SUPPORT FOR THE HEALTH WORKFORCE PLANNING AND FORECASTING EXPERT NETWORK

EXPERT NETWORK 11TH WEBINAR – SUMMARY REPORT

2 September 2020

Funded by the Health Programme of the European Union

This webinar was organised by the Semmelweis University and the Standing Committee of European Doctors (CPME) in the frame of EU Health Programme 2014-2020 under a service contract (no. 20167301) with the Consumers, Health, Agriculture and Food Executive Agency (Chafea) acting under the mandate from the European Commission. The information and views set out in the webinar are those of the author(s) and do not necessarily reflect the official opinion of the Commission / Executive Agency. The Commission / Executive Agency do not guarantee the accuracy of the data included in the webinar. Neither the Commission / Executive Agency nor any person acting on the Commission's / Executive Agency's behalf may be held responsible for the use which may be made of the information contained therein.

The contract is signed with the joint tender led by Semmelweis University (SU), and further partners are KU Leuven (KUL), the Italian National Agency for Regional Health Services (AGENAS), the Italian Ministry of Health (MDS) and the Standing Committee of European Doctors (CPME).

INTRODUCTION

On 2 September 2020, the joint tender 'Support for the Health Workforce Planning and Forecasting Expert Network' (SEPEN) organised its eleventh webinar for the expert network. This edition focused on '*Supply = demand? How to optimise health workforce planning baselines'*. The webinar was moderated by Ms Sarada Das.

SUMMARY OF DISCUSSIONS

Ms Sarada Das opened the webinar and introduced the experts. Prof. Luís Lapão (click here to access the presentation) launched the debate with a presentation on how to rethink approaches to health workforce planning and improve its outcomes. His point of departure is that achievement of the Sustainable Development Goals crucially depends on the health workforce, whose performance in turn depends on the health system's performance. However, this system shows many fragilities, e.g. a lack of innovation and professionals' lack of time, resulting in waiting lists and problems with recruitment and retention. Therefore, optimisation at system level is necessary to improve health professionals' jobs and performance. For health workforce planning, this means that it is not sufficient to only look at numbers, it is also necessary to consider factors such as organisation and innovation to assess quality and 'productivity' i.e. performance. Prof. Lapão suggests that advanced planning models that take into account the impact of innovation and foresee management of these processes allow for more proactive decisions regarding the workforce, thus improving patient care. As examples of relevant innovation, he briefly presented studies on the impact of eHealth tools used by pharmacists in Portugal in terms of reducing time spent on administrative tasks and increasing the time spent with patients, as well as a study on mHealth tools trialled in Mozambique to support follow-up and monitoring of patients living with HIV.

In sum, Prof. Lapão argues that health workforce planning needs to move beyond the concept of shortage based purely on numbers and take in consideration both a health system's organisation and health workforce performance. To achieve this, management is key, for example in order to consider the automation of some part of the processes, to optimise the internal functioning of organisations and how professionals' time is spent. In specific, digital tools should be considered as a major influence factor in health workforce planning in the future.

Building on these insights, Mr Pieter-Jan Miermans (click here to access the presentation), who is a lead analyst-statistician for the workforce planning team at the Belgian Ministry of Public Health, presented the preliminary outcomes of a report on alternative approaches to health workforce planning. He first introduced the current Belgian model, which draws on administrative databases for data on professionals, which alongside education data and population care consumption data is fed into a mathematical model. The model creates a basic scenario and 'alternative' scenarios which also look at hypotheses. These are evaluated by an expert panel which identifies possible imbalances, adjusting for demographic factors, and finally sets an access quota, i.e. a number of professionals per 10.000 inhabitants. However, this approach does not seem to address some more local problems. To make the process more objective, the ministry commissioned a report on how to define the optimal equilibrium level between health care workforce and care demand, i.e. which parameters can be used to define the 'optimal density' of health workforce. Drawing on international literature and country case studies, preliminary results seem to suggest that "there is no such thing as an optimal density" when looking at health outcomes achieved. Instead, it is considered to use a regional target density, with a reference region serving as a model to assess the impact of demographic, geographic and socio-economic characteristics. All other regions could use

these benchmarks to identify their optimal target density. Mr Miermans concluded by suggesting that while this is an interesting approach, the method requires further validation, e.g. to clarify some causal links e.g. between the health and the socio-economic status of a population, and how to procure reliable data at regional level. The report will be finalised in 2020.

Finally, Dr Andrew Woodward (click here to access the presentation), who provides workforce information and analysis to the Department of Health and Social Care, presented the UK's planning approach to supply model baselines. Electronic Staff Records which have almost 100% coverage of the health workforce are used to feed the model. They provide granular data on a wide variety of factors, including stock and flow, as well as in-country mobility and can be linked to other data sets, with only few limitations. Dr Woodward therefore posed the question, whether it is worth using more complicated supply models. He presented the leaver rate as an example of a variable which can be modelled in different degrees of segmentation as regards age, gender and nationality, and compared the results of such exercises. While there is a difference between the simple model as opposed to models using one to three degrees of segmentation, the trend is broadly comparable, at least in the short term. However, even small differences may have significant implications for policy or may be compounded by contextual factors. Also, it seems that the model is more sensitive to some variables rather than others, therefore it may be helpful to segment those variables which are subject to special interest or future dynamic to achieve greater accuracy in the long-term.

Ms Das thanked the speakers and opened the floor to questions and answers.

QUESTIONS & ANWERS

Participants raised the question what impact the COVID-19 pandemic would have on health workforce planning and possible changes in demand for healthcare. Experts agreed that there will undoubtably be an impact on the organisation of the health system. This confirms that the optimisation of systems is essential to have better results. The debate went on to discuss shortages in developing countries which are often aggravated by maldistribution. Mr Miermans confirmed that this is problem in many countries. In Belgium, doctors can choose where to practice, however there are initiatives to encourage doctors to settle in underserved regions.

On the topic of access to healthcare, there was the comment that density cannot define productivity, however how the workforce is managed can have a great impact. The discussion then turned to professionals' well-being and the question was raised whether burnout rates among doctors caused by an excessive workload is taken into account in planning. Prof. Lapão reported that there work on designing planning models that are able to process such factors, but there is also a lack of data. Mr Miermans pointed out that historic rates on the attrition rates e.g. among general practitioners can be used to give some indication. It was also suggested to contact national medical association which may have useful data.

Following up on the debate on workforce performance, there were questions on the timeframe for implementing productivity enhancements, as well as the possibility to identify a factor to model enhanced productivity in different scenarios. It was suggested that the pandemic showed the frailties in systems in terms of preparedness, therefore management of innovation and consequently productivity is an important process. Lastly Dr Woodward commented on the links between the health workforce planning carried out by the Department for Health and Social Care and the work of Health Education England.

Ms Das closed the webinar thanking speakers, participants and the European Commission for their contribution. It was also announced that the closing event of the SEPEN joint tender will take place on 28 October, all participants were invited to save the date.