FOREWORD

The value of the health workforce planning efficacy can be properly understood by figuring its absence, that is by looking at the effects (and their costs) of the lack of planning or wrong planning.

If a country doesn't plan its health workforce it could assume that somehow the 'market' will adapt the supply to the demand of healthcare. This is generally true. Still, there is a huge amount of time when an imbalance is detected and the increase of the production and the delivery of the **necessary amount of health professionals** to close the gap. Indeed, educating and training incoming professionals takes time: on average not less than three years for nurses and midwives, five years for dentists and pharmacists, five to six years for physicians, plus three to five years for a specialization.

The anticipation of the necessary amount of health professionals, thus matching "on time" population healthcare needs with the required health workforce, is both an ethical and economic goal

Firstly, training the professionals that are really needed means saving money twice: no waste in the short run for training courses with no or scarce employment opportunities (not only a financial waste, but also a waste of time and opportunity for young students), no waste in the long run for searching abroad for professionals in areas where there are shortages. Moreover, the fact that training is often publicly funded, means that to demonstrate future needs will help to endorse requests for investments in education and training.

Furthermore, recent history shows that due to the lack of planning, or wrong planning, several countries have had to resort to immigration in order to respond to severe professional shortages. Clearly, international mobility does not involve only the health sector and, in itself, may be a growth factor and a win-win game, especially in a single market like the EU. However, when the situation becomes extreme , it may cause reverse shortages in the sending countries which, after having borne the burden of training costs, must also face the negative impact of the drain brain. Heavily relying on immigration, then, may in the long run create a vicious circle, discouraging investments in training in the sending countries, especially when recruitment policies focus on few or developing countries. That is the reason why the issue of the health workforce shortage arrived on the agenda of governments and international institutions and why

Funded by
the Health Programme
of the European Union

the WHO Global Code of Practice on the International Recruitment of Health Personnel was adopted.

A clear vision of possible future changes in population needs is then required in order to steer education policies.

So, planning is not put forward a perfectly calculated and trustable value of the future needs according the most economically favorable scenario, but it is building a dialogue between the stakeholders leading to several policy options and deriving from those a range of prognoses together as a calculation of the potential error. Fed by such quality material and which transparent assumption, the policy maker may then agree on actions for the future, and take the difficult bow of reaching a society affordable strategy, which may be quite different from the ideal viewed from a health care perspective.

This is feasible and many countries have created years of evidence of this feasibility. We have more data then we need even is poorly coordinated today. We have experience and good practice, and most of all we have democratic peace and willingness of all health professions to dialogue.

Finally, about the complexity of planning using so many parameters, we acknowledge that many data and various scenario building must take place for enabling policy maker to take decisions on the most plausible or the most desired options. Still, planning is implemented using measures and we now have experience in the positive and negative effects of some of them. Action on the production is the most used, together as an action on budget and wages. Also the promotion of some professions and the provision of grants for establishment are well known. This knowledge will be made available to all.

Therefore, together, EU Members States took the engagement to address the HWF issues by sharing knowledge and improving the capacity to collect numbers and asses future trends. The result is the Action Plan for EU Health Workforce, out of which the Joint Action on Health Workforce Planning and Forecasting, which is not as such solution, but it is the ground on which solution may grow.

The Joint Action on Health Workforce Planning & Forecasting aims at sharing knowledge on planning methodologies and actively support the Members States in their effort to improve their planning processes.

Funded by
the Health Programme
of the European Union

Building this knowledge together is a very positive action to improve this process, and even more, identifying and describing good practices allows to find new impulses, new ambitions and opportunities for a renewed country level and interregional dialogues. Even more, understanding each others' methodologies enables EU level discussions to finally happen and grow.

This Handbook has higher targets than being descriptive. It aims at demonstrating that planning the health workforce is feasible, adds values in many countries, and sets the roots for implementation within an EU vision of Health Workforce management, using shared knowledge.

Funded by
the Health Programme
of the European Union