CHAPTER 1

HEALTH WORKFORCE PLANNING IN EU

In the Health Care sector, more than in other labour sector, the human resources are an important resource both because it is a labor-intensive sector and because people's health is, by definition, a "non-negotiable" and sensible issue. Whereas in every organisation people are one of the most important strategic resources, the definition and planning of their requirements is equally important[2][3].

The importance of human resource planning in healthcare, compared to other industries, is well exemplified in one document from NHS England document: "*If a supermarket does not have enough staff then the queues at the tills grow longer meaning the customer will have a bad experience and not return to that shop again. If the NHS fails to have enough qualified staff, then patients and their families will suffer at a time when they are at their lowest ebb. Health care is unlike any other economic good as the consequences of failure can be catastrophic for the individual and their families. Moreover, a shortage in qualified staff is not easy for a Trust to rectify. A local supermarket can recruit from other supermarkets or train new staff in a matter of weeks, but new clinicians take much longer to produce and, whereas there are shorter term supply solutions in some professions, this is not true of all*"[4].

The above stated example also put in evidence that health care workforce planning has its specificities, in comparison to the same activities in the industries.

First of all, the input of new resources in the health care labour market strictly depends

(2) Armstrong, M. (2006) A Handbook of Human Resource Management Practice, Kogan Page, London (6), pp. 363–87.

(3) Bulla, D.N., & Scott, P.M. (1994) Manpower requirements forecasting: a case example, in Human Resource Forecasting and Modelling, ed D Ward, T P Bechet and R Tripp, The Human Resource Planning Society, New York.

(4) Developing people for health and healthcare: Investing in people For Health and Healthcare, p.10 - http://hee.nhs.uk/wp-content/uploads/sites/321/2013/12/Workforce-plan-investing-in-people.pdf

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on the training capacity of the education system. The training for a health professionals can take from 3 to 10 years. This is a medium-long period that affects the planning timeframe and the related decision making process: it's necessary to decide today how many health professionals are needed in ten years. In other terms, in a "closed" health labour market the supply takes many years to respond to the variation of the demand. It means that the equilibrium between supply and demand can be reached:

- *on short term, acting on the current stock of health workforce or "attracting" health professionals from outside;*
- *on long term, taking today the "right" decisions and thus affecting the supply in the future with new health professionals from inside.*

Moreover, considering that the quantity and quality of the health care strictly depends on the quality and quantity of the human resources employed, the health workforce planning is to considered an activity of "public interest". It means that the health workforce planning is also "political" activity and so the involvement of policy makers in the planning activities is needed.

At last, the action strategies influencing retention and retirement in the health workforce work differently that in the industries. For example, one of the most affecting variables of the supply workforce in the industries is the wages level, which, in the health care labour market, can act in different ways(5).

The HWF planning in the EU countries - compared to other national contexts - has its specificity, in particular due to the free workers' movement in the EU. Of course, professions with very specialised and context-dependent skills are less mobile. However, the EU has set a good framework for mutual recognition - the Directive on professional qualifications(6) known as EU/2005/36, amended by EU/2013/55. Health workfers are specialised professionals, also with specific risk, but they are way more mobile than lawyers or notaries. In fact, according to the EU DG Internal Market database, the health care professionals are among the top 5 categories of professionals with the most registrations.

Also, Europe is setting many mechanisms to improve the international qualifications of

(5) For a detailed study on the influence of health workforce wages in the labour market see section 8.4.

(6) In the belief that the difference in training and professional practice can be overcome, the EU Directives EU/2005/36 and EU/2013/55 put in place the mechanism for applying and make easy the mechanism to ensure a mutual recognition of acquired skills and professional titles, and allowing in practice free movement of protected professions (incl. healthcare professionals), and proportional measures for closing any gaps in knowledge.

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young professionals, e.g. through the Erasmus processes, and through the standardisation of curricula(7) and of training processes and their accreditation.

The effect is the migration of health professionals with its dominant East-to-West and South-to-North flows that challenges the forecast of the health professionals' supply which a country can make with respect to its current workforce. The situation is made even more complex by the countries' differences in training options and, in some cases(8), the level of training.

But many challenges will come also on the demand side with EU Directive EU/2011/24, which makes possible the demand for healthcare services in countries other than their own.

In addition, the health care systems of the European Countries are based on the principle of universal coverage, which strongly influences the demand for health services. But in recent years this principle is jeopardized by the economic crisis that has forced the EU countries to implement austerity policies. From the point of view of the HWF planning, this means to have a focus on efficiency and the optimization of human resources.

Those features, specific for the European context, justify a study dedicated to the HWF planning in European countries, thus asking: How do they face those problems? Which are the specific solutions implemented and the tools developed?

On the other hand, models and tools developed in other contexts are unlikely to be adequate to meet the challenges that characterize the European health care systems. For example, there are many studies and models proposed by WHO(9), addressed in particular to countries that need to develop a HWF planning system from scratch and whose main problem is to increase the supply to meet the unmet demand. They start from the assumption that the current supply is not sufficient to meet current demands and are generally based on the costs of training, on the attraction rate of new labour force, on wages and economic incentives. European planning practices are rather

(7) Regulation of the European Parliament and of the Council establishing "ERASMUS+": the Union programme for Education, Training, Youth and Sport and repealing decisions No 1719/2006/EC, No 1720/2006/EC AND No 1298/2008/EC.

(8) For an example regarding the case of nurse assistants see: Damian Grimshaw, Marilyn Carroll, Karen Jaehrling, Philippe M´ehaut. "*Shaping and reshaping the work organisation : including or excluding low skilled labour? The case of the nurse assistant in Germany, France and the United Kingdom*" - SASE 2006, 18th Annual Meeting on SocioEconomics "Constituting globalization: actors, arenas and outcomes", IAAEG, University of Trier (Germany), July 2006, Jul 2006, pp.22., available at https://halshs.archives-ouvertes.fr/halshs-00085863/document

(9) For a detailed list, go to http://www.who.int/hrh/tools/planning/en/

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different and more varied. The initial assumption is usually a balance between supply and demand, although there are some cases of shortage or surplus of current stock of human resources. Thus, the focus is more on retirement patterns than on the attrition and retention rates and the economic analysis usually covers the cost of the health care providers rather than the cost of human resources training.

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