED AND SUBSEQUENTLY ADVISE THE GOVERNMENT ACCORDINGLY.</p>	YES



The cases of England and The Netherlands are the only ones different, since they have specific targets defined.

In England, for example, the goals are explicit, and also very specific and clearly defined, with a clear timing and precise indication about the modalities to achieve them.

They clearly define and communicate:

- *the expected outcomes;*
- *the operational objectives;*
- *the related targets and indicators.*

**FOR FURTHER DETAILS:**

- *Focus on --> Details of the seven planning systems --> [Goals](#)*

