

Health Workforce Planning in Spain

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Presentation to the Policy Dialogue on the planning for a well-
skilled nursing and social care workforce in the European Union

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Palazzo Cavalli Franchetti

Overview

1. Background

2. Profile of the nursing workforce in Spain
3. Social Care professionals. Training and labour market
4. Planning experience: the model for medical specialists
5. Lessons learned. Problems and challenges with nursing planning

The Spanish Health Services System

Spain: 47 million inhabitants, 17 Autonomous Communities
unequally sized

NHS Universal access & broad public coverage. Low co-payments

Decentralized

Planning responsibilities: shared

Governance and coordination: not easy

Integrating the Long Term Care System. The “Dependency Law”

2006: “Dependency Law”

Economic support and long term care to people who cannot lead independent lives for reasons of illness, disability or age

It will be fully operative in 2015

Needed planning of long term caregiver professions, including nursing and social care

April 2009: integration of social affairs in the Ministry of Health

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Nursing: academic university 3 years-degree offered in 87 universities (14 private)

Success of negotiations of professional associations of nurses

Upgraded from 2-year vocational program (1980s) to Bachelor's Degree

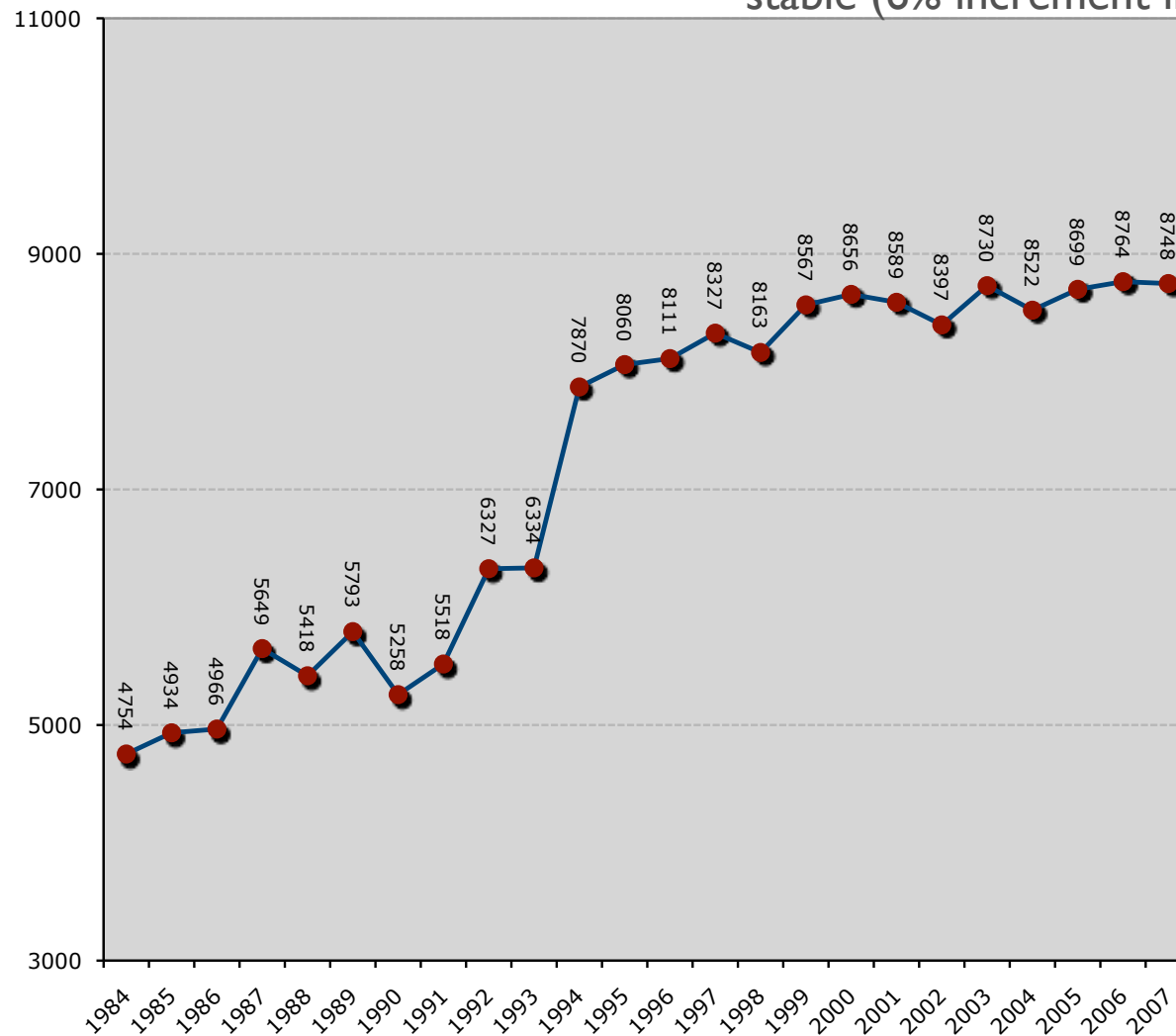
Nursing specialties approved in 2005 (not yet operational)

Drug prescriptions: about to be allowed (May 2009)

Assistant nurses: vocational training 1400 hours

Number of graduates in Nursing schools. Spain 1992-93 to 2007-2008

Number of positions (*numerus clausus*):
stable (6% increment in 10 years)



The Spanish unbalance nurses/physicians

2

Nursing training

Spain. Number of students in medical schools and nursing schools 1982-2007

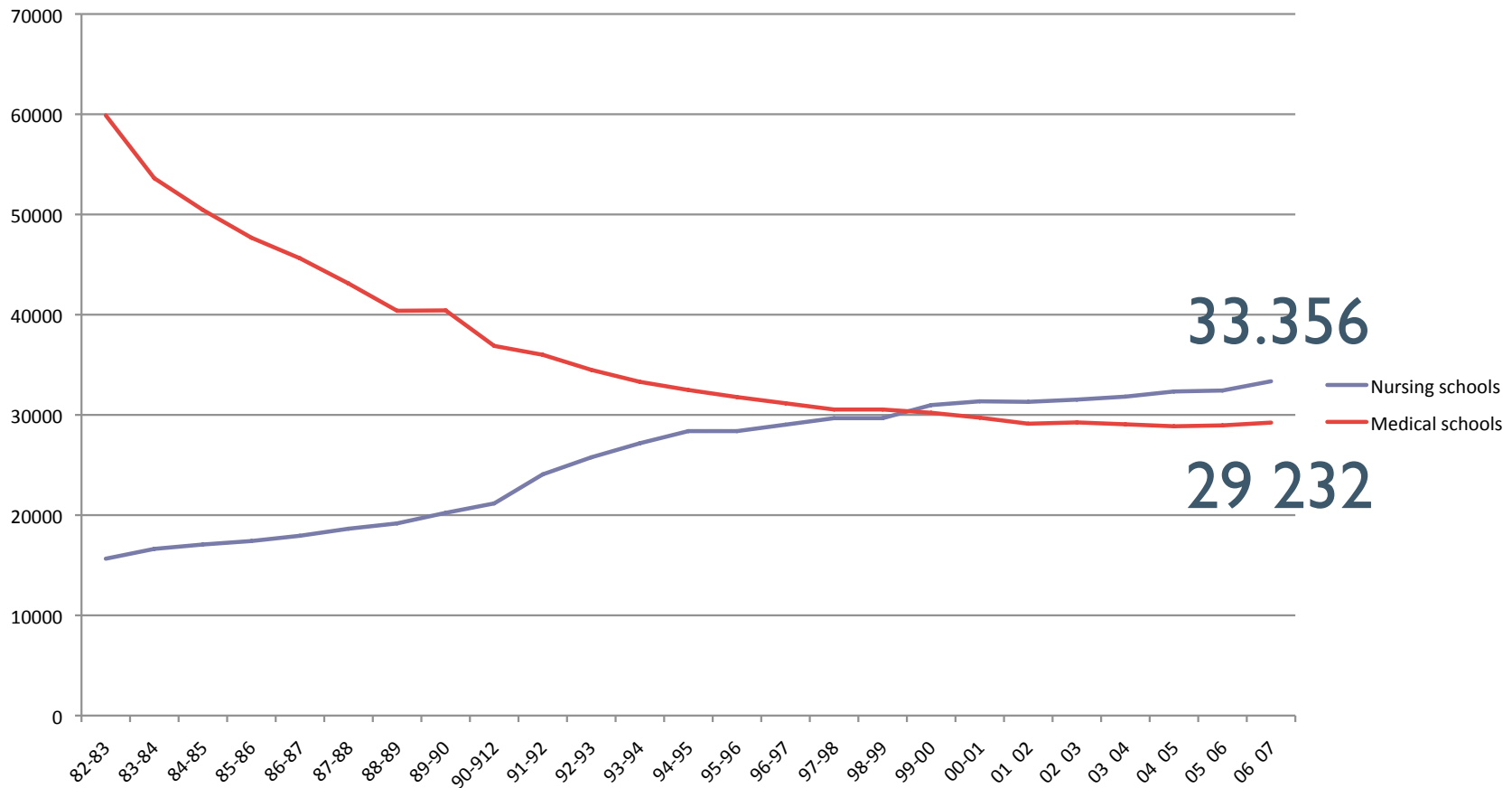
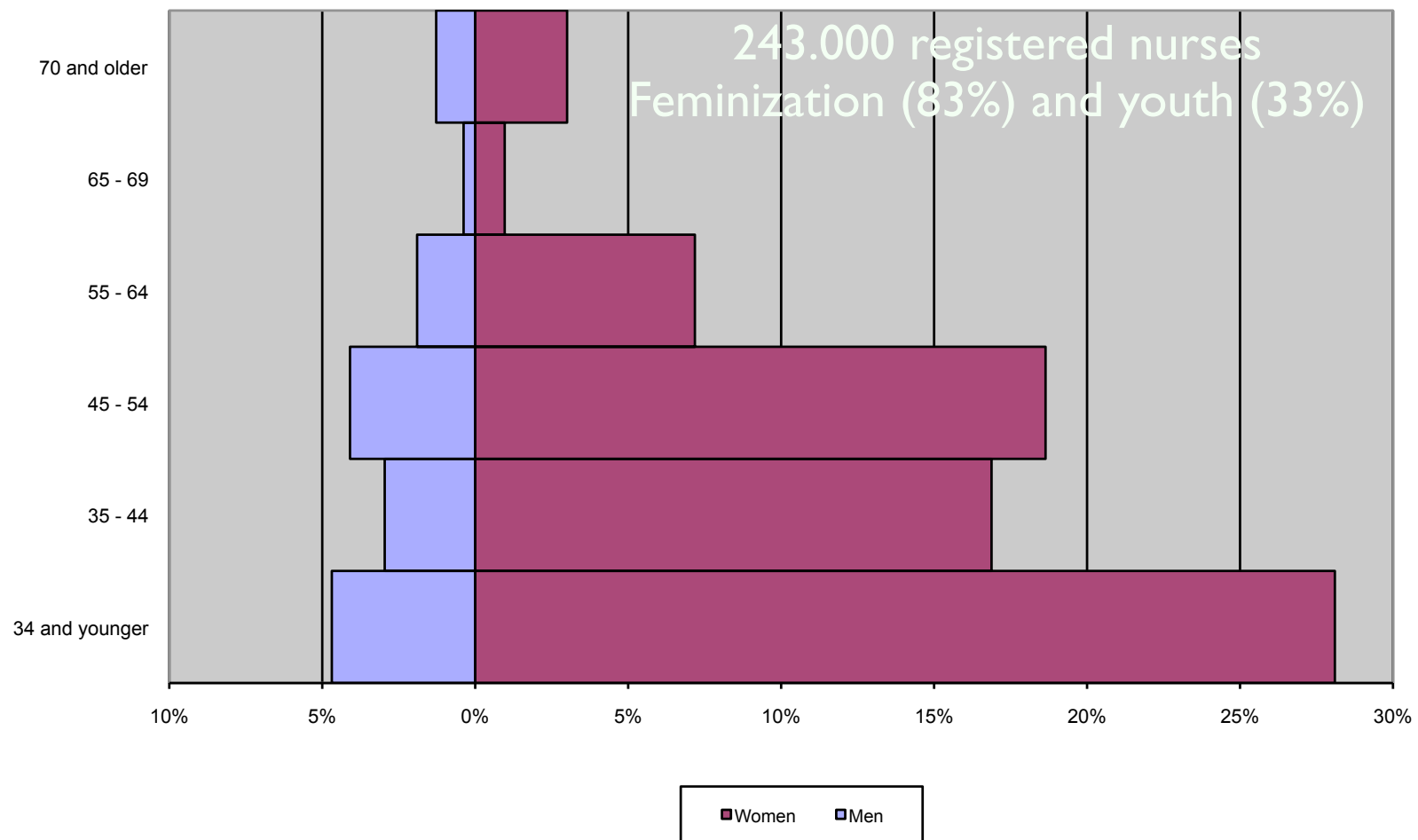


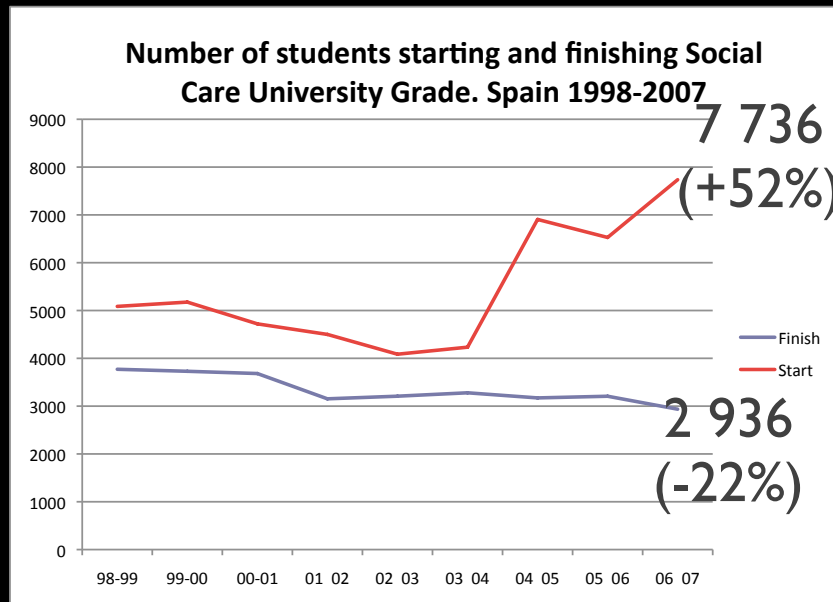
Figure 1
Age-sex pyramid. Registered nurses. Spain 2007



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Social Care professionals: increasing need, no planning



University degree (3 years)

No *numerus clausus*

Available: 47 000

Needed (?): 150 000

Need is going to increase due to the “Dependency Law”

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The MoH is ready to start planning nurses
and nursing assistants

Ongoing planning of medical specialists

The Ministry of Health planning model for medical specialists

Last updated March 2009. Available at:

http://www.msc.es/profesionales/formacion/docs/necesidadesEspecialistas2008_2025.pdf

Model based in systems dynamics

Two submodels, supply and demand

43 medical specialties

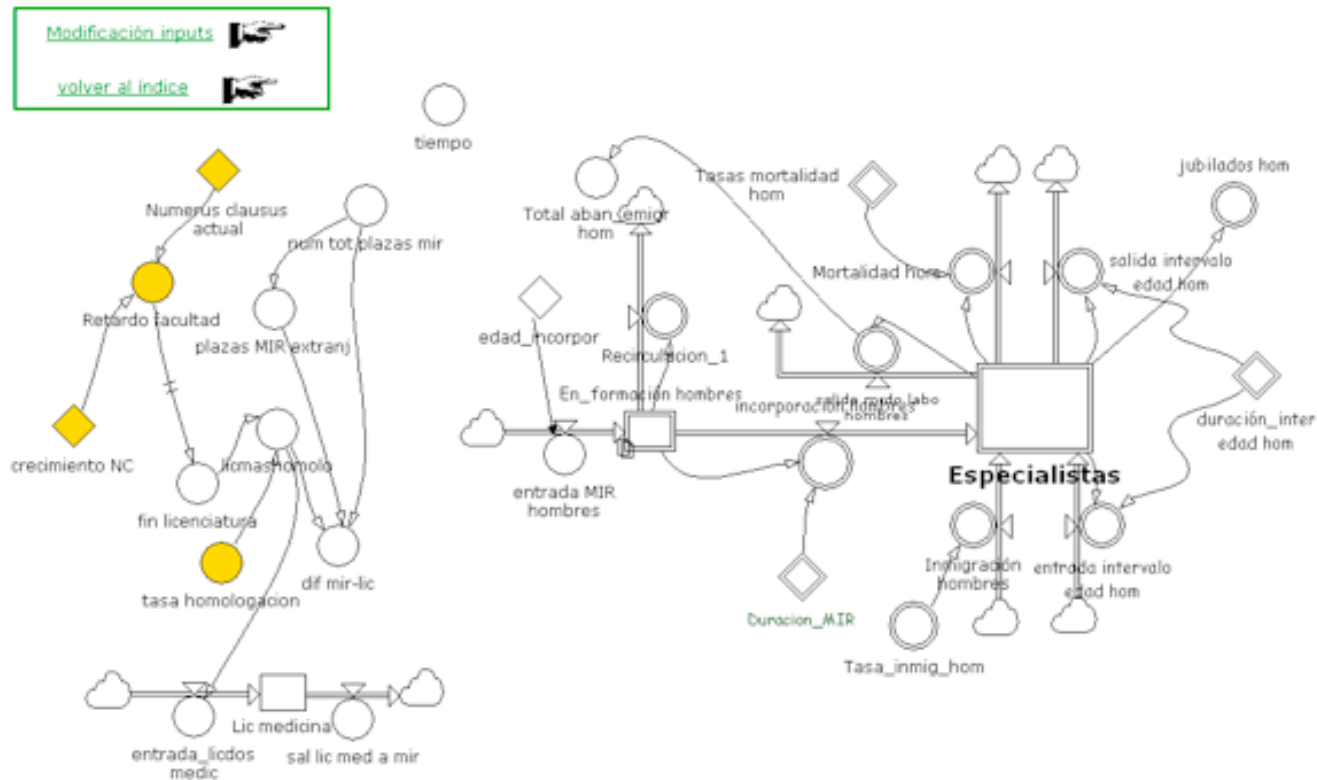
Time horizon 2008-2025

Input data: from Autonomous Communities (supply); market indicators; and expert surveys (standards of need)

Some inputs are parameterized as planning instruments

The Ministry of Health planning model for medical specialists

Figure 3. Forrester diagram of the supply sub model



MODEL OF SIMULATION OF NUMBER OF MEDICAL SPECIALISTS SPAIN (2008-2025). INPUTS AND OUTPUTS

SUBMODEL OF SUPPLY INPUTS (for each year)	SUBMODEL OF DEMAND/NEED INPUTS (for each year)
<i>Numerus clausus</i> medical schools (2) Number of training positions in each specialty (1,2) Retirement age (2) Drop out rate and mortality rate (by age-sex) Rates of emigration and immigration	Population; Demographic variables; population growth Normative standard of need (medical specialists per population) for each medical specialty (1,3)
SUBMODEL OF SUPPLY MAIN OUTPUTS (for each year)	SUBMODEL OF DEMAND/NEED MAIN OUTPUTS (for each year)
Number of medical specialists, and rate per 100.000 population (1) Full-Time-Equivalent number of medical specialists, and rate per 100.000 population (1) Age-sex pyramids (1) % of women in each medical specialty (1) % of younger than 51 years in each medical specialty (1)	Number of needed medical specialists in each specialty (1)

(1) $n = 43$ medical specialties

(2) Controllable inputs to be used as planning instruments

(3) Parameter desired levels to be decided on a normative basis

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1. Explicit and implicit outputs

discipline and transparency to the debate; facts vs speculations

2. Channelling conflicts of interest

3. Need for a professional registry

4. Determining normative standards of need

5. The model as a preventive device against myopic planning

6. Quantity-based planning is not enough