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

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Background

Creating an integrated, sustainable and people-centred health workforce is a widely shared goal across countries to respond effectively to changing population needs and shortage and maldistribution of health human resources.

The importance of governance is increasingly recognised.

However: health systems respond differently to the challenges of and little is known on the governance models and policy levers for successfully implementing innovative actions.
Aims

• Introduce a multi-level and intersectoral governance approach to research health workforce development,

• Explore different strategies and the importance of coordination in health workforce governance,

Methods

• Material from various cross-country comparative studies and a research approach developed in the context of EUPHA Health Workforce Research section.
Integrated health workforce governance: a comprehensive model

based on:

- Kuhlmann, Batenburg, Groenewegen, Larsen (Health Policy, 2013)

- Statement on behalf of the European Public Health Association section Health Workforce Research, Consultation on the next EU Research Programme (2018, Kuhlmann, Groenewegen, Batenburg); https://eupha.org/health-workforce-research
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The challenges

Creating an integrated health workforce needs complex changes on different levels and areas of governance (as the model shows).

However, health systems are rarely driven by population needs, thus aiming for ‘quick fixes’, which avoid conflicts with powerful actors and produce short-term results.
Major strategies of health workforce development:

- organisational change,
- professional development,
- competence development.
Organisational change:

Seem to be prioritised in health systems with doctors as insiders in the governance settings and policy process and resistance against new roles/professional development, examples:

- Germany: various pilot projects to strengthen integrated care organisation, yet slow/ little change in the skill mix and new roles.
Professional development:

Seem to be prioritised in NHS/ systems with doctors as outsiders in the governance settings and policy process;

- UK: task-shifting/ new roles for nurses in primary care, also for pharmacists, some change in the organisation;
- Portugal and Spain: professional development of nurses, but little change in the organisation.
Competence development:

Seem to be overall weak and primarily focused on micro-level changes and education (e.g. communication skills), yet poorly connected to complex governance changes:

- Interprofessional education in several countries, but poorly connected to professional development;
- skill mix policies and performance assessment still based on ‘professional silos’ (e.g. new roles of nurses) rather than on team competences.

Nordic countries and The Netherlands with more integrated governance of doctors and nurses/other health professions) seem to do better than other health systems.
Conclusions

- Innovation in the health workforce must be assessed in context, as strategies are shaped by the different governance arrangements.

- Health workforce governance must become a policy priority and needs a system approach.
Conclusions

更强的组织、职业和技能发展协调，以及多样专业团体的参与改善，可能有助于改善健康工作队伍的治理——但政策杠杆和策略针对更好的治理可能不同。
Questions

How to create knowledge on better governance and leadership for an integrated people-centred health workforce, if capacity depends on health systems and the role of stakeholders in governance?

How to use global/ European networks effectively to transform health workforce governance, if the policy levers and conditions are defined nationally?