

Joint Action on European Health Workforce Planning and Forecasting

Minutes of the WP4 Budapest Workshop on Data 13-14th June 2013

Objectives of the Budapest Workshop

- Participants share their knowledge about HWF planning data, they look for solutions and ideas that support their work, and in general they extend their professional network
- Start assigning tasks to different participants of the WP
- Provide up-to-date information on the activities and deliverables of WP4.
- Provide information on the expected contribution by the Partners to WP4.
- Enhance and deepen the professional connection between participants of the Work Package
- By preparing for their presentations for the workshop, countries have a better understanding of the activities planned for the first year in the area of terminology research and mobility data mapping

The ppt. presentations shared during the two-day event may be found on the following website: http://www.euhwforce.eu/index.php?p=1_33_List-of-Associated-Partners

13 June, Thursday

Zoltan Aszalos WP4 Leader

Opens the event, welcomes the participants.

Zoltan Cserhati – Hungary, Ministry of Human Resources

Welcomes the participants on behalf of the Ministry, and draws the attention to the importance of proper health workforce data collection on national level.

Michel van Hoegaerden, Programme Manager of the Joint Action

Provides information on the main news from Programme Management perspective:

- Grant agreement signed.
- First congress scheduled in Bratislava.
- The Joint Action Project now is on its proper trajectory.

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Caroline Hager – European Commission

Highlights the international perspective of the Joint Action, including connections with OECD and EUROSTAT. The overall goal of the Joint Action is better data, better planning and sustainability of health systems, – eventually healthier societies.

Zoltan Aszalos: Introductory Presentation

- Despite the flood in Budapest, the workshop runs smoothly.
- Introduction to the 2 current Activities of WP4:
 - **Terminology/Data source gap analysis:** Analysis of the differences between the Joint Questionnaire data definition in the three main categories (registered, professionally active and practicing categories) and the actual contents of data collected by MSs participating in WP4. Analysis will be supported by a questionnaire sent to MSs in September 2013.
 - **Mobility data mapping:** Mapping of health workforce mobility data within the EU, including available mobility definitions. Information sources include DG Markt database (recognised foreign qualifications), Matrix Feasibility Study, Health Prometheus, ECAB, MoHPRof and RN4cast.
- Underlining the findings of the Swedish study that also focused on the terminology issues related to the Joint Questionnaire in 2011 and will serve as a starting point for the Terminology analysis.
- Additional aims of the workshop
 - Participants may share what they have in mind about HWF planning data
 - Participants may look for solutions and ideas that support their work
 - Participants may extend their professional network
- Agenda – technical information



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Who is who interactive session

Team building exercise based on the list of questions provided by WP4. Participants to the exercise become more aware of the current positions and main activity areas of other partners in WP4.

Presentation by Gaetan Lafortune, senior economist of OECD

- The history and experiences of the Joint Questionnaire
- Comparative results from previous years
- The challenges of JQ such as Physicians by categories or the 2 level on nurses

By the end of this presentation, the audience had a better understanding of why the Joint Questionnaire and the ISCO codes it uses can play an important role as a bridge for comparing data of different countries.

The discussion that follows also raises the question, whether the ISCO codes are the best international definitions that can be used to monitor health workforce data. The European Federation of Nurses Associations (EFN) presented its position regarding the use of other definitions, which may be more suitable for nurses and healthcare assistants.

Presentations on Hungarian and Finnish country situation, and UEMS presentation

The objective of this series of presentations is to demonstrate examples of the assigned homework. This session is to prepare the parallel afternoon sessions on Terminology and in Mobility.

1. Eszter Kovacs and Edmond Girasek – Hungarian Health Management Services Training Centre – Presentations on Terminology and on Mobility
2. Reijo Ailasmaa, National Agency for Health and Welfare, Finland – Presentation on Terminology
3. Frédéric Destrebecq, Union of European Medical Specialists – Presentation of the European Observatory of Medical Demography Questionnaire first finding highlighting doctors mobility trends.

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These presentations demonstrate the current main issues in the two areas of activity for Work Package 4:

- Terminology: the difficulties related to follow the international definitions for the five harmonized professions, especially for nurses. Further issues with some categories of the Joint Questionnaire, especially the “professionally active” category that refers to those healthcare workers who are active in the area of health care, including teaching or research.
- Mobility: the difficulties in mapping the flow of health professionals, and the different types of mobility, such as long and short term, part time and full time mobility.

PARALLEL SESSIONS

Terminology and Mobility Session

1. TERMINOLOGY SESSION

IMPORTANT INFORMATION

Associated partners in Activity 1 – Terminology/Data source gap analysis, Component 1.

- Mandays budgeted to this component: **Total 293 days.** Hungary (197 days), UK (3), Italy (10), Spain (3), Portugal (20), Greece (3), Poland (15), Iceland (3), Germany (3), Finland (15), Slovakia (3), Belgium (3), Netherlands (5), EFN (5), UEMS (5)

Terminology Homework (sent prior to the Workshop); main issues and aspects to address in national presentations:

- main health professional data sources for the Joint Questionnaire
- covered healthcare professions
- cooperation between different national organisations to produce requested JQ data



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DISCUSSION

Discussion opens on Terminology/Data source issues.

Participants contribute to the debate on the availability of data requested for data collection. In some countries such as Belgium, where the share of private healthcare is low, it is easier to collect such data. Even in these countries special efforts are required to meet the needs of international data provision. In Belgium a Coordination platform has been set up to meet this need, involving Federal Administration, Ministry of Social Affairs, and the Ministry of Health.

In some other countries, e.g. in the UK, Professionals working in private care usually work in Public care as well, which has to be taken into consideration when using data on HWF. The sources of data have to be properly mapped and with that background it is easier to identify and validate particular pieces of information.

There is a different level of involvement of various organizations that produce data for the international data requests. In Portugal, for example, the Statistical Office plays an important role – action in collaboration on data.

The actual contents of the data usually depend on regular reports, and headcounts, however in some countries, such as in Spain, Andalusia, the numbers may be estimates.

A general discussion opens on the ISCO codes applied by the Joint Questionnaire. The representative of the European Federation of Nurses covering 34 Association of Nurses suggests that the categories used are different from the ISCO codes. EFN proposes to collect data for the following 4 categories: Healthcare Assistant, Registered Nurse, Specialist Nurse, Advance Nurse Practitioner

Gaetan Lafortune, the representative of OECD confirms that the Registered Nurses categories is compliant with ISCO, however the questions regarding the categories mentioned by EFN if they are there mutually exclusive. He also describes the regular Coordination meetings including WHO, OECD and EUROSTAT and Member States, that focus on the constant amendment of the Questionnaire.

Lud van der Velden, representative of the Netherlands raises the issue of being registered or licensed, as two different categories.

During his presentation Pascal Meeus from Belgium suggest that FTE is better category then number of registered doctors. In case details of working hours are not available he suggests that one method can be a calculation where 2 part time = one full-time. Here international comparison must consider that normal working hours vary from country to country and can be 35-40-55 hrs. Gaetan Lafortune's comments that the methodology should focus on FTE, although the headcount should be also kept as basic data.



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Pascal Meeus suggests, that even the FTE numbers do not reveal productivity of the HWF. He also raises the question about the definition of *Practicing* – people providing care for patients, - what is the minimum threshold for minimum practicing? In other words, is 1 patient or 1 prescription per year may mean practicing?

Number of Participants: 16

➤ **Next steps**

1. Identification of additional international qualifications that may be considered as an alternative to the ISCO Codes.
2. Developing the questionnaire and having it discussed by participants in September

2. MOBILITY SESSION

IMPORTANT INFORMATION

Associated partners in Activity 2 - Mobility Data Mapping, Component 1 - Mapping of HWF Mobility Data within the EU

- Mandays budgeted to this component: **Total 222 days**. Hungary (150), UK (10), Greece (10), Germany (10), Slovakia (20), Belgium (10), UEMS (10)

Mobility Homework (sent prior to the Workshop); main issues and aspects to address in national presentations:

- main health professional data sources
- covered healthcare professions
- main indicators
- validity and reliability
- health workforce planning process & mobility data
- contact with authorities of other nations
- supply information to DG Markt database
- added value in health workforce planning

Presentation is requested especially from *the associated partners who are involved in this component of Activity 2*, see above, but any contribution from other associated and/ or collaborating partners were highly welcome.



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Additional associated partners who also contributed by sending information and/ or presentation: Finland (plenary presentation by Reijo Ailasmaa)

Collaborating partner: Ireland (also sent information on Terminology Homework)

➤ **Mobility presentations:**

at plenary session: Hungary, UEMS, Finland

at mobility session: French Medical Council (CNOM), Belgium, Slovakia, UK

In general, all presentations were prepared comprehensively and managed to address the previously defined issues and aspects regarding the current state of the country as well as provide an overall view on mobility in the given country to the workshop and session participants.

MOBILITY SESSION INFORMATION

During this session participants managed to cover the presentations and share feedback.

➤ **Main issues that emerged during the feedbacks and discussions on presentations**

- The lack of real follow-up and valid data of international mobility of national HWF professionals seems to be the greatest challenge for each represented Member State. The numbers concerning inflow are more exact and available than those on outflow. The issue of the IMI system and the potential of its development to be capable to follow migration flows came up. (At present it is a legal and administrative tool that the responsible national and European authorities use to check and prevent unethical medical practices of healthcare professionals in another country than the country of origin: meaning the country where somebody obtained certification/ diploma and became licensed to practice.) It is an issue, if and how notification from the affected HWF professionals can be obtained and integrated into the data system on mobility/migration.
- Existing dependence of the health systems on international HWF migrants in some countries (for example Belgium, Great Britain)



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- Nationality of the person, and the “nationality” of the diploma/ certification can be different and is a critical issue to address and deal with
- Professionally active, activity and its connection with the work time and FTE – categories and definitions to explore further and hard to handle and work with for most countries.
- Effectively communication, work together and exchange information between responsible national authorities (who track outflow of national and inflow of international HWF) is an issue, regarding guidelines and recommendations at EU level should be considered.
- Experiences coming from different Member States (regarding HFW mobility) should be shared and disseminated
- In some cases (Belgium, Rumanian nurses) international migrants prefer applying for and getting undergraduates’ positions to pass the competency test the country claims for to fill in status that harmonizes with their existing qualifications. This is partly due to the enormous salary gap that makes these immigrant healthcare workers to accept to work below their qualification so that they receive fast and secured incomes. The competency test seems to be a bigger and more difficult challenge. This way international migrant health workers can start work easier and have the necessary “adapting” education in the health and education system o the hosting countries.

➤ **Next steps**

1. Identification of additional issues/aspects regarding mobility, based on the feed-backs and the notes in defined “main mobility focus and interest” given by the participants at the Mobility Session. (The latter is also harmonized and completed by the comments received when discussing this issue during the WP4 kick-off workshop in Brussels).
2. Sharing via e-mail the aspects of “Discussion on component 1: Mapping of HWF Mobility Data within the EU”. For those who have participated in the Mobility Session or who have a special interest in HWF mobility, we would like to initiate a discussion on the three points of the Mobility Session - Discussion on component 1: Mapping of HWF Mobility Data within the EU:
 - a. Use & reality of common mobility definitions in the EU, what would be optimal in your view?
 - b. What is your opinion about currently available international recommendations for measuring and following mobility (see the Feasibility Study for instance)? Do you prefer using these ones or recommending the development of new, alternative ones?
 - c. Importance of the availability of the mobility data on the national HWF, rating it on the overall national HRH agenda (1-10)



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3. Discussion on Component 2 & 3 are planned to be covered in September-October 2013, including at an extra session during the WP5 workshop Milan at the end of September. To be discussed with WP5 team.

Plenary

Feedback from the Chairpersons on the two Sessions: Zoltan Aszalos for the Terminology Session and Edit Eke from the Mobility Session.

Michel's summary: Partners of the Joint Action have a lot of knowledge to share, and this requires knowledge management. In addition and input from EU level organizations is useful. The topics covered are complex and the Joint Action should help Member States to make the right policy decisions, supported by science and policy.

City walk, Dinner

14 June, Friday

Opening the day

Edit Eke presents Literature review done by WP4. This literature review is to cover areas important both to the Terminology/data source gap analysis and to the Mobility data mapping exercise. This activity is to give a solid background to the other activities including the preparation of policy recommendations in Activity 1. and 2. of Work Package 4.

Zoltan Cserhati presents data on HWF highlighting problematic data issues from Hungary. When supplying data to international organizations, the meta-data, i.e. the interpretation of data is extremely important, as some health professions do not fit into regular international health professional categories – such as the special nurses in Hungary who support pregnant women before and after the birth.

Lud van der Velden presents the Dutch HWF planning model for General Practitioners. The Dutch model is recognised as one of the best HWF planning models in Europe. The presentation reveals the scope of the planning models, and is a message to other countries how to set up and operate a planning system: clear input and output requirements, and a constant upgrading of the system.



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WP5 update – Results of the Rome meeting.

WP6 update – Communication, Progress and next steps.

One-to-one discussions – “Speed dating” based on questions supplied by the WP4 team

This exercise focused on participants sharing their professional expectations towards the Joint Action in general and Work Package 4 in particular.

Miklós Szócska, Minister of State for Health

Welcomes the participants and wishes fruitful meetings in Joint Action. He raises various issues during his introduction:

- Capacity planning and building requires valid databases. This is why the Joint Action has a special importance to contribute to the building up of databases that can support this activity.
- Various approaches exist to support the validity of data, one of them is to encourage health professionals to update their data. Hungary now experiments by providing discounts on life-long-learning credits
- Migration potential and active mobility – Raises issues that countries need to face. The principle of the free movement of labour and the principle of equal access to healthcare are both present at the discussions over the recruitment and mobility of health professionals.
- The WHO Code and current schemes monitored and facilitated by WHO may add viable solutions to the issue of mobility. Health systems may be developed e.g. through students having trainings and work experiences (and receiving benefits) in other countries of the EU. Example: a bilateral agreement between Hungary and the Karolinska Institute in Stockholm. These programs help participating countries to discover the opportunities of mutually beneficial exchange programs. In other words, preference should be given to ethical joint labour force programs.

The presence of the Hungarian State Minister for Health highlighted the importance of the project for the host country.



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Closure

Zoltan Aszalos discusses next steps of WP4

Next Workshop with all partners for WP4 will be held in Utrecht in February 2014.

Lunch

Afternoon meetings

During the afternoon various other meetings were organized.

WP4 and WP5 organised a meeting where they were discussing how their activities will be further harmonized, especially in the area of the definition of the minimum dataset. WP5 intends to cover all data required for HWF planning, including demography, WP4 focuses exclusively on HWF data.

Further meetings: WP3-WP6; WP6BE-WP6UK; WP3-WP7, WP7BG - WP7BE

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To do Log

What	Who	When - deadline
Follow-up e-mail	WP4 Leadership	July 2013
Preparation of WP4 questionnaire template	WP4 Leadership	August 2013
Mobility data mapping – clarifying fields of special interests to Partners in WP4.	WP4	August 2013
Contact EFN and other organisations to clarify further definitions for health professions	WP4	July/September 2013
Sending out WP4 questionnaire to participants	WP4	End of September
Filling in WP4 questionnaire	All partners	10 December
Mobility research	WP4 with partners in mobility activity	February 2014
Terminology gap analysis	WP4 with partners in terminology activity	February 2014