3 and 4 May 2018
Aula Magna IHMT | UNL

Conference
Workforce innovations for better performing health systems in Europe

ABSTRACTS BOOK

SESSION 1: MAKING THE HEALTH WORKFORCE RESPONSIVE TO POPULATION NEEDS

Selecting the right candidates for the health professions: why and how
Fiona Patterson

Across the globe, selection and admissions processes in healthcare continue to attract strong public interest, and often criticism regarding accuracy, fairness and widening participation. Whilst academic achievement is consistently a good predictor of subsequent performance, it cannot be assumed that those with high academic ability alone can be trained to become competent clinicians. Little research attention has focused on selection methods that reliably evaluate important (non-academic) personal attributes, values and motivational qualities. In exploring these issues, the author first presents results of a systematic literature review on the quality of selection methods in healthcare. The author I will then present international case material to demonstrate how selection methods and systems can be designed and evaluated to ensure that recruitment practices are fit for purpose and relate to important workforce requirements. Implications for future policy and practice will be discussed.

Work in teams in Family Health Units in Portugal
André Biscaia

The document with primary health care 2005 reform priorities in Portugal, that led to the establishment of USF - Family Health Units, contains the word "team" and the expression "work in teams" mentioned 84 and 10 times, respectively. Ten years later, in its strategic plan, "team" comes up 2 and "work in teams" none. Does this mean that the "work in teams" mission was accomplished?
Work in teams and objective oriented have been widely successful and continue to underlie the current reform. Forming a self-selected and self-managed multiprofessional team is the first step for setting up a USF. Importance was also given to the definition of professional profiles; integrated training programmes; objectives commissioning and accountability; transparency concerning teams and individual performance; and regional support groups for team development. Deep down, these are the pillars for autonomous, effective, proactive and creative teams.
What may have failed? Team renovation, internal management of long-term overloaded teams, solutions for prolonged leave of absence, community as a part of the extended team, in-house training and transformation of health units into learning organisations, can be clues to discussion.

Recruitment and retention strategies to improve access to health workers
Walter Sermeus

A recent study forecast a shortage of nearly 170,000 doctors and nearly 2.5 million nurses across 23 OECD countries in 2030 if current trends in supply and demand continue. It translates in a shortage of 8,5% for doctors and 22,7% for nurses.
Confronted with these challenges, we believe that recruitment and retention (R&R) strategies in combination with the redesign of the organization of healthcare will be needed.
A EU multiple case study, funded by the European Union, identified, based on an extensive literature review, 34 R&R interventions in 20 European countries. Eight R&R strategies have been identified of which 4 are primarily focused on recruitment (young professionals, attracting GPs to underserved areas, new advanced roles for nurses, return to practice courses). Four other strategies are more focused on retention (career opportunities, good working environments, work-life balance interventions, ageing workforce measures). Based on the analysis, we saw that R&R interventions combining educational measures, professional support, financial and regulatory measures had best results. Also the RN4CAST study, funded by the European Union, confirmed the findings on relationships between working environment and intention-to-leave. In the presentation, we will discuss the main results from the study and illustrate the findings with examples and best practices.

SESSION 2: ADAPTING THE HEALTH WORKFORCE SKILLS-MIX TO THE CHANGING NEEDS OF THE POPULATION

Skill-mix innovations in primary and chronic care
Matthias Wismar

The talk shows results form a study into skill-mix innovations in primary and chronic care in 17 countries.

The skill-mix innovations were categorized according to 5 segments of primary care including 1) disease prevention and health promotion, 2) acute care, 3) keeping patients with chronic conditions independent, 4) institutionalized care and 5) care in underserved and deprived areas.

Overall, more than 70 skill mix innovations were identified. The majority fell into primary care segments 2-4. A common goal of introducing skill-mix innovations is to unburden doctors from non-medical or simple routine medical work. Nurses play almost always a central role in this. There is a multitude of skill-mix strategies including, up-skilling, down-skilling, specialization, generalization, task-shifting, the emphasis of teamwork and multi-disciplinarity. There are large differences between countries, some employ only one strategy some all the strategies at once. Some countries have started 20 years ago and others have just embarked on major reforms.

Nurses with advanced roles in OECD member states
Claudia Maier

This presentation summarises recent evidence and experience from countries in Europe and beyond, on the implementation of nurses in advanced roles.

It builds on research projects conducted by the lead author, and examines regulatory and financial barriers and enablers to implementing advanced roles for nurses.

Innovations in educating health workers to address the changing needs of the population
David Smith

Leadership, communication and intercultural education for health professionals, the overarching theme of this presentation assessing "innovations in educating health workers to address the changing needs of the population", is at the very top of political and research agendas. Health professionals are dealing with constant changes to both the health systems they work in and the patients they serve. Equipping the health workforce with the skills to deal with these changes is of the upmost importance for healthcare educators, researchers and policy makers. Leadership, communication and intercultural training are three distinct but interrelated topics that are assisting health professionals adapt to their changing environment and the presentation will assess concrete examples of innovations in these areas.

SESSION 3: WHO HEALTH WORKFORCE STRATEGY

WHO health workforce global and European Region strategy
Galina Perfilieva

Building on an extensive review of published evidence, recommendations of the global health workforce initiatives, and extensive consultations with governing bodies, the WHO Regional Office for Europe has developed a framework for action towards a sustainable health workforce in the European Region. The framework builds on the four strategic objectives identified in the Global strategy, adapting them to the regional context. It intended for Member States and other relevant stakeholders who may lead the implementation of different policies and approaches. The framework is accompanied by a toolkit, which provides access to relevant diagnostic, situation assessments, policy and planning tools, analytical approaches and examples of good practice.
In September 2017, the framework was endorsed by the WHO Regional Committee for Europe. The Regional Office is committed to continue collaboration with Member States and to provide technical support for the implementation of the framework for action and the application of the toolkit towards a sustainable health workforce.

WHO health workforce global and European Region strategy
Giorgio Cometto

The foundation for a strong and effective health workforce, able to respond to the 21st century priorities, requires matching effectively the supply and skills of health workers to population needs, now and in the future.
The Global strategy on human resources for health outlines policy options for WHO Member States, responsibilities of the WHO Secretariat and recommendations for other stakeholders on how to:
• optimize the health workforce to accelerate progress towards Universal Health Coverage and the Sustainable Development Goals;
• understand and prepare for future needs of health systems, harnessing the rising demand in health labour markets to maximize job creation and economic growth;
• build the institutional capacity to implement this agenda; and
• strengthen data on HRH for monitoring and ensuring accountability of implementation of both national strategies and the Global Strategy itself.

ABSTRACTS

KEYNOTE ADDRESS 1

Enablers and obstacles to health workforce innovation
James Buchan

This paper examines the enablers and barriers to innovation in the health workforce, and the connections with the evidence base. It sets out and discussed key enablers, but also identifies the main limitations in the evidence base. It concludes with recommended actions for WHO Collaborating Centres.

SESSION 4: WORK AND MANAGEMENT IN TRANSFORMED HEALTH SERVICES

Digital tolls: ehealth and mhealth as part of health worker's toolkit
Luís Lapão

Healthcare services can be extended closer to patients by digital tools. These digital tools together to service innovation will soon transform healthcare. As Europe faces increased demand for health services and a diminishing supply of health workers, this talk addresses the challenge of improving healthcare services delivery with eHealth/mHealth used by health workforce in response to increasing demands.

Through a scoping literature review, the impact of digital on the health workforce was assessed by examining how these technologies affect four dimensions of health workforce performance (AAAQ): availability, accessibility, acceptability, and quality. These new tools are an extraordinary opportunity but it requires both proper integration with the healthcare services and new business models.

The requirement for new digital skills was observed as significant with implications for education, management of health services, and policy-making.

Innovations in managing the health workforce and competencies managers need to have
Usman Khan

Health Management 2.0
Making the case for reconceptualising health management for the 21st Century
The post war period in Europe has seen the emergence of formally trained health managers as a core constituent part of modern health systems and organisations. It subsequently became evident that competencies taught to healthcare managers were of increasingly relevance to healthcare professionals, the consequent impact being an increase in overall system level managerial capacity. However, today the 'perfect storm' of health system pressures are now fuelling a further and potentially more profound re-evaluation of the very notion of health management.

The presentation will set out the drivers of this dialogue and will go onto support a reconceptualization towards what may be termed Health Management 2.0. Such a paradigm shift is grounded in the expectation that the health management curriculum will need to be rebalanced away from its current process orientated focus towards more a more facilitative and enabling one. Taking the argument even further, the very notion of what constitutes a healthcare manager may need to be expanded beyond formal organisational boundaries into informal care and ultimately back to the patient and citizen themselves.

SESSION 5: POLICY, PLANNING AND GOVERNANCE OF THE HEALTH WORKFORCE

Linking health workforce planning and policy
Ronald Batenburg

The Netherlands has a long tradition of planning the medical specialist workforce. Since 1999, a model for health workforce planning is in place that projects both the supply and demand for physicians and a large number of specialties. The model is developed to advise policy makers how to adjust the inflow in the medical schools and medical speciality training to achieve balance between demand and supply in the long term. The Dutch system of health workforce planning is grounded on an extended demand-based stock-and-flow model and executed by a policy system of stakeholders to balance the different interests connected to the inflow in medical speciality training. In this presentation the evolution of both the Dutch technical and political model is explained, as well as its futures challenge towards an integrated skill-mix based system for health workforce planning.

Planning the health workforce in Portugal
Eduardo Anselmo de Castro

Imbalance in the supply and demand of the health workforce is a major challenge for policy-makers since human health resources are the largest contributors to the health expenditure. Although this issue has been present on the public health agenda for many years, it remains nowadays a major concern in several countries. This situation may affect not only the productivity and the overall socio-economic development, but the quality of the healthcare services delivered to patients. In the past 40 years, the planning of the health workforce in Portugal was conducted in a reactive way, lacking a foresight vision based on an integrated, comprehensive and valid analysis.
In this milieu, the national funded project HEALTH 2040 (Future needs of human health resources in Portugal till 2040) exploited the use of a socio-technical approach to forecast the health workforce needs in Portugal, i.e. physicians and nurses, by specialties and by quinquenium till 2040. Departing from this knowledge, it is possible to infer about the training needs of these health professionals, both in the medium and long run. These results can be used as a starting point to test the impact of different governmental policies. Further research is still needed to geographically distribute the health professionals in order to overcome regional inequities.

Better health workforce governance in Europe: how to make it happen?
Ellen Kuhlmann

The challenges of creating a sustainable and people-centred health workforce are increasingly recognised in Europe and globally, yet the responses are different. Three major strategies can be identified to develop a future health workforce that is both sustainable and adaptive: organisational change, professional development, and competence development. However, in order to be effective, the different strategies need to be coordinated and flanked by health system and governance innovation. This paper provides illustrative examples for each strategy and how institutional contexts matter. The results suggest two things: first, health workforce development must become a high-level policy issue and needs health system changes. Second, there is no one-size-fits-all model, but trans-sectoral co-ordination and participation of a wide range of health professionals are important conditions to make better health workforce governance happen.

KEYNOTE ADDRESS 2

Innovative ways to make the health workforce responsive to people's needs
Nigel Crisp

This presentation reviews the changed health needs of the population and discusses the implications for education, regulation and management of the health workforce.

It considers some recent examples of innovations and identifies the lessons and challenges for the future.

It stresses the importance of shared vision and shared leadership and concludes by describing Nursing Now, the global campaign to improve health by raising the profile and status of nursing.