



Joint Action Health Workforce
Planning and Forecasting



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WP5 -THE GAP ANALYSIS MDS-D051 VS COUNTRIES DATA COLLECTION

Mr. Giovanni Leonardi, WP5 Leader

JOINT ACTION HEALTH WORKFORCE
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The MDS for HWFP D.051 Release 1

Areas	Supply					Demand	
Category	Labour force	Training	Retirement	Migration (outflow)	Migration (inflow)	Population	Health Consumer
Characterisation							
Profession	X	X	X	X	X		
Age	X	X	X	X	X	X	X
Head count	X	X	X	X	X	X	X
FTE	X						
Geographical area	X	X	X	X	X	X	X
Specialisation (where relevant)	X	X	X	X	X		
Country of first qualification	X	X	X	X	X		
Gender	X						

Gap analysis MDS-D051 vs. countries data collection

Source: WP5 elaboration on Matrix - Feasibility study, OECD - Health Workforce planning in OECD Countries, WP5's survey on planning system and models.

Note: Lithuania has a needs-based model, too, but it isn't an its own model. The University of Health Sciences decided to import the Australian supply model and the Dutch demand model (developed by NIVEL) for health workforce planning.

1. Demand - based approach: examines quantity of health care services demanded by the population in the future, based on number and type of projected services and on physician-per-population ratios.
2. Needs-based approach Usually taking epidemiological factors into account, this involves defining and projecting health care deficits and looking at the number of workers necessary to provide an optimum standard. This is a more advanced version of a demand-based approach, taking more factors into account.

SUPPLY SIDE VARIABLES

COUNTRY	Countries with Supply-projection and DEMAND-BASED (1) model			Countries with Supply-projection and NEED-BASED (2) model			
	Belgium	Germany	Ireland	Finland	Netherlands	Norway	UK
Type of profession	Doctors, Dentists, Nurses	Doctors, Dentists	Doctors, Nurses, Midwives	Doctors, Dentists, Nurses, Midwives, Pharmacists	Doctors, Dentists, Nurses	All publicly employed health personnel	Doctors, Nurses, Midwives
Labour force	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Training	Yes	Yes (there are data in Germany, but the numbers are not directly relevant to planning)	Yes	Yes	Yes	Yes	Yes
Retirement	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Migration inflow	Yes	Yes	Assumption: net migration 0	Yes (data available)	Yes	No	data included in the stock
Migration outflow	No (assumption 0)	Yes		Yes (data available)	No	No	No
Stratified by							
Gender	Yes (for current stock)	No	Yes. Particular attention was paid to gender composition and differential labour force participation behaviors, if the data was available	No specific evidence on this based on the sources analyzed	Yes	Yes	Yes
Unit of measurement							
Headcount	Yes	Yes	Yes	Yes	Yes	Yes	Yes
FTE	Yes by calculation	No	Yes by calculation	No?	Yes	Yes by calculation	Yes

DEMAND SIDE VARIABLES

COUNTRY	Countries with Supply-projection and DEMAND-BASED (1) model			Countries with Supply-projection and NEED-BASED (2) model			
	Belgium	Germany	Ireland	Finland	Netherlands	Norway	UK
Type of profession	Doctors, Dentists, Nurses	Doctors, Dentists	Doctors, Nurses, Midwives	Doctors, Dentists, Nurses, Midwives, Pharmacists	Doctors, Dentists, Nurses	All publicly employed health personnel	Doctors, Nurses, Midwives
Population	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Health Consumption	Yes	The utilization of health services as measured in health insurance refund points for the population group	No	Models use data on current health expenditure and health service use by sex and age	No	Differential utilization patterns by age, sex and type of services. Constant utilization rate by age/sex	<ol style="list-style-type: none"> 1) Population (the size of the population, by age and sex), 2) Level of need (the needs of this population given the distribution of health and illness, and future risk factors), 3) Level of service (the service planned to be provided according to the population's level of need). 4) Productivity (the ability of the workforce to deliver the necessary services, taking into account factors such as skill mix and technology)
Stratified by							
Age	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gender	Yes	No specific evidence on this based on the sources analyzed	No	Yes	Yes	Yes	Yes

Portugal data collection

Areas	Supply				
	Labour force	Training	Retirement	Migration (outflow)	Migration (inflow)
<i>Profession</i>	YES	YES	YES	NO ²	YES ³
<i>Age</i>	YES	YES	YES	NO ²	YES ³
<i>Head count</i>	YES	YES	YES	NO ²	YES ³
<i>FTE</i>	Not directly ¹				
<i>Geographical area</i>	YES	YES	YES	NO ²	YES ³
<i>Specialisation (where relevant)</i>	YES	YES	YES	NO ²	YES ³
<i>Country of first qualification</i>	NO	Only for Doctors in training	NO	NO ²	YES ³
<i>Gender</i>	YES				

Demand	
Population	Health Consumption
YES	YES
YES	YES
YES	YES

NOTES

1. FTE could be gathered from the data they almost collect.
2. Some professional associations have information on migration.
3. They have information on foreigners who are working in the NHS. They know when they enter to the system but not if they are new immigrants.