

6-7 March 2014 – WP4 Workshop

Pre-reading material Utrecht workshop Work Package 4 of the Joint Action

The Utrecht workshop of Work Package 4 of the Joint Action on European Health Workforce Forecasting and Planning is focusing on two main WP4 Activity Areas:

Activity 1. Terminology/Data source gap analysis

- focus on the OECD-Eurostat-WHO Joint Questionnaire on non-monetary health care statistics

Activity 2. Mapping of mobility data

- covering health workforce mobility data mapping in Europe

This pre-reading document is to provide a background to the preparation of WP4 Partners attending the Utrecht workshop.

Activity 1. Terminology

Activity 1. on Terminology relies on the Work Package 4 Survey, expert interviews, presentations and discussions during WP4 workshops, literature reviews as well as on results of other Joint Action Work Packages.



The **Utrecht workshop**, as the closing event for Activity 1. on Terminology, aims to share, disseminate and complete the information and knowledge gathered so far by:

sharing and discussing preliminary results of the WP4 Survey

exploring potential policy recommendations focusing on the Survey results and their relevance on data provision to the Joint Questionnaire

deepening the understanding of participants on the latest developments of HWF data collection at international level

providing a practical insight how HWF data can be converted into national level policy decisions

Inputs from the Brussels kick-off and the Budapest Workshop

In April 2013, during the kick-off meeting of Work Package 4 in Brussels, participants of Work Package 4 were asked about their understanding of the Joint Questionnaire. Those present were primarily from HWF data management or HWF planning departments of Ministries of Health or representatives of research institutes, but only a few participants had an understanding of the purposes of the Joint Questionnaire. This was a signal that the awareness about Joint Questionnaire and the practical application of JQ data for HWF monitoring has not gained importance among those using HWF data in Europe.

As a preparation for the Budapest Workshop on 13-14 June 2013, questions focusing on the collection of HWF data from the perspective of the Joint Questionnaire were put forward to participating Partners of Work Package 4. This was a "homework" that 6 countries prepared and presented during the workshop.¹ The answers to these questions were used as a primary input for the research on the Joint Questionnaire data categories, as well as for the launching of the WP4 Survey on Terminology and Mobility in October 2013. With this exercise, Partners gained additional knowledge on the HWF data collection schemes in 6 European countries representing diverse patterns of national level data management. During the Budapest workshop, participants had an opportunity to discuss the findings of these Homework presentations, as reflected in the minutes of workshop.²

The questions³ provided for the homework exercise focused on

- national organisations that collect health workforce data and the data they provide,
- the inconsistencies between data coming from different national data sources,
- the gaps between the Joint Questionnaire data categories and the data that countries collect in these categories, as well as
- the usefulness of international comparative HWF data for health workforce monitoring and planning.

The presentations⁴ and the discussions highlighted that with a few exceptions, data supply to the Joint Questionnaire is based on the cooperation of various national organisations in European countries.⁵ The lack of a centralised HWF database, and/or the lack of resources and capacities supporting proper data collection make data supply to the JQ rather difficult.

Categorisation of HWF data according to JQ category requirements also seem to be a challenging issue for many countries, and the nursing area tends to be the most challenging one.

¹ Finland, Portugal, Netherlands, Belgium, Iceland and Hungary

² See minutes of the workshop on the official website of the Joint Action:

http://www.euhwforce.eu/web_documents/JAHWF_130613_WP4_workshop/JAWHF_130722_WORKSHOP_MINUTES_APPROVED.pdf

³ See full list of questions on http://www.euhwforce.eu/web_documents/JAHWF-130512-WP4-Budapest%20Workshop%20Homework.pdf

⁴ Presentations available on <http://euhwforce.weebly.com/130613-wp4-budapest.html>

⁵ This is also in line with the findings of the Commission Feasibility Study of the Joint Action - Table 6 on HWF data collection organisations

Out of the three status categories of the Joint Questionnaire,⁶ the *Professionally active* category raises the most complex methodological questions. While data on these health professionals would be of high added value, there is no tradition, method and resources to collect high quality and valid data in this category in many countries.

Data collection in the Joint Questionnaire is an on-going and constantly developing process. In the next sections these initiatives are presented together with the European Core Health Indicators having also a high relevance to the work of Work Package 4.

Current developments relevant to JQ data collection

Two projects initiated by the OECD must be mentioned as of early 2014 that may possibly expand the health workforce data collected in the JQ and may also have impact on WP4 work:

- pilot data collection on health workforce migration (focusing on doctors and nurses) and
- student admissions in medical and nursing education programmes (which would complement the current data collection in the JQ on medical and nursing graduates)

These projects, depending on the support of Eurostat and WHO, may expand the pool of data collected on global level.

Work Package 4 of the Joint Action has specifically undertaken the task to give advice on the additional mobility indicators to be included in the international data collection of the JQ. In this sense, the timing of the activities of WP4 is in line with the current initiatives of OECD on the development of mobility indicators.

In addition to the OECD initiative, a strong political dedication to the improvement of the quality of HWF data in the **European Union** is also apparent. These EU initiatives build mostly on the data categories applied by the Joint Questionnaire, but they also express a need for a Europe-specific data categorisation. The setting up of ESCO categories planned by Eurostat Action Plan and DG Employment may be regarded as the most important current initiative in the EU.

Eurostat Action Plan

Implementing Regulation on Non-Monetary Health Care Statistics (IRHCARE)

A task force of 10 Member States representatives (primarily from statistical offices) will help Eurostat to develop a European Commission proposal for a so-called EU implementing regulation on non-monetary health statistics, including health workforce data. This was foreseen in **Regulation 1338/2008/EC on Community statistics on public health and health and safety at work.**

The task force will draw on the existing variables of the Joint Questionnaire with OECD and WHO to establish mandatory variables/indicators for the collection of health workforce data, the data to be transmitted, the reference period and the transmission of results.

⁶ Licensed to practice, Practicing, Professionally active

The European Community Health Indicators

Eurostat data also provides the basis for the European Community Health Indicators (ECHI), now renamed European Core Health Indicators. The purpose of these indicators is to ensure data comparability across the EU.

ECHIM (<http://www.echim.org/>) was a three-year Joint Action project to develop and implement health indicators and health monitoring in the EU and all EU Member States. It continued the work of the previous ECHI and ECHIM projects, and ended in June 2012. The most important ECHIM products are the ECHI shortlist of 88 indicators and their metadata, and a three-volume Final Report.

Out of the 88 indicators, the following two are also among the JQ categories:

- Practicing doctors
- Practicing nurses

And a third indicator as mentioned before maybe soon included in the JQ:

- Mobility of health workforce

In fact, the first two categories are identical with the JQ categories, and the ECHIM suggested these two JQ categories to be among the European Community Health Indicators. In other words, these two categories are unique connection points between the international health workforce data and the European level health indicator system.

In addition to selecting these three categories among the health indicators, ECHIM has also provided a useful analysis of the issues concerning their international comparability. This analysis published online in the document "ECHI remarks on comparability" provides an input for the current document on JQ categories.⁷

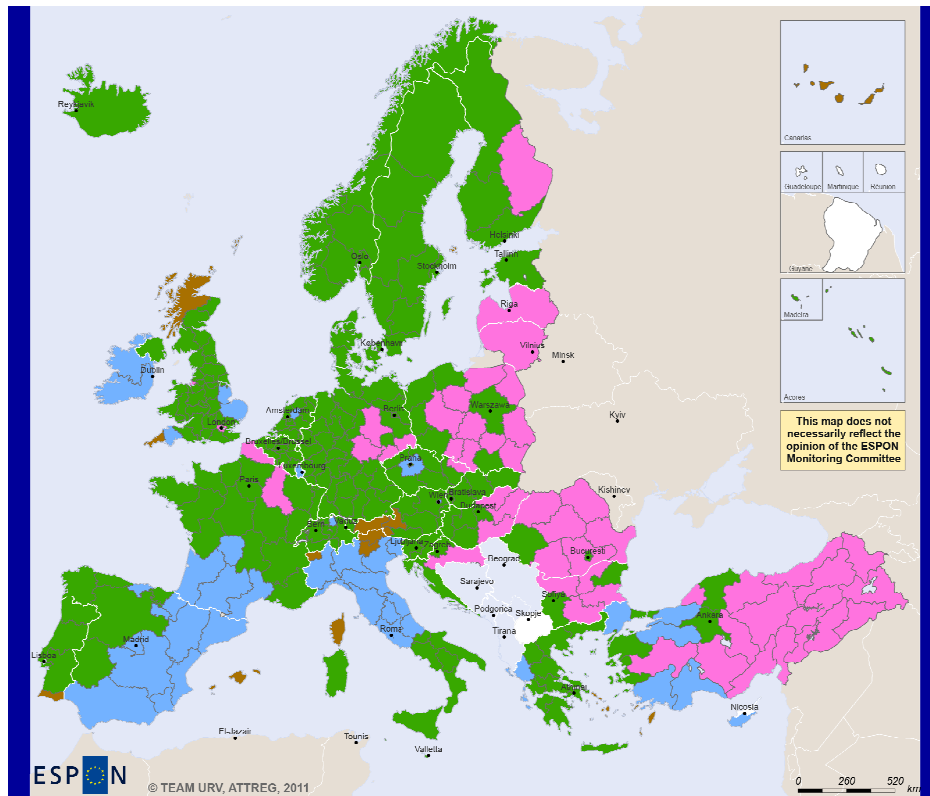
The European Core Health Indicators system is to be developed further, and there is a special need for a mobility indicator. Joint Action on European HWF Planning Work Package 4 has undertaken to contribute to the development of this tool, building on its analysis on mobility data in Europe.

⁷ http://www.echim.org/docs/echi_shortlist_remarks_on_comparability.pdf

Activity2. Mobility

Mobility of people is an emerging issue in the EU, without any doubt. This phenomenon is a natural consequence of the development of the EU internal market, based on the four freedoms, especially the free movement of persons and services. The map below is an impressive illustration of attractiveness by showing the regional typology based on the latest data available for two mobility indicators: annual average net migration rate (2001-2007) and average annual visitor arrival rate (for visitors both having residence within the country or abroad) (2001-2004).

(source: *ESPON Inspire policy making by territorial evidence*;
http://www.espon.eu/main/Menu_Publications/Menu_MapsOfTheMonth/map1203.html)
Map 11 - Regional typology by types of flows attracted (4 classes), 2001-07



ESPON
© TEAM URV, ATTREG, 2011

Regional level: NUTS 2
Source: Own elaboration by I. Smith
Origin of data: ATTREG database
Author: A. Magarinos
© EuroGeographic Association for administrative boundaries

Typology classes *

- CLASS 1: low net migration rate (2001-07) and low visitor rate (2001-04)
- CLASS 2: mid-level net migration rate (2001-07) and mid-level visitor rate (2001-04)
- CLASS 3: high net migration rate (2001-07) and mid-level visitor rate (2001-04)
- CLASS 4: high net migration rate (2001-07) and high visitor rate (2001-04)
- NO DATA

* Ward's method hierarchical clustering algorithm based on normalised MM2_20 and MT2_43 indicators (4 cluster solution retained).


Due to the ageing population and the decreasing proportions of actively working people in the Member States migration (to and from the EU) and mobility (across country borders inside the EU) has an emerging importance from several aspects, including the access to health care and availability of health workforce (HWF). Mobility of health professionals is an issue for each Member State, and albeit the main challenges and/ or significance of relating issues may largely differ, there is no doubt that EU Member States face some basic common challenges that actually define further questions and steps, and first of all: relating policy actions.

Some of these challenges: Do Member States have a common understanding on “health workforce mobility and migration” terms and data content? Is it possible and/or needed, and feasible to follow the flows of health professionals in the EU? Do Member States intend and can ensure resources and capacities both at national and international/ EU level to follow it in a harmonized and timely manner? What are the rationales, motivations, purposes and options the individual countries, the regions and the EU consider? What kind of policy implications should follow? All of these are complex issues to explore.

Several EU projects and studies, EU policy actions and activities of international organizations like the OECD, WHO, provided work of high value in the field of health professionals’ mobility research in the EU in the last years. WP4 builds on these results (DG MARKET database on regulated professions, Feasibility Study on EU level Collaboration on Forecasting Health Workforce Needs, Workforce Planning and Health Workforce Trends (Feasibility Study), Health professional mobility in the European Union Study (Prometheus), European Cross-border Care Collaborations (ECAB), Mobility of Health Professionals (MoHPRof) Registered Nurse Forecasting Study (RN4CAST) projects, ECHIM documents, etc.).

Main objectives and actions of WP4 Activity 2. Mobility

Graph1 Objectives and activities – WP4 Activity2 Mobility

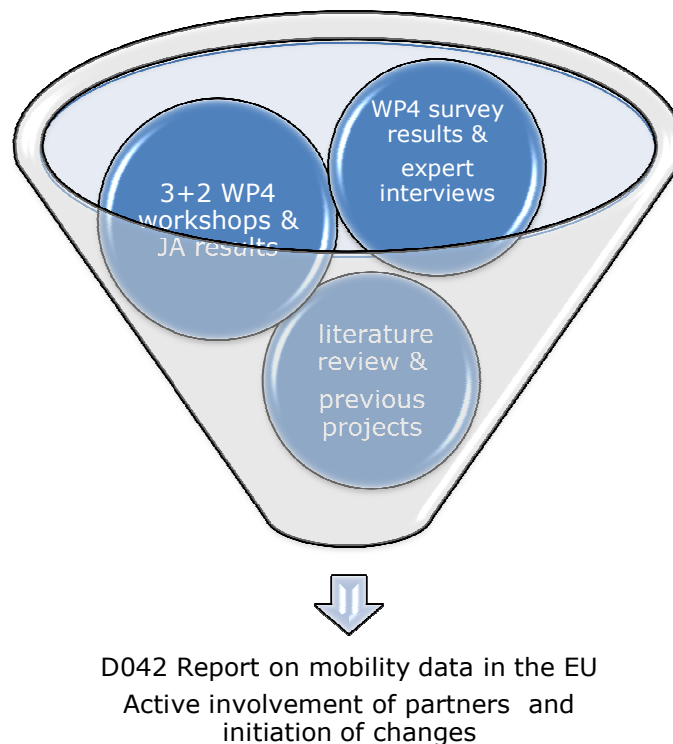
	<p>to support better monitoring of the HWF</p>	<ul style="list-style-type: none"> •by mapping of health workforce mobility data within the EU (stock and flow)
	<p>to provide updated information on mobility data of the HWF</p>	<ul style="list-style-type: none"> •on the basis of available data/information sources including available mobility definitions
	<p>to prepare policy recommendations in the following areas:</p>	<ul style="list-style-type: none"> •how to collect better mobility data in a better way • how to make better use of DG Markt database •which mobility indicators to be included in international data collection (JQ)
	<p>to initiate discussion on the applicability of the WHO Code</p>	<ul style="list-style-type: none"> •including the mapping of best practices. •Activity to be linked to WP7 report on circular mobility.

Discussions with WP4 partners and experts on the first three listed items of mobility activity are evolving in the frame of sessions at three workshops, the first of which was held on 13-14 June 2013 in Budapest, the second one is the next workshop on 6-7 of March, and the third, closing workshop of this activity is planned to be organised on 20-21 October, in Budapest.

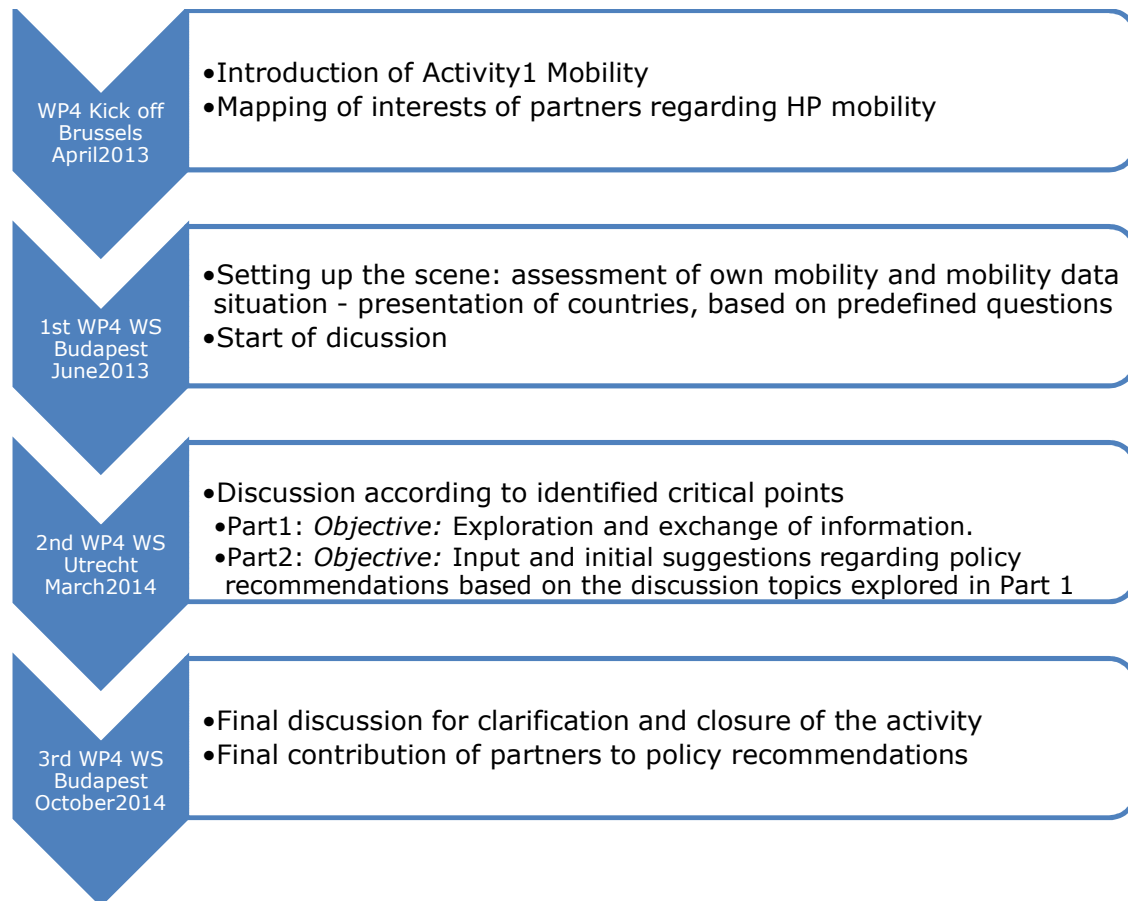
Although due to its nature the last item – initiating discussion on the applicability of the WHO Code on the International Recruitment of Health Personnel – is handled in the frame of two separate WP4 workshops, these have mutual connections and effects on the previously mentioned ones. (The first WP4 WS on WHO Code was held on 30 January 2014 in Bratislava, and the second is planned to be on 16 June 2014, in Lisbon.) These five workshops on Activity 2 provide option to share HWF mobility relating knowledge, information, experiences and concerns among WP4 and other JA partners.

Similarly to the WP4 Activity 1 on terminology issues, the mobility activity also relies on different sources (Graph2) that mutually enrich each other. The main outcome is deliverable 042: Report on mobility data in the EU. Active involvement of partners into the work, support necessary changes to have better common understanding of HWF mobility data and indicators to follow HWF mobility in the EU in a better way are equally important outcome of this activity.

Graph2 Sources, inputs and outcomes – WP4 Activity2 Mobility



Graph3 WP4 Activity2 Mobility – Process of kick-off and workshops with main scopes



Inputs from the Budapest Workshop

Homework exercise on Activity 2. Mobility asked partners (UK, Greece, Germany, Slovakia, Belgium, UEMS, Hungary) to outline national situation focusing on the following main issues:

- 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 to follow HWF mobility
- supply information to DG Markt database
- added value of mobility information in health workforce planning

As indicated above at Terminology part, all information, including presentations and Minutes can be checked at the official JA website.

WP4 Survey Mobility Part

WP4 Survey Section 2. was dedicated to Mobility Data Mapping to collect information on the relevance of HWF mobility; the availability, interpretation and use of mobility data; and the objectives of mobility data collection in Member States. We also aimed to map the view of partners on the comparability of their mobility data and gather information on the use of the currently available European Union databases, processes and recommendations. Last, but not least, we were also interested in participants' recommendations on any further EU level steps on mobility data issues.

The questions were arranged in three sections:

- 2.A. Relevance of HWF mobility at national level
- 2.B. Definition(s), availability and contents of HWF mobility data at national level
- 2.C. Validation and comparability of HWF mobility data, use of international data sources, recommendations

Preliminary results that will briefly be summarized in Utrecht clearly show that there are many challenges in this field in most countries, obviously raising issues at EU level. Thus the discussion and work is expected to be fruitful and inspiring to step further.

Recommendations to read on mobility prior to the Utrecht WS

We kindly suggest you to review again the mobility relating part of the Feasibility Study, section 5.0 (pages 87-111).

http://www.euhwforce.eu/web_documents/health_workforce_study_2012_report_en_1_.pdf

The other document that can give a good short overview is the ECHIM documentation sheet for Indicator: 65. Mobility of professionals

http://www.healthindicators.eu/healthindicators/object_document/o6166n29138.html

WE ARE LOOKING FORWARD TO MEETING YOU ALL IN UTRECHT ON MARCH 6-7