CPME policy on health workforce: working conditions, training, planning

Ms Sarada Das, Deputy Secretary General, CPME

MEDECINS EUROPEENS
EUROPEAN DOCTORS

2021 CPME policy on health workforce

Key recommendations

- Ensure **health workforce planning aims to improve quality of care, patient safety, access to health**
- Involve national medical associations in the health workforce planning process
- ensure every national health system is sufficiently robust to **educate and train an adequate number of health professionals** to meet the future needs **without lowering standards of training**
- implement **ethical recruitment policies** in line with the WHO Global Code of Practice on the International Recruitment of Health Personnel
- Account for **changing expectations relating to work-life balance** and ensure equality in workforce

2021 CPME policy on health workforce

Key recommendations

- **benchmarks for minimum workforce capacities**
- facilitate doctors' **cross-border mobility as a personal and professional right**
- pro-actively identify and **abolish root causes of such 'push' migration**, e.g. economic factors or inappropriate working conditions (e.g. inadequate remuneration, unlawful working hours, lack of technical equipment, unsafe staffing levels, lack of meaningful career development, lack of training opportunities)
- create **compensatory mechanisms in case of asymmetric mobility flows**
- base **task-shifting policies on the objective of improving patient safety and quality of care**, **not as a cost cutting measure**

Supporting the Mental Health of the Health Workforce, from an Opinion by the Expert Panel on effective ways of investing in health (EXPH)

Heather L. Rogers, PhD, MPH

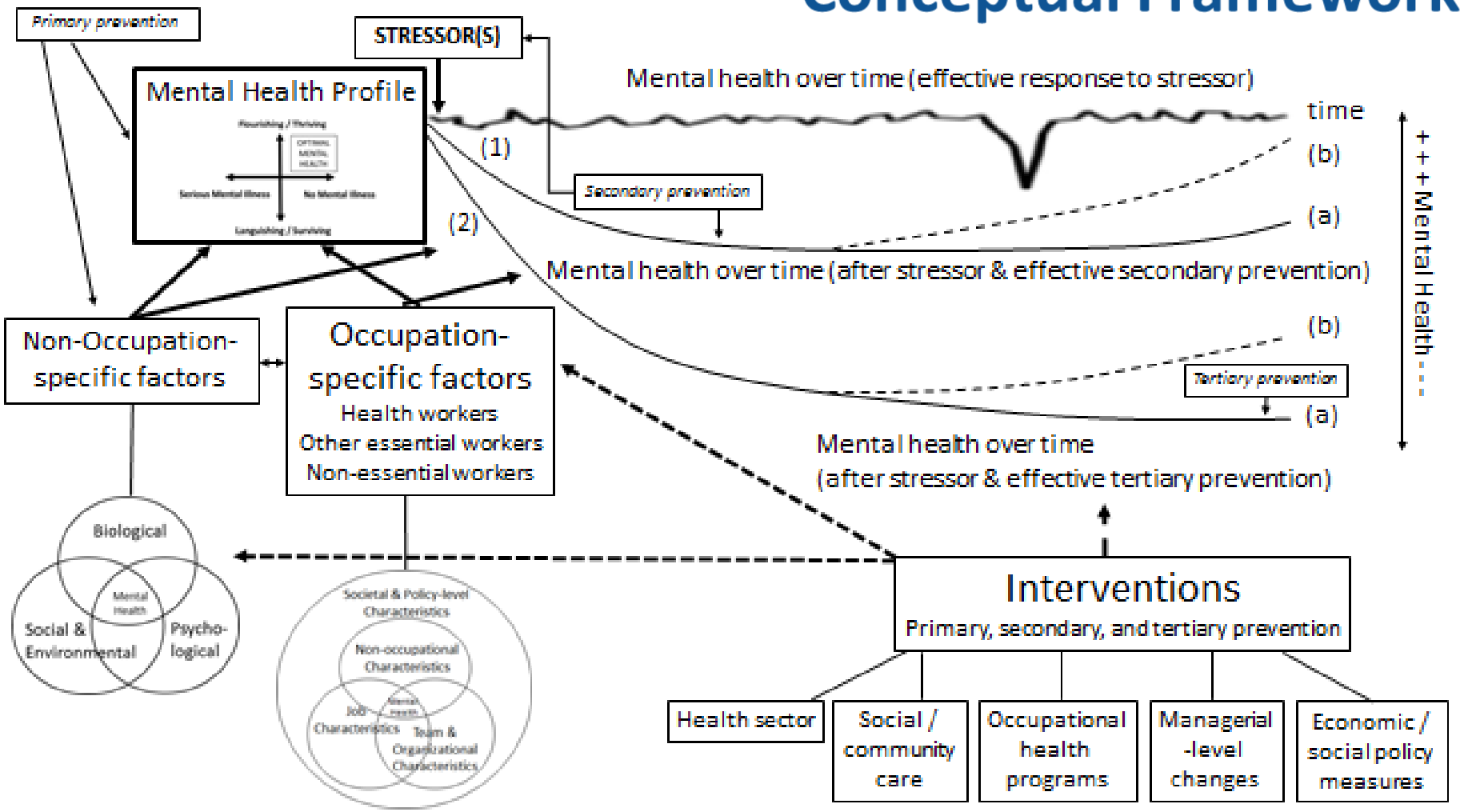
Ikerbasque Research Associate
Biocruces Bizkaia Health Research Institute
Basque Country, SPAIN

Links to supporting materials

Opinion and 2-page Factsheet:

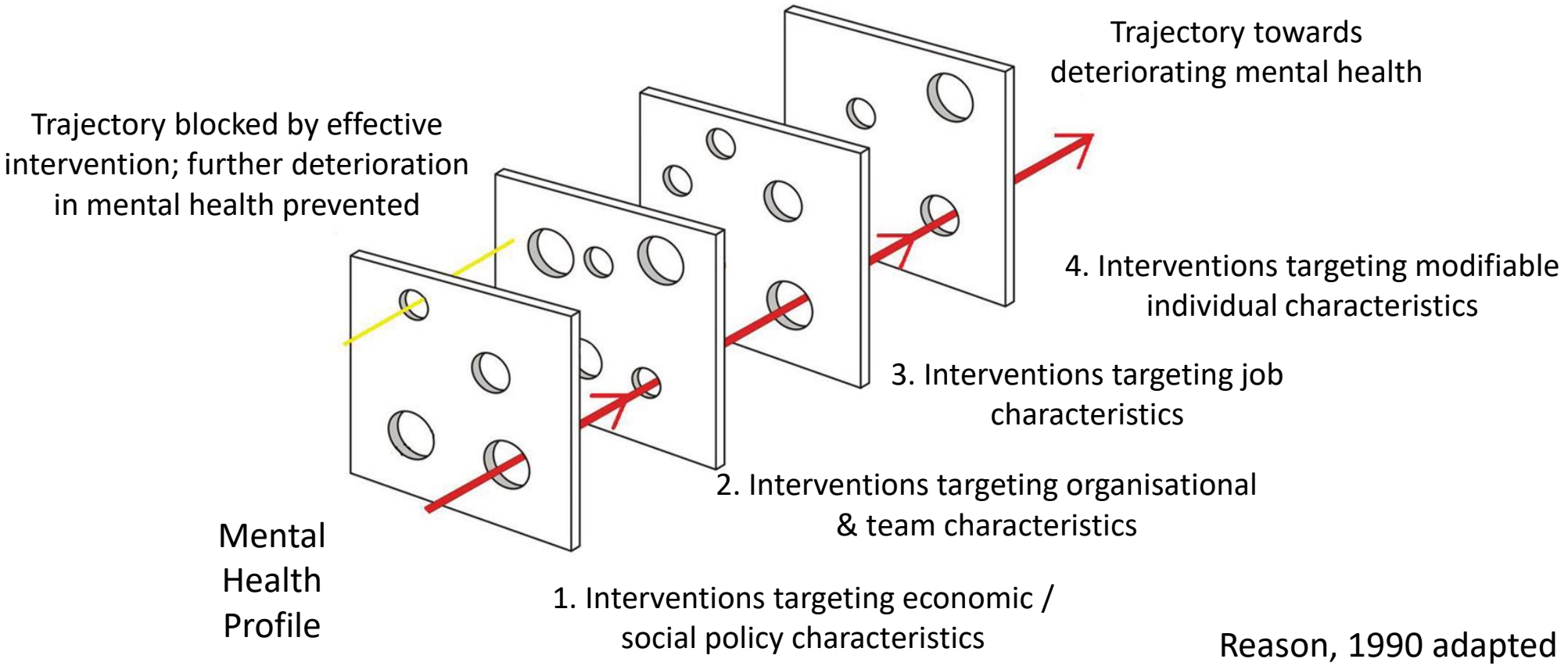
https://ec.europa.eu/health/publications/supporting-mental-health-health-workforce-and-other-essential-workers-0_en

Conceptual Framework



Opportunity: Existing frameworks from safety and occupational health can be applied.

The Swiss Cheese Model for supporting the mental health of the health workforce.



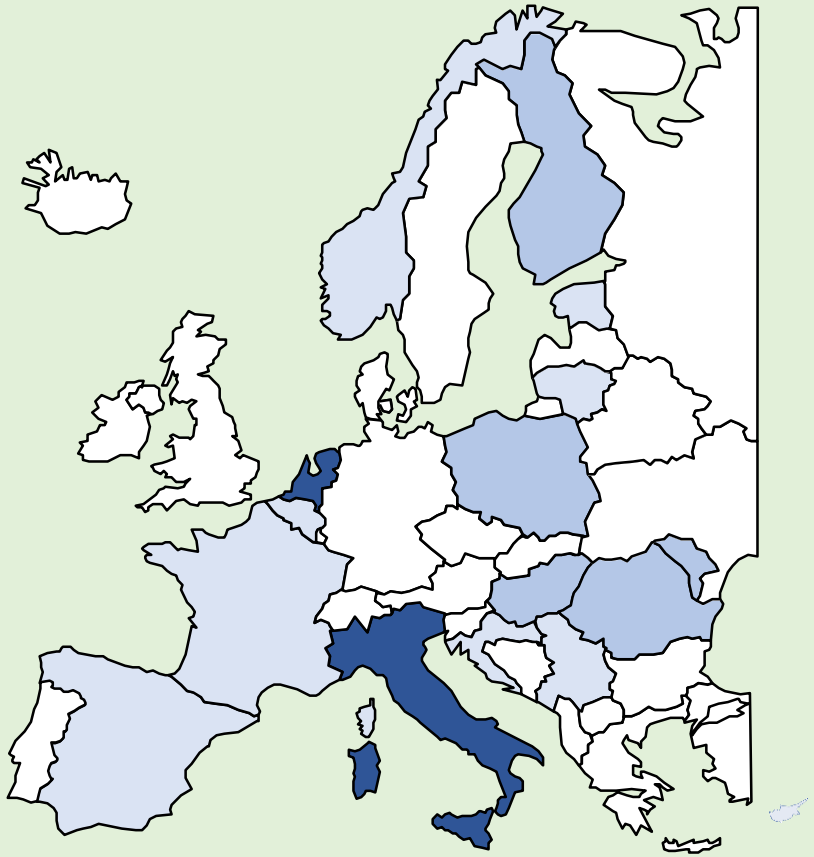
Reason, 1990 adapted by EXPH

Thank you for your attention.

rogersheatherl@gmail.com

Overview Health Workforce Projects Cluster

16 different EU-countries



Projects	Aim
AHEAD	Support policy-makers in their decision-making to counteract **medical deserts**
METEOR	Increase **job retention** in healthcare workers
OASES	Support health authorities to identify, analyse and mitigate **medical deserts**
TASX	Provide a novel understanding on **task shifting** and on **transferability** and **uptake of good practices**
ROUTE HWF	Reduce **disparities in population's health** within the EU

EU Health Policy Platform

Co-funded by the Health Programme of the European Union

Literature review, a first stage in defining a multidimensional definition of a "medical desert (MD)" from AHEAD consortium

Why doing the literature review?

- A clear working definition & a set of functional indicators to identify MD & reasons behind their existence & potential solutions

Method used

- **The inclusion criteria**
- recent (last 10 years)
- published in top-level databases (PubMed, Cochrane Library)
- local literature, including grey literature from the 5 consortium countries
- a set of mesh terms and free text relevant for the topic of MD

Results (based on 109 articles)

MD is used inconsistently - overlaps with other terms (i.e rurality, isolated areas) and means

- **low density of health services in certain areas** (including neighboring ones) **as compared to population characteristics/needs**
- **physical distance to the health care** (i.e. long travel time to medical facilities).

The new definition:

"Medical deserts imply the inability of a given population to access health services; or the state of isolation in relation to receiving health services, based on quantitative and qualitative barriers, which are interrelated and dependent on each other, in varying degrees and modalities.

Barriers: (1) physical access; (2) social barriers; (3) policy barriers."

The degrees of desertification in a certain area need to be further analysed.

Key ?:

a. types of critical medical services (country specific) for a given population in a certain area

a. how to measure distance

b. and how to indicate & validate desertification

AHEAD

ACTION FOR HEALTH AND EQUITY ADDRESSING MEDICAL DESERTS

METEOR Systematic Reviews

WP 4: main findings

Methods:

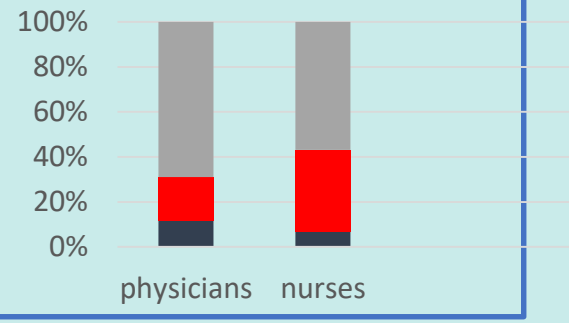
Systematic reviews following the methodological PRISMA Guidelines, incl quality check

10 years (PUBMED, CINAHL, EMBASE)

First manuscript:

Determinants Influencing Nurses' and Physician's Intention to Leave or to Stay in European Hospitals

Intentions to leave for European physicians and nurses (% range)

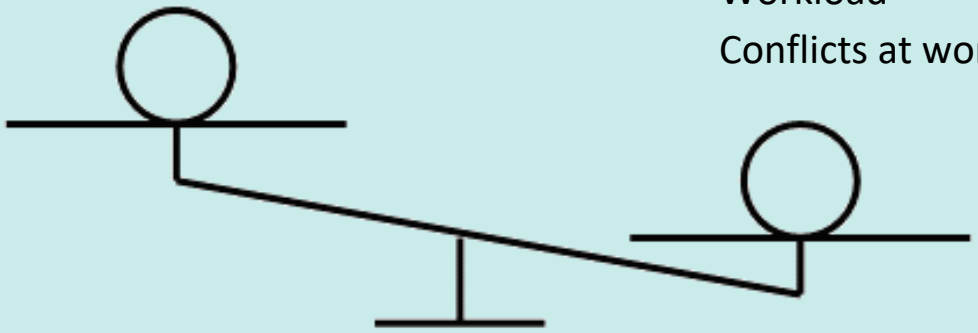


Top 5 **Pull** factors

Job satisfaction
Career developments
Good leadership
Positive relationships
Rewards

Top 5 **Push** factors:

Burnout symptoms
No challenges
Inadequate staffing
Workload
Conflicts at work



Peter de Winter, pediatrician Haarlem/Hoofddorp/Leuven
Email: pdewinter@spaarnegasthuis.nl

OASES Promoting evidence-based reforms on medical deserts

State of art of desertification in Europe and ways to mitigate desertification

THE HEALTH WORKFORCE OASES FRAMEWORK

- Availability
- Accessibility
- Acceptability
- Quality

HOW TO MEASURE? → *multidimensional*

- *Training/supply of the workforce*
- *HWF personal-related factors*
- *Characteristics of the practice*
- *Service system*
- *Spatial dimensions*

The present statistics **do not support the analysis of desertification**. Only rough indicators. Some countries, such as France, have developed indicators to describe medical deserts inside countries, but there are **no Europe-wide comparisons available**.

Determinants → Literature review (77 studies) ← Ways of mitigation

MAIN AREA

1. **Work organization and stress**
2. **Competence requirements**
3. **Professional support**
4. **Limited possibilities for providing adequate care**

MAIN AREA

1. **Professional support**
2. **Changing the way health care is delivered**

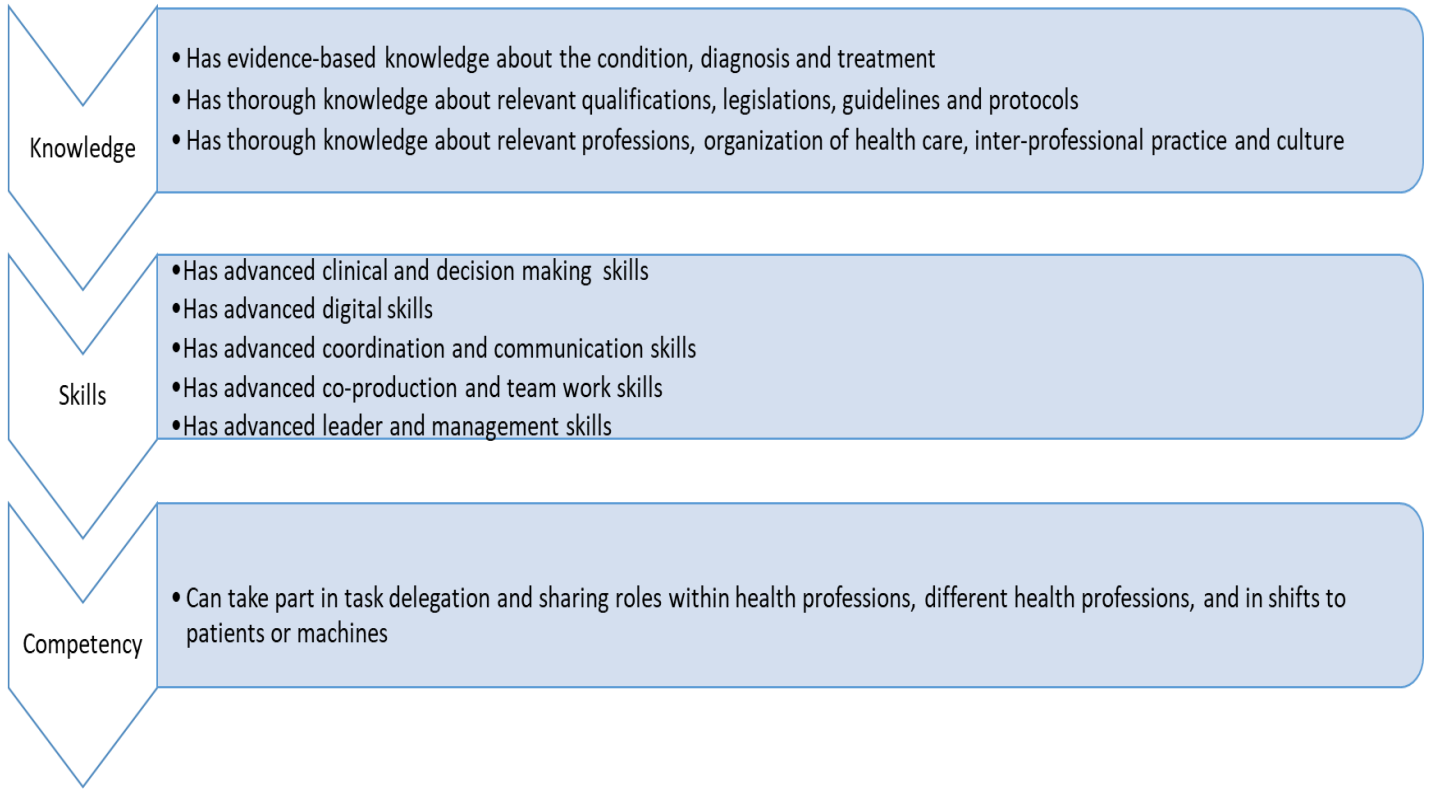
Paolo Michelutti, project manager, AGENAS

Co-funded by the European Union

Literature and State of the art

The academic literature review identified **interprofessional education** as beneficial, **and shared learning** may be more effective in engaging health professionals and facilitating learning

The review of EU projects identified that learning outcomes for task shifting should **enhance teamwork skills, coordination and communication skills**, and the learning activities will **foster inter-professional training**



Results from the ROUTE-HWF literature review

- Different **definitions** use different characteristics to define if an area is a medical desert
- These characteristics can be divided into 5 main categories:
  - Population characteristics
  - Distance to a health facility or health worker
  - Characteristics of the area
  - Population size
  - Characteristics of health workers or healthcare

- There are numerous **contributing factors** for medical deserts
- Focusing on factors that contribute to the likelihood that professionals want to work in a medical desert, 4 main categories can be distinguished:
  - Characteristics of the medical workforce
  - Life-style & conditions related factors
  - Work related factors
  - Migration

- Several **approaches** have been used to mitigate or eliminate medical deserts, but little long-term follow-up studies to judge their effectiveness
- Focusing on professionals and their intention to work in a medical desert, 5 main categories can be divided:
  - Undergraduate training
  - Postgraduate pathways and programmes
  - Innovative models of care
  - Planning & Monitoring of the HWF distribution
  - Support & infrastructure

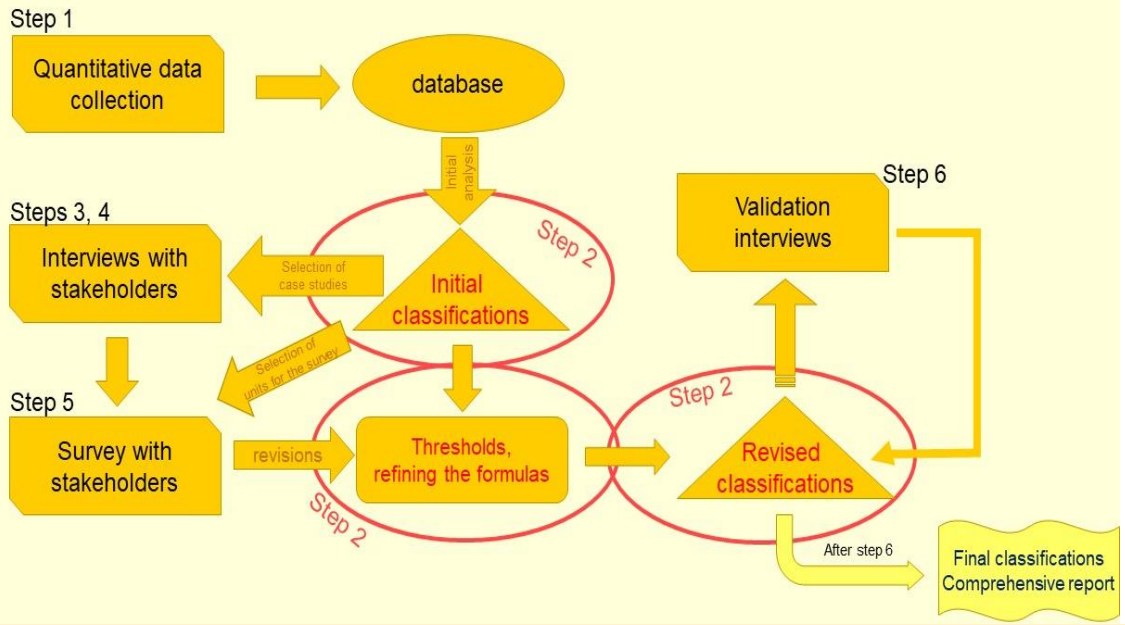
Ronald Batenburg, project manager, NIVEL

Health Workforce Projects Cluster

5 minute break

Co-funded by the Health Programme of the European Union

Research methodology
contextualization yet comparability of medical deserts across AHEAD countries



CHALLENGES

Benchmarking medical deserts (multidimensionality; specifics for each country)

Significant variation of disaggregated data (or access to) among partner countries

The present context in Europe

APPROACH: from national policies and data analysis to in-depth research of medical deserts or areas at risk

1. Identify, collect, and analyze relevant policies and existing (available) statistical data (shared research protocol)
2. Select the medical deserts or areas (localities) at risk of desertification (sampling criteria contextualized by each partner country)
3. Map stakeholders at the national and local level /areas identified as medical deserts or at risk
4. Collect/analyze stakeholders' perceptions regarding medical deserts countrywide (survey protocol adapted by each partner country)
5. Collect/analyze local stakeholders' perceptions and experiences in the identified medical deserts or areas (localities) at risk of desertification (in-depth interview protocol adapted by each partner country)
6. Validate findings through focus-group discussions; policy options at country and EU level

METEOR will design a cross-sectional online survey to collect data on burnout, mental health, job satisfaction and leaving work.

- **SURVEY ON CURRENT WORKERS**

Field survey

Target population: current workers of 8 hospitals (one academic and one non-academic hospital in Belgium, Italy, Netherlands, Poland)

- 50 **nurses** × hospital ->**400 overall**
- 45 **physicians** × hospital -> **360 overall**

- **SURVEY OF FORMER WORKERS**

Web Survey

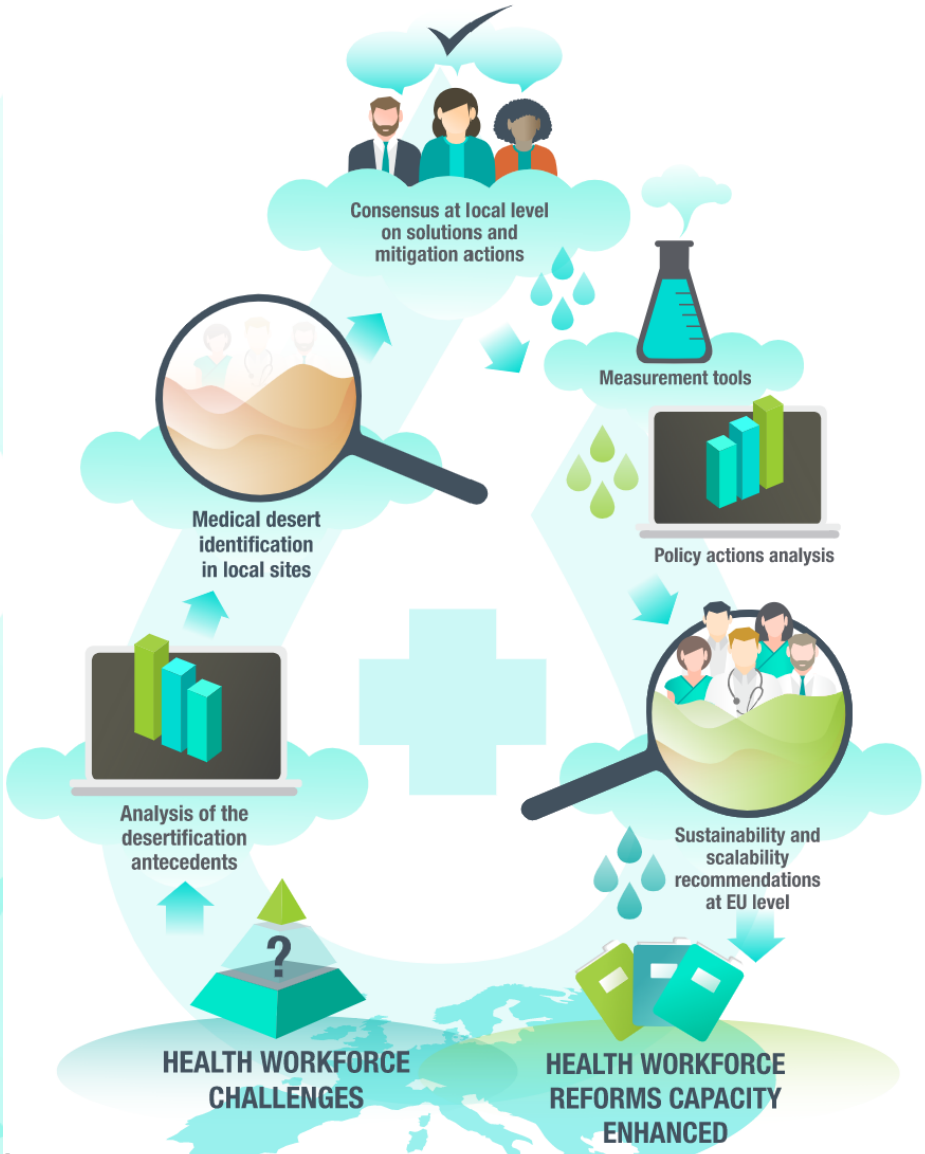
Target population: all European former hospital healthcare workers

- No limit to respondents' enrollment

Domenica Matranga, University of Palermo
Email: domenica.matranga@unipa.it ; survey@meteorproject.it

OASES Promoting evidence-based reforms on medical deserts

Methodologies



1. Analysis of factors of desertification at **EU level**
2. Measuring medical desert in **local sites**:
   - Spatial accessibility index
   - Spatial taxonomy
3. 7 Pilot studies in the **local sites** (consensus building excercise):
   - Cyprus,
   - Finland,
   - France,
   - Hungary,
   - Italy,
   - Moldova
   - Romania.
4. Sustainability and scalability recommendations at **EU level**.

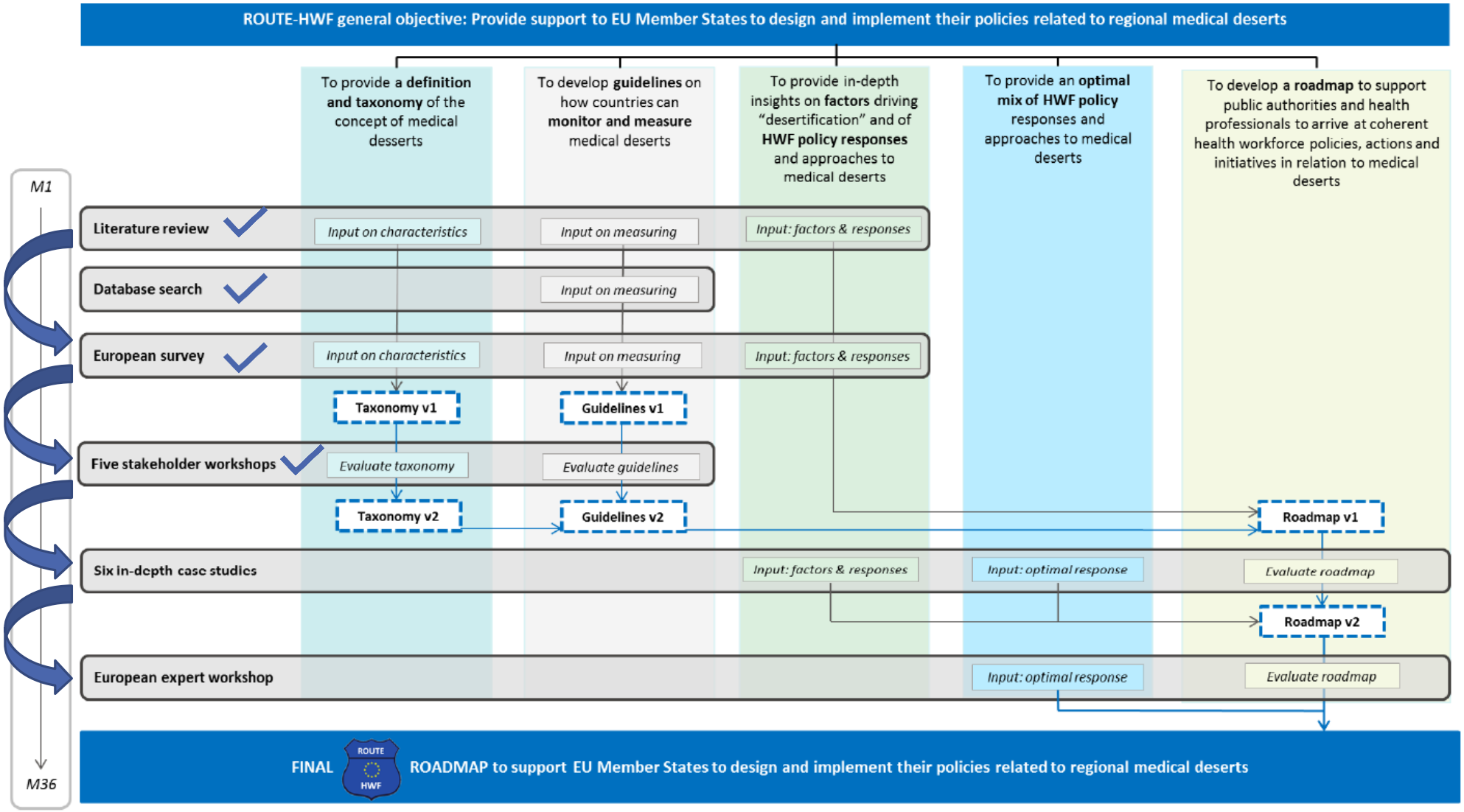
Paolo Michelutti, project manager, AGENAS

Co-funded by the European Union

Methodologies

	Knowledge ***Sampling and reviewing a new knowledge base***	**Process** *Processing and linking the new and existing knowledge using* ***a cognitive or practice-based framework***	**Practice** ***Shared learning making practice explicit***
	Dissonance Phase	*Refinement - Organisation - Feedback phase*	*Consolidation phase*
	Knowledge	**Skills**	**Competency**
Learning outcomes	*Knowledge-based learning outcomes*	*Process based learning outcomes*	*Practice based learning outcomes*
Learning activities	Knowledge test Review knowledge	Case presentations Digital simulation *Promote observation, reflection, discussion and tailor feedback*	On-the-job training Assessment of practice *Promote reflection, discussion, shared learning and feedback*
Presentation	Video lectures/ demonstrations	Video cases presentations Digital simulations	Real patients Video recordings from practice
Key resources	Guidelines and protocols Professional qualifications	Guidelines and protocols Professional qualifications	Guidelines and protocols Professional qualifications
Assessment	Formative *Self-assessment with pre-prepared feedback*	Formative *Expert assessment and feedback*	Formative or summative *Expert judgements*
	Learning management system and resource repository ***Open access to learning and training material***		

Methods applied in the ROUTE-HWF project



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