Hungary – country profile

These profiles are reproduced here in the same language as they were submitted to WP6. We have not edited or translated any of these submissions and the approaches are described in their own words.

Overview of the health workforce planning process (series of actions taken)

Workforce planning is carried out at the national level, but without using a model. Current workforce planning corresponds to the process of defining the number of university places on the basis of labour market trends by the Secretariat of State responsible for Education, and the determination of medical residency places by the Secretariat of State responsible for Health of the Ministry of Human Resources. In the field of vocational training there aren't defined numbers – the number of trainees is highly affected by the training market conditions. Since 2011, each hospital estimates the number of new medical places based on the "real demand" (meaning their evaluation on the basis of health care utilisation they experience in their institution, without any scientific calculation or planning), and the number of new medical residency vacancies is made based on this estimation. Shortage professions are also determined yearly, and those who are willing to participate in specialist training in a shortage profession may get a financial support of 50% of his/her basic salary defined by law (if the institution where he/she is employed applies for it). Mobility trends are also closely monitored by collecting data and establishing indicators, also by following motivation trends in mobility, and this information can also be used as an input for determining university places and shortage professions, which at this stage does not happen systematically or on the basis of an algorithm .

All the above mentioned processes are paving the way for a "real" HWF planning, which was not necessary in the past decades, but now, as circumstances changed, health policy makers see the relevance of this activity. The need of establishing a HWF planning model in Hungary has already been recognized by health policy, and adequate and continuous political and financial support and a systematic, formal process in HWFP & forecasting is needed in order to make this happen. As the first step HWF monitoring system has been established by legislation in order to have valid data and up-to-date registry, the implementation of which is now under development (hopefully it will be in function from Summer 2014). Other initiatives are ongoing that focus on the possibility to build a formal HWF planning model in the near future. Among these is also a new legislation on a reporting system, which will make compulsory for health providers to report all the qualified staff (this could provide data for reporting "practicing" HWF to the JQ – plan for legislation, December 2013). So the current aim of Hungary is to match the ongoing projects/current initiatives concerning HWF data (Human Resources for Health Monitoring System, National Health Resources Project, HRH Clearing House Pilot Project, Graduates Tracking System, Human Resources for Health Observatory, Career paths), and to elaborate a model/process for planning and forecasting purposes.

The planning process would require involving several stakeholders with strong cooperation and lively networking. Regarding data sets: data collection/data clearing, eliminating duplications is needed. Cooperation of stakeholders is already working partly formally, partly informally, but comprehensive formal, regulated and transparent agreement is needed among stakeholders of government and its background institutions (National Institute for Quality- and Organizational

Development in Healthcare and Medicines, Office of Health Authorization and Administrative Procedures), universities, employers, and the relevant NGOs in the long run.
Actors in the process of HWF monitoring and future planning:
EEKH – Office of Health Authorization and Administrative Procedures for monitoring and in the future the proposed task/responsibility will be the HWF planning
EMMI – Ministry of Human Resources for establishing planning model/system/process and the determination of training capacities on the basis of this procedure – ongoing
GYEMSZI – National Institute for Quality- and Organizational Development in Healthcare and Medicines
Expert group with the participation of Semmelweis University

Overview of the health workforce planning model

We do not have a model yet. We are thinking about establishing a supply-based model first.
We also have tools which can be incorporated into our planning model, for example Semmelweis University uses a program for scenario generation, which is a good basis for comparison of different theoretical outcomes.

Qualitative data collection

We can say, that in this preparatory phase it is taken into account and mapped, but not collected systematically for planning purposes.
As we do not have a planning model, this type of data is not collected for planning purposes. There are ongoing initiatives which can be channelled into the future forecasting model when it will be established. The Semmelweis University Health Services Management Training Centre has been conducting relating research activities and studies, with the use of questionnaires, semi-structured interviews and focus groups, the results and findings of which have not been systematically and consistently used as inputs in HWF planning processes yet. Such an initiative for example the continuous questionnaire based research on the intention of medical students in the first and sixth year of university and doctors participating in specialist training to go abroad with exploring the force-field behind the intention. It is very important to be part of the future forecasting, as an indication for mobility which is a decisive factor in our country when thinking of planning future workforce numbers. The Hungarian Alliance of Medical Resident Doctors also conducts surveys in this regard, while study on migration intention and its influencing factors is also available regarding nurses.
We are also organising policy dialogues with stakeholders and policy makers, which is a good platform to collect such type of information and where national and international best practices can be taken into account. Expert and stakeholder opinion can be channelled in this way into policy decisions. Interviews are also part of getting informed, but is not meant as systematically collecting qualitative data. In case of studies semi-structured interviews are used with the aim of collecting information systematically, however this data collection is also not part of a planning process.
When thinking of a future model it is of course most probable, that first a supply side model will be established based on quantitative information. However we are now in a situation to consider whether further tools, more sophisticated procedures used by Member States participating in the Joint Action are relevant and feasible in our case. As mentioned in point 2 we have tools available which can be incorporated in the model, but it would be nice to be built in the model/process of planning in the way that it can estimate realistic scenarios, the establishment of which is the

most difficult and means already a demand or needs based, qualitative planning aspect. It would mean however that we would not start with the most basic model, which has of course a lot of benefits - learning from the experiences from other Member States already more developed in planning - but also many risks which have to be considered in advance..
We are of the opinion, that interviews with stakeholders on a regular basis will definitely be conducted, and if possible (human and financial resources are always the question), information will be grouped and translated into quantitative information to be able to use it in the model. Expert and focus groups have to be established or existing ones used as source of information, and as test-groups for evaluating policy options planned. The ongoing initiative to run a National HRH/ HWF Observatory at the Semmelweis University HSMTC can also be a good platform for this qualitative data collection, as its aim is to serve as a HRH knowledge centre and to provide platform to and facilitate professional discussion among stakeholders, obviously including qualitative data and information, and also to synthetize and to channel the results into planning and other HWF relating policy actions.
We are of the opinion that at the brainstorming phase most probably qualitative data will be collected from stakeholders, policy makers, experts in the form of interviews, policy dialogues on how to establish HWF planning in Hungary. It will of course continue in the phase of setting up the model. The question is, whether in the model, as written above, will it be possible to build in a regular collection and translation of qualitative information, and if yes, which type and how.
It is most probable that in the evaluation of the model after having set up, and later on continuously, experts and stakeholders will be involved in evaluation.
For the time being, as mentioned above, the methodology consists of policy dialogue, interview, focus group, questionnaires. There was a policy dialogue in May 2013 in the frame of a collaboration with WHO on establishing a National HRH Observatory about Hungarian HWF situation, also having international examples of planning on the agenda. In order to be able to involve stakeholders, a stakeholder analysis is the first step.

Analysis of qualitative information

- **How is qualitative information processed**
- **Stages which use expert groups**

We do not have clear methodology and expertise for this kind of analysis at the present stage. This is one of the possible benefits the Joint Action can give us. A systematic, comprehensive and transparent methodology is needed in order to effectively translate and channel findings and results into relevant health policy actions.

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