

OECD/Eurostat/WHO Joint Questionnaire (non-monetary health care statistics): Data categories on health workforce

Gaetan Lafortune (OECD Health Division)

on behalf of OECD, Eurostat and WHO-Europe

Joint Action on European Health Workforce Planning and Forecasting,

Work Package 4 on Data, 6 March 2014, Utrecht (Netherlands)

Objective of Joint Questionnaire

- Collect internationally comparable data to monitor and compare (benchmark) key aspects of health workforce in European and non-European countries
- The integration of previous separate questionnaires (by OECD, Eurostat, WHO-Europe) into one joint questionnaire was designed to:
 - Reduce data collection burden on national authorities
 - Improve consistency of data across international databases
- 61 countries are receiving the Joint questionnaire now:
 - 53 countries in WHO-Europe region
 - 8 OECD countries outside Europe (Canada, US, Japan, ...)

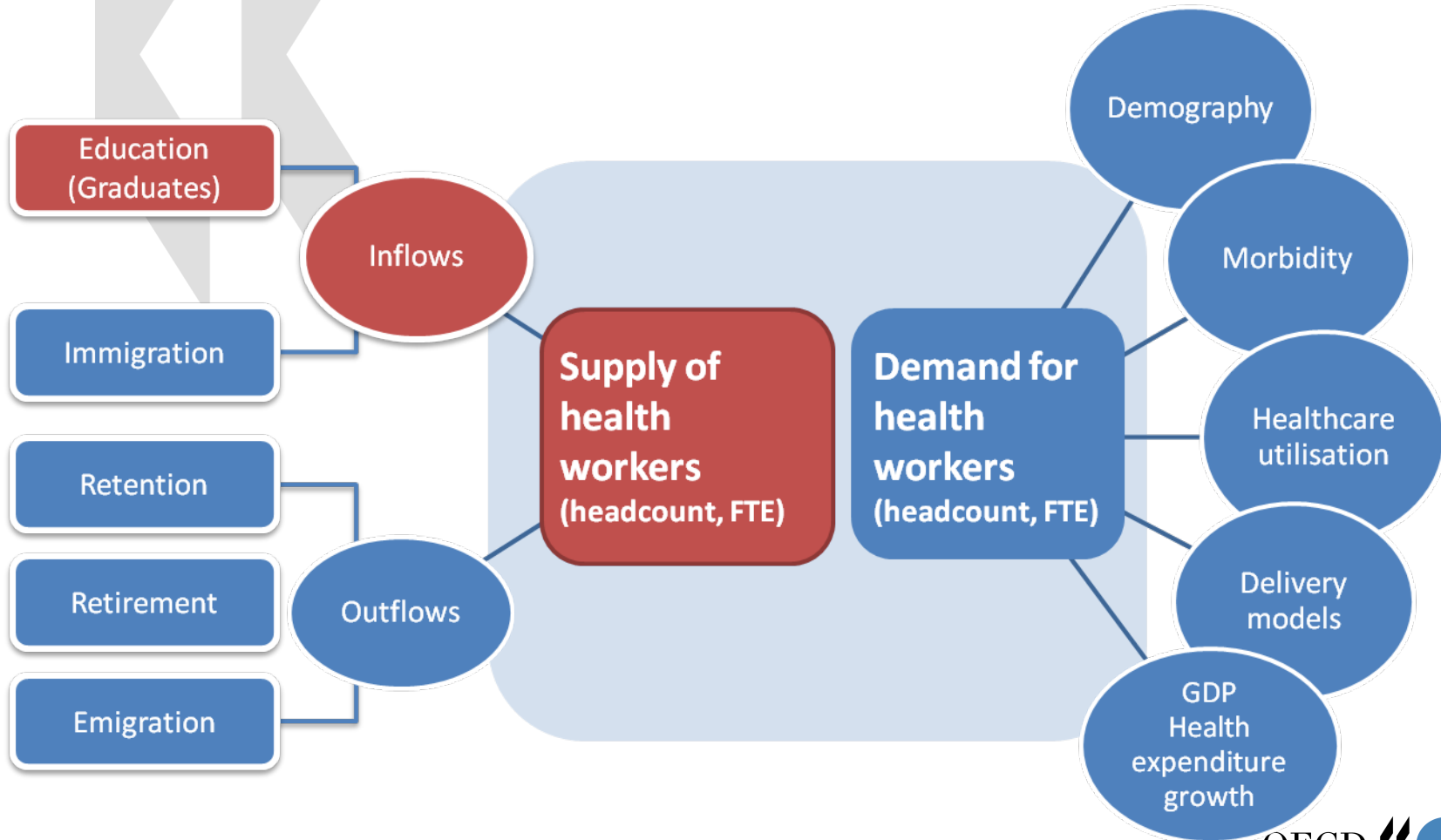
Annual process for Joint Questionnaire

- 1) One questionnaire sent to designated focal point(s) in each country (December)
- 2) One data submission by national focal point(s) to the three international organisations (end February)
- 3) Data validation shared by the three international organisations (March/May)
- 4) One final set of data (and metadata) agreed by the three international organisations (June)
- 5) Three organisations disseminate final dataset in their respective databases (Summer)

Scope of Joint Questionnaire

- Two parts when it started in 2010:
 1. **Health employment and education**
 2. Physical/technical resources
- Third part added in 2013:
 3. Health care activities (ambulatory care, hospital, etc.)
- Possible future extension:
 - Module on international migration of health workforce (possibly once every three years, linked to monitoring of WHO Global Code on International Recruitment)

Data requirement for health workforce planning vs. data presently collected in JQ



Content of Joint Questionnaire on Health Employment and Education

- Physicians
 - by age and gender
 - by categories (generalists and specialists)
- Nurses
 - by categories (higher level and lower level)
 - distinguished from “caring personnel” (nursing aides, etc.)
- Midwives
- Dentists
- Pharmacists
- Physiotherapists
- Graduates (doctors, nurses, midwives, dentists, ...)

Guiding principles for the Joint Questionnaire

- 1) Use international standard classifications as much as possible:
 - International Standard Classification of Occupations (ISCO-08) only one available
 - ISCO-08 is very broad (covers all occupations in all sectors), but without sufficient breakdown in some areas (e.g., for specialist doctors)
 - JQ added some additional breakdown by categories of doctors (which may be included in minor revisions to ISCO-08)
- 2) Flexibility to take into account specific information needs of different organisations:
 - Eurostat: Additional modules to collect more data for more categories of doctors and employment at subnational level

Categories of doctors in the Joint Questionnaire

Categories of physicians	Extracts from definitions
1) Generalist medical practitioners (ISCO-08, 2211)	
❖ General practitioners	<ul style="list-style-type: none"> • GPs, family doctors responsible for continuous care • Interns/residents specialising in general practice
❖ Other generalist/non-specialist medical practitioners	<ul style="list-style-type: none"> • Non-specialist physicians in hospital or elsewhere • Interns/residents without any area of specialisation yet
2) Specialist medical practitioners (ISCO-08, 2212)	
❖ General paediatricians	
❖ Obstetricians & gynaecologists	
❖ Psychiatrists	
❖ Medical group of specialists	
❖ Surgical group of specialists	
❖ Other specialists not elsewhere classified	<ul style="list-style-type: none"> • Interns/residents training for a specialty
3) Doctors not further defined (ISCO-08, 2210)	<ul style="list-style-type: none"> • Doctors who cannot be classified in other categories • Interns/residents who cannot be classified in other categories

Definition of “generalist practitioners” in ISCO-08 (code: 2211)

- General practitioners do not limit their practice to certain disease categories or methods of treatment, and may assume responsibility for the provision of continuing and comprehensive medical care to individuals, families and communities.

Inclusion

- District medical doctors – therapists
- Family medical practitioners
- Primary health care physicians
- Medical doctors (general)
- Medical officers (general)
- Residents specialising in general practice
- Medical interns (general)

Exclusion

- Paediatricians
- Obstetricians & gynaecologists
- Specialists (internal medicine)
- Psychiatrists
- Clinical officers
- Feldschers

- Note: Although in some countries ‘general practice’ and ‘family medicine’ may be considered as medical specialisations, these occupations should always be classified here.

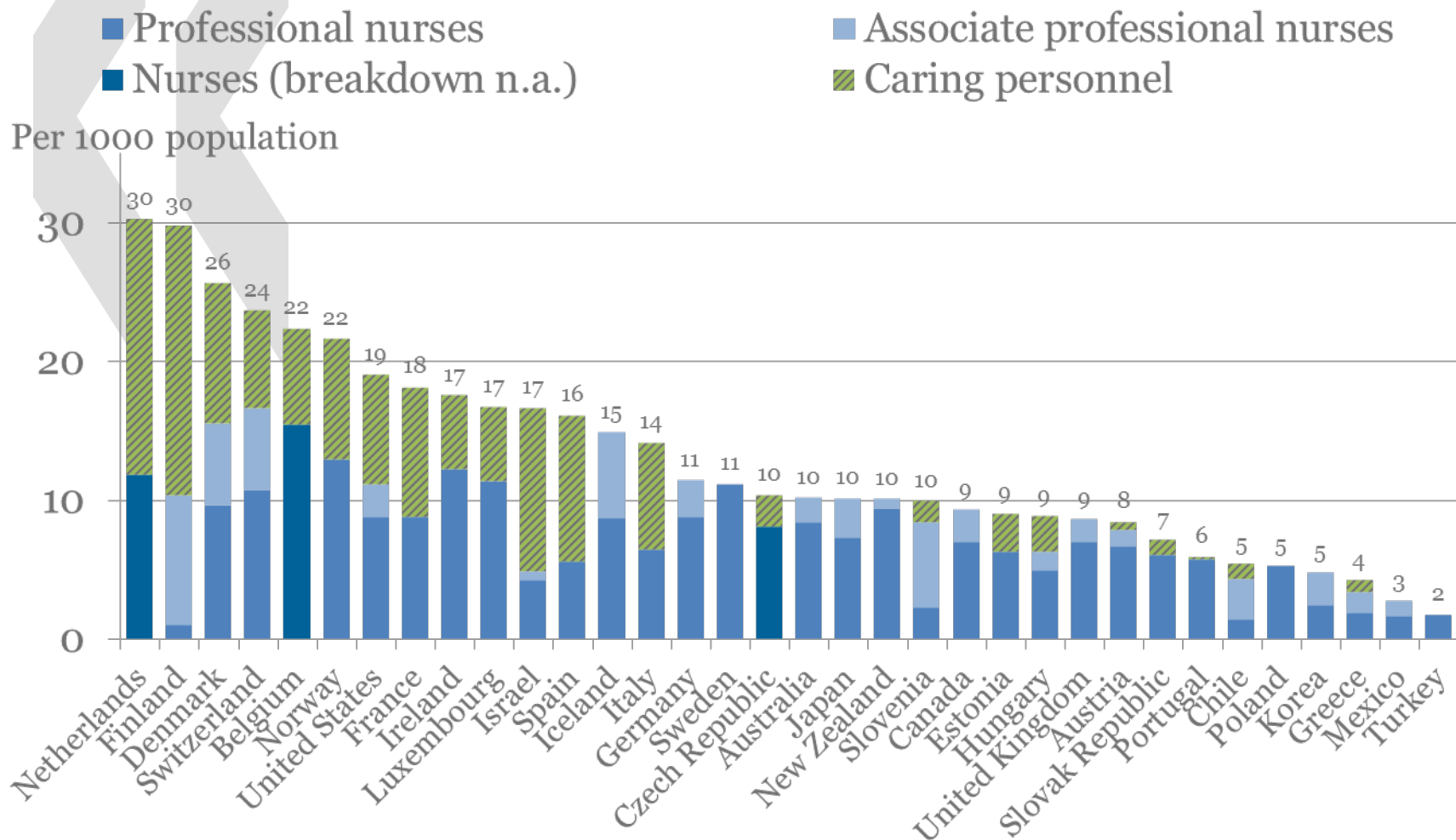
Categories of nurses in the Joint Questionnaire

- “Professional” nurses (ISCO-08, code 2221):
 - Responsible for planning and management of the care of patients, including supervision of other health care workers...
Includes: Clinical nurse, “registered nurse”, specialist nurse, nurse practitioner, public health nurse, etc.
- “Associate professional” nurses (ISCO-08, code 3221):
 - Generally work under the supervision of nursing or other health professionals, and perform tasks of more limited range and complexity than professional nurses.
Includes: Assistant nurse, enrolled nurse, practical nurse, etc.


Other “caring personnel” (“nursing aides”)

- Different categories of “nursing aides” may not be recognised as “nurses”, but represent large number of caregivers in some countries
- Two categories in ISCO-08:
 - Health care assistants in institutions (code 5321):
provide assistance with daily living and personal care to patients in a variety of institutions, such as hospitals and nursing homes
 - Home-based personal care workers (code 5322):
provide routine personal care (such as bathing or dressing) to elderly, convalescent, or disabled persons in their homes (or independent residential care facilities)

Nurses and caring personnel (2011 or nearest year)



Note: Data for Belgium refer to all nurses licensed to practice (over-estimation).
Austria reports only nurses and caring personnel in hospitals (under-estimation).
Source: OECD Health Statistics 2013



Three concepts for counting health workers (Practising, Professionally active, Licensed to practice)

Definitions of the three concepts

Practising

- Providing services directly to patients

Professionally active

- Practising
- Working in the health system as administrators, managers, researchers, teachers, etc. (excluding direct contact with patients)

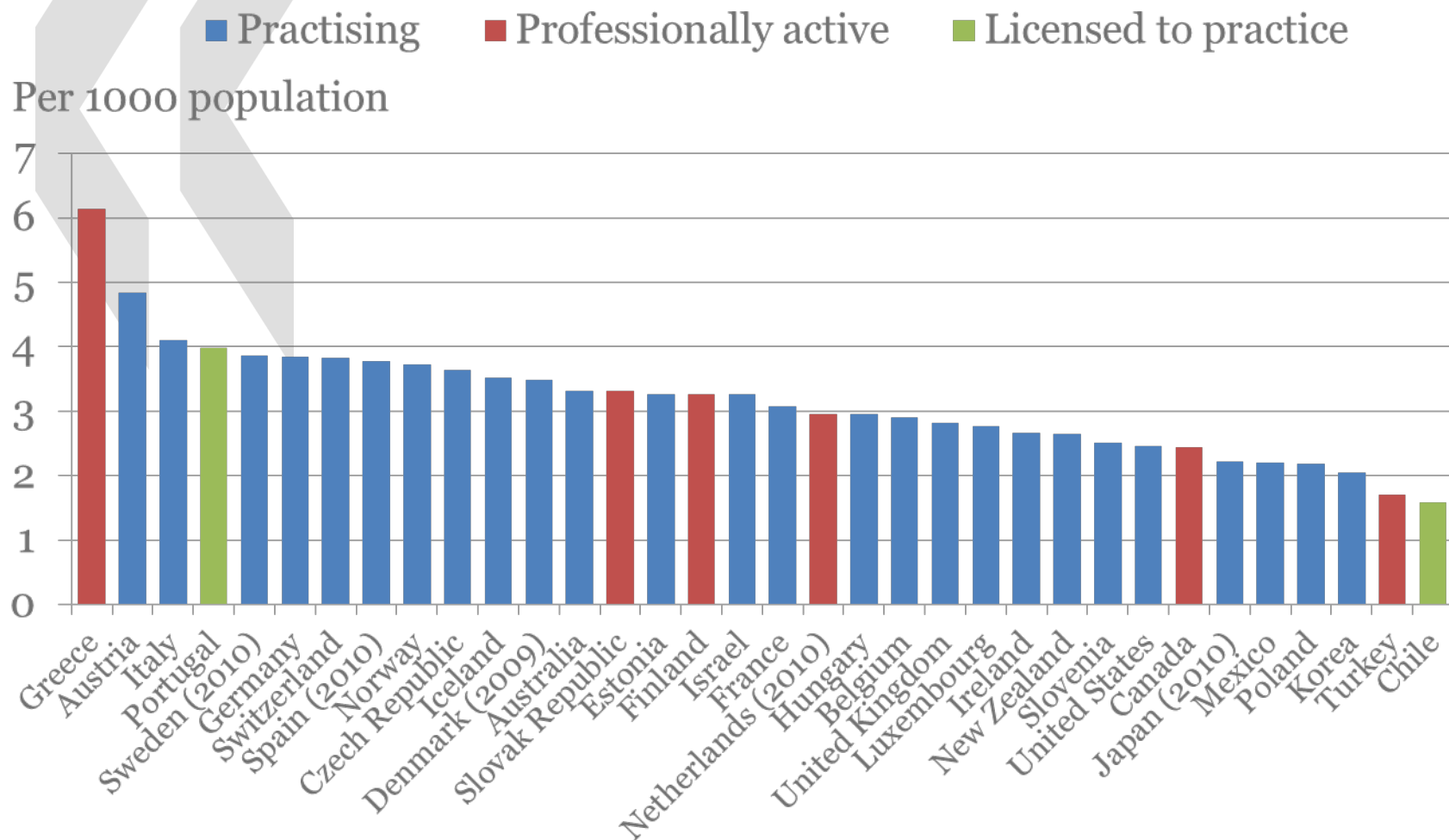
Licensed to practice

- All health professionals who are licensed to practice, including practising or non-practising (e.g. unemployed, retired, working abroad)

Improvements in data availability on physicians based on three concepts

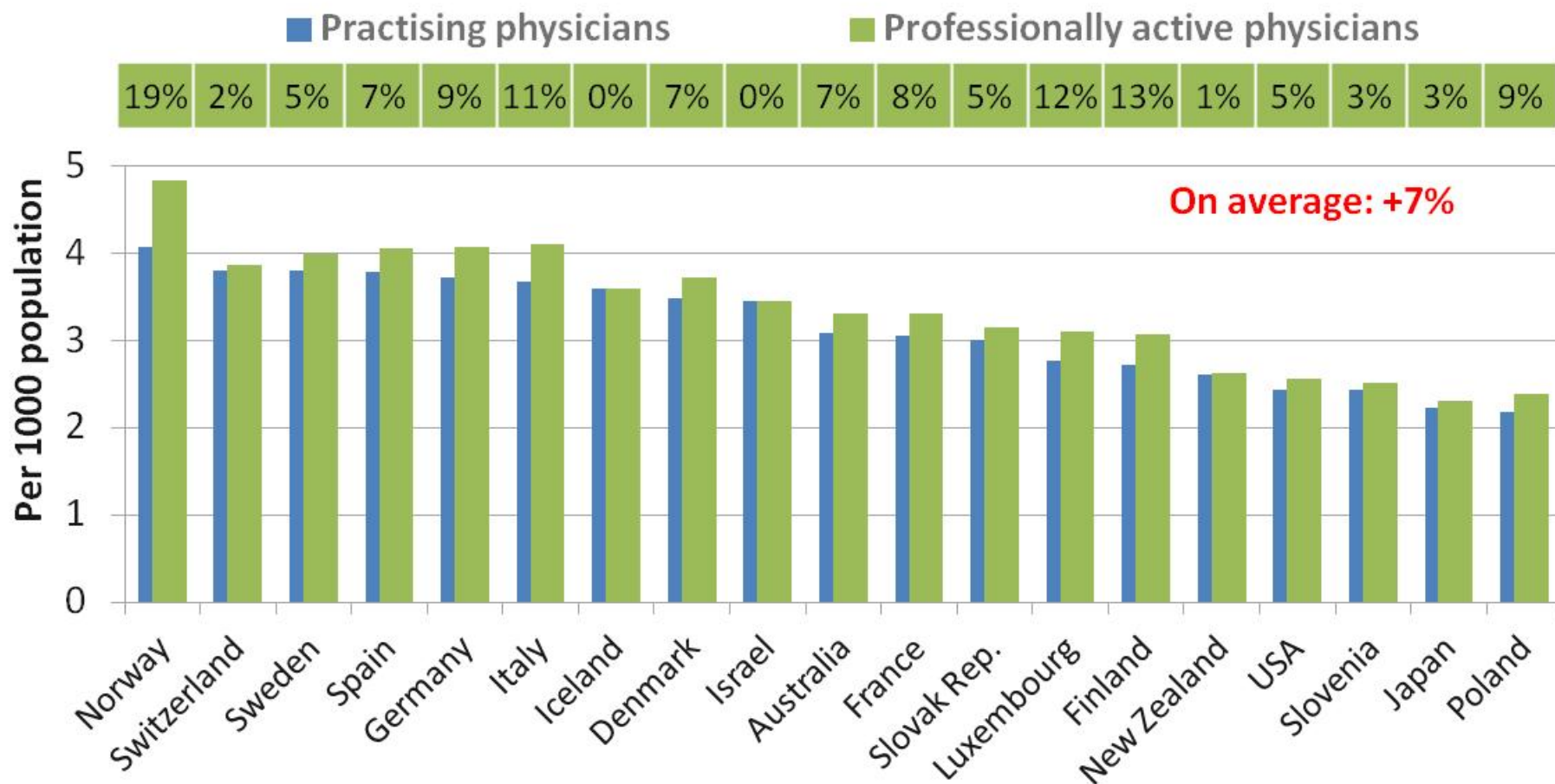
Concept	Definition	Number of countries available (out of 34 OECD countries)
Practising	<ul style="list-style-type: none"> • Providing services directly to patients 	<p>26</p> <p>(+3 since 2010: FRA, IRL, ITA but also -2: FIN, SVK)</p>
Professionally active	<ul style="list-style-type: none"> • Practising • Working in the health system as administrators, managers, researchers, teachers, etc. 	<p>24</p> <p>(+5 since 2010: IRL, LUX, NLD, NOR, SWE)</p>
Licensed to practice	<ul style="list-style-type: none"> • All physicians who are licensed to practice, including practising or non-practising (e.g. unemployed, retired, working abroad) 	<p>23</p> <p>(+2 since 2010: CHL, NOR)</p>

Total number of physicians 2011 (or nearest year)

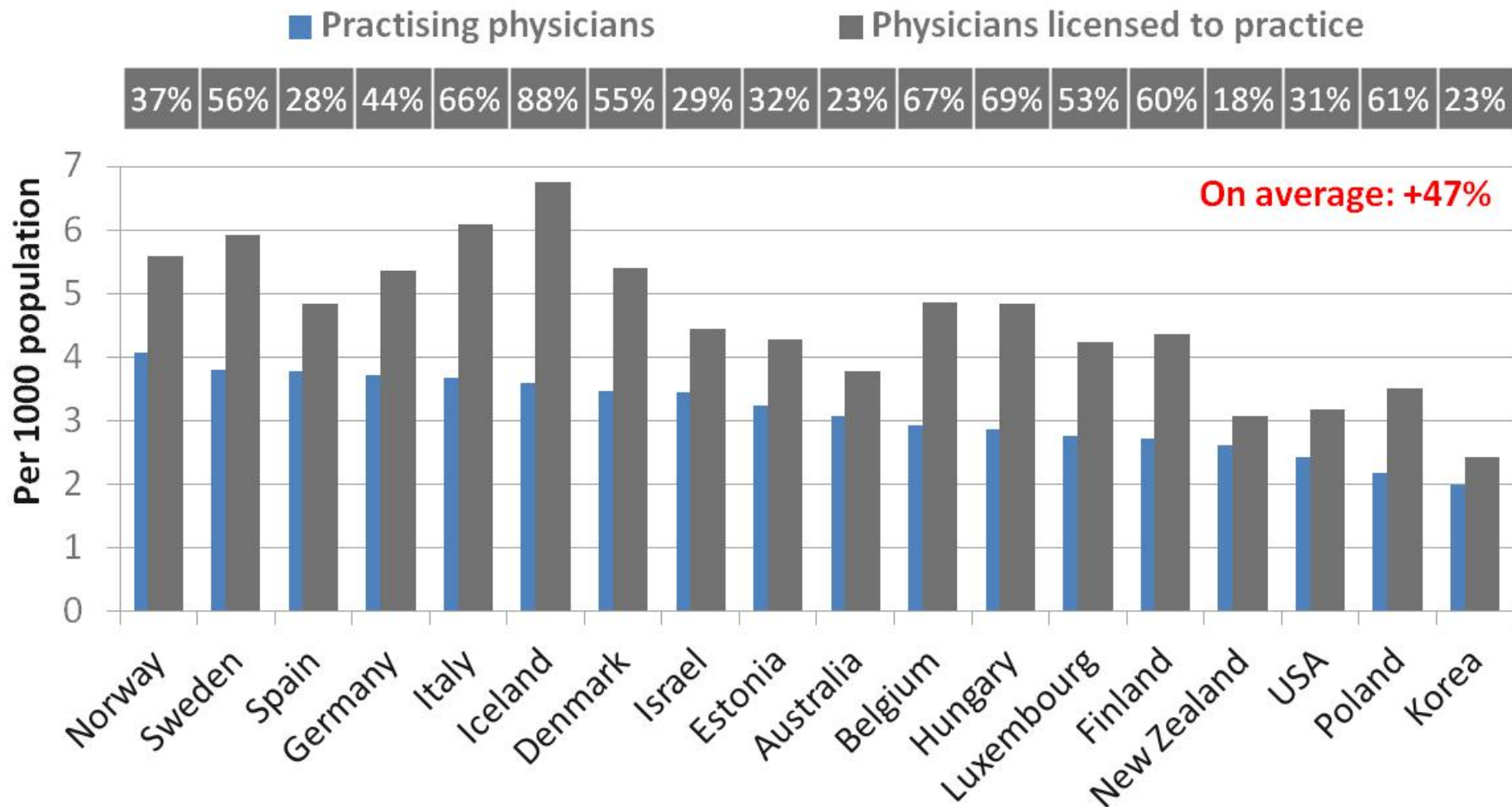


Source: OECD Health Statistics 2013.

Practising vs professionally active physicians (2010)



Practising vs licensed physicians (2010)



Source: OECD Health Data 2012



Head counts and FTEs

Joint Questionnaire collects some data on head counts and FTE

- Module related to hospital employment include both head counts and FTE, because of greater availability of data on working hours in hospital
- Data collected for these categories of hospital workers:
 - doctors (employed by hospitals)
 - “professional” nurses and midwives
 - “associate professional” nurses
 - health care assistants (nursing aides, etc.)
 - other health care providers (physiotherapists, dentists, psychologists, etc.)
 - other staff

Three proposed methods to convert head counts to FTEs for hospital employment

- Actual (usual) working hours
 - Number of hours actually worked divided by average number of hours worked in full-time jobs
 - *Example: 50 hours actually worked by a doctor / 40 hours for full-time jobs = 1.25 FTE*
- Contractual working hours
 - A worker with a full-time contract = 1 FTE
 - Number of hours of work mentioned in contract divided by normal number of hours worked in full-time jobs
- No information on working hours
 - A worker with a full-time contract = 1 FTE
 - 2 part-time workers = 1 FTE

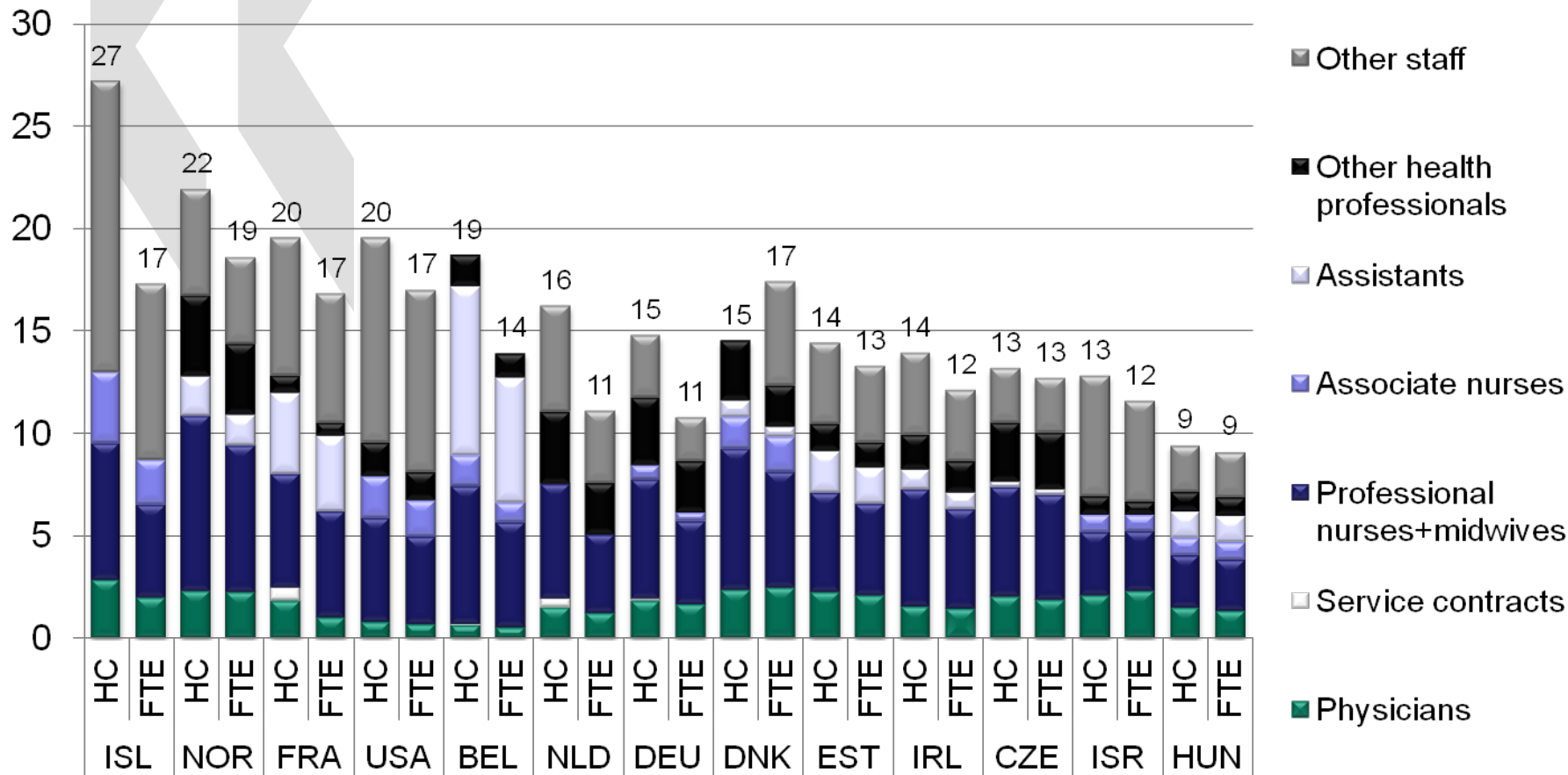
Data availability on FTEs is somewhat less than for head counts

	Head Count (out of 34 OECD countries)	Full Time Equivalent (out of 34 OECD countries)
Total hospital employment	23	19
Physicians	23	19
Professional nurses and midwives	25	17
Associate nurses	21	16
Health care assistants	17	13
Other health professionals	21	17
Other staff	20	16

Differences between head counts and FTEs vary across countries (hospital employment)

Per 1 000 population

2008



Source: OECD Health Data 2010

Conclusions

- JQ aims to collect comparable data to monitor key aspects of health workforce across countries, based on international classifications/definitions to the extent possible (ISCO-08):
 - asking countries to ‘map’ all their national categories into these broad categories used for international data collection
- Progress achieved in collecting comparable data, but some persisting issues:
 - borderline issues (‘grey zones’) in allocation of certain categories of doctors (e.g., physicians in training) and nurses (e.g., lower level nurses vs “nursing aides”)
 - a few countries still unable to provide practising or professionally active doctors and nurses (only all licensed to practice)
- JQ collects some key data needed for health workforce planning/forecasting at national level, but not all data

Priorities & next steps for Joint Questionnaire

- Focus on work with countries to improve availability and comparability of data for existing variables
- Consider possible addition of a module on international migration of health workers once every three years (coordinated with monitoring of WHO Global Code of Practice on Recruitment of Health Personnel)