LESSONS LEARNED

Here we intend to provide suggestions and advices derived by the different contents of the Handbook, in particular from the comparison of the different planning experiences.

With regard to the five key elements of a planning systems suggestions and indications may be summarized as follows.

Goals

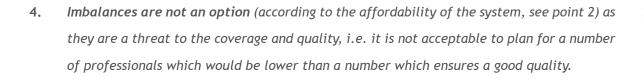
Is it feasible to plan the health the workforce without setting any objectives to be achieved?

The seven experiences analyzed have shown that, basically, health workforce planning requires sharing principles, before than agree on specific objectives. Just the will to preserve certain principles and values, even in the face of complex challenges such as the economic crisis, makes the health workforce planning meaningful (for an example of HWF planning principles see the table below⁽⁴⁴⁾).

- 1. Universal coverage, i.e. the health care system will provide assistance to all citizens without excluding poor or rich. This implies that the need of professionals of the whole population of the Country has to be considered.
- 2. Affordability, i.e. the cost of the future health care system has to be kept within the limits of what is considered sustainable for the population.
- 3. Effectiveness, i.e. in considering the future need of professionals, is it important to bear in mind good production parameters.

See "Minimum Planning Data Requirements for Health Workforce Planning" Joint Action Health Workforce Planning and Forecasting D.051 - Release 1, pag. 7, available at http://www.euhwforce.eu/web_documents/RESULTS/140414_WP5_D051_ Minimum_planning_data_requirements_final.pdf





5.	Education and not immigration to meet healthcare needs, i.e. each country has to plan
	how to cover its own HWF needs; migration is a right for EU citizens but it should not be
	used systematically as a source to cover the population's need ⁽⁴⁵⁾ .

The definition of HWF planning includes several dimensions that can be considered: quantity, geographical distribution, time distribution, skills, attitudes, commitment, appropriateness of activities, cost, productivity⁽⁴⁶⁾.

What are the basic dimensions to be taken into consideration? Definitely depends on the objectives that the system arises. In the health workforce planning there are basically two dimensions to consider:

- 1. The targeted quantities for any health profession;
- 2. The year in which these set quantities are to be accomplished.

The second dimension represent one of the great challenges: to educate and train a health professionals requires a minimum time frame (from 4 years for a nursing profession to 12 years for a fully trained clinical specialist) which obliges to use forecasting methodologies and to calculate the margin of error of this forecast.

How to turn those principles in operational objectives?

Most of the planning systems analyzed take into account the two basic dimensions mentioned above: the amount of professionals and the year in which this amount is achieved. Commonly the aim is to ensure in the future the current ratio of workforce and population, acting on the stock and flow of workforce in response to expected changes in the population. We can consider this as a starting point for those who aim to develop a planning system. But more advanced systems focus their planning on the reengineering of the workforce, in terms of horizontal and vertical substitution and skill

⁽⁴⁶⁾ See the definitions of health workforce planning quoted in Chapter 1



⁽⁴⁵⁾ See WHO Global code of practice on the international recruitment of health personnel (2010).

mix, and on the reorganisation of health care delivery.

Whether the aim is to maintain the current situation or to change it, it would be useful to undertake an assessment of the current situation and to measure if there are any imbalances between supply and demand. Just the outcome of this assessment should lead to the definition of specific objectives. The challenge in this case is to agree on indicators that certify any imbalance. Only few planning systems measures the current situation. Most of them assume the current equilibrium between supply and demand, which it's a problem in the event that this assumption in not correct incurring the risk to perpetrate the imbalances in the future.

The consensus of stakeholders is necessary? Transparency and communication are one of the keys to successful planning systems: both principles, operational objectives, specific target or assumption are to be shared with stakeholders. The stakeholders involvement is thus to be considered as part of the setting goals process.

Minimum planning requirements

- Define and agree with stakeholders on planning principles;
- Turn planning principles into operational objectives, even in case of maintaining the situation "as it is now";
- Set targets regarding, at least, the amounts of health professionals needed and the year in which these amounts are to be accomplished;
- Ensure to start the process with an assessment of the current situation on the basis of which to define future goals;
- Be transparent and communicate principles, assumptions and targets to the stakeholders.

Other recommendations for a better planning process

- Make a comprehensive analysis of the future health needs of the population and of the skills mix needed to deliver planned health services in the future in order to have added value information to set the goals;
- Identify and address unintended adverse policy interactions before setting the goals;
- Be sure that different Ministries (Education, Health, Finance, Labour) share and agree the objectives so to increase the probability to reach the results expected;
- Set goals that are Specific, Measurable, Acceptable, Realistic and Timed (SMART).

