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Time to Act

The Personnel in a Sustainable Health and Care Service

Chapter 1 Summary

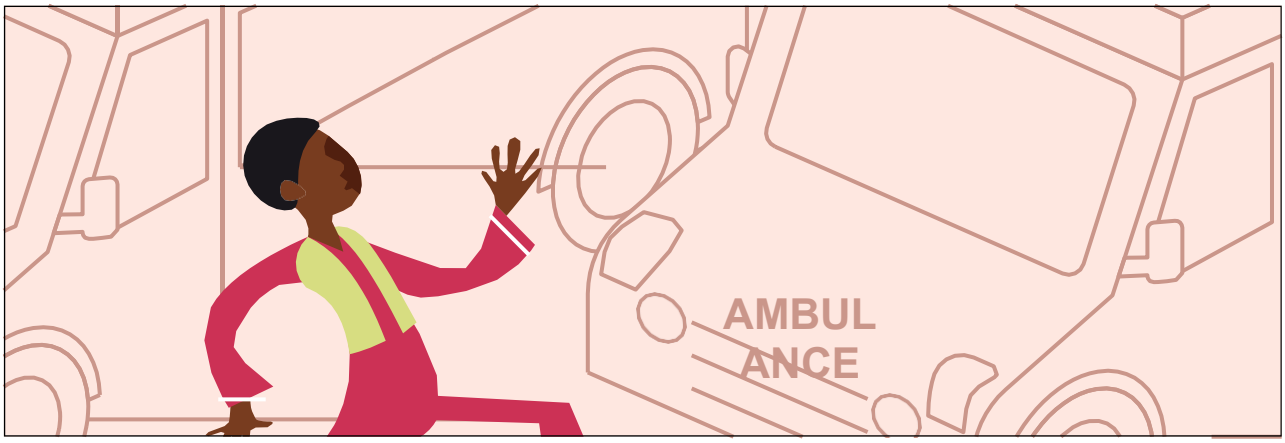

Figure 1.1

1.1 Summary

1.1.1 A demanding challenge for the future

Personnel are the backbone of the health and care services. Adequate and competent personnel are vital for hospitals and municipalities to be able to provide high-quality health and care services. The pressure on personnel in the health and care services has increased significantly in recent years. Like other countries, Norway faces major challenges with recruiting sufficient personnel. The situation will become even more serious towards 2040.

It is still possible to change course and steer health and care services onto a more sustainable track, whereby good services are provided to the whole of Norway's population, while personnel levels are adapted to society's other needs. But this requires a new approach and a new policy in a number of action areas, and also the will and ability to execute it.

This official report contributes a knowledge base for policy development in the years ahead, while the Healthcare Personnel Commission also proposes measures to develop future sustainable health and care services throughout the country.

Strong personnel growth and higher competence level

Today, more than 400,000 people work in the health and care services. No other major industry has seen a greater increase in employment rates in recent decades. The proportion of all employees in Norway

working in the health and care services has trebled from the early 1970s, to over 15 per cent in 2021. In view of the sharp increase in the total number of employees in the same period, the number of people employed in the health and care services has more than trebled.

Norway tops the league in Europe when it comes to resources used for health and care services. We have the highest proportion of employees, and are among the countries that, in relative terms, spend most of the community's money on these services.

The competence and composition of personnel have changed in recent decades, among other things to leverage medical advances and use state-of-the-art equipment. Changes have also taken place through the further development of services, for example related to higher outpatient treatment ratios, and the reform of healthcare and social services (the Healthcare Interaction reform) that gave greater responsibility to the municipalities. There has been a shift from institution-based care to home care services in the municipalities. University college and university graduates have accounted for the growth in recent years. Skilled workers and personnel without formal education have not increased equivalently.

Greater challenges in rural areas

Many municipalities already face a staffing crisis. The municipalities are responsible for municipal health and care services. In recent years it has become significantly more difficult for the municipalities to recruit healthcare personnel, and it is particularly difficult to recruit GPs and nurses. There are stories in the press on a weekly basis about advertised positions without qualified applicants and heavy workloads reported by employees. Many work in services in rural areas, but recruitment challenges are also increasing in central areas of the country. In many municipalities, retaining healthcare personnel also presents challenges.

In rural municipalities with scattered populations over great distances, the home care services spend a lot of time reaching all users, and many of the services are provided on a one-to-one basis. The care service is therefore highly personnel intensive. Today, many municipalities already face problems with providing the services to which residents are entitled.

Hospitals also face recruitment challenges

For some time, the specialist health service faced far fewer recruitment challenges than the municipal health and care services, but more recently, however, several hospitals, including in central areas, have experienced difficulties with filling staffing vacancies. Among other things, there are challenges associated with recruiting nurses for ordinary ward positions, intensive care nurses, midwives and personnel for psychiatric health services. Other critical expertise, such as biological engineers, are also in short supply at some locations. The recruitment challenges make it difficult to maintain several basic services.

Hospitals are complex organisations. Complex, specialised tasks are undertaken in collaboration between different specialised professional groups. Many services are open around the clock and staffed on a shift basis. If one specialist is missing, the service may come to a halt.

Medical developments, greater use of advanced equipment and increasing demands for patient safety and quality, are driving further specialisation. There is a fundamental contradiction between the availability and provision of services throughout Norway on the one hand, and the development towards ever greater specialisation and quality of services on the other. Staffing health and care services with emergency functions and 24-hour operation represents increasing challenges.

The coronavirus pandemic has made the situation even more urgent

As from early 2020, the coronavirus pandemic led to strict measures, and high infection and admission rates that put a heavy strain on the health and care services. When many countries closed their borders, the supply of foreign healthcare personnel became limited, and many returned home. There is a backlog of non-pandemic-related services in many places, combined with continued high sick leave rates and a high number of admissions as a consequence of Covid-19. The pandemic therefore continues to present challenges for the health and care services, exacerbated by an infection season with an unusually high number of admissions.

The demographic development is increasing the demand for healthcare personnel, while also braking the growth in personnel numbers

It has long been known that the number of elderly people will increase sharply, leading to a strong increase in demand for health and care services. Even though the number of elderly people over the age of 80 has increased surely and steadily since the Second World War, the future pace of growth will present unprecedented challenges for municipal care services. The 80+ age group increased by 40,000 people between 2000 and 2020, when there were around 230,000 people aged over 80 in Norway. Between 2020 and 2040, this group will increase by more than 250,000 people.

Parallel with this development, the growth in available manpower will slow down before coming to a complete halt. For the first time in modern times, from the mid-2030s the number of people of working age *will see a decrease* in absolute terms. This trend will continue to gain momentum after 2040. The demographic development will thereby bring *both* an increase in the number of elderly *people and a reduction in the number of people* of working age – at the same time.

The personnel shortage has led to somewhat weaker growth in employment in the health and care services in recent years. Yet since Norway's total employment also increased during the period in question, the employment growth in the health and care services has not limited other sectors' opportunities to increase their employment levels. Personnel growth in the health and care services has therefore developed without burdening other areas of the labour market.

Soon, other industries and sectors will no longer accept any further increase in employment

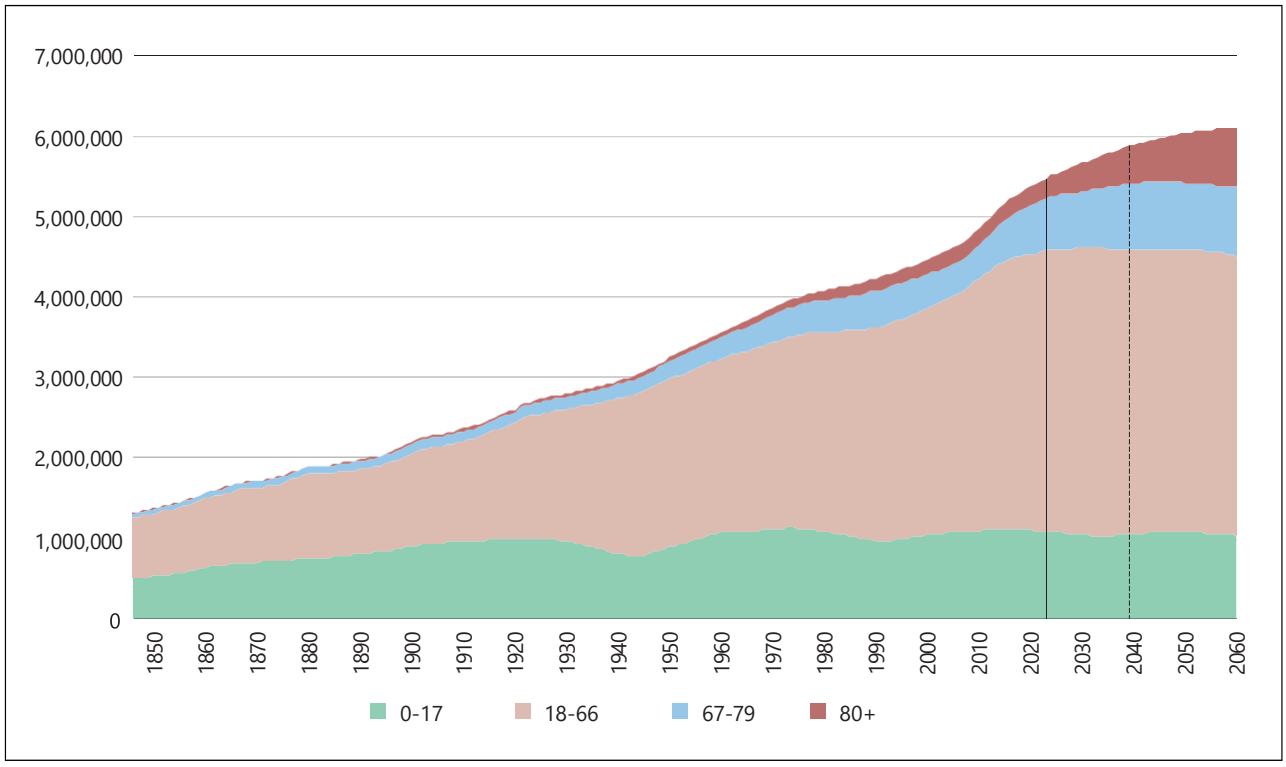

Figure 1.2 Norway's population by age groups, observed before 2022, with subsequent projection. 1846-2060

The projections use Statistics Norway's main alternative for population development, with medium fertility, life expectancy and immigration (MMM)

Source: Statistics Norway's statistics bank, tables 10211 and 13599.

in the health and care services, because this would also reduce the manpower available to them. Society faces a number of highly prioritised challenges. Climate, environment and biodiversity, renewable energy and defence are all examples of other sectors that will need more manpower and financial resources in the years ahead. Norwegian industry and business also need a lot of manpower to develop and remain competitive in the years ahead.

There has also been strong economic growth in Norway in recent decades, driven by a highly

productive petroleum industry that has made enormous financial contributions to society. The expected reduction in revenue from the petroleum industry in the years ahead will probably lead to considerably lower overall value creation in Norway. There will be far less scope for manoeuvre in the national budgets.

The Healthcare Personnel Commission assesses that there can be no significant increase in the health and care services' share of the total workforce. Since personnel are already in short supply, and will be even more so in the future, the health and care services must use personnel and their expertise far more efficiently than before. There will be fewer staff per patient.

In rural areas, the demographic situation is under even more pressure than in Norway as a whole. For several years, there has been greater population growth in densely populated areas than in rural municipalities. Many young adults move to the cities, which is particularly true of young women, who are pursuing higher education to a greater extent than young men. Their children will grow up in central regions of the country. The relationship between the elderly and care recipients, and the employed workforce, is therefore most precarious in small rural municipalities. Since many of the elderly people's children have moved away, the amount of informal care in rural municipalities is also declining. This serves to reinforce the problem.

The municipal care services must have a higher share of personnel in the future

In the decade that has passed since the reform of healthcare and social services, there has been more growth in the municipal health and care services than in the specialist healthcare services. The municipalities' personnel needs will increase further, however, especially in the care services. Future efforts must therefore be directed towards municipal care, in order to cope with the growing number of elderly people.

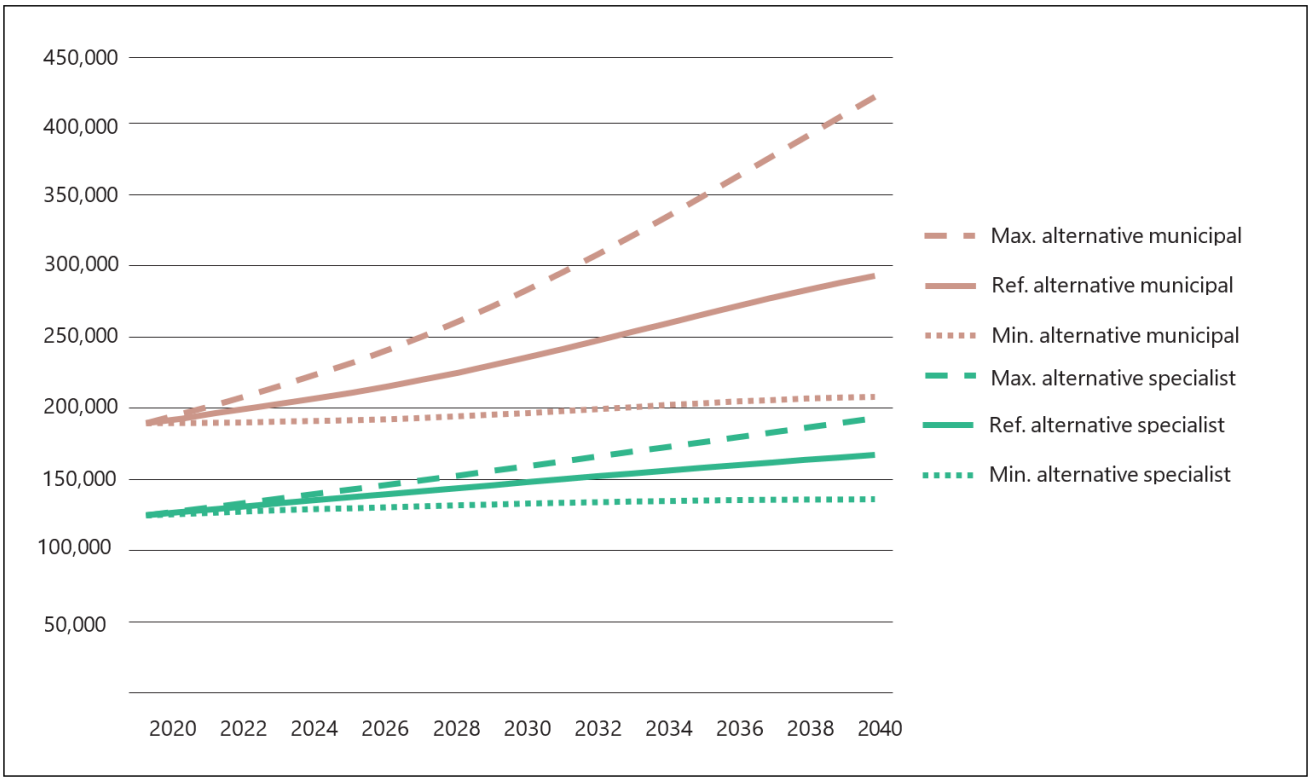

Figure 1.3 Projections of required FTEs in health and care services by service area; three growth scenarios. 2018-2040

Source: Figure from the data basis used in Holmøy et al. (2023).

A stronger focus on municipal services will facilitate a specialist health service with lower, if any, personnel growth. Productivity must be increased significantly, and there will be a need to facilitate and invest in solutions that contribute to this.

Figure 1.3 shows three scenarios prepared by Statistics Norway (data from Holmøy et al. 2023) to show the future growth in demand. In the reference alternative, the equivalent intermediate alternative in Jia, et

al. (2023), the demand for FTEs in municipal health and care services will increase by more than 50 per cent from 2019 to 2040, representing growth of more than 100,000 FTEs. Even if there had been a political will to achieve adequate funding, it would still not be possible to achieve this growth. There will be no competent workforce available in Norway to staff this growth without this being to the detriment of other sectors. In the high-growth alternative, employment increases by 120 per cent over the period. In this scenario, many municipalities' health and care services – and other activities – would collapse completely.

If measures are taken to reduce the need for manpower, as recommended in this report, the Healthcare Personnel Commission finds that it would in all likelihood be possible to handle the situation. But this requires some forceful measures. A concerted effort, with targeted measures, could lead to development equivalent to the minimum alternative, as illustrated in Figure 1.3.

Tougher prioritisation is needed, also in hospitals

Medical advances have led to increased life expectancy and more forms of treatment. So far, the changes made by hospitals have to a great extent been achieved with higher staff numbers and increased budgets.

Going forward, professional development, the population's and patients' expectations, and political intentions and decisions will have to be fulfilled without significantly more employees. If the number of employees in one service area is increased, there will be a reduction in employment elsewhere. New initiatives and new policies must therefore have the main objective of reducing manpower requirements. It will then be possible to increase productivity. This can be achieved through investments in buildings, medical-technological equipment and user-friendly digital solutions, as well as better task sharing and better organised services.

There are tensions and contradictions within the services. There are competing budgets for investments and operations, and Norway has given less priority to investments that can yield personnel savings than seen in our neighbouring countries. Mental healthcare provision is growing less than somatic healthcare provision, despite political agreement and governance requirements for the contrary. There is a required shift from inpatient stays to day treatment and outpatient clinics at hospitals. Outpatient treatment saves personnel costs overall but has different effects for the various personnel groups.

Growing gap between expectations and opportunities – the need for limited choices

The Healthcare Personnel Commission can see a growing gap between the population's expectations of the scope, quality and prevalence of health and care services, and the services' ability to meet these expectations, as a consequence of personnel and financial constraints. This creates frustration for everyone involved.

Expectations increase with medical advances and calls for services of a higher standard. It is understandable that patients and service users require the best possible treatment and care. But there is almost no limit to how advanced, costly and personnel-intensive the services *offered* may be.

A condition for developing sustainable health and care services is that those involved – personnel, the population and politicians – are aware of limitations and realities that challenge the publicly funded health and care services for the entire population. There is a need for a common recognition of the realistic scope and quality of the services. All parties concerned must be involved in this: the Storting, the government, politicians in general, the supervisory authorities, health enterprises and municipalities, the social partners, personnel, patients, users and relatives. Everyone has an important contribution to make and must do what they can to reduce the gap in expectations.

Politicians and healthcare personnel lack experience from facing limited choices, even though this is prioritised in the services on a day-to-day basis. Limiting the services available to patients and users is demanding for everyone, and not least for the healthcare personnel who are involved in clinical work in their encounters with the individual patient. It is the healthcare personnel who make decisions about and who must communicate their limiting choices. There is a need for greater competence and awareness of this. For personnel to be able to manage difficult, limiting choices, active support from all of the aforementioned parties is needed.

It is not possible to staff away the challenges

The development picture shows that it is not possible to staff away the challenges that the health and care

services will face. Irrespective of the future economic scope for manoeuvre, it is the availability of personnel that limits the services and prevents them from developing further under the current arrangement.

The Healthcare Personnel Commission is unanimous in not recommending extensive recruitment of healthcare personnel from abroad to resolve the challenges. Norway already has high healthcare personnel coverage compared to other countries and is committed to avoid recruiting from countries that need health and care personnel themselves. Moreover, healthcare professionals from abroad will often move back to their home country when times are more challenging. For emergency preparedness reasons, Norway should not be dependent on the recruitment of healthcare personnel from abroad.

The personnel growth in the health and care services has so far considerably exceeded population growth. Staffing trends in the services are not sustainable. This means that systematic efforts to limit this development are required at all levels. This is the challenge faced by politicians, owners and management, supervisory authorities, professional communities and the individual employees in the services. Measures to facilitate the best possible use of employees' time and competences are decisive. The main priority for healthcare policy-setters in the years ahead should be to develop measures and invest in solutions that ensure the lowest possible personnel growth in the health and care services.

1.1.2 Action areas for sustainable health and care services throughout Norway

The objective of maintaining and developing good and sustainable health and care services for the whole of Norway's population can only be achieved if the necessary measures are introduced sufficiently comprehensively, and in due time.

As Figure 1.4 illustrates, personnel are at the centre, as the most important resource in the health and care services and are vital to ensuring good treatment for patients. The service must be developed so that personnel can develop and achieve competences. By feeling ownership and affiliation with the service, the personnel will achieve mastery, development and rewarding work.

Many of the measures proposed by the Healthcare Personnel Commission will be implemented by personnel. An acceptable workload, job satisfaction, motivation and professional development are important for the recruitment and retention of employees. It must be attractive and possible to remain employed throughout a long working life, preferably in full-time positions and with lower sick leave rates than today.

Figure 1.4 Action areas to resolve personnel challenges

Source: Healthcare Personnel Commission.

Significant measures are needed to change the health and care services sufficiently. The Healthcare Personnel Commission therefore recommends

comprehensive measures in several action areas, which together will contribute to the transformation. The measures are structured under the following six areas:

- organisation of the health and care services,
- task sharing,
- working conditions and working hours,
- education and competence development,
- prioritisation and reduction of less important and to some extent unrequired services, and
- digitalisation and technological development.

The measures proposed by the Healthcare Personnel Commission are compiled at the end of each thematic chapter.

More efficient organisation and collaboration in the health and care services

Better cooperation and collaboration between the specialist healthcare services and the municipal health and care services was an important reason for the reform of healthcare and social services in 2012. Just over ten years later, there are still collaboration challenges. It is challenging to achieve holistic patient pathways and a good flow of services when they are offered by parties that are organised in different ways. Collaboration is hampered by differing professional and economic logic, despite the good will from all sides. The tasks partly coincide and are partly separate. Patients with service needs at different levels are vulnerable, and the flow of services may come to a halt. This often concerns vulnerable groups such as frail elderly people, the chronically ill, and patients with mental disorders.

A majority of the Healthcare Personnel Commission recommends appointing a committee to investigate a more cohesive organisation of the health and care services. The purpose is to substantiate and justify whether a cohesive organisation of the services at one level can contribute to better use and utilisation of the total available manpower in the health and care services. A minority do not support the combination of health and care services at one level. They believe that this will lead to a centralisation of services and counteract the need for robust municipal services matched to various local challenges.

The Commission also proposes to initiate a study of a future sustainable hospital structure in Norway. The current structure, with a large number of hospitals with emergency functions, is increasingly demanding to staff, among other things due to greater specialisation and associated recruitment challenges. When areas of specialisation are more distinct, more people must contribute to maintaining an adequate round-the-clock service. This has a centralising effect. Via a one-level model, for example, it is easier to see the institutional structure (local hospitals and nursing homes) as a whole. A minority of the Commission supports an assessment of the future hospital structure but believes that this must be resolved within the current division into levels.

Better use of available expertise through good task sharing – building from the bottom up

The Healthcare Personnel Commission believes that there is considerable potential in intensifying the structured work on correct task sharing and good organisation of the work. This would help to maintain and improve the quality of the services, reduce the use of resources, and increase efficiency, attentiveness to core tasks and the motivation and well-being of employees.

The shortage of healthcare personnel makes it important to be aware of what personnel are required to do and handle in the course of a working day. This also entails allocating tasks to other personnel when professional healthcare expertise is not required. It must also be assessed whether tasks can be handled in completely new ways, including by using technological solutions, preferably in collaboration with patients, users or relatives.

Public healthcare and prevention

Correct task allocation starts with public healthcare, prevention, early intervention, health promotion and strengthening the population's health literacy. In this way, patients and users can be equipped to take care of their own health and participate in their own treatment. A stronger focus on public health and preventive work could also help reduce the need for health and care services, thereby reducing the need for measures to be taken by healthcare personnel.

The voluntary user organisations offer social support, as knowledge organisations. They may also have a more formalised role in service development and service delivery in hospitals and municipalities. The health and care services should also accept their share of social responsibility for activating, employing and including people of working age who are outside the labour market.

Allocation of tasks in the health and care services

Many different tasks are performed in the health and care services. They are handled in different ways, depending on needs, access to equipment and personnel, and where and how the services are provided, as well as a number of other conditions. The personnel groups in the services have different core competences, and thereby different qualifications for handling tasks well and efficiently. Many tasks can and should be handled by several personnel groups, provided that the prudence requirement is fulfilled. A

good and effective solution in one place may not work well in another. There are 33 authorised healthcare personnel groups in Norway that, to varying degrees, can contribute the right expertise to the service, and several other professional groups can contribute to the sound handling of tasks in several areas. Employers and managers must be aware of what the services need and must identify the competences of all employees. This will enable them to achieve a good match between the needs of the services and make good use of the employees' competence and development potential. The Commission recommends that the work to achieve appropriate task distribution starts by systematising the need for expertise in various work processes.

With some exceptions, there is no definitive answer as to which professionals should handle which tasks, and how tasks are combined into service chains. In some situations, strict specialisation is reasonable, while in others there is a need for personnel with a broad portfolio of tasks and generalist competence. The services must work purposefully and systematically with staffing and sharing of tasks, so that personnel's expertise and capabilities are utilised in the best possible way. The Healthcare Personnel Commission recommends establishing a quality development programme to promote correct organisation and distribution of tasks in the health and care services across Norway.

The Healthcare Personnel Commission assumes that the health and care services must be built from the bottom up. This is inspired by the principle of handling tasks at the lowest effective level of care (LEON). When the services are staffed by building tasks from the bottom up, both the utilisation of expertise and universal development are ensured. A specific example is to expand the use of healthcare assistants, both in the municipalities and in the specialist health service. The healthcare assistant education programme is both accessible and attractive to many people, but overall, there is too little demand for this workforce, and a shortfall of full-time positions. Good recruitment of healthcare assistants and use of their expertise could significantly reduce the perceived shortage of nurses.

"House-and-home"– combined positions

The use of combined positions can help increase the flexibility and quality of the services. This is described by the Healthcare Personnel Commission as "house-and-cabin" positions, where the employee works in several professional environments, within or between service and administration levels, but also between the health and care services and the education sector. These positions can help ensure that specialist expertise is put to use in more enterprises, for a better distribution of shifts and a greater degree of full-time employment. It is also important that such positions can increase preparedness by allowing more people, perhaps from several occupational groups, to take turns to work on special tasks for which there are modest personnel needs in normal circumstances. If a need for upscaling should arise, it is possible to gear up the services' workforce at short notice. House-and-home is a channel to activate "tacit knowledge" and will thereby help to lower cultural barriers and also increase the exchange of competence between service venues.

Generalists in the health and care services

The Healthcare Personnel Commission considers it important to strengthen generalist competences in the health and care services. Developments in treatment forms and methods contribute to an increase in the degree and scope of specialisation among personnel. At the same time, patients' needs are evolving towards a need for personnel with generalist competences.

Personnel with general medical, nursing, professional and other expertise are fundamental to the provision of services in the municipalities. This applies to small and large municipalities, both in rural and central areas of the country. In the specialist health service, generalists are important for maintaining hospitals in rural areas. In view of the demographic development, with an increasing number of elderly people and patients with complex needs, this competence is also increasingly important for larger hospitals. Generalists also constitute an important channel for cooperation and collaboration between the municipalities and the health trusts.

Working hour schemes that ensure good personnel utilisation, job satisfaction and quality in the services

Working conditions and working hour regulations are key framework conditions for health and care services and personnel. Working conditions that ensure well-being and development help to retain personnel in the services.

A greater degree of full-time work will trigger greater capacity and quality in the services, without also increasing the number of employees. Full-time employment will therefore help reduce staff increases in health and care services. Employers and employees share the wish to work towards as many full-time positions as possible in the health and care services.

Some personnel groups in the health and care services work in part-time positions to a greater extent than others. Unrequired part-time work is to the disadvantage of everyone. It has a negative impact on recruitment when it is difficult for graduates to gain a permanent, full-time position. Part-time positions hinder professional and social development in the workplace, provide poorer insights into colleagues' competences and yield less knowledge about patients and service users.

At the same time, an individual employee may require a part-time position, and the opportunity to achieve this may contribute to the wish to work in the service.

The entire Healthcare Personnel Commission emphasises the importance of good cooperation between the parties, to achieve services of good quality and ensure employees' well-being at the workplace. A majority of the Healthcare Personnel Commission believes that restrictions to the employer's right to govern are in conflict with the company's responsibility to provide adequate health and care services. The majority considers that an obvious solution would be to stipulate provisions concerning the average calculation of working hours in the central collective agreements, as has been done in other sectors.

If the parties do not reach any such agreement, the majority believes that the authorities should review the current statutory provisions concerning shift work/work on rotation, with a view to making adjustments to ensure that the employer has the authority to fulfil its responsibility for staffing the services, for example at weekends, and to fulfil the Norwegian Working Environment Act's requirement for employees to have a fully safe and responsible working environment.

A minority of the Commission disagrees with this and does not want either central agreements to be established concerning average calculation or a review of the working time provisions under the Working Environment Act. The minority believes that central agreements will weaken employees' participation and cannot see that changes in working hour provisions will result in increased recruitment or that it will be easier to retain personnel in the sector.

Education, competence development and career opportunities for personnel

An important condition for achieving good and effective health and care services is that the personnel have the qualifications and competence required for the tasks. The services are evolving rapidly, and many different types of expertise are needed to resolve the challenges presented.

The need to limit the increase in employees in the health and care services entails that increased educational capacity in health and care education programmes will not resolve the staffing challenges.

The Commission does not make specific assessments of the dimensioning of education programmes but emphasises the importance of correct dimensioning and localisation in order to supply competent manpower to the services. The Commission points to the importance of good cooperation between the health and education authorities, as well as a solid knowledge base concerning future needs, as a basis for dimensioning.

The training of healthcare personnel must nevertheless take place with a capacity that contributes to meeting the competence needs of the health and care services. Norway must be sufficiently self-sufficient in terms of healthcare personnel. New study places should be located in rural districts, rather than central areas. The education sector should develop schemes to qualify those who lack minor elements of their formal education pathways, and for even better facilitation of further and higher education.

The Healthcare Personnel Commission recommends that Norwegian higher education institutions have educational capacity for the major healthcare personnel groups that is equivalent to at least 80 per cent of the estimated need in the health and care services.

Various task-oriented education and training of healthcare personnel are differentiated and distributed across the country on a sound basis. The healthcare assistant education programme is among the most decentralised education programmes in Norway. Vocational colleges offer various higher vocational education programmes and contribute to developing relevant career paths for vocational graduates with study programmes that are in good harmony with competence needs in the services.

There is a need for greater efforts to increase capacity and competence within practice supervision. The need for internships and apprenticeships currently limits the capacity of several healthcare education programmes. The Healthcare Personnel Commission proposes several measures to strengthen capacity and cross-professional cooperation in practice teaching. The municipalities should take greater

responsibility for supervision and practice teaching and better facilitate good teaching. Different task-oriented education and training programmes give different personnel groups the competence to be able to perform special tasks and procedures. Many tasks can be performed by instructed and trained personnel with different basic educational qualifications. This supports the principle of staffing the services from the bottom up and also contributes to employees having career opportunities within their own profession.

The division of labour between the university and university college sector and the health and care services generally functions well. Academically educated healthcare personnel have gained the method- and research-based knowledge needed to develop and improve the services. This is facilitated by good cooperation between education providers and services. The Healthcare Personnel Commission recommends that the education of healthcare personnel should be organised in such a way that competence requirements are fulfilled in both the health and care services and the university and university college sector.

The need for restructuring, together with a high rate of innovation in the health and care services, requires personnel to have up-to-date competence from knowledge-based professional development, new technological solutions, the use of digital tools and new ways of working. Continuous, systematic work on competence development and lifelong learning are therefore needed for employees in the health and care services.

The Healthcare Personnel Commission recommends that the approach to lifelong learning and competence development in the health and care services should be concentrated on the priority action areas:

- strategic approach to competence development in the health and care services,
- good management of the strategic competence development work,
- facilitation of a closer link between research and clinical practice, and
- systematic work to share and implement knowledge and expertise.

Good prioritisation for better use of available personnel

The opportunities for examinations, treatment and interventions increase in step with medical development. Available statistics and research show indications of over-treatment in some areas, and that a number of unnecessary and low-priority health and care services are offered in Norway. A reduction of incorrect treatment, and unnecessary and low-priority services, would reduce the workload and free up capacity in the service. This would lead to reduced personnel requirements.

The Healthcare Personnel Commission attaches great importance to disseminating insight and understanding related to the costs of overtreatment and low-prioritised services.

The resources of the health and care services are provided in the short term, via annual budgets. Unnecessary, low-priority services offered to some patients and users may displace services that have positive health effects for others. The Healthcare Personnel Commission recommends a review of the funding system, to eliminate any incentives to provide unnecessary, low-priority services. Personnel resources must be used in services that provide the most benefit, regardless of whether they are privately or publicly funded.

Political decisions, such as the introduction of competence requirements, waiting list guarantees or new patient and user rights, increase the need for healthcare personnel. The Healthcare Personnel Commission proposes that the consequences for personnel requirements be introduced as a requirement on the investigation of proposed policies in the health and care area. The supervisory authorities must assess whether the use of resources in the service is responsible and use inspection to contribute to correct prioritisation.

Technology and digital solutions can reduce the personnel requirement

The health and care services are major consumers of technology and digital solutions. Technical aids are used in diagnosis, treatment and rehabilitation. Technological solutions also provide extensive support for communication and coordination within and between the services, and for administration, reporting and monitoring of the services. The use of welfare technology in care services is becoming increasingly more widespread.

Innovation, new technology and digital auxiliary equipment in the health and care services have contributed to better quality and a greater scope of services. Yet there are also differing opinions on how technology should be used in the services, and the extent to which it relieves or burdens personnel and

patients.

There is both poor and good experience from the integration of new technology and digital solutions in the services. It is clear, however, that technological solutions used in the right way can increase productivity and reduce personnel requirements. Future technology development and implementation should have the aim to support personnel and contribute to reducing the need for manpower in the services.

The Healthcare Personnel Commission proposes that the health and care services apply the principle that tasks for which personnel do not have direct contact with patients, users or relatives should automated to the greatest possible degree.

The Commission also proposes that measures be developed to strengthen digital competence in the health and care services.

The Commission proposes the establishment of a research programme for the development of new digital infrastructural and user-friendly solutions, as well as innovative work processes aimed at reducing the need for manpower in the health and care services.

1.1.3 Time for action

Due to the strong increase in health and care service personnel in recent years, combined with the future demographic development, the development in the services is not sustainable. The standards and quality of the service have increased in these years, but productivity is persistently low. To avoid a breakdown in the services and in society in general, the Healthcare Personnel Commission proposes measures in a number of areas.

Personnel are at breaking point in many countries. Health and care services in Western European countries have been referred to as a "ticking time bomb". The main explanation for the problems is a lack of personnel and increasing recruitment problems. Norway is a rich country, with substantial resources in a public and widely available health and care service. The population is relatively fit and healthy, and a competent and – in international terms – large number of health and care personnel provide services to the population no matter where they live. This provides a good starting point for change. There are significantly better conditions in Norway for resolving the major challenges in the health and care services than in most other countries in the world.

The Healthcare Personnel Commission expects a significant overall effect from the measures proposed in this report. The measures will provide opportunities to maintain services of high quality, despite a reduction in the number of employees in the service per patient or user. There will be a need for an increase in certain services, but health and care service personnel number should not increase significantly in overall terms.

There is a need for a change in attitudes among the population, and among politicians and healthcare personnel, to contribute to curbing the supply of and demand for health and care services. Everyone must acknowledge that Norway also has limited resources. Politicians are responsible for ensuring consistency between the measures' required quality improvement, patient rights, the capacity of the service, available personnel and resources. Supervisory authorities and management of enterprises and in service areas must also assess the effects of measures and decisions. Prioritisation and limitations to the service must be highlighted in the public debate.

Future policy development must be based on an overall understanding that personnel are the limiting factor in the health and care services. On this basis, measures and new personnel-saving initiatives would be able to contribute to reducing gaps in expectations, and the frustration experienced by employees, users and patients.

The Healthcare Personnel Commission was established at the right time. In contrast to several other western countries, the health and care services in Norway remain solid. Despite increasing concern about the recruitment challenges, in overall terms the services have not yet broken down. This provides valuable room for manoeuvre and a great opportunity for reorganisation of the health and care services.

We face some tough choices, and it is time to act.

1.2 About the Healthcare Personnel Commission

The mandate of the independent Healthcare Personnel Commission was as follows «The Commission will establish a knowledge basis and propose targeted measures in the years ahead to train, recruit and retain qualified personnel in the health and care services throughout the country in order to meet the challenges in the health and care services in the short and long term.» The Commission was led by Gunnar Bovim.