



# HWF PLANNING IN SPAIN

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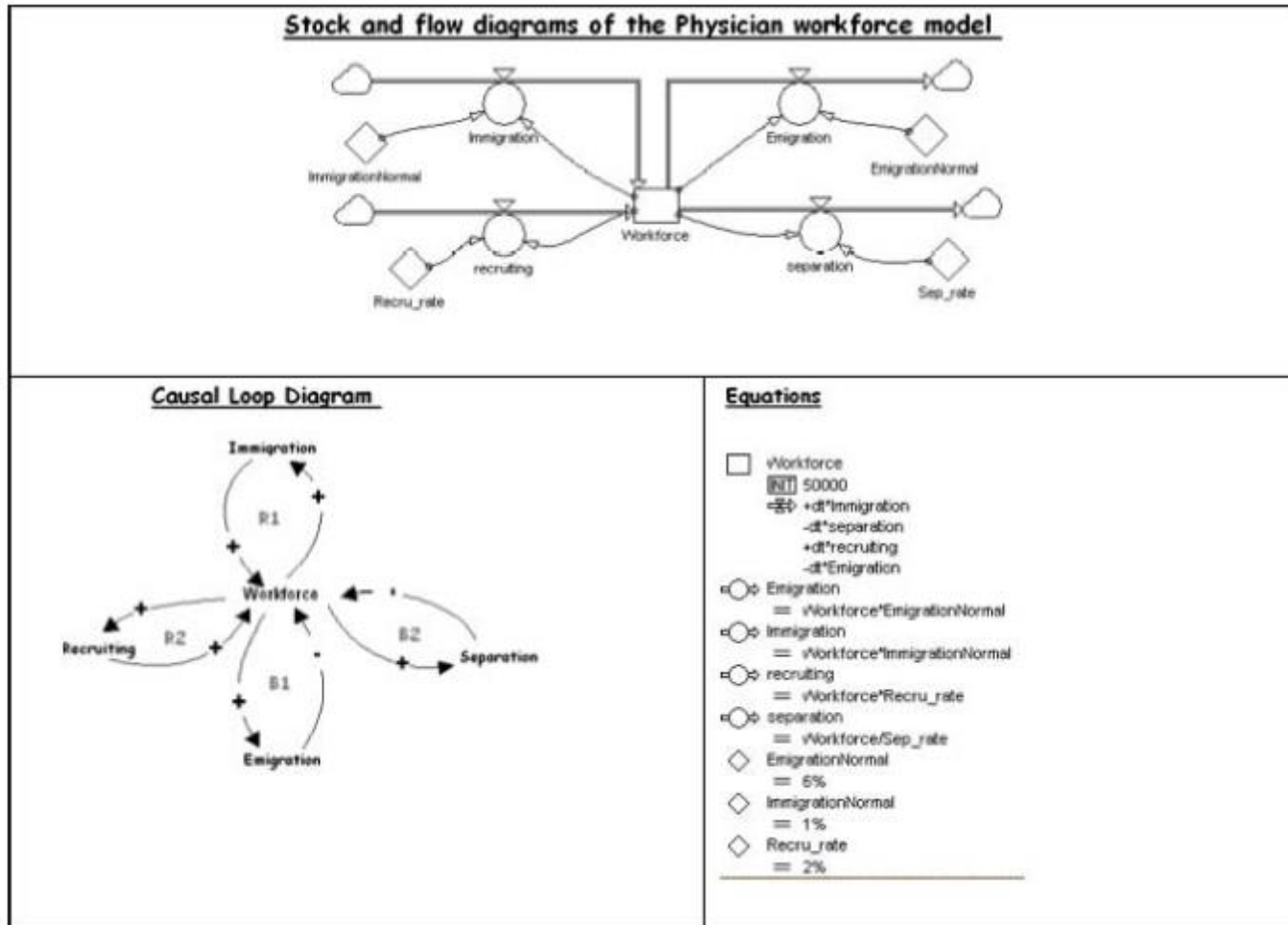
# Spanish Model for HWF planning and forecasting

- Performed by the Ministry of Health (MSSSI), in collaboration with the regions (CCAA) and external experts.
- Started planning in 2006
- Focused on **Specialist Doctors**
- **Supply and Demand Model.**
  - Mathematical model by dynamic simulation
  - Biannual update
- **Horizon scanning: 15 years**

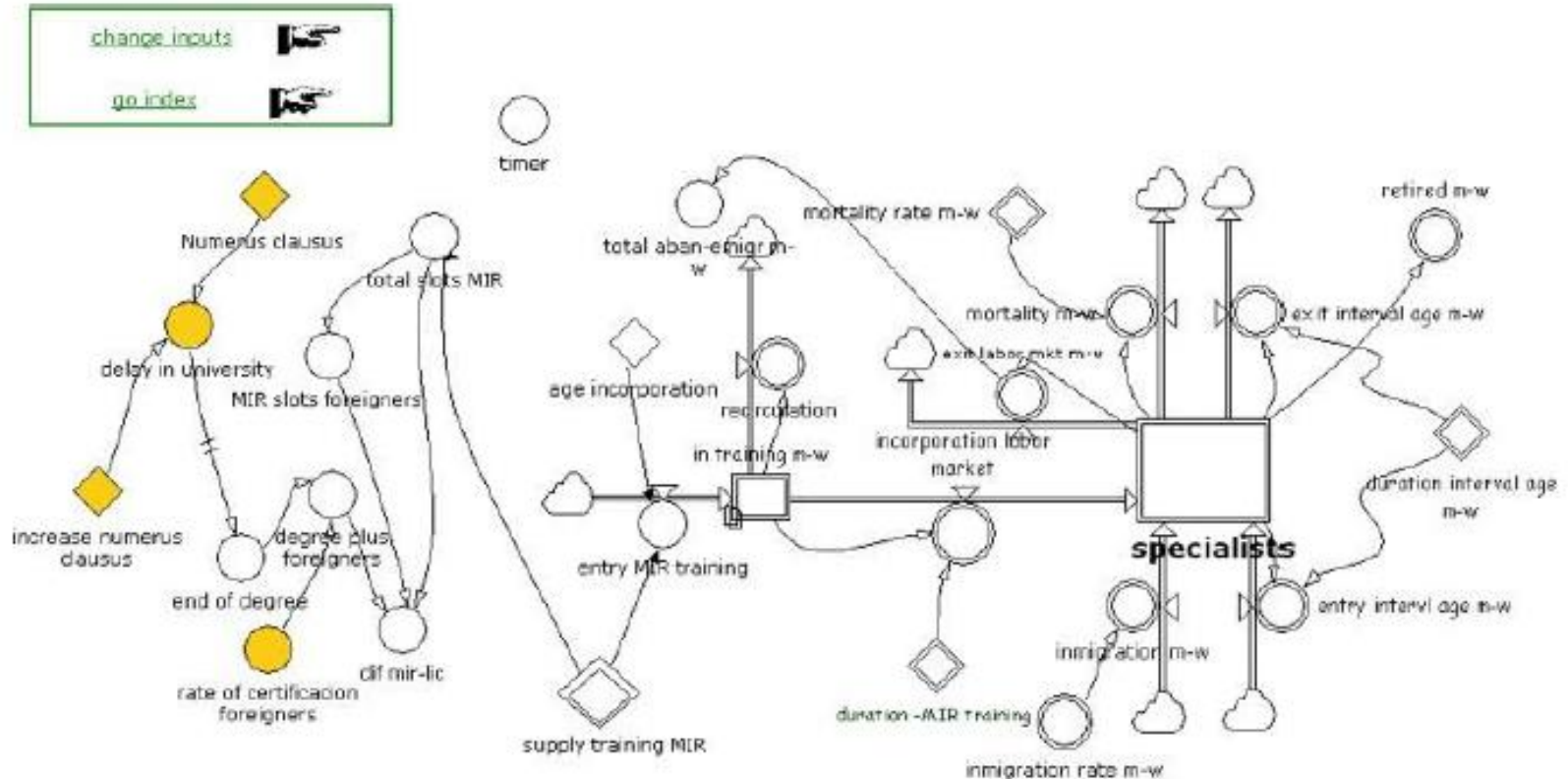
# Designing the model of planning. Steps

1. **Select the variables to use**
2. **Establish the casual loop diagram:**
  - Causal variables
  - Effect variables
  - Linking variables with a positive or a negative charge
3. **Build the Submodel of supply:**
  - Analysis by speciality, age and gender
  - Assign a weight to supply variables
4. **Build the Submodel of demand**
  - Assign a weight to demand variables

# Design Loop diagram



# Design of the Submodel of Supply



# Goals of Model

- Achieve a more efficient health care system;
  - to respond adequately to future health care needs and
  - according to financial resources.
- Obtain the number of specialists needed to cover future demand
- Train the specialists with accurate competencies
- Promote the transfer of tasks among health professionals

## Strengths

- Solid theoretic methodology
- Participative:
  - Central and regional administration
  - Professionals: CNECS
  - External experts: University
- Useful for taking decisions
- Allows the forecasting of different scenarios
- Permits adjustment of the variables

## Weaknesses

- Quality and availability of data
- Not included all health professions
- Little differences among regions (CCAA) in some specialties: not minimum standard

# What have we done?

1. 2006; the *Numerus clausus* in Faculties of Medicine were increased until 7.000 posts, to reduce shortages of doctors.  
  
2011: we established the Numerus clausus below 7.000 posts
2. Increase the posts for specialities with shortages: Family Medicine, Gynecology or Peadiatrics
3. Create a National Register of Health Professionals in 2012:
  - Compulsory for public/private sector and self-employed health professionals
  - Designed for planning and help policy makers to take decisions
  - Improve quality and availability of data, including mobility and migration data