HEALTH WORKFORCE POLICIES: RIGHT JOBS, RIGHT SKILLS, IN THE RIGHT PLACES

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Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.
Across OECD countries

1. Concerns over health workers shortages somewhat lessened: The number of health workers per population has never been greater.

2. Health workforce policy priorities have shifted: health workers with the right jobs and skills need to be located in the right places.

Evidence concerning Israel

3. Health system performs generally well, but its health workforce is suffering from growing pressures.

Way forward

4. Reaching an adequate health workforce requires a policy package of complementary strategies.
The number of health workers per population has never been greater.
Since 2000 the number of doctors and nurses per population has increased for most OECD countries.

Practising doctors and nurses per 1 000 population, OECD countries, 2000 and 2013 (or nearest year)

Note: 1. Data include not only nurses providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. Source: Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places; OECD (2016)
The rising number of health workers means that inflows have exceeded outflows.
Increase in the number of medical and nursing graduates, reducing concerns over shortages.

Evolution in the number of medical and nursing graduates, selected OECD countries, 2000 – 2013 (or nearest year)

Source: OECD Health Statistics 2015
But in some countries, the reliance in a foreign-trained workforce is still considerable.

Share of foreign-trained doctors, selected OECD countries, 2013 (or nearest year)

- Israel: 59%
- United States: 25%
- OECD 26: 17%
- France: 9%

Share of foreign-trained nurses, selected OECD countries, 2013 (or nearest year)

- New Zealand: 24%
- Israel: 10%
- OECD 23: 6%
- Denmark: 1%

Source: OECD Health at a Glance 2015
POLICY PRIORITIES HAVE SHIFTED:

HEALTH WORKERS WITH THE RIGHT JOBS AND SKILLS NEED TO BE LOCATED IN THE RIGHT PLACES
Most pressing challenges in OECD countries now relate to geographical distribution, types of jobs and mix of skills.

Most pressing challenges related with physician supply, OECD countries, 2012

- 36% Mal-distribution of physician supply
- 15% Shortages of certain specialty areas
- 12% Maintaining share of GPs
- 29% Meeting increased demand for services
- 6% Maintaining the current level of physician supply
- 1% No issue identified*

Note: * 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 doctors varies widely across regions limiting access to care particularly in rural areas.

Physician density by territorial level 2 regions, 2013 (or nearest year)

Austria
Canada
France
Germany
Israel
Switzerland
United Kingdom
United States

Density per 1 000 population

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.
More than 75% of doctors and nurses report being over-skilled for some of their tasks, suggesting a waste in human capital.

Reported over-skilling by physicians, nurses and other occupations, PIAAC Survey, 2011 and 2012

Skills mismatch among nurses by level of education, PIAAC, 2011 and 2012

Source: Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places; OECD (2016)
Access to primary health care is under threat as only one-third of doctors are generalists.

Generalists and specialists as a share of all doctors, selected OECD countries, 2013 (or nearest year)

<table>
<thead>
<tr>
<th>Country</th>
<th>Generalists¹</th>
<th>Specialists²</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>12%</td>
<td>88%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>29%</td>
<td>71%</td>
</tr>
<tr>
<td>Israel</td>
<td>31%</td>
<td>69%</td>
</tr>
<tr>
<td>OECD33</td>
<td>34%</td>
<td>66%</td>
</tr>
<tr>
<td>Germany</td>
<td>42%</td>
<td>58%</td>
</tr>
<tr>
<td>France</td>
<td>47%</td>
<td>53%</td>
</tr>
</tbody>
</table>

Notes: 1. Generalists include general practitioners/family doctors and other generalist (non-specialist) medical practitioners.
2. Specialists include paediatricians, obstetricians/gynaecologists, psychiatrists, medical, surgical and other specialists.
THE CASE FOR ISRAEL:

GOOD PERFORMANCE, BUT HEALTH WORKFORCE UNDER GROWING PRESSURES
The health system in Israel performs but challenges regarding health resources remain.

<table>
<thead>
<tr>
<th>Health Dimensions</th>
<th>Israel <em>vis-à-vis</em> other OECD countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health status</td>
<td>Top-third performer</td>
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<tr>
<td>Risk factors</td>
<td>Top- to mid-third performer</td>
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<tr>
<td>Access to care</td>
<td>Top- to mid-third performer</td>
</tr>
<tr>
<td>Quality of Care</td>
<td>Top-third performer</td>
</tr>
<tr>
<td>Health care resources</td>
<td>Mid- to bottom-third performer</td>
</tr>
</tbody>
</table>

Source: Health at a Glance 2015
The medical workforce is ageing rapidly, with almost half of the doctors aged 55 or older.

Share of doctors aged 55 years and over, 2000 and 2013 (or nearest year)

High reliance on foreign-trained health workers, particularly doctors

Number of domestic versus foreign-trained doctors and nurses, Israel, 2000 – 2015

The share of GPs is low and decreasing over time

Generalists as a share of all physicians, selected OECD countries, 1995 – 2015

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)
REACHING AN ADEQUATE HEALTH WORKFORCE REQUIRES A PACKAGE OF COMPLEMENTARY STRATEGIES
Three-pronged plan to improve health workforce strategies in OECD countries

Right JOBS

• Train a **sufficient number** and **proper mix of health workers**, without unduly relying on the training efforts of other countries.

Right SKILLS

• Ensure that health workers acquire the **right skills and competences** and adapt their skills during the working life.

Right PLACES

• Provide adequate access to patients regardless of location, **promote a more even geographic distribution** of health workers.
Specific recommendations for Israel

- Train more physicians domestically, reducing over-reliance on foreign-trained doctors.

- Encourage young doctors to work in primary care by providing opportunities to undertake training in primary care and narrowing the remuneration gap.

- Re-introduce associate professional nurses to support registered nurses in hospital and primary care.

Source: OECD Health Care Quality Review of Israel, 2012