

Health Workforce Policies in OECD Countries

Right Jobs, Right Skills, Right Places

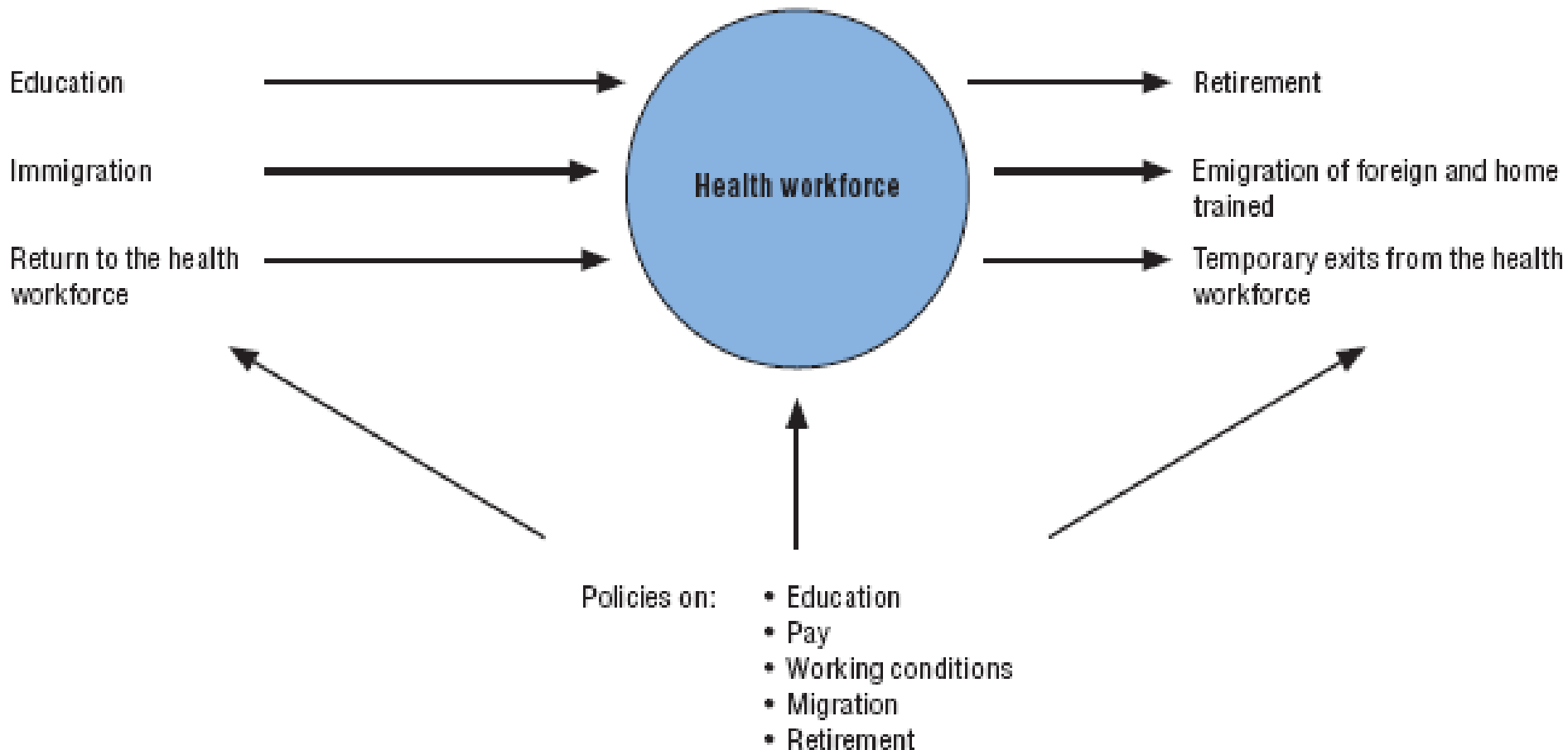
Gaetan Lafortune, OECD Health Division
EU Joint Action Health Workforce Planning and Forecasting
Closure Event, Belgium, Mons, 3-4 May 2016

Three-point plan to improve health workforce strategies

- **Right jobs:** Train a sufficient number and proper mix of health workers to meet future needs, without unduly relying on the training efforts of other countries, particularly those suffering from acute shortages
- **Right skills:** Ensure that health workers acquire the right skills and competences and given opportunities to adapt their skills during their working life to deliver high-quality health services in more team-based and patient-centred approaches
- **Right places:** Provide all the population with adequate access to health care regardless of where they live, by promoting a more even geographic distribution of health workers, and making greater use of innovative health service delivery models, notably telemedicine

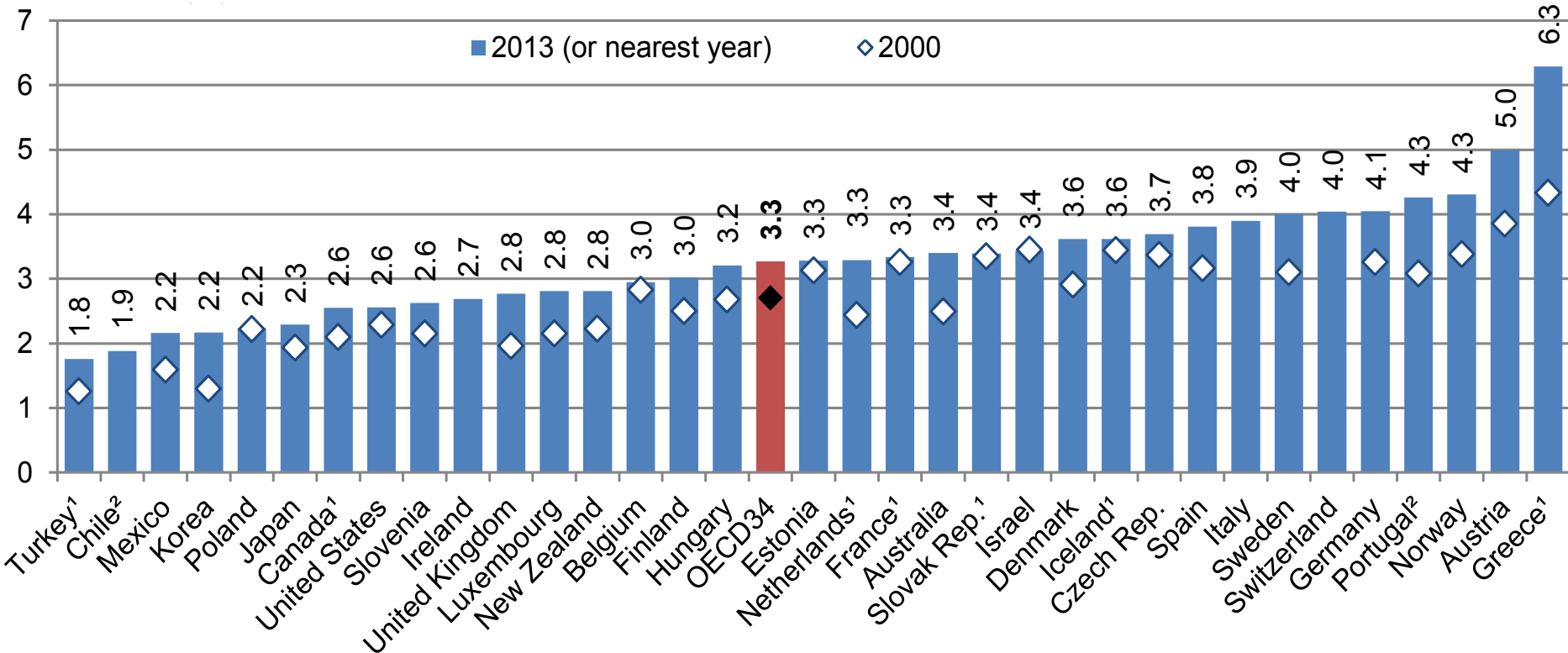
Variations in stock of health workers depend on “inflows” and “outflows”

Supply of health workers: inflows, stocks and outflows



The number of doctors has increased in nearly all EU and OECD countries since 2000

Practising doctors per 1 000 population

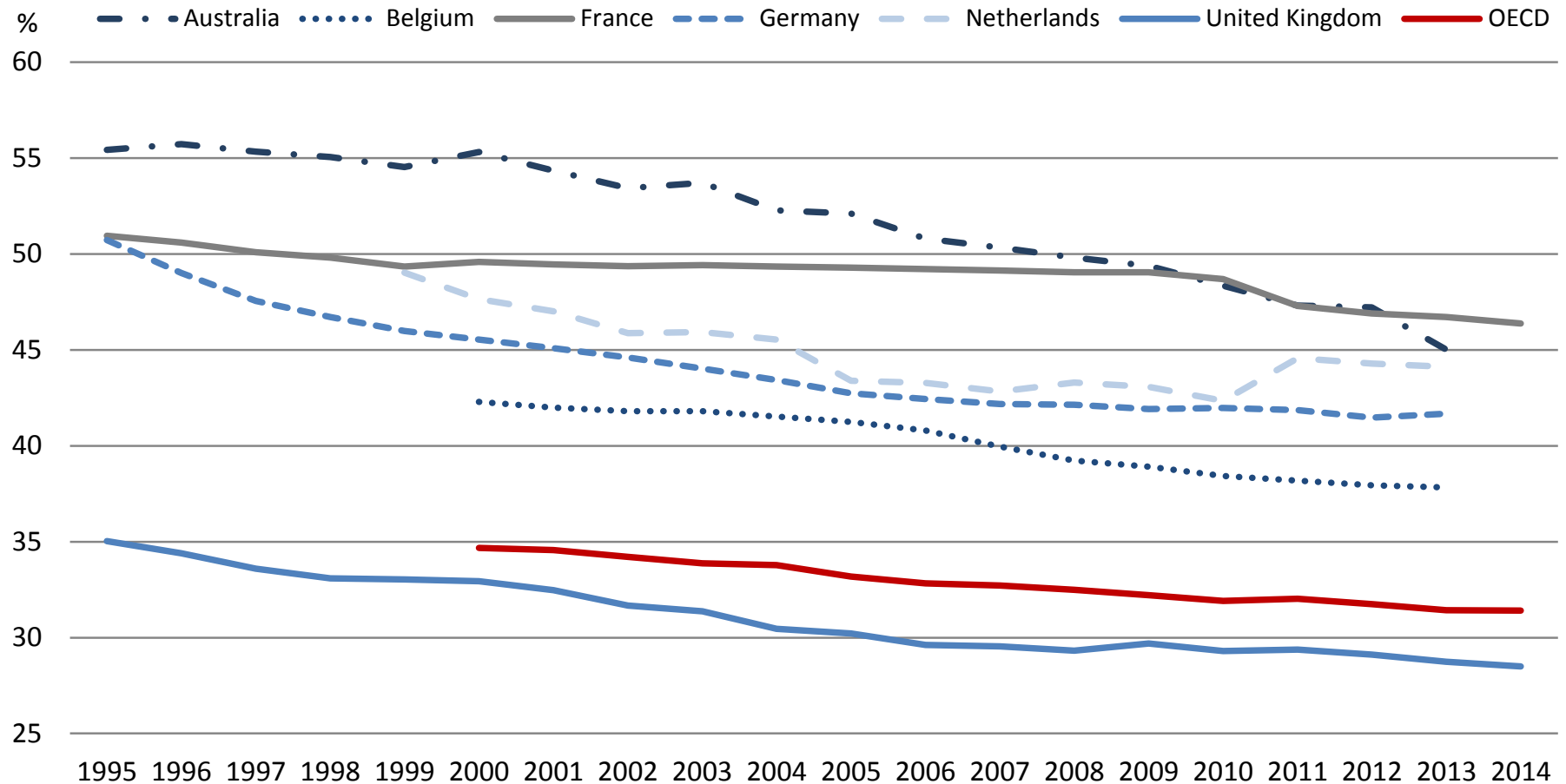


1. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).
2. Data refer to all doctors licensed to practice (resulting in a large over-estimation of the number of practising doctors in Portugal, of around 30%).

Source: Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places; OECD (2016)

But the share of generalists has decreased

Only one in three doctors now in OECD countries are generalists

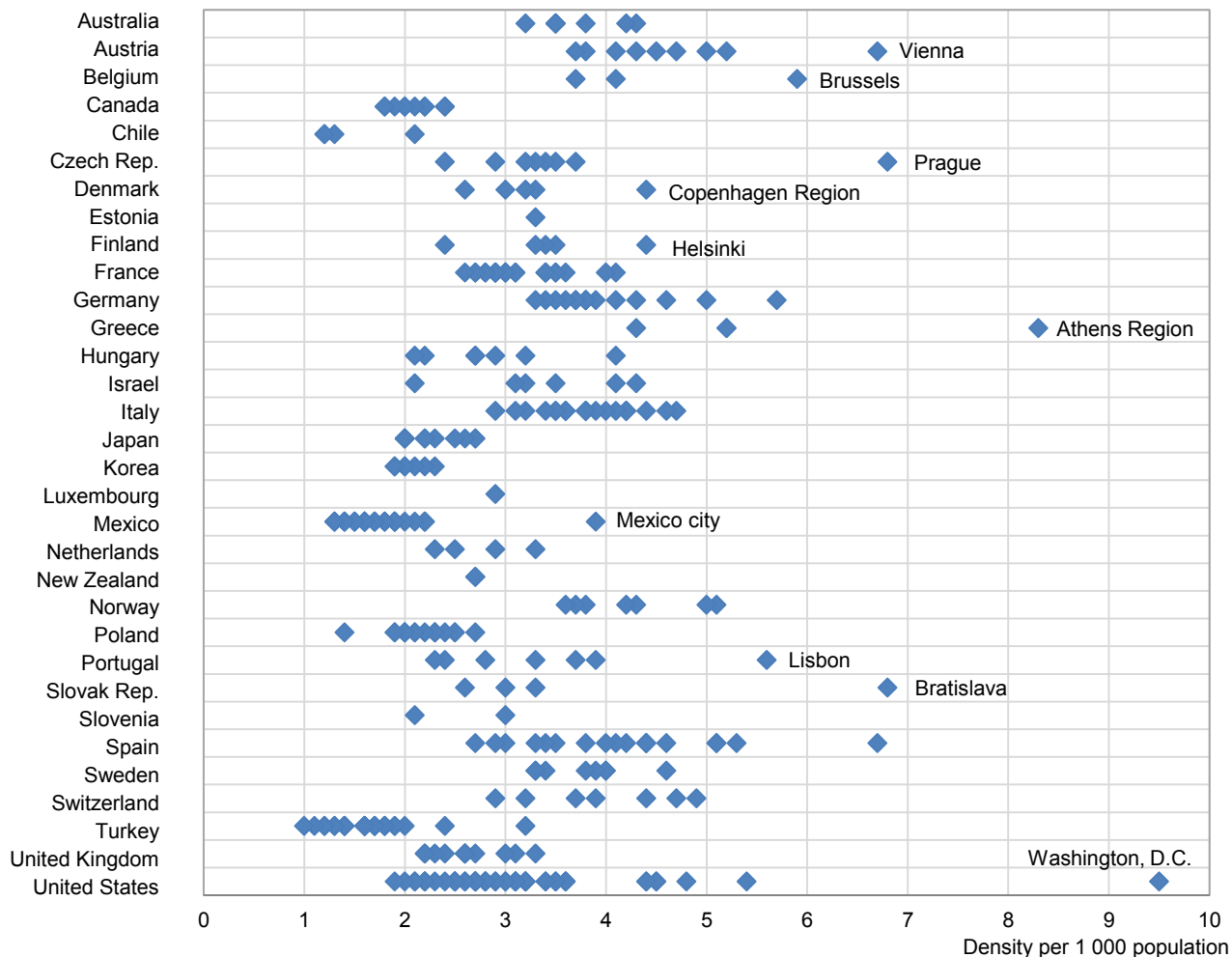


Note: Generalists include general practitioners ('family doctors') and other generalists (non-specialists).

Source: Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places; OECD (2016)

The number of doctors also varies widely across regions in each country

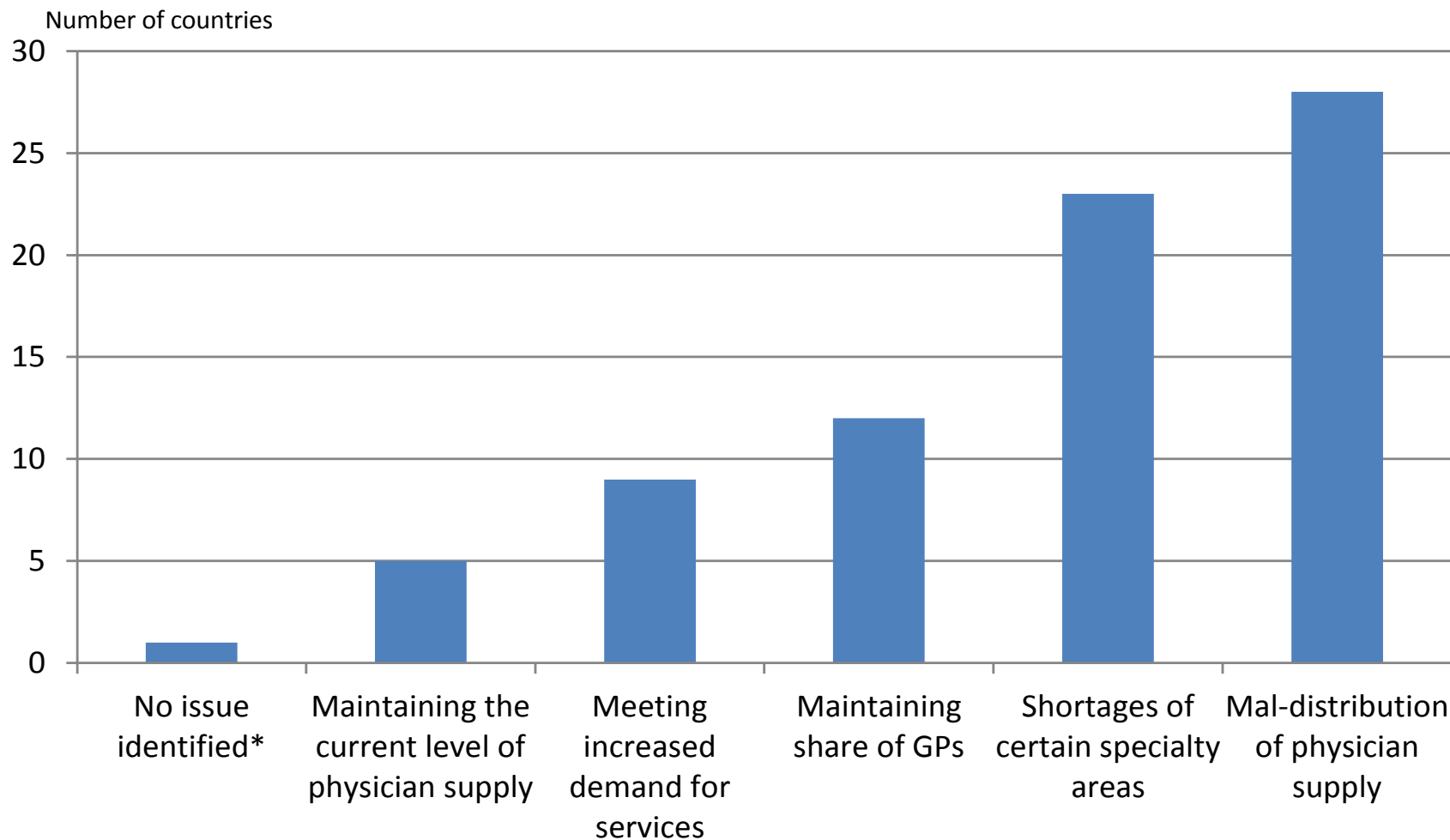
Physician density, by Territorial Level 2 regions, 2013



Note: Each observation (point) represents a territorial level 2 region (for example, region in France, Länder in Germany or State in the United States) in each country. The data for Chile relate to 2009 and do not reflect the increase in the number of physicians since then.

Key policy priorities in most OECD countries is to achieving better geographic distribution and mix of doctors

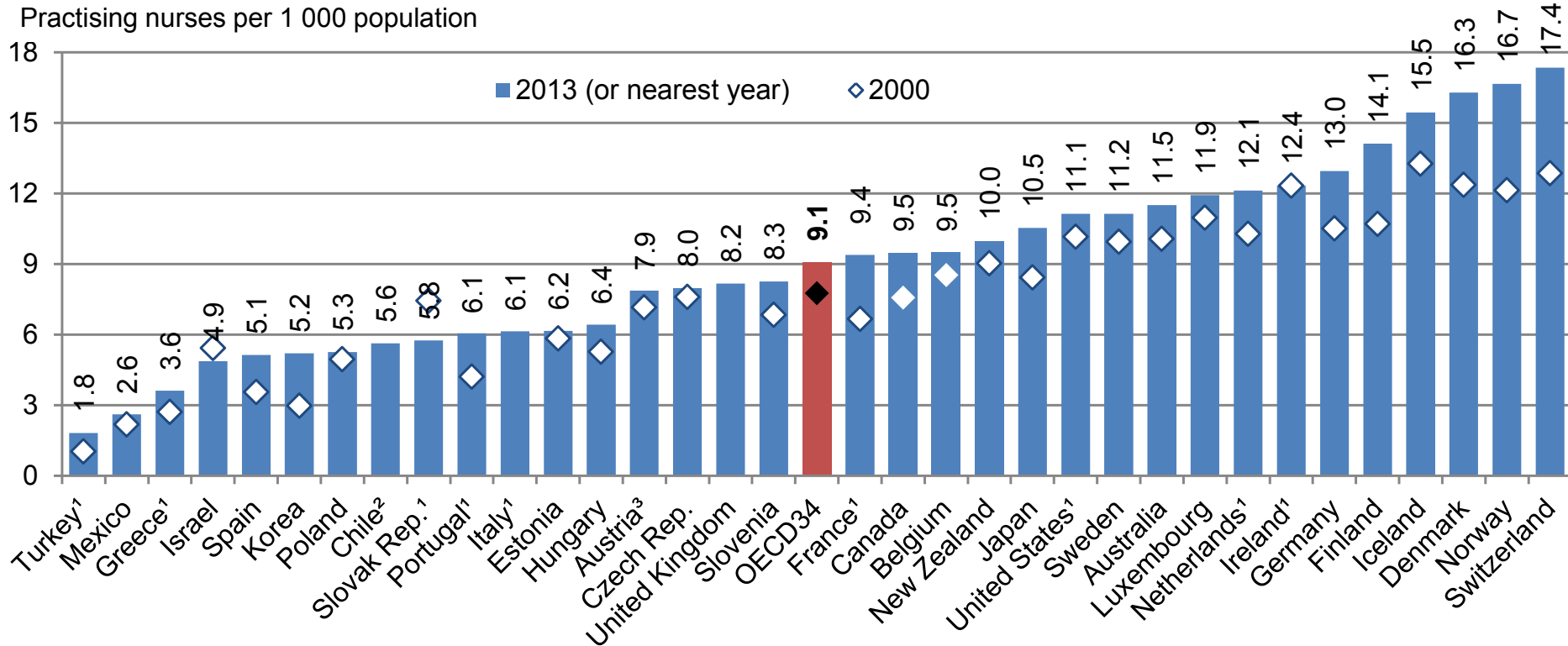
(Based on 31 OECD country responses in 2012)



* The Netherlands is the only country that did not indicate any particular issue about physician supply.

Source: Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places; OECD (2016)

The number of nurses has also increased in nearly all OECD countries since 2000

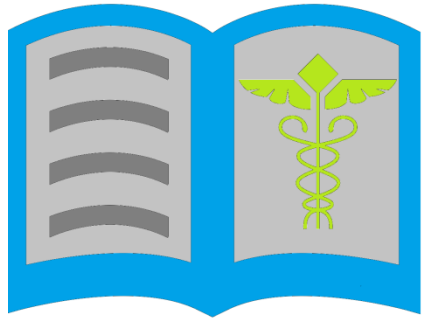


1. Data include not only nurses providing direct care to patients, but also those working as managers, educators, researchers, etc.

2. Chile reports all nurses who are licensed to practice (less than one-third are professional nurses with a university degree).

3. Austria reports only nurses employed in hospital.

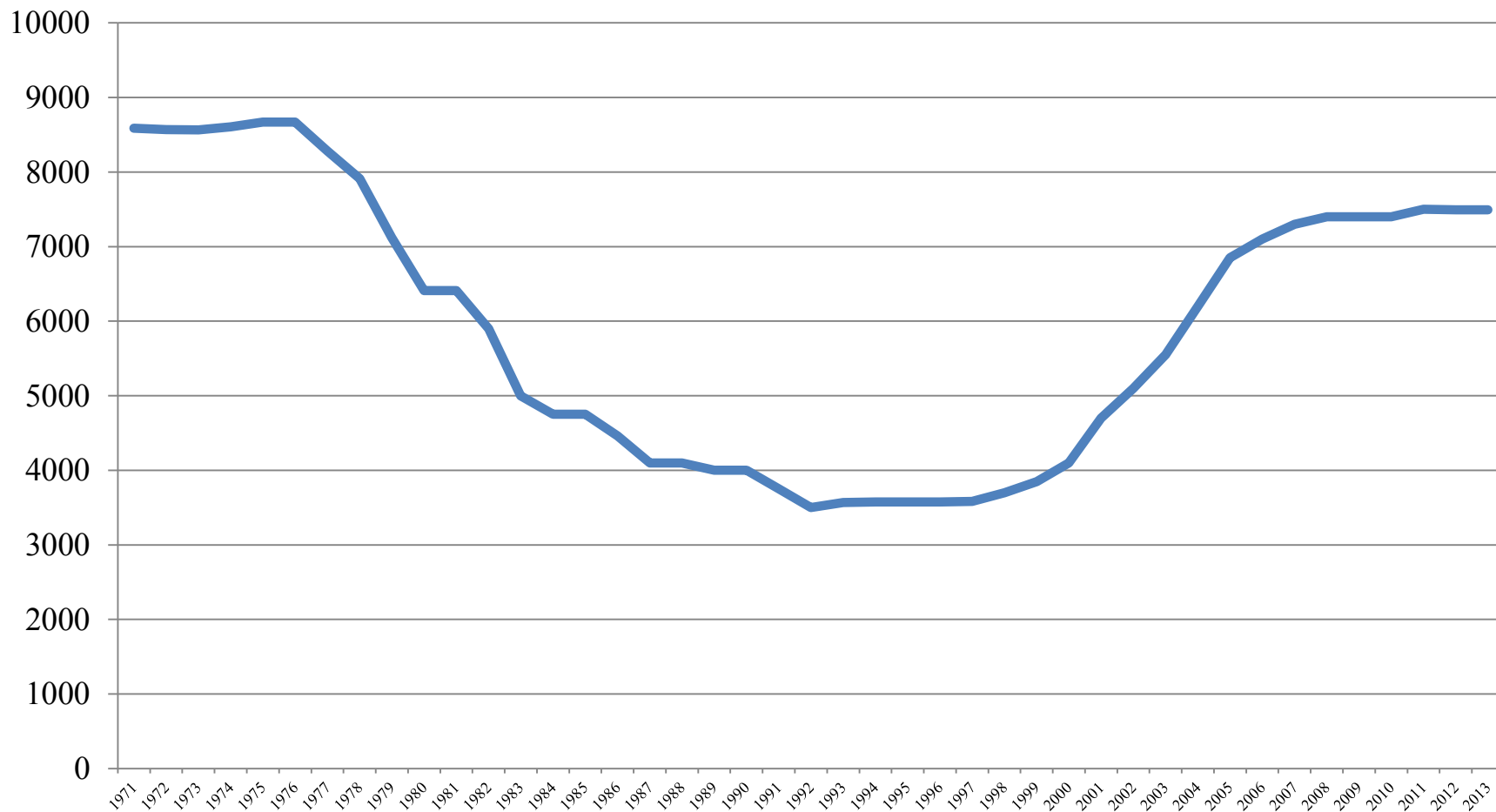
Source: Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places; OECD (2016)



Changes in domestic education and training capacity (“*numerus clausus*”) is the main policy lever to increase supply

Most OECD countries have increased intakes in medical education since 2000

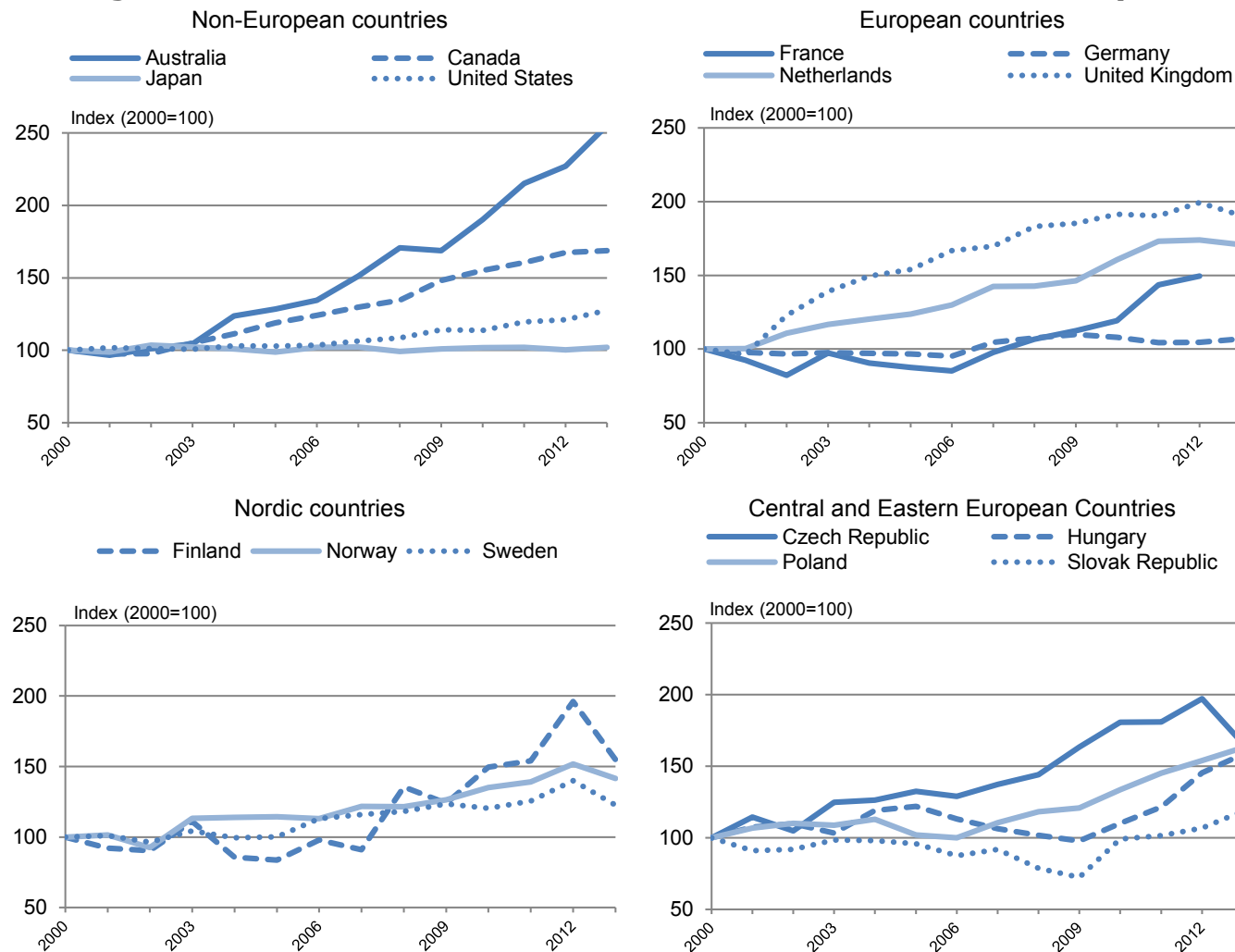
Example of evolution of *numerus clausus* for medical education in France, 1972-2014



Source: ONDPS 2015

Increase in medical student intakes has led to growing numbers of graduates

Number of medical graduates has doubled in the UK since 2000 and increased by 75% in Netherlands

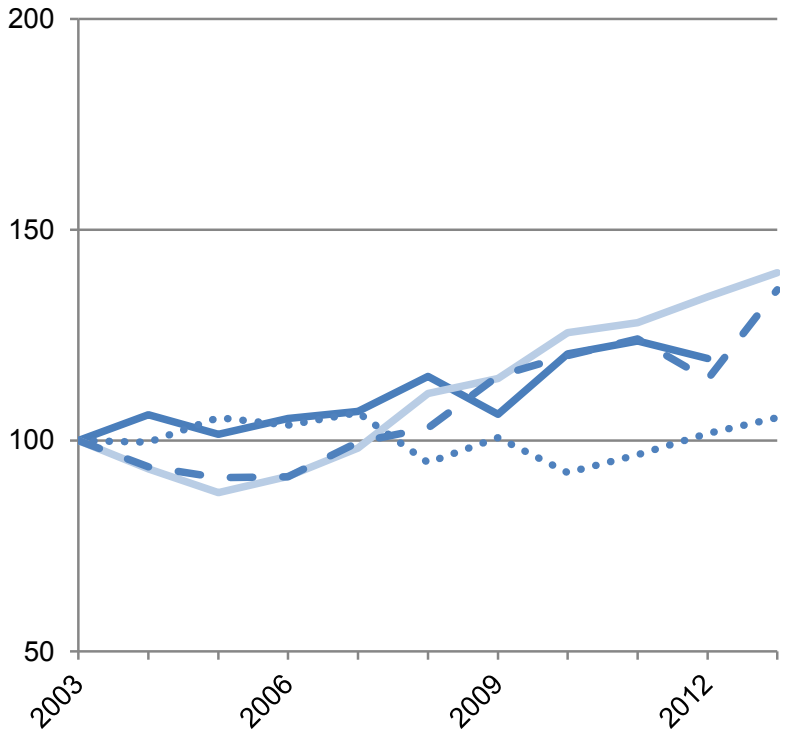


A large increase also of student intakes in nursing in many countries, notably the USA

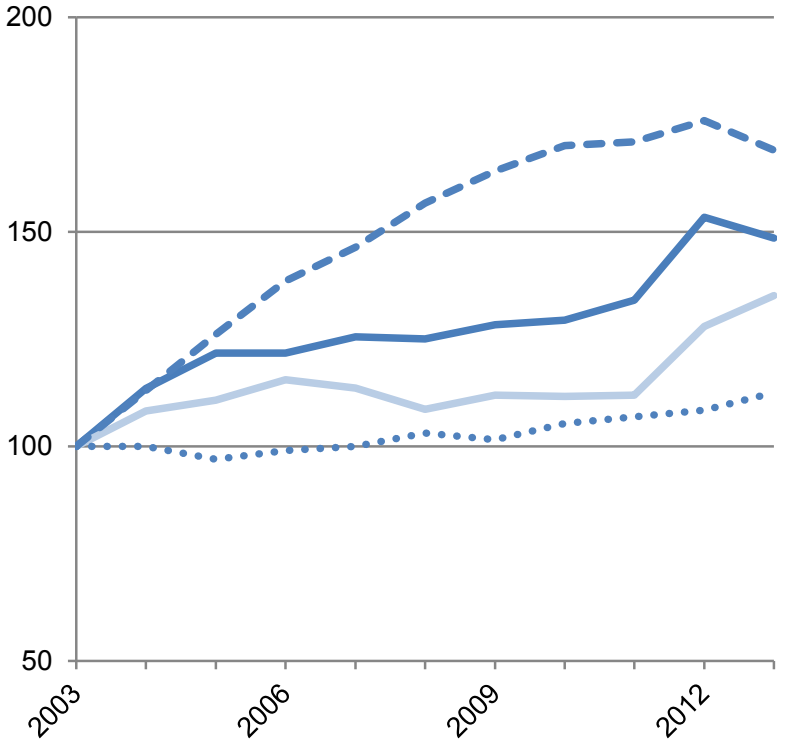
Evolution in the number of nursing graduates

- Denmark
- Finland
- France
- Germany
- Norway
- - Switzerland
- Japan
- - United States

Index (2003=100)



Index (2003=100)



Source: OECD Health at a Glance 2015



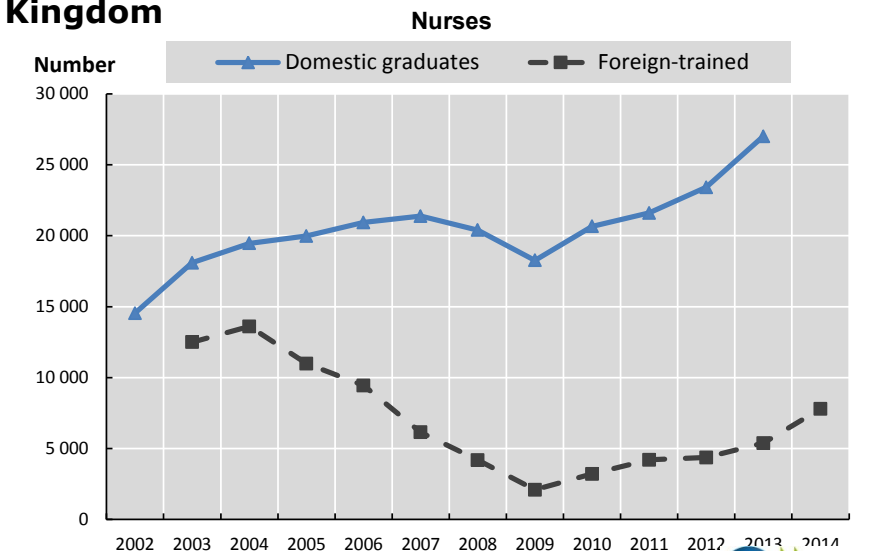
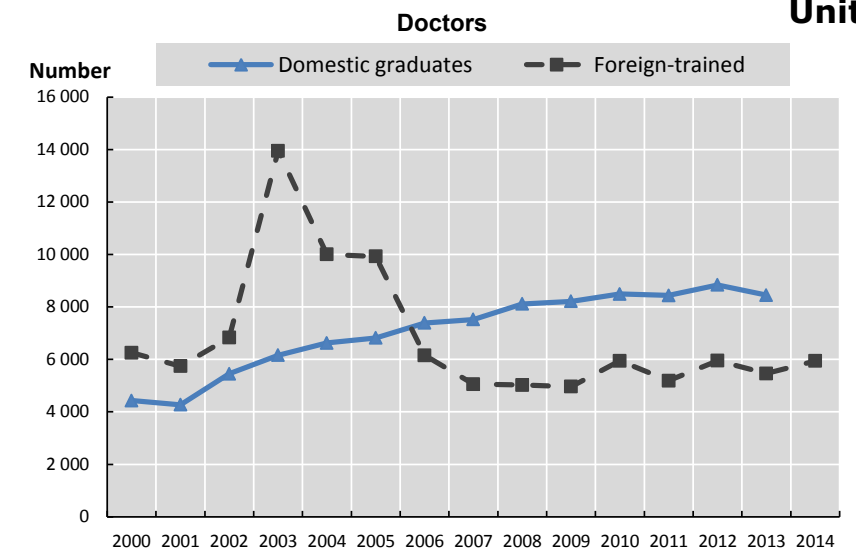
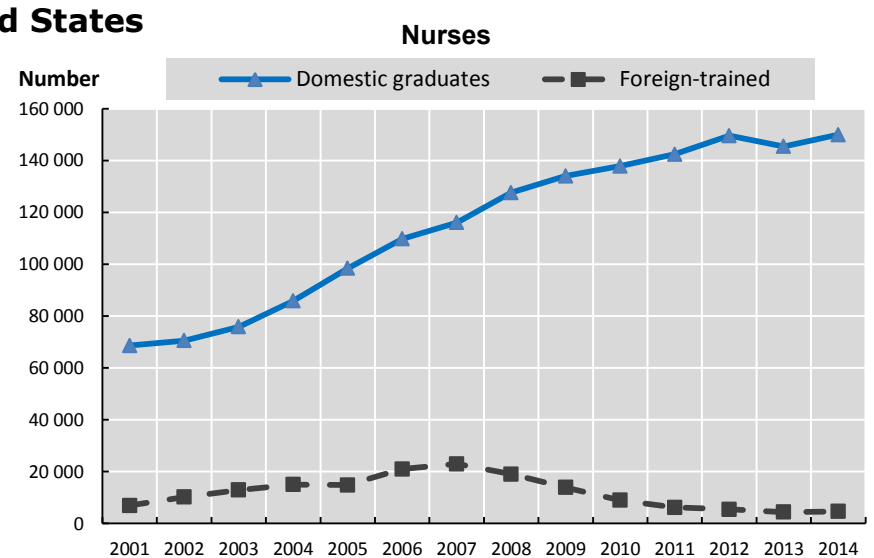
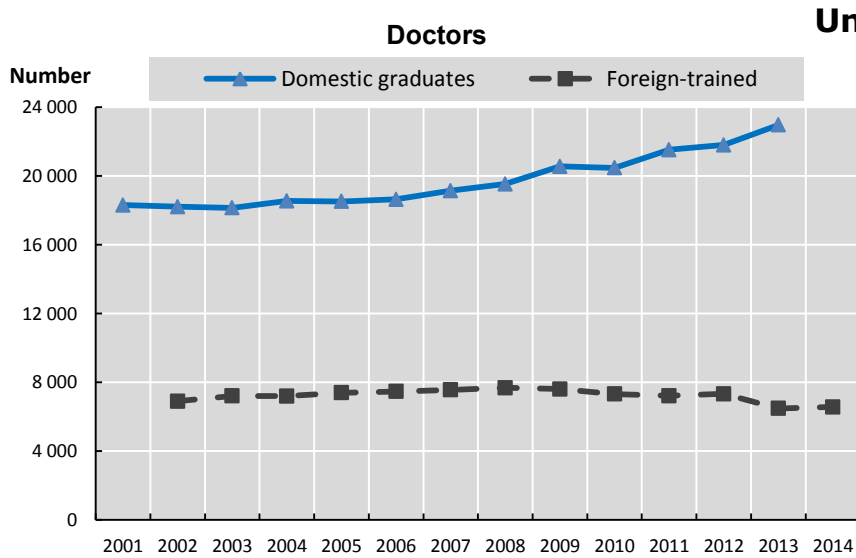
Impact of large rise in nurse training in USA: From projected shortages to projected surpluses

- **In 2004**: US Department of Health and Human Services projected a **shortage of almost one million** registered nurses by 2020 (if student admission had remained at their 2001 level)
- **In 2014**: US Department of Health and Human Services projected a **surplus of 340 000** registered nurses by 2025 (if student admission remains at their 2013 level)



**Immigration of health workers
also contributed to the increase
in number of doctors and nurses
in several countries**

Number of domestic graduates exceeds inflows of foreign-trained doctors and nurses in US and UK



Source: OECD/Eurostat/WHO-Europe Joint Questionnaire on non-monetary health care statistics (2015)

Changing countries of origin of foreign-trained doctors working in United Kingdom

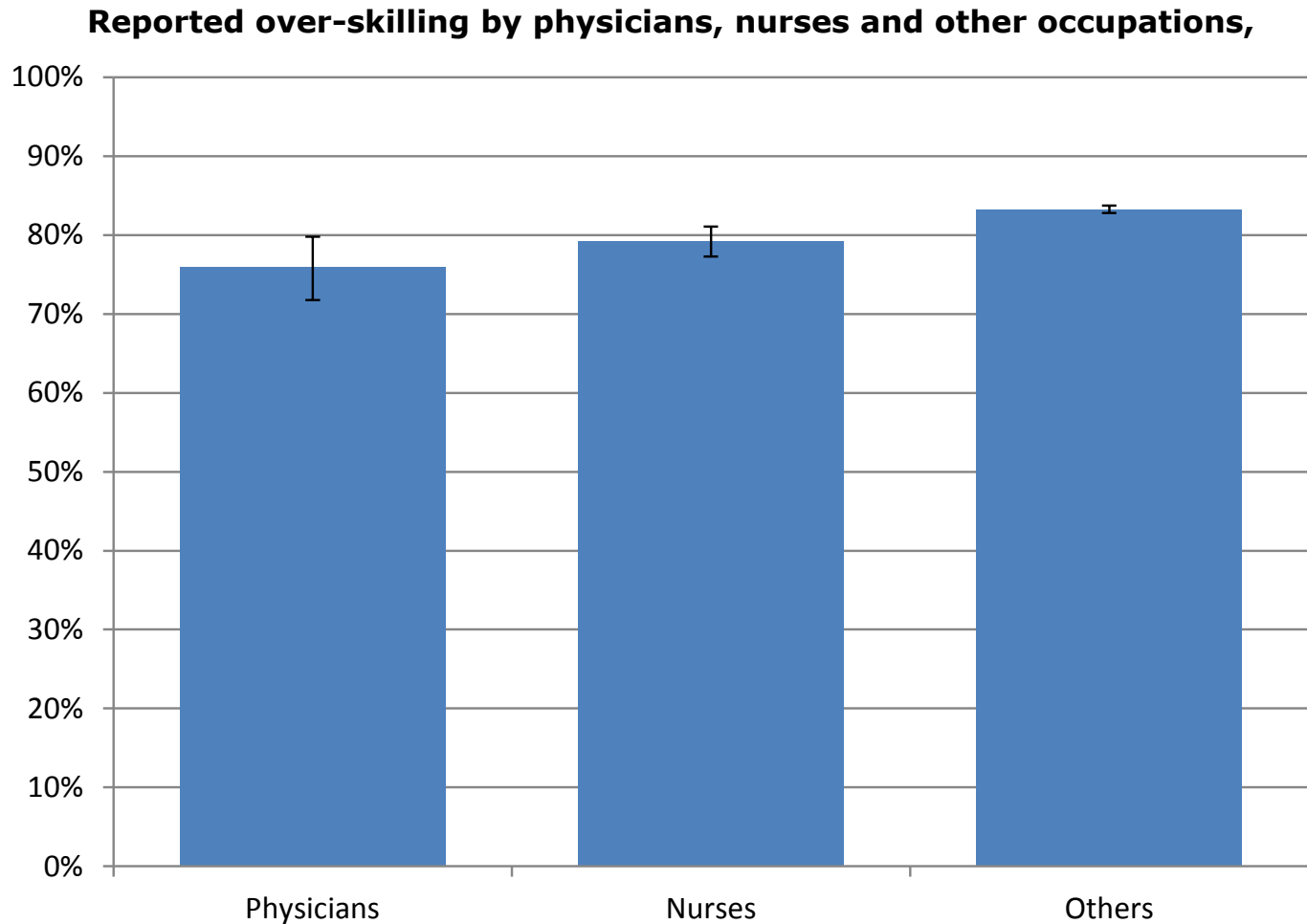
	2008	2009	2010	2011	2012	2013	2014
Total number of doctors	146 834	153 497	155 448	158 577	160 748	169 601	172 561
Domestically-trained doctors	99 817	104 913	104 657	108 152	110 341	116 359	119 171
Foreign-trained doctors	43 885	45 775	45 771	45 983	46 192	48 734	48 766
- of which native-born but foreign-trained	2 175	1 977	1 905	1 816	1 758	1 700	1 632
Unknown place of training	3 135	2 811	5 019	4 439	4 222	4 512	4 625
Share of foreign-trained doctors	29.9%	29.8%	29.4%	29.0%	28.7%	28.7%	28.3%
India	17 503	17 738	17 517	17 285	16 941	17 378	16 833
Pakistan	3 956	4 311	4 544	4 731	4 868	5 200	5 275
Nigeria	1 790	1 950	1 989	2 041	2 137	2 205	2 189
Ireland	2 046	2 007	1 926	1 883	1 860	1 916	1 859
Egypt	1 396	1 470	1 538	1 561	1 569	1 674	1 718
South Africa	1 595	1 620	1 551	1 500	1 455	1 470	1 424
Sri Lanka	1 356	1 222	1 481	1 421	1 333	1 353	1 354
Germany	1 381	1 421	1 400	1 360	1 335	1 374	1 347
Iraq	1 329	1 403	1 395	1 380	1 340	1 408	1 343
Poland	666	723	733	735	730	775	831
Spain	543	551	549	557	605	714	767
Sudan	429	470	517	536	572	679	729
Czech Republic	319	416	424	456	504	574	616
Bangladesh	396	430	454	474	498	530	536
Australia	593	601	590	546	527	501	497
Hungary	227	277	286	345	399	463	496

Source: OECD/Eurostat/WHO-Europe Joint Questionnaire on non-monetary health care statistics



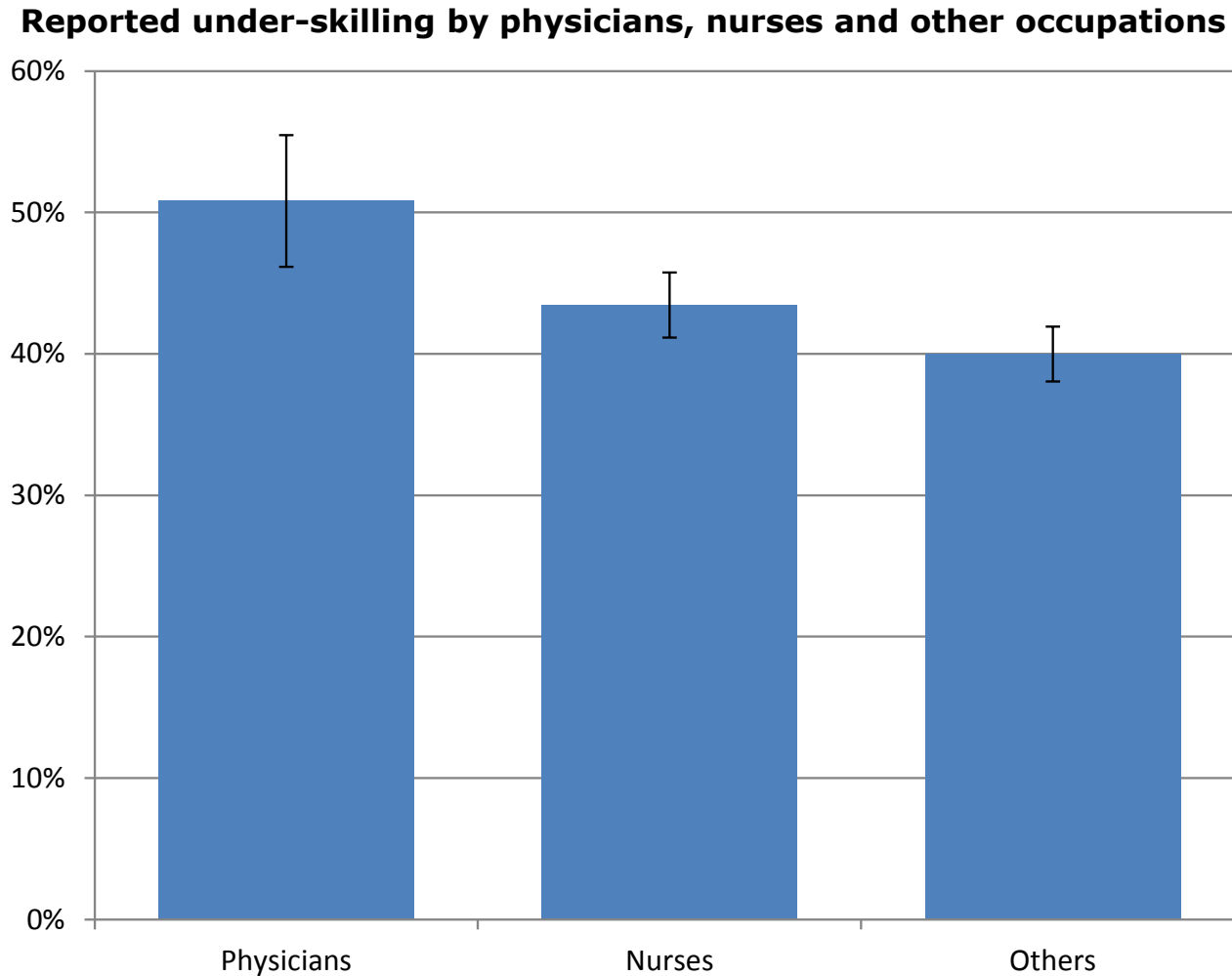
**There is considerable
skills mismatch in the
health sector**

More than 75% of doctors and nurses report being over-skilled for some of the tasks they do



Note: Others = workers in other technical and professional occupations. The figure shows 95% confidence interval.
Source: PIAAC Survey, 2011-12

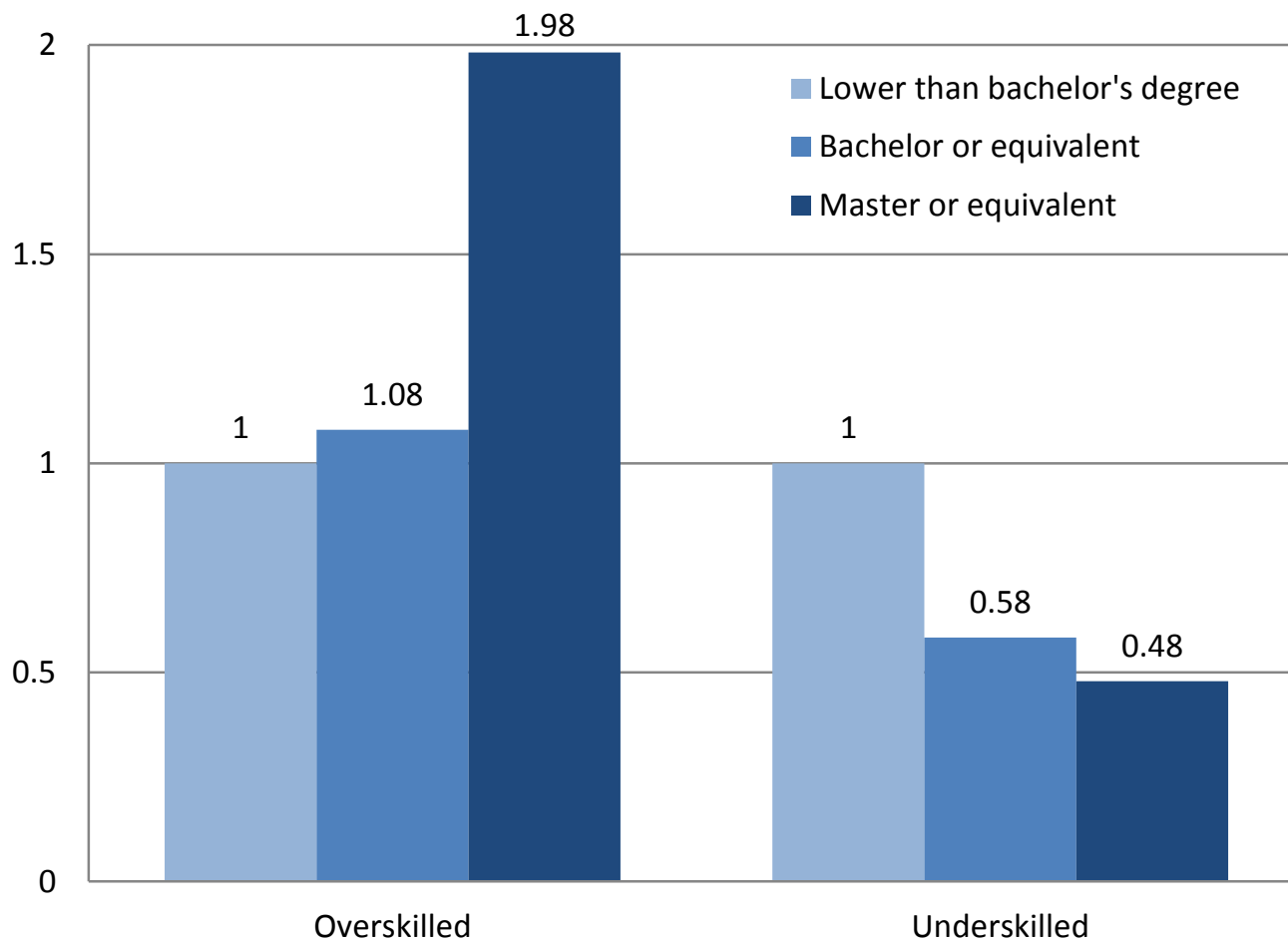
At same time, 50% of doctors and 40% of nurses report being under-skilled for some tasks



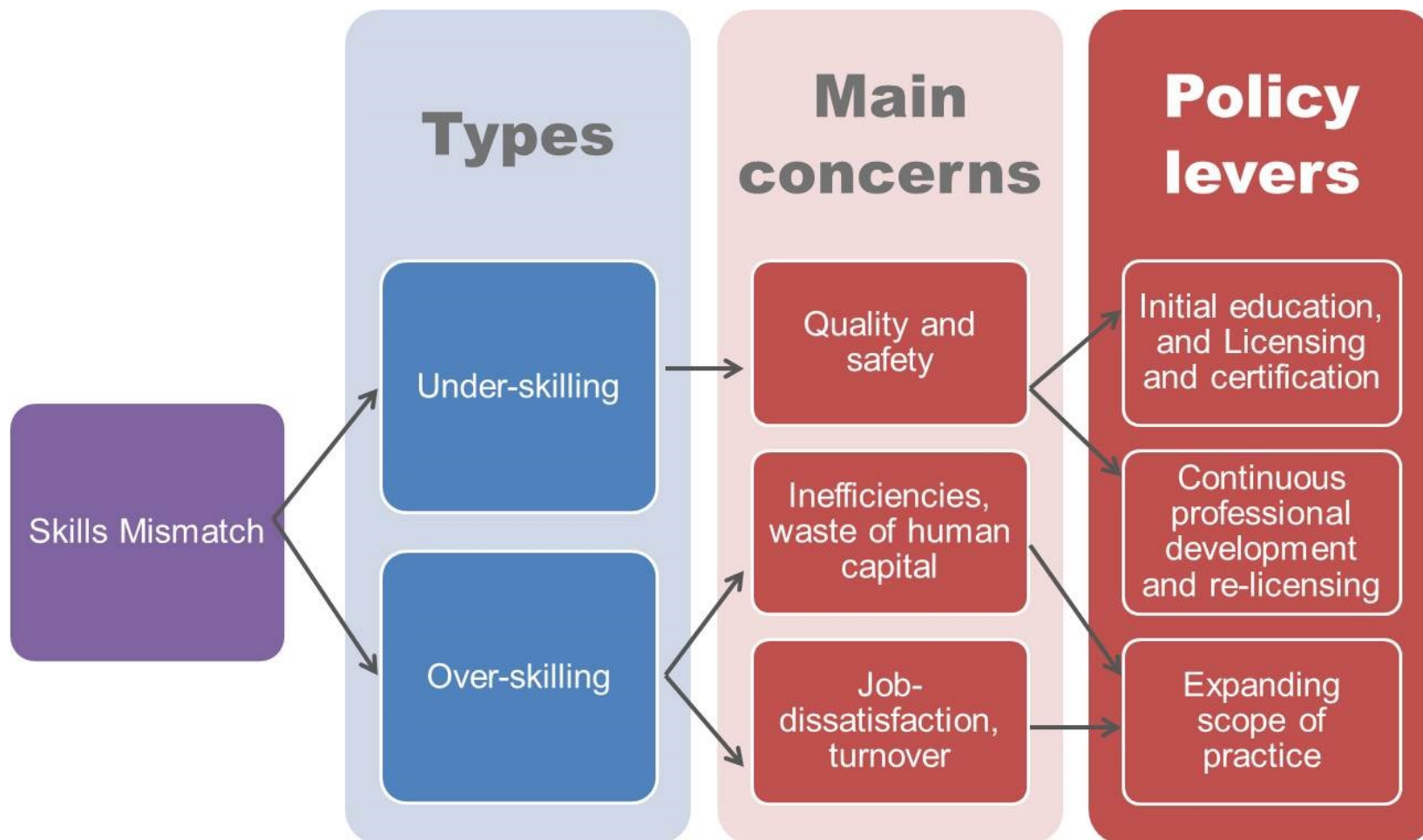
Note: Others = workers in other technical and professional occupations. The figure shows 95% confidence interval.
Source: PIAAC Survey, 2011-12

Highly-qualified nurses are much more likely to report being over-skilled, suggesting a waste in human capital

Skills mismatch among nurses by level of education (odds ratios)



Policy levers to address different types of skills mismatch



For more information

<http://www.oecd.org/health/health-workforce-policies-in-oecd-countries-9789264239517-en.htm>



Health workers includes more than doctors and nurses NHS Clinical Staff in England (2014)

