



# Joint Action on Health Workforce Planning and Forecasting Budapest Workshop on European Health Workforce Planning

## Terminology and Data source gaps The Hungarian situation

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**Terminology and Data sources**

**Challenging issues in Hungary**

**Initiatives and ongoing projects**

**Mobility data issues in Hungary**

# ISCO Codes International Standard Classification of Occupations

ISCO Codes <a href="http://www.ilo.org/public/english/bureau/stat/isco/docs/health.pdf">http://www.ilo.org/public/english/bureau/stat/isco/docs/health.pdf</a>	Licensed to practice	Professionally active	Practising
Doctors: 2210, 2211, 2212			
Nurses: 2221, 3221			
Dentists: 2261			
Pharmacists: 2262			
Midwives: 2222, 3222			

## Aim of JQ

Collecting 'minimum dataset' on international level

Comparable dataset (→breaking time series)

Filling in data gaps

Provide trend analysis

**Can MSs provide these data?** <sup>3</sup>

### Problematic points

- same meaning or different understanding,
- data content (comments),
- ambiguity
- broad categories
- e.g. nurse category may vary widely across the globe (tasks performed, qualifications, competences, responsibilities)

- Focal point: National Institute for Quality- and Organizational Development in Healthcare and Medicines – GYEMSZI
- Office of Health Authorization and Administrative Procedures – EEKH
- Hungarian Statistical Office – KSH

- Registration-Licensing
- Basic and Operational registry
- Basic registry – everyone obtaining medical education in Hungary → Licensed to Practice
- Operational registry → Practising
- Foreign students graduating – included in the Basic registry, no intention to work in Hungary (can be selected!)

## Challenging issues in Hungary 2.

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- Updating annually – not continuous or automatic
- FTE? – annual data collection
- Practising – Who is considered as practising?  
(direct patient care, prescribing, etc.)
- Professionals working abroad?
  - Requests on verification of qualification
  - Proof on having ‘out-migrated’ but not lost their original entry in the register → potential migrants
  - Ageing workforce – young MDs leave → lack of replacement

## Challenging issues in Hungary 3.

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- Regional disparities, uneven distribution – inadequate allocation in remote, rural areas
  - commuting by crossing borders
  - low cost airlines: short shifts abroad
- Specialties
  - What is predominant? Is the latest the best?
  - Dentist/MD
  - MD degree for Oro- Maxillofacial Surgery
- How many nurse categories are there?  
In Hungary 234 categories – various, manifold and widespread field, specialised education for nursing  
Mobile nurses: often temporary border hopping



## Initiatives and ongoing projects in Hungary

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- Human Resources for Health Monitoring System Project → data inconsistencies, eliminating duplication and simplifying data collection, validation of data, indicators for HWFP, etc.
- National Health Resources Project → transparency, evidence-based strategic decision-making
- Human Resources for Health Observatory → cooperation of stakeholders, monitoring, and dialogue (WHO)
- Career path → calculable and controllable career
- New residency training system → Scholarships, Recognition of foreign trainings
- Increasing remuneration

- Data collection procedures – no duplication, no extra administrative burdens
- Automatic, IT supported data collection
- Valid, consequent and comparative data in registries
- Timely and consistent reporting
- Supervision of JQ categories – same meaning, same understanding and interpretation of terminology and data sources
- Proper data production matching HWFP goals



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## Mobility data The Hungarian situation

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# Health professionals' mobility

## Data sources

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- The main data on HWF mobility
  - Inflow: diploma recognitions (need to apply to the registry)
  - Outflow: certificates (diploma and good standing)
- Collected by the **Office of Health Authorisation and Administrative Procedures**
- Responsible for registration of health professionals in Hungary
- Semmelweis University – HSMTC Survey
  - among medical students and medical residents
  - measures migration potential (intention to leave) and tests relating activity
- We have no any other mobility-related data

- Each healthcare profession is covered by the registry:  
Medical doctors, dentists, pharmacists, nurses, midwives, assistants etc.
- Complex categories for nurse profession
  - Different categories in nurses/nurse assistant/nursing aids/allied healthcare professionals
  - Changes of training system, vocational (specialised) education

- **Inflow data** according to mobility indicators
  - Country of degree
  - Country of birth
  - Country of nationality
- **Comment:**

Several health professionals who want to practice in Hungary apply for Hungarian citizenship, thereafter appearing as Hungarian nationality health professionals (needs further data mining to select these data)



## Different type of mobility indicators (Medical doctors)

Year	Foreign born	Foreign trained	Foreign nationality
2012	69	75	33
2011	43	52	25
2010	23	32	17

### Data on **outflow** (number of certificates)

- Shows the intention of mobility
- Not the real mobility (e.g. part time work abroad)
- Professionals may appear more times in statistics (e.g. new workplace abroad, need for new certificates)
- Data contains those foreign professionals graduated in Hungary

→ Detailed data on requests



## Validity and reliability of mobility data

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- Data on inflow interpreted as more valid than the outflow data
- The recognition is more expensive and more complex procedure

The **HRH Monitoring System** is under development  
→ HWF planning is one of its main aims

HRH planning activities:

- Adjustment of medical education intake
  - Adjustment of medical specialisation (residency) intake  
(always higher than the number of graduates)
  - Definition of lacking specialties (get special support from the government)
- In these activities mobility data are absolutely taken into consideration

## Contact with other countries' national authorities

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- No regular contact with national authorities of other countries regarding mobility data
- Occasionally discussions on mobility data or specific issues
- In case of any emerging issues
  - Good communication flow

- The DG Markt has data on recognition procedures
  - It is important source of mobility data across Europe
- Number of decisions taken on recognition of professional qualifications for the purpose of permanent establishment or on a temporary and occasional basis

- Mobility data  
Considered in the HWF planning activities  
Support definitions in planning and health policy  
focuses on the identification of health policy  
interventions
- An example: „student agreement”



**Thank you for your attention!**

