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GOVERNMENT OF MALTA
OFFICE OF THE DEPUTY PRIME MINISTER
MINISTRY FOR HEALTH

HEALTH WORK FORCE STRATEGY 2022-2030

PQ12757

SUPPORTING AND EMPOWERING THE HEALTH CARE WORKFORCE

People Management Division, Ministry for Health - October 2022

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Contents

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List of acronyms:

HR - Human Resources

WHO - World Health Organization

EU - European Union

IT - Information Technology

AI - Artificial Intelligence

UK - United Kingdom

OPM - Office of the Prime Minister

MFHEA - Malta and Further Higher Education Authority

MCAST - Malta College of Arts, Science and Technology

UOM - University of Malta

VET - Vocational, Educational and Training

Foreword

A country's healthcare sector is only as strong as its workforce. I stand behind this statement as I firmly believe that the most precious resource in our healthcare system is our human resource. I reiterate this every time I visit our health care professionals and students aspiring to join our workforce, as I consider our staff to be the main reason why our healthcare system is renowned worldwide for its excellence. I say this with great certainty, following years of first-hand experience working in this sector, as a pediatric surgeon and following years of heading the public health sector as Minister for Health.

COVID-19 has proven that our healthcare professionals rise to the occasion, and once again I commend the way our workforce was capable of being flexible, adapted quickly to new ways of working and overall faced challenges successfully.

This experience, together with the increasing need for more health care professionals across the globe, shed light on the importance of having a long-term workforce strategy in place. The Ministry for Health has spearheaded this exercise and is promoting its benefits in European and international fora, including through the World Health Organization, which has already publicly praised our efforts in this regard.

Malta's Health Workforce Strategy confirms Government's commitment in considering our workforce as a top priority. This document lists a number of actions, including an improved health workforce planning system, the introduction of a newly-developed human resource data system across all health-related departments, the improvement of the physical and mental wellbeing of all employees and strategies on training, development and research.

Government has over the last few years invested heavily in the healthcare sector and will continue to do so. Such investment has seen various capital projects being implemented and a continuous growth in new free services being offered to the citizen. We shall continue investing both in the infrastructure of our sector, and more significantly in our people, as is demonstrated throughout this strategy.

Our workforce must be well prepared to maintain constant readiness and be on the alert for future challenges and we will continue working together both on a national and international basis, to achieve this. We need to be prepared for future innovation in healthcare in order to sustain a service which to date has proven to be excellent.

Hon. Chris Fearne
Deputy Prime Minister and Minister for Health

The Health Workforce Strategy sets out the overarching priorities and plans for building the future health workforce for the Maltese Public Health Service. It offers a strategic pathway for building the system necessary to support, strengthen and enable our workforce to deliver sustainable, patient-centred healthcare into the future.

Our Mission

To advance and promote Healthcare Management and Service by:

- Attracting, developing and retaining an inclusive, diverse and resilient workforce through a supportive, employee-centred human resource management to the better health and well-being of the population;
- Implementing value-added People Management policies, strategies, laws and directives to ensure good governance and operational excellence;
- Enabling and supporting employees to enrich their sustainable growth and ability to proactively meet the needs of the HealthCare Services and its ever-changing dynamics in an efficient and professional manner.

Our Vision

The People Management Division aspires to be recognised as a trusted resource and leader supporting and empowering the health care workforce to provide a service of excellence to society.

Our Values

We believe in rendering consistent quality service to all our clients and stakeholders through

- Performing our work with **professionality** in a spirit of **integrity** towards all employees within the Ministry for Health, both administrative and health care staff;
- **Collaborative** and **supportive teamwork** and **respectful communication** with all departments and stakeholders;
- Producing **creative** solutions aimed at meeting new challenges within the people management field, towards an **inclusive service of excellence**.


RALPH

1 Introducing a Health Workforce Strategy

A strategic health workforce plan is a complex and demanding process that requires a systematic and sustainable approach. Getting the optimal workforce is pivotal to ensure that we have the right people in the right place at the right time to continue to deliver high quality health care that meets the needs of the Maltese population. Human resources are the backbone of all health systems. A host of challenges are encountered when planning such a workforce, ranging from looming shortages of some types of health care personnel, accelerating labour migration and problems with retention of healthcare workers to adequate qualification and skills imbalances brought about by the fast evolving technology. These undermine the capacity of any healthcare system to respond effectively to the future needs of the population.

The Health Work Force Strategy mirrors and facilitates the successful implementation of the National Health Strategy 2022-2030. It is a strategic evidence-based health workforce roadmap developed in line with the ongoing developments which emanate from the current and future strategies that encapsulate the National Healthcare System. It takes the Health Strategy forward by enabling action that connects service development, financial planning, education, training support and regulatory requirements. The Health Work Force Strategy offers direction for building the necessary system to support, strengthen and enable our workforce to deliver sustainable, patient-centred healthcare. A robust healthcare workforce is the cornerstone to building a health service fit for purpose today and in the future. It sets to shape the future healthcare workforce in Malta.

1.1 Vision and Mission of the People Management Division within the Ministry for Health

The Health Work Force Strategy document is embedded in the overarching vision and mission of the People Management Division within the Ministry for Health. This is driven by the strategic direction of Government seeing health as a priority across its operations, policies and investments.

The vision of the strategy, ‘supporting and empowering the healthcare workforce’ is drawn from the vision statement of the People Management Division.

1.2 Overall goals of the Health Workforce Strategy

This strategic framework creates the foundation for a longer-term strategic and evidence-based resource planning. The Health Workforce Strategy (Figure 1) is rooted in the aspirational pillars; Enhancing Equity, Implementing Innovation and Safeguarding sustainability set by the National Health Strategy 2020-2030. The Health Workforce strategy aims to enhance equity by ensuring a distribution of health workers which is equitable and serves all the population including marginalised groups. This strategy invests in the current and future workforce while using research and technology to inform and increase efficiency in health work force management.

This strategy is guided by the three themes underpinning the WHO Year of the Health and Care Worker: Include, Invest, Innovate while acknowledging that the workforce is a critical enabler of achieving healthcare objectives. The Health Workforce Plan is thus designed to:

1. Address long-term challenges such as the ageing population, fluctuating demands and dynamic technological advancement;
2. Consider educational pathways and timeframes for skills development;
3. Be supported by an effective and sustainable funding environment.

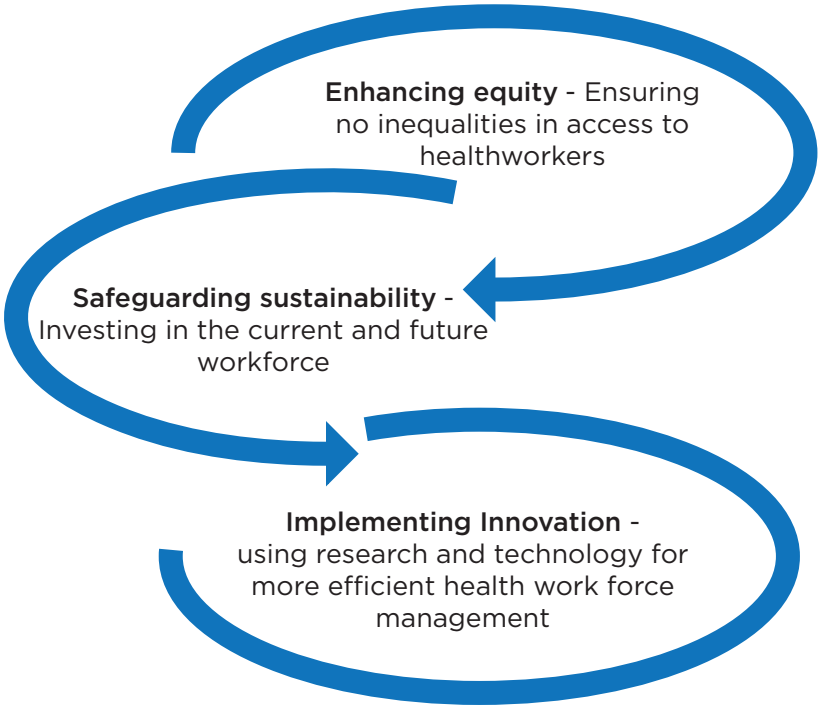

Fig 1: Health Workforce Strategy for Malta based on three pillars.

This strategy will provide an enhanced and improved resource capacity system informed by national and international research and innovation.

The scope of the strategy includes the strategic planning of the workforce delivering and/or supporting direct patient care across the Maltese National Health Services.

This strategy will lead the continuing growth of a capable, responsive and sustainable health workforce for Maltese Public Health Workforce. It will build on our contemporary approaches to workforce planning and management, engagement and retention.

1.3 Background

The Ministry for Health is currently obliged, through a central government directive, to recommend a 3-year HR plan for the Ministry for Health which needs to be considered based on priorities and affordability. Even though such a plan is annually compiled following discussions with the respective clinical and non-clinical stakeholders, its outcome ultimately depends on the budget awarded by the Ministry responsible for Finance in its annual financial allocation to each Ministry.

The Ministry, thus, embarked on a project aimed at identifying the benchmark of resources required to sustain the current services offered. This will determine those areas in the healthcare system where there are lacunae in both resources and skill matching. In areas where the demand is higher than the supply, the Ministry will actively engage with Educational Institutions both locally and abroad to sustain the required skills, knowledge and competencies to maintain a robust National Healthcare System.


MATER DEI

2 Development of the Health Workforce Strategy

The first phase of the Health Workforce Strategy develops a Scoping Framework that focuses on identifying and understanding the current healthcare workforce. This will be informed by research and consultation with relevant stakeholders including the Departments responsible for service delivery regarding service demand and priorities; systematic barriers and enablers; workforce demographics including current and future proposed workforce profiles.

This first phase of the strategy is aimed at identifying the benchmark of resources required to sustain the current services offered. This will also determine those areas in the healthcare system where there are lacunae in both resources and skill matching. The strategy is responsive to patient demands and needs, it is sensitive to the role of emerging technologies and theoretical models of care and ensures the best use of the available healthcare resources.

In the face of emerging realities, this strategy aims at building an agile, sustainable, connected healthcare workforce which is essential to deliver quality, patient-centred healthcare to the Maltese population. Pressure on health workforce planning is increasing as service demand is rising and consumer expectations are changing, while current funding and service arrangements are being stretched.

The Health Workforce Strategy is rooted in the three pillars of the Health Workforce Development Model for Malta - Enhancing Equity, Implementing Innovation and Safeguarding sustainability. Thematic priorities have been identified for each of these pillars and strategic objectives which the Ministry for Health wants to achieve for each priority reflect the development which is being planned. Several long term and short term action points outlining how the ministry intends to achieve the emerging objectives have been planned out.


LOVE YOUR SMILE!

3 The Current Situation – Emerging Issues

3.1 Changing trends in local demographics

Demographic shifts and societal changes are intensifying pressures on health systems and demanding new directions in the delivery of healthcare. According to the United Nations, the world's population is expected to increase by one billion people by 2025. In that same year, 300 million of the world's population will be people aged 65 or older, as life expectancy around the globe continues to rise. Malta's population is also ageing and this is expected to continue in the coming years. The country has a total fertility rate of 1.53 children per woman, below the replacement rate of 2.1[1]. The population is getting older and with it comes a higher demand for healthcare. Ageing is a major challenge as does the old age dependency ratio. The World Data Atlas expresses that in 2020, old-age dependency ratio (65+ per 20-64) for Malta was 35.8. Old-age dependency ratio (65+ per 20-64) of Malta increased from 18.6 in 1971 to 35.8 in 2020 exceeding the EU average of 31.8. This ratio is growing at an average annual rate of 1.36% and is expected to reach 40.5 by 2030, when the EU average is projected to be 39.0[2].

The development of chronic conditions, comorbidities and subsequent restrictions in activity are common as people age. Additional healthcare resources and service innovation is needed to deliver the long-term care and chronic disease management services required by a rapidly increasing senior population.

Moreover, the Maltese labour market has seen increasing participation among women and subsequent increases in the number of families where both parents are working outside the home. In many situations, this effects the extent of care which can be given to older adults by family members. An increase of more women in the workforce has created an increase on the demand on homes for the elderly, assisted living and community care.

Health demand is also increasing exponentially because of an influx of foreign workers which in 2019 was at 24% of the whole workforce, foreign residents in Malta and tourists[3].

Moreover, Malta is also experiencing a significant growth in the middle class. Accelerated urbanisation and access to middle-class comforts are promoting sedentary lifestyle changes that will inevitably lead to greater incidence of obesity, diabetes, cardiac conditions and other health conditions which are contributory to added healthcare demand.

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[1] National Statistics office
https://nso.gov.mt/en/publicatons/Publications_by_Unit/Documents/02_Regional_Statistics_(Gozo_Office)/2020/Regional_Statistics_Malta-2020%20Edition.pdf
[2] https://worldpopulationreview.com/countries/malta-population
[3] National Statistics Office, Malta (2022)

Although the local population demographics are not reflected in the demographics for the Health Work Force, there are cohorts of professions which are not receiving the desired number of new recruits[4]. This is due to two main reasons, either because of competition with the private sector or because there are highly specialised areas where locally no courses leading to this profession are available. This results in an older cohort in the few remaining employees in such specialities.

To minimise this effect and to retain such expertise employees are given the choice to extend their pensionable age to 65 in according to a Government policy issued recently. The Government has created an incentive to encourage workers to remain in employment post retirement age with an increased pension. There is also the possibility in certain specialities where there is a limited amount of expertise, where employees post the age of 65 are kept in employment. This ensures that knowledge is retained and also provides the opportunity for expert staff to train younger employees.

This is also substantiated by research carried out in this field where turnover of employees tends to be lower among the older employee group and recent statistics in the health care field abroad has shown that younger workers are more likely than older workers to be short-tenured employees[5,6]

3.2 Challenges related to a Multicultural workforce and an increased dependency on foreign Healthcare workers

The phenomenon of globalization, together with a severe shortage of healthcare professionals in certain categories, has brought about an increased dependency on foreign workers in the Health Sector in general, both locally and abroad.

In order to be competitive, it is vital for this phenomenon to be embraced and adopt systems which encourage the integration of foreign workers[7]. The benefits which make this a success include:

1. Diversity inspires creativity and drives innovation
2. A culturally diverse resource pool provides the opportunity to attract and retain the best talent
3. Diverse teams perform better

[4] Lyman S, (2013) The Aging Workforce in Health Care: Challenges - HR Insights for Health Care https://www.hallrender.com/2013/04/25/the-aging-workforce-in-health-care-challenges-ahead/
[5] Wallis Towers Watson. (2016). How an aging workforce and population will impact health care in the U.S. https://www.beckershospitalreview.com/pdfs/The%20Aging%20Workforce%20and%20Health%20Care%20.pd
[6] Harrington L, Heidkamp M. (2013) The aging workforce: Challenges for the health care industry workforce. Aging.
[7] Buttigieg SC, Agius K (2018) Aug 1, Pace A, Cassar M. The integration of immigrant nurses at the workplace in Malta: a case study. International Journal of Migration, Health and Social Care.

This, obviously, does not come without challenges, including:

1. Employees from some cultures tend to refrain from sounding any difficulties they encounter
2. Work styles many times differ across cultures
3. Discrimination
4. Language barriers

Communication has been identified as one of the greatest barriers to workforce integration and over the years the Ministry for Health in Malta has introduced a minimum requirement with regards to proficiency in English speaking in order for a healthcare professional to be registered with the respective Professional Council. As an employer, the ministry has also made it mandatory for all foreign employees to obtain a recognised Medical Maltese Certificate within the first year of employment. One of the main challenges in this area is that a number of local patients, especially the elderly, are able to communicate only in Maltese and hence the importance of this provision.

An orientation programme aimed at filling the gaps in overseas training as compared to local requirements is also being organized by the Nursing Council for non-EU Nurses. Bridging courses are also organised by two main local Educational Institutions. This need was mainly felt due to the fact that Malta is experiencing an ageing population and the need to be trained in geriatric care being considered a priority. This differs from the culture in, for example, India and Pakistan (from where most of our non-EU nurses hail) where the elderly are cared for at home[8].

The National Public Health service offers non-EU Health Care Professionals working conditions, including salary packages and career progressions, as other EU nationals.

The Mission Statement for the People Management Division includes the following:

"Attracting, developing and retaining an inclusive, diverse and resilient workforce through a supportive employee-centred human resource management to the better health and well-being of the population"

This Ministry for Health aims to serve as a role model in relation to inclusivity and the effective management of cultural diversity.

Category	Number of Foreign Workers	Percentage of Foreign Workers
All Health Care Workers	539	6.8%
Medical Class	110	8.6%
Nursing Class	407	11.24%

Table 1: Foreigners working in the Ministry for Health, with a caption added underneath

[8] Agius K. Managing migrant nurses in Malta: an assessment of their integration and competencies in the health system (Master's thesis, University of Malta).

3.3 Adapting to diversity - patients from different cultural backgrounds

The Maltese healthcare system is required to cater for the healthcare needs of an increasing number of culturally, ethnically and linguistically diverse patients. This in the light of the influx of tourists and also migrants from North Africa and Eastern European countries seeking refuge and/or work in Malta.

Table 2 includes the number of foreign patients obtaining service at Mater Dei Hospital, the only Acute Public General Hospital in Malta, in 2015 as compared to 2019.

	Year	Total Foreigners	Total Attendees	Percentage	% increase
A&E Attendances	2015	19,819	128,798	15.4%	
	2019	27,742	140,209	19.8%	4.4%
Outpatients Attendances	2015	27,979	507,920	5.5%	
	2019	41,841	518,589	8%	2.5%
Discharges	2015	7038	92,768	7.6%	
	2019	9848	101,148	9.73%	2.13%

Table 2: Foreign patients obtaining service at Mater Dei Hospital Source: Health Information and Research (2021) Ministry for Health (Malta)

Problems related to ethnic, language and cultural issues are recognised as a threat to patients' safety in hospitals and the concept of culturally competent healthcare professionals has gained importance as a strategy to provide equal and quality healthcare services for culturally diverse patient groups. Diverse social and cultural factors influence the health beliefs and behaviours of patients and these factors need to be considered at different levels of a healthcare delivery system to assure quality healthcare[9].

The introduction of Cultural mediators/coordinators with the public health service namely at the Primary Care Department and the Acute General hospital was a step in the right direction. Apart from providing service in health care settings, they also assist teachers in schools to be better equipped in identifying a health problem in children coming from a different background.

[9] The Importance of Cultural Diversity in the Workplace (2020)
https://www.thomas.co/resources/type/hr-blog/importance-cultural-diversity-workplace

3.4 Loss of skills of workforce due to limited exposure to clinical cases.

The greater part of the healthcare professional workforce is trained at the Faculty of Health Sciences, Faculty of Dental Surgery and Faculty of Medicine and Surgery within the University of Malta. The Malta College for Arts, Science and Technology (MCAST) also contributed substantially to the training of professionals such as nurses, pharmacy technicians and healthcare support workers. Moreover, since Malta's EU membership, the healthcare system has seen the introduction of several specialised post-graduate training programmes for medical practitioners. A similar movement is now also being seen in the allied health professions and nursing[10].

Notwithstanding, the higher skilled occupations within health, most notably specialists in Radiology, Neurology and Paediatrics, Geneticists and Occupational Therapists have been recognised as Bottleneck occupations in the EU Ramboll's report of 2014, *Mapping and analysing bottleneck vacancies on EU Labour Markets*[11]. Some of these have been persistent since 2008.

The relatively small size of the Maltese healthcare workforce together with the insularity of the Maltese islands in terms of healthcare facilities pose a challenge to the Health Department when seeking specialized profiles of healthcare professionals with relevant work experience. Several higher-skilled bottleneck occupations and lack of 'hard technical skills' can emanate from a limited supply of graduates in certain healthcare professions and specialised areas[12]. Competitor employers especially from Europe and the UK can also bring about this phenomenon, thus making it more difficult not only to attract and engage some of the much needed highly specialised professionals, but also to retain the already restricted existent human capital. In the past, the local Public Service experienced a considerable brain drain in the Medical Professionals. Thus, the introduction of a local Foundation Programme, together with an improved remuneration package for Specialists, has addressed this phenomenon in medical practitioners.

Moreover, the exposure of clinicians to certain uncommon conditions is limited due to the size of the population of Malta. This phenomenon is more evident in the sister island of Gozo whereby the population is approximately 7% of that of the whole population. This lack of clinical exposure may jeopardise registration of certain medical practitioners with the Medical Specialist Accreditation Council. This might contribute to clinicians opting to take on the more common specialisations at the detriment of gaining expertise and specialisations in the much needed, less common areas with ramifications on the healthcare system and on the patients and their families since they will need to be referred for treatment abroad.

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[10] Azzopardi-Muscat N, Buttigieg S, Calleja N, & Merkur S. (2017). Health systems in transition. Health, 19(1).

[11] Ramboll (2014). Bottleneck vacancies in Malta from Mapping and analysing bottleneck vacancies in EU labour markets. Brussels: European Commission. file:///C:/Users/monte/Downloads/Country%20fiche%20MT%20-%20final_revised%20(1).pdf

[12] Attström K, Niedlich S, Sandvliet K, Kuhn HM, and Beavor E. (2014). Mapping and analysing bottleneck vacancies in EU labour markets. Brussels: European Commission.

This is not only applicable for training purposes. If we were to attract a very highly specialised doctor to Malta who manages a rare condition, they would quickly become de-skilled due to the very limited numbers of such conditions. The model we are looking at in the National Health Strategy is to ensure we have enough professionals to deal with the more common conditions and of course some specialised services. But when it comes to highly specialised care for rare or uncommon conditions, then we could make use of the emerging European Reference Networks.

The constant expansion of the health care service by the government and the increasing demand of the services due to an ageing population is likely to increase the size of the bottleneck in highly skilled health occupations. Mitigation factors such as recruitment from abroad, improved remuneration packages and collaborations with local and foreign educational institutions are being taken to increase recruitment and retention and reduce the outflow of talents[13]. Further improvement of labour market intelligence and mobility schemes is necessary to better plan a strategy to engage the necessary human resources for the Maltese healthcare system.

3.5 Increased female workforce

Over a period of seven years, between 2012 and 2019 there has been a 3% increase in the national female workforce[14].

The fact that more females are taking up employment is having a positive effect on the national economy and therefore resulting in a larger workforce to meet the local demands. This phenomenon is also evident in the Healthcare setting, however, there is a large percentage of female workforce of childbearing age, therefore most likely to avail themselves of family friendly measures such as parental leave and maternity leave or other form of long leave. Persons who avail themselves of family-friendly measures are still considered to form part of the health workforce headcount and this may pose a challenge with identifying actual vacancies. This leaves departments and services short of the required staff complement to offer an effective and efficient service. In the case of medical staff, vacancies these are often being filled with locum posts where possible.

3.6 Changing dynamics of the workforce

The Healthcare workforce strategy must also take into account the changing dynamics of the workforce. Many health professionals now have different expectations of their career and are looking for greater flexibility from their employers to accommodate different, more flexible work patterns, career breaks and less linear careers. A challenge encountered by the health system emanates from the fact that the young parents, mostly the female gender, need to be available at home when their children are sick, or on school holidays or when supporting relatives are not

[13] Suban R, and Zammit D. (2011). Satisfying labour demand through migration in Malta http://ec.europa.eu/dgs/home-affairs/what-wedo/networks/european_migration_network/reports/docs/emn-studies/labourdemand/mt_20120124_satisfying_labour_demand_through_migration_final_en.pdf

[14] https://nso.gov.mt/en/publicatons/Publications_by_Unit/Documents/02_Regional_Statistics_(Gozo_Office)/2020/Regional_Statistics_Malta-2020%20Edition.pdf

available. Locally, it is still the female gender who are expected to take care of children and avail themselves of Family Friendly Measures. The COVID pandemic has also presented a new reality - that of the health workforce who have young children needing to be present during their home schooling.

3.7 Digitally enhanced healthcare

These last years have seen a fundamental shift in how health care is delivered to and received by patients. Universal health literacy has been identified as a public health goal for the 21st century. In today's digital society, the rapid uptake of telemedicine and the increased use of the eHealth portal (healthcare services provided electronically), requires adequate resources and digital health literacy from patients. Patients need to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to self-assess symptoms, communicate effectively with health professionals and manage medications.

Technology is playing an increasing role in the services we deliver, providing better online services and helping people to manage their health at home through initiatives such as telemedicine, digital access to records, test results, hospital bookings and online services for prescriptions. Technology, when used appropriately and innovatively, offers the opportunity to automate some tasks and to use artificial intelligence to free up the time of healthcare professionals, enabling them to focus on high value activities, leading to better and improved outcomes for the population. Technology can also have a positive impact on staffing demand.

Freeing up healthcare workers' activities through the introduction of new digital platforms (including the use of Artificial Intelligence) would empower both the population and the workforce, possibly alleviating work force shortages. An analysis by McKinsey Global Institute highlighted that AI automation could help in such shortages, potentially freeing up 10% of nursing activities[15]. Freeing professionals from spending less time on the mundane aspect of care should not however replace the humane contribution. Rather this should be more seen as augmented technology supporting healthcare and not replacing it. Conversely, healthcare professionals may focus on the professional aspect of care while certain routine chores are achieved through automation. In order to achieve this, the digital literacy of both the population and the health workforce must be strengthened through government wide initiatives. Having health care workers with a desirable level of digital health literacy has the potential to improve the level of patients' digital health literacy and promote their self-care management.[16]

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[15] EIT Health and McKinsey & Company (2020). "Transforming healthcare with AI: The impact on the workforce and organisations" [online] Available at: https://eithealth.eu/our-impact/our-reports/

[16] Scerri and Scerri C. (2012). Reframing Dementia Care in Maltese Hospitals. Malta Journal of Health Sciences. https://www.um.edu.mt/library/oar//handle/123456789/11931

Delivery of care can potentially be transformed through digital platforms. It can improve patient care outcome in their experiences and access to healthcare services. Such platforms can also increase productivity and the efficiency of care delivery by allowing healthcare systems to provide better care to more people. More importantly, digitally enhanced processes can allow professionals to spend more time in direct patient care and reducing burnout. It can also support delivery of care "mainly by accelerating diagnosis time and help healthcare systems manage population health more proactively, allocating resources to where they can have the largest impact."[17]

Digitalisation is the major key in investing in the future workforce. This however requires integration of the different IT systems (especially databases) presently in our health system to be homogenous, where important data is commonly accessed irrespective from where it is being tapped within the authorised entities. Having such technology where databases and other platforms can talk to each other seamlessly would be of great assistance for authorities in planning services, service demands and workforce distribution. It can also be utilised strongly through services such as electronic services and need assessments of clients, supported self-care and self-treatment. Digitally enhanced healthcare services must be supported by a legal and financial framework.

One of the main benefits of AI, according to Josh Gluck, is that it enables new projects and innovations previously thought to be out of reach due to cost or time constraints. One such project is adaptive staffing where health systems are beginning to use machine learning to adjust staffing to support fluctuating emergency department patient volumes and to reduce wait times in ambulatory services. By extracting historical data across multiple sources, organisations can understand when to staff up to handle an influx of patients for predicted situations like the flu season[17], or ramp up other support staff during the tourist peaks in summer to ensure a smooth patient experience in the emergency department.

Services for the elderly to support living at home would re-design human resources distribution. With a clear indication that populations are ageing rapidly with the consequences that they will live with chronic diseases, requiring care and assistance in their daily lives, health will be a key driver to robotics adoption in the future. At the same time, machines that surpass humans' ability to perform specific medical tasks will expand healthcare options beyond their current limits.[17]

The increased trend of the ageing population in Malta is no exception. For example Scerri and Scerri (2012) predict that due to the demographic changes of the Maltese population and global ageing, the number of persons with dementia is most likely to increase over the coming years. They estimate that the number of individuals suffering from dementia is expected to rise to nearly 13,000 (equivalent to 3.26% of the total population) by the year 2050. Acknowledging that this condition demands the need of one-to-one contact by health professionals on many occasions, the increase of such condition alone will demand more professionals offering their service to it. This is one reason why the robotic industry is in continuous experimentation to address the challenges such condition and other ageing problems are presenting these days.

[17] https://www.bbc.com/future/article/20190418-will-we-ever-have-robot-carers.

According to Helen Dickens, robots do not necessarily replace peoples' job, but they can augment the way to work. Some UK homes are presently deploying robots in an attempt to allay loneliness and boost mental health. These machines will initiate rudimentary conversations, play residents' favourite music, teach them languages, and offer practical help, including medicine reminders.[17] These robots are intended as a way to fill in for carers in an already stretched social care system and have been introduced primarily to reduce anxiety and loneliness.[18]

Technology however demands the need to invest more time for staff training, including re-skilling of staff where duties have been replaced by AI. Training of staff who will be operating the same AI is also paramount to deliver a seamless healthcare service.

McKinsey Global Institute argue about the urgent need for on-the-job training given that educational curricula can be slow to adapt to new technologies, yet a significant portion of the existing workforce will be affected by these technologies. In fact they stress that health and educational systems need to be set up to provide on-going learning, and practitioners need both the time and incentives to continue learning.

3.8 Employee mental wellbeing

Central Government has set up an Employee support programme aimed at providing Psycho-Social support to Public Officers when required. The Employee Support Programme offers counselling and support for public service employees who are currently facing personal or work-related difficulties. Apart from offering professional help on an individual basis, the Employee Support Programme regularly organises initiatives such as training sessions, conferences and seminars. The Ministry for Health liaises regularly with the Employee Support Programme and also coordinate a number of information and training sessions with Clinical and non-Clinical Managers to create more awareness regarding self-care, resilience, coping mechanisms and ,moreover, to promote the service offered by this Department to a wider audience.

Stress and the risk of burnout among Health Care workers is on the increase because of numerous factors, including increased workloads, adapting to new technology including the use of Artificial Intelligence, the sensitive nature of their work and patient and staff turnover. In actual fact, in 2021, 7% of those who left the Public Service stated that burnout was one of the reasons for them to have resigned from their post.

The Covid 19 pandemic created an unprecedented situation for the Health care professionals because of the increased pressure and stress, the possible infection risk to them and on their family members, increased workloads, fear of the unknown, lack of preparedness and personal protective equipment, physical and mental fatigue related to excessive workloads and life / death situations of patients, pressures from management, staff and relatives, among others. This

[18] Bound Alberti F. Robots to be introduced in UK care homes to allay loneliness – that's inhuman. 2020. https://theconversation.com/robots-to-be-introduced-in-uk-care-homes-to-allay-loneliness-thats-inhuman-145879

experience has changed the way health care professionals practice and will continue practising. During this pandemic, the People Management Division felt the need to publish an Employee Health & Well-Being policy. The Employee Support Programme provided full support to this policy and extended its working hours to be able to provide any support required by Health Care Professionals. The People Management Division organised several sessions on health and wellbeing aimed at specific Health Care Staff categories.

The COVID-19 experience highlighted the need for a service which is more targeted towards Healthcare Professions who face challenges which differ from those in other categories within the general Public Service. Health Care employees may feel that the current service is too generic and does not meet their specific needs and therefore they may not take advantage of the services provided.

3.9 Research and innovation in HR management

The People Management Division within Health must ensure that it has the capacity and financing to implement the core functions of establishing HR policy, strategic planning, data management, governance and providing ethical and cultural leadership.

HR management practices have typically been correlated with policies and processes on the assumption that the composite HR practices foster the employee attitudes and behaviours needed to stimulate and support such innovation[19]. However, HR Management practices are also an innovation in their own right. In line with the Public Service Strategy 2022-2026[20], this Division must lead the shift from HR to People Management and provide a holistic People Centred Service. In order to achieve this, it must keep abreast with developments and perform continuous research.

This research must focus on ways of managing, including better working conditions and career structure to recruit, retain and motivate employees; ways of working including new routines to deliver services by those in established work roles while mobilising and using resources effectively and efficiently; and work roles which include the assignment of tasks.

The Health workforce strategy must be aligned to the overall Health strategy thus ensuring better ability to anticipate and respond to organisational and clients' needs while providing an optimum service. Rigorous research, planning and development involving workforce culture, behaviours and competencies promote the successful execution of the Health Strategy.

[19] Liu D, Gong Y, Zhou J, Huang JC. 2017 Human resource systems, employee creativity, and firm innovation: The moderating role of firm ownership. Academy of Management Journal. 60(3):1164-88.
[20] Public Service Strategy 2022-2026. https://publicservice.gov.mt/en/Pages/Initiatives/New-Strategy-for-the-Public-Service.aspx

3.10 Increase effectiveness and efficiency - Support staff

During these past years, efforts have been made by the Ministry for Health in collaboration with relevant stakeholders to introduce clear career pathways within the various supporting categories, including Health Carers, Allied Assistants, Phlebotomists, Decontamination & Sterilisation Technicians and Dental Surgery Assistants amongst others. This also has included a number of training programmes both in-house and others in collaboration with Educational Institutions. This has given the opportunity to these employees to enhance their skills and competencies and progress in their career.

The Healthcare system must make more effective and efficient use of such support workers through identifying opportunities and developing targeted strategies to increase use of these categories of employees through task-shifting and re-skilling. This would address health work force shortages in certain health care professions if certain tasks and roles are redistributed and shifted where and when possible to support staff categories. The Ministry for Health in Malta could consider having discussions with the regulatory bodies and, where possible, undertake revisions as necessary, to enable groups of health personnel to practise according to an extended scope of practice. The health workforce plan should address task-distribution and task-shifting in a manner that will ensure quality while increasing efficiency. This will require further training support in the required skills and competencies.

Volunteerism and the contribution of volunteers is a valuable resource already available and used by the Ministry for Health in specific settings where appropriate and where it can be appropriately managed and supervised. This volunteer resource can, if appropriately utilized, enable health professionals at all levels to focus on clinical activities and responsibilities as well as increased opportunities to improve skills and reduce workload. As such it can be a useful additional resource which can lead to improved health outcomes and patient experience. Some consideration might be warranted to explore the availability and wider utilization, subject to appropriate risk management.

3.11 Improve integration of the education and healthcare sectors

The People Management Division is committed to continue establishing structured dialogues with education providers to ensure a more active participation of the health department in the design and delivery of education programmes. Developing this cooperation can enhance the quality of education and vocational training provision ensuring a supply of qualified health workers which meet the demands of the Maltese National Health Service. A stronger connectivity between education institutions and the Ministry for Health, as the employer, can ensure smooth transitions for new graduates into the health labour market. This ultimately benefits both education providers and health entities as it helps to equip the individual with the adequate skills and competences required to function successfully within Health[21]. Collaboration between the Health Department and education providers

can have many forms; contribution of health personnel in the classrooms through talks and lectures, involvement of clinical professionals in curriculum design or programme accreditation, work based learning placements, mentoring and supervision by clinical staff, knowledge transfer, apprenticeships and other forms of training.

One of the objectives of the strategy is to improve integration of the healthcare and education sectors to address the gaps between the supply and demand for future jobs and strengthen health careers and patient centred care. This must also reflect long term government plans for expansion or introduction of health care services.

3.12 Supporting Innovative ways of working

Faced with the challenges of a workforce which is placing a greater importance on work-life balance and quality free time, the Ministry for Health as an employer must ensure that it caters for these diverse needs whilst maintaining safe and high-quality service levels. Focusing on these more social aspects of employee wellbeing could help in employee retention, performance, and commitment to work.

3.12.1 More flexible rosters

Whilst it may seem that a large organisation which operates around the clock and which serves such a critical function as the delivery of healthcare is ill-placed to cater to its employees' needs and offer flexible working arrangements, it is a must in today's markets if it is to remain an attractive place to work in. With some innovative thinking, the perceived disadvantages may also serve as advantages. For example, having such a large workforce which works around the clock makes it an ideal place to experiment with flexible working hours and rosters, since one is bound to find people who are willing to work at certain hours which others find less manageable. One traditional barrier to this type of working has been the different hourly rates of payment given on different days of the week and times of day. Progress has been achieved in some clinical areas where pay packages were guaranteed even if hours were shifted around to suit both the employees' and the service's requirements. These practices should be studied and disseminated across the organisation.

3.12.2 Remote working

A large part of healthcare requires being close to the patient. However, developments in technology have made it possible to perform non-direct clinical work from anywhere. Examples include reviewing and writing clinical notes, accessing laboratory and radiology investigation results, writing referrals, writing prescriptions, performing administrative work such as preparing rosters and ordering supplies and even undergoing further training/education.

[21] Quality and Qualifications Ireland (2014). Education and Employers. Joining forces to promote quality and innovation across further and higher education and training. A strategic approach to employer engagement. https://www.qqi.ie/Publications/Publications/Education%20and%20Employers%20-%20A%20Strategic%20 Approach%20to%20Employer%20Engagement.pdf

With better management and planning of how and where our healthcare professionals spend their time, we could ensure that professionals are only close to patients when they really need to be and can be anywhere else to do all the other work. This could be in dedicated offices around their normal place of work, in other facilities, or even at home. This may lead to positive impacts on the requirements for parking, time spent on travelling and space dedicated for administrative purposes within precious clinical areas.

The Office of the Principal Permanent Secretary has recently launched a Remote Working Policy following the positive outcome that the Public Service achieved with remote working within the COVID pandemic where a number of workers had to work remotely. Thus, a formal framework is being set up for the administration of remote working in the Public Administration of Malta (OPM Circular 9/2021). This can provide the framework needed to guide the way forward.

The principle of the Right to Disconnect must be kept in mind given the possibility that Remote Workers may risk not being given the possibility of having an official working pattern and rather being expected to be available at all hours.

3.12.3 Telemedicine

COVID-19 has made us more aware of which clinical tasks traditionally involving direct patient contact could be performed remotely. While discussions are ongoing on the quality of care and safety implications of such a change, we can safely say that it provides an exciting opportunity to offload the human and vehicular traffic in and around healthcare facilities. If planned, resourced and monitored adequately, telemedicine can help us reduce outpatient clinic waiting times, improve response times for emergencies and improve patient follow up. We need to study how such telemedicine centres would best be set up and resourced so that we can plan for them to be extended and become a permanent set-up in the provision of health care services.

3.12.4 More flexible career pathways

As the career pathways and opportunities for healthcare professionals continue to develop, there is no longer one single career trajectory to follow and professionals are becoming more and more specialised. This requires changes to the way we plan and organise our clinical teams due to higher rates of turnover, potentially greater overlap among professions and ensuring that the more basic, non-specialised services are still resourced adequately.

Within certain Allied Health professions it is possible to rotate among several areas of work every few years. This has been structured to ensure adequate time for training and shadowing before being deployed into another specialised area. This type of work rotation provides employees with an opportunity to experience other areas of work and can improve employee satisfaction while reducing stagnation of work practices. Further studies into such work rotations could assess the impact of such an initiative and to indicate in which other professions this could be implemented in.


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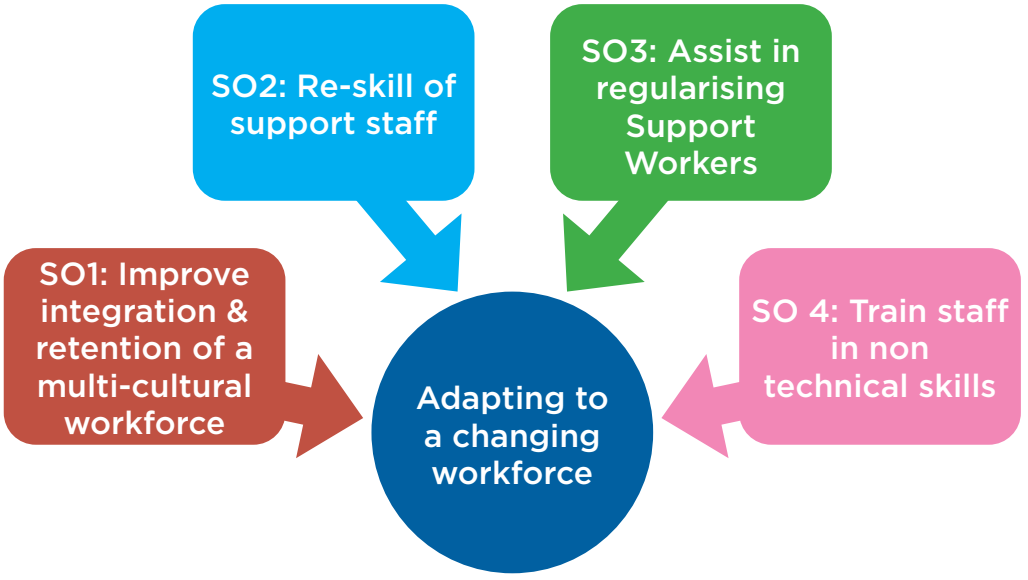
4 The strategic framework

The strategic framework of the healthcare workforce strategy of Malta is based on 3 pillars – Enhancing equity, Safeguarding sustainability and Implementing innovation. Each pillar focuses on six (6) specific thematic priorities emanating from an evaluation of the current situation and emerging factors. The priorities have fourteen (14) related objectives which provide specific direction on what outcomes we want to achieve. A number of action points have been identified to guide the successful achievement of these outcomes.

Pillar 1 – Enhancing Equity

Thematic Priority 1 – Adapting to a changing workforce

Strategic Objectives (SO):



The following actions are being envisaged:

1. Foreign Employees:

(i) Country specific adaptation programmes for foreign employees will be set up. These employees will be requested to attend the programmes prior to them being registered locally or if not in need of registration, prior to employment. This is to ensure that new employees will have the necessary knowledge and skills necessary for treating patients within our National Health System.

(ii) The People Management Division will regularly conduct research programmes aimed at identifying challenges faced by foreign employees and their managers along with methods of improvement to their integration and retention. This will be done in a bid to ensure that integration is a two-way process and diversity will be seen as an opportunity and not a threat.

(iii) The Ministry for Health will appoint cultural mediators from amongst the foreign employees who have been working with the Ministry for Health for several years. These cultural mediators will coach new foreign recruits into the new diverse work environment, which may include different work practices, amongst others. As a result, training needs may be identified and can then be organized for both the foreign employees and the local healthcare managers to provide the necessary information related to cultures, religions, norms, amongst others. This will be done in a bid to enhance integration as a two-way process.

(iv) A multi-cultural committee will be set up to focus on any requirements related to multi-culturalism at the place of work in line with Equality Policies in place. Here any feedback from research carried out for better integration or even through feedback received by cultural mediators may be discussed and ways on implementation can be put forward and implemented.

(v) A new ministry-wide Induction Programme will be set up which will include topics related to Diversity, Inclusion, Equality, Values and the importance of benefitting from different skills and experiences.

2. The role of Educational Institutions:

(vi) Setting up an inter-ministerial committee (between the Ministry responsible for Health and the Ministry responsible for Education) to ensure the long-term supply of workers based on planning outputs.

(vii) Collaboration with Educational Institutions aimed at providing training programmes to upskill support staff will be enhanced. The Ministry for Health will continue identifying such areas and professions where such up-skilling is necessary.

(viii) Consider the introduction of Apprenticeship schemes, especially in staff categories requiring a qualification which is below a first-degree level.

3. Framework to register Support Staff

(ix) A collaboration with the Ministry responsible for the Elderly and the Superintendent of Public Health will be pursued in order to set up the necessary framework to register all unregistered workforce groups (Support Staff). This will include, initiating discussions with the respective stakeholders to create a legal framework to regularise these cohorts of employees. This will ensure that minimum requirements and competencies are consistent across national healthcare and social care services.

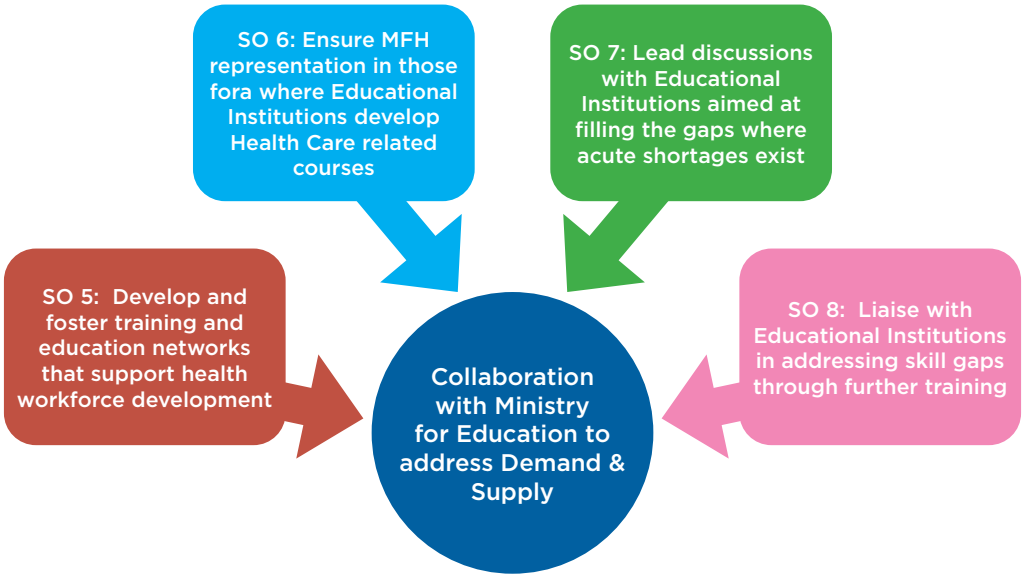
Such categories may include Health Carers, Phlebotomists, Decontamination Assistants, Dental Surgery Assistants, Allied Assistants and Emergency Ambulance Responders.

4. Training of staff in non-technical skills

(x) Strengthening non-technical skills in the current and future workforce will reinforce capacity building of systems and structures within the healthcare services. This refers to the planned development and increase in knowledge and skills, through training and technology. This training will improve internal communication and interaction between the various health workers, enhance management and leadership and increase job satisfaction and retention of the employees. Consequently, the overall service that is offered to our clients will improve holistically, resulting in an enhanced quality of care.

Thematic Priority 1 - Collaboration with Ministry for Education to address Demand & Supply

Strategic Objectives (SO):



The following actions are being envisaged:

1. Addressing Demands and Supply

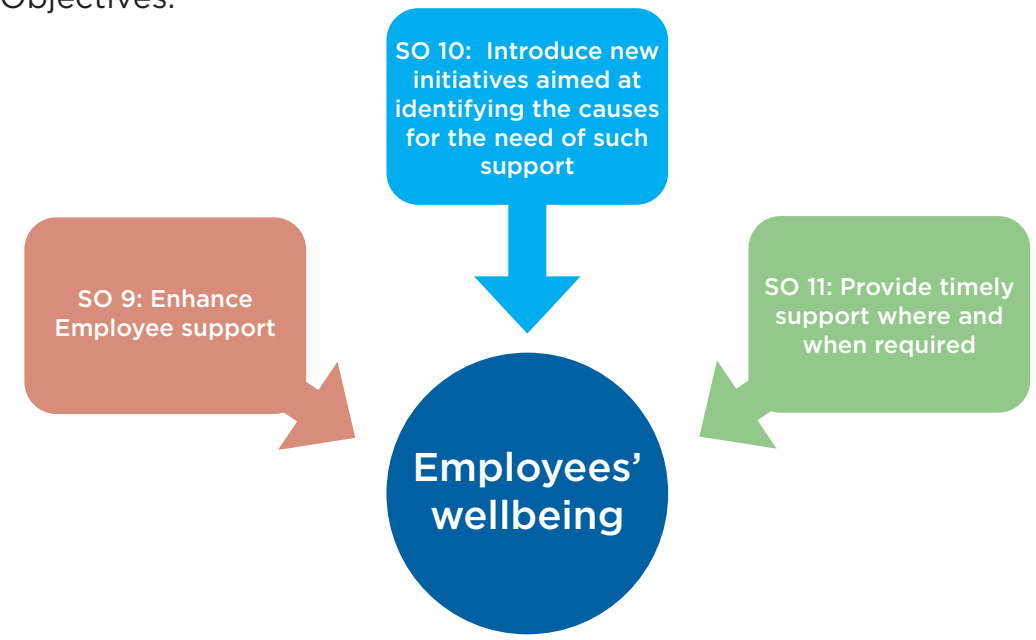
(xi) Gaps in professions that require both current and future urgent focus will be identified in line with both national and international trends. Once such gaps are identified, collaboration with education institutions and accreditation bodies (MFHEA, UOM and MCAST) will be sought in order to maximise flexibility and enhance program responsiveness to emerging health sector requirements. Through collaboration and communication, the Ministry for Health can ensure that health programmes and their delivery continue to be relevant and appropriate. Such collaboration will ensure that there is continuous contribution to the development of curricula that are responsive to changing practices and healthcare settings and roles.

(xii) An Inter-ministerial steering group will be set up to ensure ongoing presence and collaboration with Educational Institutions as the main suppliers of human resources to the Ministry for Health.

(xiii) Healthcare professions will be promoted through collaboration with primary and secondary schools and VET sector and foreign universities. This can be done through enhanced participation in job fairs, career conventions and other similar events. A positive message regarding Healthcare Professions must be conveyed to students with an emphasis made regarding job opportunities, job satisfaction and career progression.

Thematic Priority 2: Employees' Wellbeing

Strategic Objectives:



The following actions are being envisaged:

1. Surveys

(xiv) The People Management Division will carry out regular employee surveys or other relevant tools to gauge wellbeing and motivation. Such tools will assist the Management to implement recommendations based on reports issued from these surveys and instil employee physical and mental wellbeing as a culture.

2. Exit Questionnaires

(xv) Exit questionnaires will continue to be implemented and analysed in order to have a clear understanding why employees opt to resign from the service. Action will be taken to address those areas identified as requiring attention prevent further losses. Support and training will be provided where required.

3. Employee Support Programmes

(xvi) Tailor-made employee support programmes for healthcare professionals are a necessity in the caring sector. A specific set-up for the Ministry for Health will be created to complement the current central government Employee Support Programme, in addition to the current collaboration with the central service it is planned to team up with Non-Governmental Organisations already providing such services to the public in general. The People Management Division would lead this collaboration which would be accessible to all Health Care employees.

Pillar 3 – Implementing Innovation

Thematic Priority 1 – Research & Innovation

Strategic Objective:

The following actions are being envisaged:

1. Research Requirements

(xvii) It is being proposed that the necessary research requirements are identified and prioritised according to current needs seen locally and according to foreign trends. These may be related to any Human Resources-Related aspect including HR Planning, Working Conditions, Family-Friendly Measures, Training and Wellbeing amongst others.

2. Research Projects

(xviii) In order to establish research as a core pillar of the HR function and ensure that regular research is carried out according to the local health needs, a team must be set up with the sole focus being research.

(xix) A minimum of one research project will be carried out annually in areas where current local HR are envisaged and depending on issues that are priority at that time.

Thematic Priority 2 – HR Data Management System

Strategic Objective:

(xx) A new HR data Management System will be introduced. This will be a uniform system which will be available in every Health Entity to ensure that live and accurate data will be available to the Central People Management Division. It is envisaged that more efficient collection of data will significantly improve Health Workforce planning, identification of specific trends etc.

(xxi) Enhancements to the system will be introduced, including live electronic organograms and dashboards to replace current paper-based systems with electronic ones.

Thematic Priority 3 – HR Planning & Forecasting Tool

Strategic Objective:

The following actions are being envisaged:

1. Development of tool to assist with Health Workforce Planning and forecasting.

(xxii) The People Management Division will collaborate with the World Health Organisation to develop a tool which will assist with compiling short and long-term HR Plans. In collaboration with the main stakeholders including the respective Chief Executive Officers, HR Managers, Educational Institutions and Unions, amongst others, this tool will serve to have a more robust methodology for a more evidence-based HR Planning system.

Training for key stakeholders in mechanisms of Health workforce needs forecasting and planning, will be provided, keeping the small state and open economy perspective broadly in mind. It is envisaged that Health Workforce planning and forecasting will no longer be an annual paper exercise but rather an ongoing process. Such a robust methodology will commence with identification of a baseline of resources required to sustain the current services being offered by the Ministry for Health proceed with calculating the human resources required for the introduction of planned new services.

(xxiii) A multidisciplinary Unit will be set up with the role of performing strategic Health Workforce Planning within the Ministry for Health.

Next steps for the National Health Workforce Strategy

Providing a National Health Service is complex and its workforce is diverse. The actions identified in this strategy depend on multiple stakeholders for successful implementation. The thematic priorities outlined under each of the three pillars of this strategy represent significant changes and implementation will need to be tactful, progressive, collaborative and most of all strategic to ensure the least possible disturbance to the system. This Strategy also clearly reflects the risks of inaction, particularly given the long lead time to realise the impact of the Strategy and because of the multiple levers held by stakeholders of influence. The success of the implementation of this strategy must also consider potential breaking points within the system which may jeopardise and off track the established plan. Such breaking points may be hard to determine and to anticipate, such as the COVID-19 pandemic, others might be less unpredictable such as changes in policy direction. What is certain is that contingency and being prepared for dramatic events which can unstabilize plans is of the essence. Lessons learnt in the past together with regular monitoring and reviewing the implementation processes are essential to ensure minimal shocks and stresses to the health system.

Implementation plan

An initial implementation plan will be developed in collaboration with identified stakeholders, aimed at mapping out actions that need to be taken in order to achieve the goals identified in the strategy in an efficient and effective manner.

Working together

This strategy can only be successfully and comprehensively implemented through collaboration with all stakeholders. Action must be driven and owned by the People Management Division within the Ministry for health with active participation and engagement of the professionals within the system. It is the responsibility of government, education, training bodies and Professional Councils to support this process. Implementation partners will include all organisations that affect the health workforce in any way. Depending on the priority and action, partners may work in direct collaboration or in parallel.

Evaluation

Evaluation of the implementation will be conducted to identify areas where the strategy is succeeding, and areas where more work needs to be done to overcome challenges in order to reach the desired objectives.

Reports on progress will be made bi-annually to ensure that progress is monitored regularly and adjustments not made to the plan if required.

Expectations for the future

Following the initial implementation, a marked improvement against thematic priorities and objectives is expected. Progress towards the goal of working together, using data and evidence is expected, to ascertain that the health workforce sustainably meets the changing health needs of Maltese communities.