

Health workforce strategy in Latvia

Final Report

Technical Support Instrument

Supporting reforms in 27 Member States



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Abbreviations

<i>Abbreviation</i>	<i>Definition</i>
CPD	Continuing Professional Development
EU	European Union
EY	Ernst & Young
IS	Information system
MoF	Ministry of Finance
MoH	Ministry of Health

Executive summary

Project “Health workforce strategy in Latvia” (hereinafter – Project) was carried out to support Latvian authorities with the development of a national health workforce strategy by carrying out extensive research on healthcare education and training, current health workforce supply and best international practices related to all aspects of health workforce. The research was further supplemented by practical recommendations on how to improve health workforce data quality, health workforce continuous professional development and healthcare databases. Furthermore, a Mapping of current health workforce supply in Latvia, Technical specifications for an integrated database on health professionals, Health workforce planning model and an Action plan on health workforce training and skills development were developed during the Project. Another significant part of the Project was dedicated to horizontal health workforce skills and their possible future development both within formal education and continuous professional development phases. Analysis was carried on horizontal skills gained both during the formal and continuous professional development stage and practical recommendations on suggested inclusions in the curricula were developed.

The main Project aim was to support Latvian healthcare authorities in their workforce related policy planning and strategic decision making. All of the Project Deliverables were developed in an interlinked manner and were aligned to the highest extent possible with the needs expressed by the Ministry of Health of the Republic of Latvia (hereinafter – MoH). A more detailed description on the goals set out for each Project Deliverable is available in section 1.1. Project Deliverables were developed bearing in mind the current problems within Latvian healthcare system that is currently suffering from a lack of health professionals that places a huge strain on the system which is undergoing several reforms and moving to a more patient-centered provision of care with new competency and skill requirements for all involved health professionals.

The Project built upon findings of several other reports and aimed to expand the previously carried out research on Latvian health workforce. For example, the conceptual Report “On the further development of the nursing profession”¹ that was approved in 2019 was taken into account during the research, including the proposed shift in nursing profession and the appropriate competence requirements. Latvian Healthcare Facilities Master Plan 2016-2025² developed by the World Bank that showcases shortcomings of the Latvian health system and provides an estimation on future health workforce gaps and predictions on the necessary health professionals on a regional basis and by specialisations was used to provide a comparison with current Latvian health workforce situation and the state envisioned in World Bank report.

Numerous Latvian healthcare stakeholders were involved and consulted throughout all Project implementation timeline to ensure its applicability to Latvian healthcare general context and its usability for MoH policy planning purposes.

¹ Cabinet of Ministers, 7 July, *Conceptual Report “On the further development of the nursing profession”*. Available at: <https://likumi.lv/ta/id/310369-par-konceptualo-zinojumu-par-masas-profesijas-turpmako-attistibu>

² World Bank, 5 July, Available at: <https://www.vmnvd.gov.lv/lv/media/285/download>.

1.1 Project objectives

The main objectives of implementing the Project were to develop a data-driven model to project future health workforce needs in alignment with their necessary skills and competencies as well as to address shortcomings of the Latvian health workforce education and training organisation identified as part of extensive as-is research. Further support to Latvian healthcare authorities was provided through the development of technical specifications for an integrated database on health professionals. All of the Project Deliverables were developed in an interlinked manner and are fully aimed to support the main Project aim of supporting Latvian healthcare authorities in their health workforce related policy planning and strategic decision making as well as supporting the development of a health workforce strategy. The overall Project structure was divided into six Deliverables that can be seen below together with their associated objectives:

- ▶ Deliverable 1 “Inception Report” was developed to provide a detailed update on the Project workplan, updated description of all Deliverables and their methodological approach as well as an overview of Project governance structure and stakeholders to be involved.
- ▶ Deliverable 2 “Analysis of health workforce and training system” was developed to evaluate the current supply of health workforce in Latvia as well as the organisation of healthcare education (with a focus on continuous professional development), in order to:
 - Identify the necessary improvements to the Register of medical and medical support persons to increase the availability of data on continuous professional development undergone by health workforce as part of Deliverable 3.
 - Obtain data on the current health workforce supply to be further used while developing health workforce planning model as part of Deliverable 4.
 - Identify possible points of improvement for the current health workforce continuous professional development system to be further used when developing recommendations to develop a sustainable health workforce training and development organisational model as part of Deliverable 5.
- ▶ Deliverable 3 “Technical specifications for an integrated database on health professionals” is a technical document that is used in procurement procedure for potential system developers and tenderers. This Deliverable contains all necessary information to ensure the development of a unified health workforce professionals information system, emphasizing on accurate and up to date health workforce information, serving as centralized single source of truth for workforce data collection. The technical specification contains functional, non functional, business requirements and future technical architecture design as well as it is defining data inputs from other registers and information systems. The technical specification should be further used when issuing a procurement procedure.
- ▶ Deliverable 4 “Health workforce planning model” had the main goal of developing a health workforce planning model and obtaining forecasts on the future supply and demand of health workforce in close cooperation with healthcare stakeholders. As part of Deliverable 4:
 - Policy dialogues were carried out on the future supply and demand of health workforce as well as the main factors that have impact on health workforce.
 - Health workforce planning model was developed.
 - Capacity building was carried out for MoH employees responsible for further use of health workforce planning model.
- ▶ Deliverable 5 “Action plan on health workforce training and skills development” had the main goal to develop an action plan on health workforce training and skills development based on as-is research carried out in the previous Project phases, main conclusions drawn and results of the policy dialogues. The subsequent goals of Deliverable 5 were:

- Providing recommendations to develop a sustainable model for health workforce continuous professional development in Latvia;
 - Defining a clear coordinating model for health workforce continuous professional development;
 - Developing an action plan for improving health workforce continuous professional development.
- ▶ Deliverable 6 “Final Report” that aims to provide all healthcare stakeholders with a concise and clear overview of Project Deliverables, their main results as well as the challenges and as-is situation identified as part of as-is situation analysis on health workforce supply, continuous professional development system and good international practice review. Furthermore, this Deliverable is supported by a roadmap on implementing Project Deliverables and the associated risks. Following the Project's completion, a closing event was held, and its overview has been included as an annex to the Final report (Appendix A. Summary of the closing event).

2. Key Project results and main lessons learned for each Deliverable

2.1 Deliverable 1 “Inception Report”

2.1.1 Key results

Before initiating work on Deliverable 1 a Project kick-off meeting was held that gathered a high volume of participants and ensured valuable insights from all involved healthcare stakeholders. As a result of the kick-off meeting several amendments were made to proposed Project methodology, most importantly the envisioned health workforce projection period was amended from 10, 20 and 30 year period to 5, 10 and 15 year period in accordance with comments received during the meeting on the feasibility of projections in a longer timeframe. Additionally, the kick-off meeting allowed to identify further stakeholders to be included in Project related consultations and as-is situation related interviews.

The first version of Deliverable 1 was handed in to MoH shortly after the Project kick-off meeting, however further discussions followed on the chosen methodology for select Project Deliverables for several months. As a result, the amended Deliverable 1 included a thorough description on the development principles of health workforce prediction model to be developed within the scope of Deliverable 4.

2.1.2 Lessons learned

As demonstrated by the high interest from healthcare stakeholders in attending the Project kick-off meeting, the expectations from Project Deliverables were set rather high. Managing stakeholder expectations was considered a crucial part of the Project as the expectations from several involved stakeholders were at times contradictory with each other. Nonetheless, stakeholder input has been taken into account and implemented to the highest possible extent within each of the Project Deliverables.

Taking on a more agile approach to aligning Deliverable 1 between EY and MoH would have benefitted the overall Project delivery timeline as this process took significantly longer than initially anticipated and mandated an extension for overall Project delivery.

2.2 Deliverable 2 “Analysis of health workforce and training system”

2.2.1 Key results

One of the main results of Deliverable 2 was a detailed mapping on the current supply of health workforce in Latvia that was developed through the analysis of data included in the Register of medical and medical support persons interlinked with State revenue service data on taxpayers. The mapping provides a snapshot on the current number of health workforce in Latvia and is structured in a way that provides their professions, specialities, workload, regional coverage, age structure and remuneration.

In addition to developing the health workforce current state mapping, analysis on health workforce continuous professional development and the horizontal skills acquired during the formal education stage was carried out. The analysis was further supplemented by gap-analysis with best international practices, including international standards that govern health workforce continuous professional development. During the analysis of current Latvian health workforce continuous professional development system, it was concluded that:

- ▶ During the stage of identifying continuous professional development needs, it is necessary to improve skill and competence assessment processes in healthcare institutions and to promote the cooperation of parties involved in identifying continuous professional development needs.
- ▶ During the stage of defining the goals of continuous professional development and planning trainings, it is essential to review the list of obligatory health workforce skills and competencies, horizontal skills (incl. digital skills), as well as to introduce a motivation system in the process of continuous professional development.
- ▶ During the stage of the implementing and evaluating continuous professional development, it is significant to improve the lecturers' pedagogical skills, to revise the regulatory framework regarding the approval of continuous professional development activities, to strengthen the role of simulations in health workforce continuous professional development, incl. promotion of cooperation between educational institutions and healthcare institutions. Likewise, the training offer in a clinical environment should be significantly improved, team training should be improved, and the cooperation of health workforce should be promoted. Significant improvement of knowledge transfer to the regions and improvement on the evaluation process of continuous professional development should be made.
- ▶ During the stage of skill and competence assessment, it is essential to introduce the use of competence models for determining health workforce competences and planning their development needs.

Furthermore, it is necessary to improve the system for registering continuous professional development points (in Latvian – TIP), reevaluating the certification process. This should be supplemented by state budget funding to organise health workforce continuous professional development activities and trainings.

Analysis of health workforce formal education system was further supplemented by the development of health workforce learning pathways indicating successive stages of education in which it is possible to obtain the profession and specialty/subspecialty/additional specialty of a health workforce professional.

2.2.2 Lessons learned

Key lessons learned during Deliverable 2 mainly focus on the quality and availability of health workforce data in Latvia:

- ▶ Data available in the Register of medical and medical support persons do not cover the workload and remuneration of health workforce which makes the current register data not fully aligned with workforce planning data needs.
- ▶ The data on taxpayers provided by the State revenue service are gathered for a different purpose and therefore cannot always be adjusted to health workforce planning needs mainly due to anonymisation of sensitive data and the structure of data.
- ▶ The current data on health workforce from Register of medical and medical support persons and State revenue service require significant data cleaning efforts to be used for workforce mapping and planning purposes. Additional data linking and structuring is necessary when linking the two databases – the data structure should be improved in the future to fully cover health workforce planning needs.
- ▶ There are several types of employment contracts for health workforce professionals in Latvia that in some cases limit mapping their actual workload:

- State revenue service data on self-employed health workforce only display the salary of the individual person and do not provide information on the profession/specialty/subspecialty that corresponds with their contract or their workload.
- In the case of microbusiness contracts only anonymized information is available on the workplace, employee and their respective salary. Data on what type of profession/specialty/subspecialty role employee is working at are unavailable. Furthermore, no data on workload are available in these types of contracts.

As most of the organisations involved in organising and carrying out health workforce continuous professional development have different viewpoints, it was necessary to base the research on international standards while also validating their applicability to Latvian context with all Project stakeholders. This was done to ensure an independent review of the strong and weak points of Latvian health workforce continuous professional development system.

2.3 Deliverable 3 “Technical specifications for an integrated database on health professionals”

2.3.1 Key results

The key result of Deliverable 3 is a comprehensive information technology technical specification for future health workforce database development that has been approved by Project stakeholders addressing the future data storing needs and mitigating existing risks. The technical specification entails core functionality, architecture design and business process design for creating, obtaining and storing information on all available healthcare professionals on a national level. Decisions on database governance model and structure have been made and the health workforce database shall be integrated with existing registers and co-exist with existing data storing and analysing tools ensuring that healthcare IT ecosystem is coherent. Key outcomes of Deliverable 3 are as follows:

- ▶ Business requirements and use cases of future health workforce database:
 - Comprehensive national level data coverage. The database effectively identifies, acquires, and retains data pertaining to health workforce nationwide, providing a thorough and holistic perspective on the national status of health workforce.
 - Stakeholder alignment on future data needs. The database encompasses health workforce centric view supplemented with different data that currently is stored in several registers owned by different stakeholders. The database is designed in such way to eliminate data duplication ensuring single source of truth.
 - Skills and Competence Tracking. Database includes functionality allowing for the continuous tracking of health workforce skills and competences throughout their careers, ensuring that the workforce data remains up-to-date and is adaptable to changing healthcare needs.
 - Improved Workforce Planning. The database facilitates better health workforce planning at the national level by providing data-driven insights into workforce requirements and enabling proactive strategies for resource allocation.
 - Integration with Existing Registers. The database seamlessly integrates with existing healthcare registers, ensuring that it harmoniously coexists with other data storage and analysis tools within the healthcare IT ecosystem.

- ▶ Gained market research insights on how such databases are built in Lithuania and Estonia offering practical recommendations that were used in designing the technical specification
- ▶ The successfully drafted technical specification, approved by relevant stakeholders, paves the way for the preparation of detailed terms of reference for the public procurement of the service to set up the database. This substantial document forms the basis for the database development project.

2.3.2 Lessons learned

Key lessons learned during Deliverable 3 mainly focus on governance of the data, defining roles and responsibilities, data sources and data automation. Lessons learned from designing health workforce professionals database are as follows:

- ▶ One of the key lessons is the importance of engaging and involving all relevant stakeholders from the outset. Driving initiative for development of a unified database, throughout assessments must be made on several aspects:
 - Capacity assessment aspect. Evaluate the capacity and capabilities of involved organizations to handle the changes and technical integrations. This assessment helps avoid overburdening stakeholders with unrealistic expectations.
 - Thorough requirements gathering aspect. A comprehensive understanding of business and technical requirements is vital. Not investing enough time and effort in this phase can lead to challenges and changes in later stages.
 - Data quality matters aspect. The quality and integrity of data from existing sources are critical. Addressing data gaps, inconsistencies, and inaccuracies early can prevent issues downstream.
 - Functionality and ease of use aspect. The database must be designed to cater for the future needs and address existing gaps so identification of core business needs and ways of improving everyday work is essential.
 - Impact on other solutions. Assessment on impact needs to be made ensuring effectively running information systems are not compromised.
- ▶ Managing the change brought about by the new database or system is critical. Ensuring stakeholder buy-in and collaboration, enabling clear communication about the changes and business process changes ensure future solution implementation success.

2.4 Deliverable 4 “Health workforce planning model”

2.4.1 Key results

The main result of Deliverable 4 was development of health workforce planning model to support country-level health workforce planning. Health workforce planning model is based on two main elements – health workforce supply and demand. The demand for health workforce is derived from the overall demand for healthcare services that is heavily impacted by public health status and demographic trends. The supply of health workforce is calculated as a combination of currently practising health workforce, graduates (that start working within Latvian healthcare system), activated health workforce (incl. persons returned to healthcare from other sectors of the economy or for other reasons (such as re-emigration)) as well as health workforce leaving the healthcare system as a result of natural causes of leave (death, retirement) and emigration.

In order to support the methodological baseline of the planning model, international practices were analysed to obtain international benchmarks regulating and suggesting the necessary amount of health workforce professions/specialties per 100 000 population.

Numerous policy dialogues were organised on the future supply and demand of health workforce to gain expert insights on the impact of current trends in public health, demographics, technology and service organization development on the demand for health workforce in the period of 5, 10 and 15 upcoming years. As a result of organising the aforementioned policy dialogues, healthcare expert and professional organization view was obtained on the:

- ▶ Necessary number of health workforce in 5, 10 and 15 year period (per 100 000 population);
- ▶ Factors and trends impacting the future demand of healthcare services;
- ▶ Impact of technology development, service organization development and profession/specialty-specific trends on the demand for medical personnel in the future;
- ▶ Significant future trends which may affect the demand for health workforce.

Additionally, good international practices included in international recommendations, competence frameworks that are widely used in other EU member states were analysed as part of this Deliverable to define horizontal skills and competencies that will be required from health workforce in the future.

2.4.2 Lessons learned

As the approach to organising policy dialogues included obtaining the views from all healthcare professions/specialties/subspecialties it was mainly organised via questionnaires as the number of involved parties exceeded 100. However, this approach resulted in slight delays to developing the planning model as most of healthcare professional organisations required approval from their respective board to fill out the questionnaires. Additionally, not all healthcare professional institutions were interested in providing answers on the necessary number of health workforce in the future as there was no contractual agreement between them and EY.

Data limitations identified during Deliverable 2 still hold true in the development of health workforce planning model, however the model itself is built in a way that can optimally use more precise data in the future.

2.5 Deliverable 5 “Action plan on health workforce training and skills development”

2.5.1 Key results

Deliverable 5 mainly focused on areas of improvement for the Latvian healthcare continuous professional development system. One of the key results of this Deliverable was identification and recommendations on the main possible improvements to the current system that can be seen below:

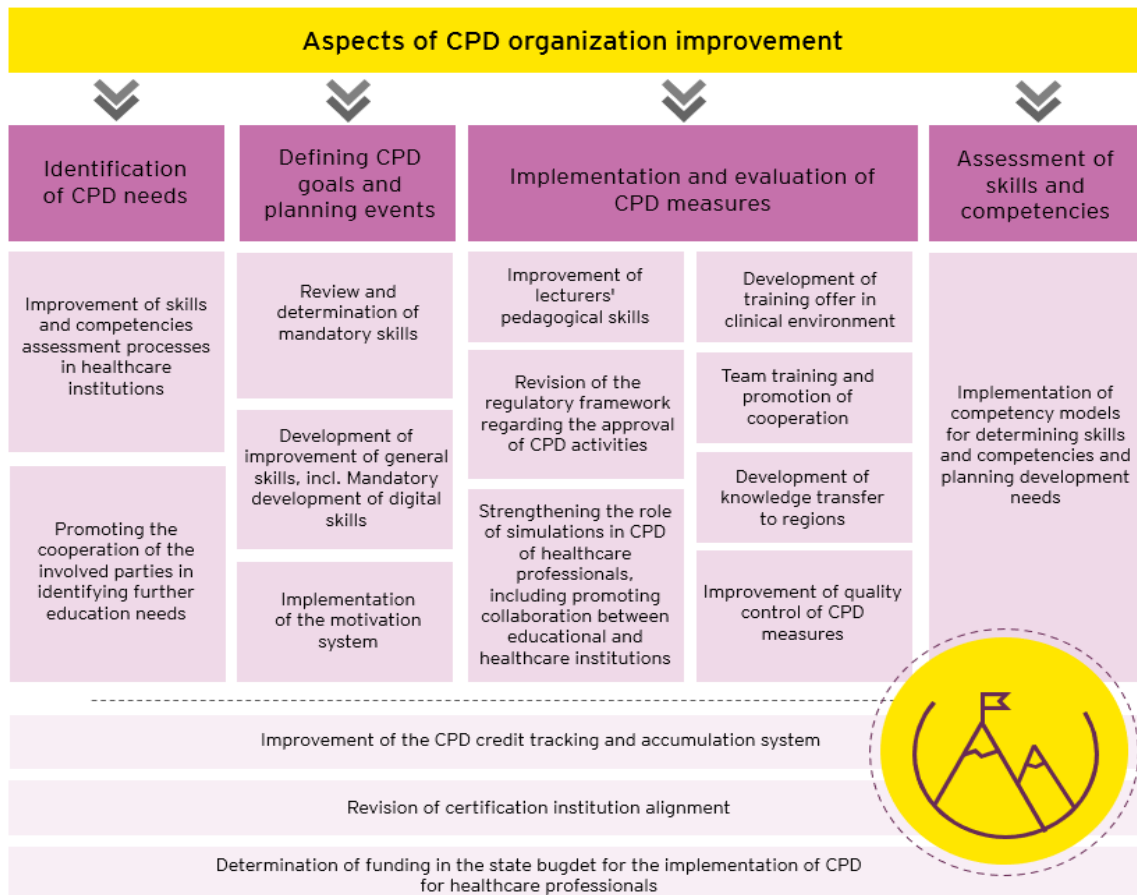


Figure 1 Areas of improvement for the Latvian healthcare CPD system

In order to employ a structured problem solving approach and to more clearly assess the current shortcomings of Latvian healthcare continuous professional development system, workforce continuous professional development mission and vision statements were developed:

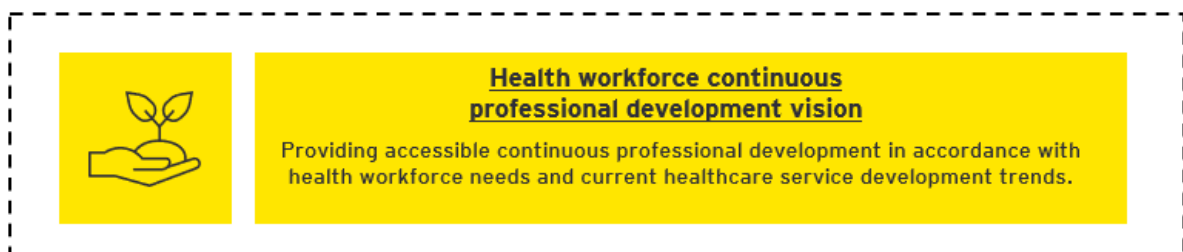


Figure 2 Health workforce CPD vision



Figure 3 Health workforce CPD mission

The vision of health workforce continuous professional development describes an ideal situation while the mission is aimed at achieving the goals set out by the vision.

To reach the goals set out by the continuous professional development vision, main points of improvement were identified in each of the main stages of organising continuous professional development and an offer to improve healthcare continuous professional development coordination was developed:

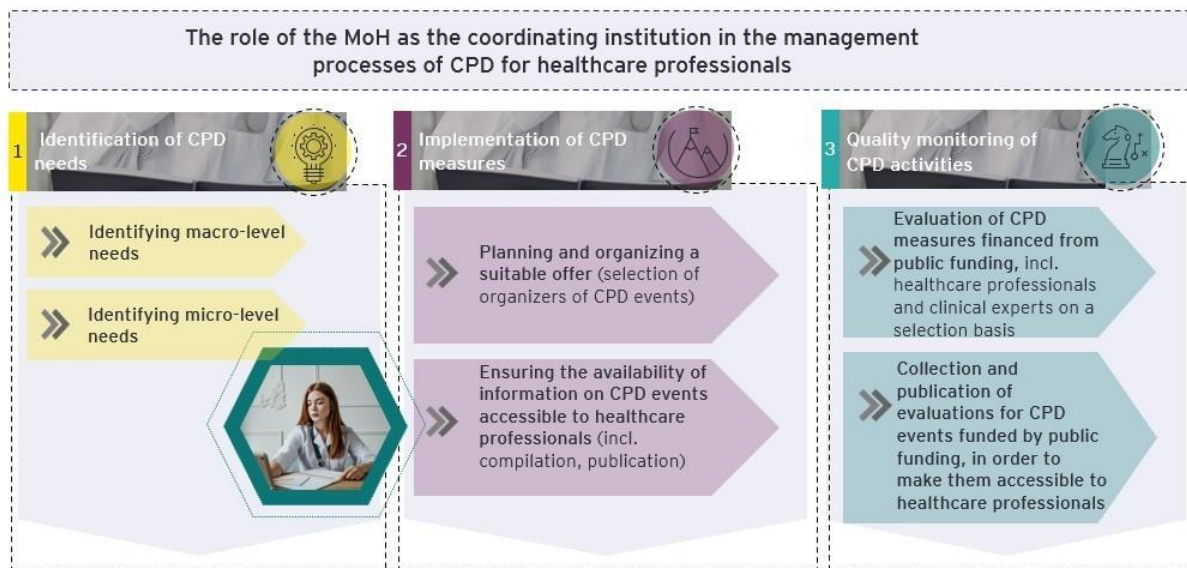


Figure 4 The role of MoH as the coordinating institution in the management processes of health workforce CPD

The proposed coordination model was further supported by a recommended cooperation structure for carrying out health workforce continuous professional development:

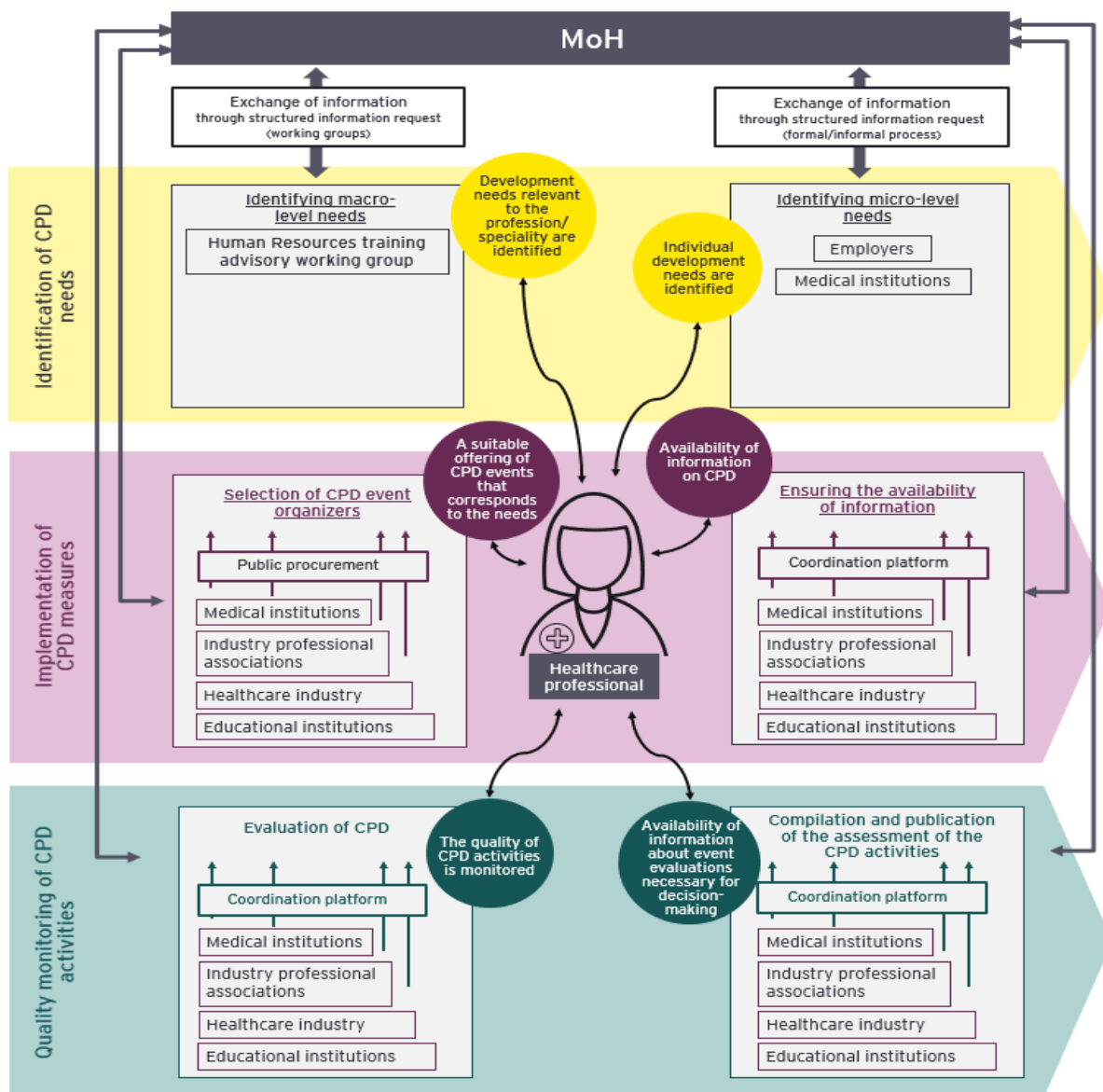


Figure 5 Recommended cooperation structure

Alongside other recommendations, Deliverable 5 provided a plan on improving training infrastructure (with a focus on simulation based training infrastructure), as well as an action plan with concrete activities to implement each of the recommendations, responsible party, source of funding, implementation deadline, associated risks and a risk control mechanism.

Furthermore, as a supplement to the health workforce learning pathways developed as a part of Deliverable 2, Deliverable 5 provided recommendations on the main horizontal skills required from health workforce in the future, their suggested learning sequence and learning pathways, taking into account the expected trends in the development of healthcare, including development trends of technology and service organization.

2.5.2 Lessons learned

Assessing the current supply of simulation infrastructure was not included in the Project scope, however to define the exact needed funding to improve simulation-based training infrastructure it would be necessary for the MoH to carry out an evaluation of the current infrastructure available in Riga Stradins university Medical Education Technology Center, clinical university hospitals and regional hospitals.

All of the involved Project stakeholders unanimously agreed that mandatory continuous professional development should be funded either by state budget or structural funds further highlighting the need to define and employ a sustainable healthcare continuous professional development funding model that would lessen the financial burden of health workforce.

3. Good practice that can be replicated

Each of the Project Deliverables (with the exception of Deliverable 6) was supplemented by best international practice research. International practices, frameworks and competence frameworks were used while defining the main areas of continuous professional development that served as a baseline for gap analysis. Further international practices and benchmarks were used when developing both the methodological principles of health workforce planning model and the model itself. Additional international practice analysis was carried out in regard to horizontal health workforce skills and the possibility to adapt or adopt international competence frameworks in Latvia. Thorough research was carried out on the Lithuanian health workforce planning model and some of its elements and approaches were adapted/adopted to the Latvian situation with the help of Lithuanian experts.

While carrying out research on international health workforce planning models, it was concluded that on an EU-level there is no shared view or appropriate policy planning measures on how to accurately plan the future demand for health workforce, the needed number of health workforce, efficiency, workload, and the current stock in regard to different professions and specialities. Currently there are 4 different variations of health workforce planning models, parts of which have been fully or partially adopted in different EU country health workforce planning models. The health workforce planning model developed for Latvia as part of Deliverable 4 is based on health workforce number per 100 000 population (Latvian situation derived from international standards and Latvian healthcare expert opinions) approach and includes data on possible future developments in regard to service delivery and technological advancements as well as their possible impact on the health workforce future demand.

Similarly, health workforce continuous professional development organisational models tend to vary from country to country. In some cases, the continuous professional development in a country even varies between one health workforce profession and others. Even though most EU countries are moving towards a mandatory health workforce continuous professional development system, there are still significant differences between EU countries. One joining factor between different countries and international standards is that mandatory healthcare continuous professional development should at least to some extent be funded by state budget and viewed as a part of healthcare service delivery cost.

In regard to health workforce horizontal skills, numerous international competence frameworks and standards that could be applied to Latvian context were identified, including:

- ▶ E-Health Competency Framework developed by the Academy of Medical Royal Colleges³;
- ▶ Common Competences Framework For Doctors developed by the Academy of Medical Royal Colleges⁴;
- ▶ Competency Framework in Personalized Precision Medicine for healthcare professionals developed by Roche Institute Foundation⁵;
- ▶ Integrated Care Framework - Integrated Care Competences developed by Health Education England⁶;

³ https://www.physio-pedia.com/images/f/f0/EHealth_Competency_Framework.pdf

⁴ <https://www.aomrc.org.uk/wp-content/uploads/2018/03/CCFD-August-2009-1.pdf>

⁵ https://www.institutoroche.es/static/pdfs/Final_Report_Competencies_PPM_DEF.pdf

⁶ https://learning.wm.hee.nhs.uk/sites/default/files/ICT_Integrated%20Care%20Competences.pdf

- ▶ Expert Consensus on Telehealth Skills for Health Care Professionals⁷;
- ▶ Palliative Care Competence Framework developed by Dublin: Health Service Executive⁸;
- ▶ Continuing Professional Development of Medical Doctors developed by the World Federation For Medical Education⁹;
- ▶ Standards for Continuing Certification approved by the Board of Directors of the American Board of Medical Specialties¹⁰.

The aforementioned and several other similar standards and competence frameworks were evaluated in light of the current Latvian healthcare continuous professional development system and specific recommendations on how to transfer best international practice on including horizontal skills and competencies within continuous professional development in regard to the Latvian context are included within Deliverable 2 and Deliverable 5.

⁷ <https://www.liebertpub.com/doi/pdf/10.1089/tmj.2020.0420>

⁸ <https://aiihpc.org/wp-content/uploads/2015/02/Palliative-Care-Competence-Framework.pdf>

⁹ <https://formacionenradiologia.files.wordpress.com/2018/09/wfme-2015-continuing-professional-development.pdf>

¹⁰ <https://www.abms.org/board-certification/board-certification-standards/standards-for-continuing-certification/>

4. Main conclusions, lessons learned from the Project implementation, including success factors, problems encountered, strategies to overcome them

Managing a project with multiple stakeholders requires a clear balance between technical and interpersonal skills. Success heavily relies on effective communication, collaboration, and adaptability to ensure that all parties involved feel heard, valued, and that their needs are met. The main success factors include:

- ▶ Effective communication is a key success factor of any project with multiple stakeholders. Ensuring a constant information flow among the project team, client, main beneficiary and all stakeholders is needed on regular basis as well as regular status updates, meetings, and reports are essential.
- ▶ It is crucial to identify and analyze all potential stakeholders early on as well as to understand their interests, influence, and potential impact on the Project result. Additionally, engaging all stakeholders in relevant activities is needed starting from the inception phase. Involving them in decision-making processes, gathering their input and addressing their concerns fosters a sense of ownership and commitment.
- ▶ One of the key factors is to define and document Project objectives and scope in a clear and unambiguous manner during the inception phase as well as making sure the client, main beneficiary and all stakeholders have a shared understanding of what the project aims to achieve.
- ▶ Identifying potential risks and developing mitigation strategies is important for better Project outcomes. High importance should be attributed to being prepared for resistance, conflicts or changing priorities among stakeholders and policy makers.
- ▶ Conflicts are inevitable in large scale reform projects with multiple stakeholders – conflict resolution skills to manage disputes and to find common ground are important.
- ▶ Starting from the Project inception phase, it is needed to be realistic about what the Project can achieve and to manage main beneficiary and stakeholder expectations accordingly as well as to regularly update the client, main beneficiary and stakeholders on the Project's progress.
- ▶ One of the main key factors is to allocate all the resources effectively and efficiently based on stakeholder priorities to maximize project success.
- ▶ It is also important to ensure that the project aligns with the main project goal and objectives. Implementing rigorous quality control processes is crucial to ensure that the project meets or expectations and requirements.

Overall, during all phases of the Project the involvement from all stakeholders and policy makers was proactive, however there were also unexpected technical challenges and external factors that led to delays in Project implementation timeline and affected the planned outcomes. These challenges required effective project management, clear communication, proactive risk assessment, and the ability to adapt and make informed decisions to keep the Project on track and ensure its successful completion. During the development of the Project EY actively cooperated with healthcare experts contributing significantly to the achievement of project results. Hence, EY proactively involved field experts throughout the whole Project development period in each of the Deliverables. This type of cooperation significantly improves the Project results by allowing agile and efficient understanding of the deficiencies and helps in identifying the key activities in order to develop a clear action plan for better outcomes in the future. EY organized regular workshops and ideation sessions where not only

information about progress was shared but also all stakeholders were involved in decision-making process. As part of the Project outcomes, an action plan for implementing recommendations was developed. Activities in the action plan are included sequentially for Latvian authorities and beneficiaries to employ them for the further development of health workforce CPD. High level of importance should be paid to that after the end of the Project, continuity is ensured, and the initiatives are put into practice. For that reason, proactive project management is required by all Project beneficiaries (MoH, healthcare institutions, educational institutions etc.). The involved parties shall identify the responsible members for implementing the recommendations made within the framework of the Project, there is a need to assemble working groups and to establish regular sessions on the development progress.

Outcomes of the Project include lessons learnt from good international practice - it can serve as a basis for the development of services by learning from experience acquired in other countries as well as adapting and/or adopting the ideas to the Latvian context. Added value is created by the ability to learn from the experience of other countries implementing specific structural reforms. It should also be taken in account that both the conclusions developed during the Project, as well as the recommendations and action plan shall be shared with all healthcare stakeholders. The many included practical recommendations can be used in daily work by health workforce. To enable the practical implementation of the reforms and achieving the envisioned results, it is important that the activities included in the reform implementation plan are supported with appropriate funding (e.g., EU structural funds, state funding or other foreign financial instruments).

5. A concise roadmap for future actions by the Latvian authorities to follow-up on the outputs of the Project, including qualitative or quantitative indicators to monitor the implementation of policy measures

As a part of this Project, a roadmap was created regarding Deliverable 3, Deliverable 4 and Deliverable 5 in order to define specific activities for the implementation of recommendations and to make sure that the Project goal is reached. The activities as well as responsible institution, involved stakeholders and proposed implementation timeline can be seen below:

No.	Activity	Responsible institution	Involved stakeholders	Implementation timeline	Indicator to monitor
1. Deliverable 3 "Technical specifications for an integrated database on health professionals"					
1.1.	Assessment of the health workforce professionals system modernization approach identifying whether it is enhancement of existing DigiWes modernization project or new autonomous solution.	National Health service	Health Inspectorate Ministry of Health	Fourth quarter of 2023	Qualitative indicator: Agreement reached on the best approach on the possible solution
1.2.	Organizing procurement procedure and signing contract with the solution implementation partner.	National Health service	Health Inspectorate Ministry of Health	First quarter of 2024	Qualitative indicator: Procurement procedure has been successfully launched and implementation contract signed
1.3.	Acceptance testing of the solution and solution Go-live	National Health service	Health Inspectorate Ministry of Health	Fourth quarter of 2024	Qualitative indicator: Integrated database on health professionals launched and fully operational
2. Deliverable 4 "Health workforce planning model"					
2.1.	Deploying the health workforce planning model for MoH policy planning needs	Ministry of Health	Health Inspectorate; National Health service	First quarter of 2024	Qualitative indicator: Health workforce planning model is used for policy planning purposes in MoH
2.2.	Developing a health workforce strategy	Ministry of Health	Health Inspectorate; National Health service	Fourth quarter of 2023	Qualitative indicator: Health workforce strategy has been developed and handed in for approval
3. Deliverable 5 "Action plan on health workforce training and skills development"					

No.	Activity	Responsible institution	Involved stakeholders	Implementation timeline	Indicator to monitor
3.1.	Defining the mandatory, variable and optional content of health workforce CPD	Latvian Medical Association, Latvian Nurses Association, Latvian Association Of Professional Organizations Of Medical Practitioners	Ministry of Health, Professional organizations	Third quarter of 2024	Qualitative indicator: Health workforce CPD content has been defined on a mandatory, variable and optional content level and included in local legislation
3.2.	Defining clear roles and responsibilities for all institutions involved in planning, organising and carrying out health workforce CPD	Ministry of Health	Certification institutions; Riga Stradins university Medical Education Technology Center; Clinical university hospitals; Regional hospitals; Professional organizations.	First quarter of 2024	Qualitative indicator: A clear vision on the responsibilities and roles has been defined for all institutions involved in planning, organising and carrying out health workforce CPD
3.3.	Establishing online platform for coordinating health workforce CPD	Ministry of Health	Ministry of Education and Science, IS providers	First quarter of 2025	Qualitative indicator: Health workforce CPD coordinating platform launched and fully operational
3.4.	Allocating appropriate funding to carry out mandatory health workforce CPD	Ministry of Health	Ministry of Finance	First quarter of 2025	Qualitative indicator: Mandatory CPD content is funded by state budget or structural funds

6. Risk analysis of implementing the solutions and recommendations developed as part of the Project

As a part of this Project, risk analysis was carried out regarding Deliverable 3, Deliverable 4 and Deliverable 5 in order to understand and manage uncertainty, make informed choices, and develop strategies to mitigate identified risks. The risks, their likelihood, impact on the outcomes as well as proposed mitigation measures can be seen below:

No.	Risk	Likelihood	Impact	Proposed mitigation measure
1. Deliverable 3 “Technical specifications for an integrated database on health professionals”				
1.1.	Stakeholder business user capacity risk for successfully implementing the solution	Medium	High	▶ Effective resource planning and scheduling.
1.2.	Schedule delays and effective implementation process	Medium	High	▶ Effective decision making and ownership of the project from the stakeholder side.
1.3.	Implementation budget overruns	Low	High	▶ Revise the technical specification before procurement procedure ensuring that all requirements are up to date minimizing the change requests upon implementation phase.
1.4.	Scope creep of the requirements	Low	High	▶ Revise the technical specification ensuring all stakeholder requirements are un-to-date before procurement procedure.
2. Deliverable 4 “Health workforce planning model”				
2.1.	MoH is unable to make full use of the health workforce planning model due to limited human resource and/or IT skill capacity	Low	High	▶ Carry out relevant trainings and explain all principles behind deploying the health workforce prediction model
2.2.	Overall health workforce data that are necessary to run the planning model quality is not improved	Medium	High	▶ Consultations with institutions involved in health workforce related data collection
3. Deliverable 5 “Action plan on health workforce training and skills development”				
3.1.	Institutions involved in health workforce CPD needs assesment are unable to agree on the mandatory, variable and optional content	Medium	High	▶ Explanatory work on the significant impact of identifying CPD needs on improving the skills and competencies of health workforce, as well as on the long-term results of patient care; ▶ Identification of macro-level needs based on international recommendations.
3.2.	Institutions involved in planning, organising and carrying out health workforce CPD are not able or willing out to take	Medium	High	▶ Explanatory work on the significant impact of identifying CPD needs on improving the skills and competencies of health workforce, as well as on

No.	Risk	Likelihood	Impact	Proposed mitigation measure
	on their new roles			<p>the long-term results of patient care;</p> <ul style="list-style-type: none"> ▶ MoH acting as a mediator between institutions to approve a shared viewpoint
3.3.	Online platform for coordinating health workforce CPD in not established or its establishment is delayed	Medium	Medium	<ul style="list-style-type: none"> ▶ Defining the responsibilities for the implementation of the platform in the context of the available capacity of the responsible organizations/persons; ▶ Determining tolerance levels for the implementation of activities (i.e. how long an activity can be delayed without endangering the implementation of other activities).
3.4.	Not enough available funding to carry out mandatory health workforce CPD	Medium	High	<ul style="list-style-type: none"> ▶ Evaluation other alternative funding sources; ▶ Timely discussions with the MoF on the importance of funding.

7. Annex

7.1 Appendix A. Summary of the closing event

Location: MS Teams meeting

Date: December 14, 2023

The closing event took place on 14 December 2023 and marked the highest point of a significant almost two-year initiative focusing on health workforce strategy in Latvia. The event brought together representatives from European Commission, Ministry of Health, key Project stakeholders, government officials and EY Project team. The event served as a platform to emphasize key learnings, best practices derived from the project as well as acknowledgments were extended to all contributors, recognizing their invaluable contributions to the Project's success.

During the event representatives from Ministry of Health emphasized the importance of the Project results in order to develop Health Workforce strategy in Latvia, representatives from European Commission emphasized the importance of an active collaboration with the Ministry of Health as well as the EY project team in order to overcome challenges raised during the Project (such as data limitations). Such challenges and lessons learned will serve as an example for the next projects not only in Latvia but also on a broader European Union scale.

EY team expressed gratitude on the collaborative efforts and dedication of all involved parties in order to reach the expected Project results. During the closing event, EY Team delivered a comprehensive presentation with an overview of the project's objectives, it outlined the comprehensive research, data analysis, and collaborative efforts executed throughout the project's duration. The central point of the presentation was the highlighting of the Project's key findings and results.

As the presentation concluded, a discussion was established, where all involved parties were invited to share their opinions and perspectives. Such engagement highlighted the commitment to mutual understanding, cooperation, and the shared goal of leveraging the Project's outcomes for the advancement of health workforce strategy.

During the discussion, key stakeholders emphasized the following aspects:

- ▶ It is important for the Ministry of Health to collaborate closely with hospitals, health professionals, associations, and educational institutions to leverage collective expertise, resources, and perspectives, thereby enhancing the success of Project goals;
- ▶ Despite being a significant financial burden, state-funded mandatory CPD for health professionals is crucial as it reduces the financial burden on individual professionals and healthcare providers;
- ▶ Strengthening the role of new doctors within the healthcare system is crucial while it is important to prioritize their well-being due to the potential risks of burnout and excessive workload;
- ▶ While looking at healthcare human resources, it is important that it involves not only quantitative assessment but also emphasizes the enhancement of care quality, prioritizing prevention as well as strengthening the well-being of healthcare professionals;
- ▶ Understanding the existing situation is essential for future human resource planning, enabling informed decisions and proactive actions to meet evolving healthcare needs and challenges;

- ▶ Recognizing the importance of competitive salary and good working conditions is crucial to retain healthcare professionals in Latvia, ensuring their commitment and dedication to the healthcare sector;
- ▶ Current existing healthcare data in Latvia lacks precision, there is a significant deficiency in the necessary data required for accurate human resource planning within the sector;
- ▶ It is crucial to implement Project recommendations into practice instead of just staying at the research stage;
- ▶ Knowledge transfer to regional medical and/or educational institutions is important for health professionals to learn effectively within their own workplaces, enhancing their skills within their specific work environments.



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