

WP6: Horizon scanning interview guide



1. Introduction

1.1 Background

- WP6 in the Joint Action on European Health Workforce Planning and Forecasting will produce deliverable D062 'Report on future skills and competencies.'
- Horizon scanning interviews are a step of information gathering which allows WP6 to collect information on future skills and competencies.
- The objective of day 2 of the WP6 workshop in February 2014 was 'to train partners to conduct Horizon Scanning interviews with key stakeholders to enable the identification of drivers that may impact on the health workforce.'
- Following the WP6 workshop a number of partners have put forward themselves as interviewers and proposed names of experts to be interviewed.

1.2 Purpose of this document

- This document is written for WP6 partners who are conducting horizon scanning interviews.
- Its purpose is to ensure that the qualitative information that WP6 collects through horizon scanning interviews is reliable and comparable by all interviewers sharing a common understanding of the aims of the horizon scanning stage and the concepts used in the interviews.
- It is to be used in conjunction with the spreadsheet *WP6 Horizon Scanning Interview Template* (shown right)

Interviewer Information	
Name	
Address	
Phone	
Email	
Organisation	
Role	

Interviewee Information	
Name	
Address	
Phone	
Email	
Organisation	
Role	

Interview Questions	
1. How do you see the future of the health workforce?	
2. What are the main drivers of change in the health workforce?	
3. How do you see the impact of these drivers on the health workforce?	
4. What are the main challenges facing the health workforce?	
5. How do you see the impact of these challenges on the health workforce?	
6. What are the main opportunities for the health workforce?	
7. How do you see the impact of these opportunities on the health workforce?	
8. What are the main skills and competencies needed for the health workforce in the future?	
9. How do you see the impact of these skills and competencies on the health workforce?	
10. What are the main areas for research and development in the health workforce?	
11. How do you see the impact of these areas for research and development on the health workforce?	

1.3 Support for interviewers

- All partners conducting interviews are encouraged to contact John Fellows **+447834 800393** (WP6 Content Lead) or Matt Edwards **+44 7795 452 972** (WP6 Leader) should they have any questions which they would like to be clarified or to discuss any aspects of interviews during the course of the interview period (Monday 17th March – Friday 25th April 2014).

1.4 Structure of this document

- Introduction
- Why horizon scanning?
- *WP6 Horizon Scanning Interview Template*
- Back translation

2. Why horizon scanning?

2.1 Horizon scanning

Horizon scanning is often a preliminary step in future-oriented projects and is conducted 'to identify the major forces that are liable to shape the topic of concern, before launching more detailed studies of specific themes' (Miles and Saritas, 2012).

In WP6 the topic of concern is the future skills and competencies of the health workforce. In WP6 we are asking questions which concern complex systems and are also about the future, which has a high degree of uncertainty. Horizon scanning is the first step in processing some of this uncertainty and complexity.

2.2. Why semi-structured interviews?

Semi-structured interviews are an effective research method at the outset of a research project when you are targeting people based on the specific knowledge and experience that they have (Bernard, 2005). Based on the use of an interview guide, semi-structured interviews allows the interviewer to be in control of what they want from an interview but also leaves them and the respondent free to follow new leads (ibid, 2005). From experience at the CfWI we have found that the two-way interaction allows the interviewer to encourage participants to think over a longer timescale than usual.

Semi-structured interviews are a qualitative research method, and as such the people that are interviewed for this stage are identified through non-probability sampling methods. This could include referral sampling, and is the method that WP6 has used with partners to identify people with specific knowledge or from specific organisations.

2.2 What are we not doing in horizon scanning?

We are not making predictions or attempting to elicit predictions from people. In horizon scanning, we want to interview a range of people with different experiences of the area of interest and ask them what they think the driving forces are which influence the particular part of the complex system in question.

Healthcare systems are complex, rather than complicated. In complicated systems you can make straightforward predictions about the outcome of an intervention from observing how things have worked in the past. Sending a rocket to the moon is complicated and it can be achieved by making predictions (such as the amount of fuel needed, when to deploy a parachute) based on the laws of physics, mathematical analysis and expertise (Gloubermann and Zimmerman, 2002)

In contrast, complex systems make predictions very difficult because many factors are interacting. The health and social care system is complex because too many factors are interacting to make reliable predictions about what will happen.

Whilst we are not making predictions, there is a great deal that we can understand from experts on the key forces which may shape the future of the skills and competencies of the health workforce.

3. WP6 Horizon Scanning Interview Template

This section discusses the spreadsheet *WP6 Horizon Scanning Interview Template* and takes each numbered part from the spreadsheet in turn to ensure that interviewers have a consistent understanding of the template and how it is to be used. This allows WP6 to collect consistent information back from the interviewers.

Practically, the spreadsheet is designed to be used either as an A3 paper print out so that a written record can be made, or directly typed into as an open spreadsheet. This depends on the preference of the interviewer. The WP6 team requires that the completed template is submitted after the interview. The interviews should be conducted in a face-to-face meeting or by telephone, with the majority of interviews lasting approximately 30 minutes (to a maximum of 1 hour).

3.1 Interview information

- This is to be completed before the interview and it is necessary to understand the background of the person being interviewed in advance as this leads to an improved understanding of their responses and perspectives.
- If the interview is being conducted by telephone always be clear who is on the call.

3.2 Introductory script

As described in section 2 of this document, we are carrying out research on a topic of concern – the future skills and competencies of the health workforce over the next 20 years – and so we use the interviews to concentrate on the focal question. This is sent in advance to interviewees and is covered in section 4 of this document.

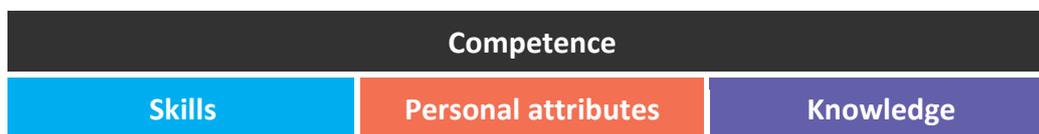
WP6 will use the information from the horizon scanning interviews as the basis for a report on skills and competences. We will list the experts that we conducted interviews with but we will not attribute any views contained in the report to any individual.

3.3 Focal question

The focal question reflects our topic of concern and 20 year time horizon – thinking up to the year 2035, what are the key driving forces that will influence the skills and competencies needed in the health workforce?

- *Driving forces:* ‘drivers are major factors that are known, or believed, to be shaping or influencing the topic of concern, or to be liable to do so in the future’ (Miles and Saritas, 2012). We have chosen to ask about driving forces and to use the basic definition from Miles and Saritas because it allows the most straightforward question to be asked.

- *Skills and competencies*: as discussed in the WP6 workshop, there are no common definitions or frameworks of skills and competencies across the professions and sectors that are our concern in the Joint Action. As a result WP6 proposed the use of a simple taxonomy of domains under a general umbrella of ‘competence’ to explain what is meant when we are discussing skills and competencies across professions.



This is based on a literature review of skills and competences and is particularly informed by the following approaches:

“the essence of being competent ought to be about defining and combining knowledge, values and skills which can be applied and transferred if need be from one job to another” (Vass 2005)

“nursing requires complex combinations of knowledge, performance, skills and attitudes, a holistic definition of competence needs to be agreed upon and operationalised” (Cowan *et al* 2005)

“Competence can be described as the combination of training, skills, experience and knowledge that a person has and their ability to apply them to perform a task safely” (Health and Safety Executive 2013)

“A competence describes the performance criteria, knowledge and understanding needed for an individual to carry out a work function effectively” (Skills for Care 2013)

Within the ‘skills’ domain we further propose a breakdown into ‘wellbeing skills’ and ‘leadership and facilitating skills’. As more information is available on the wellbeing skills of health professionals an analysis of existing skills and competence frameworks, approaches and service user pathways has identified the following eight categories.

Table 1: Wellbeing skills and constituent activities

Prevent	Preventing / screening / prediction / safeguarding / public safety / early intervention
Enable	Information / support / education / awareness / communication / promotion / assisting lifestyle
Assess	Listening / needs assessment / diagnosis / detection / identification / examination / scanning / investigations / multi-disciplinary review/ Risk assessment / benefits assessment / monitoring / observation / recording
Plan	Recognition / health and care case planning / judgement / problem solving / decision-support / supporting an informed choice / shared decision-making / referring / co-management / working with service users / information exchange / communication / service-user's best interest / clinical/service leadership
Treat	Treatment / surgery / therapy / medication / intensive / inpatient / acute intervention / critical care / curing

Rehabilitate	Rehabilitation / follow-up / medication
Relieve	Managing conditions / maintenance / routine care / therapy / medication
Link	Referring / transfers / transition / connecting services / link to patient / co-ordination / building relationships

WP6 propose to structure the information we receive from interviews around this breakdown so that we can understand what skills and competencies may be needed in the health workforce in the next 20 years.

We appreciate that most people are experts in one profession and we encourage people to answer from their particular expertise. Practically, if you are interviewing an expert on the pharmacy workforce then the interviewer is interested in that particular expertise. The framework described above gives us a way to interpret this information across the professions that are in the scope of the JA.

3.4 Interview response

This section of the spreadsheet allows the interviewer to listen to the interviewee and record what they tell them. The 'description' field allows you to record the initial response and then the following prompts (i.e. 'what is driving this') allows the interviewer to move from the initial description into an understanding of driving forces. Further prompts are designed to keep the interviewer focused on what WP6 require from the interviews – a greater understanding of the effect of driving forces on skills and competences.

- *Timeframe*: gives an indication of whether the driving force is affecting skills and competencies now, or may emerge in the future.
- *Resources, research or people*: points us towards published research or further experts who may be able to give further information. If interviewees are not aware of published research or people working in a particular area, that is fine, remember that in horizon scanning we are looking quite broadly at things which may affect the future of complex systems, and so there is not always research about emergent areas.

The numbers (1 to 6) are there to help the interviewer organise the information. Remember that key skills of an interviewer are to recap on what the interviewee has told you to clarify that you have understood the information that they have given you.

3.5 Interview response 2

This is for the interviewer to record ideas numbers 4 to 6 given by the interviewer. It repeats the semi-structured format as above.

3.6 Close script

Thank the interviewer for their time and ask them if they'd like to receive further information.

3.7 Post interview

If, for example, the interviewee has asked for further information about the project then do indicate in this section whether there are any follow-up actions as a result of the interview and who is required to complete them.

4. Back translation

4.1 Back translation

Back translation is a necessary part of research projects taking place in different languages to ensure that similar questions are being asked across the project. In practical terms for partners conducting interviews in other languages it involves:

- One bilingual person (in English plus the interview language) translating the text below (4.2) into the interview language
- A different bilingual person (in English plus the interview language) translating the text back into English
- Checking that the two English translations are the same
- Confirming this to WP6.

We have deliberately minimised the text which requires back translation (by ensuring that it is the same as the text in the interview template) so that this task shouldn't take too long and we anticipate that the language skills to do this are present within the partners. If we are incorrect in our assumptions, please do let us know.

4.2 Email invitation for back translation

Dear Sir/Madam,

We would like to invite you to a horizon scanning interview on _____.

Work Package 6 in the European Health Workforce Planning and Forecasting Joint Action is working towards delivering a report on the future skills and competences needed in the health workforce over the next 20 years.

At this early stage of the project we are conducting horizon scanning interviews with key experts from a range of professional backgrounds to develop a greater understanding of the driving forces which may affect skills and competencies in the future. For the Joint Action the professions in scope are dentists, doctors, midwives, nurses and pharmacists. Please note that we will use these interviews to inform an initial report but that the views contained will not be individually attributed.

We would like to know your response to the following question:

“Thinking up to the year 2035, what are the key driving forces that will influence the skills and competencies needed in the health workforce?”

Driving forces: major factors that are known, or believed, to be shaping or influencing the skills and competencies of the health workforce, or to be liable to do so in the future

Kind regards,

WP6 Partner

5. References

Bernard (2005) *Research Methods in Anthropology: qualitative and quantitative approaches*. Altamira, Oxford.

Glouberman and Zimmerman (2002) *Complicated and Complex Systems: What Would Successful Reform of Medicare Look Like?*

Miles, I. and Saritas, O. (2012). *The depth of the horizon: searching, scanning and widening horizons*. *Foresight*, 14(6), pp530-545.

