

Joint Action Health Workforce
Planning and Forecasting



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WP4 Report on Mobility data

Supporting EU countries in utilising better
health workforce mobility data
in HWF policy making



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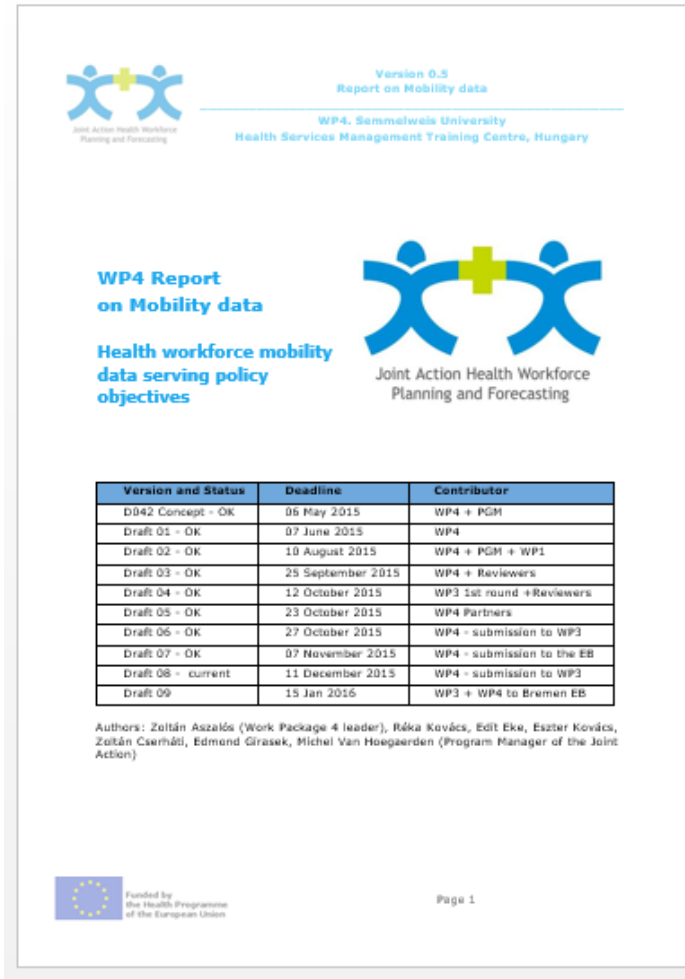
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Funded by
the Health Programme
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The Report on Mobility data

- more than 90 representatives of 48 Joint Action partners: ministries of health, professional organisations and universities
- three workshops:
 - June 2013,
 - March 2014
 - December 2015
- a review process in October 2015
- approved by the JA Executive Board

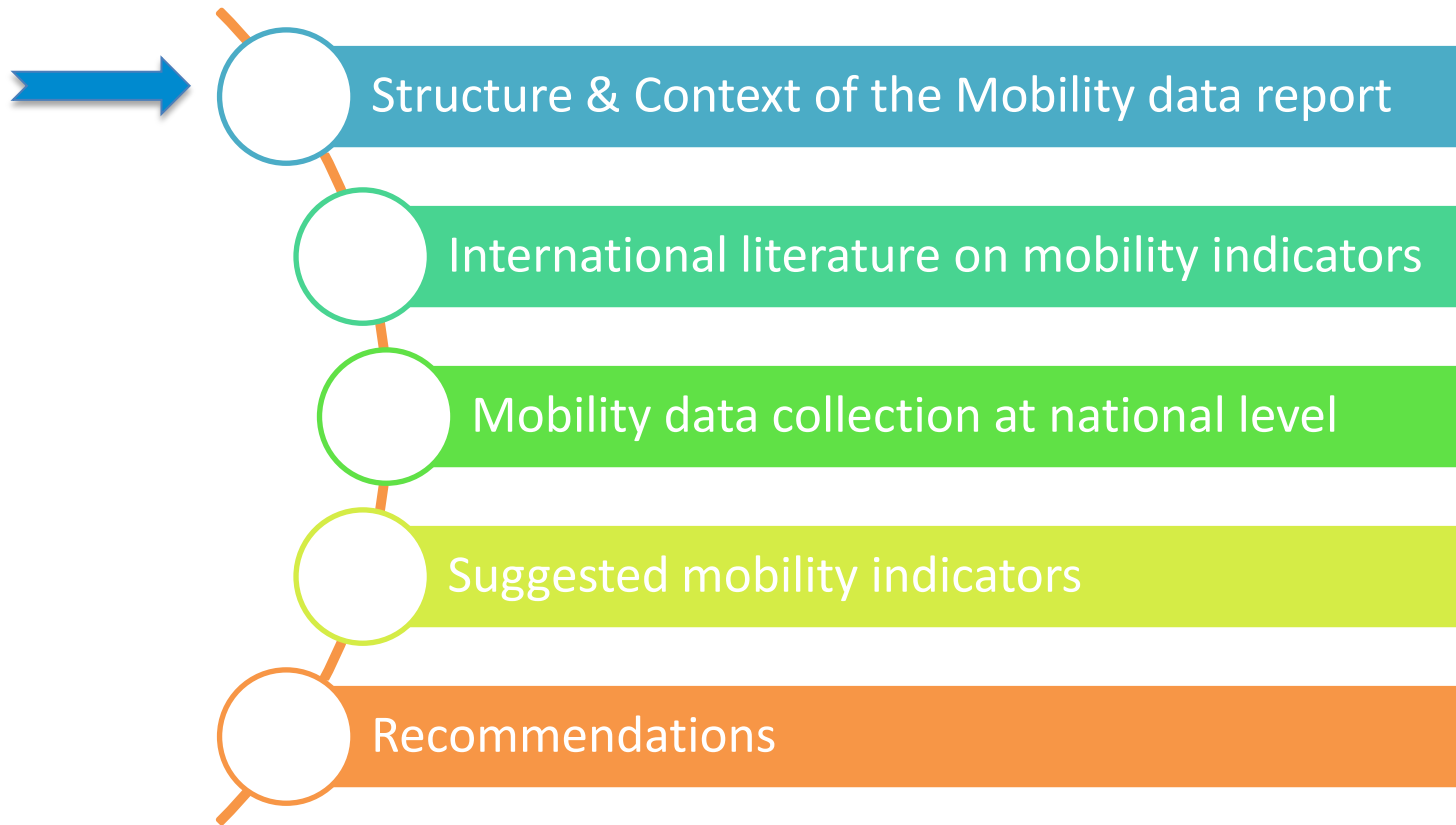


The cover page features the logo of the Joint Action Health Workforce Planning and Forecasting at the top left. The title 'Version 0.5 Report on Mobility data' is centered at the top, with 'WP4, Semmelweis University Health Services Management Training Centre, Hungary' below it. A large logo of two stylized figures holding hands with a cross between them is positioned on the right. Below this, the text reads 'WP4 Report on Mobility data' and 'Health workforce mobility data serving policy objectives'. A table with three columns: 'Version and Status', 'Deadline', and 'Contributor' is located in the lower half. At the bottom left is the European Union logo with the text 'Funded by the Health Programme of the European Union', and at the bottom right is 'Page 1'.

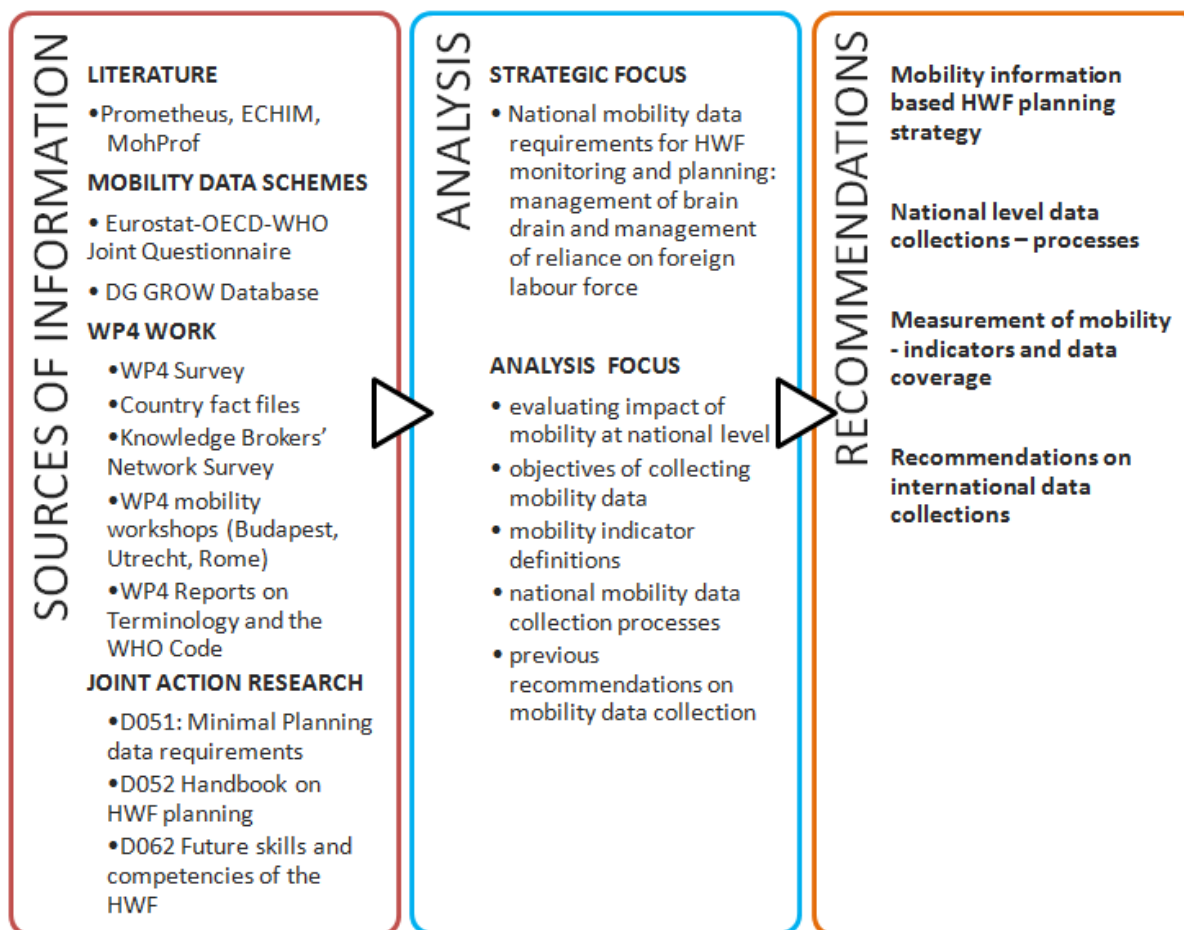
Version and Status	Deadline	Contributor
D042 Concept - OK	06 May 2015	WP4 + PGM
Draft 01 - OK	07 June 2015	WP4
Draft 02 - OK	10 August 2015	WP4 + PGM + WP1
Draft 03 - OK	25 September 2015	WP4 + Reviewers
Draft 04 - OK	12 October 2015	WP3 1st round + Reviewers
Draft 05 - OK	23 October 2015	WP4 Partners
Draft 06 - OK	27 October 2015	WP4 - submission to WP3
Draft 07 - OK	07 November 2015	WP4 - submission to the EB
Draft 08 - current	11 December 2015	WP4 - submission to WP3
Draft 09	15 Jan 2016	WP3 + WP4 to Bremen EB

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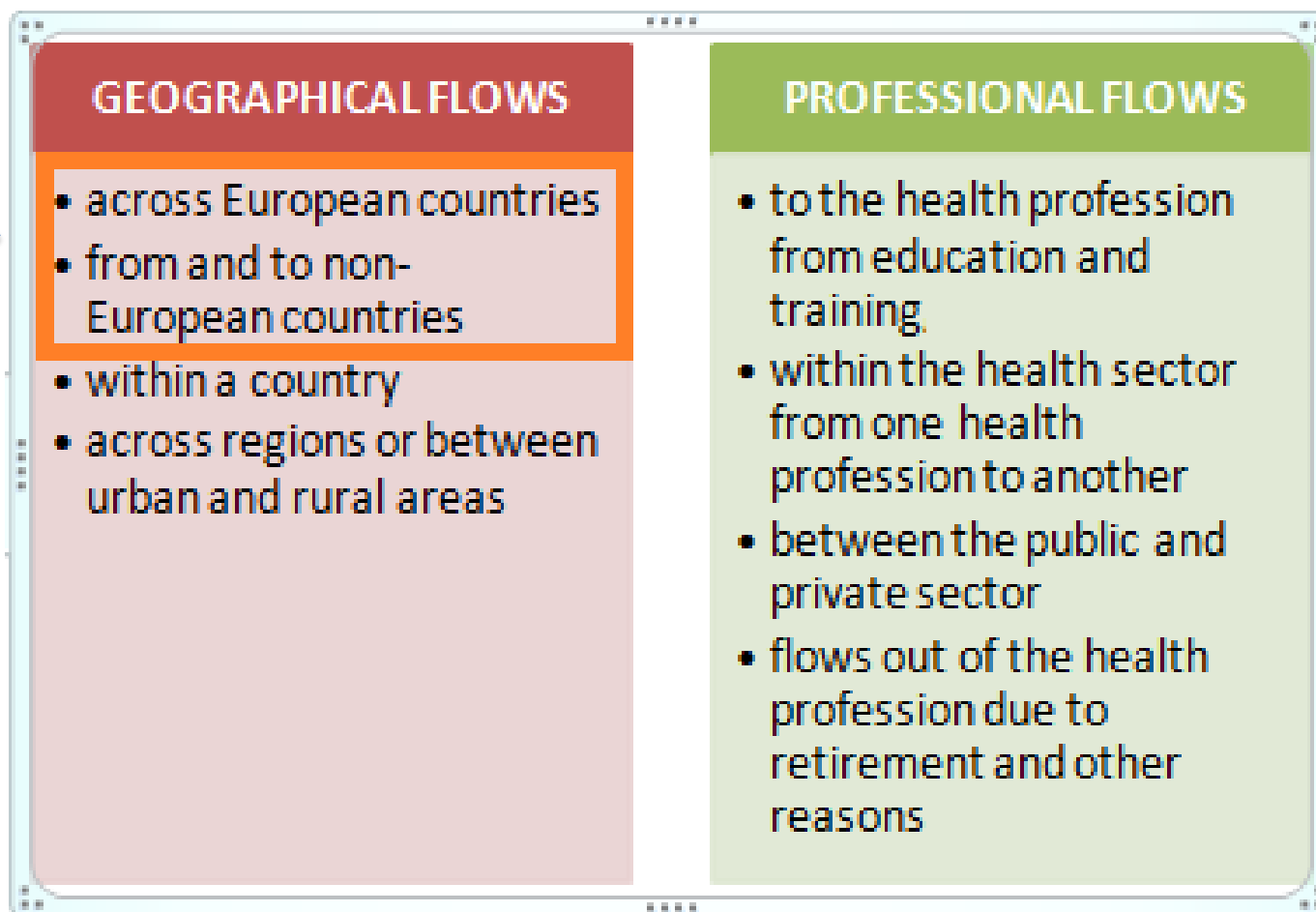
Structure of the presentation



Structure of the Report



Focus on cross-border mobility



The central mobility policy concerns highlighted by WP4 participants

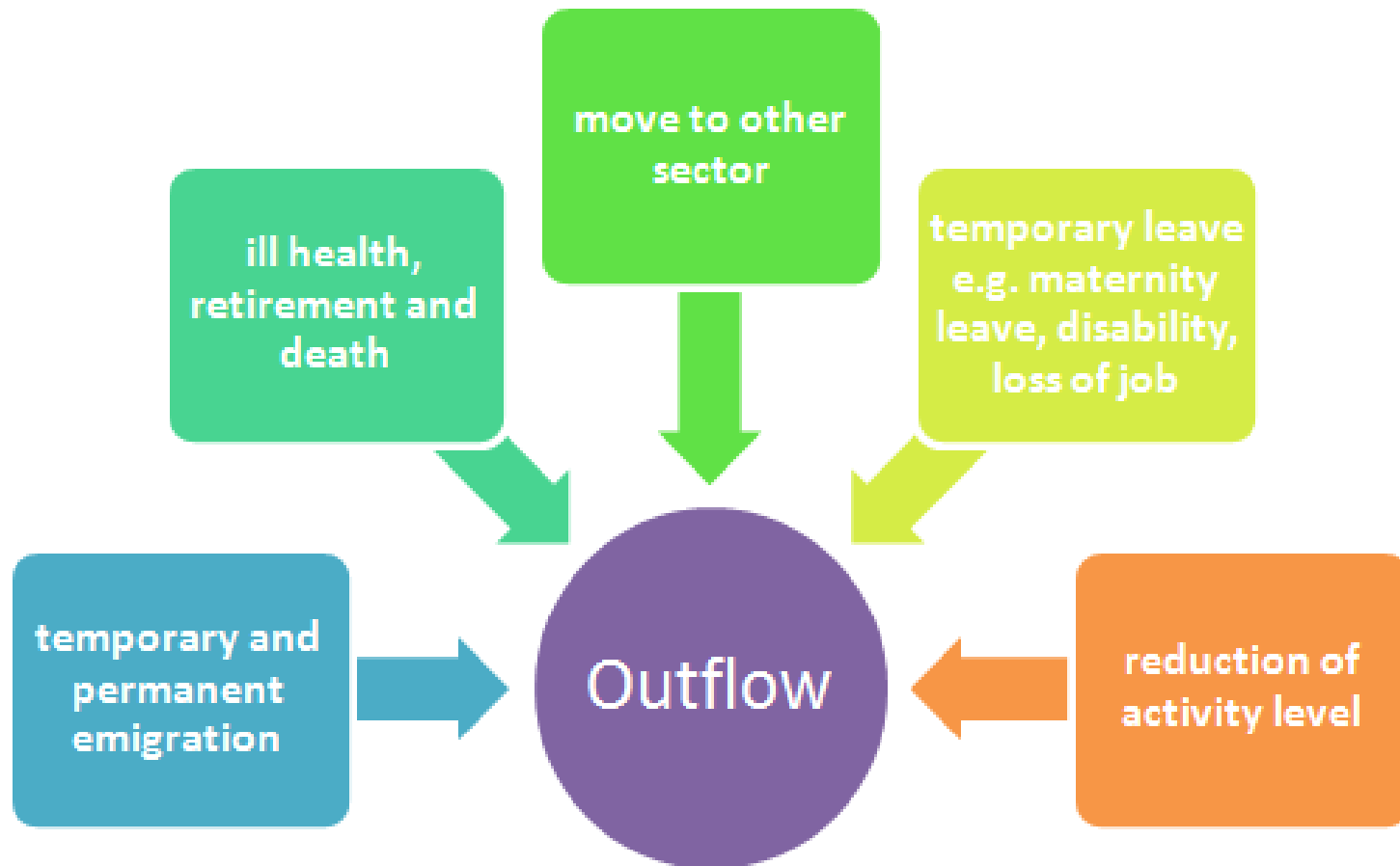
managing HWF outflow

- lost public investment
- HWF replacement rate not met
- demand for health services not met

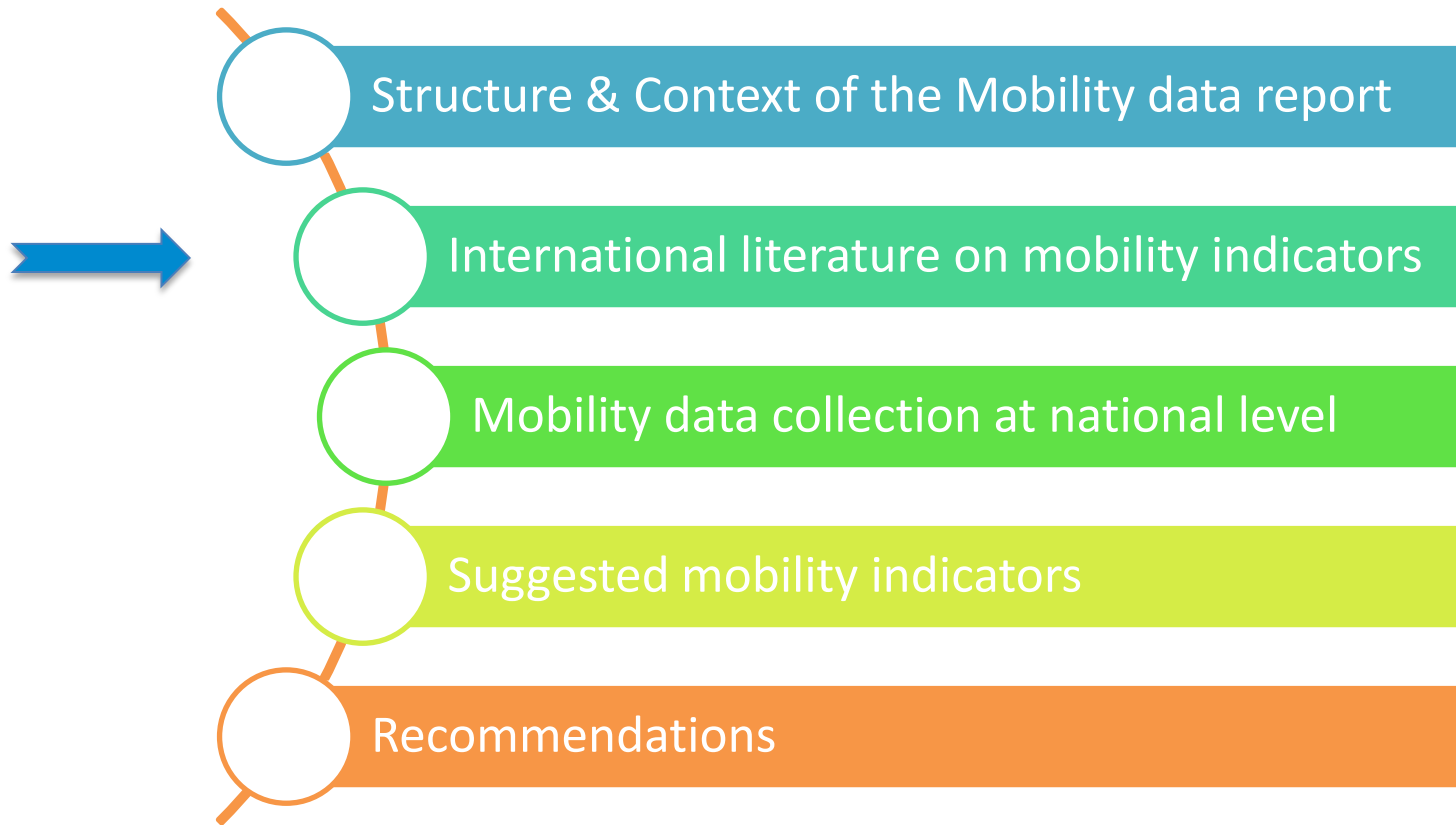
managing reliance on foreign HWF

- dependency on unpredictable inflows
- Inflow of HWF trained in other health systems

Main causes of OUTFLOW from active HWF



Structure of the presentation



Main status categories of foreign HWF suggested by the PROMeTHEUS Study

Foreign-trained health workers

- any health worker who was trained in a country other than the one where he/she resides and practices

Foreign-born health workers

- any health worker who was born in a country other than the one where he/she resides and practices

Foreign-national health workers

- any health worker who is not a citizen or permanent resident of the country where he/she resides and practices

Main activity categories of foreign HWF suggested by the PROMeTHEUS Study

Licensed to Practise (LTP)

- Practising and other (non-practising) health professionals who are registered and entitled to practice

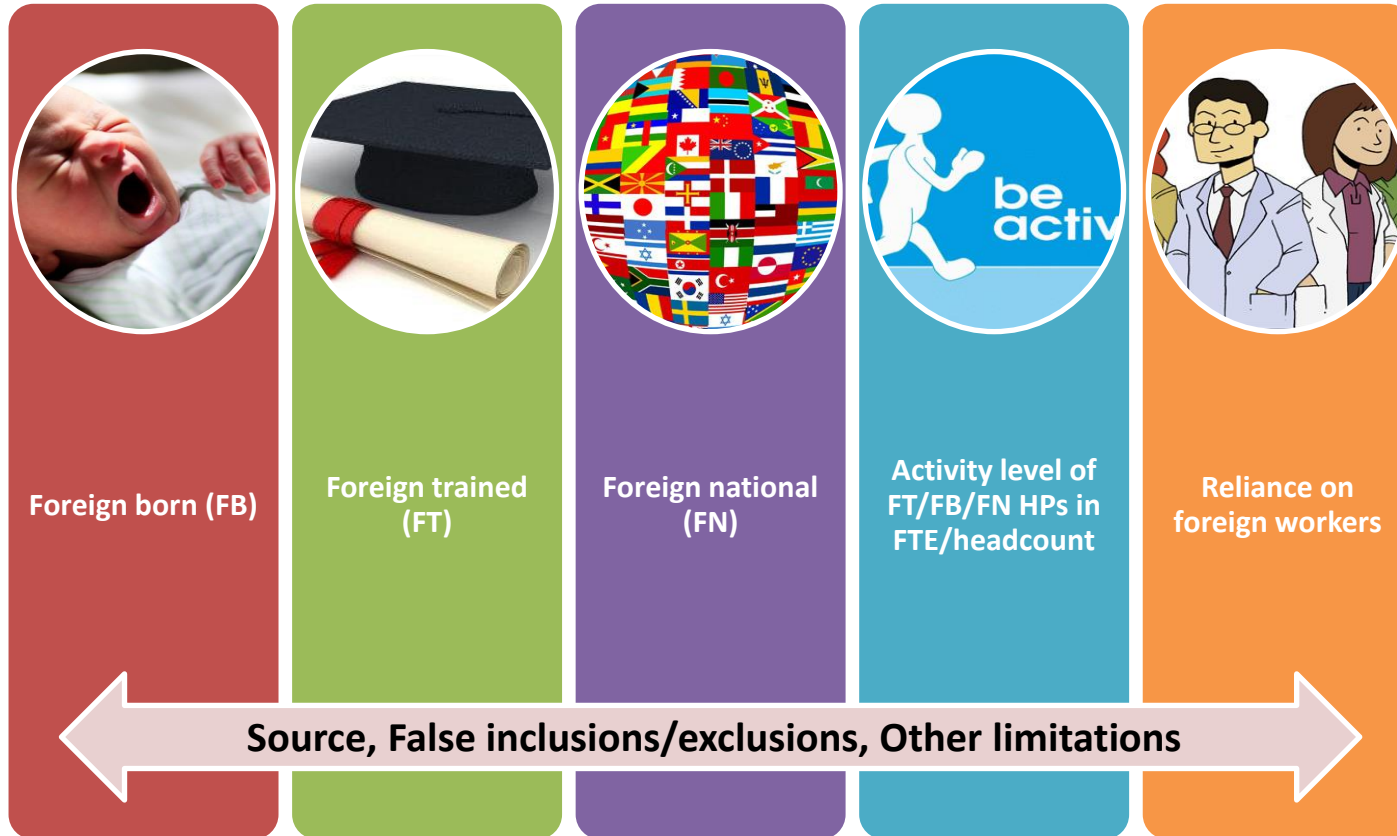
Professionally active (PA)

- Practising
- Health professionals that work in a health organisations for whom their health education is a prerequisite for the execution of the job (e.g. managers, researchers, teachers, etc.)

Practising (P)

- Provides services directly to patients

A summary table of indicators - inflow



Two key indicators on outflow



Number of conformity or good standing certificates

„passive” intention, proxy indicator, not showing concrete interaction with the receiving country

False inclusions/exclusions

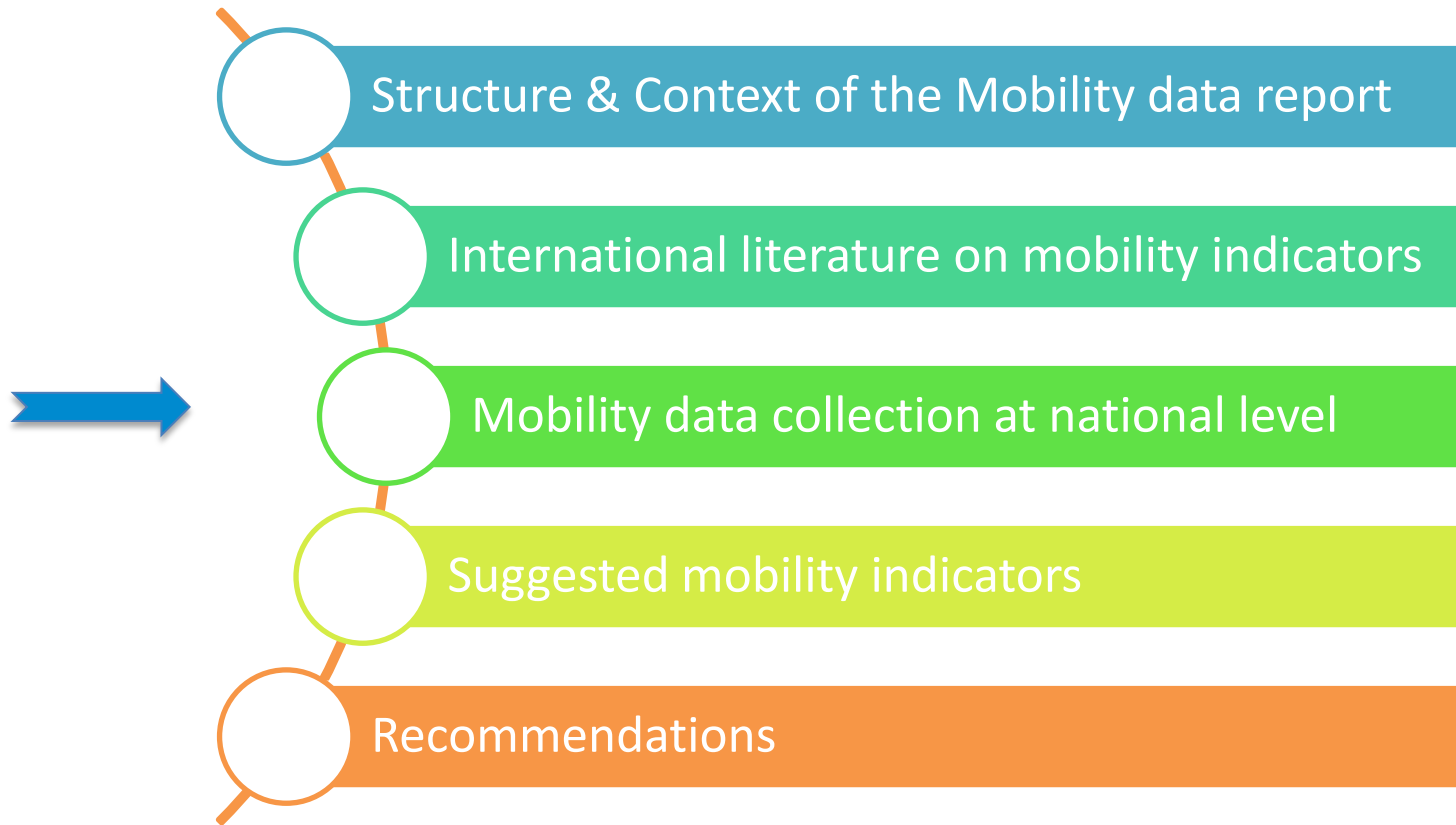


Number of recognition decisions

“active” intention, proxy indicator, not showing the level of activity, or not even being licensed

False inclusions/exclusions

Structure of the presentation



National level: The WHY, WHAT and HOW of mobility data collection

WHY collect

- policy making
- monitoring
- HWF planning
- international benchmarking

WHAT to collect

- information on different types of mobility
- information on different data categories
- information on the impact of mobility

HOW to collect

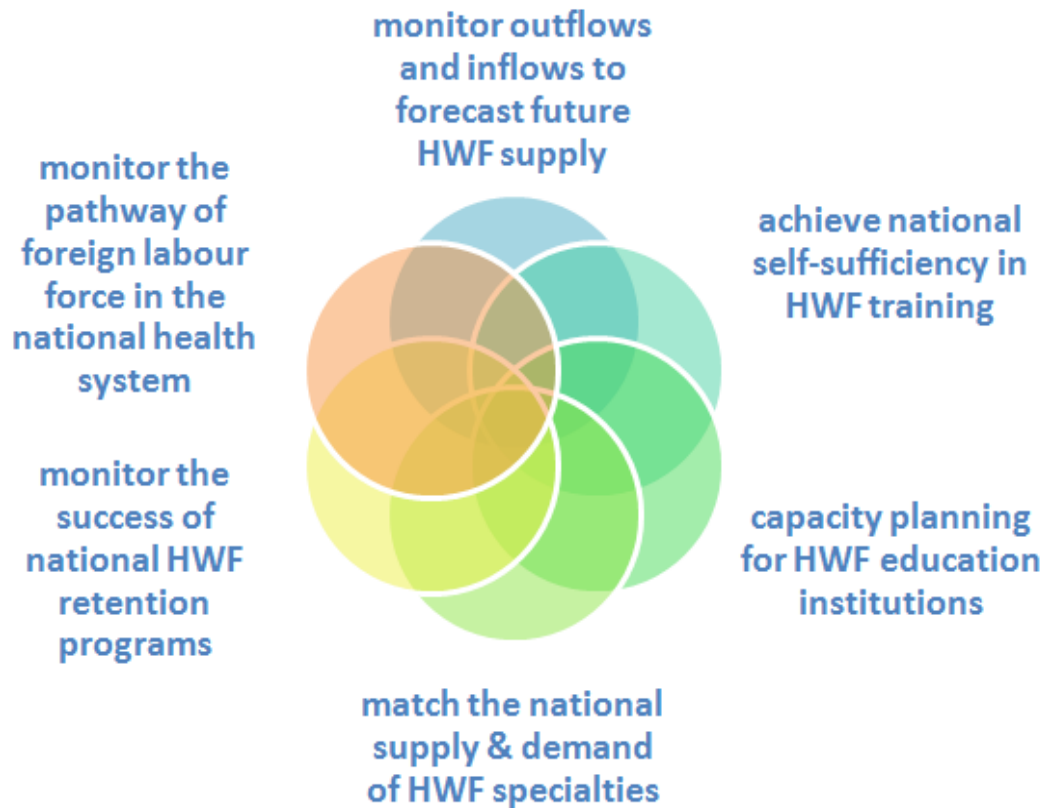
- focus on planning
- overall data collections & surveys
- research, projects
- stock and flow data

Measuring the impact of cross-border mobility

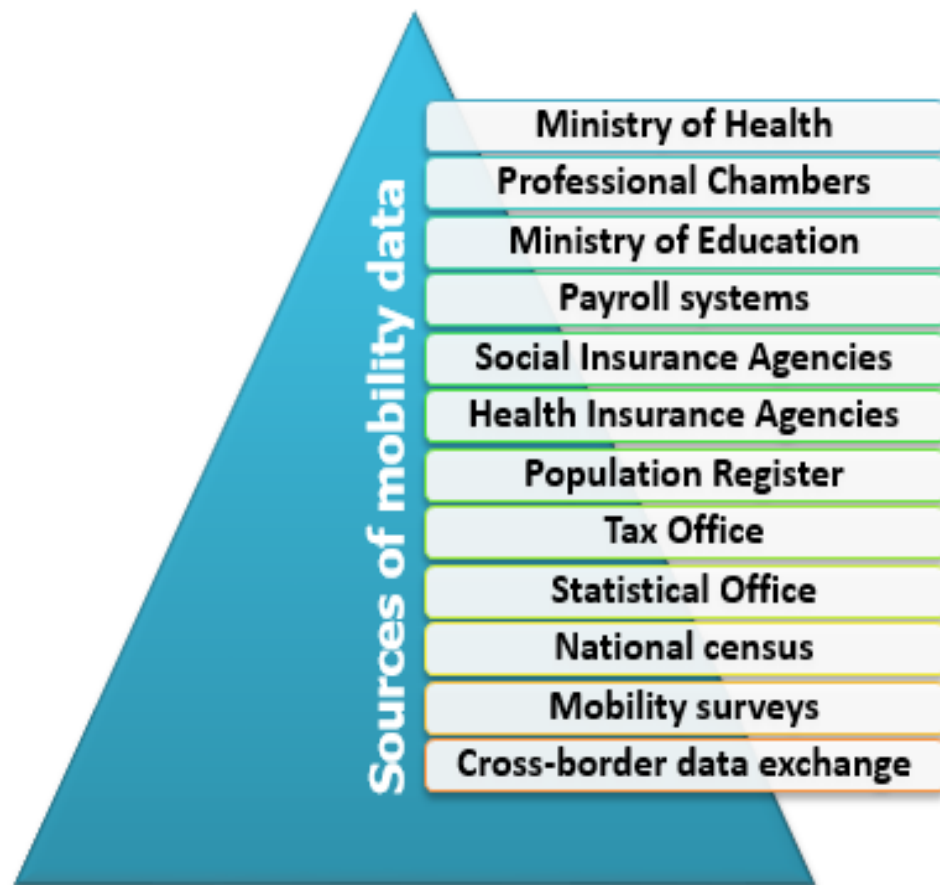


	Country groups based on volume of inflow/outflow	Impact of mobility on national HWF production and required responses
1	<p>International mobility has a neutral impact on planning where a self-sustainable level of production remains the target</p> <p>Dmob* = 0% to 5% of annual HWF production**</p>	<ul style="list-style-type: none"> • HWF production is unaffected • Mobility usually not considered in HWF planning • Monitoring remains important to follow trends that can quickly evolve
2	<p>International mobility is an influential parameter regarding the inflow and outflow of health professionals, requiring a reasonable adaptation of production</p> <p>Dmob* = 5% to 15% of annual production**</p>	<ul style="list-style-type: none"> • HWF production is affected • Planning must take mobility trends into account • In addition to specific policies requiring measures and integration into planning scenarios, regular adaptation of production is required
3	<p>International mobility largely exceeds the capacity of the education system and (1 - for high outflow) incapacitates the health system in terms of the replacement rate, or (2 - for high inflow) is essential to compensate for the insufficient production of the education system</p> <p>Dmob* > than 15% of annual production**</p>	<ul style="list-style-type: none"> • These countries are in the crisis stage • Multiple policies need to be implemented and supported by a whole set of indicators • Multilateral policy dialogues are needed • Answer from education sector is required

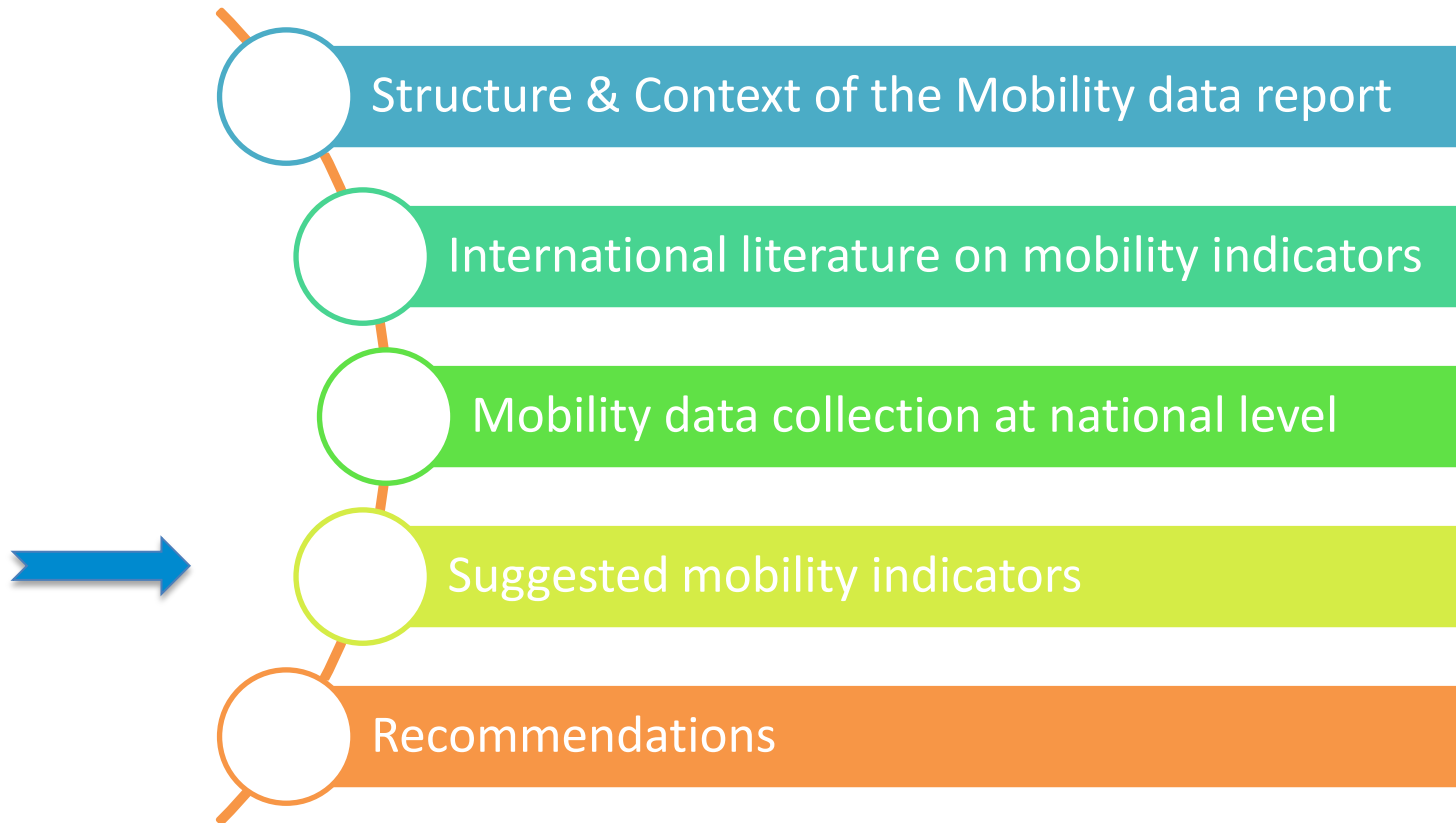
Key groups of objectives of mobility data collection in European countries



The national level sources of data on international mobility



Structure of the presentation



Variables as the basis for mobility indicators

Professional activity status	Quantification of professional activity	Mobility status	Number of covered sectoral professions
<ul style="list-style-type: none">• Practising• Professionally active• Licensed to practice• With registered qualification	<ul style="list-style-type: none">• FTE• Headcount	<ul style="list-style-type: none">• foreign-trained (first qualification without domestic- born and domestic-nationality)• foreign nationality (according to nationality at registration)• foreign-trained (by first qualification)• foreign-trained (by last qualification)• foreign-nationality (according to current nationality)• foreign-born	<ul style="list-style-type: none">• 5• 4• 3• 2• 1

The recommended national Individual Mobility Data Set

Data category	Data
Professional activity	<ul style="list-style-type: none"> ➤ data on health care activities, closest to practising ➤ data on economic activity ➤ quantification of professional activities (FTE)
Mobility status	<ul style="list-style-type: none"> ➤ birthplace ➤ nationality (current) ➤ nationality at registration (or nationality at the time of recognition) ➤ country of first qualification ➤ country of last qualification
Recognition (inflow)	<ul style="list-style-type: none"> ➤ recognised qualifications ➤ date of recognition (for all recognised qualifications) ➤ origin of recognised qualifications (countries)
Intention to leave (outflow)	<ul style="list-style-type: none"> ➤ dates of applications for certificates for working abroad ➤ destination countries in applications for certificates for working abroad
Grouping variables	<ul style="list-style-type: none"> ➤ age ➤ qualifications (all, including specialisations)

The central mobility policy concerns highlighted by WP4 participants

managing HWF outflow

- lost public investment
- HWF replacement rate not met
- demand for health services not met

managing reliance on foreign HWF

- dependency on unpredictable inflows
- Inflow of HWF trained in other health systems

Table 6: The recommended indicator set for measuring health workforce outflow

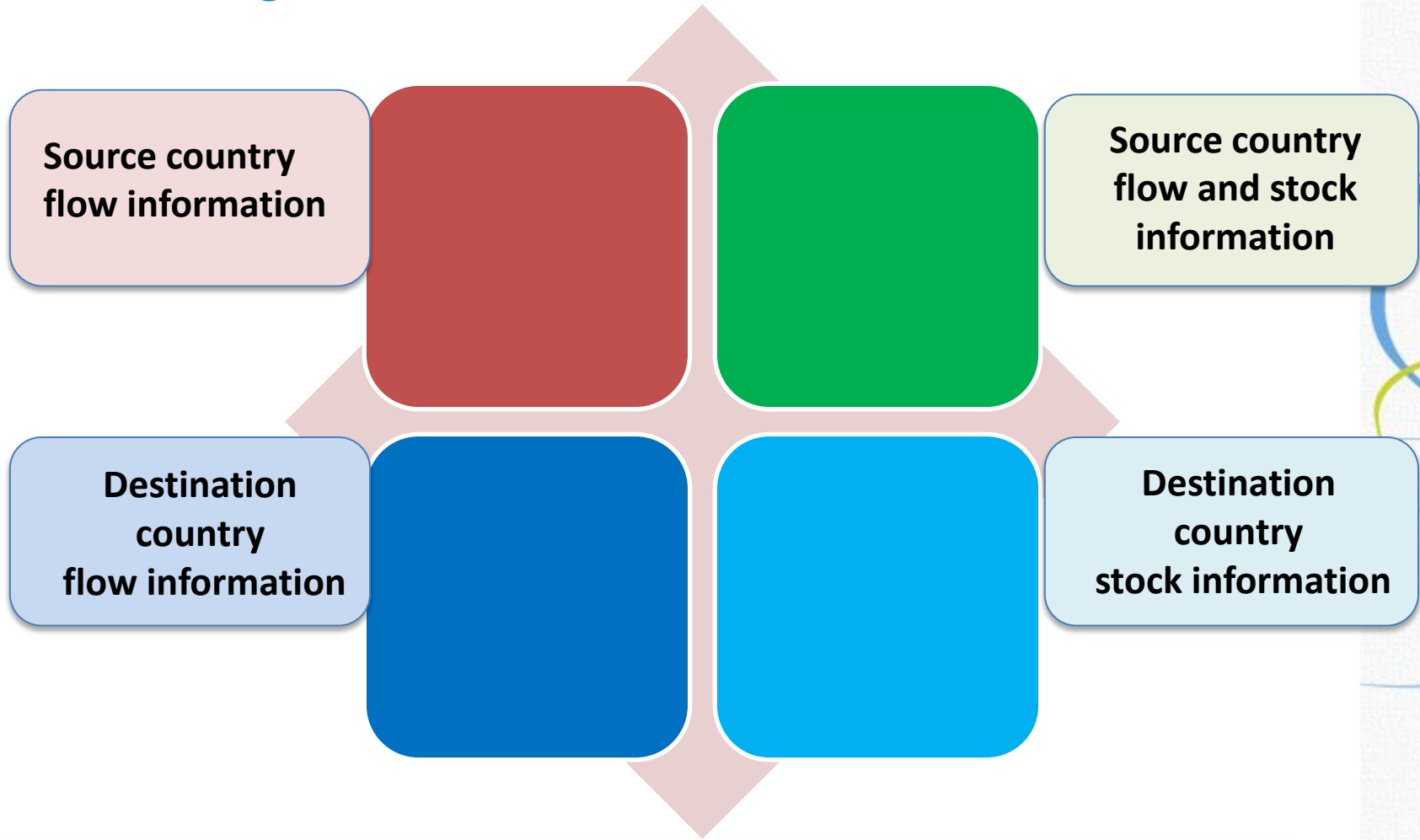


Table 6: The recommended indicator set for measuring health workforce outflow

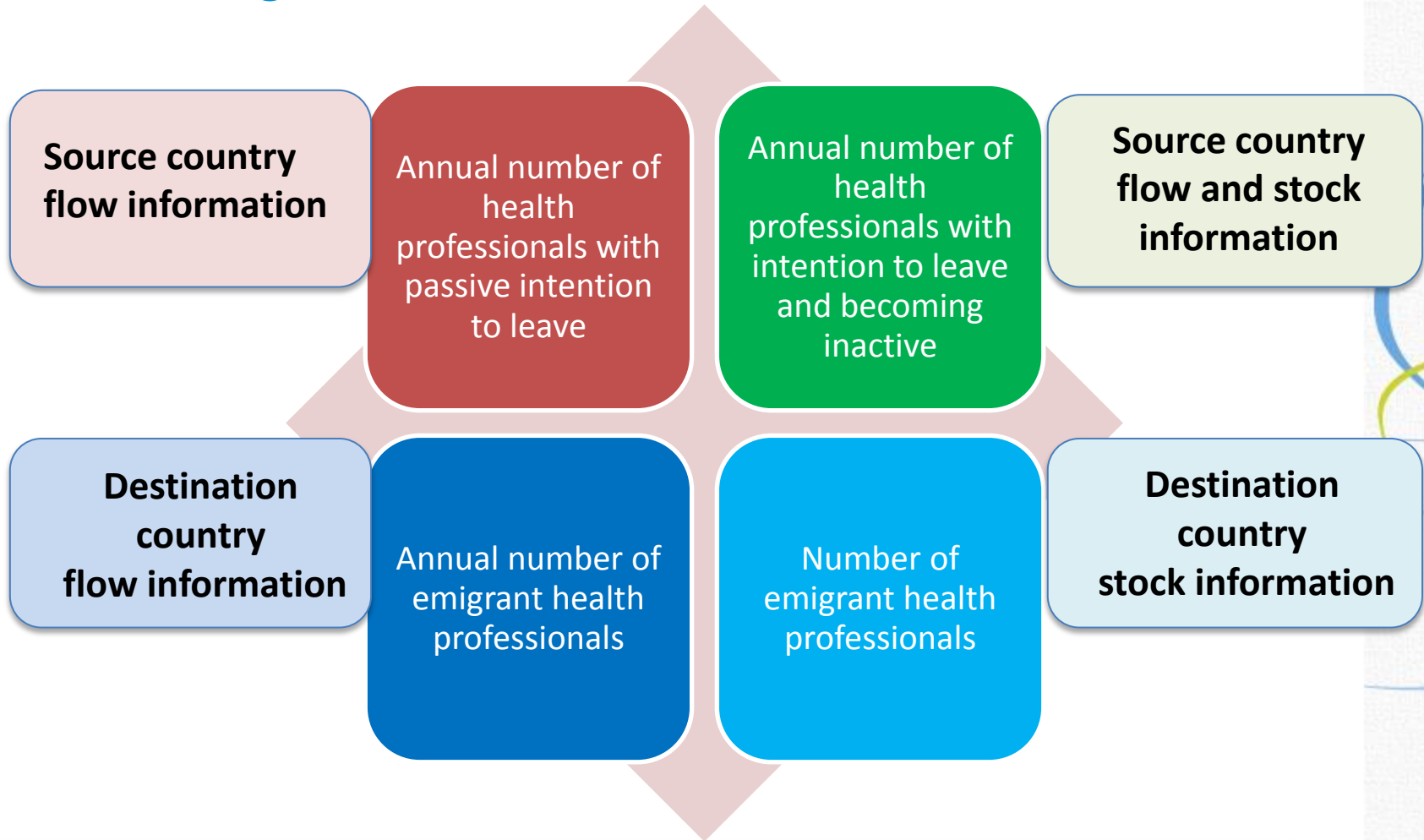


Table 7/1. Mobility Indicator Set for measuring the reliance on foreign health workers - stock based approach

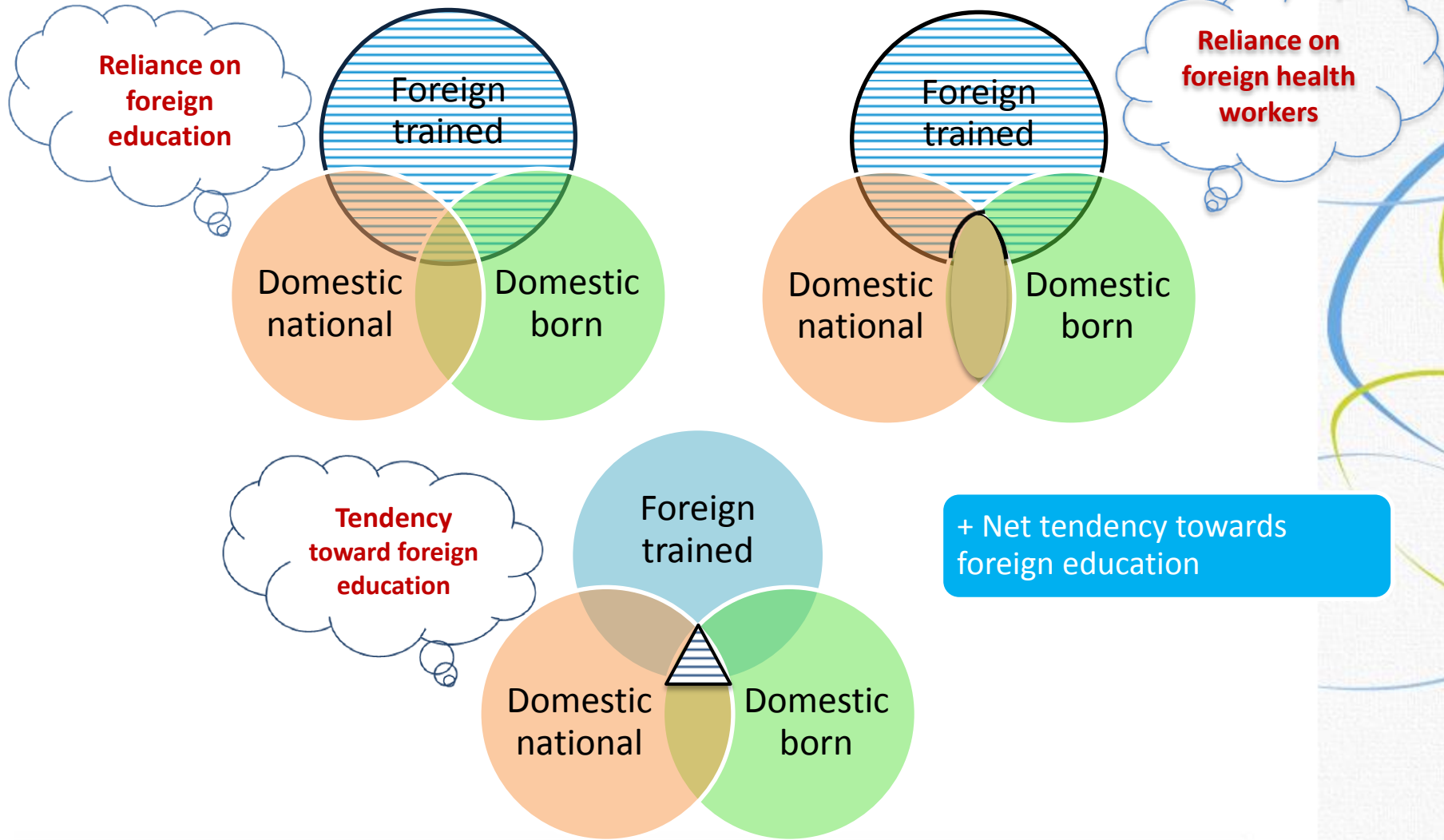


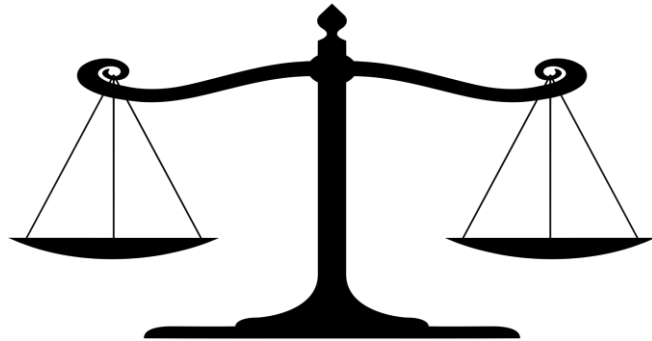
Table 7/2. Mobility Indicator Set for measuring the reliance on foreign health workers - flow based approach

Aggregate number of foreign health professionals with recognised qualifications

Annual number of health professionals with a qualification recognised

Annual number of newly registered foreign health professionals

Table 8. The recommended indicator set for measuring health workforce balance - summary table



Aggregate balance of
outflow and inflow of
health professionals
(for a given period)

Annual net loss or gain
of health professionals

Tables 6-7-8 indicators –
be produced separately
for the available HPs
and specialisations, and
divided according to the
following age groups:

- age below 35 years;
- 35-44 years;
- 45-54 years;
- 55-64 years;
- 65 years and over.

Recommendations

I - Recommendations on strategy

II - Recommendations on national level data collection processes

III - Recommendations on the measurement of mobility

IV - Recommendations on international data collections

I - Recommendations for national strategy with respect to HWF mobility data

1. National HWF planning strategy should **comprehensively assess the mobility phenomenon** and initiate further actions such as the following:

Determinate impact of international mobility

Strategy for mobility data collection and evaluation

Include mobility data into planning

Supportive national legislation

2. Member States should **look beyond the phenomenon of mobility and address its determinants** at the strategic level.

II - Recommendations on national level data collection & utilisation processes

Develop national data collection and utilisation processes by:

Stakeholder cooperation

Synchronising, linking national mobility-related data sources

Use of additional data sources

Submit data to international data collections

Knowledge management guidelines including **methods for estimations and non-systematic data collections** for both quantitative and qualitative data

Investments in **IT systems that allow for a warehousing approach** of the minimum mobility data set with a thorough consideration of privacy regulations.

III - Recommendations on the measurement of mobility

Recommended **Individual Mobility Data Set** and **Mobility Indicator Set** for tracking mobility

Mobility status should be collected for each of the **three inflow indicators** - FT, FN, FB. **“Foreign trained”** should be prioritised , **supplemented by data on additional information.**

Additional data collection for providing a basis for new studies on mobility (e.g. **real occupations, skill mix** that actually flows).

The **level of reliance on foreign health workforce** could be measured by determining the percentage of practising foreign HPs as part of the total number of practising HPs.

Source countries: indicator **“annual number of health professionals with intention to leave and becoming inactive”**. **Mobility of students** in graduate training: additional indicators should be developed.

IV - Recommendations on international mobility data collections

Annual data collection is recommended for the mobility module of the Joint Questionnaire

EUROSTAT should request mobility data from the EU countries that are not OECD member states.

Countries are advised to collaborate with the identified preferred destinations of their nationals. Outflow indicators in the source countries and inflow indicators in the destination countries should be compared

Feedback from destination countries in order to construct a 'mobility map'. Pilot projects between countries with considerable bilateral mobility for systematic, bilateral information exchanges.

Concluding remarks

- Published literature already provides good understanding on the use and the barriers of mobility data collection
- Available data sources determine what kind of mobility data can be collected - significant variability between countries
- Although defining indicators for measurement of outflow, additional data sources (e.g. professional activity data) in source countries and destination country data can enable to create better proxy indicators
- The Joint Action recommends an Individual Mobility Data Set and Mobility Indicator Set for tracking mobility, which can be tailored according to national needs and possibilities
- The migration module of Joint Questionnaire enables a significant improvement in tracking inflow and outflow systematically
- International cooperation is inevitable for improvement of data collection on international mobility



**Thank you for your kind
attention!**