



## Concept note and final agenda for the second HEROES EU Policy Dialogue

### “What comes next? Strengthening health workforce data for future-ready systems in Europe”

**Date:** 26<sup>th</sup> March 2026

**Format:** Hybrid

**Venue:** Brussels, Belgium

**Target audience:** HEROES partnership, HEROES Advisory and Policy Board, HEROES Community of Practice members, EU institutions (DG Sante, DG Employment, JRC, Eurostat, HaDEA), international/European professional organisations, WHO Regional Office for Europe, OECD, national health authorities, MS ministry representatives, registry offices, licensing and statistical bodies, HRH planners, and policymakers.

#### **Objectives:**

1) Discussing solutions **on how to overcome major challenges** affecting the quality, availability, accessibility and usefulness of health workforce (HWF) data across Europe and highlight priority actions for strengthening HWF intelligence to support policy and planning.

2) Exploring the **effective use of planning-related data in a wider context** and challenge the feasibility of a unified European Health Professionals' Registry, and its potential integration with the European Health Data Space (EHDS).

**Policy Context:** The European health workforce is the cornerstone of resilient and equitable health systems. However, persistent challenges such as staff shortages, ageing demographics, uneven geographic distribution, increased mobility and increasing multimorbid care needs pose significant risks to the sustainability of service delivery. Due to the dynamism of the health labour market, new emerging trends must be tackled, e.g. impact and adoption of the rapidly evolving digital transformation, changing skill-mix and multidisciplinary teamwork, changing scope of practices in healthcare through task shifting, impact on mental health and well-being of the HWF, or new models of care. HWF management, planning and forecasting have crucial roles in ensuring the appropriate HWF supply for sustainable and resilient healthcare systems, therefore strategic health workforce planning can be used as an important tool to effectively respond to challenges.



Two major pillars of health workforce planning consist of sufficient health workforce data and related evidence-informed policy processes. Although several developments have taken place in the last 2 decades in Europe by the Joint Action on European Health Workforce Planning and Forecasting (JA EUHWF), the Support for the European Health Workforce Planning Expert Network (SEPEN), actions supported under RRP and TSI, and WHO actions, robust and timely HWF data warehouses, Registers that precisely monitor practicing health professionals still face deficits across Europe. Accurate data are essential for workforce planning, education-policy alignment, mobility flow management, occupational safety and resilient service delivery. Recent European analyses still show severe workforce shortages, ageing staff profiles and large cross-country variation in supply or even the changing landscape of population demand — problems that cannot be managed without proper HWF information (EU 2021, OECD 2024-2025, WHO 2025).

Building on the HEROES analytical work in horizontal tasks, this EU-level Policy Dialogue will draw from concrete examples of data harmonisation, national modelling exercises, and policy uptake pathways identified during the HEROES project. The country experiences from Croatia, Greece, Italy, Hungary, Slovakia, Slovenia, Norway, Spain, Lithuania, Poland, Portugal will serve as a basis for discussing needs for future EU-level actions and collaboration frameworks aimed at strengthening HWF data systems and evidence-informed workforce planning. This discussion will build on the demonstration of the achievements in terms of improvement of data and minimum data sets under the Joint Action HEROES and will feed with specific recommendations to guide further HWF data collections.

Policy implications of HWF planning evolve around the following themes:

- Align education and labour-market policies (e.g. setting training quotas);
- Inform strategic investment in training, recruitment and retention;
- Inform policy decisions on transformation of healthcare models to ensure long-term sustainability of health systems;
- Monitor migration and cross-border workforce mobility flows;
- Support digital health transformation and innovation; and
- Enhance preparedness for health emergencies.

We can assume that without improved HWF intelligence, European countries risk under- or over-investing in training, exacerbating shortages, mismanaging migration impacts and failing to protect workforce wellbeing — all of which threaten service continuity and UHC goals (SEPEN 2021, OECD 2024-2025). Therefore, strengthening HWF data collection systems is a prerequisite for effective labour-market policy, sustainable workforce planning and resilient health systems in Europe. Coordinated technical, legal and capacity investments — anchored in harmonized standards and linked data — will deliver the evidence base needed for strategic HWF decisions. Investing in high-quality HWF data will enable evidence-informed decision-



making, fair distribution of human capital, and sustainable health systems — ensuring Europe’s health workforce remains fit for future challenges.

### **Key challenges of proper health workforce data**

#### **1. Fragmentation and incomparability of data sources**

HWF data are collected by multiple actors (ministries of health, education, professional councils, licensing bodies, labour/statistics offices, social security and private employers). Definitions as “practising” or “professionally active” physician or nurse, full-time equivalent (FTE) calculations, or the scope of practice might differ between countries, producing inconsistent indicators and limiting reliable cross-country comparability. This undermines comprehensive labour market analyses and regional benchmarking (JQ – Eurostat/OECD/WHO, JA EUHWF, SEPEN).

#### **2. Gaps in timely, disaggregated and longitudinal data**

Critical variables (see the Minimum Dataset for HWF planning by JA EUHWF e.g. age by specialty, working hours/FTE, dual practice, sectoral distribution, outflow intentions, health status and consumption) are often missing or released with long lags, preventing agile HWF planning and forecasting and rapid policy responses. Subnational granularity is frequently absent, limiting local planning (OECD 2024, SEPEN).

#### **3. Limited tracking of mobility and foreign health workers**

Cross-border mobility of health workers is a core health labour market (HLM) driver in Europe and globally. Existing systems can capture nationality or country of training unevenly and rarely track flows in real time, complicating ethical recruitment monitoring and bilateral workforce agreements. The inflow of foreign professionals is appropriately recorded in several Member States, while the outflow, however, is commonly difficult to capture. This results in difficulties and significant limitations in international comparability and precise tracking of mobility trends (Eurostat/OECD/WHO, SEPEN).

#### **4. Weak linkages between education, licensing and employment datasets**

Disconnects between new graduates, licensing/registration and actual employment mean planners cannot reliably translate training capacity into expected practising supply. This reduces the effectiveness of education reform and targeted investment (JA EUHWF, SEPEN). Electronic Health Professional Registers can support the standardized HWF information systems that enable HWF data interoperability (WHO, 2015). These registers can provide an accurate count of all health care personnel that either have worked or are currently working at national or sub-national levels and provide essential details about that person. Although several national developments in national registers, a unified and interoperable European Health Professionals’ Registry still lacks its prerequisites.

#### **5. Limited analytical capacity and data governance constraints**

Many systems lack routine data-quality assurance, standardized metadata and interoperable IT (WHO 2016). Human capacity for HWF analytics (forecasting, HLM modelling, scenario analysis) is being improved in several member states in the frames of the HEROES JA,



constraining evidence-informed decision-making (HEROES). Political and institutional fragmentation causes hardship in sustainability: differing mandates and limited incentives for cross-sectoral data sharing often hinder coordinated development of HWF intelligence.

**Priority Actions:**

1. Actions for improved HWF data warehouse:

- Reinforce HWF data infrastructure as a core public good embedded in structural systems.
- Map minimum indicator sets across EU/WHO Europe.
- Develop interoperable registries, data sharing platforms linking education, licensing, employment and migration data with agreed metadata standards.

2. Actions for more effective evidence-informed HWF policies:

- Integrate HWF intelligence within health system digitalization strategies, and foster continuous collaboration, benchmarking, and capacity-building for HWF intelligence systems.
- Build national/regional HWF analytics capacity and a European HWF planning or observatory function to support cross-country modelling and rapid scenario planning.
- Adopt governance frameworks that protect privacy while enabling essential HLM intelligence for policy.
- Explore the use of planning models in policy processes, such as the European Semester.
- Explore the use of planning models for policies on staffing ratios.

**Strategic Policy Actions:**

Priority Area	Proposed Action
Standardization	Develop a harmonized European HWF minimum dataset aligned with WHO National Health Workforce Accounts (NHWA) and JQ definitions → <b>HEROES AMDS presentation gives an input for minimum planning data</b>
Interoperable and timely data	Link education, licensing, and employment registries through shared metadata and digital identifiers, enabling longitudinal workforce tracking → <b>Potential of having one unified European HWF Registry discussion</b>
Analytic Capacity	Mandate annual HWF reporting and invest in HWF observatories and national analytic units capable of forecasting, modelling, and scenario analysis → <b>Potential of having one unified European health workforce planning model or wider observatory discussion</b>
Governance & Data Protection	Establish EU/WHO guidance on secure data-sharing frameworks consistent with GDPR to balance privacy with policy intelligence → <b>The potential of utilizing EHDS for more proper HWF data to assist EU and national decision makers to access relevant data for HWF planning</b>



## Provisional Agenda

<p><b>9:00-9:30</b> <b>Registration and arrival of participants</b></p>	
<p><b>Opening Speeches</b> <b>9:30-10:00</b></p>	<p><b>Moderator: Lisa Baldini – Agenas</b></p> <p>EC DG SANTE – Dirk Van den Steen          AGENAS – Marco Di Marco          Semmelweis University, Health Services          Management Training Centre – Eszter Kovacs</p>
<p><b>Session on HWF data harmonization</b> <b>10:00-12:00</b></p>	<p><b>Moderator: Zoltán Cserháti – Semmelweis University</b></p> <p><b>Presentation (10 minutes):</b>          HEROES Advanced Minimum Data Set &amp; common data themes and challenges (demand, practicing, data source integration)          Eszter Kovacs – Semmelweis University</p> <p><b>HEROES Case studies (5 minutes/country):</b></p> <ul style="list-style-type: none"> <li>• Slovakia – Lukas Nemcok (SK MoH)</li> <li>• Hungary – Csilla Kaposvári (OKFŐ)</li> <li>• Italy – Giulia Menin (AGENAS)</li> <li>• Greece – Daphne Kaitelidou (NKUA, ODIPY)</li> </ul> <p><b>Targeted commentary (5 minutes/speaker):</b>          Joint Questionnaire on Non-Monetary Healthcare Statistics – Gaetan Lafortune – OECD, Alba Llop-Gironés – WHO, Ebba Barany – Eurostat (online)</p> <p>SANDEM model – Alba Bernini (online) – JRC</p> <p>The potential of EHDS in HWF planning – Katarzyna Ptak-Bufkens – DG SANTE</p> <p><b>Interactive discussion</b></p>
<p><b>Lunch break</b> <b>12:00-13:00</b></p>	
<p><b>13:00-13:10 Launching HEROES Policy Brief on HWF data and methods</b></p>	<p><b>Michelle Falkenbach – European Observatory on Health Systems and Policies</b></p>
<p><b>Session on Effective ways of using HWF Data</b> <b>13:10-14:25</b></p>	<p><b>Moderator: Matthias Wismar – European Observatory on Health Systems and Policies</b></p> <p><b>Presentation (7 minutes):</b>          European Skills Intelligence Observatory          Tim Van-Rie DG EMPL</p>



	<p><b>HEROES Case studies (5 minutes/country):</b></p> <ul style="list-style-type: none"> <li>• Poland – Karolina Sowa (MZ)</li> <li>• Spain – Xavier Bayona (online) (ICS)</li> <li>• Lithuania – Diana Smaliukaitė (SAM)</li> <li>• Maja Vajagic – Croatia (CIPH)</li> </ul> <p><b>Targeted commentary (5 minutes/speaker):</b> Interprofessional education and team competences - David Smith – INHWE (online)</p> <p>The role of digital skills “BeWell project” – Federica Margheri – EHMA</p> <p>Synergies with “Nursing Action” – Margrieta Langins – WHO (online)</p> <p><b>Interactive discussion</b></p>
<p><b>Break</b> <b>14:25-15:00</b></p>	
<p><b>Session on HWF data supporting policy</b> <b>15:00-16:15</b></p>	<p><b>Moderator: Réka Kovács – Semmelweis University</b></p> <p><b>Presentation (7 minutes):</b> HWF Strategy at the European level Michel Van Hoegaerden - HEROES Quality Advisory Board Member</p> <p><b>HEROES Case studies (5 minutes/country):</b></p> <ul style="list-style-type: none"> <li>• Portugal – Ricardo Rosado (online) (ACSS)</li> <li>• Slovenia – Blashko Kasapinov (NIJZ)</li> <li>• Norway – Christin Marsh Ormhaug (HDIR)</li> </ul> <p><b>Targeted commentary (5 minutes/speaker):</b> Views of European Doctors – Sarada Das – CPME</p> <p>Views of WHO Europe – Tomas Zapata – WHO</p> <p>HEROES Sustainability framework – Thomas Hughes-Waage – WHO</p> <p><b>Interactive discussion</b></p>
<p><b>Closing and Conclusions of the Second HEROES EU Policy Dialogue</b> <b>16:15-16:25</b></p>	<p><b>Eszter Kovacs - Semmelweis University</b></p>

Looking forward to welcoming you either online or on-site.

Register **HERE**: <https://healthworkforce.eu/registration-is-open-now/>



### Selected references:

OECD/European Commission (2024), *Health at a Glance: Europe 2024: State of Health in the EU Cycle*, OECD Publishing, Paris, <https://doi.org/10.1787/b3704e14-en>.

OECD (2025) *Health at a Glance 2025: OECD Indicators*, OECD Publishing, Paris, <https://doi.org/10.1787/8f9e3f98-en>.

OECD Health Workforce Topic <https://www.oecd.org/en/topics/sub-issues/health-workforce.html>

WHO (2015) Human resources for health information system: minimum data set for health workforce registry. <https://iris.who.int/handle/10665/330091>

WHO (2016) Global Strategy on Human Resources for Health: Workforce 2030

WHO (2025) Health and care workforce. WHO Global Code of Practice on the International Recruitment of Health Personnel. Report by the Director-General.

WHO Framework for Action in the European Region.

Eurostat, healthcare personnel statistics (physicians; nursing & caring professionals) and database. <https://ec.europa.eu/eurostat/web/health/database>

European Parliament briefing: The health workforce crisis in the European Union (2025). [https://www.europarl.europa.eu/RegData/etudes/BRIE/2025/772481/ECTI\\_BRI%282025%29772481\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2025/772481/ECTI_BRI%282025%29772481_EN.pdf)

JA EUHWF WP4 “Data for Improved Health Workforce Planning”: Reports on Terminology Mapping, Mobility Data and Planning Data <https://ja-archive.healthworkforce.eu/work-package-4/>

JA EUHWF WP5 “Exchange of Good Practices in Planning Methodologies”: Report on Minimum Planning Data Requirements and Handbook on Health Workforce Planning Methodologies across EU countries <https://ja-archive.healthworkforce.eu/work-package-5/>

EU 2021, SEPEN Mapping of national health workforce planning and policies in the EU-28. Final Study Report. [https://archive.healthworkforce.eu/wp-content/uploads/2021/02/D4\\_Final-study-report\\_EB-02-20-972-2A-N.pdf](https://archive.healthworkforce.eu/wp-content/uploads/2021/02/D4_Final-study-report_EB-02-20-972-2A-N.pdf)