



D03: Focus Group Report on D042, D052, D062, D072, D073&074

WP3, Finland & Malta

WP3 Focus Group Report on D042, D052, D062, D072, D073&074



Joint Action Health Workforce
Planning and Forecasting

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FOCUS GROUP REPORT ON D042, D052, D062, D072, D073&074

Introduction

The Joint Action on Health Workforce Planning and Forecasting is a three-year programme running from April 2013 to June 2016, bringing together partners representing countries, regions and interest groups from across Europe and beyond, but also non-EU countries and international organisations. It is financially supported by the European Commission in the framework of the European Action Plan for the Health Workforce, which highlights the risk of critical shortages of health professionals in the near future. The Joint Action programme should, among other things, contribute to the development of a sufficient number of health professionals and contribute to minimising the gaps between the needs and supply of health professionals equipped with the right skills through forecasting the impact of healthcare engineering policies and re-designing an education capacity for the future.

The focus group report on D042, D052, D062, D072 and D073&074 summarises the results of four focus groups that met in Helsinki in April of 2016. The main aim of the focus group interviews was to provide information on how to evaluate the outcome of the Joint Action programme. The aims of the focus group (FG) report are to both provide the results of focus group interviews from the perspectives of content, policy and implementation and offer conclusions regarding the implementation and sustainability of the JA programme on the basis of the results. First, the report presents a short introduction to the materials and methods used in the focus group process. Second, it summarises the feedback from the experts who participated in the focus groups from three different perspectives: 1) issues related to the content of the deliverable, 2) issues related to the policy actions needed and 3) the potential for implementing the recommendations. Finally, conclusions are provided based on the reviews and comments made by the experts.

It can be concluded that the focus group participants considered the JA programme to be quite useful. It provided added value by focusing on health workforce (HWF) planning and forecasting from a European-level perspective. It also provided a number of tools, theoretical frameworks and models, and examples and experiences from various countries as well as opportunities for networking and collaboration between countries. But there is still a need to work on implementing the JA results by involving different stakeholders in the process and by providing more practical steps. Greater political commitment as well as the need to keep the issue of HWF high on the political agenda are required as well. From an outcome evaluation perspective, these findings illustrate the situation at the end of the Joint Action programme by proactively describing the outcomes. A follow-up assessment is needed in order to actually evaluate the outcomes within a two to three year timeframe.

This deliverable was approved by the Executive Board of the Joint Action on Health Workforce Planning & Forecasting on 13-15 June 2016.

1 Methodology

1.1 Focus groups

The main aim of the focus group interviews was to provide information in terms of evaluating the outcome of the Joint Action programme. The purpose of outcome evaluation was, in terms of defining the lessons learned and making recommendations, to assess the kinds of outcomes that can be attributed to the Joint Action efforts with respect to health workforce planning and forecasting in Europe. Due to the fact that the outcome evaluation was conducted at the end of the JA programme, it proactively focused on predicting the potential future of the programme since the long-term outcomes of ongoing projects cannot be evaluated during the projects. The core deliverables from each work package, namely D042, D052, D062, D072 and D073/074, were evaluated from with respect to their outcomes (see Evaluation Strategy). Some of the deliverables had already been accepted by the Executive Board, whereas others were still at the finalising stage. Unfortunately, work package D054, which describes the experiences of the various pilot projects, was not available for focus group discussion.

The general aim of the focus group was to discuss and comment on, from personal experience, the topic that is the subject of study. It consisted of individuals who are familiar with the theme of the focus group. How the members of each FG are selected is of crucial importance, and systematic biases should be avoided in this process. The focus groups should include people from a diverse range of backgrounds, viewpoints and experiences. The number of people in one focus group may vary from four to twelve. (Kitzinger 1995; Powell & Single 1996; Sim 1998.)

The actual focus group interview is non-prescriptive and is based on semi-structured interview themes. The discussion is guided, but still interactional, with the aim being to obtain divergent viewpoints though not necessarily a consensus. Therefore, the facilitator's role is crucial in this process. Facilitating open, uninhibited dialogue is central to the role of the moderator; hence, a skilled person is needed for the job. Lively interaction between participants is the goal of every focus group. (Kitzinger 1995; Powell & Single 1996; Sim 1998.)

1.2 Selection of experts and organisation of the focus groups

Similar selection criteria were used when selecting the focus group experts used for the expert reference groups (e.g. expertise area, willingness to participate; see the Final Evaluation Report 2016). However, due to the limited possibilities of the experts to travel to Helsinki, both geographical and gender balances could not be fully taken into consideration. Furthermore, external experts were asked to participate in the focus group discussions. However, such balances were necessary for WP3 since the engaged experts had to be familiar with the JA programme to at least some extent, but still be able to evaluate it from an external standpoint. A fully external expert may not have been able to discuss the JA programme in depth. Nonetheless, this criterion could not be fully met, especially in the fourth focus group (WP7). For this particular focus group, it was considered best to have experts from the Executive Board too, since they knew the content of the deliverable as well as the Joint Action programme quite well. One criterion for exclusion, however, was whether the expert was deeply involved in producing the deliverable.

The experts were initially selected from the list of Joint Action associate partners and collaborative partners, keeping in mind the above-mentioned selection criteria. Furthermore, WP1 was consulted in order to find the best experts and the best balance of expertise for each focus group.

The invitation letters were sent to experts in March of 2016. The target was to recruit six experts for each focus group. However, this target was not achieved since not all of the experts accepted the invitation, e.g. due to scheduling problems. As soon as an expert accepted the invitation, she or he was provided with practical information, either the EB-approved or final version of the deliverable in question, and general information on the principles of the focus group principles. On average, 4-5 experts participated in each focus group interview (see the list of participants in sections 2-5). In two of the focus groups (namely D052 and D062), one of the experts participated via Skype/Lync connection. However, some technical difficulties (both in terms of the quality of the connection and the quality of the recording) were occurred with these two focus groups, and therefore, interaction between the focus group participants suffered a bit. For future focus group meetings, it is suggested that the participants in the focus groups meet face-to-face in order to promote more interaction between the participants.

WP3 formulated semi-structured interview themes based on the following: 1) the Grant Agreement, 2) the content and especially the recommendations of the deliverable in question, while 3) keeping in mind the perspectives of implementation and sustainability in terms of the Joint Action results. Altogether, seven themes were prepared for each focus group. There was a cross-cutting theme for each focus group that addressed the following question: ‘How do you evaluate the impact of the recommendations on the sustainability of the Joint Action programme?’ The experts did not have access to the themes beforehand.

The focus groups were organised in Helsinki in April of 2016. Two focus groups were held on Thursday the 14th and two on Friday the 15th. Professor Juha Kinnunen acted as facilitator, and researcher Alisa Puustinen served as co-facilitator/moderator. Researcher Minna Joensuu provided the focus groups with technical assistance. The interviews took between 1.5 and 2 hours, and they were tape-recorded and later transcribed verbatim. The interviews yielded 70 pages of written material.

1.3 Analysis of the interviews

The material was analysed via theory-driven content analysis. At the beginning of the analysis, it was decided that any expressions (a word, a sentence or a group of sentences) pertaining to 1) the content of the deliverable or factors relating to 2) implementation and 3) sustainability would be retrieved from the material. First, four members of WP3 (MVP, JL, MJ, AP¹) read through the material individually and looked for any expressions describing the selected aspects. Second, three WP3 members discussed their findings and classified them under the titles 'Content', or 'Policy' and 'Implementation'. The initial idea of analysing 'sustainability' was re-considered during the WP3 discussion, and it was decided that a category called 'policy' described the content of the discussion better than did 'sustainability'. Aspects of sustainability were discussed as policy issues in all of the focus groups. In order to validate the interpretations and results, the fourth member of WP3 compared the classifications to her notes and found them to be consistent.

The Focus Group Report was sent to all the experts interviewed for comments in order to ensure the validity of the report. All of the experts agreed with the content of the report. Only some minor revisions were made on the basis of the experts' comments.

2 D042 Report on Mobility Data: Health Workforce Mobility Data Serving Policy Objectives

2.1 Assessed document and composition of the focus group

The report on mobility data (D042) presents the mobility data categories and indicators that support national evidence-based policy-making regarding health workforce outflow and inflow. The report also explores the reasons why the EU Member States collect mobility data, the data sources they rely on and the potential to collect mobility data at an international level. The composition of the focus group members is presented in Table 1.

¹ AP and MJ participated in the focus groups, whereas JL and MVP were not present in the focus groups.

Table 1. Composition of the focus group in D042

Name of the expert	Title	Affiliation and country
Maria Rohova	Chief Assistant Professor	Medical University of Varna, Bulgaria
Merja Merasto	President	Finnish Nurses Association, Finland
Sarada Das	Senior EU Policy Advisor	Standing Committee of European Doctors CPME, Belgium
Mika Gissler	Research Professor	National Institute for Health and Welfare, Finland

2.2 Summary of the results

The discussions in the focus group were summarised after a qualitative analysis was conducted based on three aspects: content (data and mobility), policy and implementation.

Data

During the discussion, the experts identified five content areas related to the data: data needs, data collection, restrictions and reliability, minimum data set and data warehousing. They concluded that the data needs vary between organisations and that different actors on different levels (global, European, national, regional, organisational) need different types of data and information for their planning, evaluation and management purposes. The data needs of the various EU Member States are also changing.

The experts described how data collection is based on both collaboration between the various countries and regulation. It is possible to share data for statistical purposes and for research purposes, but sharing is strictly legislated. The focus group participants also emphasised the importance of data protection and understanding the implications and the legislative issues connected to such protection when collecting any type of data, especially where it comes to data sharing and data linking. Countries could benefit from sharing good practices on data collection.

Data protection issues are central when planning the suggested data warehousing system. Certain organisations are allowed to collect the data for statistical and research purposes only. Partly for these reasons, data warehousing was considered to be a difficult issue to resolve at an international level. Therefore, the experts emphasised that in the event that a data warehousing system is implemented, an organisation needs to be made responsible for collecting and warehousing the data. There is a need to justify and balance the types of data that are collected because the various countries have limited resources for data collection.

The experts acknowledged the importance and usefulness of a minimum data set (MDS), which includes only a limited number of indicators. They emphasised that the MDS should only include the key indicators and that it should differ from other types of nationally collected data because a large MDS makes the process of collecting data too complicated, thereby hindering the ability of the countries to successfully manage the MDS collection process. The data must be formatted in a specific manner before it can be shared with other institutions internationally and it needs to be checked for quality. These procedures affect the reliability and the comparability of the data. There might also be significant differences in the data between the countries, and there needs to be an explanation for the differences. Much work is required from all the parties involved so that the data can be compared at the international level, but such coordination may still be difficult to achieve. The variation in the various healthcare systems also needs to be taken into account when working with international comparisons. Otherwise, it is easy to draw incorrect conclusions based on the data.

The focus group participants considered missing and biased data to be especially problematic with respect to health workforce mobility matters. As an example of the problems they encountered, part-time work was mentioned. Not all the workforce works full-time and translating the information on part-time work to comparable data places restrictions on the reliability of the data. Similarly, the various countries have information on all accredited healthcare professionals, but the problem is that the data does not indicate whether they are practicing any longer or not. Also, data on the short-term mobility of students was mentioned as an example of a problem encountered when collecting data, though it is easier to collect for degree students.

The experts also discussed the means of collecting reliable mobility information and concluded that registers are the primary data sources for doing so, but there may be additional data collection methods as well, e.g. surveys. However, data coverage becomes a problem when the data is collected by several organisations and, quite simply, not all data is available nor is it possible to collect it with any reasonable effort. For example, there is no reliable information on what happens after training or the particular reasons for mobility. However, data on the reasons for mobility would be useful and quite necessary. Also, more sophisticated data on specialist areas, e.g. medical specialties, is lacking. The focus group discussed this problem from the standpoint of planning and forecasting in terms of being able to assess the situation with the workforce in a particular country. As an example, the experts mentioned the case of balance between the various specialties in the health workforce. It is possible that even when the balance between the number of doctors or nurses may seem appropriate, the balance between the different specialties is still insufficient, and that information should affect planning and forecasting. To allow for internationally comparable data, more development and research work is needed. The experts also highlighted the fact that there are already organisations that collect data

(EUROSTAT, OECD, etc.). It would be useful not to try to replicate their activities in collecting data, but if possible to look for ways to use and clean up their data.

Mobility

On the national level, the countries can be divided mainly into sending countries, receiving countries and both sending and receiving countries. The focus group discussed the issue of international health workforce mobility and concluded that it is a strategically important question and not only a European issue but also a global issue, one which has implications at all levels. The experts also mentioned that the report on mobility data was written mostly from the perspective of sending, or sending and receiving, countries.

From the perspective of workforce planning, the wealth of reasons and incentives for mobility were debated. The focus group also discussed the implications of these reasons and incentives for mobility data. The experts concluded that the reasons for mobility are mainly individual. International mobility can be a matter of working conditions, compensation and rewards, professional development or education, or there might be other personal and family reasons.

The focus group mentioned education as an important factor in mobility. At the European level, the starting point is that every country trains its own health workforce. The experts also discussed U-turn students, those students who study abroad but always intend to return to their countries of origin. This phenomenon is well known in countries with university programmes in other languages. There are also models for encouraging students to stay in the countries in which they are studying rather than return to their home countries. Once they have completed their education, these foreign professionals become easier to recruit, as they have the qualifications required in the country in question. The experts considered these issues to be interesting in terms of broader workforce planning rather than from a mobility data perspective. However, such phenomena have implications for the mobility data as well. Apart from domestically trained nationals, there are foreign-trained nationals, domestically trained foreigners and foreign-trained foreigners in the workforce. The experts also noted the extent to which circular migration is not known.

It may be the case that there is ongoing recruitment or mobility inflow from one country to another and simultaneous unemployment at the national level. This kind of chain reaction in international recruitment and education might lead to missing resources in the sending country. This issue is not only European, but global in scale.

The experts brought up the necessity of ethical recruitment and compliance with the WHO code. Mobility is a positive issue for the individual, the profession and the healthcare system as a whole, including patients, but it becomes problematic if the mobility is forced or if the recruitment methods are unethical. Also, the new WHO Global Strategy on Human Resources for Health: Workforce 2030 notes that the most developed countries need to work on

becoming self-sufficient and really implementing the code. In general, the international migration aspect adds another layer of complexity to the process of health workforce planning and forecasting.

The focus group also discussed the various limitations of working in another country, e.g. language, skills, training, certification, legalisation processes and other national conditions. The accreditation processes and other limitations, for example gaining sufficient language skills, need time. This creates a limitation with respect to mobility and it complicates the data collection process because only a part of foreign professionals are actually working in practice. This should be taken into account in workforce planning.

Policy

The experts pointed out that it is very important to make sure that the indicators can support political decision-making and policymaking. They also emphasised that it is important that the various countries commit to implementing the recommendations on mobility data in the document on the national level and are willing to commit to them on the EU level. The national level commitment will be difficult to achieve if the dataset is considered to be too large and to require too much work compared to what is being done at the moment.

However, the experts noted that changes in the political climate may lead to a decrease in the need to prioritise international collaboration as national problems increase in importance. The political timeline and electoral cycles place their own limits on the possibilities for data collection, and the cooperation modes may change between the various countries depending on the governmental preferences in the country in question.

The experts considered the importance of aligning the document's recommendations with those made by the OECD, WHO and other international organisations to be important, and country-specific issues should be taken into account. The WHO Global Strategy on Human Resources for Health: Workforce 2030 should also be implemented, especially in the well-developed countries. However, they emphasised that there is no need or legal competence for adopting EU legislation on ratios regulating the proportions between different groups of professionals. They reminded each other of the fact that healthcare systems in the different countries vary so much that it is not possible to do so. They pointed out that differences also exist in education and in terms of the number of different professional groups. Likewise, the scope of practice is different in different countries. Thus, adequate staffing levels depend on the country, region and even organisation in question, and they are not a question of EU-level legislation. The experts considered sharing good practices to be the best means of resolving the issue, not enacting new EU-level legislation. The experts pointed out that there is a risk of drawing incorrect conclusions if the local conditions are not taken into account. They used the discussion on doctor-nurse ratios at the international

level as an example. This issue should be discussed at national, regional and even organisational levels.

Implementation

The expert emphasised that the document has promoted dialogue, brought together stakeholders, encouraged the exchange and sharing of experiences, and promoted mutual learning. It has also created tools for developing comparable data. From an implementation standpoint, the experts discussed the issues that particular countries might see as hindering their ability to collect data. For example, they highlighted the fact that sometimes countries use data protection issues and scarce resources as an easy way out of implementing data collection processes and sharing measures on mobility data. Sharing good practices applies also to data collection.

From an implementation standpoint, the experts noted that it would be important to make sure that the political decision-makers at different levels know why and what kind of data needs to be collected and what data already has been collected to support their decision-making processes. The report gives good tools for developing and harmonising comparable data. The experts concluded that it is possible to collect very good data on the national level, but that it cannot be used internationally if it is not harmonised at the international level. They stated that if such harmonised data does not exist at the international level, then it makes mutual projects and benchmarking impossible because there is no common ground for discussing the data. However, the experts admitted that simultaneously taking multiple professional groups into account is difficult. The experts suggested that collecting mobility data or using existing data should be started with small-scale cooperation between the various countries. Pilot project work with indicators and data sets could take the cooperation further and help in producing more comparable data.

To ensure that the implementation process is successful, the experts emphasised the importance of the political agenda. The broader workforce situation and continuously addressing the questions regarding working conditions is central. The experts summarised the fact that mobility issues should be kept on the political agenda constantly and that it would be important to monitor the situation all the time instead of waiting until a critical situation with the workforce exists.

3 D052 The Handbook on Health Workforce Planning Methodologies

3.1 Assessed document and composition of the focus group

The Handbook on Health Workforce Planning Methodologies aims to make a useful contribution to all those engaged in developing and improving HWF planning systems in the EU countries. The focus is on planning experiences that have been concretely realised and

that are currently working. The Handbook describes and analyses the planning practices developed in select EU countries. As such, the planning systems developed in Belgium, Denmark, England, Finland, Norway, Spain and the Netherlands have been analysed using a grid consisting of five elements, which represent the five key elements of the planning system. Comparing these key aspects among the seven planning systems highlighted the diversity of approaches to the issue of workforce planning in healthcare, but it also made it possible to detect some constraints. The composition of the focus group members is presented in Table 2.

Table 2. Composition of the focus group in D052

Name of the expert	Title	Affiliation and country
Pieter-Jan Miermans	Lead Analyst - Statistician	FPS Health, Belgium
Reka Kovacs	Professional Advisor	State Secretariat for Health, Hungary
Claudia Maier	Policy Analyst in Health Systems and Health Workforce	Technische Universität Berlin, Germany
Liliane Moreira	Consultant	OECD, France

3.2 Summary of the results

After conducting a qualitative analysis, the discussions held in the focus group can be summarised based on three aspects: the content of the deliverable, policy and implementation.

Content

The experts considered it very important that the Joint Action programme has thus far concentrated on the European perspective and the context of free movement, both of which have not been addressed to this extent before. The Handbook on Health Workforce Planning Methodologies is quite comprehensive, which the experts considered to be generally good and which means that it has a great deal of potential. The value of the handbook is in the amount of information contained within it, the different approaches it offers and the fact that it presents models and methodologies from several countries. It explains the current situation in different countries and proposes some suggestions for the future. The experts considered the descriptive examples to be important. The focus group also appreciated that the handbook gives guidelines for both people at the initial stages of development and for people who want to improve their planning methodologies and systems. Minimum requirements on planning for those starting the process are essential and could be highlighted as a separate entity in the handbook.

The experts highlighted the fact that some countries have very elaborate planning systems in place already, whereas other countries are more in the beginning stages and have no planning system for certain healthcare professions at all. It is important that readers both understand the big picture of health workforce planning and have enough detail to find the steps forward in implementing a planning system. The handbook offers several different experiences from different perspectives, but a report on the results of the pilot projects is needed to support the content of the handbook with more detailed experiences on actual experiments in implementing a planning methodology.

The experts reflected on the fact that while the book has much potential value, readers must find it on their own. The broad focus of the handbook makes it difficult for readers to comprehend and master. The experts considered the quality of the deliverable to vary greatly, and they mentioned that it could be more clearly written. They were also concerned by the fact that weaknesses in the different methodologies presented in the report were not discussed in detail. Similarly, the ideas presented in the deliverable through examples should also be discussed from an applicability perspective, i.e. how to implement the system in question in other contexts. The experts regarded the element of evaluation to be important, because it will help readers to develop the planning system and successfully implement it. However, a thorough discussion of evaluation procedures and their value is missing from the deliverable.

The experts noted that the deliverable is aimed at the general public, both technical people and policymakers. This might be the reason for the document not going into much detail. The experts recognised a contradictory element in the deliverable. It is at the same time extensive and not detailed enough. Thus, it is not targeting technical experts, but more those people who are interested in the issue of workforce planning methodologies as such and want to be presented with an overview of them. The experts concluded that for policymakers, the document is too large and detailed and that it lacks a clear policy message. To target policymakers more specifically, the handbook would need to be condensed into smaller packages.

Policy

The experts emphasised that building and achieving a political commitment is important. However, the experts reminded each other of the fact that it might be difficult to build a political commitment and convey the need for a systematic planning methodology to the political decision-makers if the projected and estimated (without any systematic methodology) workforce planning numbers are quite close to each other. A proper quantitative planning methodology, one which is used correctly and continuously developed, would allow countries to effectively use the collected data and correctly link the data and make the right projections.

Writing explicit policy summaries and illustrating clear policy options would be important for achieving the policy goals. The handbook offers potential policy options for policymakers, but they should be clearly summarised for that purpose. The policy options offer different ways to deal with health workforce problems and could be taken into account in workforce planning. The experts suggested that, for example, policy briefs, internal and external newsletters, summaries in different languages and seminars can be used to promote the handbook both for stakeholders and political decision-makers. The handbook's central message needs to be condensed and the summaries have to be tailored for different audiences and presented at different policy levels to build commitment and create incentives for health workforce planning. However, the experts considered the fact that it is not feasible to regulate minimum staffing requirements at an EU level because the systems in the various countries are so different. Similarly, they emphasised that knowing the healthcare system and policy in the country under discussion is central for understanding the varying ratios between different professional groups.

Implementation

The experts warned that it would be a missed opportunity if people are not made more aware of the Handbook on Health Workforce Planning Methodologies, as it is a good collection of information and experiences on the area of expertise. Thus, the implementation phase is very important. The experts also concluded that presenting the content on a website in an interactive way would be a new, useful and innovative way of increasing the usefulness of the document. Presenting the document in web format would make the different implementation paths more accessible than presenting them in book format. The experts highlighted the fact that clearly explained ways of moving from theory to practice should be signposted in the deliverable. They concluded that the small steps for starting the process of using the quantitative methodologies should be described because they are important for the countries in the early stages of planning. Hence, showing both the big picture of planning and the small steps of implementation would make the methodology more accessible for those wanting to start implementing it.

The focus group found the minimum requirements on planning and the examples to be important for those countries just starting to use the planning methodologies. They considered the Joint Questionnaire to be good for monitoring and benchmarking the situation in different countries. The deliverable also introduces a large number of different experiences from different countries, which could be used as models or in benchmarking when implementing the planning methodologies. The experts considered the fact that it is important to emphasise the different kinds of problems and solutions in countries with different systems and contexts. They also reminded each other of the fact that there can be rather similar solutions in countries with different contexts. The experts also emphasised the need to define the objectives for the workforce projections and planning, because that tells what indicators are needed and which methods to choose. It also makes it possible to evaluate the outcome and the direction of the planning process.

The experts agreed that there should be more pilot projects, which are important for disseminating the methodology. Proper descriptions of the pilot projects and an analysis of the results would make it possible for the various countries to use the information and the experiences in practice. The experts noted that the results from the pilot projects should be packaged appropriately in order to best introduce the results to the political decision-makers and increase political engagement. Because of the extensive content discussed in the handbook, the experts considered this kind of repackaging to be essential. The experts concluded that the usefulness, sustainability and implementation of the handbook depend on how clearly and well the messages are conveyed to the different audiences.

The experts suggested that countries with similar backgrounds should work together and learn from each other. For example, data sharing and bilateral agreements on data sharing would support future planning, closer collaboration and mutual development of the planning systems. They also suggested that repackaging the content of the handbook could be done according to countries on different levels in health workforce planning processes and systems. That would help the various countries implement the methodology and make the steps forward more clear for them. From the perspective of practical implementation, the experts mentioned the contact details in the deliverable as an important and useful factor, one which supports putting the methodologies into practice. They considered it to be extremely important that the details are up to date and that people are committed to answering the queries and are able to help other people move forward in implementing the methodologies.

The focus group concluded that the sustainability of the handbook is the starting point for understanding where the countries are at present and how they can begin to collaborate in the future. Promoting sustainability requires an understanding of where the countries are at the moment, their level of planning and the scope for starting to carry out the collaboration process. However, the experts considered it important to continue updating the handbook; the responsibilities for that process should be clear. The updating task could also be used as a part of the implementation process because the updated parts can be promoted and introduced to stakeholders many times. In this way, different perspectives on planning can be presented on different occasions and thus momentum and interest can remain focused on the issue.

The experts suggested that stakeholder promotion would be one method of disseminating and implementing the contents of the handbook precisely because the content is useful and important. This kind of cooperation could be introduced, for example, with the OECD, the European Commission and WHO. However, international dissemination is not enough, and conferences and workshops should also be organised at the country level. They considered it important to invite local stakeholders to work together. That kind of cooperation, together

with disseminating the content of the handbook, could offer one possibility for building political commitment and will.

4 D062 Report on Future Skills & Competencies

4.1 Assessed document and composition of the focus group

The Report on Future Skills and Competencies provides a qualitative description of the forces and factors driving change in the skills and competences of the health workforce. It aims to contribute to the development of the assumptions and theoretical understandings used in workforce planning at the macro-level through a description of the systemic framework and drivers of change acting on different parts of the system as well as offer an assessment of the skills and competence implications.

Further improvements in workforce planning can be made by linking together collective understanding and basic assumptions at different levels – at minimum at the overall (macro-) level and for individual workforce planning questions – about how workforce systems are likely to adapt and evolve in the future. The composition of the focus group members is presented in Table 3 below.

Table 3. Composition of the focus group in D062

Name of the expert	Title	Affiliation and country
Ronald Batenburg	Program Coordinator Health Care and Manpower Planning	Netherlands Institute for Health Services Research
Ilmo Keskimäki	Research Professor	National Institute for Health and Welfare, Finland
Kaarina Tamminiemi	Senior Advisor	SOSTE Finnish Federation for Social Affairs and Health
Nina Hahtela	Health Policy and Development Director	Finnish Nurses Association, Finland
Sarada Das	Senior EU Policy Advisor	Standing Committee of European Doctors CPME, Belgium

4.2 Summary of the results

After conducting a qualitative analysis, the discussions held in the focus group can be summarised based on three aspects: the content of the deliverable, policy and implementation. The discussion on D062 did not go very deep in detail and the policy aspect did not come out very clearly in the discussion.

Content

The experts started the discussion by describing and discussing some future drivers and their impact on healthcare systems and the health workforce in Europe. Some of the issues are obvious, such as technological change, the epidemiology of diseases or other disease patterns, and demographic factors, while others are less obvious, such as regulations or resources in the healthcare system, especially for some Central and Eastern European countries. The focus group also discussed changes in the allocation of the workforce in situations where the competences in the workforce change. For example, the introduction of a non-professional healthcare workforce requires changes in the roles and allocation of the professional workforce. The experts expect that there will be differences in the skill levels of the health professionals, and the proportions of highly qualified healthcare professionals and less educated professionals may change in the future. They also noted that at the moment, many countries do not use their health workforce resources in an effective manner, but suggested that that might need to change in the future. For these reasons, the experts concluded that regulation of the field is important for securing patient safety.

However, the experts recognised that even though many things are changing, some things will remain static. Thus, it is also important to take note of the things that are not changing and that will remain constant. The experts discussed which changes are relevant and how and how widely they should be taken into account in planning from the perspectives of different professions. As an example, they mentioned the patient movement, which is much less effective than previously expected. The experts also reminded each other that the described diversity between the various countries and systems is a challenge for the horizon scanning methodology to adequately capture. Similarly, the planning professionals using these methodologies find it challenging to draw the right conclusions on the basis of the input received.

The experts considered the various countries to be in the middle of very different developments at the moment, which should be taken into account in the planning processes. For example, some countries are culturally homogeneous, and the skills related to dealing with or promoting multiculturalism may not be so strong in the workforce. However, such homogeneity is in many places diminishing and changing rapidly due to international mobility. These changes can then lead to demands for new kinds of skills for professionals in traditionally homogeneous countries. Many professionals will also embrace the structure of the changing workforce, which is becoming more ethnically heterogeneous as a part of this development. The experts said that even more than intercultural skills, person-centred care, self-care support and partnerships will change the patient and professional roles and expertise in the future. These issues could have been discussed more in the report.

The experts contemplated the evidence behind the methodology in the report as well as the assumptions that the report is based on. They also noted that the probability of the assumed changes actually occurring and the timeline for implementing such changes were not

discussed in the report. The experts were also dubious about the fact that the report was based on the assumption that the health workforce is increasing all the time. It is equally possible that the number of healthcare professionals will decrease instead of increase, as varying assumptions, objectives and expectations affect the policies in different countries. The experts mentioned that the means for balancing the economy might be different in different countries. This was exemplified by efforts to cut increasing healthcare expenses, which then affects both the workforce and workforce planning. However, the experts concluded that in terms of the scope of activities, interaction with other professionals and staffing levels, workforce planning should be about both allocating resources and forecasting the needs for skills and competences, although discussions about skill mix and so forth should be conducted outside the health workforce planning context. Changing educational programmes should be a part of the implementation process, but it remains to be seen how these changes can respond to the changing needs because their effect will only become visible after a long period of time. Using professional resources wisely requires taking into account changes in the surrounding society.

As an overall conclusion, the experts noted that the reliability of the methodology should have been described in more detail. Asking relevant questions from the relevant people and choosing the right methods is important with respect to the results, which the methodology can deliver. The end users of the report need to understand these issues and their implications for the final results.

Policy

The experts noted that the conversation on integrated care does not stand out very clearly at the EU level, but it exists at the national level. Furthermore, the experts focused on two other policy relevant topics in their discussion, namely analysing healthcare systems and health inequity, which were missing in the report.

The experts found a proper analysis of changes in the healthcare systems to be lacking in the report. They would have liked to read a more thorough analysis of how the healthcare system is actually intertwined with or connects the changes and drivers on both the demand and supply sides. Also, how the healthcare systems are financed is an important factor. If there are different financial systems for different healthcare services, then the healthcare delivery mechanisms and means of healthcare consumption become much more complicated. The experts also reminded each other that it is important to understand the historical and political backgrounds of the different systems in order to understand their developments in the future. The existing system structures may either help or hinder the development of the various healthcare systems and health workforce planning.

The focus group noticed that the theme of health inequity, at least in terms of the relationship between the conception of health and such typical socio-economic factors as education, income and labour market position, was not discussed in the report. In addition,

the experts considered the fact that countries also tend to have internal differences, for example between regions, and other specific inequalities. The experts emphasised that the problems with health inequity need to be resolved on several levels because they often take place on several different levels, e.g. at the country, regional or professional specialty level. Also, the implications of the described changes vary depending on the level. The experts concluded that the report discusses these issues at a very high overall level, which may mean that the possible solutions are not obvious to the readers. They also mentioned the variation in accessibility and availability of health services between regions and cities, even between families, as a potential source of health inequality.

Implementation

The focus group considered the fact that it is very important to see that the deliverable is implemented and put on the agenda of the competent authorities. They also recognised the importance of integrating qualitative and quantitative planning methodologies as well as building models that accommodate multi-professional planning. In the opinion of the experts, others could learn from the UK's experiences and they suggested building country clusters, which may help with benchmarking and countries learning from each other. Country clustering may be a way to avoid the problem of how to encourage all 28 member countries to achieve the same level of planning. The similarities in healthcare systems and resources and other conditions for health workforce planning may help in the process of mutual learning. The experts also discussed the need to optimise the quality of care and to integrate and use technology in the planning process. These changes will affect both the planning process and allocation of resources in a highly effective manner from an economic standpoint. The experts concluded that planning includes both allocating resources and optimising the care that patients receive.

The experts felt that the recommendations should be evidence based and representative. The recommendations would gain added value from being a bit more specific than they are at the moment with respect to their implementation and the implications for the drivers. The experts wanted the recommendations to be developed to bring a clearer understanding of what they mean from the standpoints of the different actors, governments, medical education institutes and organisations. The experts conclude that it is very important to have evidence-based and representative recommendations to ensure that the opinions of individual informants do not become overrepresented. They considered evaluations from this perspective to be central for the reliability of the method.

5 D072 Network of Experts and D073&074 Concept of the Technical Recommendations & Recommendations towards Policy Making

5.1 Assessed document and composition of the focus group

The purpose of the Network of Experts document (D072, release 2, dated 31.3.2016) is to describe the principles and methodology of establishing the network, to present the steps in forming such a network and to propose a list of experts in the health workforce field that should be grouped by indicative criteria according to their area of competences and level of expertise.

The document is addressed to different target groups, including junior and senior workforce specialists in planning and forecasting; national data collection offices and services in the various Member States; policymakers and experts in healthcare, social security and education; ministries of health, social security and education; stakeholder organisations; the European Commission; universities; students; social and healthcare consumers; social and healthcare organisations; non-government organisations and specialists from other industries. The Network is meant to capture the momentum begun by the Joint Action programme and benefit from the synergies achieved by the participants in the work packages, all associated and collaborative partners, stakeholders and the EU Expert Group on Health Workforce.

The Technical Recommendations & Recommendations towards Policy Making document (D073/074, version 01.3, dated 30.3.2016) is intended to ensure that the results, outputs, activities and benefits of the JAHWF are consolidated. It explains the strategy taken to achieve this result. To sustain the flow of JAHWF outputs and benefits into the future, a number of priority action areas for HWF planning and forecasting have been identified and are elaborated upon in a sustainability vision.

Furthermore, the report brings together all JAHWF recommendations regarding policymaking to ensure the sustainability of cooperation with respect to HWF planning and all JAHWF technical recommendations, which support the usage and integration of the JAHWF tools produced by WP4 (Work Package 4), WP5 and WP6. Finally, the document provides a sustainability business plan with tangible actions and projects that can support and develop existing knowledge and EU cooperation in health workforce planning and forecasting. The composition of the focus group members is presented in Table 4 below.

Table 4. Composition of the focus group in D072 and D073&074

Name of the expert	Title	Affiliation and country
Caroline Hager	Policy Officer	European Commission, Belgium
Eero Lahtinen	Ministerial Counsellor	Ministry of Social Affairs and Health, Finland
Galina Perfilieva	Programme Manager	WHO Regional Office for Europe, Denmark
Usman Khan	Interim Director	European Health Management Association, EHMA, Belgium
Cris Scotter	Head of Strategic Supply	Centre for Workforce Intelligence, UK

5.2 Summary of the results

After conducting a qualitative analysis, the discussions held in the focus group can be summarised based on three aspects: the content of the deliverables, policy and implementation.

Content

The experts emphasised that the Joint Action programme has created technical capacity, has established connections and networks between actors, and has been useful for the various Member States, organisations and people involved. The experts agreed that it was a good step forward in terms of health workforce planning. The needs for workforce planning and forecasting are growing, and it is important to promote the issue and to build on the achievements of the Joint Action programme. The experts highlighted the fact that it is necessary to engage both the Member States and international organisations in order to take the results to the next level of development.

However, the experts felt that the point of view presented in the part of the Joint Action programme that contains the planning methodologies is quite narrow. In the future, it will need to be broadened to cover health workforce policies as well. Also, the European Union is expecting this kind of broadening of scope. The experts emphasised that the context for implementing the global health workforce strategy needs to be taken into account and that the platform for continuing the work should support the implementation process for the global strategy.

The experts suggested that in the future, the focus should not be so much on a network of experts as on building the capacity, capability and political commitment for health workforce planning. When reflecting on that point, they raised some problematic issues with respect to the network of experts. To ensure the sustainability of the network, the experts suggested that only legal parties should be part of the network and that the balance of the experts should be considered from the perspectives of geographical representation, areas of expertise and type of organisation. At the moment, the list is quite imbalanced from those

perspectives. The self-evaluation process is not reliable and the expertise has not been validated in any way. A sustainable platform of organisations would be a credible option. Credible and influential collaboration requires legal entities.

The experts also recognised several problems with the document on technical and policy recommendations. They concluded that the focus of the document is not clear and that the document is difficult to read and understand. The excessive amount of recommendations makes the document overly complex, but at the same time not detailed enough to allow for a full understanding of the recommendations and the assumptions behind the recommendations. Similarly, the document should be shorter and the conclusions should be written more clearly. The experts considered the fact that it would be useful if the document would state more clearly how to use the tools developed during the Joint Action programme, how the tools could be accessed and how they will be updated. The experts suggested that these practical issues could be advanced in a second Joint Action programme on health workforce policy, which should be based on a particular country's interests and not entirely on introducing deliverables. The experts considered it important to gain political recognition for workforce policies and to introduce the issues high up on the political agenda.

Policy

The experts agreed that the political nature of the health workforce issue has not yet been fully recognised and that it is an important issue in both developing and developed countries. However, it is not possible to manage free movement of people and thus the issue has been for the most part ignored to this point. The experts emphasised that due to the political nature of the issue, agencies or other national counterparts in the countries involved in planning should be the bodies in the network, where good practices are exchanged and problems discussed.

The experts noted that the political decision-makers are currently not well aware of the health workforce issue and its implications with respect to politics. They concluded that, for example, the large investments needed to educate a health workforce that then leaves the country for better working conditions elsewhere makes the issue politically sensitive and contentious. This issue impacts in particular the developing economies in Europe, even if it is not yet well recognised. Apart from educational policies, the individual Member States also need to have policies in place to retain the educated health professionals. Furthermore, the experts considered it important to build retention capability in the countries. In general, political leadership at both national and international levels is important for advancing the policies.

The experts emphasised that the recommendations need to be summarised and clarified to achieve any policy goals. It would be important to condense the content of the technical and policy recommendations into broad policy headlines. The experts also criticised the

assumption regarding an increasing health workforce, which is the basic starting point in all of the documents. They mentioned the possibility of a skilled workforce becoming a scarce resource, and thus, potentially a politically difficult issue, much like the current problem regarding the availability of medicines. Currently, there is a great deal of potential in sharing knowledge, but credible options for policymaking are lacking.

The experts suggested that existing structures should be utilised in the implementation process and that it is important to integrate such structures. They found it problematic that building new structures would add bureaucracy and heterogeneity, which may lead to losing the big picture of the issue because of the large number of different actors. This development was exemplified by the developments regarding the availability medicines.

The experts highlighted the fact that it is essential to be connected with governmental actions and policies. The institutional background of the network members can help ensure the continuity of the actions. The network needs a 'motor', which would ensure the continuity of the actions and see that they are constantly updated. This was also illustrated by offering an example from WHO on how best to manage a list of experts. However, the experts noticed that at the moment, it seems to be the case that, for example, networks of researchers and organisations are not yet prepared or ready to make it a part of their agenda to disseminate the results from the Joint Action programme. However, the experts did not recommend any new or stricter regulations for advancing health workforce policies. The means for tackling the problems should depend on the health economies and specific contexts of each individual country. The experts also noted that workforce planning is difficult to take forward on all policy levels because it is difficult to justify the need for commitment both at the national level and EU level. However, the experts emphasised that it is not possible to have a sustainable health system without a sustainable health workforce.

Implementation

The focus group saw a risk of losing the momentum for sustainable collaboration if how best to continue the Joint Action process is not described in detail. The Joint Action project should re-energise the discussion on both the political level and implementation level. The experts felt a sense of urgency and importance in continuing to invest in health workforce planning. They commented on the fact that the political message has still not been conveyed very well after three years of the Joint Action programme. The experts recognised the quality of technical work achieved in the Joint Action programme, but the political message, which should be central with respect to the implementation process. The experts suggested that the political issue be highlighted more broadly to ensure its central place in the follow-up on the Joint Action programme and that the tools that are developed as part of the project be adopted more widely.

The experts suggested that a second Joint Action programme could be used to advance the issue of health workforce policies with a broader scope than the current Joint Action programme. The possibilities for this kind of cooperation should be discussed by the Expert Group on the European Workforce for Health. The experts argued political leadership, Member State commitment and the commitment of other experts are essential for advancing the issue. However, funding, secretarial backup and a proper ‘motor’ are needed to sustain collaboration between the countries and international organisations. The experts also emphasised the need for existing organisations to take the lead in promoting further co-operation and for the Commission to help coordinate and support this process. Furthermore, they noted that taking the issue forward on all levels of politics (EU, national, regional, and organisational levels) is critical because, in general, workforce policy issues are difficult to take forward since they are not considered to be politically very important, and thus, they are difficult to justify. However, commitment and political leadership on all levels are needed. Political recognition of the issue will ensure the possibility that the implementation process is advanced.

The experts also commented on the fact that international organisations are interested in cooperating on the issue. The Expert Group on the European Workforce for Health needs to be a part of the process to be able to take the issue forward in the Commission. The experts highlighted the fact that the approval of the ministries of the various Member States is needed, and at the moment this kind of official commitment is lacking from the planning list of experts. In general, the experts suggested that improving the capacity and capability for workforce planning is probably the key to creating a sustainable workforce within Europe. It would require that both governments and other organisations outside the government work together in a network.

The focus group concluded that it is not enough to either disseminate the deliverables or create a platform to ensure sustainability. Actors need to be educated as the best means for developing skills and competences in the various Member States. The experts noted that educational institutions and an academic education are a central part of enhancing capacity and building capability. They mentioned the importance of inter-country, inter-university or virtual programmes as an example. However, at the moment there is no strategized plan of action to continue to equip the countries with skills and competences or to help with capacity building in relation to workforce planning. The experts suggested that rather than having a panel of experts, capability building should be strengthened. The ability of the planning professionals to develop the methodologies that should be used is an integral part of capacity building. This issue could possibly be addressed via interdisciplinary educational programmes.

The experts suggested that the issue of equity is a subject that should be taken into account together with capacity issues in all Member States. Similarly, the universal sustainable development goals should be taken into account when planning the possible second Joint

Action programme. The experts concluded that workforce policy questions should be a part of overall European policy and strategy and that they should be based on the interests of the various Member States. They also emphasised that it is not possible to have sustainable health systems without a sustainable health workforce. These two issues are strongly interconnected.

6 Conclusions

Some cross-cutting themes were found in all of the focus groups. Even though the semi-structured interview themes varied from one focus group to another, similar topics were brought into the discussion. The common themes in terms of content, policy and implementation for each of the focus groups are listed below:

Content

1. The added value of the Joint Action programme is twofold: 1) it provides a European-level perspective on HWF issues and 2) it is clearly a step forward in terms of HWF planning and forecasting throughout the EU and its Member States.
2. All of the deliverables discussed by the focus group participants were deemed very informative and they produced a number of tools, theoretical frameworks and models for HWF planning, descriptions of different practices and experiences of the various countries as well as various examples of HWF planning and forecasting. Furthermore, the Joint Action programme established connections and networks between Member States, organisations and individuals.
3. Much good work is being done, but more practical and smaller steps are needed in order to implement the Joint Action results. Different audiences are interested in different aspects of HWF planning and forecasting. Therefore, the content/message needs to be tailored for the audiences in question and the methods for delivering the message may vary.
4. In the future, there will be a need to integrate both qualitative and quantitative planning methodologies. The models should focus on multi-professional planning. Furthermore, it is important to analyse the adopted mathematical models for HWF planning and forecasting.
5. In future work, a broader scope for HWF policies is needed at the EU level. A basic assumption regarding the constant increase of HWF might not be feasible, and hence HWF demands should be addressed through multiple policies. One important issue is also to ensure capacity building with respect to HWF planning and forecasting.

Policy

1. The political nature of the health workforce issue has not yet been fully recognised in most countries. The importance of the issue will increase in the near future.

2. Political commitment on the importance of HWF planning and forecasting is needed, and the issue of HWF needs to be high on the political agenda of MSs. Furthermore, MSs need to maintain motivation for international collaboration in this matter.
3. There is no need to regulate HWF planning and forecasting at the EU level.
4. More evidence and support is needed for policymakers to tackle the issue of HWF. However, the data and information needs of the policymakers and decision-makers have to be identified in order to provide relevant data and information on HWF.

Implementation

1. The Joint Action programme has promoted dialogue on HWF planning and forecasting throughout the EU, but there is still a need to formulate a clear message on the importance of HWF and to put it forward on the political agenda.
2. Mutual learning and the exchange of experiences between the countries is a good method for implementation. Countries may benefit from clustering or partnerships with other countries in a similar situation in terms of HWF planning and forecasting. Also, other new implementation methods should also be promoted, for example web portals. However, there needs to be a mechanism for how to update the information.
3. Successfully implementing the Joint Action results requires collaboration and the use of existing structures. Different stakeholders, international organisations, the European Commission, working groups, the Member States and national organisations need to be involved in the implementation process and be assigned clear responsibilities; the participation of experts should be based on institutional background and official commitment.

In conclusion, the focus group participants considered the Joint Action programme very useful, but work still needs to be done to resolve the implementation issues. From an outcome evaluation perspective, these findings illustrate the situation at the end of the Joint Action programme, proactively describing the outcomes. A follow-up is needed to actually evaluate the outcomes within a two-three year timeframe.

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