The Portuguese Pilot Project
Questions related to the Data Model

JOINT ACTION HEALTH WORKFORCE

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«ACSS,I.P.»

Issues and Open Questions – Data Model

1. How can we establish a methodology to esteem all the dimensions of the stock characterization, including the private sector (FTE), for which we have only partial and aggregated data?

In order to esteem FTE doctors and nurses in the public sector we intend to work on the basis of 1FTE=40 hours a week (current legal working schedule in the public sector, although still exists working schedules of 35 and 42 hours a week).

But for the private sector (doctors, nurses dentists and pharmacists) we don't have data on working time – only aggregated data (nr. of professionals) in full time or part time, and we don't have data on self employed professionals that, at least in the case of doctors and nurses, are numerous.

So, we would like to know what do you recommend in order to esteem FTE for all four professions in the private sector?

Issues and Open Questions – Data Model

2. Overtime should be considered to calculate FTE?
    In the public sector, doctors have a rather constant 10% overtime working schedule over the last year.
    How should we consider that fact in esteeming FTE?

3. Is there a recommended nurses' ratio for a country, or for the hospital sector, in order to esteem the current imbalance of nurses in the Portuguese health system? For primary care our legislation establishes a population/nurse ratio (1.550 inhabitants for each primary care nurse). Or is it admissible to consider international comparisons between countries? Or comparative ratios between doctors and nurses? Are hospital beds still considered a valid item for estimate nursing staff in the hospital sector? If so, what is the recommended ratio? What methodology do you recommend for this item?

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4. Since our data model considers doctors by medical specialty (the 47 whose training is committed to Portuguese central administration) and in order to determine current imbalances we need to calculate those imbalances for each specialty. Are there recommendations to estimate the adequate number of doctors or population ratio for medical specialty? Are there other methodologies that can be applied?