

## **Terminology Gap Analysis and Mobility Data Mapping**

### **Work Package 4 Survey**

The work carried out in the Work Package 4 of the Joint Action provides key building blocks of the health workforce planning and forecasting systems by providing better understanding of available data on Member State and European level.

The objective of this Survey is to support the Terminology Gap Analysis and Mobility Data Mapping activities of Work Package 4.

This Survey was partly based on a 2011 research by the Swedish Board of Health and Welfare<sup>1</sup>. An important and relevant remark from the Swedish research report should be emphasized also for the current Survey:

*"There must be an aim and objective for collecting the variables that is useful for comparison, analyses and evaluation of the health care systems between countries. It is also important for countries to know why different variables are to be collected. It would also be an advantage if the Member States themselves have a benefit of the variables collected for national analyses."<sup>2</sup>*

As an answer to this statement, this Survey contributes to the efforts of the Joint Action in promoting in the countries of the EU the collection of useful, internationally comparable health workforce data that countries can also use for domestic health workforce planning.

You may send any inquiries concerning the Survey on

- Terminology Gap Analysis to Zoltan Aszalos: [zoltan.aszalos@emk.sote.hu](mailto:zoltan.aszalos@emk.sote.hu)
- Mobility Data Mapping to Edit Eke: [edit.eke@emk.sote.hu](mailto:edit.eke@emk.sote.hu)

**Deadline for submission: 10 December 2013**

Please send the completed survey to [uhwforcewp4@emk.sote.hu](mailto:uhwforcewp4@emk.sote.hu)

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<sup>1</sup> Research contact: Kristina Stig, Programme Officer, The National Board of Health and Welfare (Socialstyrelsen), Department of Statistics, Monitoring and Evaluation

<sup>2</sup> Evaluation on the Joint Questionnaire on Non-Monetary Healthcare statistic, Eurostat project ESSnet Public statistics. Final report. The Swedish National Board of Health and Welfare, 2011-04-30

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**Contributors**

Name(s) of person(s) completing this Survey	Organisation	Contact e-mail
Person(s) contributing to the completion of the Survey	Organisation	Contact e-mail

For each person contributing to the survey please insert another row.

**This Survey has two main sections. Please fill in BOTH sections:**  
**Section 1. - Terminology/Data Source Gap Analysis**  
**Section 2. - Mobility Data Mapping**

Please also read the **Background information** sent to you in a separate file.

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## Section 1. Terminology/Data Source Gap Analysis

*In this section we would like to have a thorough understanding on the contents of the data your country supplies to the OECD-WHO-Eurostat Joint Questionnaire on non-monetary healthcare statistics (from here on the JQ). We would also like to collect information on HWF data available in your country based on other definitions.*

To fill in the Survey,

- you will need to work together with the National Focal Point of the OECD-WHO-Eurostat Joint Questionnaire. The contact details of your national Focal Point are sent to you in the same e-mail that had this Survey attached.
- you will need to understand the structure of the Joint Questionnaire Excel Template, which is sent to you in the same e-mail as this Survey. The results of the 2013 Questionnaire are sent to you in attachment as well.<sup>3</sup>
- you should understand the contents of the 2008 ISCO Codes: <http://www.ilo.org/public/english/bureau/stat/isco/docs/health.pdf>

This Survey focuses on the following 5 harmonised (sectoral) professions<sup>4</sup>:

- **Doctors (Physicians)**
- **Nurses**
- **Dentists**
- **Pharmacists**
- **Midwives**

The JQ collects data for the above mentioned 5 harmonised (sectoral) professions in the following three categories:

- **Licensed to practice:** entitled to practice as health professionals
- **Practising:** health care professionals directly providing services to patients
- **Professionally active:** the “practising” category plus other health professionals working in administration and research who are not directly providing services to patients but for whom their medical education is a prerequisite for the execution of the job

ISCO Code	Licensed to practice	Practising	Professionally active
Doctors: 221, 2211, 2212			
Nurses: 2221, 3221			
Dentists: 2261			
Pharmacists: 2262			
Midwives: 2222, 3222			

<sup>3</sup> Please note that the full information is available from OECD on the 2013 Survey at <http://dx.doi.org/10.1787/health-data-en>.

<sup>4</sup> The 5 sectoral professions according to the Directive 2005/36/EC on the recognition of professional qualifications

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## 1. A. Data reported to the Joint Questionnaire

### 1.A.1. Collected and available data for the Joint Questionnaire

Please tick () in the cells to indicate where your country supplied data for the Joint Questionnaire in 2013.

As mentioned in the Introduction, you will need to understand the structure of the Joint Questionnaire Excel Template, which is sent to you in the same e-mail as this Survey. The data of the 2013 Questionnaire are sent to you in attachment as well.<sup>5</sup>

Professional category (+ ISCO codes)	Licensed to practice	Practicing	Professionally active
Doctors (221, 2211, 2212)			
Nurses (2221, 3221)			
Dentists (2261)			
Pharmacists (2262)			
Midwives (2222, 3222)			

For the categories your country does not provide information, can you give a reason why that data is not available? Please fill in the cell matching the given category. (Reasons may include lack of data, or data collected according to different definitions, etc.)

#### Detailed answers

By category	Explanation on the lack of reporting

<sup>5</sup> Please note that the full information is available from OECD on the 2013 Survey at <http://dx.doi.org/10.1787/health-data-en>.

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**1.A.2. Gap analysis**

For the categories your country does provide information, please make a comparison, a gap analysis whether data supplied fully matches the ISCO codes and the three Joint Questionnaire categories (Licensed to Practice, Practicing, Professionally active) as defined in the JQ Template. Here we define gap as the difference between data produced and data requested by the JQ.

This difference can be explained for example by the fact that the data is based on an **estimation** or on a **sample**, or

- **data not consistent with ISCO codes:** professions are defined by the contents of occupations, but the classification in use does not fit ISCO codes
- **data based on qualifications according to 2005/36 directive:** professions are defined by qualifications under the 2005/36 directive only
- **data based on other qualifications:** data are based on qualifications, but not on qualifications under 2005/36 directive (e.g. nurses trained in another, older training system)
- **compilation of various data sources:** Data from different sources is compiled and an approximate number is provided - please describe this process. Please indicate what sources you use for such reporting, e.g. data based on the 2005/36 Directive or on other national definition
- **any other special conditions** - please explain

Professional category and status	Gap analysis
Doctors - Licensed to Practice	
Doctors - Practicing	
Doctors - Professionally Active	
Nurses - Licensed to practice	
Nurses - Practicing	
Nurses - Professionally Active	
Dentists - Licensed to practice	

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Dentists - Practicing	
Dentists - Professionally Active	
Pharmacists - Licensed to Practice	
Pharmacists - Practicing	
Pharmacists - Professionally Active	
Midwives - Licensed to Practice	
Midwives - Practicing	
Midwives - Professionally Active	

**1.A.3. HWF data on public and private providers**

What method(s) do you use to separate public providers from private ones?<sup>6</sup> Please provide a short reference to the relevance of the private sector in your country.

*(Please add your response here.)*

**1.A.4. HWF data on headcount and on full-time equivalent**

How do you collect HWF data in your country for the 5 harmonised (sectoral) professions? Please, tick (✓) the cells accordingly.

- |                                                         |  |
|---------------------------------------------------------|--|
| We collect HWF data only in headcount.                  |  |
| We collect HWF data only in full-time equivalent (FTE). |  |
| We collect HWF data both in headcount                   |  |

<sup>6</sup> The 2011 Swedish report on the Joint Questionnaire found that out of the 33 countries involved in their survey, only five countries had data only on public providers, 15 countries could separate public providers from private providers while 11 cannot.

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and FTE.	
Please indicate how do you calculate FTE.	
<i>(Please add your comments here.)</i>	

**1.A.5. Terminology applied to collect HWF data**

What definitions/categories/terms do you use when collecting HWF data on the 5 harmonised (sectoral) professions in your country?
<i>(Please add your response here.)</i>

**1.A.6. Data categories in nursing and other health professions**

The Joint Questionnaire includes two ISCO categories of nurses (professional nurses and associate professional nurses). According to the ISCO, there are other health professions similar to nurses, such as Medical assistants (3256), Ambulance workers (3258) and Health care assistants (5321).<sup>7</sup> In order to identify the possible gaps in reporting, we put a special emphasis on finding out who you report as nurse for the Joint Questionnaire.

Here below you can find a list of different allied health personnel categories. In case of every item please choose the category where it is reported (or not reported at all). *Please, tick (☐) the cells accordingly.*

We are aware that job contents, qualifications and registration procedure may vary according to countries. If a profession doesn't exist in your country's health system, please indicate "not applicable".

Please take into consideration that the below list includes allied health personnel categories, and obviously this is just a sample of these professions. At the end of the table please indicate categories where reporting to the JQ is not evident in your country.

Categories	Professional Nurse	Associate Professional	Caring Personnel <sup>8</sup>	Not reported for JQ, as	Not applicable	Classification dependent
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<sup>7</sup> The description of the professions are in the *Occupations in Health ISCO Codes* document: (<http://www.ilo.org/public/english/bureau/stat/isco/docs/health.pdf>)

<sup>8</sup> Note: Includes both Health care assistants in institutions (ISCO-08 5321) and Home-based personal care workers (ISCO-08 5322).

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		Nurse		Classified under different ISCO Code		the following condition(s) - specify (e.g. deg + Comments
Advanced nurse practitioner						
Specialist nurse						
Nurse (with qualification "nurse responsible for general care" according to 2005/36 Directive)						
Nurse (with other types of qualification than "nurse responsible for general care" according to 2005/36 Directive)						
Health care assistant						
Paediatric care nurse						
Specialist nurse in psychiatric care						
Intensive care nurse						
Anaesthesiology assistant						
Primary care nurse						
Occupational care nurse						
Emergency care practitioner (paramedic)						
Clinical nurse consultants						
Operating theatre nurse						
Dietitian						
Director of nursing						
Mother and child community nurse (health visitor)						
Dental assistant						



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Medical imaging (radiographic, ultrasound) assistant						
Medical laboratory technician						
Assistant working at gynaecology ambulances						
Pharmacy assistant						
Emergency care nurse						
Home-based personal care workers						
Healthcare specialist lecturer						
You may add rows for any additional HWF categories related to nursing where reporting to the JQ is not evident in your country.						

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**1.B. JQ and ISCO definitions applied in national data collection for better HWF planning**

This section focuses on the practical issues with the Joint Questionnaire definitions and data. In order to fill this section out you may need to consult the organisation(s) and the experts in charge of national HWF planning<sup>9</sup>.

<p><b>How much do you agree with the following statements?</b> Please, indicate your level of agreement from 1-10 (where 1= absolutely disagree, 10= absolutely agree) and provide your written explanation. Please, tick (✓) the cells accordingly.</p>									
<p>1. The JQ categories match well the national composition of the 5 harmonised professions (doctors, nurses, pharmacists, dentists and midwives)</p>									
1									10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(You may also add an explanation here)</i>									
<p>2. The reporting to the Joint Questionnaire raises no issues for our data collection system</p>									
1									10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(You may also add an explanation here)</i>									
<p>3. The Joint Questionnaire provides an excellent resource to benchmark national data with data from other countries.</p>									
1									10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(You may also add an explanation here)</i>									
<p>4. The Joint Questionnaire provides an excellent resource to contribute to national health workforce planning</p>									
1									10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(You may also add an explanation here)</i>									

<sup>9</sup> Please note, if there is no definitive HWF Planning process yet in your country, consider those steps and elements that represent similar and appropriate activities.

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## **Section 2. Mobility Data Mapping**

*In this section we are collecting information on the relevance of HWF mobility; the availability, interpretation and use of mobility data; and the objectives of mobility data collection in your country. We also aim to map your view on the comparability of your mobility data and gather information of the use of the currently available European Union databases, processes and recommendations. Last, but not least, we also want to ask for your recommendations on any further EU level steps on mobility data issues.*

*You find the questions in three sections:*

**2.A. Relevance of HWF mobility at national level**

**2.B. Definition(s), availability and contents of HWF mobility data at national level**

**2.C. Validation and comparability of HWF mobility data, use of international data sources, recommendations**

Before you start filling in this part, please note the following clarifications to have a common understanding of the term “**mobility**” in this survey<sup>10</sup>:

The term “**mobility**” in this survey is used for

- geographical, international cross-border HWF mobility (inflow and outflow)
- both across European countries and from and to non-European countries.

The term “**HWF**” stands for the health workforce of your country, meaning HWF that already obtained at least their basic medical education, thus graduated. HWF students who are still in their basic medical/ health education, with NO diploma/ certification, are NOT included.

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<sup>10</sup> We follow the interpretations the European Commission Feasibility Study uses, please have more information in details in it, section 5.0,  
[http://www.euhwforce.eu/web\\_documents/health\\_workforce\\_study\\_2012\\_report\\_en\\_1\\_.pdf](http://www.euhwforce.eu/web_documents/health_workforce_study_2012_report_en_1_.pdf)

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## 2.A. Relevance of HWF mobility at national level

**2.A.1.** Please, consider the presence of mobility in your country in respect of number, composition and sustainability of HWF. Are there significant inflows and/or outflows in the listed professional categories? Please, tick (☐) the cells according to your rating. Please, indicate with NR (No Rating) in the first column, if the presence of mobility cannot be rated in that professional category.

### Mobility: Inflow

HWF categories	Absolutely low									Absolutely high
	1	2	3	4	5	6	7	8	9	10
Total HWF										
Doctors										
Dentists										
Nurses										
Pharmacists										
Midwives										

### Mobility: Outflow

HWF categories	Absolutely low									Absolutely high
	1	2	3	4	5	6	7	8	9	10
Total HWF										
Doctors										
Dentists										
Nurses										
Pharmacists										
Midwives										

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*(Please add your comments and explain your ratings in contexts here)*

**2.A.2.** Provide reference, if possible, that justify the relevance of HWF mobility in your country, preferably in English (e.g., website with mobility relating information, high level policy meeting/discussion documents, national guideline/ agreement, etc.)

*(Please add your response here.)*

**2.B. Definition(s), availability and contents of HWF mobility data at national level**

**2.B.1.** What definition(s) of HWF mobility and what indicator(s) on HWF mobility are used in your country at national level?<sup>11</sup>

*(Please add your response here.)*

**2.B.2.** For which health professions and/or professional categories do you record HWF mobility: stock data<sup>12</sup>, inflow and/or outflow data?

*Please, tick (✓) the relevant cells and indicate with NA (non available), if no data is available.*

HWF categories	Stock data	Inflow data	Outflow data	How frequently is it updated?*
Total HWF				
Doctors				
Dentists				
Nurses				
Pharmacists				

<sup>11</sup> Please note that we do want to explore any HWF mobility definition(s) and indicator(s) that may differ from the ones the European Commission Feasibility Study has, and are used at national level.

<sup>12</sup> Please consider, if the number/proportion of foreign health professionals can be followed represented in your stock data.

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Midwives				
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\*please indicate frequency in months

*(Please, add your comments, and explain whether you can separate these data by public/private sector.)*

**2.B.3. Indicators(s)**

*Please, tick (✓) the cells according to the mobility definition(s) you use. Please, indicate with NA (non applicable), if the indicator cannot be interpreted in the given category (for instance because no data are available).*

categories	foreign-trained		foreign-born		foreign-nationality		other (please specify below)	
	stock data	inflow data	stock data	inflow data	stock data	inflow data	stock data	inflow data
Total HWF								
Doctors								
Dentists								
Nurses								
Pharmacists								
Midwives								

*(Please add your comments here. Please, specify and explain shortly also here any other indicator(s) you use.)*

**2.B.4. What are the main data sources of mobility data you use in your country?**

*Please, list the data sources by name, and give the year when data collection started. Please, indicate with NA (non applicable) in any cell, if information cannot be interpreted.*

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HWF categories	Data source(s), starting year of data collection	Data source(s), starting year of data collection	Data source(s), starting year of data collection
	Stock data	Inflow data	Outflow data
Total HWF			
Doctors			
Dentists			
Nurses			
Pharmacists			
Midwives			

*(Please add your comments here)*

**2.B.5.** What is the objective(s) of mobility data review in your country? How do you use and/or plan to use your mobility data to achieve that objective(s)?  
Please, tick (✓) the relevant cells, and shortly explain. Please, indicate with NA (non applicable), if no answer can be given (for example because no mobility data are available).

Objectives	YES	How do you use your mobility data to achieve that objective(s) at present	How do you plan to use your mobility data to achieve that objective(s) in the future	NO	Reasons for that (no use) in your view?
HWF monitoring					
HWF planning					
HWF forecasting					
Other health policy aim(s)					

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*(Please add your comments and detailed explanation here)*

**2.B.6.** How do you keep contact with authorities of other nations to map/follow mobility of your HWF?

contact and communication	Please, tick (✓)	Shortly explain.
1. we do not have any contacts		
2. we do have formal contacts but not frequently		
3. we do have contact frequently		
4. we do have good contact in following international mobility regularly		
5. Any other		

Please, explain how the process of international level information sharing on HWF mobility works in general in your country, and how it could be facilitated by EU regulations.

*(Please add your response here)*



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**2.C. Validation and comparability of HWF mobility data, use of international data sources, recommendations**

**2.C.1.** Validation and comparability of your HWF mobility at national and international level

Please, tick (✓) the relevant cells, and shortly explain.

Issue	YES	NO	Shortly explain
HWF mobility data can be cross-validated (triangulation):			
a) with other <u>national</u> data sources?			
b) with other <u>international</u> data sources?			
HWF mobility			
a) <u>data</u> used at national level comparable with international data?			
b) <u>indicators</u> used at national level comparable with international indicators?			

**2.C.2.** What currently available EU processes can be used and/or work well to support HWF mobility relating information share in your view?

*(Please add your response here)*

**2.C.3.** Which international HWF databases do you supply information to? Do you also use information/data for HWF monitoring, planning and forecasting, or any other purpose (please, define) from any of these databases? Please, provide information on DG Markt database anyway.

*(Please add your response here)*

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**2.C.4.** How EU level actions relating to mobility could support your HWF monitoring, planning and forecasting, or any other HWF relating (please, define) processes the best in the future?

*(Please add your response here)*

**2.C.5.** What recommendations do you have regarding the possible use/inclusion of HWF mobility information into the JQ?

*(Please add your response here)*

**2.C.6.** Could the utilization of the possible inclusion of HWF mobility information into the JQ support HWF Planning at national and European Union level?

*(Please add your response here)*

Thank you very much for your work and collaboration!