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Joint Action on Health Workforce Planning and Forecasting

WP4: Data for HWP planning

Hungary





Zoltan Aszalos

Brussels - April 11, 2013

The Work Package Leader

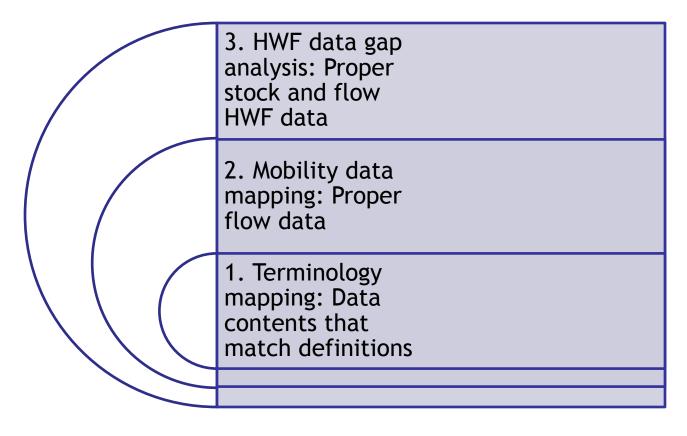


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3) 3 main activity areas of WP4







Terminology mapping

Joint Questionnaire data definitions Definition and contents of data collected by MSs





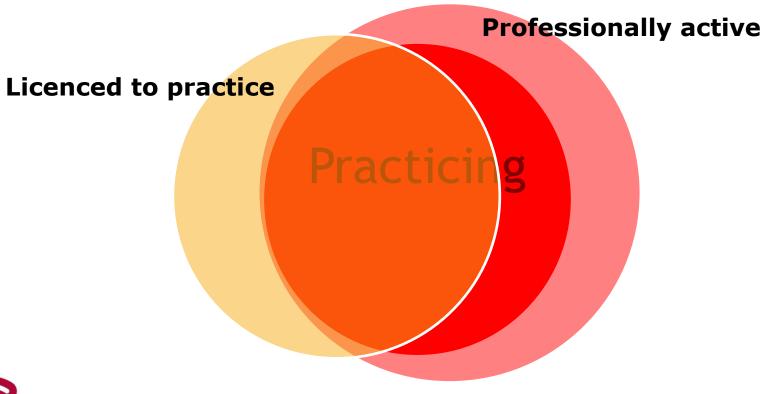
5) Terminology mapping - JQ categories

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





Terminology mapping - the 3 categories









Terminology mapping

Input

- Cooperation with OECD/Eurostat/WHO
- Joint Questionnaire ISCO codes
- Commission Feasibility study and other literature
- Survey to map terminology gap on national level

Output

- report on terminology gap analysis
- policy proposals for better data collection on national level based on proper definitions



Mobility mapping & policy recommendations



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Mobility mapping & policy recommendations

Input

- Commission Feasibility Study, Health Prometheus, ECAB, MoHPRof, RN4cast - and other international research
- Mobility minimum dataset draft guiding principles by OECD and WHO and the DG Markt mobility data

Output

- Mapping of previous research unified approach
- Mapping of data sources unified approach
- Policy recommendations for better mobility data supply
- how to collect better mobility data
 - how to make better use of DG Markt database



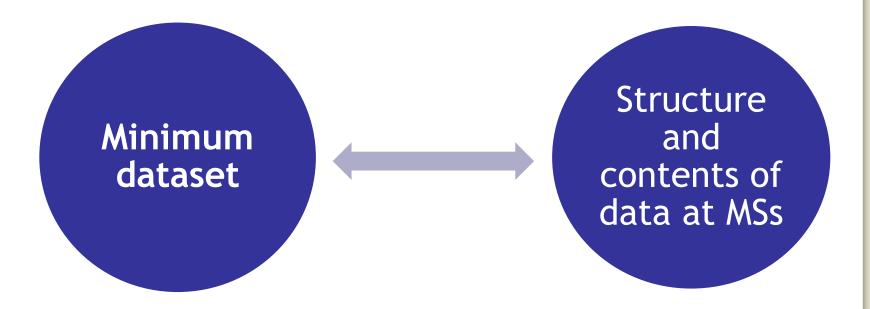
Mobility mapping

Discussion on the applicability of the WHO Code on International Recruitment of Health Personnel in the European context.





HWF Planning Data 2014-2015



Gap analysis - Mind the gap☺





12) HWF Planning Data 2014-2015

- 1. comparision of the national level data structures and data contents of MSs participating in the activity with the minimum key indicators defined by WP5
- 2. discussion on the key indicators/minimum data set with national authorities and asking for feedback/validation on the availability of data
- 3. identify the causes for not collecting data and/or not using existing data for planning purposes





13) HWF Planning Data

Input

- WP5 with minimum dataset
- Data structures identified by Commission Feasibility study
- WHO/OECD/Eurostat minimum dataset for comparision of number of health care workers

Output

- Country level analyses on gaps in data
- Recommendation on high quality HWF planning related data collection methods



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Participating Member States

Associated partners

11 countries + 2 int. organisations

• Belgium, Finland, Germany, Greece, Hungary, Iceland, Italy, Netherlands, Poland, Portugal, Slovakia, Spain, Union of European Medical Specialists, European Federation of Nurses

Collaborating partners

• Croatia, Cyprus, Ireland, Latvia, Lithuania, Norway, Sweden, AEIP

First workshops: Budapest, Hungary (13-14 June) and Utrecht, Netherlands







HWP Joint Action - WP 4. Data for improved health workforce planning	Manday contributions by country						w: workshop, W: milestone workshop, D: deliverable document, S: step (workshops: the red areas)																						
Activity descriptions	Dav	HU I	T ES	PT EL	PL I	S DE	FI SK	BE N	IL EF	UE	1 2	3 4	1 5 6	3 7	8 9	10 11	12 13	14 15	16 17	18 19	20 21	22 23	24 2	5 26 2	27 28	29 30	31 32	33 34	35 36
Activity 1. Terminology gap analysis	370				П			П																				الوام	
Analysis of the differences between the Joint Questionnaire data definition for the 5 harmonised	290	197 1	0 3	10 3	15 8	3 3	15 3	3 5	15	5 8		w	8		8	W													
health professions (doctors, nurses, pharmacists, dentists and midwives) in the three main categories					Ш					F.	4	[2]	ls.	9	[4]	[5]													
(registered, professionally active and practicing categories) and the actual contents of data collected					Ш																								
by MSs participating in WP4. Analysis supported by a questionnaire sent to MSs. Countries fill out					Ш																								
questionnaire (3 days). The Matrix study findings and the European Community Health Indicators will					Ш																								
be also taken into consideration.		50		,		-		Ш										- 0	\perp					\perp	\perp			\square	
Compilation of a report on the findings of the above terminology gap analysis - including policy	80	50	1	•	ľ		9		1	9							[8]	(7)											
recommendations for better data collection based on proper definitions. (Countries contribute 5 days					Ш																								
each) Activity 2. Mobility data mapping		\vdash	+	+	₩	+	_	Н	+	Н																			
Mapping of health workforce mobility data within the EU, including available mobility definitions.	382 232	150	+	20 10	1	10	20	10 2	2	10 8		w				w													
Information sources include DG Markt database (recognised foreign diplomas), Matrix Feasibility	232									[8	1	[9]				[10]													
Study, Health Prometheus, ECAB, MoHPRof and RN4cast, and the Mobility minimum dataset draft																													
guiding principles developed by OECD and WHO.																													
		45		10	\vdash	10	10			Щ										N		8	D	\perp	\perp			\square	\perp
Preparation of policy recommendations in the following areas: - how to collect better mobility data		45			Ш	"													- 1	[11]		[8]	[12]						
- how to make better use of DG Markt database					Ш																								
- additional mobility indicators to be included in international data collection (JQ)					Ш																								
Discussion on the applicability of the WHO Code on International Recruitment of Health Personnel	75	30	10	10	11	10	10	5						+++		v		w	-				8		+				
mobility on European HWF mobility.					Ш											13]		[14]					[15]						
Activity 3. HWF planning data analysis			П		T	\top		П	\top																				
A) Comparison of HWF data collected by MSs with the minimum key indicators defined by WP5 and	401	210 2	0 17	15 17	20 1	7 17	20 17	18 1	3					П			8	W (57)		3		W	8	П					
the identification of gaps. Gap analysis on MS level is based on a template. Existing MS level data					Ш												[10]	100	-1-1	10)		110	[20]						
collection structures identified by the Matrix study, is a starting point for research.					Ш																								
B) Identification of the causes for some countries not collecting data with planning purpose, and/or					Ш																								
not using existing data for planning purposes - and related practical problems. Workshops to support					Ш																								
this activity. C) Discussion on the key indicators/minimum data set with national authorities. (e.g. on pre-					Ш																								
conference workshop) and asking for feedback/validation on the availability of data					Ш																								
Recommendation of good quality HWF planning related data collection on MS and international (Joint	330	194 1	5 10	20	20 2	0 10	20 20	1	0	Н			-										-	w	8	D		\vdash	-
Questionnaire and DG Markt) level on the basis of minimum dataset	333				Ш																			[21]	[6]	[22]			
4. Chapter on data for the European Health Workforce Planning and Forecasting Guide	95		\Box			H																							
As a summary of the entire WP4 activity, composition of the relevant chapter of the summary	95							Н																		D			
book/manual in cooperation with the authors of other chapters in order to support the coherence of																										[23]			
the entire publication																													
 Management activities / milestones with formal approvals, executive meetings, etc. 	537							Ш																					
WP Leader: Zoltan Aszalos (HU)	284	264																											
Professional coordination of the activities of the WP	979	079	$\perp \! \! \perp$	\perp	$\perp \perp$	Ш	\perp	Ц	\perp																				
Admin staff: Finance and project assistance	2/3	213	\perp	\perp	\perp	\perp		\sqcup	\perp																				
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Total days	2,124	1,000	-	30	00 4	00	00 00	30 3	20	20																			

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Thank you for your attention!



