

Health Workforce Planning in Belgium : Strengths & Weaknesses

Pieter-Jan Miermans & Veerle Vivet

Unit Health Workforce Planning

Department of Health Care Professions and Professional Practice

Directorate-General Health Care

FPS Health, Food Chain Safety and Environment

Evaluation of planning methodology

5 Dimensions – ‘Latitude lines’

1. Organization of planning system
2. Goals and timeframe
3. Link between planning & policy actions
4. Data sources
5. Type Forecasting model

Organization of planning system

Strengths

- ✓ Stakeholders participate in the elaboration of scenarios (input from the field)
- ✓ Variety of stakeholders background (universities, work field, ministry, professional associations,...)
- ✓ Consensus building in working groups increases influence of planning commission advise to Minister of Health

Weaknesses

- ✓ Time consuming process before stakeholders become experts in planning
- ✓ Dependent on trust between stakeholders & commitment to working group activities

Goals and timeframe

Strengths

- ✓ Main goal : Accurately monitoring the current workforce and reliably forecasting the future workforce – achievable with current system, processes & data
- ✓ Tasks, objectives and competences of the Planning Commission are clearly defined by law

Weaknesses

- ✓ Implicit goal – maintaining current reserve/stock is not a guarantee of effective planning – is the current situation ideal?
- ✓ No timeframe for the achievement of the long term objectives is specified (balancing medical workforce over regions / language)
- ✓ Short term goals and objectives can prevent implementation of long term vision and planning process

Link between planning & policy actions

Strengths

- ✓ Recommendations can be transformed into binding legal quotas for access to medical specialties
- ✓ Advice from planning commission is hard to ignore for minister

Weaknesses

- ✓ Dependent on political will & interest – planning commission remains an advisory body
- ✓ Belgian context : competences are divided over different regions / governments – the planning commission as a federal advisory committee has no control over regional implementation of planning measures

Data sources & methods

Strengths

- ✓ Department of health maintains the 'cadastre': federal database of registered health professionals – information about individuals licensed to practice
- ✓ Data linking projects with Social Security & Health Insurance administrations:-
 - Information about work setting & region
 - Access to data about practising and activity (FTE)

Weaknesses

- ✓ Process of collecting & linking data is cumbersome (privacy issue – data availability) – currently leads to 2-year delay before data can be used for planning purposes
- ✓ privacy reasons → level of detail of data can be limited (e.g. nationality)

Recommendation

- ✓ Improving quality of data is a continuous process
- ✓ Individual data is most useful and flexible – when not available: aggregated data along dimensions of age, sex, degree,(language)... can suffice

Type of forecasting model

Strengths

- ✓ Harmonised = applicable for the different health professions
- ✓ complex modelling (possible) with more than 40 possible parameters for offer & demand
- ✓ Model Web interface => experts can create scenarios and forecasts
- ✓ Descriptive + predictive, but not prescriptive - model is a tool for policy development
- ✓ Forecasted Results offer solid basis for policy discussion & advice

Weaknesses

- ✓ Impossible to include different professional groups in 1 scenario
- ✓ Rigidity concerning the use of the interface and the results it delivers
- ✓ Some calculated results are difficult to interpret for non-experts ('weighted densities')
- ✓ Demand side of model is underdeveloped (population measures and aggregated consumption data) - no direct link to more tangible demand indicators

Recommendation

- ✓ Ideal model – **keywords** : Flexible, user-friendly, modular, interactive, real-time, useful output, no 'black box'

Thank you!

Contact :
plan.team@health.belgium.be