Joint Action on Health Workforce Planning and Forecasting

Madrid General Assembly

Work Package 4

Deliverable 041 Terminology/Data source gap analysis

Presentation by

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Background to the Activity

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Focus – the Joint Questionnaire

Health professions in focus and the ILO categorisation

Eurostat, OECD, WHO - Joint Questionnaire on non-monetary healthcare statistics

- started in January 2010
- JQ focus: doctors, nurses, midwives, dentists, pharmacists, physiotherapists, caring personnel and other hospital employees

Based on the International Standard Classification of Occupations (ISCO-08)

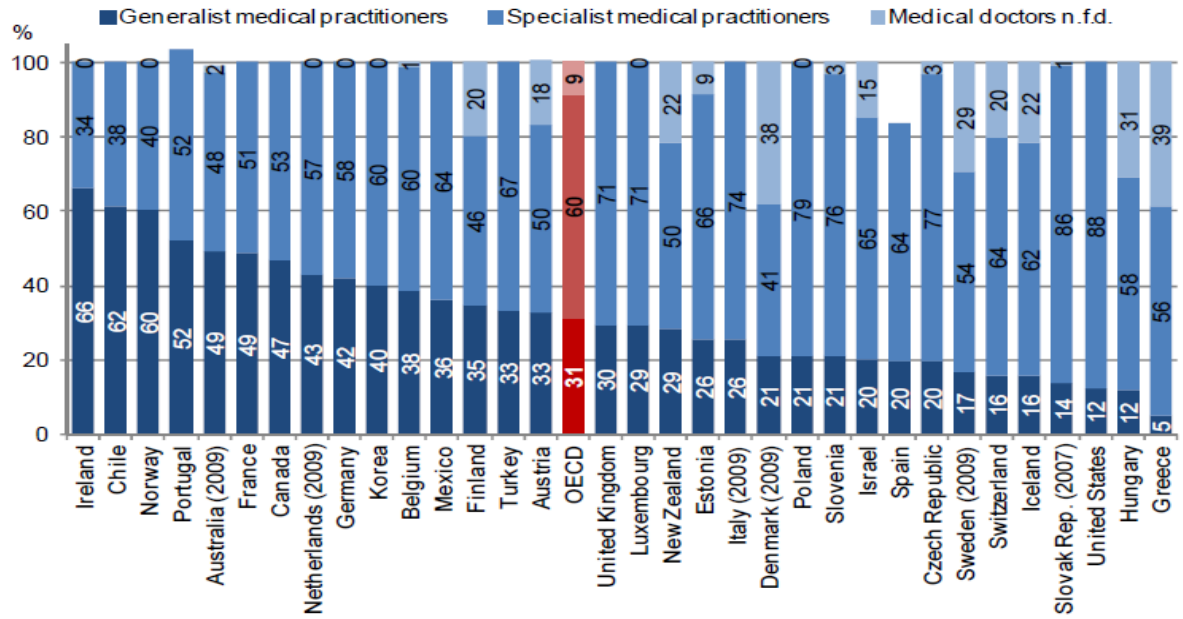
- "a tool for organizing jobs into a clearly defined set of groups according to the tasks and duties undertaken in the job"
- "a basis for the international reporting, comparison and exchange of statistical and administrative data about occupations"

Focus – the Joint Questionnaire

Global data collection - to provide internationally comparable data to monitor and compare (benchmark) key non-monetary aspects of healthcare systems. Is data really comparable and can it be used to make judgements on national healthcare systems?

An example of comparable data presentation

Figure 1. Physicians by categories, as a percentage of the total number of physicians, 2010



Source: OECD Health Data 2012.

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Objectives of the D041 Report

based on the Grant Agreement of the Joint Action

(1) identify and analyse the terminology and data gaps in the JQ data collection

(2) provide recommendations on how Member States can provide more reliable data for the JQ data collection

(3) make recommendations to international data-collecting organisations on how to make the JQ more useful for the strategic HWF monitoring and planning purposes of Member States

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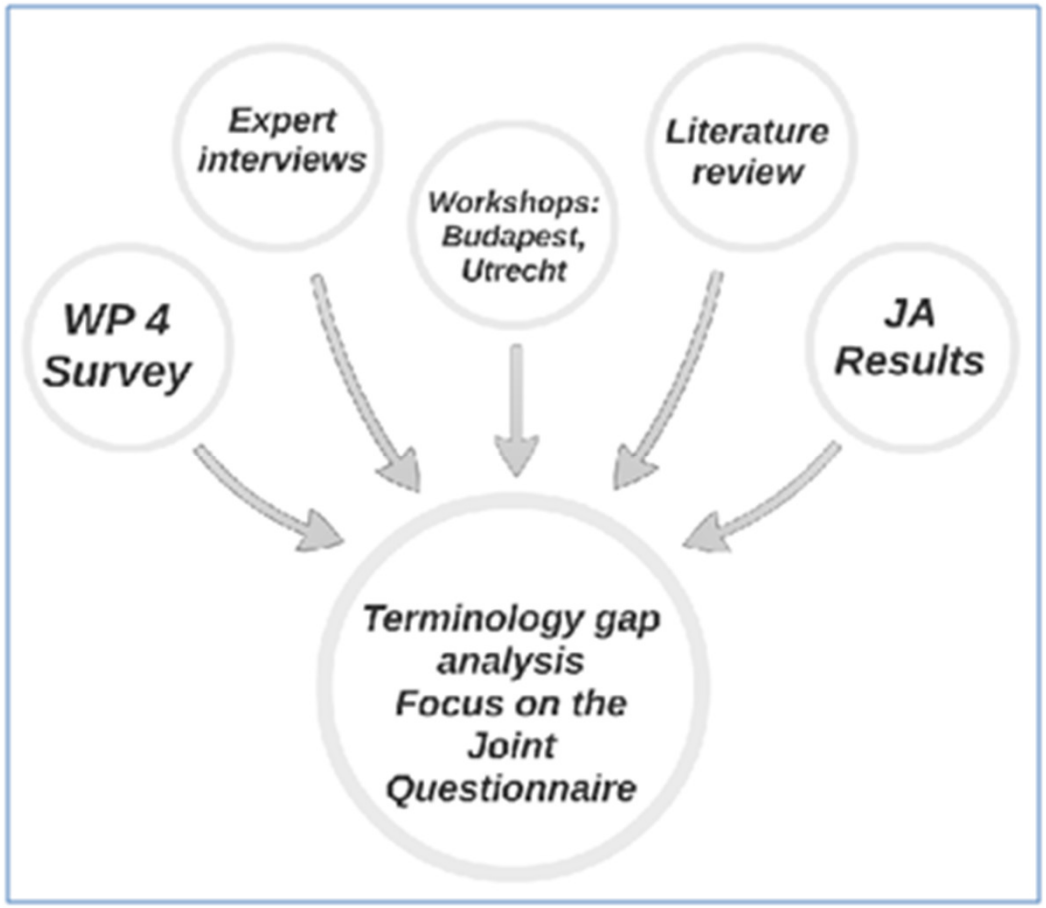
Information sources



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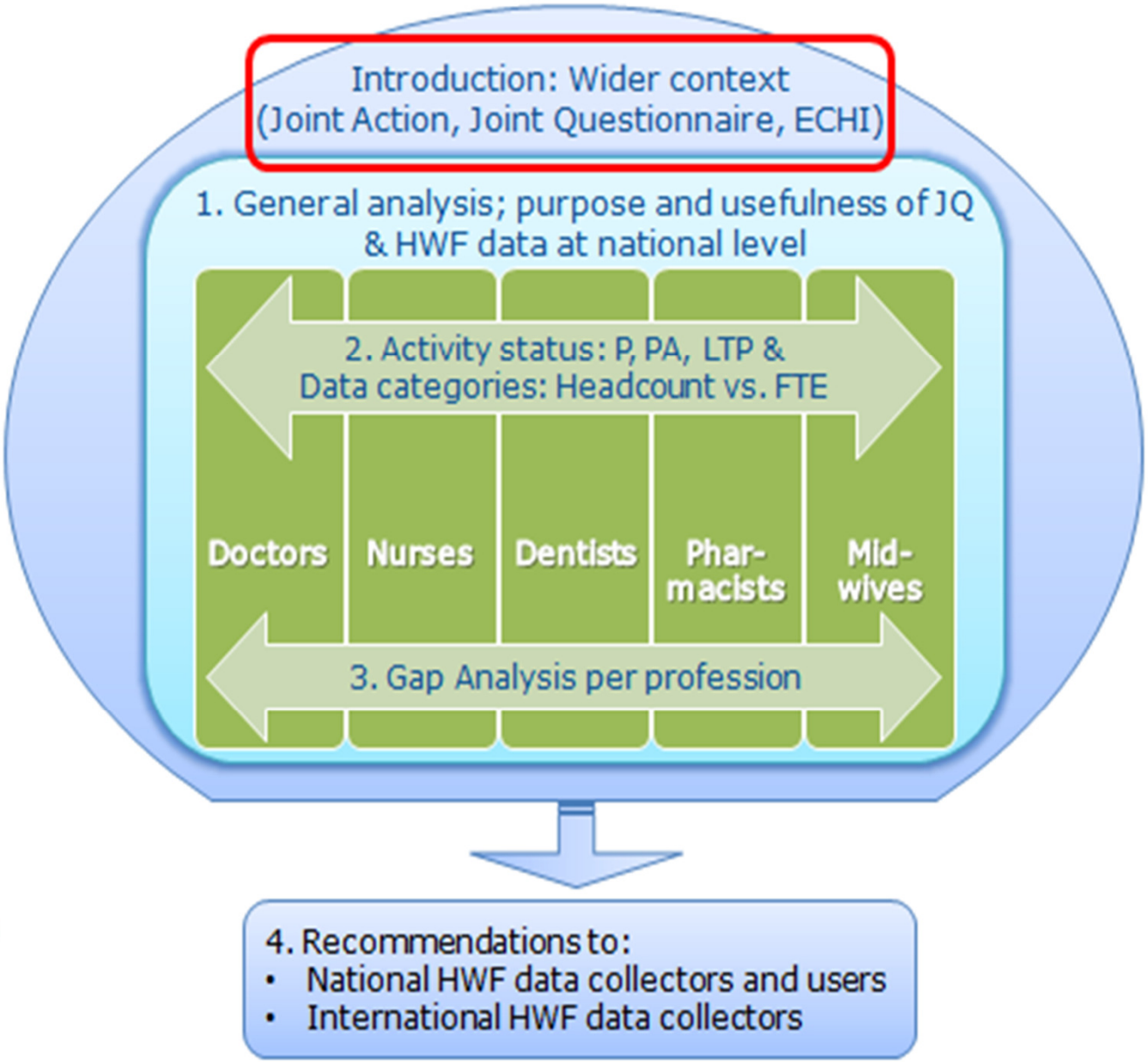
Introduction



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Intro – The data categories at the focus of the WP4 analysis

ISCO Code	Licensed to practice	Practising	Professionally active
Doctors: 221, 2211, 2212			
Nurses: 2221, 3221			
Dentists: 2261			
Pharmacists: 2262			
Midwives: 2222, 3222			

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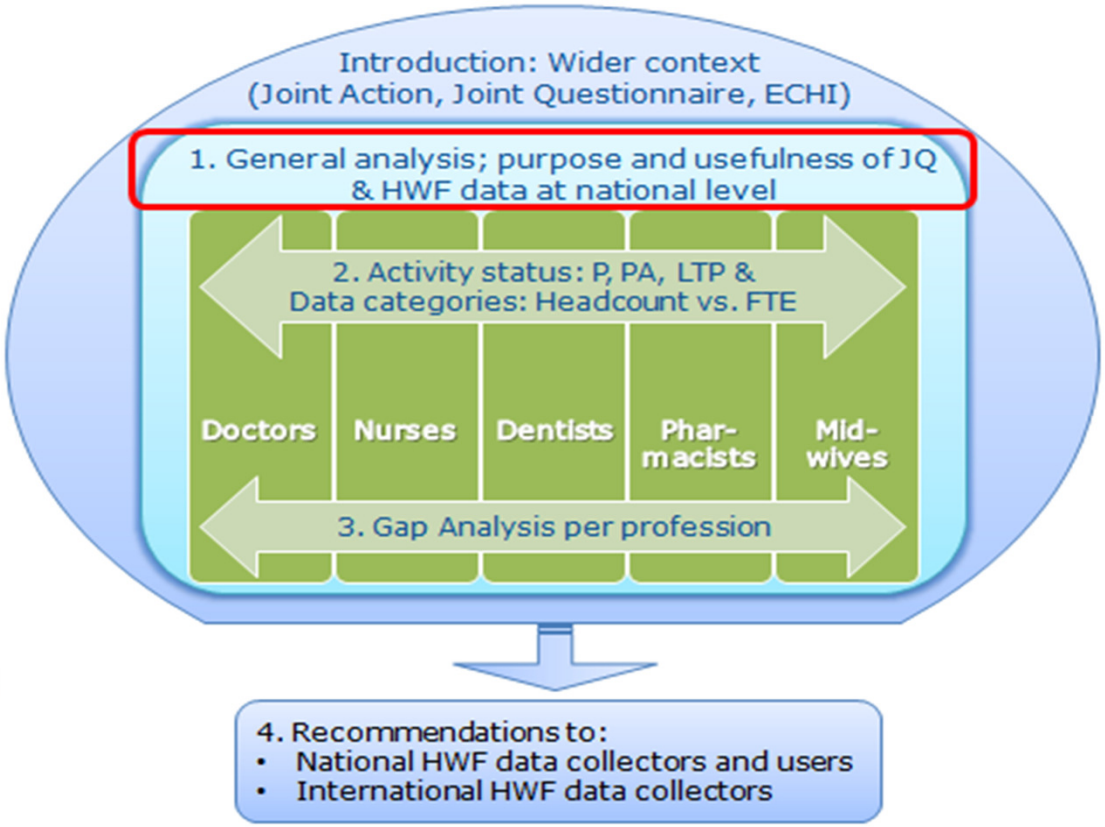
1. Purpose and usefulness of the JQ

1. *What are the purposes of the JQ from an international and national perspective?*
2. *How useful is the JQ data collection and can JQ data be used for national HWF planning?*
3. *Which actors are involved in collecting data at a national level and how do they cooperate?*
4. *What are the problems countries face when supplying the data to the JQ?*



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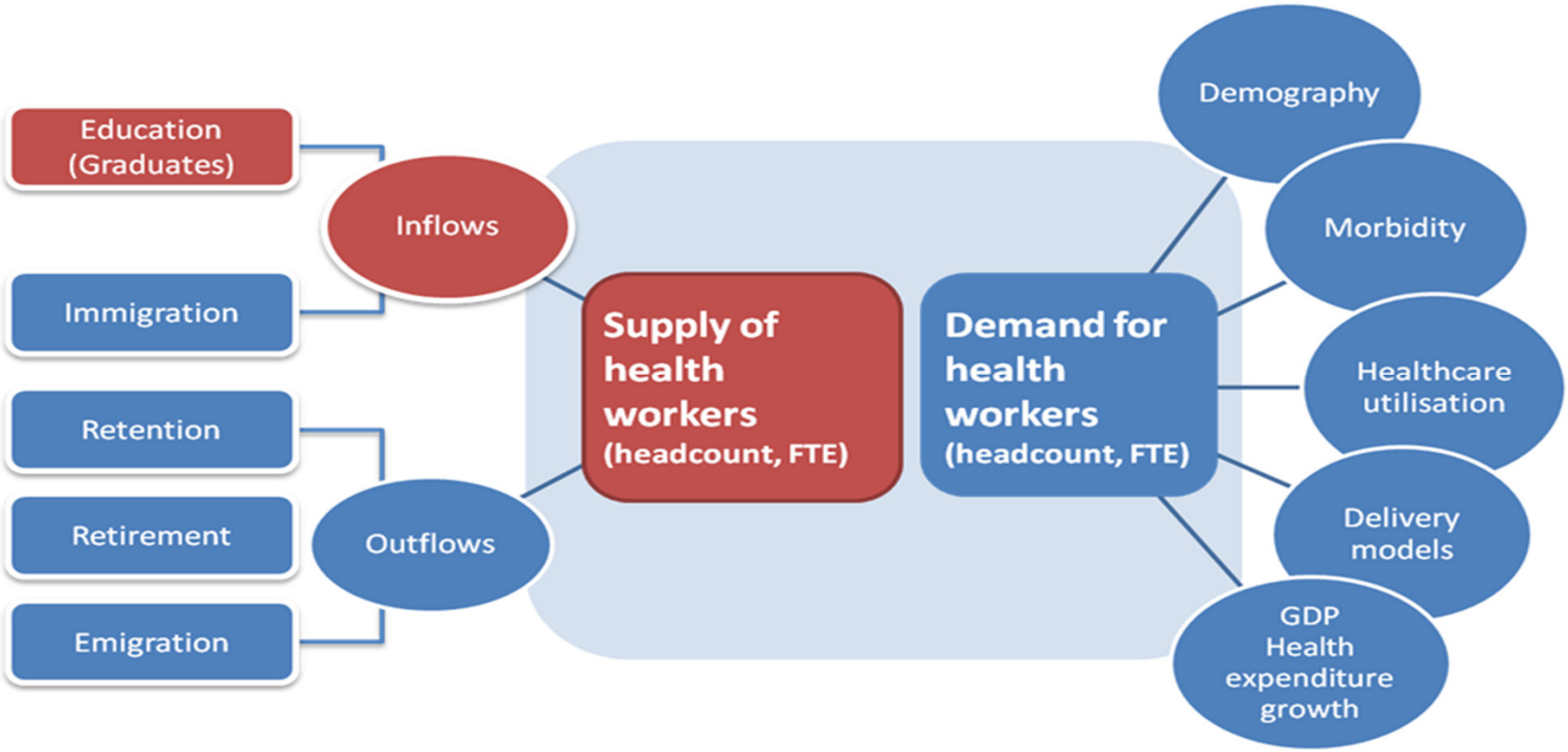
The OECD standpoint

The JQ collects only a segment of data needed for health workforce planning, as it focuses on the supply side of health workers



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The standpoint of MSs

Based on the WP4 Questionnaire Survey

Limited difficulty in matching JQ categories to HWF categories, but the entire JQ reporting is difficult. Benchmarking national data with data from other countries can be viable while JQ has a limited value as a resource for national health workforce planning

Statement on the JQ	Average rating
1. The JQ categories correspond well to the national composition of the five sectoral professions (doctors, nurses, pharmacists, dentists and midwives) in your country.	7.1
2. JQ reporting raises no issues for the national data collection system of your country.	5.1
3. The JQ provides an excellent resource to benchmark national data with data from other countries.	6.2
4. The JQ provides an excellent resource for contributing to national health workforce planning.	4.7

WP4 partners viewpoints on the JQ

1. Positive **impact of the JQ on the standardisation of HWF terminology**

2. **JQ is a tool with potential** - but it should evolve to be more useful . The ISCO categorisation is an issue.

3. Ministries of Health across EU Member States have a sectoral vision in need of more focused and detailed data categories

4. Recently launched collection of mobility data by the JQ - positive development

5. The JQ **focuses primarily on doctors** and is less articulated on nurses

6. Data beyond the healthcare sector (with special emphasis on the social sector) should also be collected, while **new professions** should also be integrated into the data collection.

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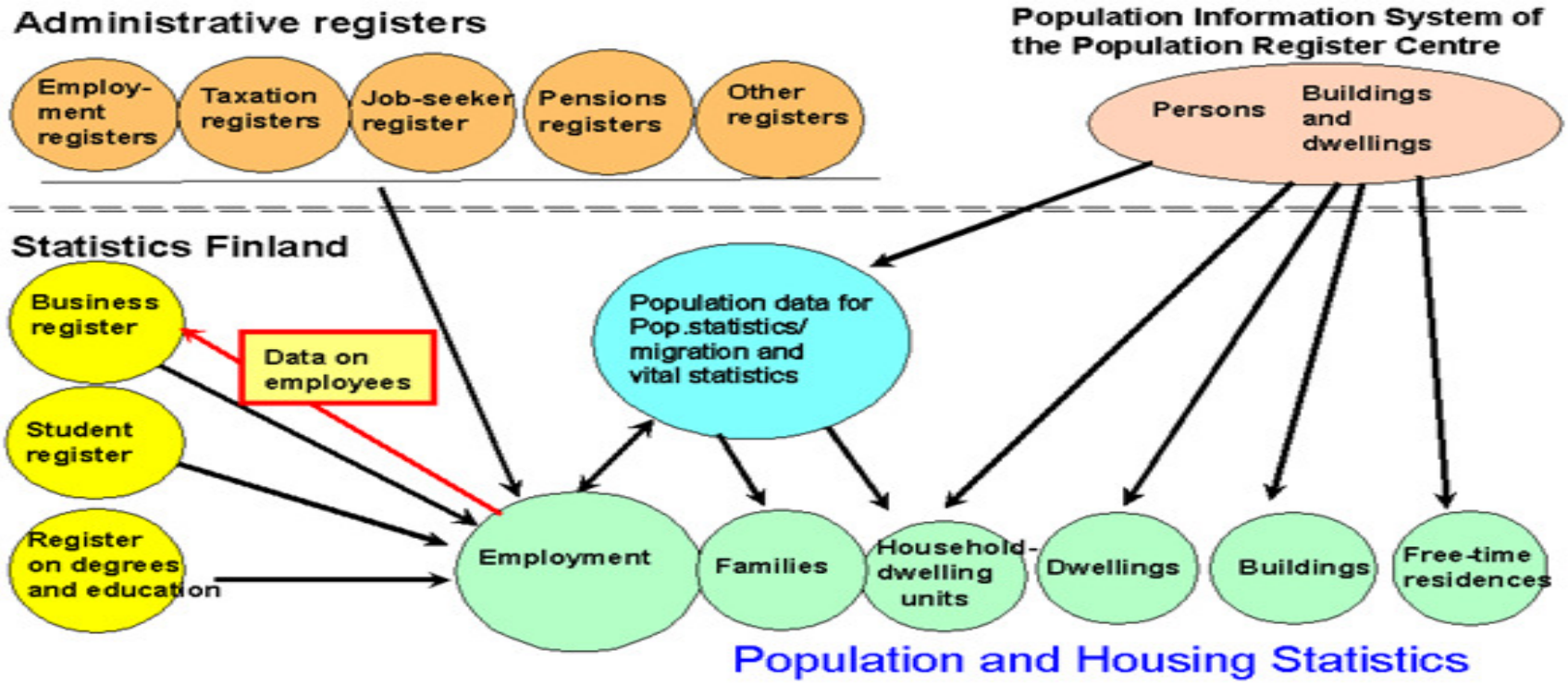
Key to national level data flow – institutional cooperation. - Chart on Finland

The success of the HWF and the JQ data collection depends on the management of data flow national level



Direct data collection from companies and establishments is needed as well (regional data)!

Source: Aura Pasila, Statistics Finland / Employment Statistics 2014

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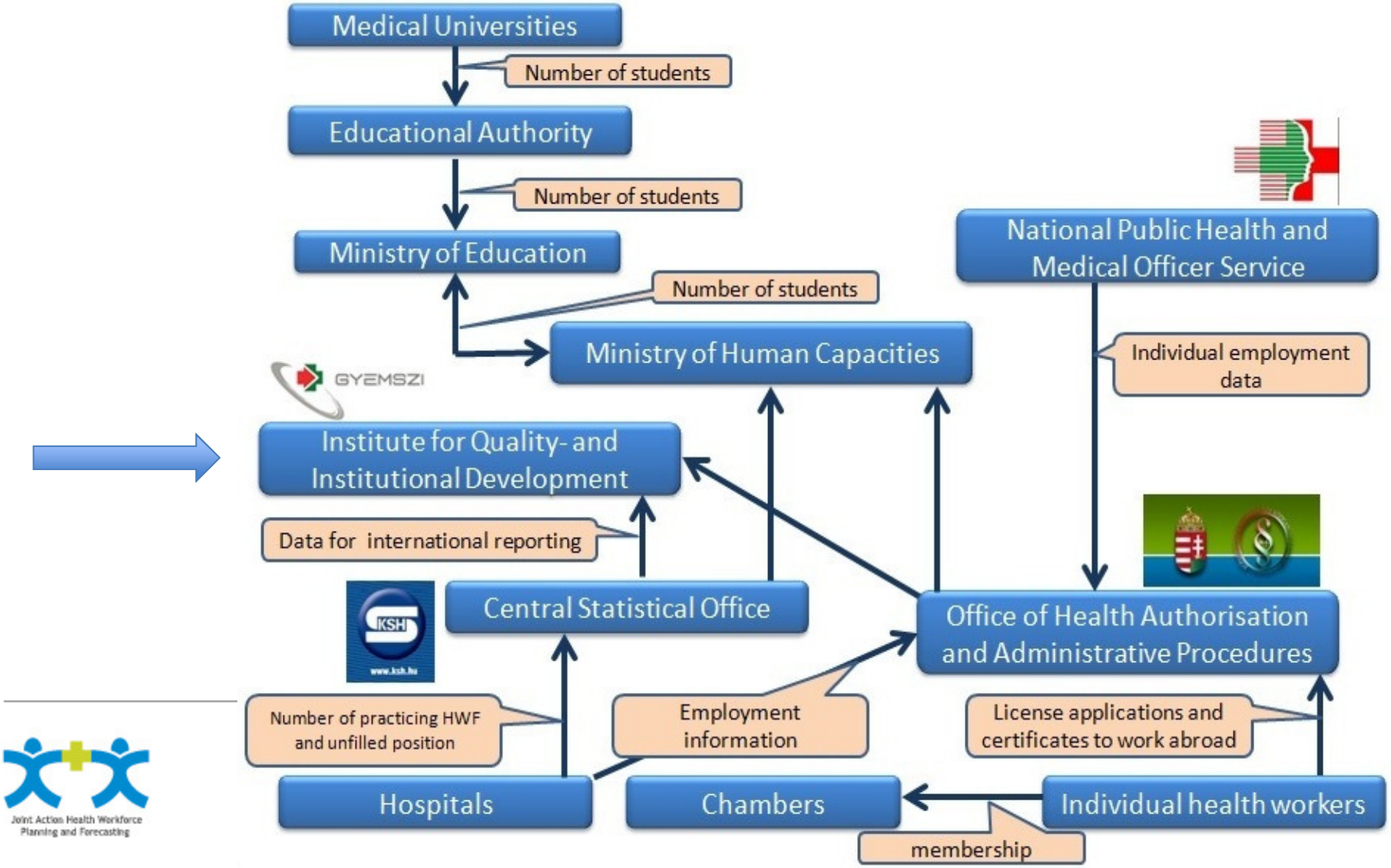
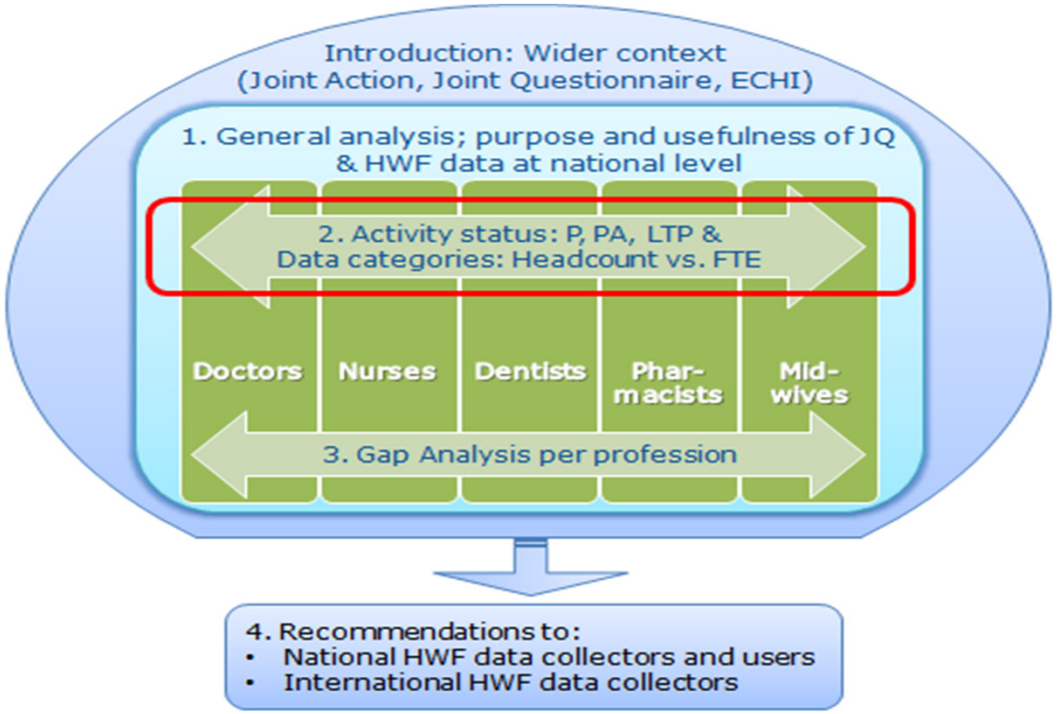
Key to national level data flow – institutional cooperation. Chart on Hungary – specific data flow for JQ data collection purposes to GYEMSZI



2. The Activity Status categories

1. *What is the difference between the three activity status categories: "practicing", "professionally active" and "licensed to practice", and how do they relate to each other?*
2. ***Is there a justified need for all three activity status categories?** If yes, how data in these categories can be used?*
3. *In which activity status categories Member States submit data to the JQ and what factors influence their data provision?*
4. ***How do countries calculate a full-time-equivalent (FTE)?***
5. *Is a common FTE calculation method needed? If yes, what steps are needed to come to an agreement on a common calculation method?*



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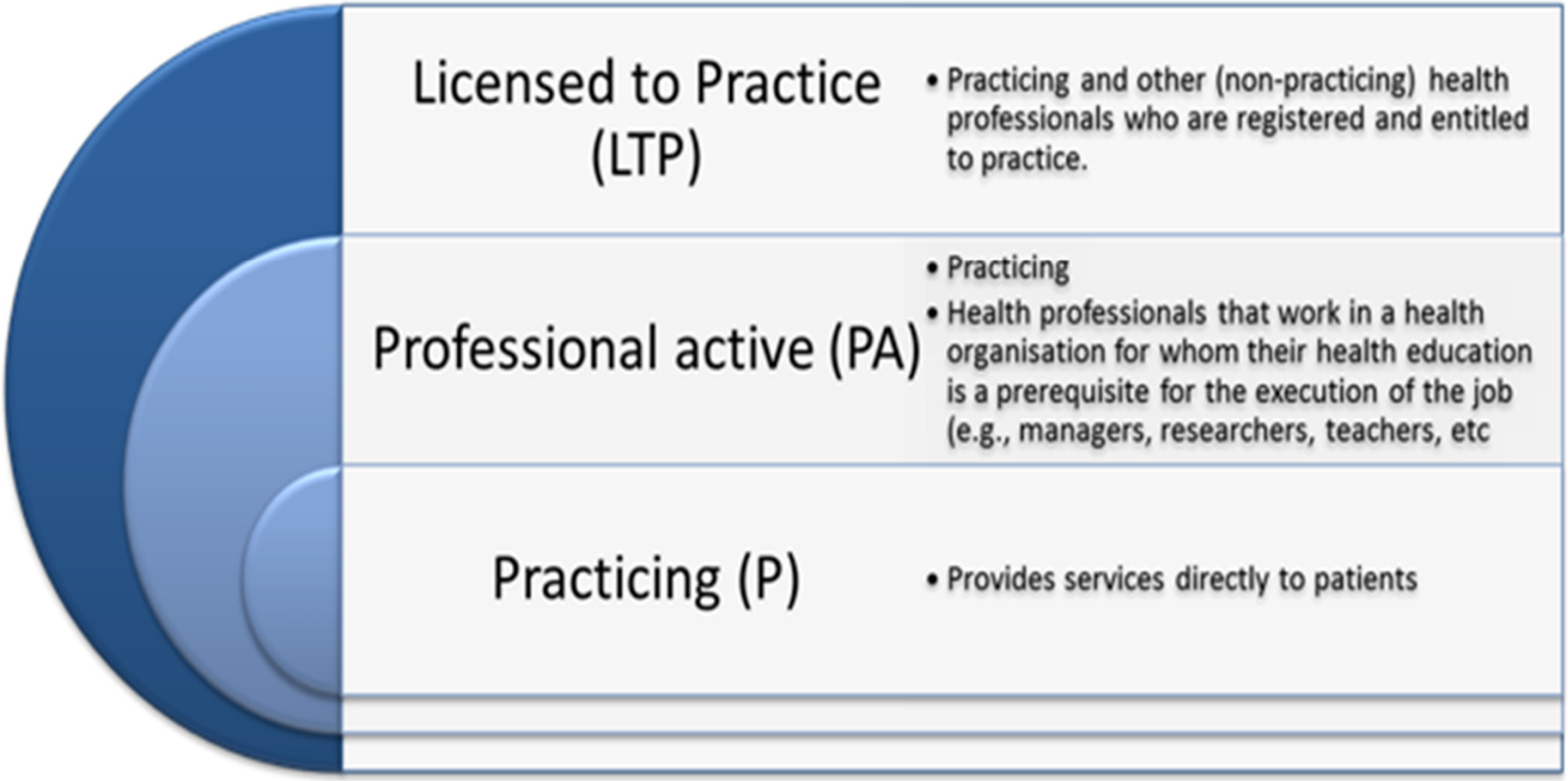
The Activity Status categories

The concentric relationship



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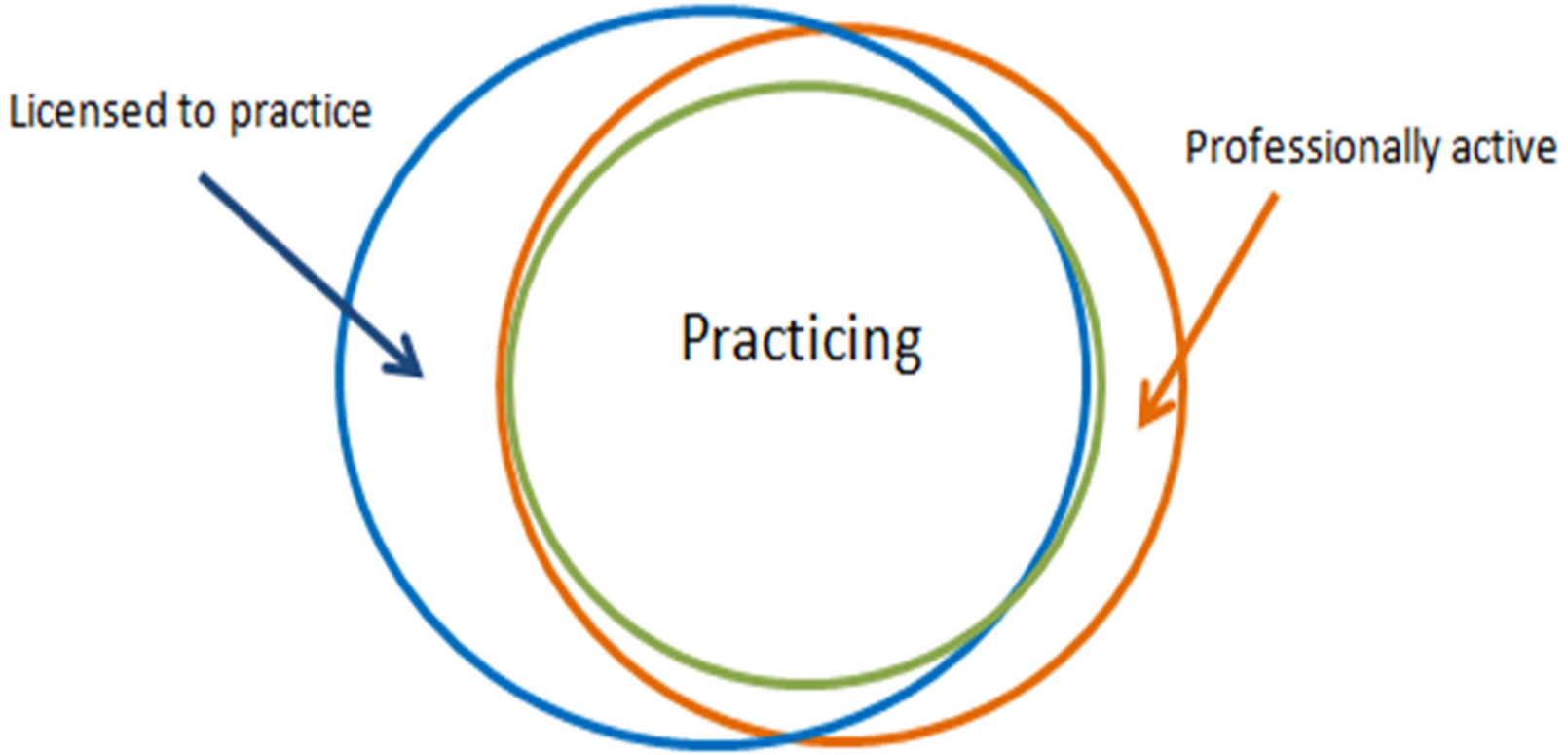
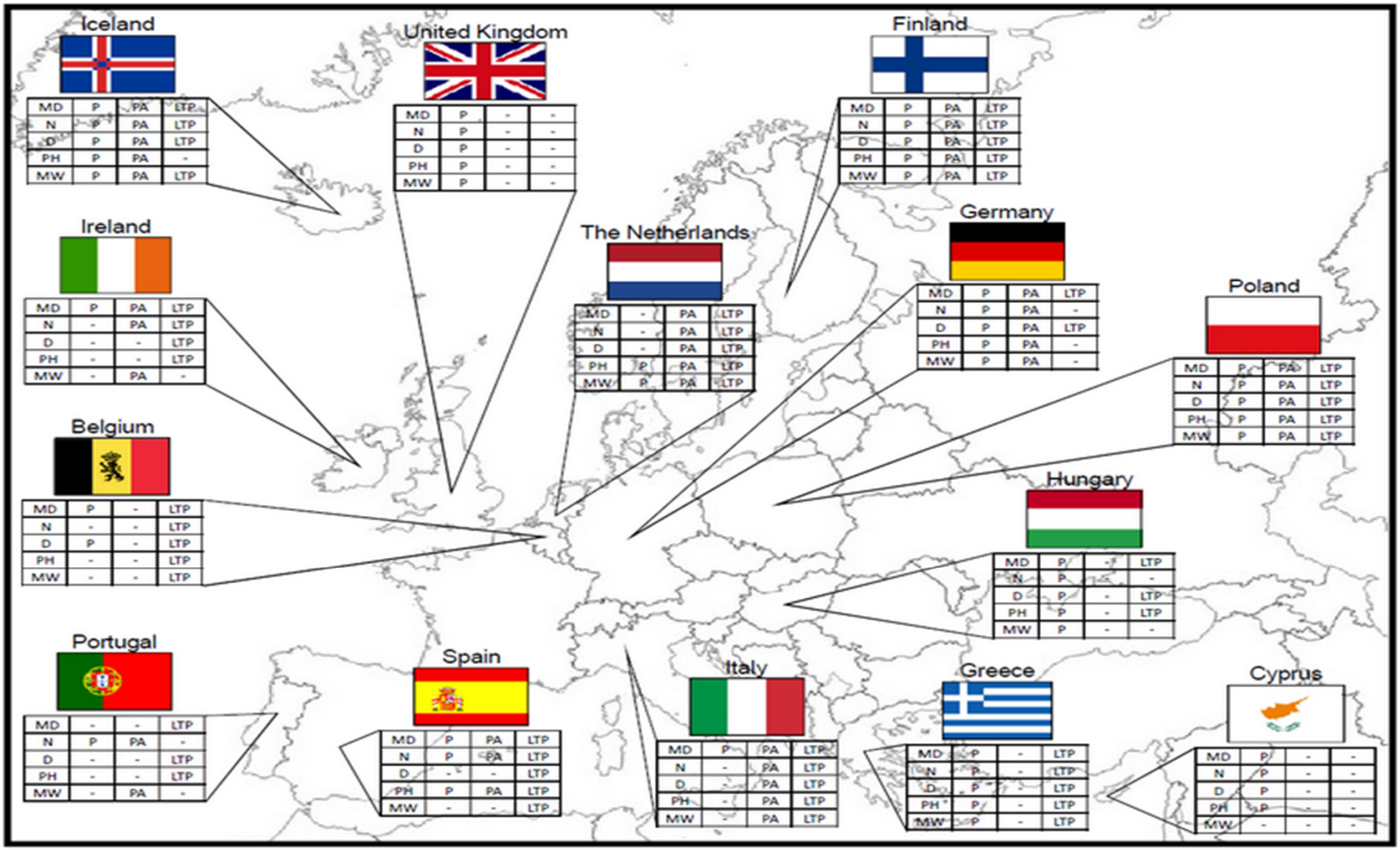
The Activity Status categories

Overlapping but not concentric relationship



Intro – The data categories at the focus of the WP4 analysis



The Activity Status categories

The usefulness of the 3 categories for HWF monitoring and plannning

"Practicing"	Can be useful category for planning reallocation and redistribution policies, assuming additional information is available also on the professional, sectoral and geographical distribution of currently practising HWF.
"Professionally Active"	This category could be the most important figure, but in many countries it is hard to collect and is improperly measured in some contexts. Clear definitions and proper data collection, including the distinction of subcategories of PA are prerequisites.
"Licensed to Practice"	A useful data category, provided that improvement is needed in definition, interpretation, and related data collection to best serve planning.

FTE calculation – country examples

Calculations behind national FTE data

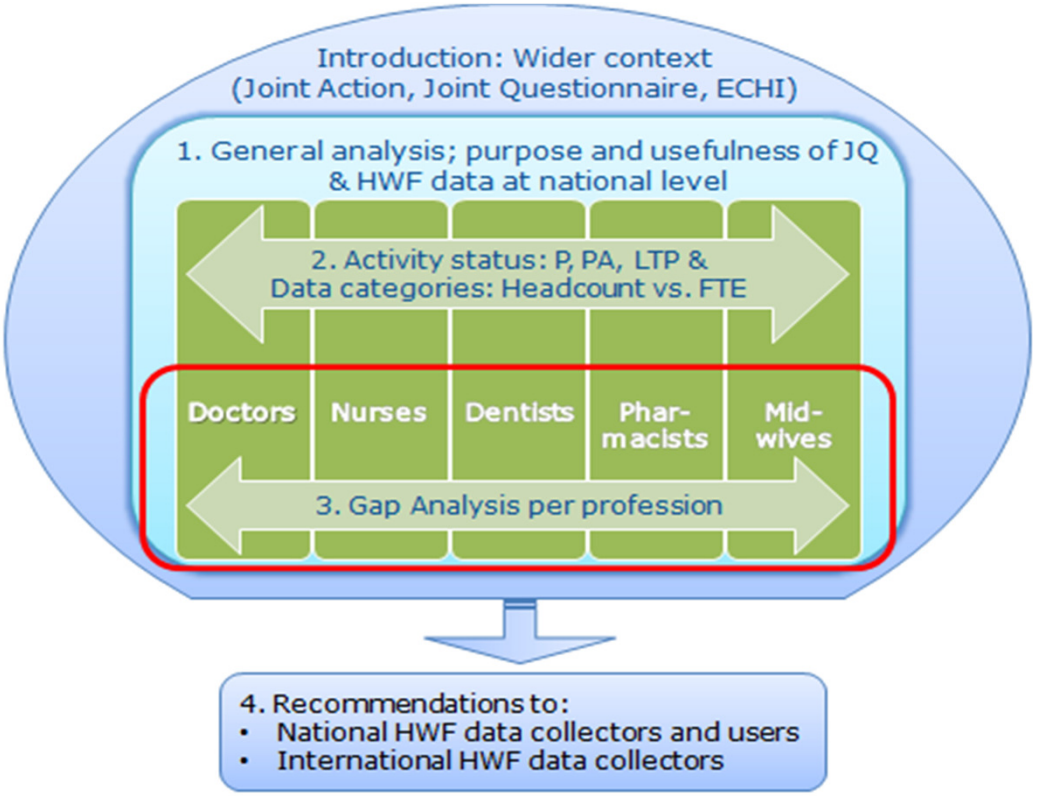
Finland	FTE= 1 * headcount of full time persons**, 0.6 * head count of part time persons** and 0 * head count of persons on leave Rough estimation based on municipal data. The estimate of part time is 60 percent and has been estimated from samples long time ago.
Ireland	Wholetime Equivalent (W.T.E.) Calculation is done on the basis of the number of hours worked in the two-week period in the prior month and divided by the standard number of hours worked in a normal two-week period. This is **calculated only for the JQ data collection**, have not FTE data for other professions
Spain	Simple calculation method: FTE (man) = 0.917 x **male headcount** FTE (female) = 0.826 x **female headcount** Holidays and other work permits (illness, teaching, research, etc.), are considered so 1 male headcount is not equivalent to 1 FTE.
The Netherlands	For salaried professionals, headcount and FTE is available in the integrated database of Statistics Netherlands. For self-employed professionals, only headcount is available at Statistics Netherlands. But often, data on FTE for self-employed professionals can be found in other sources. For instance: the Advisory Committee of Medical Manpower Planning (ACMMP) has done some **surveys** among self-employed doctors to self-report the FTE.

The FTE and headcount calculation

TYPE OF DATA	RELEVANCE	JQ LEVEL	LOCAL DATA COLLECTION LEVEL
HEADCOUNTS & FULL TIME EQUIVALENT (FTE)	Both categories are highly useful for international benchmarking, but interpretations must be cautious, especially of FTE, due to differing FTE measurements across countries.	While the headcount definition is straightforward, the current FTE definitions cause a major mathematical incoherence that needs to be remedied.	A large variance of FTE calculations are identified that impairs any benchmarking based on those data.

3. Gap analysis per profession

1. *What **are the most significant gaps in reporting data to the JQ in the 5 sectoral professions**?*
2. *What is the relationship between data collected according to the occupation based ISCO to data collected according to the qualification based 2005/36 Directive?*
3. *What are the specific reasons for data gaps in the nursing and midwifery professional categories?*
4. *What new data categories would help a more reliable data collection?*



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3. Gap analysis per profession

Gap between the data submitted to the JQ and the JQ definitions

Nurses, midwives

- Directive 2013/55/EC sets for nurses the minimum admission criteria for entry, together with education topics, duration of studies and competences are regulated
- ISCO definitions for nursing-related activities include various levels (nursing professionals, associate nursing professionals, healthcare assistants, etc.) that do not refer to the education and professional experience criteria described in the EC Directive

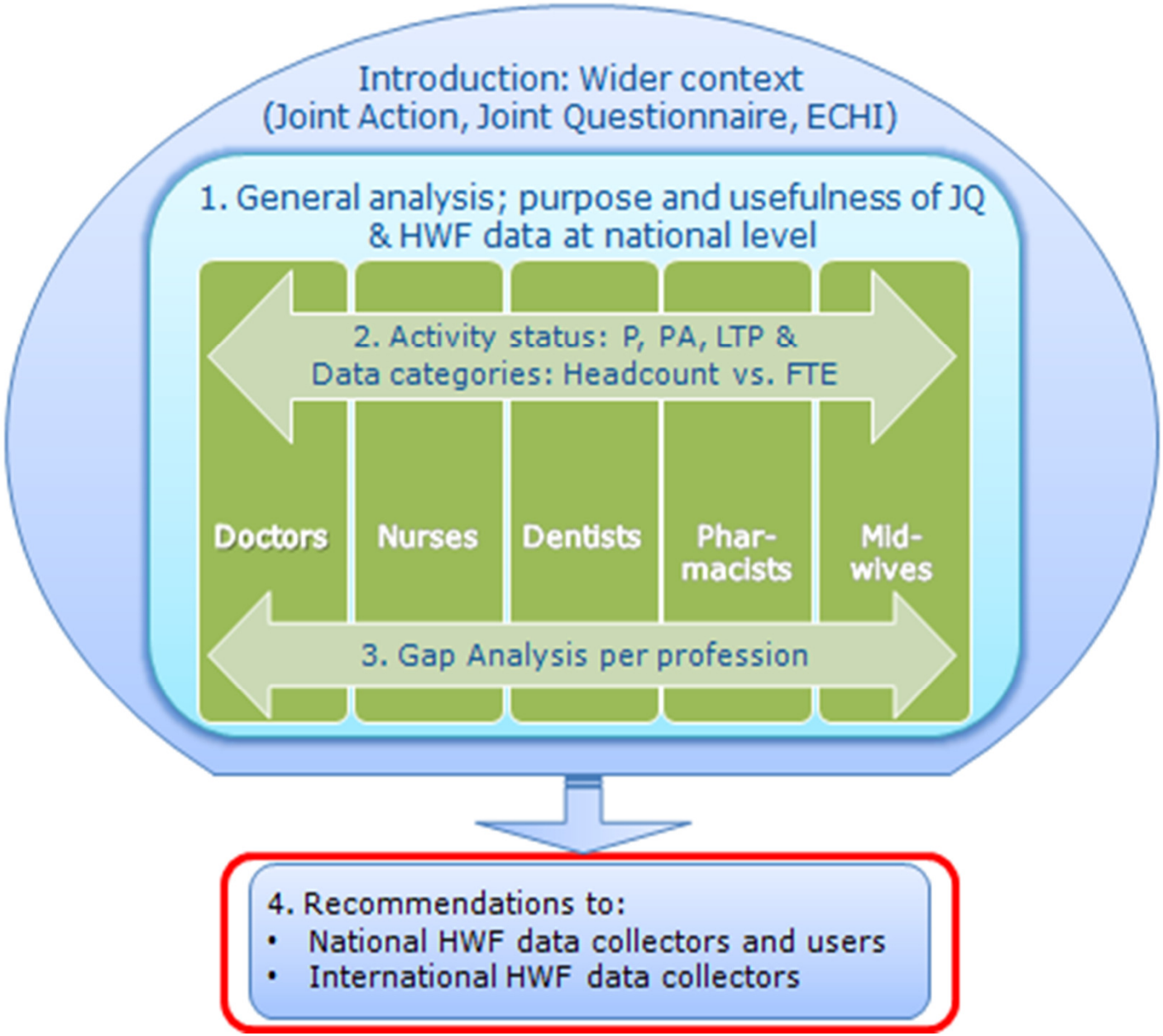
Doctors, dentists and pharmacists

- Minor gaps in reporting especially for specialisations for doctors and dentists

Gap analysis per profession

TYPE OF DATA	RELEVANCE	JQ LEVEL	LOCAL DATA COLLECTION LEVEL
PROFESSIONAL CATEGORIES: • **doctors** • **dentists** • **pharmacists** • **nurses** • **midwives**	Current professional categories cover an important part of the supply of health professionals. While the application of different categories may be required to map real future demand for HWF, the current HWF production categories are still covered by the current professional categories.	For Doctors, Dentists and Pharmacists the divergence between the EU and the ISCO categories does not create a significant error. For nurses and midwives, the current definitions need rethinking to reflect reality.	Minor to medium improvements can be made, though most of them relate to the synchronisation of data among many stakeholders, and the lack of quality data in some areas.

Recommendations



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Recommendations

for national level stakeholders

I. Strategic directions for developing national data collections in the future

- the JQ is not to collect a wide scope of data for HWF monitoring and planning. Data collection at national level should focus on the **Minimum Planning Data Requirements**
- **purpose driven, cost effective data collection** will most likely increase the quality of data collected
- online availability of **individual** registration/licensing **data - new IT solutions**
- data collection to reflect the importance of mobility data for HWF planning

II. Achieving better data flow at the national level

- Usage of available **HWF-related databases**, improving data management
- **National „focal groups"** including data providers and HWF experts
- **Sharing of good practices** at international level

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Recommendations

For international data collecting organisations

III. Working towards a useful data collection serving national interests

- Develop a common understanding on the potential of the JQ
- Promote solutions on the applicability of JQ data in the national context

IV. Improving the JQ especially in the activity data categories and FTE

- To define and agree on **“ideal” indicators**, prioritising activity status categories
- Promoting an **official FTE calculation method** based on international consensus

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Recommendations

V. Strategic changes of data categorisation at the international level in nursing

- Consistent reporting for the nursing workforce: ISCO and the 36/2005/EC Directive connection analysied further
- Reporting of **midwives and nurses** should be distinguished
- A **distinction between the categories of the nursing continuum and caring personnel** should be defined

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Next steps and muchas gracias

Tomorrow – Forum on data collection in Europe
WP7 will lead discussions on the feasibility of recommendations

Para ganar hay que jugar
To win one has to be part of the game
Thank you for being part of this activity

THANK YOU FOR YOUR ATTENTION
ANY QUESTIONS