

- INVOLVEMENT OF STAKEHOLDERS IN THE BELGIAN PLANNING SYSTEM

Reference information:

Legal framework : Royal Decree Nr. 78 of November 10th 1967 - Organisation of the Health System
 Website of the Planning Commission (includes links to published formal advices and reports in both French and Dutch): www.health.belgium.be/hwf
 Secretary of the Planning Commission : Aurélia Somer
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Main aspects:

- *The solution involves experts and stakeholders in policy process from day 1. The parameters in the forecasting model are discussed and agreed with stakeholders, who participate in the elaboration of scenarios. Validation occurs through consensus building;*
- *The planning system support a political debate and stakeholder lobbying through the discussion of scenarios;*
- *Tasks and corresponding competences of people and institutions involved in the planning process are clearly defined;*
- *There is a formal mechanisms for health education planners to discuss HWF needs, being the competent authorities members of the planning commission*
- *There is a specific budget, depending on availability, dedicated to train people working on HWF planning.*

Description:

To enable stakeholder consultation and participation in the HWF planning process, the following structures and methods have been set up in Belgium:

By law, a planning commission for the medical supply was created (1996). This planning commission, and its component working groups by profession, are composed as follows :

- *Representatives of the different competent governments (both federal / language community level);*
- *Representatives of the education system;*
- *Representatives of the professional organisations of the concerned professions;*
- *Representatives of the Health Insurance Authority and Health Insurance sector.*

These representatives are nominated by the different sectors and their nomination is confirmed by the Minister of Health.

When necessary or desired, the commission can invite external experts to enrich its discussions. However, these experts cannot take part in votes.



The main tasks of the commission as defined by law are:

- *Examine existing and future needs for the different health professions;*
- *Evaluate needed inflow and determine the number of allowed new entrants into the quota-restricted health professions;*
- *Inform the minister of its findings.*

In its meetings and communications, the members of the planning commission and the working groups try to arrive at a common viewpoint regarding these issues. The discussions and activities are organised in working groups by profession. These working groups present their findings to the plenary session of the Planning Commission which votes to validate the findings and issue a formal advice to the Minister of Public Health.

The commission and the working groups can rely on the administrative, scientific and statistical support of the Team Workforce Planning at the Ministry of Health. The commission can request data to be collected or research to be conducted to assist it and help it achieve its tasks. The Ministry of Health also provides meeting rooms and takes care of all other practical matters (such as travel reimbursements, translation services, etc.).

This structure and process is thus clearly defined. However its correct functioning depends on the motivation, dedication and activity of the people who occupy the different roles as defined by law.

An important role in this context belongs to the presidents of both the planning commission and the working groups. They can act as the main drivers of the process. The successful functioning of the planning commission depends in large part on their skill as organisers, discussion leaders and spokespersons. It is a definite challenge to align all the viewpoints expressed in the working groups and to achieve a workable compromise which can survive a vote. However, this complicated work of negotiating and consensus building is crucial for the planning commission in order to fulfil its role as a consultative and advisory body.

To improve the chances of success, the choice of competent personnel to fill the different roles as defined in the legal structure is critical.

The heterogeneous composition of the planning commission, while essential to enrich the discussion and provide a wide variety of backgrounds, is not always compatible with the technical complexity inherent to workforce forecasting.



Therefore, it is essential to present a clear and comprehensible insight into the used methodology to keep the participants engaged and involved. The validity and predictive power of forecasting methods and planning tools need to be carefully explained and situated, in order to create the conditions for a correct interpretation of the produced forecasts.

Results:

The end result of the activities of the commission and its working groups is a formal advice to the Minister, which is adopted by a simple majority vote. By request, next to the adopted advice, a minority opinion can be transmitted to the Minister.

The support staff (team planning) plays an important role in the editing, translation and transmission of the text of this advice.

The Minister of Public Health is free to follow or ignore the advice of the Planning commission. However, the formal advices of the Planning commission carry such political weight (especially when unanimous) that the Minister generally incorporates the advice in policy decisions and in the setting of legal access quota.

Next to this formal aspect, the involvement of the stakeholders in the planning process can and does lead to other outcomes.

Meeting with the stakeholders with direct access to the field can serve as an early warning system for workforce trends and chokepoints which are not (yet) apparent in the statistical monitoring system

The involvement of the stakeholders in the policy process builds consensus, creates goodwill and legitimizes the resulting health policy choices. It can avoid possible conflicts by recognizing and tackling them early in the policy process.

To achieve these advantages, an adequate investment of time and effort in the activities of the planning commission from all involved partners, especially the representatives of the Minister of Health, is essential.

The support structure for the planning commission, especially when assistance is required for multiple working groups, needs to be adequately staffed and funded. Ideally, the support team members have a background in research, data analysis, statistics, and health sector issues.



Helpful tips:

- *Identify interested stakeholders in the health workforce field;*
- *Create a structure to steer interaction with stakeholders (depending on national context: commission / institute / advisory board / ...);*
- *Assign specific roles & responsibilities;*
- *Invest in the recruitment and the development of skills of the experts supporting the stakeholder involvement system.*

