



SUPPORT FOR THE HEALTH  
WORKFORCE PLANNING AND  
FORECASTING EXPERT NETWORK

## EXPERT NETWORK 10TH 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 24 July 2020, the joint tender [‘Support for the Health Workforce Planning and Forecasting Expert Network’ \(SEPEN\)](#) organised its tenth webinar for the expert network. This edition focused on *‘Mapping national health workforce planning and policy in EU: where do we go from here?’*. The webinar was moderated by Ms Annabel Seebohm.

## SUMMARY OF DISCUSSIONS

The SEPEN joint tender was tasked with the mapping of national health workforce policies in the EU and the UK. The exercise was led by KU Leuven and Semmelweis University and resulted in the creation of country sheets and online appendices outlining each country’s situation as to medical and nursing workforce density and mobility, current policy framework and planning tools, as well as data collection mechanisms. They are intended to advance the discussion both at national and EU level. It is also interesting to place these results in the broader debate on future proofing European Health Systems as is addressed in [Health at a Glance](#) and the [State of Health in the EU](#).

The webinar therefore presented the results of the mapping exercise and launched the debate with knowledge brokers from national level and international experts. They were invited to discuss what added value the country sheets and online appendices have for the broader debate on European health systems, and what trends are relevant for policy recommendations at national/European level.

To set the scene, the SEPEN project manager Dr Eszter Kovacs presented the rationale of the exercise which is being finalised and published imminently (please find the presentation here). She reported on the thorough investigations of national systems which looked i.a. health workforce planning, data, stock and mobility, policies, density at sub-regional level and future challenges. The analysis, which included a literature review, exchange with national knowledge brokers and expert interviews resulted in several trends, which showed the progress made since previous projects. Dr Kovacs reported that 21 Member States have planning systems in place which is an increase since 2015. Data is collected at level of professionals, including on age, gender and specialisation. There are variations in the planning horizon and the frequency of planning. 18 Member States expect future shortages in the health workforce as well as geographical imbalances. Mobility of professionals is an important factor in this regard. She went on to highlight potential policy solutions including the continued international exchange on the topic. All results have been illustrated in country sheets and complementary online appendices with data sets and detailed information.

To understand how the country sheets and online appendices will be used at national level, two national knowledge brokers were invited to comment.

First, Ms Maria Filina-Kossatšova, analyst at the Health Board of Estonia, welcomed the mapping exercise as a useful tool in the national dialogue with policy-makers. In her view, the COVID-19 pandemic has magnified the need for action e.g. in primary care and could act as a window of opportunity for reform. She reported that Estonia is for example going to incentivise practice in rural areas, which has also been discussed in the SEPEN expert network. Overall, she looks forward to continuing the exchange with other Member States and the opportunity to learn about new solutions to common problems.

To discuss the Dutch country sheet, Prof. Dr Ronald Batenburg, Programme coordinator for Health Workforce and Organisation Studies at the Netherlands Institute of Health Services Research (NIVEL) and Professor at the Sociology Department of the Radboud University Nijmegen provided a commentary. He welcomed the mapping's results which show that The Netherlands are not alone in facing shortages in the health workforce. These are especially pronounced in mental health, chronic disease care and in the nursing profession, including nursing specialties, which makes recruitment and retention a priority for action. Prof. Batenburg also reflected on the benefits and drawbacks of long history of workforce planning in The Netherlands. On the one hand, the experience allows for evaluations of the success of the planning system. The results are general positive, also in relation to uptake by policy-makers. However the current model is based on assumptions that suit the medical profession, e.g. the 12-15 year planning horizon, while newer challenges require more flexible mid-term planning, so there is some need to create more agile planning processes. Dutch planners are also looking at approaches for better planning at regional level, to identify underserved areas and account for internal mobility.

To complement these national perspectives, Mr Gaetan Lafortune, Senior Economist at the Organisation for Economic Co-operation and Development (OECD) was invited to comment on the mapping exercise in the wider policy context. He acknowledged the extensive work that such analyses entail and suggested showcasing some points to enrich the international debate. For example, he would be interested in pinpointing national planning systems which have a degree of complexity beyond basic demographic data, e.g. taking into account substitution effects; in this context national discussions on skill mix would also be useful to highlight. He shared his experience of debates around terminology, with 'shortages' being an example of such a contested concept: as most countries' planning models assume that current workforce supply is sufficient to meet healthcare demand, the understanding of shortages may differ among stakeholders. Similarly, the debate around 'productivity' must be nuanced, as productivity increases are often promoted as a solution to shortages, but this may neglect to account for an increase in administrative workload for example. Lastly, Mr Lafortune commented on the country sheet's presentation of mobility data which is partially drawn from the joint questionnaire coordinated by the OECD, Eurostat and the World Health Organisation. He pointed to some limitations of the data which readers should be made aware of in light of the intense political scrutiny these data sets are often subjected to.

Ms Seeböhm opened the floor for a discussion. Dr Kovacs highlight the online appendices as a repository of many of the details mentioned, including clarifications on data sources and limitations. She also confirmed that all information will be published in an eBook that will facilitate cross-referencing. The participants also asked about the role the organisation of the healthcare system has for planning data, e.g. where private practice constitutes a significant share of healthcare services. The experts explained that this was accounted for in most systems. Ms Maria Filina-Kossatšova commented on the Estonian mobility data, by pointing out that the former emigration of professionals to Finland had to some extent reduced due to easier travel, meaning that many professionals practiced in both countries. Finally Prof. Batenburg confirmed that The Netherlands were indeed trying to account for some of the factors mentioned by Mr Lafortune, e.g. by including the impact of administrative work in planning models.

Ms Seeböhm closed the webinar by thanking all participants for the lively discussion and the European Commission for hosting the event.