



OECD/EUROSTAT/WHO-EUROPE JOINT QUESTIONNAIRE: NEW DATA ON HEALTH WORKFORCE MIGRATION

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Background on OECD/Eurostat/WHO-Europe Joint Questionnaire on non-expenditure statistics

- Started in 2010 with data collection on health human resources and physical resources:
 - Extended in 2013 (health care activities)
 - Extended in 2015 (health workforce migration)
- Aim is to collect internationally comparable data to monitor key aspects and trends in health workforce development (and other resources and activities of health systems)
- Aim of joint data collection is to:
 - Reduce data collection burden on national authorities
 - Improve consistency of data in international databases



General approach to Joint Questionnaire

- 61 countries receive the Joint questionnaire each year:
 - 28 EU countries + 7 EU candidate countries and EFTA countries
 - 18 other countries in WHO-Europe region
 - 8 OECD countries outside Europe (Canada, US, Mexico, Japan, ...)
- Based on international standard classifications:
 - SHA: International Classification of Health Accounts (ICHA)
 - ISCO-08: International Standard Classification of occupations
- Flexibility to take into account specific information needs of different organisations:
 - Eurostat uses additional modules to collect more data for more categories of doctors and employment at subnational level



Scope of Joint Questionnaire in terms of health workforce occupations

- Physicians (Doctors)
 - by age and gender
 - by categories (generalists and specialists)
 - Nurses
 - by categories (higher level and lower level)
 - distinguished from health care assistants (nursing aides, etc.)
 - Midwives
 - Dentists
 - Pharmacists
 - Physiotherapists
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- New graduates (doctors, nurses, midwives, dentists, pharmacists)
 - Health workforce migration, focussing on doctors and nurses (new in 2015)



Data collection based on three concepts of activity

Practising

- Providing services directly to patients

Professionally active

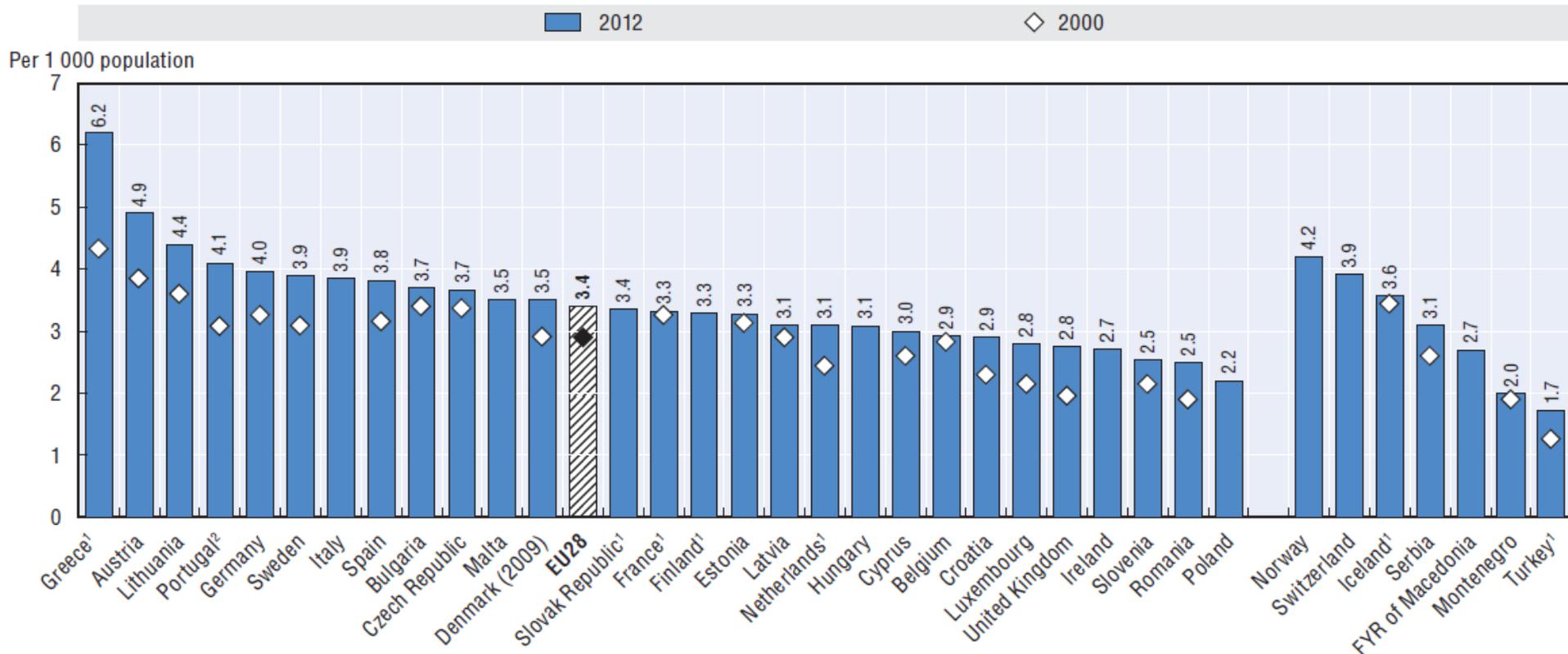
- Practising
- Working in health system as administrators, managers, researchers, teachers, etc. (excluding direct contact with patients)

Licensed to practice

- All health professionals who are licensed to practice, including practising or non-practising (e.g. unemployed, retired, working abroad)



Number of doctors has increased in nearly all EU countries since 2000. What has driven this rise?



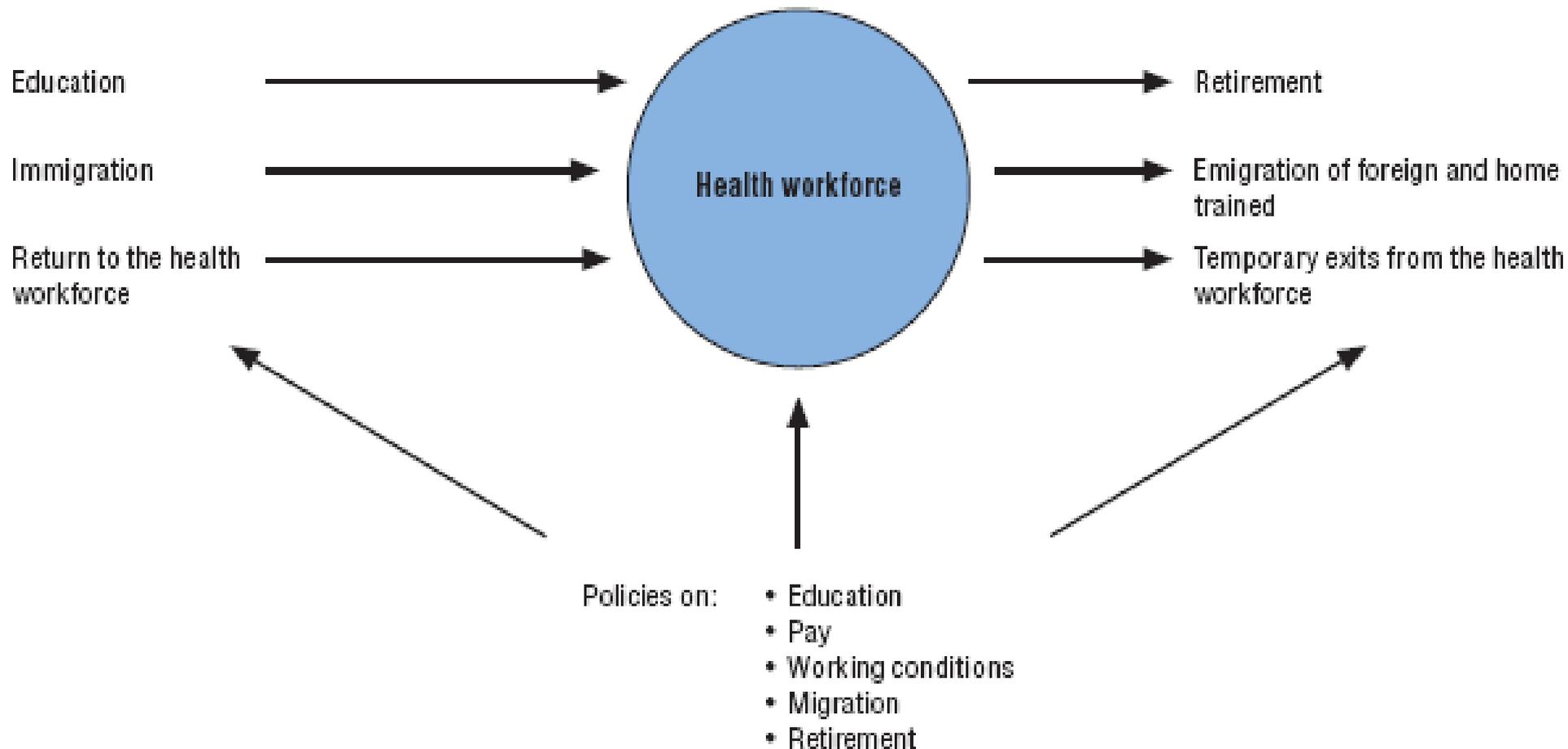
1. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).

2. Data refer to all doctors licensed to practice.



General framework to analyse supply of health workers

Supply of health workers: inflows, stocks and outflows





NEW MODULE ON HEALTH WORKFORCE MIGRATION



Aim of this new module

- Collect data on source of inflows and outflows of doctors and nurses in different countries
- Update data on international migration of foreign-trained doctors and nurses first collected by OECD on *ad hoc* basis (reported in 2007 OECD *International Migration Outlook*)
- Enable analysis of impact of recent developments on migration trends (e.g., economic crisis in 2008-09, EU enlargement in 2004 and 2007, WHO Global Code in 2010)



Scope and approach to data collection

- Focus on migration of doctors and nurses
- Focus on place of training (foreign-trained, where first diploma was obtained)
- Collect *immigration* data from destination countries by all countries of origin (based on professional registries, physician/nurse surveys, other sources)
- Include both total “stocks” and annual “flows”
- Describe *emigration* patterns through *aggregation of immigration* data
- Collect time series where possible (from 2000 onwards)



Results of data collection on workforce migration in terms of data availability

	Data availability (out of 34 OECD countries)	Including breakdown by countries of origin
Physicians - Stocks	26	21
Physicians - Flows	19	16
Nurses - Stocks	23	19
Nurses - Flows	15	14



Next steps to improve data collection on health workforce migration

- Comparability: Same comparability limitations as for broader data collection on total stock of doctors or nurses (e.g., data for some countries relate to “all licensed to practice” rather than “practising”)
- Data collection specifications: Need to achieve further progress to distinguish more clearly “foreign-born and foreign-trained” students from “domestic-born but foreign-trained” students returning to their home country (e.g., French students going to study medicine in Romania)
- Data availability: Need to increase number of countries providing data for more comprehensive monitoring of immigration and emigration patterns



For more information...

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