

Joint Action Health Workforce
Planning and Forecasting



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What are the favourable conditions for healthcare students to study and get a steady employment in their home country?

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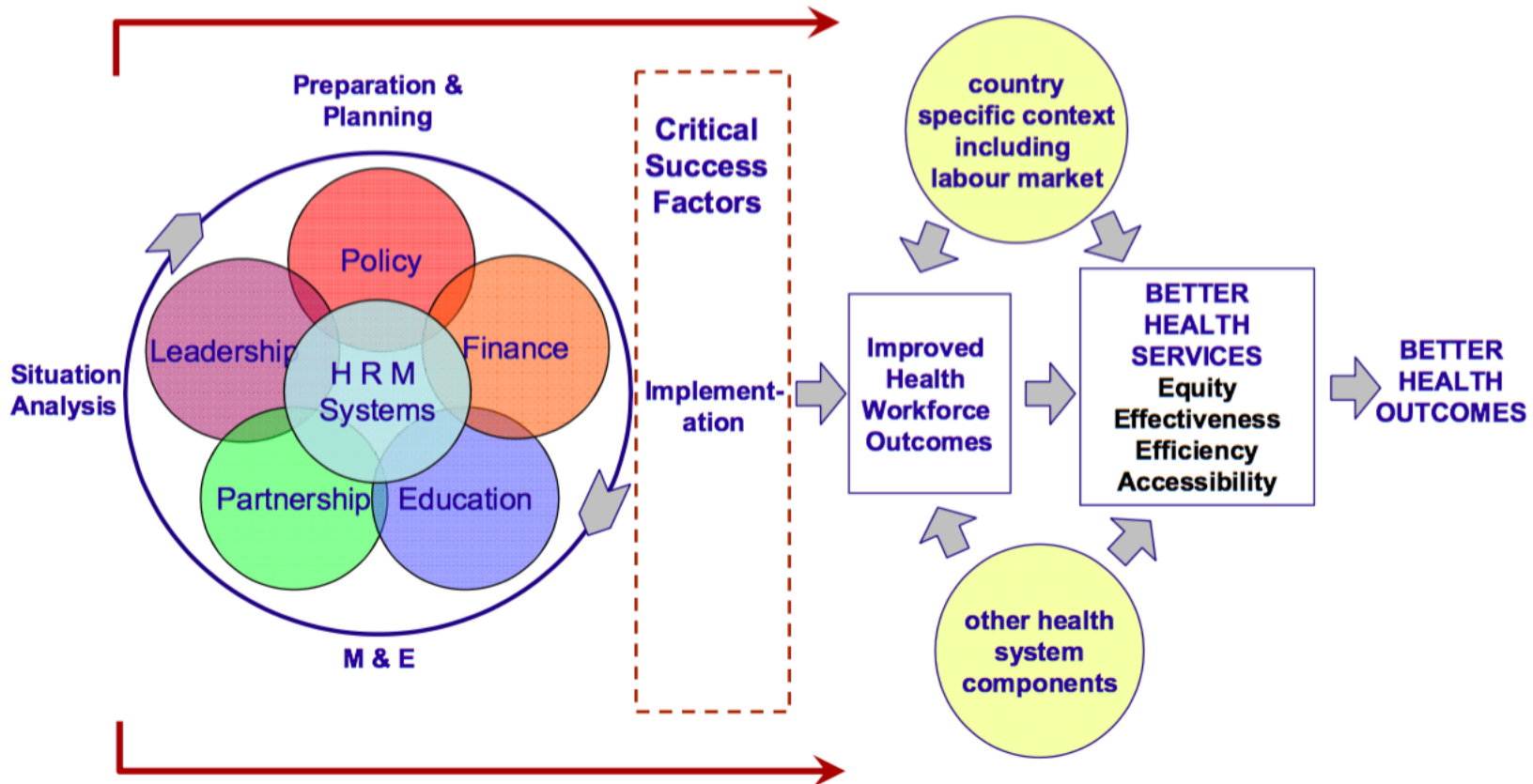
IFMSA

International Federation of
Medical Students' Associations



Funded by
the Health Programme
of the European Union

HRH action framework



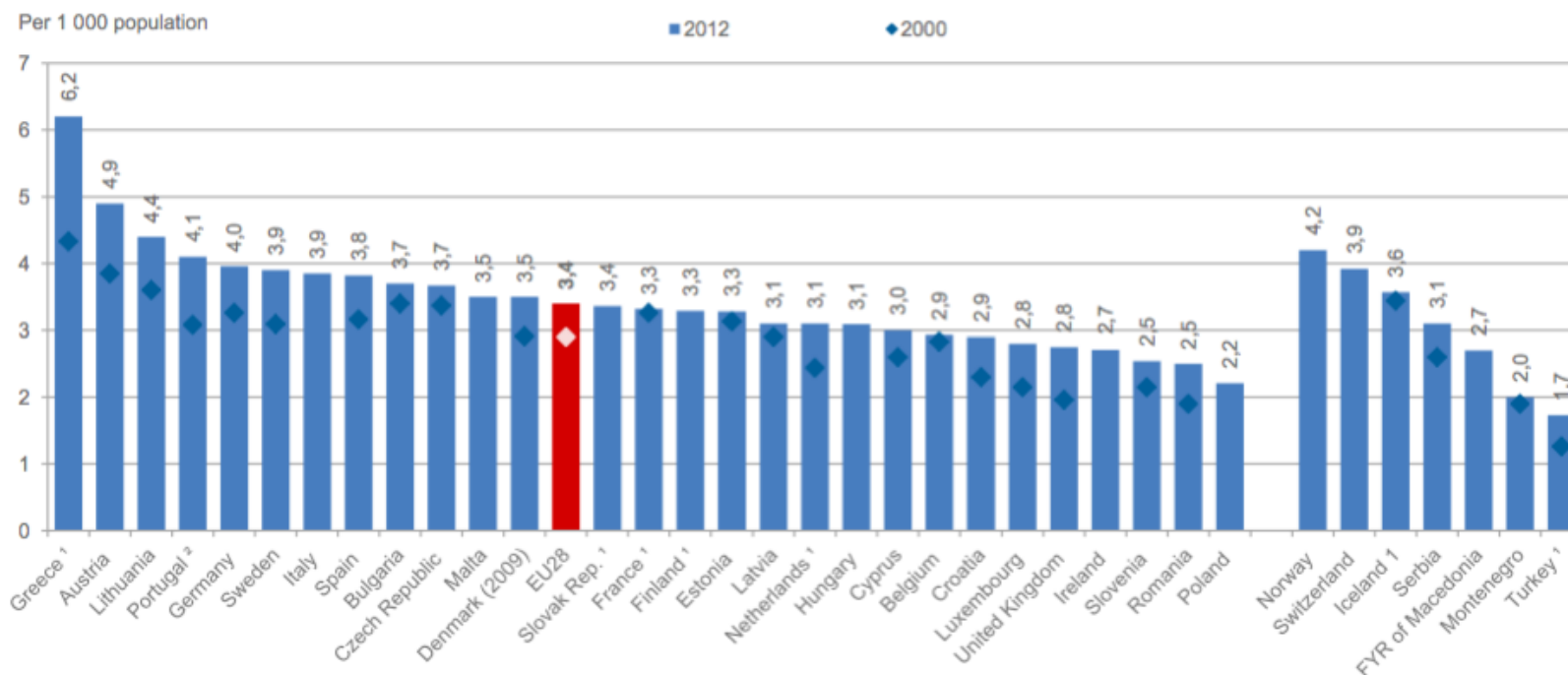
The problem

Table 2: ESTIMATED SHORTAGE IN HEALTHCARE SECTOR BY 2020

Health professionals or other health workers	Estimated shortage by 2020	Estimated percentage of care not covered
Physicians	230.000	13,5%
Dentists, pharmacists and physiotherapists	150.000	13,5%
Nurse	590.000	14,0%
Total	970.000	13,8%

Source: European Commission

Imbalances - Number of doctors

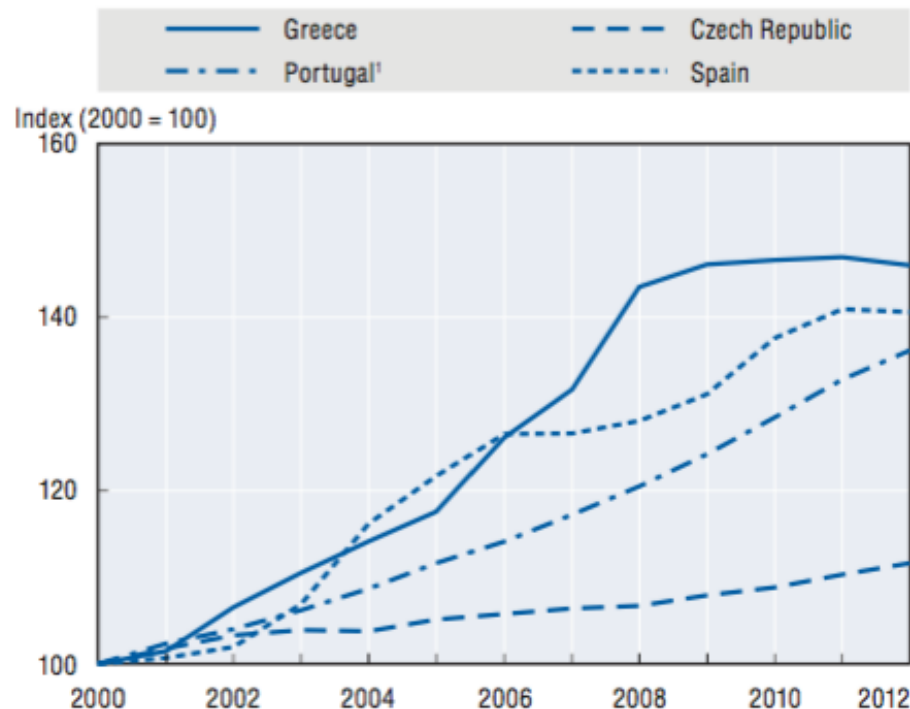
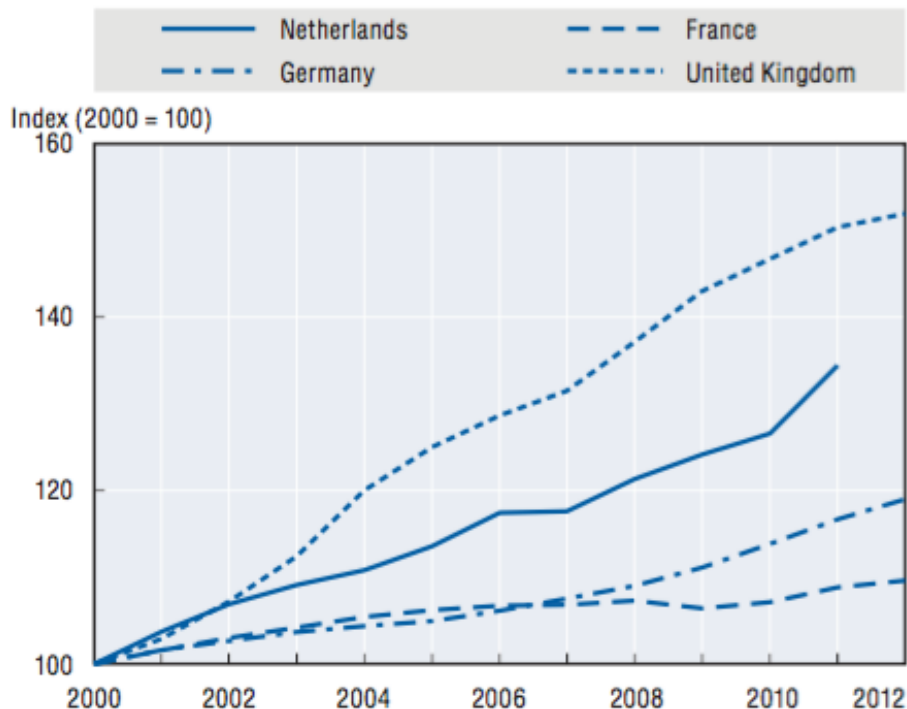


Note 1: Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc (adding another 5-10% of doctors). 2. Data refer to all physicians who are licensed to practice.

Source: OECD Health Statistics 2014; Eurostat Statistics Database; WHO European Health for All Database.

Imbalances - Number of doctors

3.1.2. Evolution in the number of doctors, selected EU countries, 2000 to 2012 (or nearest year)

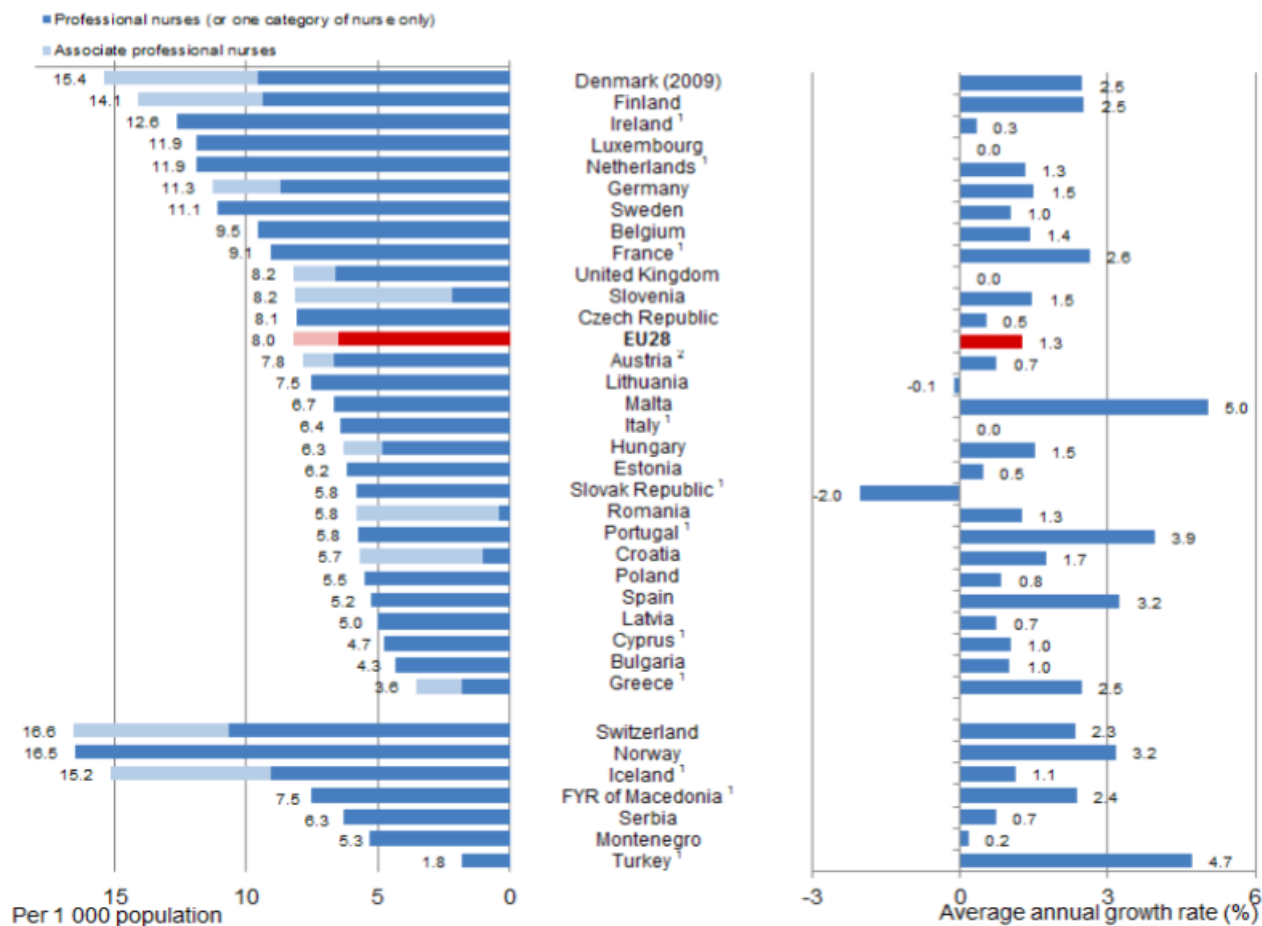


1. Data refer to doctors licensed to practice.

Source: OECD Health Statistics 2014, <http://dx.doi.org/10.1787/health-data-en>; Eurostat Statistics Database.

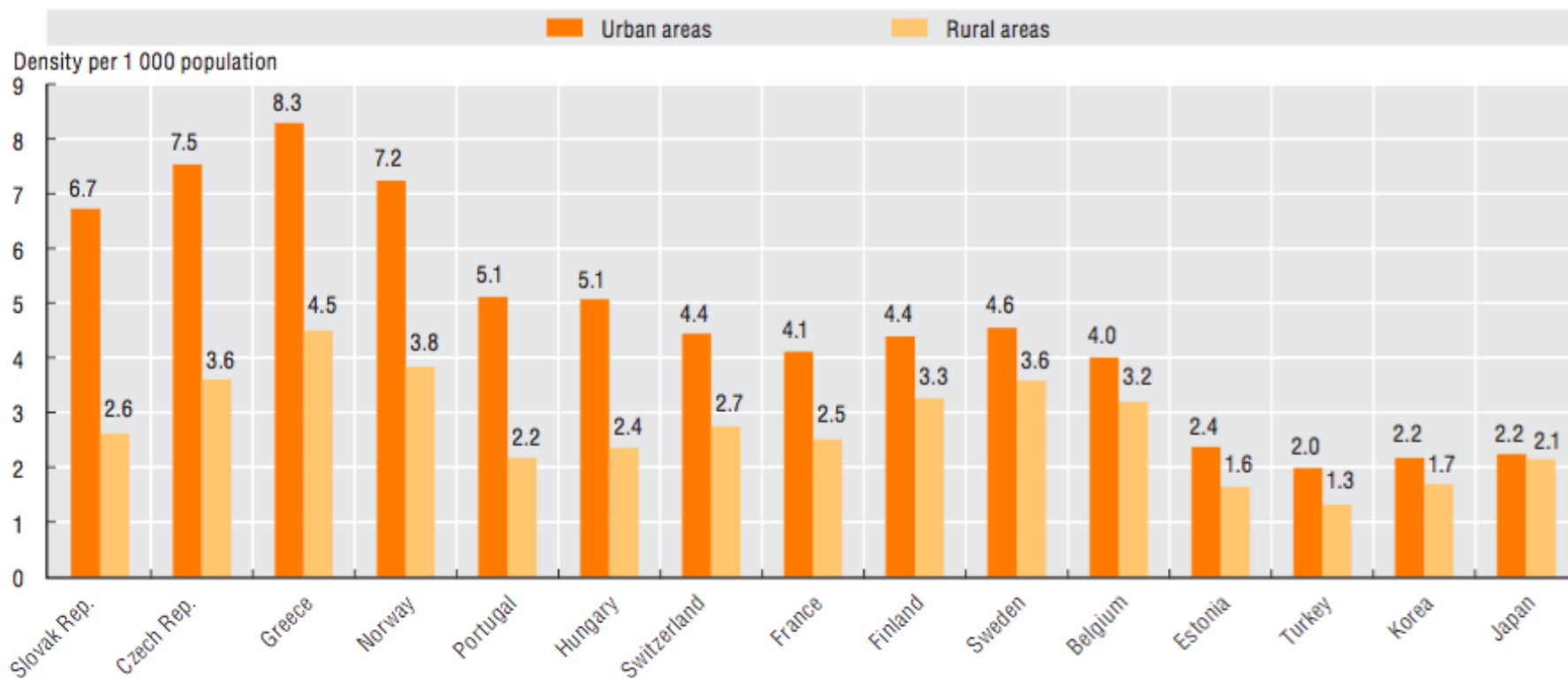
Imbalances - Number of nurses

Nurses per 1 000 population, 2012 and change between 2000 and 2012 (or nearest year)



Imbalances - Geographical distribution

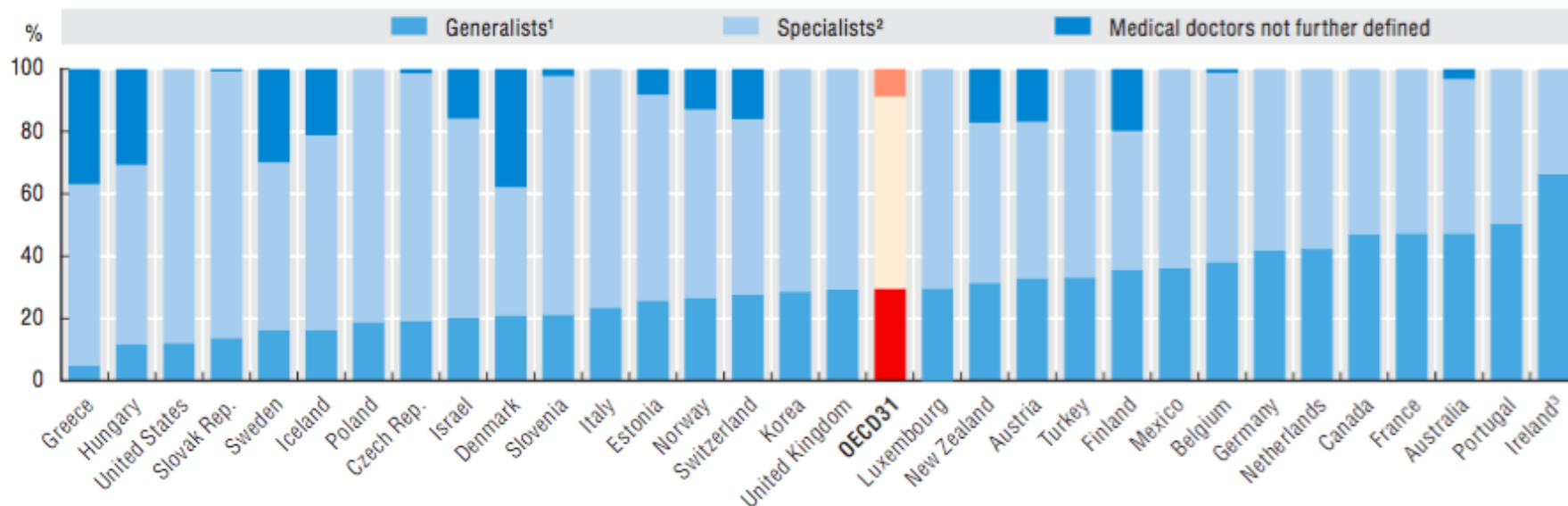
6.3.2. Physicians density in predominantly urban and rural regions, selected countries, 2011 (or nearest year)



Source: OECD Regions at a Glance 2013.

Imbalances - Specialty distribution

3.2.3. Generalists and specialists as a share of all doctors, 2011 (or nearest year)

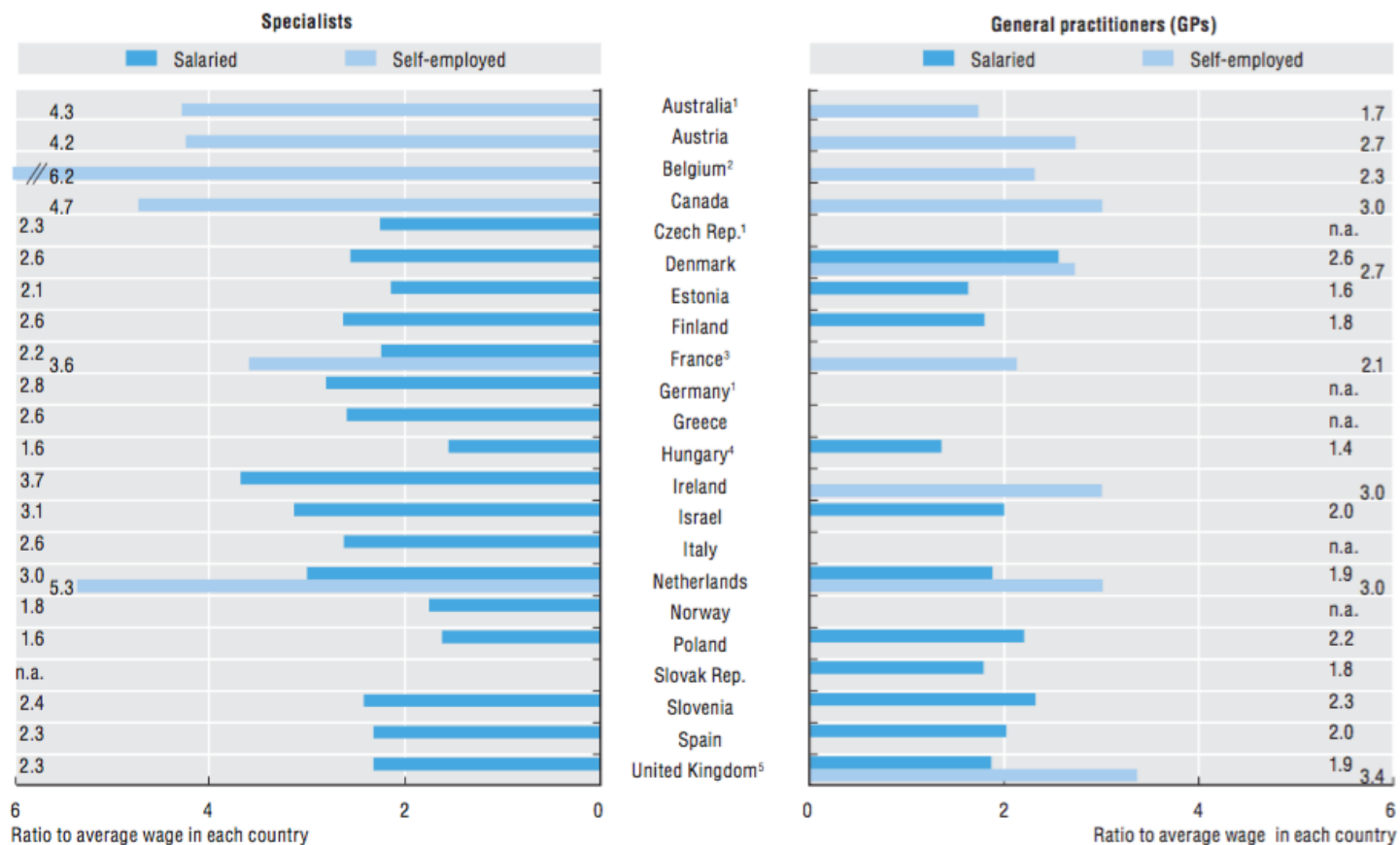


1. Generalists include general practitioners/family doctors and other generalist (non-specialist) medical practitioners.
2. Specialists include paediatricians, obstetricians/gynaecologists, psychiatrists, medical, surgical and other specialists.
3. In Ireland, most generalists are not GPs ("family doctors"), but rather non-specialist doctors working in hospitals or other settings.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

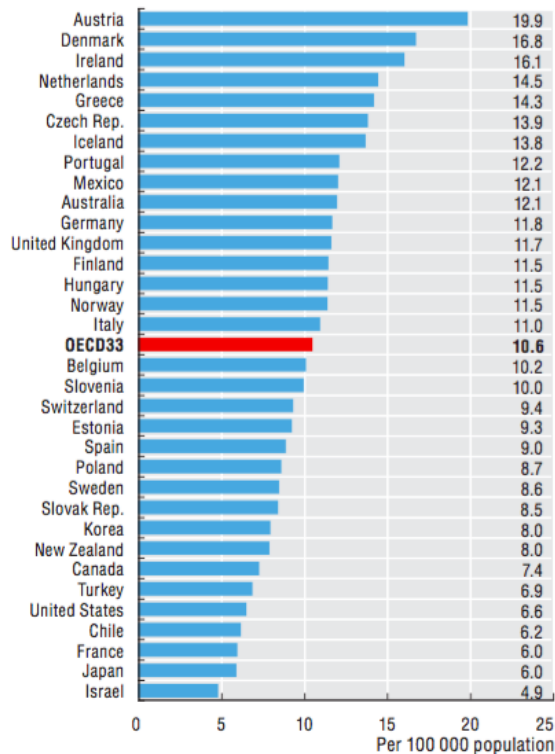
Imbalances - Salaries

3.6.1. Remuneration of doctors, ratio to average wage, 2011 (or nearest year)

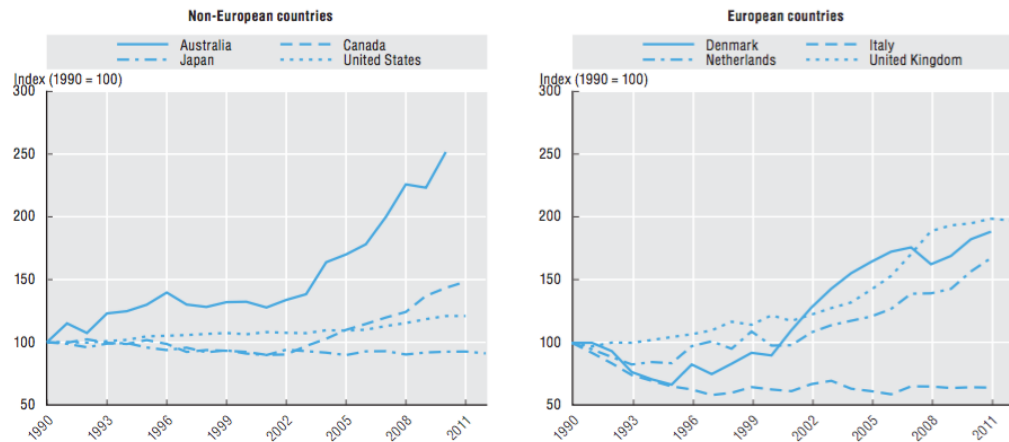


Imbalances - Medical Graduates

3.5.1. Medical graduates per 100 000 population, 2011 (or nearest year)



3.5.3. Evolution in the number of medical graduates, selected OECD countries, 2000 to 2012 (or nearest year)



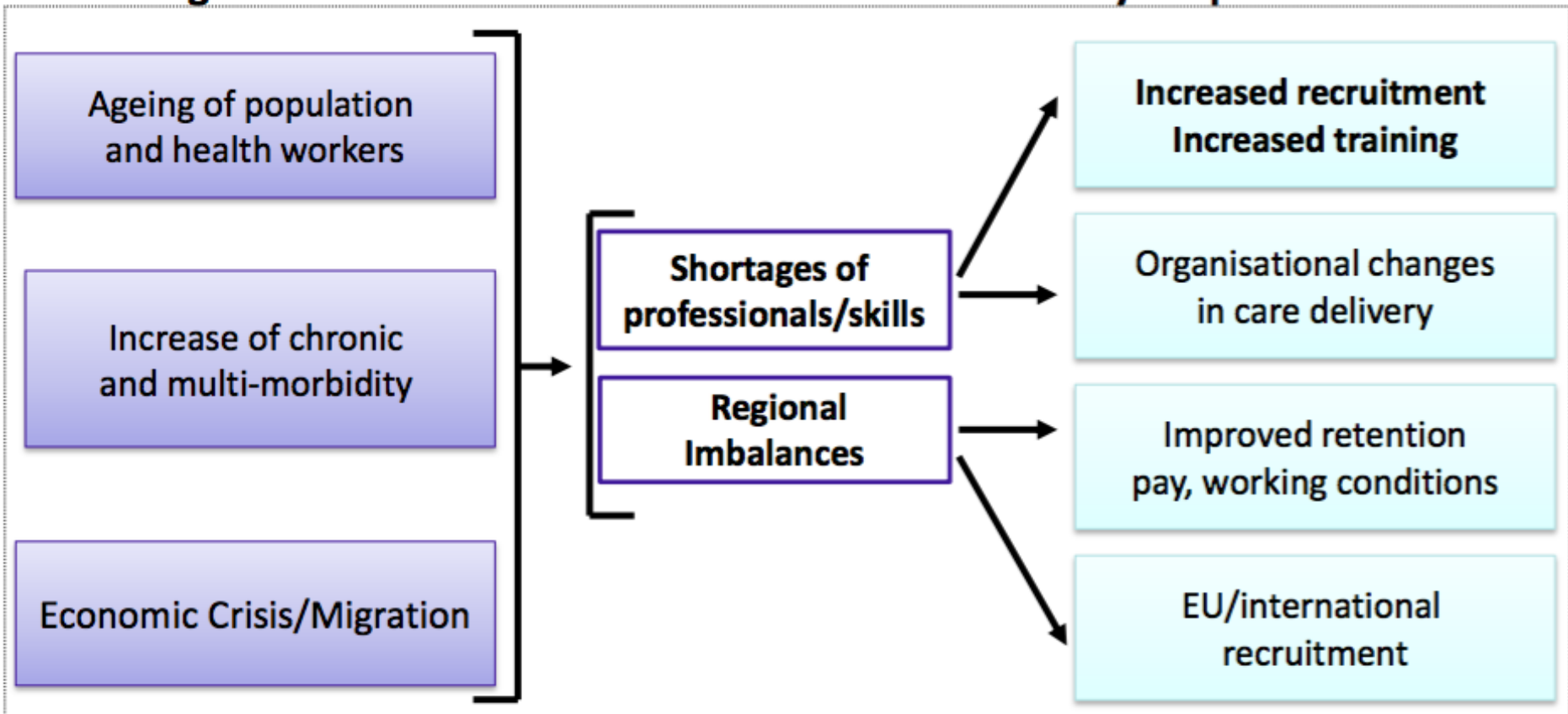
Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932917009>

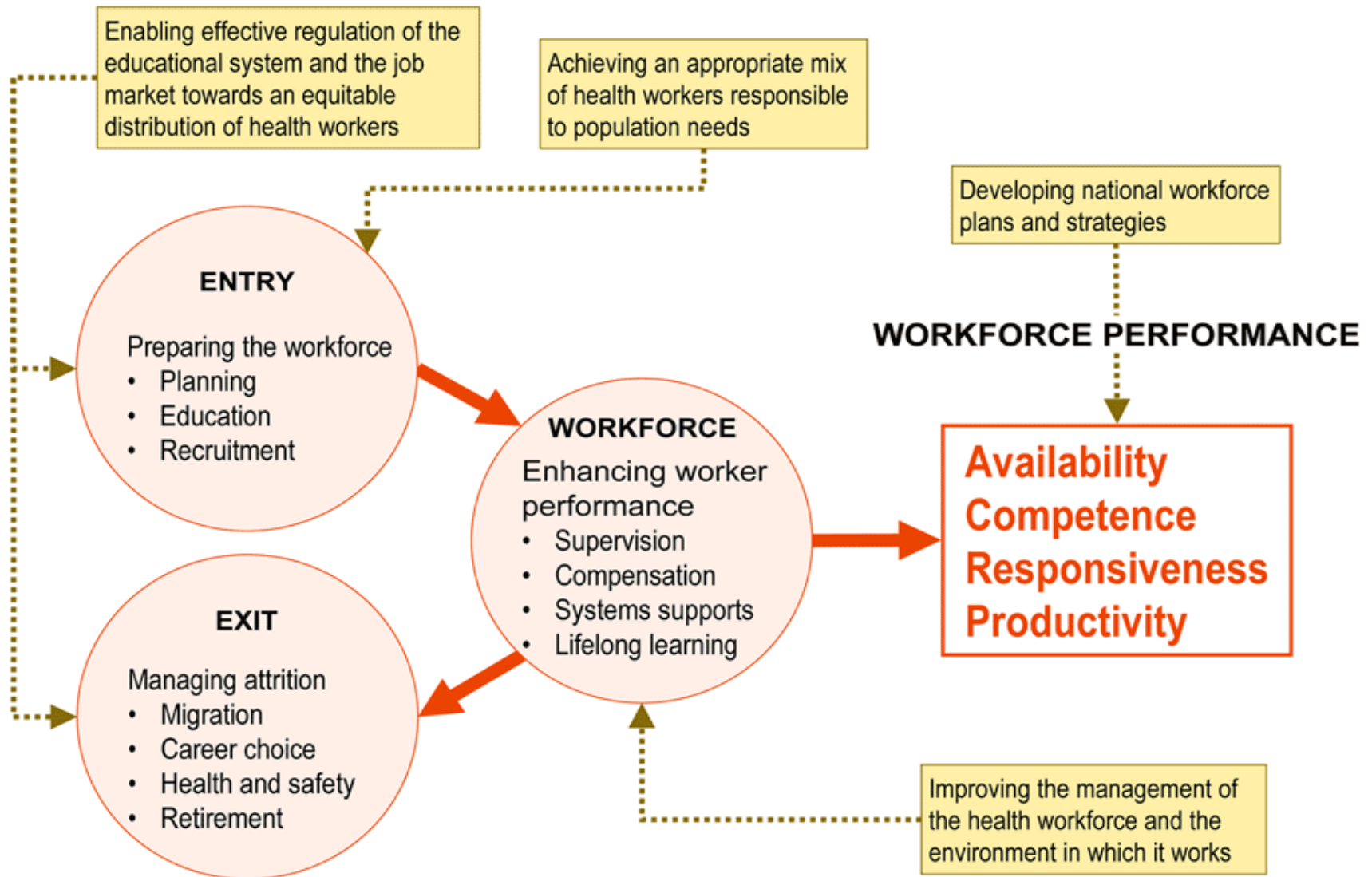
Challenges...

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Policy Responses

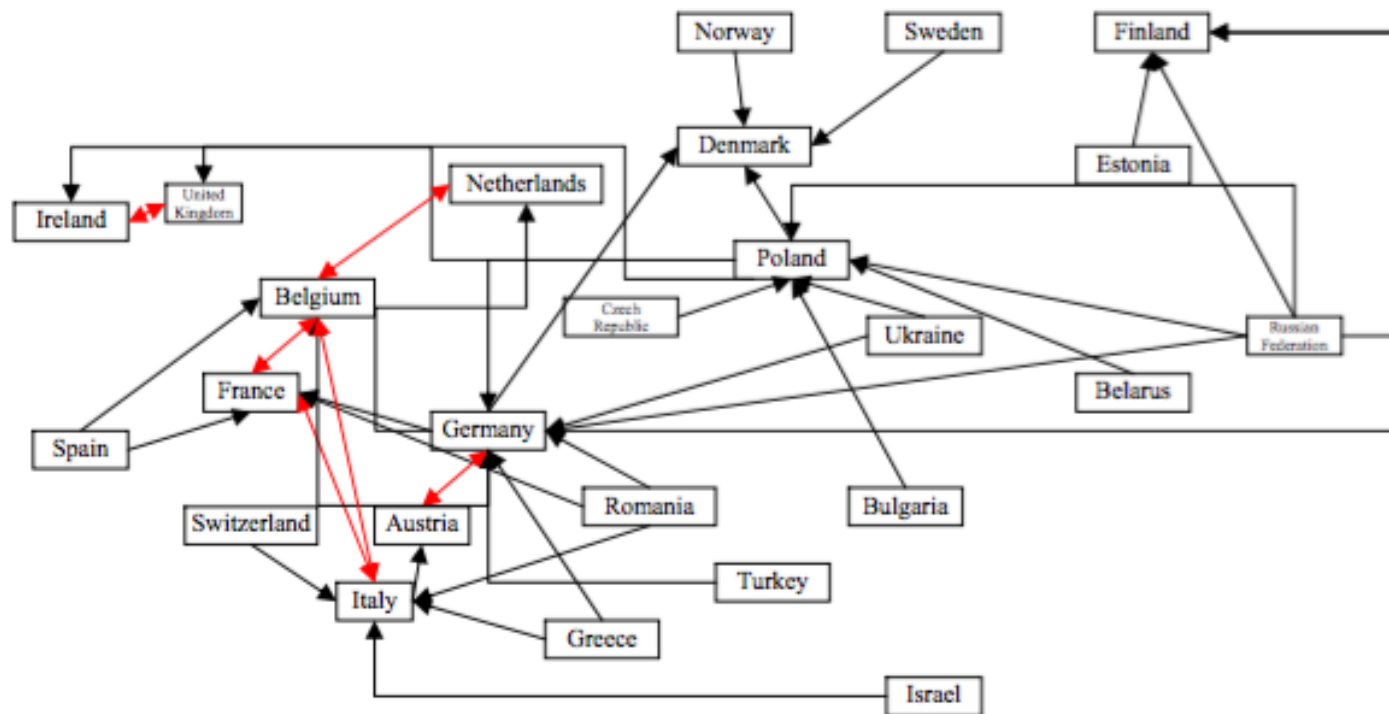


Stages of health workforce development



Retention vs Recruitment

Fig. 4. Migration of physicians within the WHO European Region (red arrows indicate two-way flows)



Typology of Migrants

Table 3.2 Typology of migrant health workers

Permanent move

Economic migrant	Attracted by better standard of living
<u>Career move</u>	Attracted by enhanced career opportunities
Migrant partner	Unplanned move, result of spouse or partner moving

Temporary move

Working holiday	Health professional qualification used to finance travel
<u>Study tour</u>	Acquisition of new knowledge and techniques for use in home country
Student	Acquisition of post-basic qualifications for use in home country
<u>Contract worker</u>	Employed on fixed-term contract; often awaiting improved job prospects in home country

Retention



What pulls and pushes us?

Table 3.1 Main push and pull factors in migration and international recruitment of health workers

Push factors

Low pay (absolute and/or relative)
Poor working conditions
Lack of resources to work effectively
Limited career opportunities
Limited educational opportunities
Impact of HIV/AIDS
Unstable/dangerous work environment
Economic instability

Pull factors

Higher pay
Opportunities for remittances
Better working conditions
Better resourced health systems
Career opportunities
Provision of post-basic education
Political stability
Travel opportunities
Aid work

Source: adapted from Buchan et al. (2003).

Retention



The WHO Global Code of Practice

The Code:



discourages active recruitment from countries with critical health workforce shortages



encourages countries to develop sustainable health systems that, would allow, as far as possible, for domestic health services demand to be met by domestic human resources



focuses on policies and incentives which supports the retention of health workers in underserved areas



emphasizes the importance of a multi-sectoral approach in addressing the issue

Challenges

CHALLENGES

Reported by Member States in the second round

AT THE NATIONAL LEVEL



incorporating the Code's provisions into national legislation and regulations



strengthening regulation



promoting intersectoral collaboration

AT THE REGIONAL AND GLOBAL LEVELS



establishing a link between the regulations that have been put in place to guide their work at the national level and those that form part of bilateral agreements

POOR QUALITY OF DATA



need to build capacities to standardize, collect and exchange mobility data



effective monitoring of the implementation and impact of the Code

Implementation, implementation, implementation....

Legally binding?

2.1 The Code is voluntary. Member States and other stakeholders are strongly encouraged to use the Code.

Healthy Health Workforce

Global Strategy 2030



We need health workers

like doctors, nurses and midwives take care of us when we are sick.

By 2035, we expect a **deficit of 18 million** health workers. We currently have a deficit of 7.2 million.

It takes much **time and planning** to train health workers (4-7 years for a basic doctor without specialization). That's why we need to do something now!



We need to ensure the right **learning and working environments** to keep our health workers safe, offer them opportunities and encourage them to stay within their community.



We need workforce planning to ensure the right **distribution** between specialties, between countries, rural and urban areas.



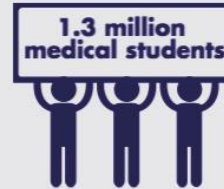
We need to ensure they have the right set of **knowledge, skills and competencies** from accredited schools where quality doesn't suffer from higher numbers of students.



We need **collaboration** between governments, civil society, health professionals, students, faculties, patients and all other stakeholders to make this possible.



We need **coordination** sufficient health workforce planning, and implementation on a national, regional and international level to make this possible.



We are the **IFMSA**, 1.3 million medical students worldwide, calling for a healthy workforce and a healthy future.

We call for the adoption of the 2030 Global Strategy on Human Resources for Health at WHA69



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Thank you! Obrigado!



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