



# Planning the health workforce and skill-mix of the future

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# Why the health workforce matters

Pflegenotstand

[A] health workforce  
with the right number of health workers,  
with the right skills,  
in the right place,  
with the right attitudes and commitment,  
doing the right work effectively and  
efficiently,  
at the right cost,  
with the right productivity  
(Dussault et al. 2010)

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# Overview

- Why the health workforce matters
- Patients and health workers are changing
- Health systems need to adapt to these changes
- Challenges and opportunities while adapting
  - Expanding the health workforce
  - Growth of the health workforce cannot be taken for granted
  - Composition of the health workforce (skill-mix)
  - Governance
  - Mobility
  - European Integration



# Patients and health workers are changing

## ***Chronic disease and multi-morbidity***

- 1 in 6 patients in the UK suffers from more than 1 condition
- 65% of those aged more than 65 years and almost 82% of those aged 85 years or more had two or more chronic conditions.
- prevalence increases substantially with age, in absolute terms multi-morbidity is more prevalent in those aged 65 years or less and is much more common in socioeconomically deprived areas.

(cited after Wallace E et al. 2015)

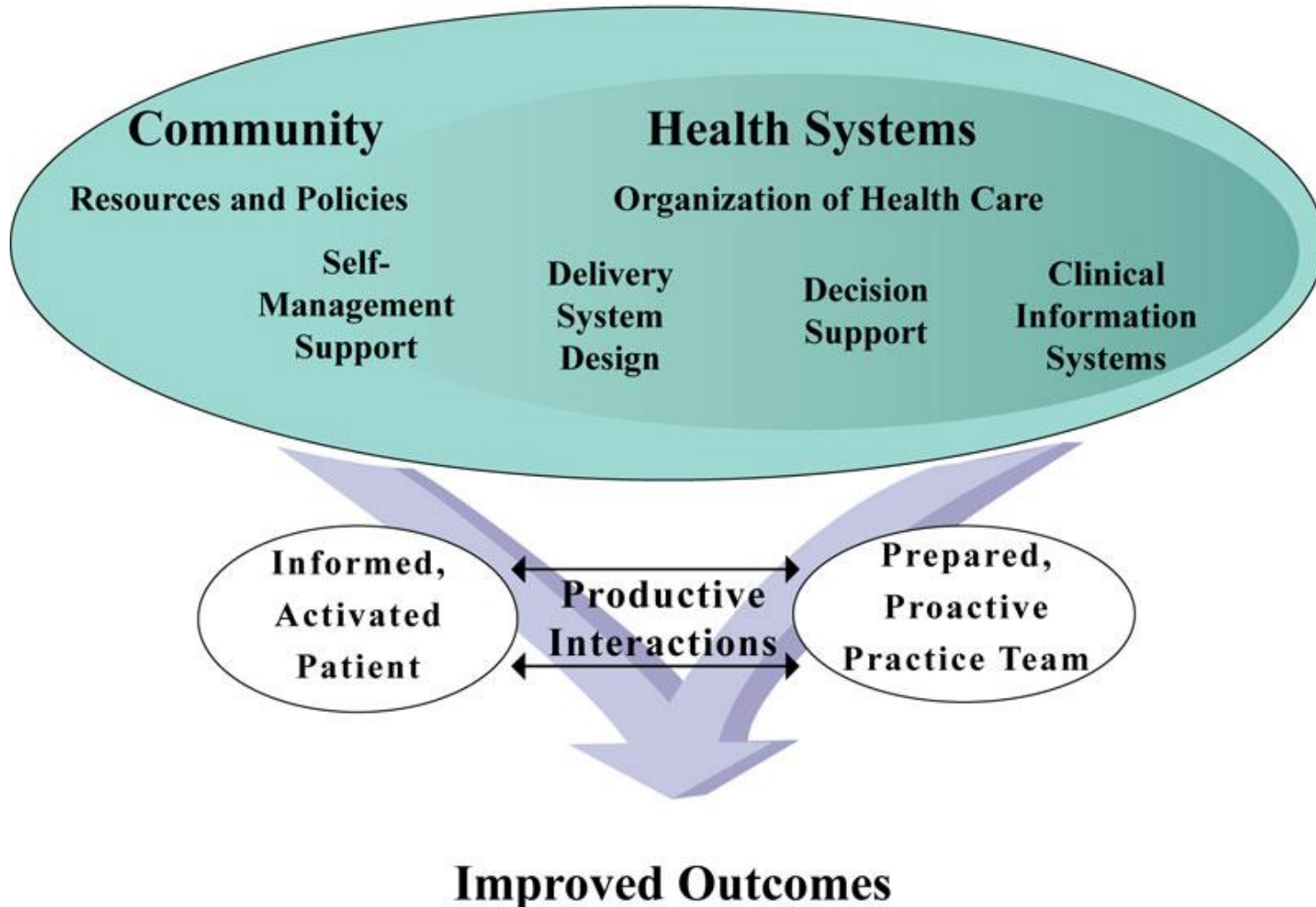


Mary Judd (86)



# Health systems need to adapt to these changes

## The Chronic Care Model





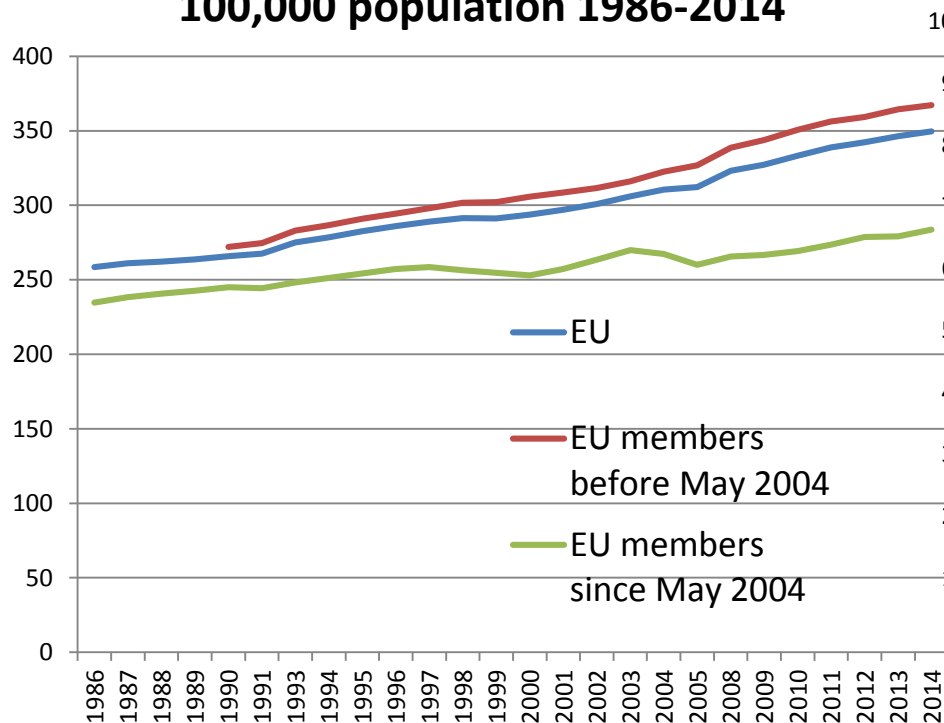
# Expanding the health workforce

- Patients
- Informal carers
- Community
- Coordinators and navigators
- Primary health care medical capacity
- Primary health care multi-disciplinarity

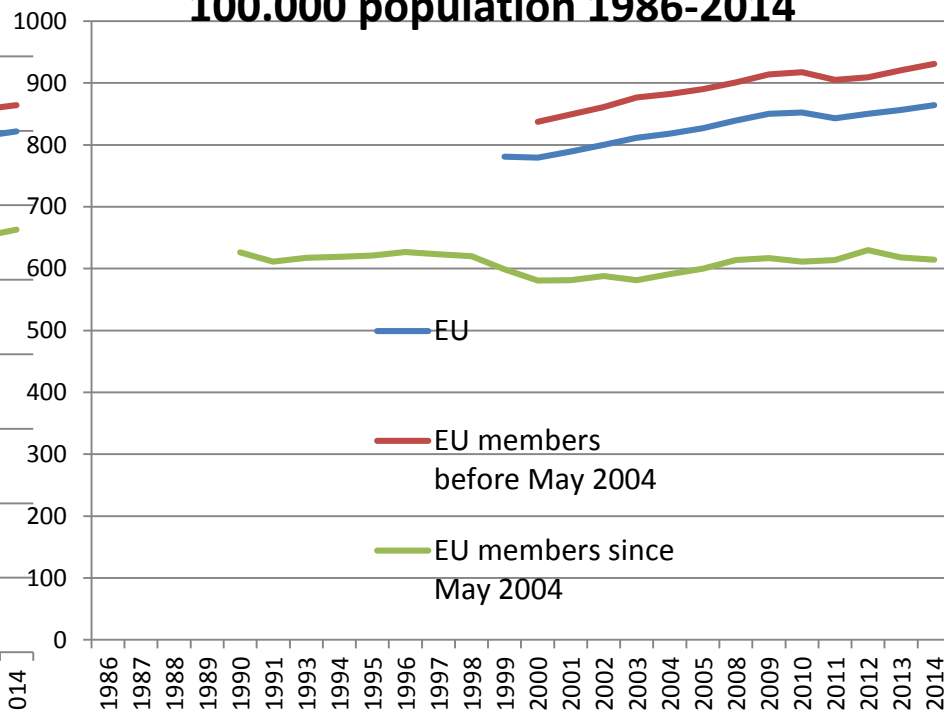


# Growth of the health workforce cannot be taken for granted

## Workforce growth: physicians per 100,000 population 1986-2014

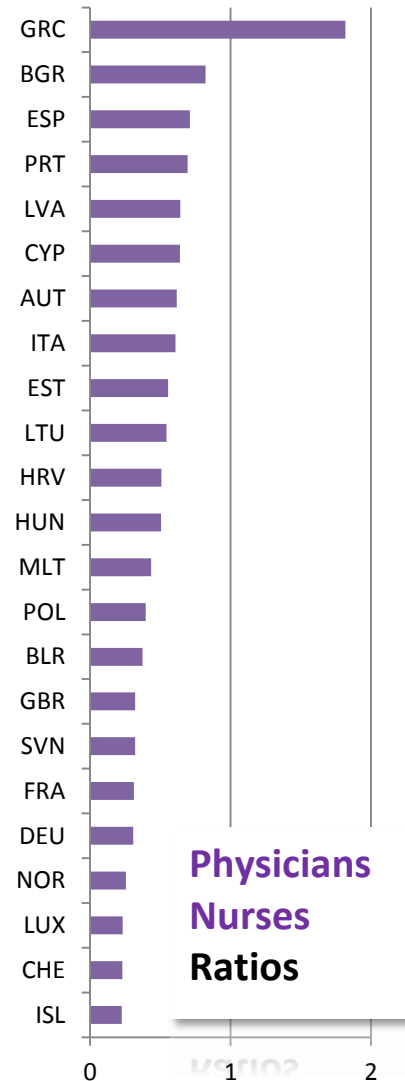
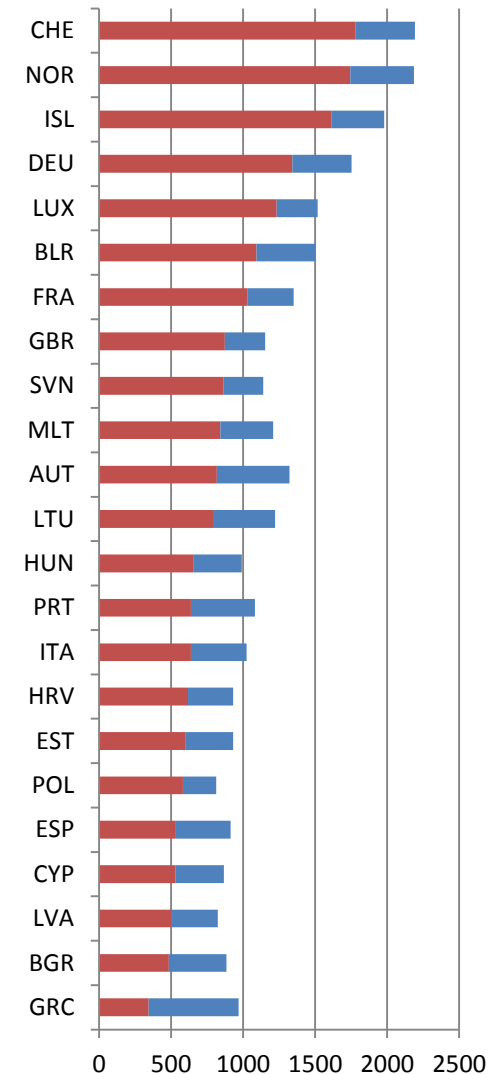
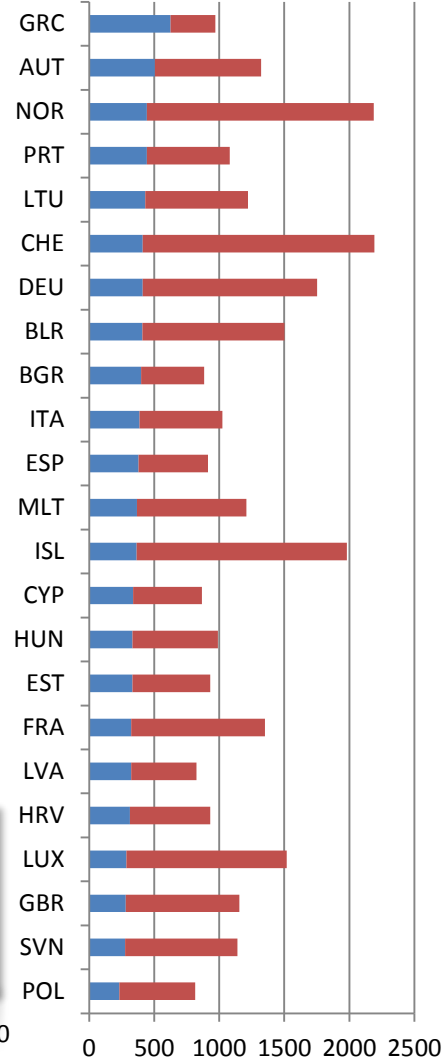
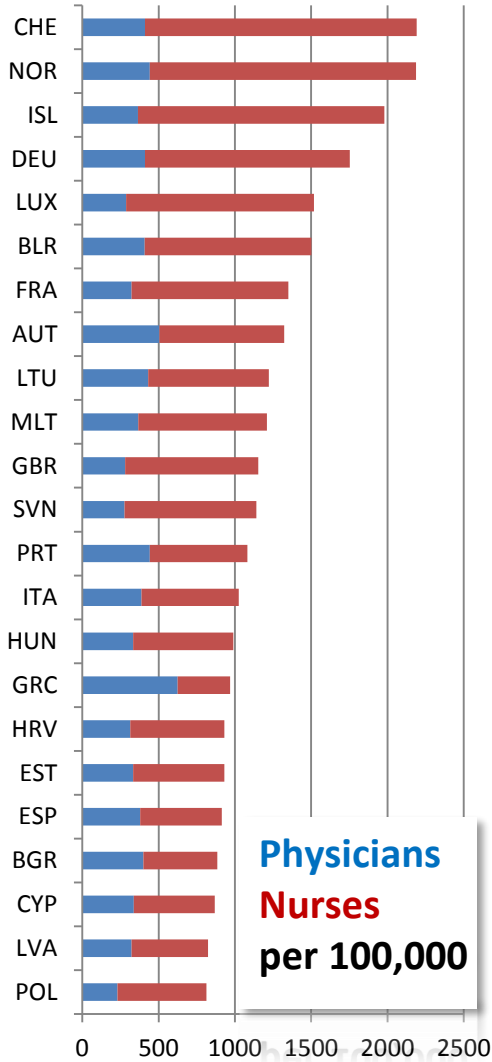


## Workforce growth: nurses per 100,000 population 1986-2014





# Large variations in the composition of the health workforce: Physicians and Nurses per 100,000 head counts 2014 and ratios





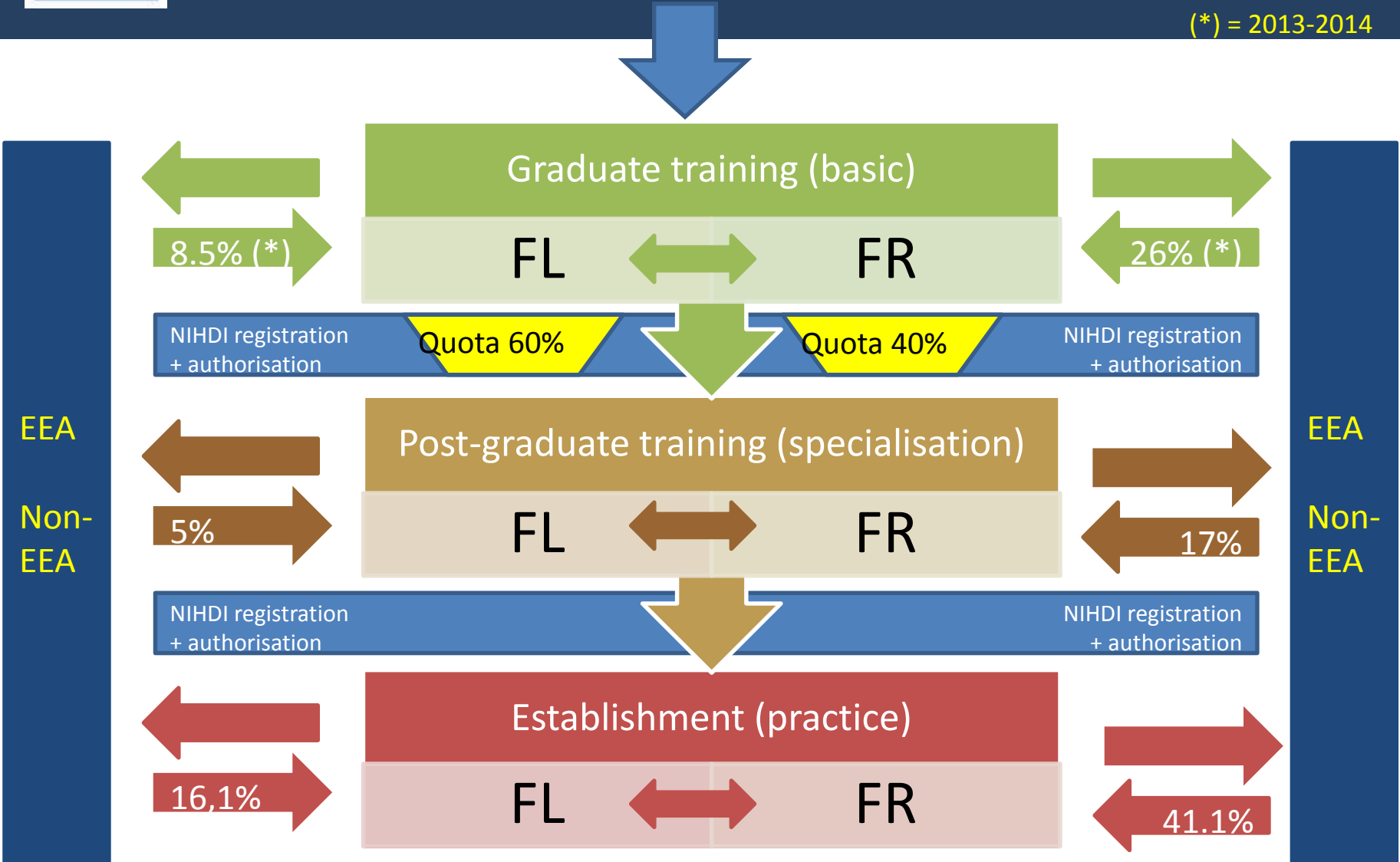


# Composition of the health workforce: skill-mix innovations

No.	Model (official name if relevant)	Professional, peer, patient, team	Skill / task innovation	Country	Status
<b>Keeping people healthy: prevention and promotion</b>					
1*	Shared care, mental health care in GP practices	Mental health practice nurse	Prevention (screening diagnostics)	The Netherlands	Nationwide, 81% of GP practices employ a mental health PN
2	GP-nurse team (model practices)	Registered nurse	Prevention and health promotion	Slovenia	Nationwide, 55% of all GP practices employ an additional nurse at 0.5FTE (2016)
<b>Acute care</b>					
3	Role expansion	<ul style="list-style-type: none"> <li>- Physician assistants</li> <li>- Specialised nurses (acute, chronic, intensive, preventive and mental health care)</li> <li>- Clinical technicians</li> </ul>	Medical tasks (e.g. endoscopies, injections, catheterisation)	The Netherlands	Nationwide experimental phase ongoing (2017)
4	Role expansion	Oral hygienist	<ul style="list-style-type: none"> <li>- Treat primary cavities</li> <li>- Provide anesthesia</li> <li>- Make X-rays for ionizing solo and bitewings</li> </ul>	The Netherlands	Nationwide experimental phase ongoing

# Belgium: Flows of medical students and doctors (figures 2015)

(\*) = 2013-2014



FL = Flemish Community; FR = French-speaking Community;  
 NIHDI = National Institute for Health and Disability Insurance; EEA = European Economic Area



# Governance

- Transparency
  - Data and registries
- Accountability
  - With few exceptions competence for training has a different locus than that for health;
- Participation
  - Overrepresentation of physicians
- Capacity
  - Not all countries can plan and train for all professions



*"We should make sure that all EU rules on labour mobility are enforced in a fair, simple and effective way by a new European inspection and enforcement body"*

## SINGLE MARKET, SOCIAL EUROPE AND TAXATION



*'Europe must be a Union of equality and a Union of equals.'*

- Equip national authorities with stronger powers to **better enforce EU consumer and food quality laws** and cut out illegal practices wherever they exist

- **Create a common Labour Authority** – a European inspection and enforcement body to ensure that all EU rules on labour mobility are enforced in a fair, simple and effective manner

- Address social dumping by agreeing on the European Pillar of Social Rights – setting the basis for a **European Social Standards Union** (e.g.



*'The single market is the very soul of Europe... But today, Europe does not protect from social dumping; today we have let the European single market develop against the very philosophy of our united labour market. Today, Europe must build a genuine project of fiscal and social convergence.'*

- **Supports President Juncker's proposal to put an end to double standards on food**, to combat fraud and guarantee food security

- **Supports President Juncker's proposal for a European inspection and enforcement body** to ensure that all EU rules on **labour mobility** are enforced in a fair, simple and effective manner



## Summing up

- What do we mean by planning?
- To what extent can we plan?
- Do we need to approach different professions differently?
- What are the planning instruments?
- What will be the role of stakeholders, Member States and the European Union??