



HEALTH WORKFORCE PRIORITIES IN OECD COUNTRIES

(WITH A FOCUS ON GEOGRAPHIC MAL-DISTRIBUTION)

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OECD Health Systems Characteristics Survey

- Broad survey every three years, covering all aspects of health systems (organisation and delivery, financing, governance)
- **2012-13 survey:**
 - a few more questions on health workforce and primary care
 - Response rate: 31/34 OECD countries
- Responses from officials in Health Ministry



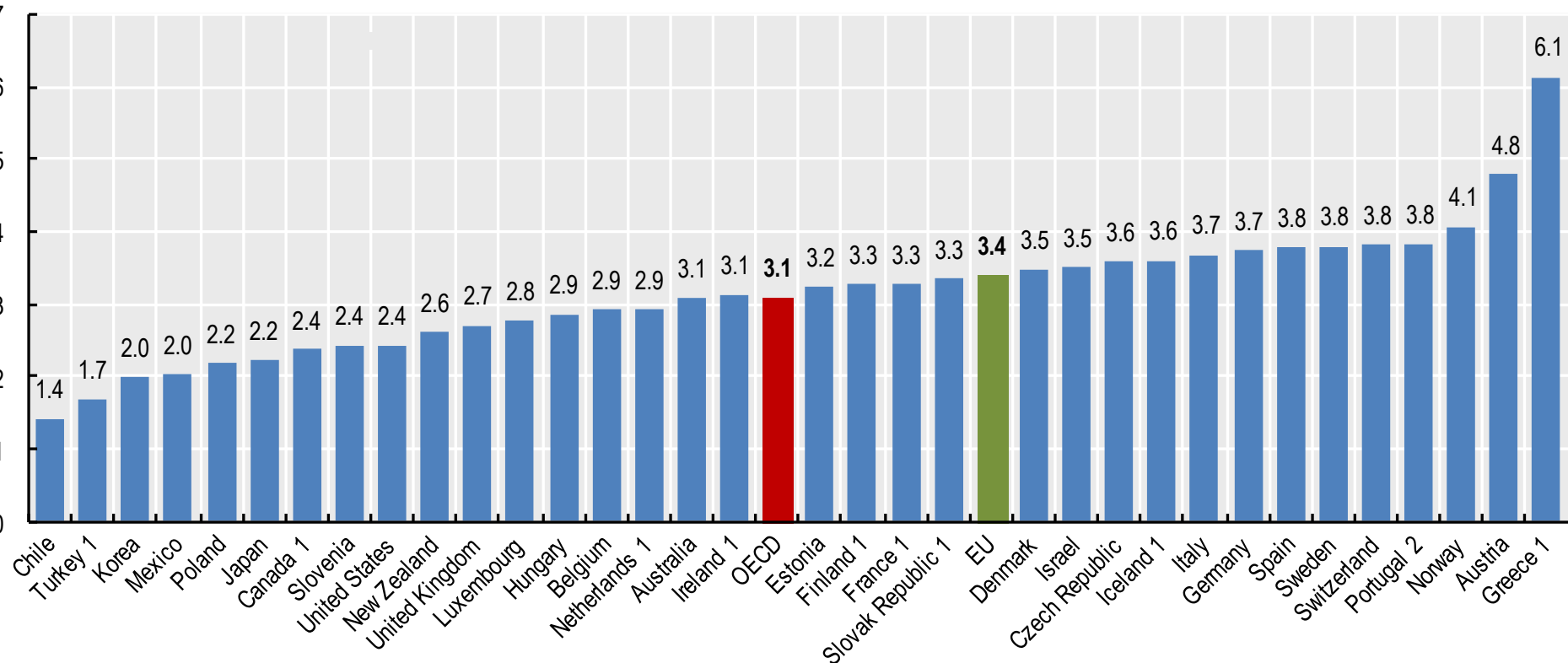
Questions on health workforce

- 5 main questions:
 1. Issues related to physician supply
 2. Policies to address issues related to physician supply
 3. Limits to entry in medical/nursing education
 4. Changes in medical/nursing student intake
 5. Regulations of practice location
- + *Additional questions related to physician/nurse employment status, training and payment*



Context: Large variations in number of practising doctors per capita across OECD countries (2010)

Per 1 000 inhabitants



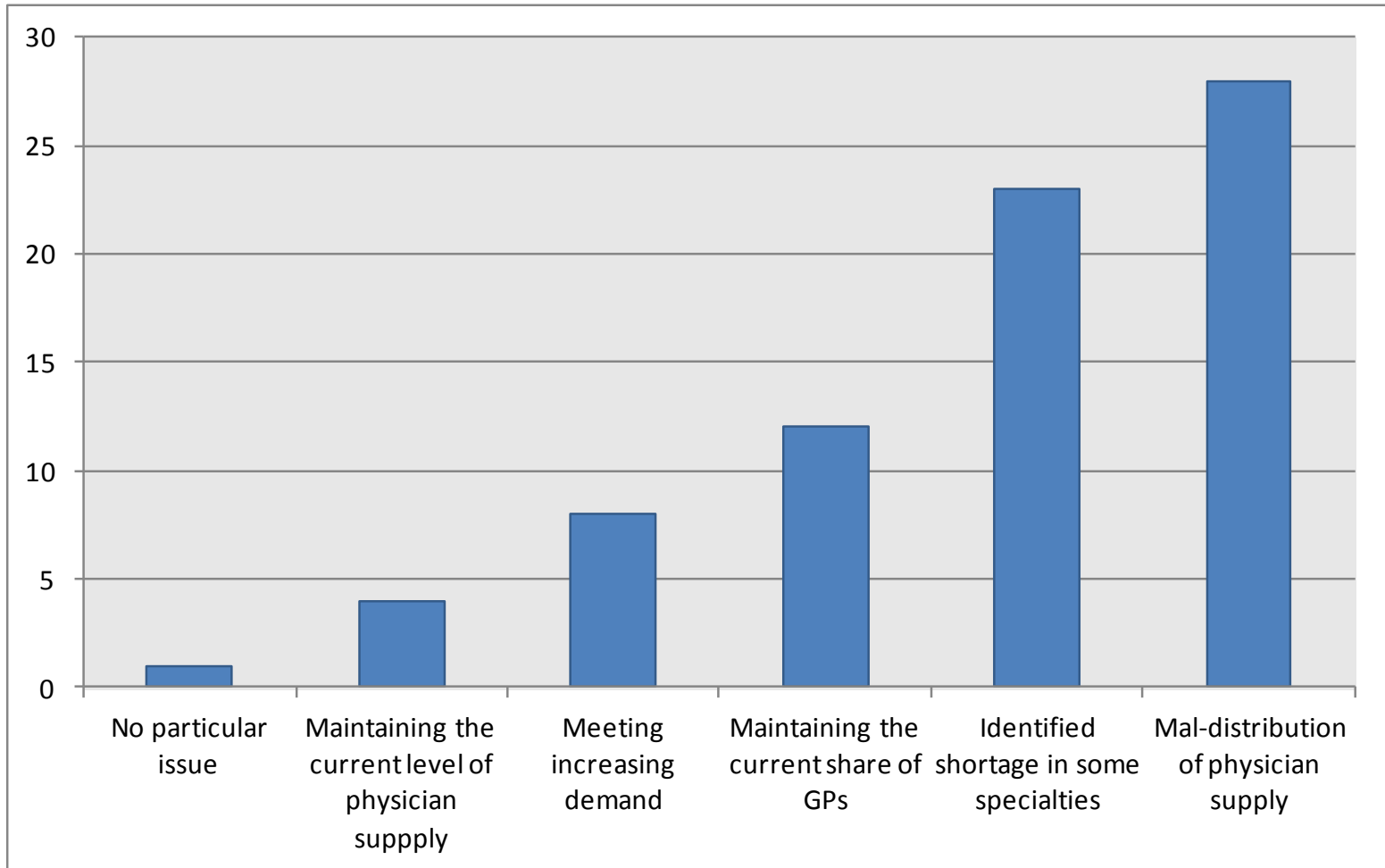
1. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).

2. Data refer to all doctors who are licensed to practice.

Source: OECD Health Data 2012.



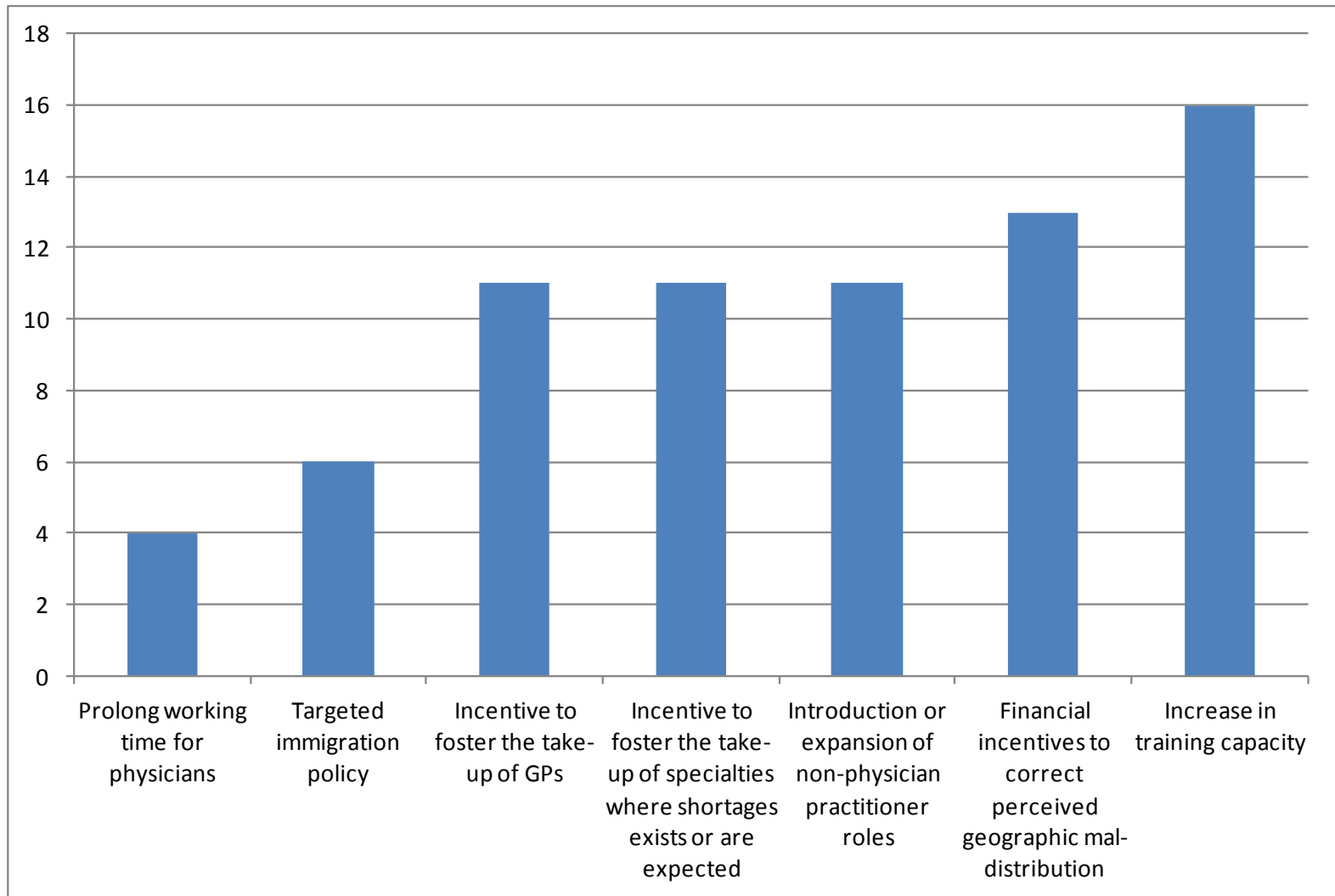
1. Issues related to physician supply



Source: OECD Health System Characteristics Survey 2012-13
“No particular issue”: Netherlands



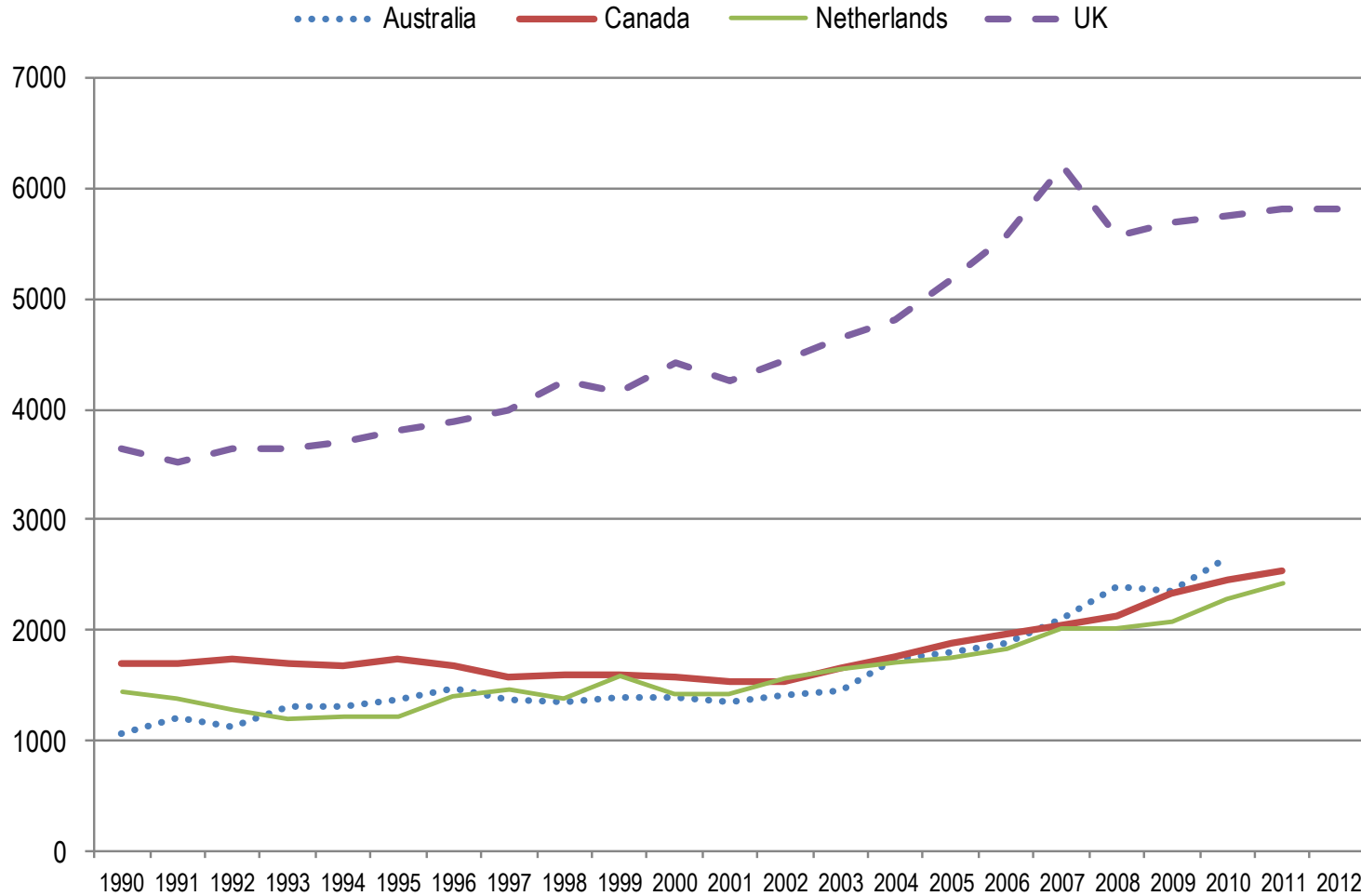
2. Policies to address issues related to physician supply



Source: OECD Health System Characteristics Survey 2012-13



Number of medical graduates in selected OECD countries (1990-2012)



Source: OECD Health Data 2013 (forthcoming)



Numerus clausus on medical education and training

No limit to intake	Limits to initial medical education	Limits to initial medical education <u>and</u> specialty training
Chile	Australia	Belgium
Czech Republic	Austria	Canada
United States	Finland	Denmark
	Germany	France
	Greece	Korea
	Ireland	Netherlands
	Israel	Poland
	Japan	Portugal
	New Zealand	Slovenia
	Norway	Spain
	Sweden	
	Switzerland	
	United Kingdom	



Changes in *numerus clausus* since 2007

Country	Medical education intake	Nursing education intake
Australia	Increase	Increase
Belgium	Increase	Constant
Canada	Increase	Increase
Chile	Increase	Constant
Denmark	Increase	Constant
Finland	Constant	Increase
Ireland	Increase	Decrease
Israel	Increase	Increase
Japan	Increase	Constant
Korea	Constant	Increase
Mexico	Constant	Increase
Netherlands	Increase	Constant
New Zealand	Increase	Constant
Norway	Constant	Increase
Slovenia	Increase	Increase
Spain	Increase	Increase
Sweden	Increase	Increase
Switzerland	Increase	Increase
United Kingdom	Constant	Constant
United States	Constant	Increase

Note: Other OECD countries: no change indicated

Source: OECD Health System Characteristics Survey 2012-13



SKILL MIX AND NEW ROLES FOR NON-PHYSICIANS



Countries that have introduced/expanded roles for non-physicians over past 5 years

- Canada
- Chile
- Finland
- Ireland
- Netherlands
- New Zealand
- Slovenia
- Spain
- Sweden
- Switzerland
- United States



Main results from earlier OECD study on advanced nursing roles in 12 countries

More experience

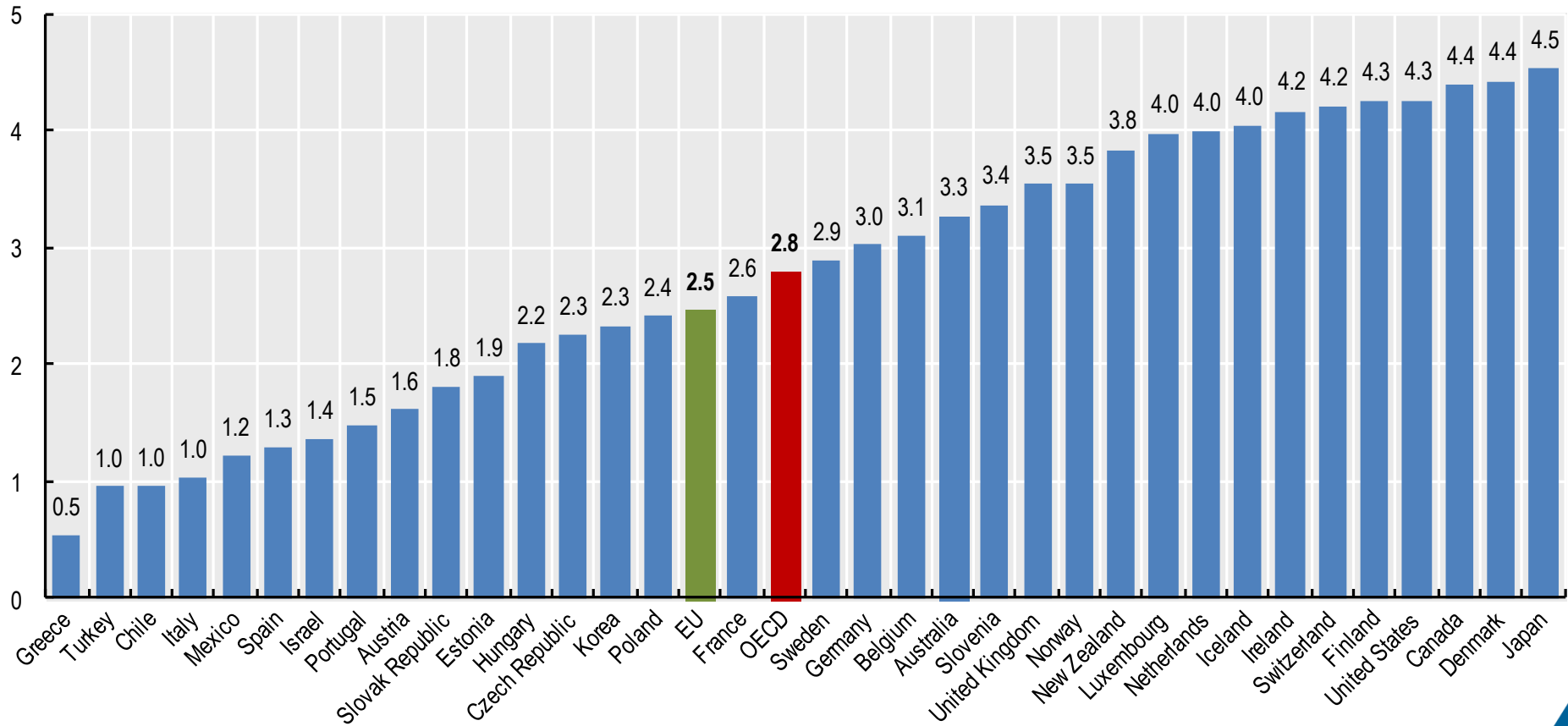
- Australia
- Canada
- Finland
- Ireland
- United Kingdom
- United States

Less experience

- Belgium
- Cyprus
- Czech Republic
- France
- Japan
- Poland



Context: Large variations in number of nurses per physician across countries (2010)



Source: OECD Health Data 2012.



Two broad types of activities for advanced nurses

Substitution

- Services formerly provided by doctors
- E.g. Nurse Practitioners
- Main aims: reduce workload of doctors, improve access to care, and possibly also reduce cost

Supplementation

- New services (e.g., quality improvement)
- E.g. Clinical Nurse Specialists
- Main aims: improve services/quality of care, not reduce cost



Summary of evaluation results of advanced nurses (e.g., NPs)

- Access: Advanced practice nurses (e.g., NPs) improve access to services and reduce waiting times
- Quality: NPs can deliver same quality of care as doctors for a range of services (first contact for people with minor illness, routine follow-up of patients with chronic conditions, patient education/counselling)
- Patient satisfaction: At least equal, if not higher (because of quicker access and longer consultations)



Main barriers and facilitators to implementing advanced practice nursing

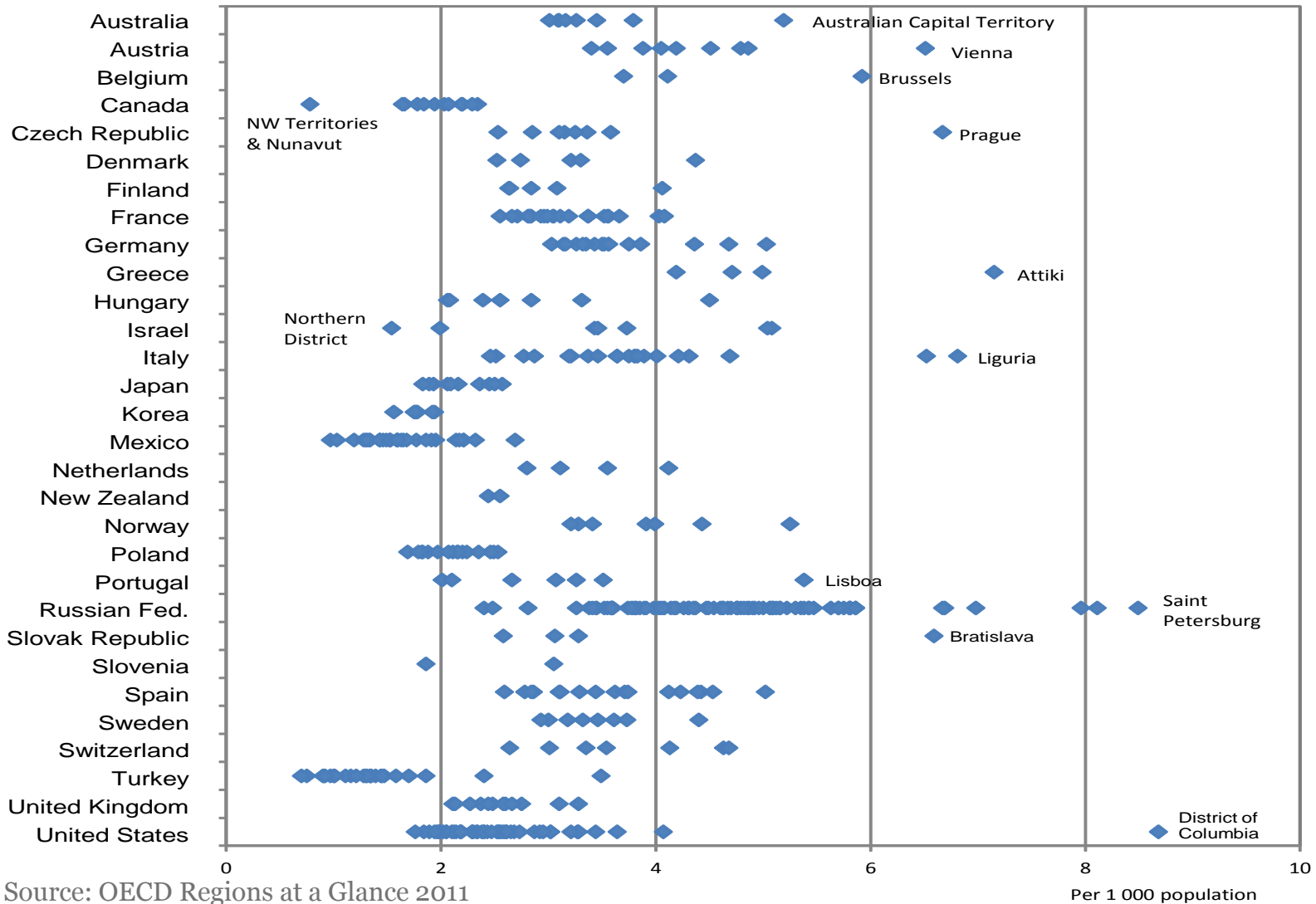
- Professional interests (opposition from medical profession)
- Organisation of care and funding mechanisms (e.g. solo practice, fee-for-services)
- Legislation and regulation on scope of practice
- Education and training opportunities



GEOGRAPHIC DISTRIBUTION OF DOCTORS AND SERVICES



Disparities in physician density within OECD countries

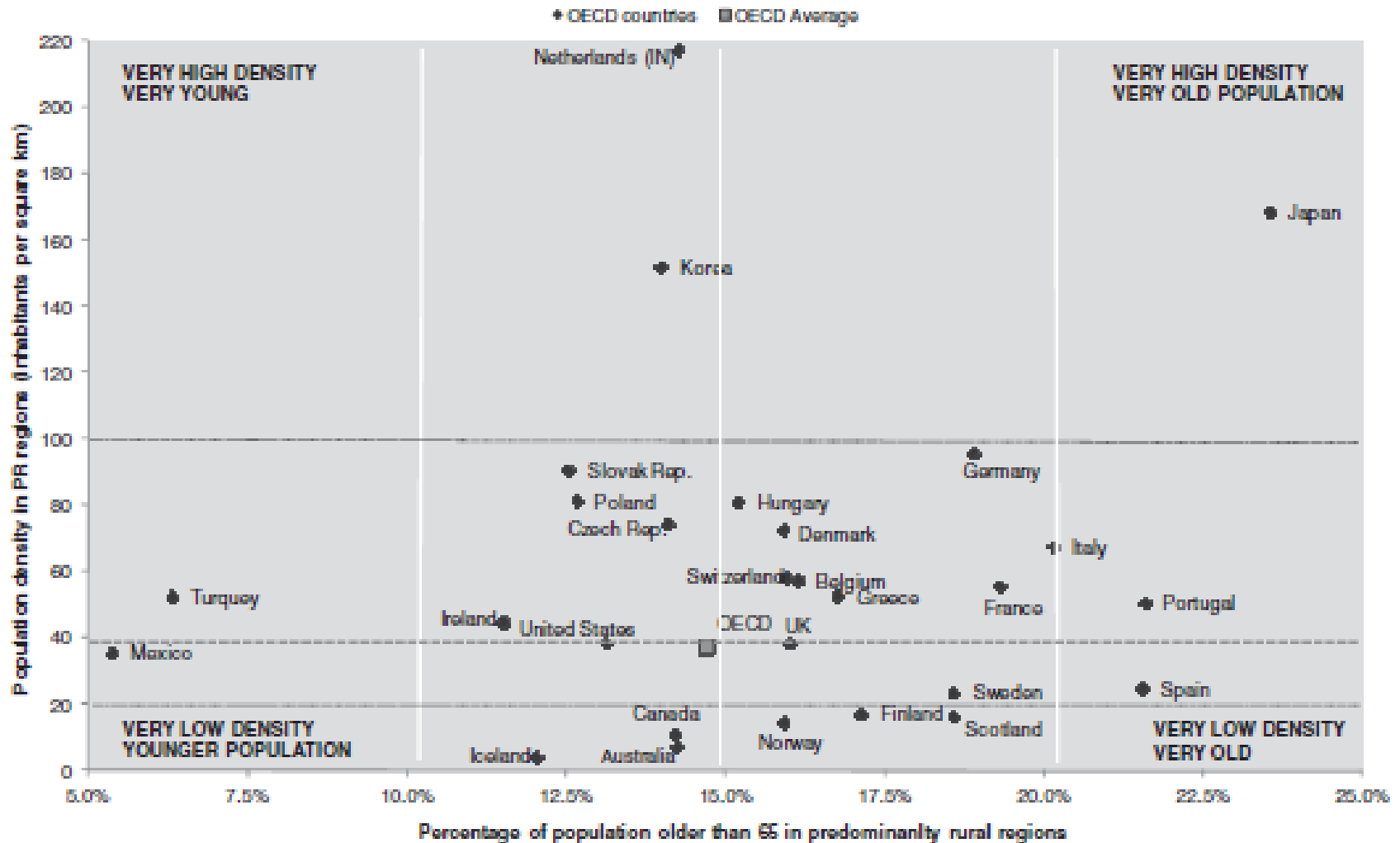


Source: OECD Regions at a Glance 2011

Per 1 000 population

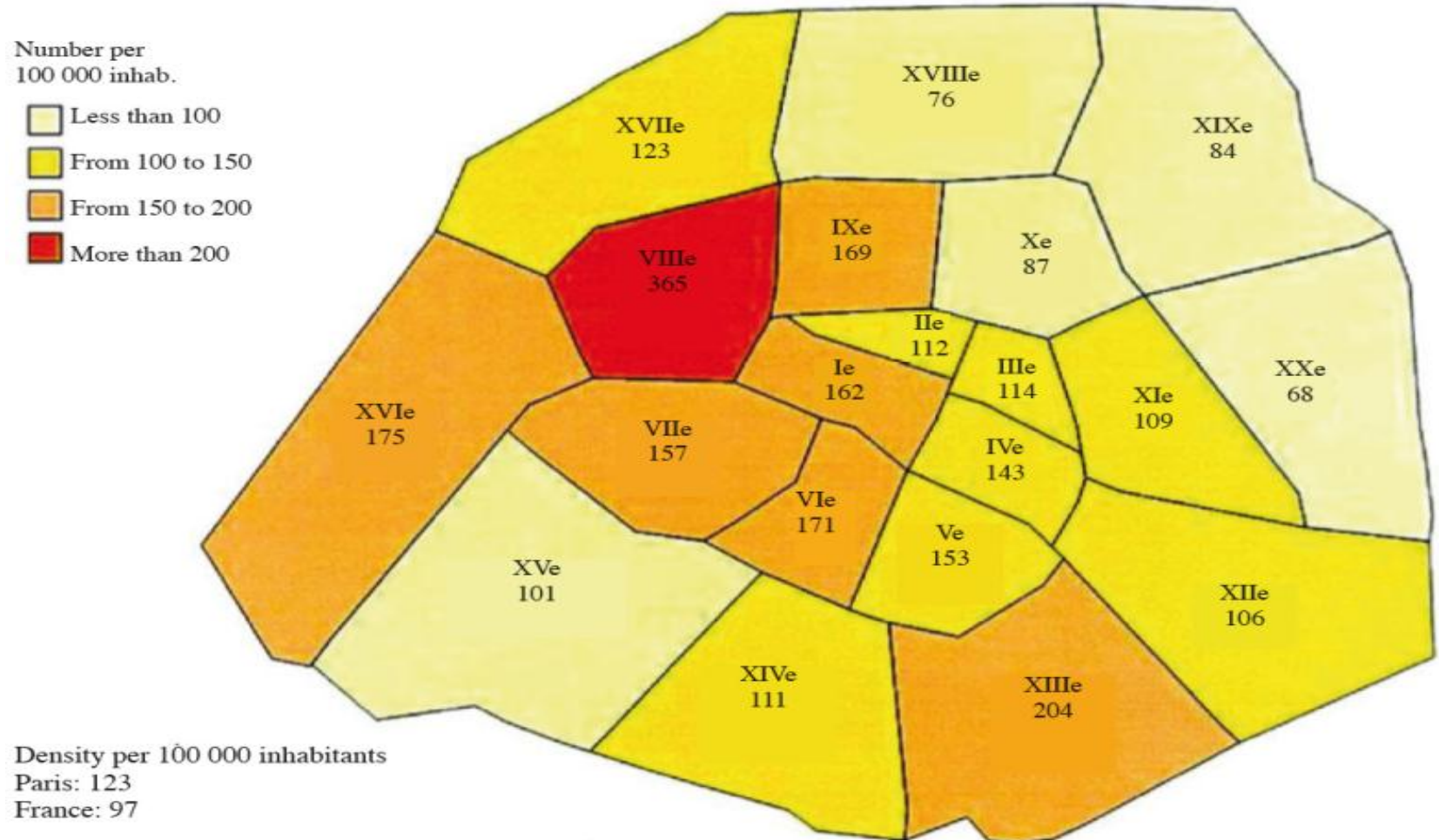


Different characteristics of rural regions in OECD countries





Urban/sub-urban disparities in physician density: Example of Paris





Areas of action to improve geographic distribution: Education policies

- Policies targeting students:
 - attracting more students from rural areas (e.g., entry quota)
- Policies targeting training programs:
 - decentralising medical schools
 - increasing training opportunities in rural/underserved areas



Health service delivery innovations

- Support establishment of group practices to reduce isolation and improve working conditions in rural areas (e.g., “Maisons de la santé” in France)
- Extended roles for certain providers in rural/remote areas (nurses, pharmacists)
- Development of tele-medecine



Financial incentives

- Wage or fee bonus for services provided in underserved areas (e.g., US Medicare bonus)
- Subsidies to support establishment of practices in underserved areas (e.g., 60 000€ in Eastern German Länder)



Financial incentives to promote better geographic distribution of doctors

Incentives	No incentives
Australia	Austria
Belgium	Czech Republic
Canada	Denmark
Chile	Iceland
Finland	Ireland
France	Italy
Germany	Japan
Greece	Luxembourg
Hungary	Netherlands
Israel	Poland
Korea	Spain
Mexico	United Kingdom
New Zealand	
Norway	
Portugal	
Slovenia	
Sweden	
Switzerland	
United States	



Regulations

- Targeting decisions to open new practices:
 - Germany: possibility to set up new practices dependent on physician density in a region



Effectiveness and cost of interventions to promote better geographic distribution

	Short-term impact	Long-term impact	Financial cost	Political feasibility
Education	0	+	+	+
Financial incentives	?	?	+	+
Service delivery innovations	? (depends on approach)	+	? (depends on approach)	? (depends on approach)
Regulation	+	?	0	?



For more information...

Health Workforce Issues generally:

www.oecd.org/health/workforce

OECD Health Working Paper No. 54: “Nurses in Advanced Roles: A Description and Evaluation of Experiences in 12 Developed Countries”

www.oecd.org/els/health/workingpapers