Lessons learnt from SEPEN mapping study
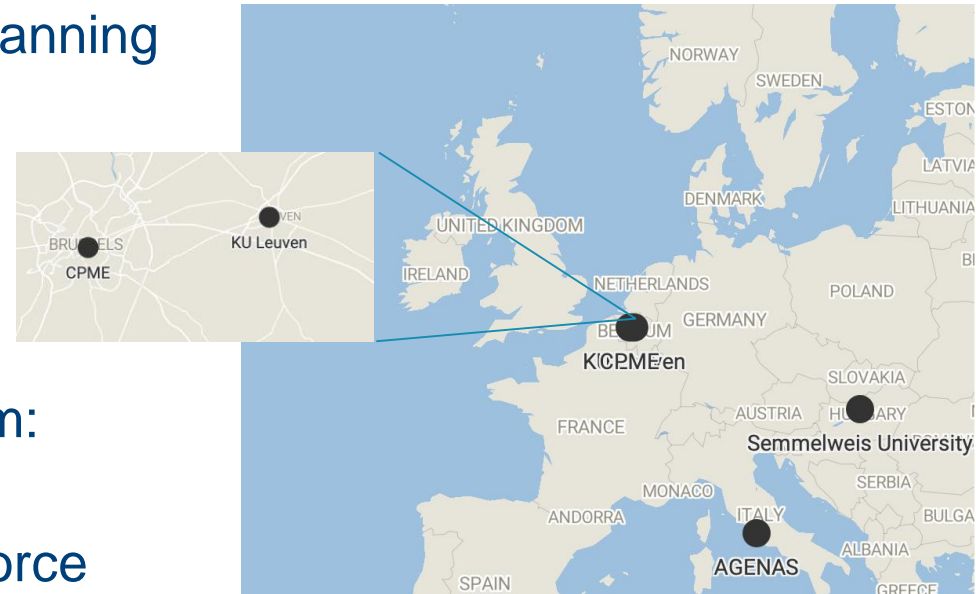
Tuesday March 1, 2022

Prof. Walter SERMEUS
Leuven Institute for Healthcare Policy, KU Leuven
WHO CC for Human Resources in Health Research & Policy

SEPEN Study 2017-2021

- Support for the health workforce planning and forecasting expert network

- Aim of the joint tender:

  o Expert **networking** and platform: **www.healthworkforce.eu**

  o **Mapping** national health workforce policies in EU-28

  o Transfer knowledge and good practices - European **workshops**

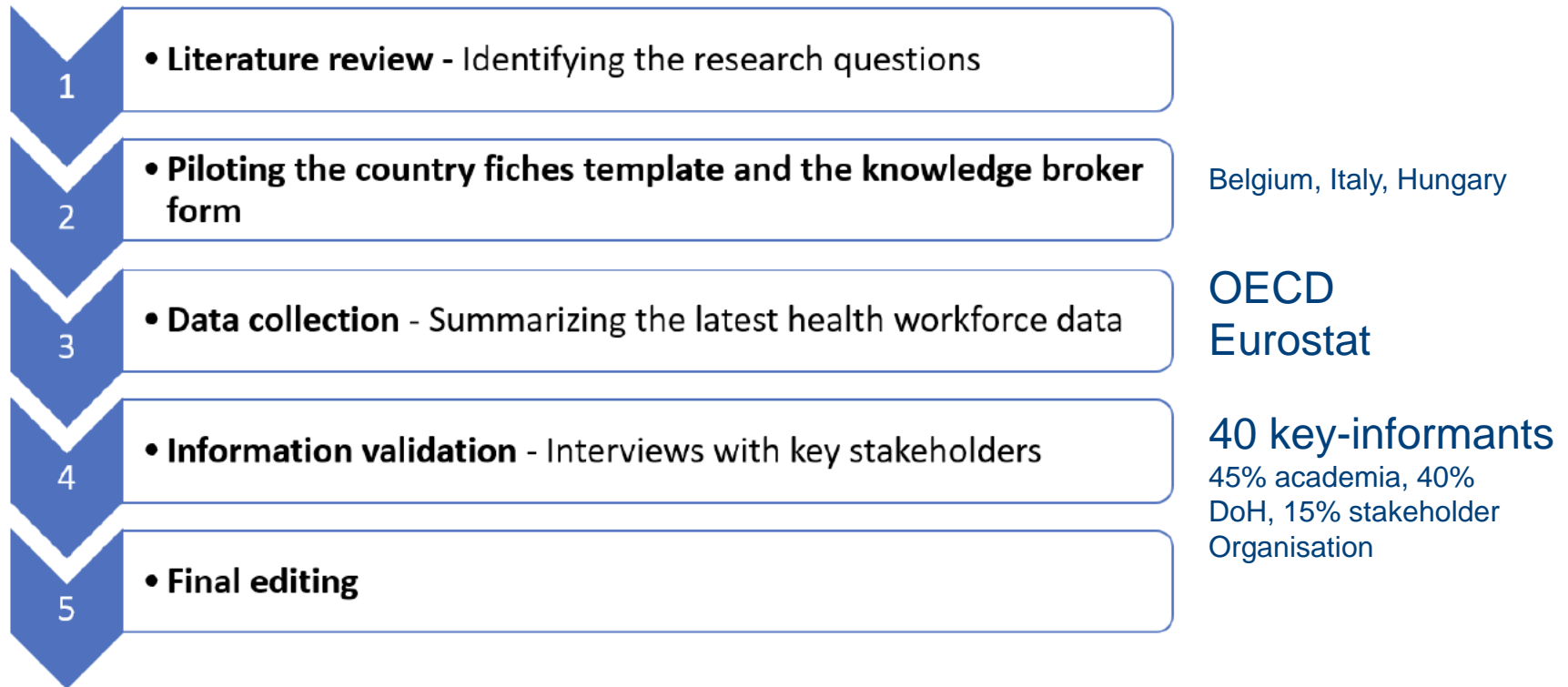 o Tailor-made **country specific support** in health workforce planning.

Data collection & methodology Mapping study

1. • **Literature review** - Identifying the research questions

2. • **Piloting the country fiches template and the knowledge broker form**

   Belgium, Italy, Hungary

3. • **Data collection** - Summarizing the latest health workforce data

   OECD
   Eurostat

4. • **Information validation** - Interviews with key stakeholders

   40 key-informants
   45% academia, 40% DoH, 15% stakeholder Organisation

5. • **Final editing**

Country Profiles

Austria More info	Belgium More info	Bulgaria More info	Croatia More info	Cyprus More info	Czechia More info	Denmark More info
Estonia More info	Finland More info	France More info	Germany More info	Greece More info	Hungary More info	Ireland More info
Italy More info	Latvia More info	Lithuania More info	Luxembourg More info	Malta More info	Netherlands More info	Poland More info
Portugal More info	Romania More info	Slovakia More info	Slovenia More info	Spain More info	Sweden More info	United Kingdom More info

HEALTH WORKFORCE DATA

SUPPLY DATA

Individual data: historically collected (personal and qualification data) through the central registry for physicians for decades run by the Austrian Medical Chamber. Since 2018, the following professions have been required to register in the health professions register, in order to be licensed to practise: graduate nurses, nurse assistants, biomedical analysts, dieticians, occupational therapists, speech therapists, orthoptists, physiotherapists and radiology technologists.

DATA SUPPLIERS

- Ministry of Health (incl. Gesundheit Österreich Gmbh (GÖG)),
- Austrian Medical Chamber,
- Austrian health insurers,
- Hospital statistics.

DEMAND DATA

For producing the Austrian structural plan for healthcare, the following demand data are taken into account:
- current or expected shortages,
- changes of working time regulation in hospital sector,
- optimisation measures,
- structural changes,
- other relevant demand-driven factors.

MOBILITY DATA

Inflow: foreign-born and -trained data are available, however solely the physicians' data are reliable due to the longstanding mandatory registration at the Medical Chamber.

Outflow: no reliable data on outflow.

HEALTH WORKFORCE STOCK AND MOBILITY

Table 1: Health workforce stock and replacement

	Physicians[1]	Nurses[1]
Total stock 2018	46.337	60.694
Stock 55-64 years 2018	11.772	Not reported
Graduates	1.346[2]	2.842[3]

1 Practising
2 Latest available data, 2018
3 Latest available data, 2017

Figure 1: Mobility level in absolute numbers (2018)

0,67%[4]	Physicians	0,44%[4]
0,29%[4]	Nurses	0,00%[4]
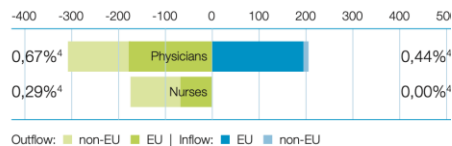
Outflow: non-EU | EU | Inflow: EU | non-EU

4 % of the practising physisians and nurses

Note: Inflow data not available for nurses 2018

HEALTH WORKFORCE POLICIES

Policy category	Details	Impacted professions
Manage shortages and maldistribution of skills	The Länder level - in partnership with the health insurance organisations - is responsible for planning the healthcare infrastructure and staffing based on the needs.	Physicians, Dentists, Nurses and midwives, Allied health professions
	Several studies highlight the need for investing in strengthening primary care, particularly improving general practices (e.g. measures for tailored services, team competences in team practices, and strengthening health promotion and health literacy).	Physicians
Improving performance	Austria records quality data in the hospitals, and provides a quality assessment for medical practice and outpatient clinics.	Physicians
Address mobility	No specific policy reported, while the Austrian Medical Chamber highlights the impact of an outflow of physicians.	Physicians
Education, enrolment and recruitment	In Austria, training for all health care professions is regulated by federal law. The training and residency quota are regularly planned.	Physicians
Education staff & infrastructure	No specific policy reported while the Austrian Medical Chamber points out the need to improve the training conditions.	Physicians
Continuous professional development (CPD)	Mandatory CME/CPD requirements are established for physicians by the Austrian Medical Act and specified in the Regulation on CPD (DFP-Verordnung).	Physicians
Regulation of private sector	No specific policy reported.	
Working conditions	In 2019, the Austrian Chamber of Physicians conducted an evaluation of the working conditions in hospitals, highlighting a considerable increase in workload and discomfort without any proportionate compensation for the workforce.	Physicians, Nurses and midwives

PHYSICIANS   DENTISTS   PHARMACISTS   NURSES AND MIDWIVES   ALLIED HEALTH PROFESSIONS

HEALTH WORKFORCE DENSITY AT SUB-NATIONAL LEVEL

Figure 2a: Number of practising physicians per 1.000 inhabitants (regional distribution latest data available, 2018)

- Wien 6,78
- Oberösterreich 4,20
- Niederösterreich 4,65
- Vorarlberg 4,33
- Tirol 5,60
- Salzburg 5,67
- Steiermark 5,18
- Burgenland 4,19
- Kärten 4,81

4,19 — 6,78

Average
5,24 (2018)
3,80 (EU average 2018 for physicians)

Main Results

- 75% countries have HWF planning systems in place
- Different HWF planning objectives & systems
- Strong focus on medical professions
- Growing attention to the five sectoral health professions (physicians, nurses, dentists, midwives, pharmacists)
- Multi-professional, interprofessional, comprehensive
- Different time horizon from short term (1-5y) to long term
- Shift from operational to strategic HWF planning
- Focus on shortages, geographical imbalances, mobility (difference in source/destination countries)
- Wide variety in policies and measures

Major data challenges

- Supply data
  - Issues of data definitions (practising, professionally active, licensed to practise), head counts/full-time equivalents, nurses/midwives
  - Data availability: most recent data
  - Age distributions
  - NUTS 2 level are not available for all professions
- Mobility data
  - Inflow of health professionals is mostly well recorded. Outflow is difficult to capture and is done by
- High diversity in demand data
  - Healthcare consumption data, epidemiological data, population demands/needs
  - Surveys & aggregated data

Data definitions

Licensed to practise: completed a programme of education and is qualified and authorised in his/her country to practise. They include practising and other (non-practising) health professionals

Professionally active: include practising care personnel and other care personnel for whom their education is a prerequisite for the execution of the job e.g. administration, management, research, education

Practising: providing services for individual patients

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Data definitions:
Example of Belgium 2018

Verpleegkundigen
op de arbeidsmarkt, 2004-2018

Resultaten van de PlanKad Gegevenskoppeling
FOD VVVL - Datawarehouse AM&SB - RIZIV

een rapport van de

Cel Planning van het Aanbod van de Gezondheidszorgberoepen
Dienst Gezondheidszorgberoepen en Beroepsuitoefening
DG Gezondheidszorg
FOD Volksgezondheid, Veiligheid van de Voedselketen en Leefmilieu
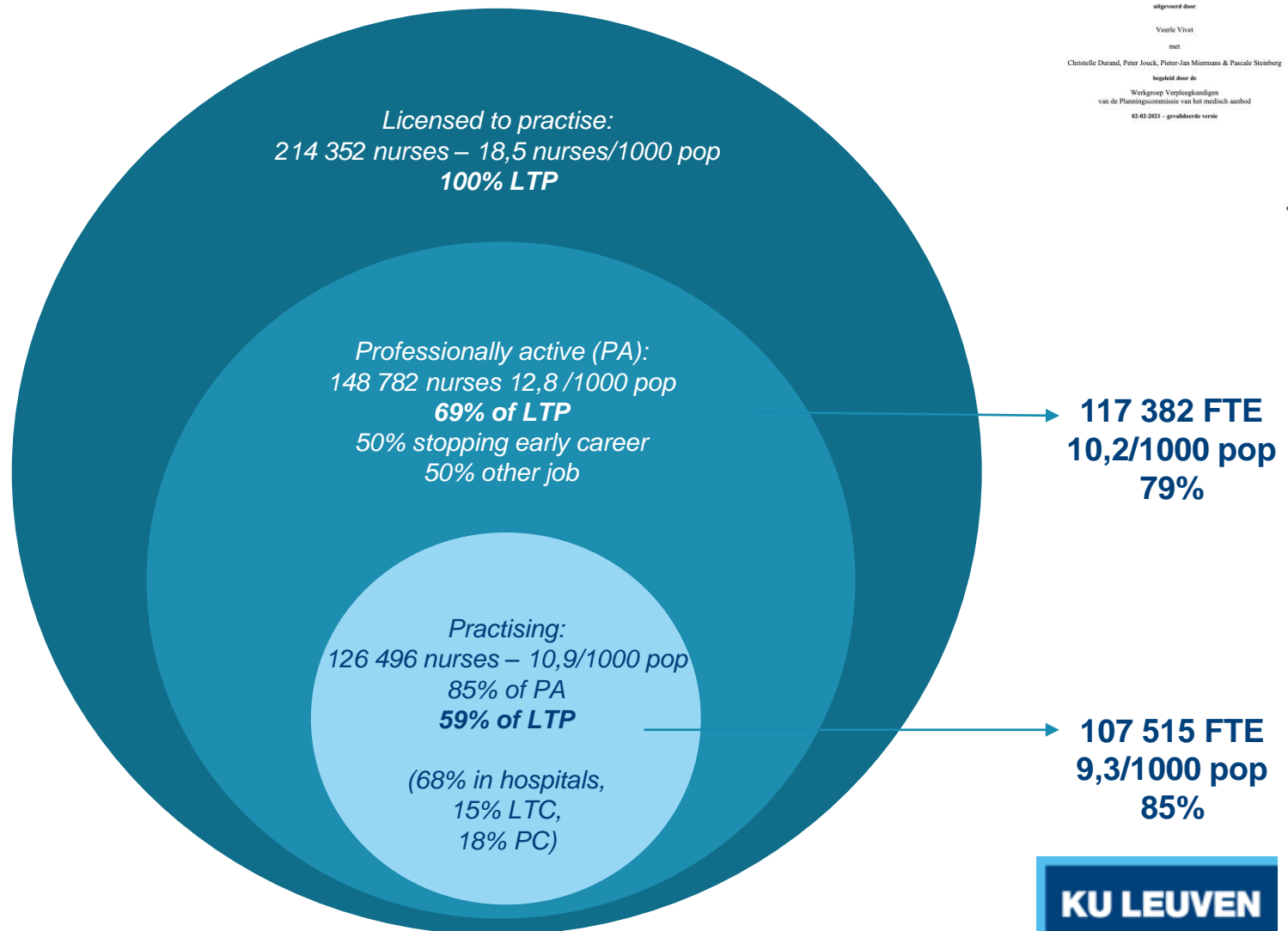
uitgevoerd door

Veerle Vivet

met

Christelle Durand, Peter Jouck, Pieter-Jan Miermans & Pascale Steinberg

begeleid door de

Werkgroep Verpleegkundigen
van de Planningscommissie van het medisch aanbod

02-02-2021 – gevalideerde versie

.be

Licensed to practise:
214 352 nurses – 18,5 nurses/1000 pop
100% LTP

Professionally active (PA):
148 782 nurses 12,8 /1000 pop
69% of LTP
50% stopping early career
50% other job

117 382 FTE
10,2/1000 pop
79%

Practising:
126 496 nurses – 10,9/1000 pop
85% of PA
59% of LTP

(68% in hospitals,
15% LTC,
18% PC)

107 515 FTE
9,3/1000 pop
85%

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Understanding data issues in the report 2021


HEALTH WORKFORCE STOCK AND MOBILITY

Table 1: Health workforce stock and replacement

	Physicians[1]	Nurses[2]
Total stock	35.762[4]	214.318[5]
Stock 55-64 years	9.109[4]	43.001[3]
Graduates 2019	2.020	3.569

1 Practising
2 Licensed to practise
3 Latest available data, 2017
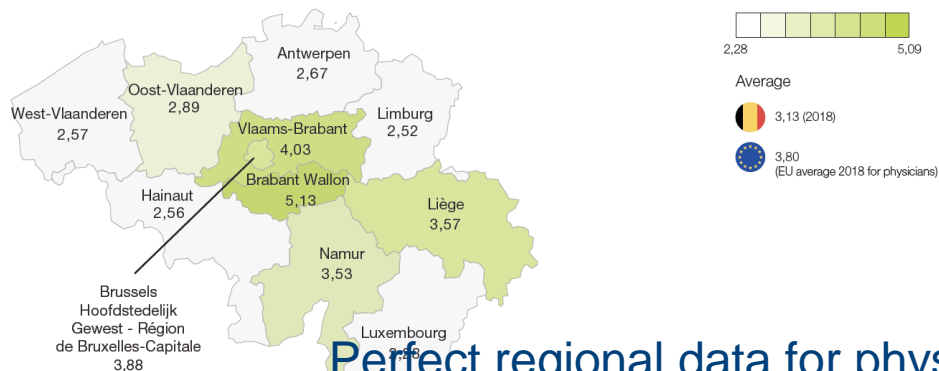
4 Latest available data, 2018
5 Latest available data, 2019

Figure 1: Mobility level in absolute numbers (2018)

|		
0,72%[6]	Physicians	1,29%[6]
0,17%[7]	Nurses	0,30%[7]

Outflow: non-EU, EU | Inflow: EU, non-EU
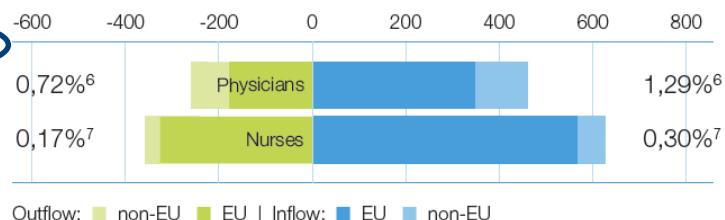
6 % of the practising physicians
7 % of the licensed to practise nurses

Figure 2a: Number of practising physicians per 1.000 inhabitants (regional distribution latest data available, 2018)

2,28 — 5,09

Average
3,13 (2018)
3,80 (EU average 2018 for physicians)

Antwerpen 2,67
Oost-Vlaanderen 2,89
West-Vlaanderen 2,57
Limburg 2,52
Vlaams-Brabant 4,03
Brabant Wallon 5,13
Hainaut 2,56
Liège 3,57
Namur 3,53
Luxembourg
Brussels Hoofdstedelijk Gewest - Région de Bruxelles-Capitale 3,88

Figure 2b: Number of practising nurses and midwives per 1.000 inhabitants (regional distribution latest data available, 2017)

Belgium 11,91

Average
11,91 (2017)
8,20 (EU average 2018 for practising nurses)

Perfect regional data for physicians
Not for nurses/midwives

BELGIUM
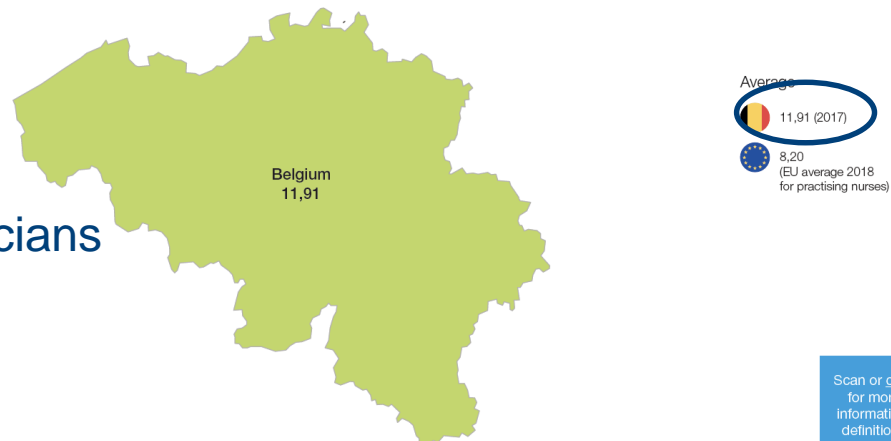
Discussion

- Physician data: mainly good data quality
- Nurse/ Midwifery data: many data issues
  - what is a nurse?
  - data definitions (LTP, PA, PR)
  - Head counts / full-time equivalents
  - Nurse / Midwifery separate, together
  - data availability (year)
  - Break-down (e.g. age)
  - Geographical distribution
- Read carefully the legend before interpretation of the data

Thank you for attention