



SUPPORT FOR THE HEALTH
WORKFORCE PLANNING AND
FORECASTING EXPERT NETWORK

EXPERT NETWORK 9TH WEBINAR – SUMMARY REPORT

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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 17 June 2020, the joint tender [‘Support for the Health Workforce Planning and Forecasting Expert Network’ \(SEPEN\)](#) organised its ninth webinar for the expert network. This edition focused on *‘What are the preliminary lessons of the COVID-19 pandemic for health workforce planning?’*. The webinar was moderated by Ms Sarada Das. Presentations can be found [here](#). A recording of the webinar can be found [here](#).

SUMMARY OF DISCUSSIONS

Most health professionals have had to face the COVID-19 pandemic with no comparable prior experience. In some countries, the coronavirus spread early, leaving systems little time to prepare. Others were able to learn from the health systems which were affected first. In terms of health workforce policy and planning, the pandemic posed challenges in terms of healthcare for all systems, i.a. the availability of health professionals with suitable skills to deal with the pandemic. With Italy being one of the countries affected early and severely, the experience of Italian health professionals is of great value to understanding the effects of the pandemic on the workforce. Therefore, Ms Enrica Capitoni, Ms Monica Casati and Ms Simonetta Cesa from the Department for Research, Education and Development of the Papa Giovanni XXIII hospital in Bergamo were invited to open the webinar.

Alongside national actions, the EU’s role in the management of the pandemic has been much debated, with questions arising about what has been done, what can be done and what should be done at EU level. For general pandemic preparedness, structures set up i.a. under Decision No 1082/2013/EU on serious cross-border threats to health foresee cooperation e.g. in procuring medicines. However, the dimension of cooperation on the health workforce is less prominent. The work of the European Commission’s Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) contributes to solutions by coordinating i.a. the mobility of health professionals within the EU towards those systems most in need. To look ahead to future EU level responses, it is useful to gain a better understanding of the EU capacities in this area. These were presented by Mr Marco Panigalli, Head of Unit for ‘Capacities and Operational Support’ at DG ECHO.

Presenting on behalf of the team from Bergamo hospital, Ms Capitoni set the scene with some data on the experience of the pandemic in their facility. Following the first diagnosed case of COVID-19 in Italy on 21 February 2020, the first patient was admitted to Bergamo hospital only two days later. As the main hospital of the province, which was the most affected in Italy, it was at the centre of the exponential increase of infections, with a peak in mid-March. The hospital has seen around 85 000 confirmed cases, resulting in the sad total of more than 5000 patient deaths. Following the admission of the first patients, Bergamo hospital set up plans to increase its intensive care capacities and professionals’ skills immediately. This involved i.a. recruiting staff from other sectors and providing training that was tailored to the pandemic. The focus was on electric clinical documentation, clinical therapeutic approaches, personal protection, with the trainings on personal protective equipment (PPE) being the most popular. Participation rates mirrored the increase in patients, however on average each health professional attended 1.7 courses. Overall, training courses were rolled out to more than 5000 participants in 99 events. The programme was adapted continuously to respond to the evolution of the pandemic, for example with training on continuous positive airway pressure

(CPAP), the use of which saw a sevenfold increase. Ms Capitoni highlighted that in addition to online trainings which were useful for those who could not attend in person, face-to-face trainings were also used as an opportunity to exchange experiences in this difficult time. An additional strategy was the dissemination of training material and other via the hospital's intranet and internet, which has created an eLearning resource which has been accessed more than 3000 times. To conclude, Ms Capitoni reflected on the lessons learnt. She underlined that the key importance of information and training to adapt to the evolving nature of the pandemic, the effectiveness of regular educational interventions, the positive contribution of IT tools in harmonising standards of care between units, as well as the importance of interprofessional collaboration for an agile response to the pandemic.

Changing perspective to the EU-level, Mr Panigalli opened his presentation by looking back at the weaknesses in the coordination between regional, national and EU level to learn for the current and future pandemics. While referring to the division of competences on health policy between EU and Member States, he identified i.a. the interconnectedness of systems and bottlenecks e.g. in the procurement of PPE as a barrier to cooperation, as well as the logistic challenge of border closures. The lack of response to Italy's plea for PPE and ventilators was given as an example of this problem and shows the uneven impact the crisis has had. Nonetheless, once these barriers were overcome, Mr Panigalli highlighted the great spirit of solidarity among Member States as a reflection of core values. Cooperation across sectors, in particular health, law enforcement and civil protection, has been very effective, as is the coordination across Commission services and with networks of national authorities. He went on to report that the unprecedented scale of the pandemic confirmed the need to enhance the EU level instruments to respond to such emergencies and create new tools. This was built on new guidelines which on the one hand reactivated the Emergency Support Instrument enabling cross-border transport of medical equipment, patients and deployment of medical teams. On the other hand, the Union Civil Protection Mechanism in particular the RescEU framework is built to respond to emergencies, both at national and European level. It covers emergency medical teams, medical evacuation including for highly infectious diseases, and most recently EU-level stockpiling of medical equipment. Mr Panigalli also introduced the next generation programmes which are under the framework of structural funds, the solidarity fund and the new EU4Health programme. As regards the health workforce dimension of DG ECHO's activities, the deployment of emergency medical teams, which are trained in cooperation with WHO, is of vital importance for cross-border support between Member States. Under this framework, DG ECHO facilitated the deployment of doctors from Norway and Romania to Italy in April. These capacities can also be improved overall. Mr Panigalli concluded by highlighting opportunities for interaction with the SEPEN expert network, e.g. to facilitate contact to medical specialists for emergency medical teams, and support liaison with national civil protection authorities.

These presentations were followed by a question and answer session. To open the discussion, it was asked if there were any plans to create a new structure for cooperation across sectors. Mr Panigalli explained the current focus is on developing the current capacities, therefore there are no plans yet. It is the objective to work on cooperation across Commission services with clear responsibilities, rather than creating new and possibly overlapping capacities. The discussion turned to professionals' skills, especially which skills will be needed to deal with future pandemics. Ms Capitoni explained that the emergency had brought professionals from different specialties together in the joint effort of treating COVID-19 patients, therefore it is

important that professionals are flexible and can take up new knowledge quickly, as well as cooperate across specialties. As an extension of the discussion on skills, it was confirmed that as of May, Bergamo hospital has set up an outpatient service to provide follow-up care to more than 2000 patients who have been discharged and this team too is multidisciplinary and interprofessional, including i.a. neurologists, infectologists, physiotherapists and midwives. It was further discussed if there should in future be a more uniform approach to education of health professionals to facilitate future pandemic responses. Mr Panigalli pointed to the different responsibilities of the Commission services including those working on education, all of which are in dialogue. A question was also raised as regards the background of the participants of the educational interventions in Bergamo and whether there are plans to enhance the 'One Health' approach, i.e. a joint human and animal health approach for future pandemics. Ms Capitoni confirmed that the courses were open to all interested parties and that emergency response also involved volunteers, therefore there were many differing backgrounds of participants.

Looking at priorities for EU action, it was explained that RescEU has the function of a safety net that fills gaps of high impact – low probability capacities, as well as those that are too costly for single Member States to invest in. It was also clarified that the European Commission does not have the legal entitlement to procure equipment itself, therefore the Member States procure, and the Commission pays for the equipment. In response to a question on the role of primary care and general practitioners, Mr Panigalli explained that there were no direct contacts with those services. As a last question, participants asked how the mobility of health professionals can be accelerated in pandemic situations. Mr Panigalli confirmed that an enhanced mechanism to coordinate the deployment of health professionals across borders including from non-EU countries for up to three months is being developed. DG ECHO will coordinate this for the first two years.

Ms Das thanked the speakers for being so generous in sharing their expertise, and the participants for the lively discussion. Thanks also went to the administrators of the European Health Policy Platform for providing logistic support for the webinar. To conclude it was announced that the following SEPEN webinar will take place on 24 July 2020 and discuss the mapping exercise of health workforce planning and policies developed within the SEPEN joint tender. All participants are invited to attend.