OECD DATA COLLECTION ON DOCTORS (AND OTHER HEALTH PROFESSIONALS): PAST AND CURRENT ACTIVITIES

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General approach to OECD data collection

- OECD collecting data on health workforce since early 1990s (as part of broader data collection on health and health systems)

- Rely on network of national correspondents across OECD countries (from national statistical offices, national health institutes or Health Ministries)

- Since 2010, data collected jointly with Eurostat and WHO-Europe in Joint Questionnaire on non-monetary health care statistics:
  - reduce data collection burden on national correspondents
  - improve data consistency in international databases

- Data collection based as much as possible on international standards and definitions to promote comparability (e.g., ISCO-08)
Framework to guide data collection and analysis of health workers

**Inflows**
- Education
- Immigration
- Return to the health workforce

**Stock**

**Outflows**
- Retirement
- Emigration of foreign and home trained
- Temporary exits from the health workforce

Policies on:
- Education
- Pay
- Working conditions
- Migration
- Retirement
Scope of OECD data collection

Regular OECD/Eurostat/WHO-Europe Joint Questionnaire

1) **Stock**: How many doctors?
   - based on three concepts (practising, professionally active, all licensed to practice)
   - broken down by age, gender and broad categories of doctors

2) **Inflows**: How many new graduates from medical programmes?

OECD Pilot Data Collections (late 2013 and 2014)

1) **Inflows**: Student intakes in medical and nursing programmes (with support from European Commission)

2) **Inflows**: International migration of doctors and nurses (with support from WHO-Headquarter)
Number of doctors per 1,000 population: Increased in all OECD countries since 2000 (except in Israel)

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 (resulting in a large over-estimation of the number of practising doctors in Portugal).

Number of medical graduates: Increased rapidly in some countries since 2000

Source: OECD Health Statistics 2013 (published also in Health at a Glance 2013)
RENEWED DATA COLLECTION ON INTERNATIONAL MIGRATION OF DOCTORS AND NURSES
Aim of new data collection on health workforce migration

- Update data on international migration of foreign-trained doctors and nurses first reported in 2007 chapter in OECD International Migration Outlook (and then pursued partly in OECD Health Data questionnaire and reported in Health at a Glance up to 2009)

- Part of broader OECD project involving both OECD Migration Division and Health Division: including also data collection on foreign-born doctors and nurses (based on national census around 2010/11)

- Work done also in close collaboration with WHO-Headquarters (input to reporting process on the Global Code on the International Recruitment of Health Personnel) – possible inclusion in future waves of OECD/Eurostat/WHO-Europe Joint Questionnaire
New context for new data collection on international migration of doctors and nurses

- **Accession of new countries to the EU:** Bulgaria and Romania in early 2007, Croatia in mid-2013 (reduced barriers to mobility -> increasing migration?)
- **Economic crisis starting in mid-2008** (reduced demand for doctors and nurses? -> reducing migration?)
- **Education policies:** Big increase in medical student intakes and graduates in many countries in recent years (reducing migration?)
- **Growing internationalisation of higher education** including medical education (increasing flows of domestic students studying abroad and coming back afterwards)
- **Adoption of Global Code on the International Recruitment of Health Personnel** in May 2010 (reducing active recruitment in countries suffering from acute shortages?)
Focus on foreign-trained (where first diploma was obtained), with foreign-born as ‘second best’ option

Focus primarily on ‘stock’, but data on annual flows also requested

By countries of origin (full list of countries worldwide)

From 2000 to 2012 (trends analysis)

Main data source: Professional registries or other sources (physician surveys)
OECD questionnaire on foreign-trained doctors (stock)

Table A1 - Stock of doctors by country of first qualification

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<td>Domestically-trained doctors</td>
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<td>Foreign-trained doctors</td>
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OECD questionnaire on foreign-trained doctors (stock by category)

Table A2 - Stock of doctors by country of first qualification and category (generalist or specialist)

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<thead>
<tr>
<th>Country of first qualification</th>
<th>Category</th>
<th>Generalist medical practitioners</th>
<th>Specialist medical practitioners</th>
<th>Doctors not further defined</th>
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<td></td>
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<td>Fully registered</td>
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<td>Afghanistan</td>
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<td>Antigua and Barbuda</td>
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<td>Argentina</td>
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<td>Armenia</td>
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<td>Australia</td>
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Notes:
1. Data in the table should be expressed in absolute numbers.
2. If the information is not available type "NA".
3. If you wish, you can replace this list of countries by any other list that you use for national purpose.
4. If there are national citizens who went to study abroad and came back afterwards, they can be reported in the table under the line corresponding to your country.

Specify the year (2012 or latest year available):
OECD questionnaire on foreign-trained doctors (flow)

Table B1 - Annual flow of doctors by country of first qualification

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<td>Total annual flow of foreign-trained doctors</td>
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Who is involved in this OECD data collection?

- Questionnaire sent to a mix of regular data correspondents for OECD/Eurostat/WHO Joint Questionnaire and professional associations (e.g., in the case of France, Germany, Austria)

- May require further assistance from professional associations in some countries (e.g., Italy and Greece)

- May also require assistance from professional associations to properly interpret the data
Timeline

- November 2013 to January 2014: Data collection (sending out the questionnaire and receiving data submissions)
- January 2014 to April 2014: Data validation, database production and data analysis
- May 2014: Preparation of first draft report on results from this data collection
- June 2014: First draft report presented to OECD Working Party on Migration and OECD Health Committee
- Summer 2014: Finalisation of the report