

GOALS

The objective of the planning system is really the final meaning of the whole planning system. The literature is citing, for example, “balance between need and supply” for a profession⁽²⁰⁾.

It is also possible that the objectives include restraints (i.e. budget limitations), which mean that the system also has to find an economical balance. It seems that the process of definition of the objectives is one of the main means to interest stakeholders like policy makers. It is very important to state if the objectives also include indicators and how they are defined.

The goals should be **specific** in at least the two dimensions basically considered in HWF planning:

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

To have more chances of success, a HWF planning objective has to be **specific, measurable, time-bound, achievable, and realistic**. In other words, the objective should be SMART⁽²¹⁾.

An example is the following: “By the year 2025, in Netherlands we will have 12.000

(20) ““Health workforce planning aims to achieve a proper balance between the supply and demand of different categories of health professionals in both the short and longer-term. This is desirable to ensure adequate access to care, a key goal of health policy in all OECD countries” Ono, T., G. Lafortune and M. Schoenstein (2013) “Health Workforce Planning in OECD Countries: A Review of 26 Projection Models from 18 Countries”, OECD Health Working Papers, No. 62, OECD Publishing, pag.8. Available at <http://dx.doi.org/10.1787/5k44t787zcwd-en>

(21) According to Peter Drucker (The Practice of Management, 1954), the goal has to be S.M.A.R.T.:

- *Specific - the fixed goal has to be specific, clear, not vague or generic;*
- *Measurable - the goal has to be measurable, allowing to understand if attended results has been reached or not and how far we are from the goal;*
- *Achievable - the goal has to be achievable considering resources and ability at your disposal; it should not be impossible to reach, otherwise it may risk to reduce the motivation; it also has to be stimulating;*
- *Realistic - a goal has to be stimulating, but also realistically achievable, considering resources and means available; goals too far from reality aren't taken into account, as discouraging;*
- *Time-Related - the goal has to be based on time, i.e. it is necessary to determine the time for its realization; it is useful to allow that the goal itself is measurable and avoid that, without a timing reference, it is considered not urgent; that allows to better distribute the time compared with activities.*

FTE working general practitioners. This goal will be attained by permitting 720 medical graduates as of 2015 to enter vocational training to become a general practitioner each year”. This goal is specific, measurable, and time-bound.

It is important to note that, concerning the resources of the healthcare system, a goal is more easily **achievable** if it is **acceptable** upon by the actors involved in the planning process. In fact, as long as the goals are still global, sharing the goals does not create any problem. Every organisation and professional wants the needs of the population to be met by an adequate supply of professionals in the future. The problems arise when the goals become smarter. In this stage, the goals will have to be agreed upon by the stakeholders. For example, the health professionals, especially in the case of medical doctors, are crucial in teaching and coaching medical graduates during their training to become a medical specialist. If their scientific associations disagree on e.g. the used vocational parameters, they will disagree on the set goal. Basically, the government and the health field have the same objectives. Both parties want an adequate health care system that takes care of the needs of the population. Both parties realize that an adequate health care system can only thrive when the health workforce is adequately staffed. There can be differences in opinion on the operationalization of “adequately staffed” in terms of FTE. It is helpful to create room for this discussion to be held by using a number of different scenarios in the planning. This will facilitate the discussion and the acceptance because it visualizes the “safe” margins irrespective of the underlying scenarios.

Concerning a **realistic** objective, it is more of a challenge. The goal has to be realistic both from the perspective of the health field stakeholders and from the perspective of the government. For the latter, the financial dimensions of the set goal are in most cases the limitation. For the stakeholders in the field it is the number of practical solutions they experience for the problems that encompass changes in the number of students to be trained. The problems range from the training and hiring of additional professors up to the funding of an additional university. In most cases, training institutes opt for gradual changes, giving them more time to adapt to the new circumstances.

Anyway, most health professions require a prolonged training period, and in case the Government wants to implement new policies, there is also a lead time due to all the legislative hurdles that have to be passed before any change can be started. Therefore, any Member State commencing with health workforce planning has to dampen the



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](#)*

