



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.



Key messages

Across OECD countries

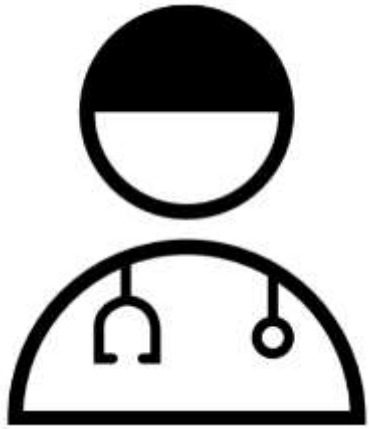
- 1 Concerns over health workers shortages somewhat lessened: The **number of health workers per population has never been greater.**
- 2 Health workforce policy priorities have shifted: **health workers with the right jobs and skills** need to be **located in the right places.**

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.**



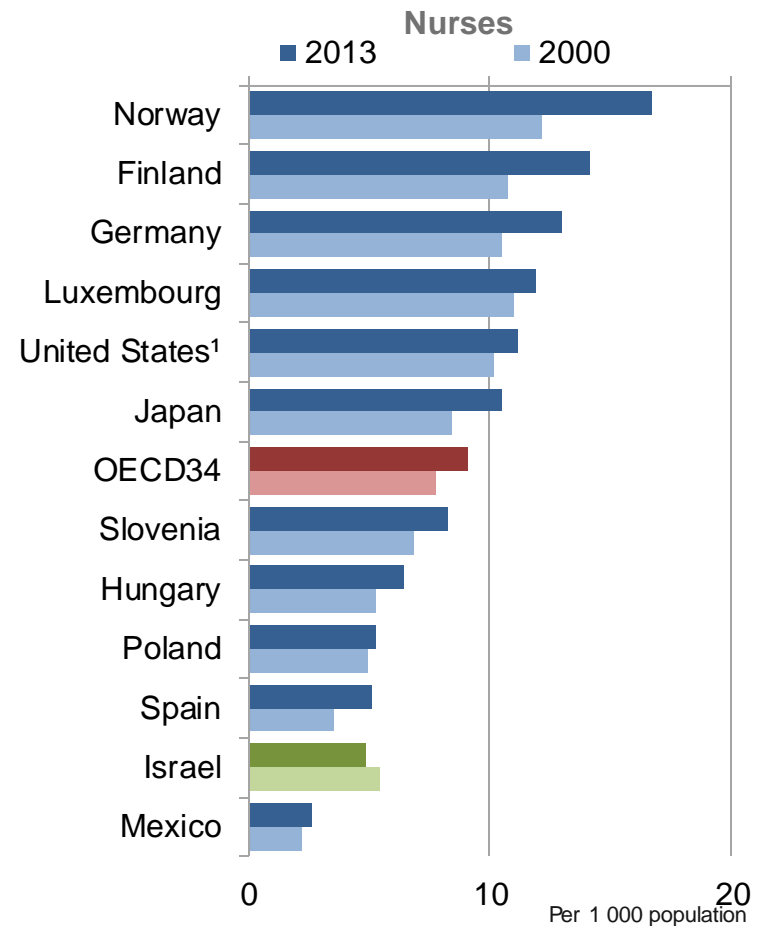
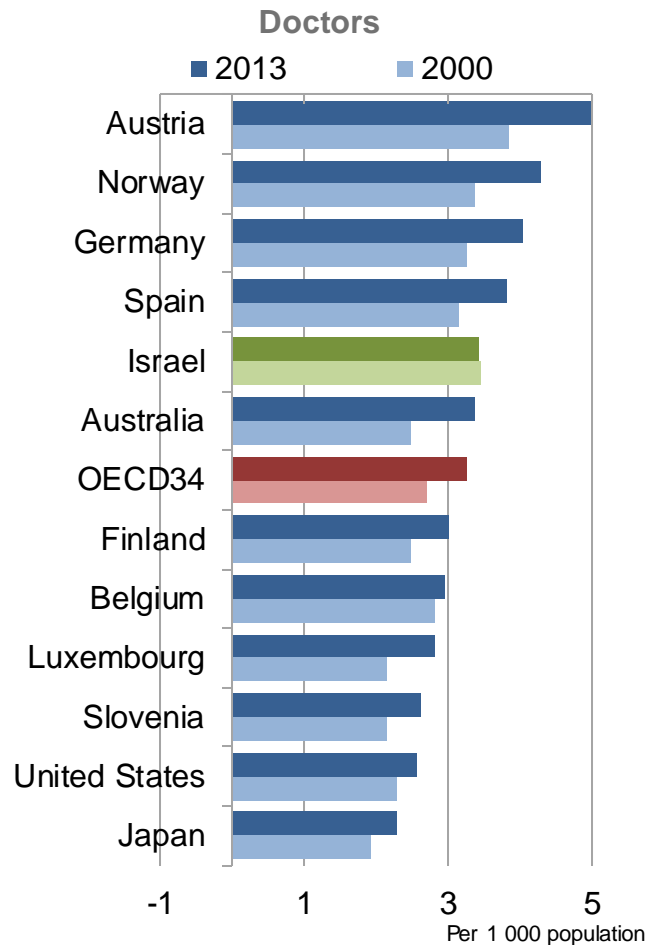
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**THE NUMBER OF HEALTH
WORKERS PER
POPULATION HAS NEVER
BEEN GREATER**



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)

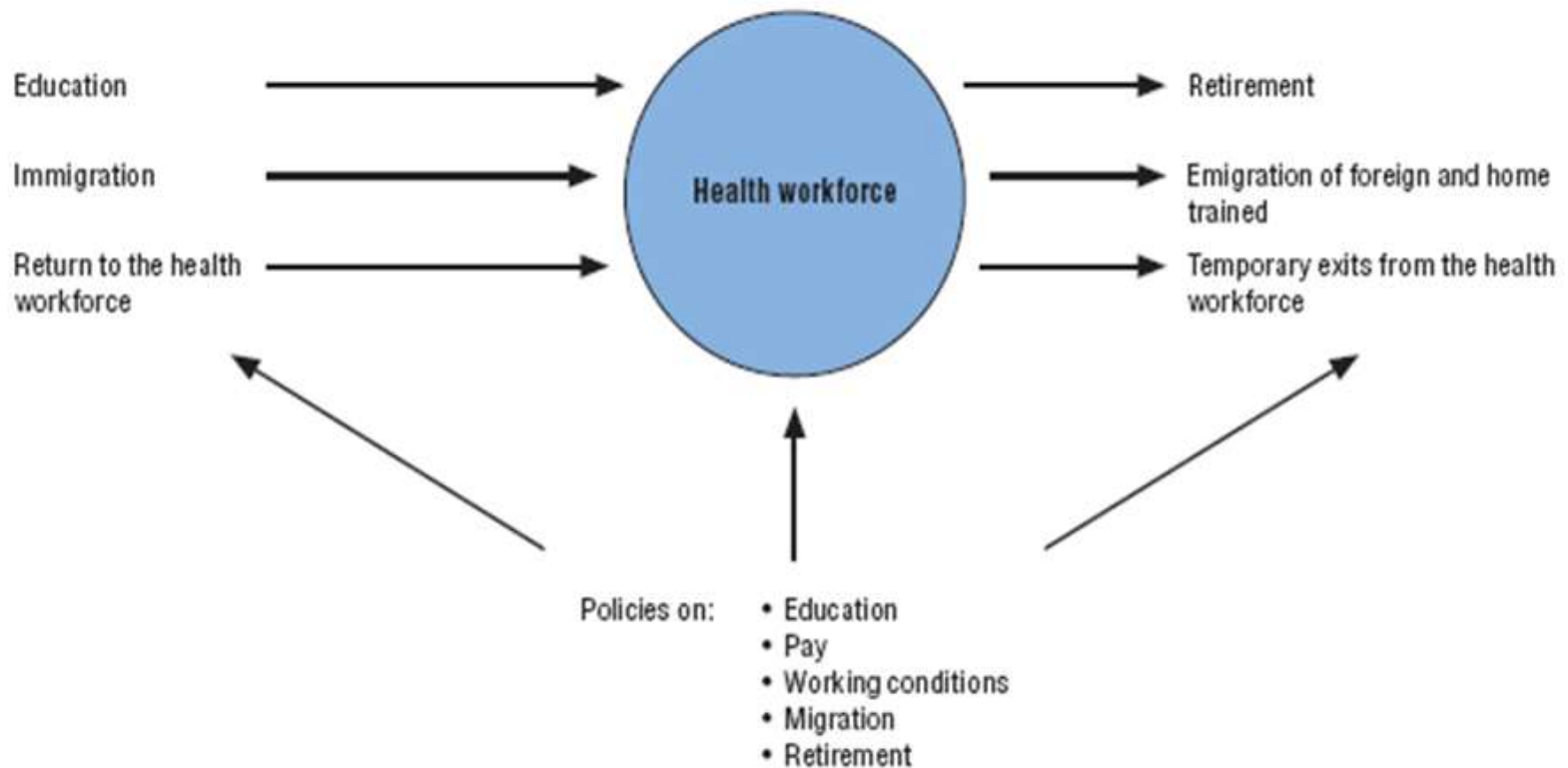


Note: 1. Data include not only nurses providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. Source: Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places; OECD (2016)



The rising number of health workers means that inflows have exceeded outflows.

Supply of health workers: inflows, stocks and outflows



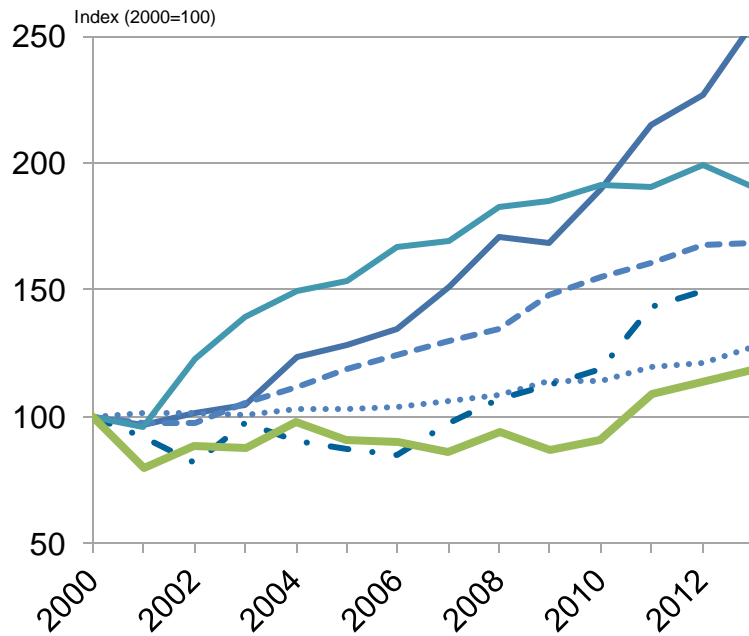


Increase in the number of medical and nursing graduates, reducing concerns over shortages.

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

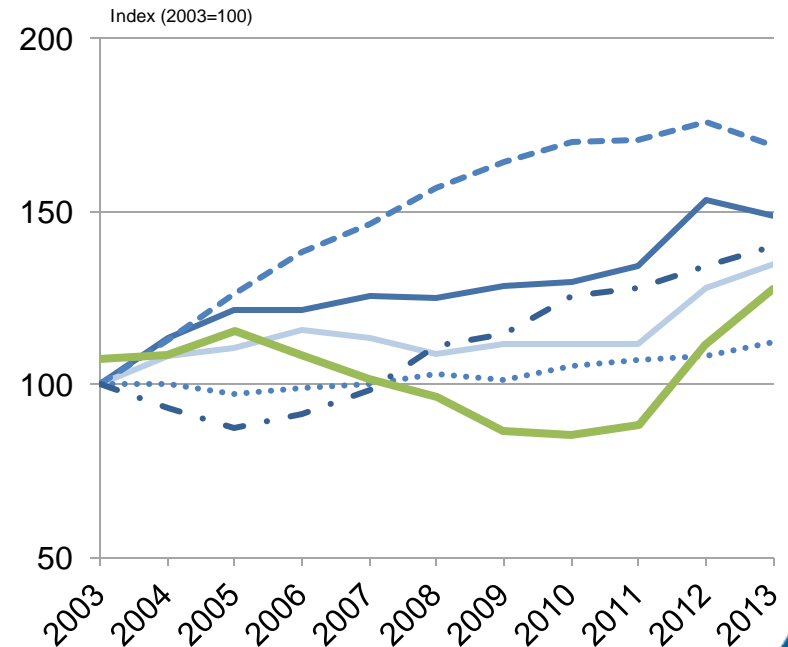
Doctors

- Australia
- Canada
- United States
- France
- United Kingdom
- Israel



Nurses

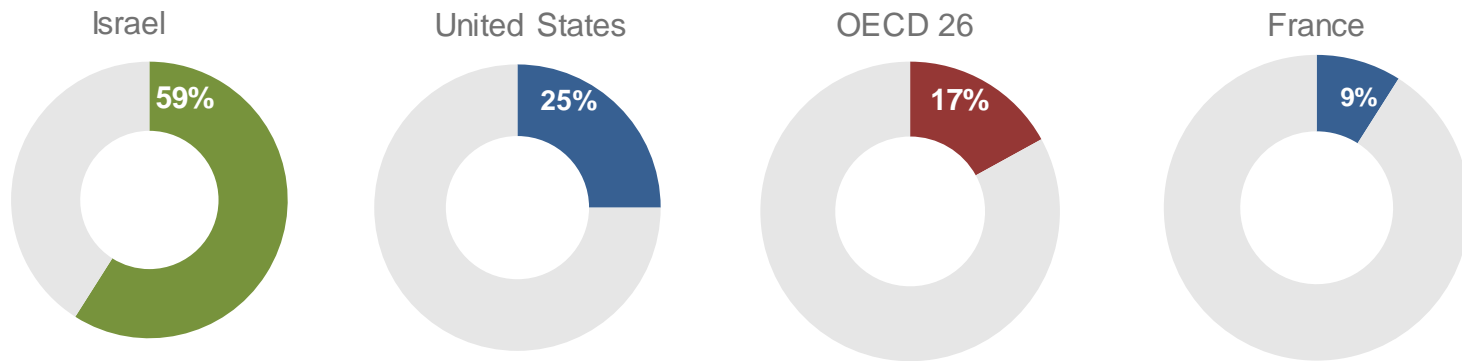
- France
- Germany
- Japan
- United States
- Israel
- Finland



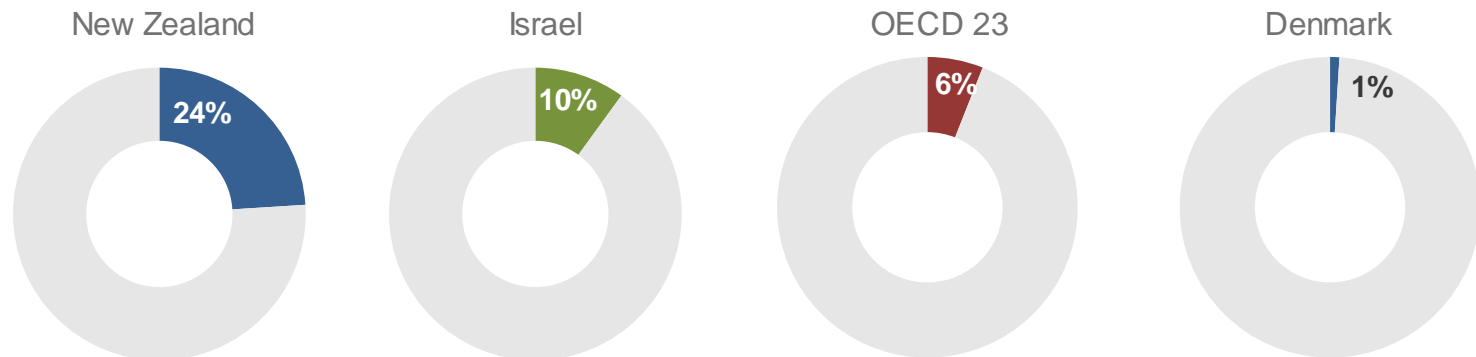


But in some countries, the reliance in a foreign-trained workforce is still considerable.

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



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





2

POLICY PRIORITIES HAVE SHIFTED:

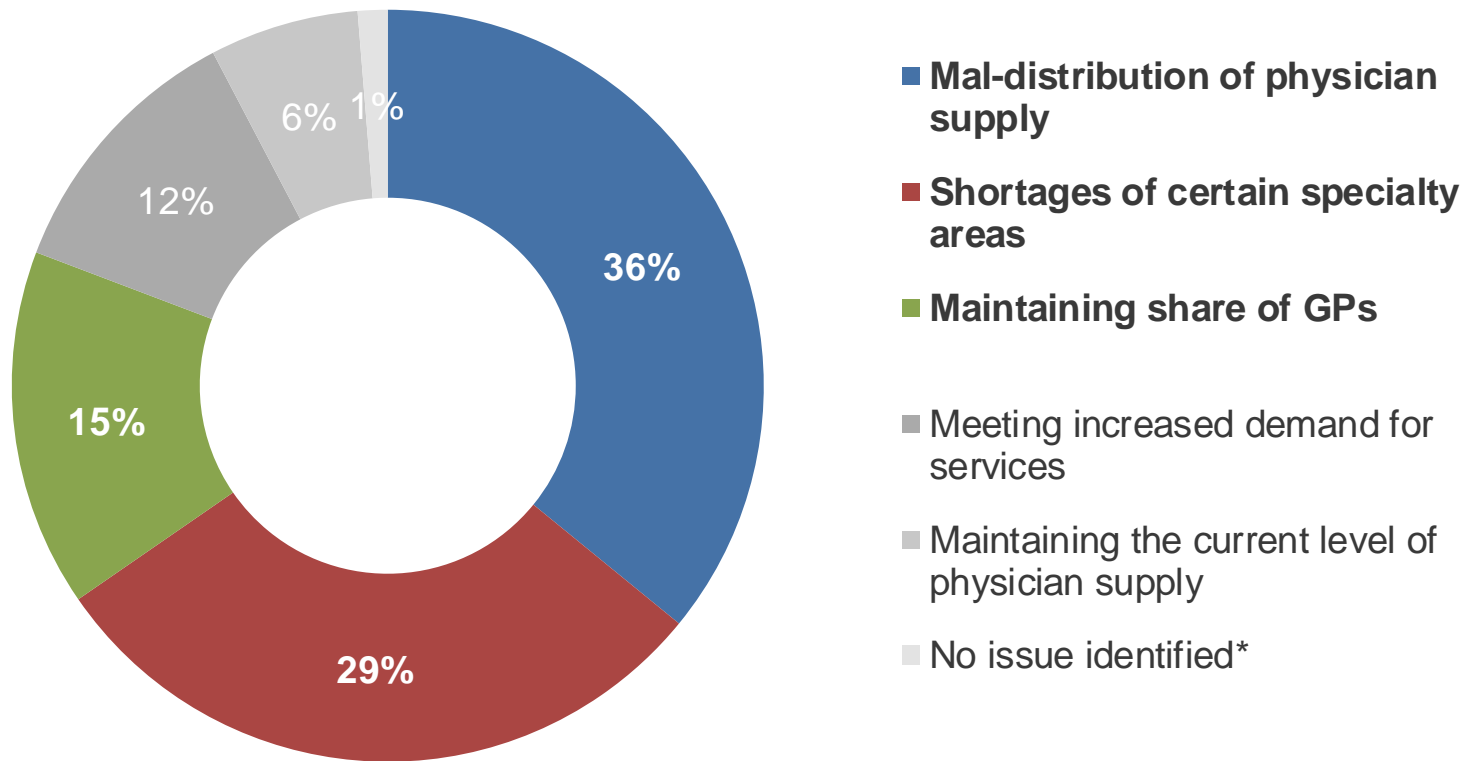
**HEALTH WORKERS WITH THE
RIGHT JOBS AND SKILLS
NEED TO BE LOCATED IN THE
RIGHT PLACES**





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

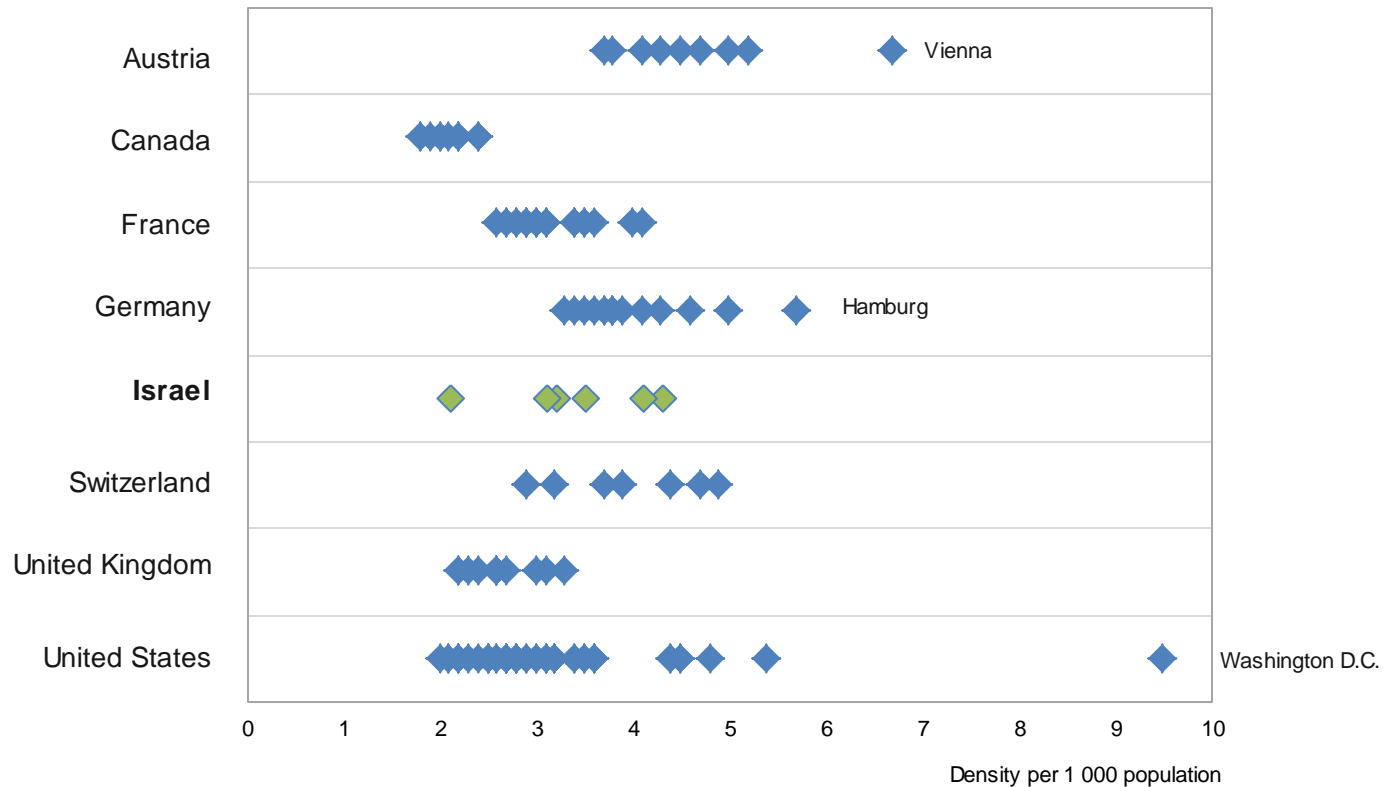


Note: * The Netherlands is the only country that did not indicate any particular issue about physician supply.
Source: Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places; OECD (2016)



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)



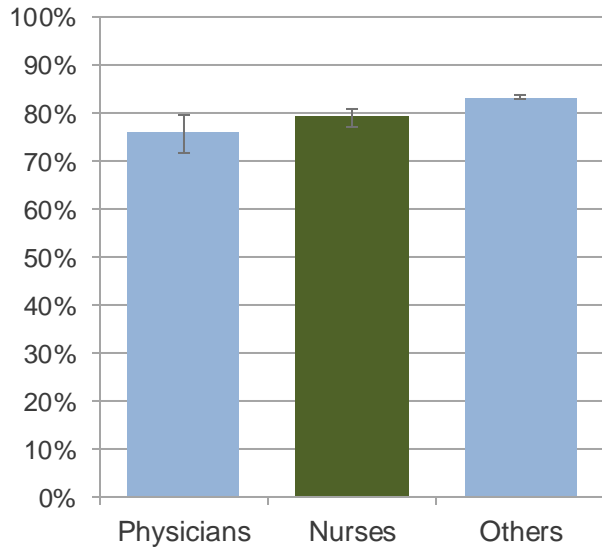
Note: Each observation (point) represents a territorial level 2 region (for example, region in France, Länder in Germany or State in the United States) in each country. The data for Chile relate to 2009 and do not reflect the increase in the number of physicians since then.

Source: OECD (2015), Health at a Glance 2015: OECD Indicators, OECD Publishing, Paris, http://dx.doi.org/10.1787/health_glance-2015-en.



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



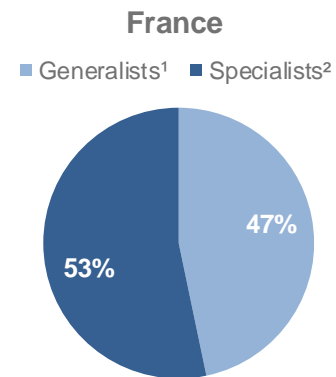
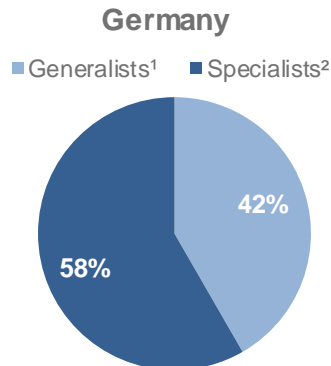
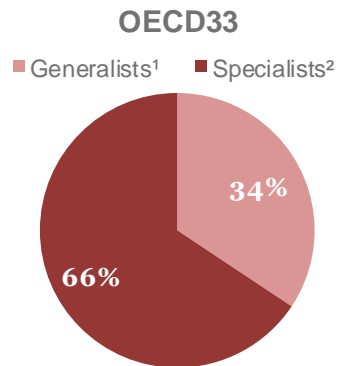
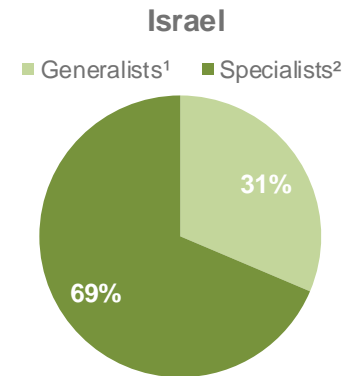
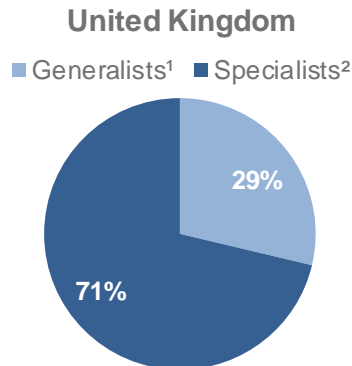
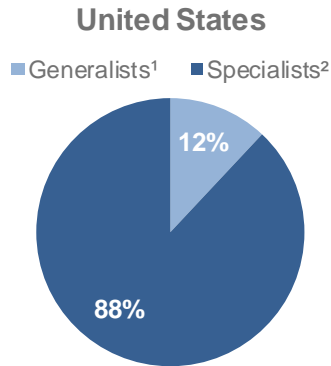
Skills mismatch among nurses by level of education, PIAAC, 2011 and 2012





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)



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.
Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.



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THE CASE FOR ISRAEL:

**GOOD PERFORMANCE,
BUT HEALTH
WORKFORCE UNDER
GROWING PRESSURES**





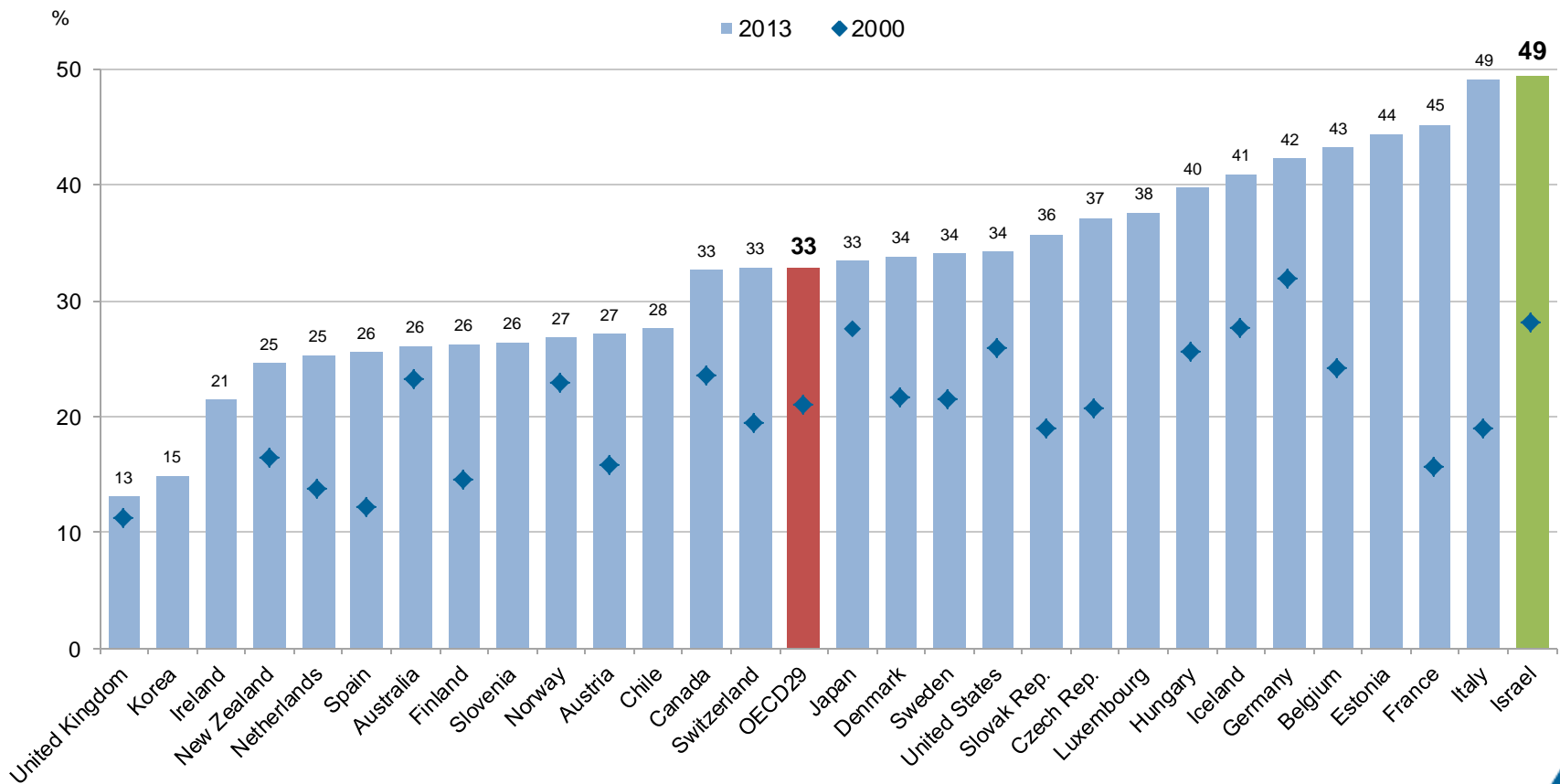
The health system in Israel performs but challenges regarding health resources remain

Health Dimensions	Israel <i>vis-à-vis</i> other OECD countries
Health status	Top-third performer 
Risk factors	Top- to mid-third performer  
Access to care	Top- to mid-third performer  
Quality of Care	Top-third performer 
Health care resources	Mid- to bottom-third performer  



The medical workforce is ageing rapidly, with almost half of the doctors aged 55 or older.

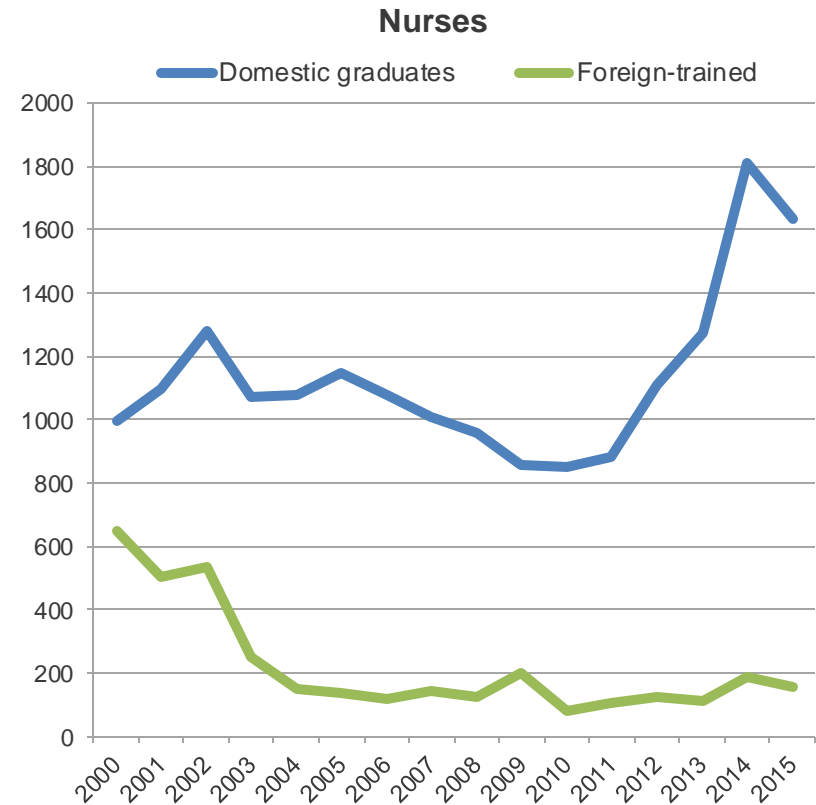
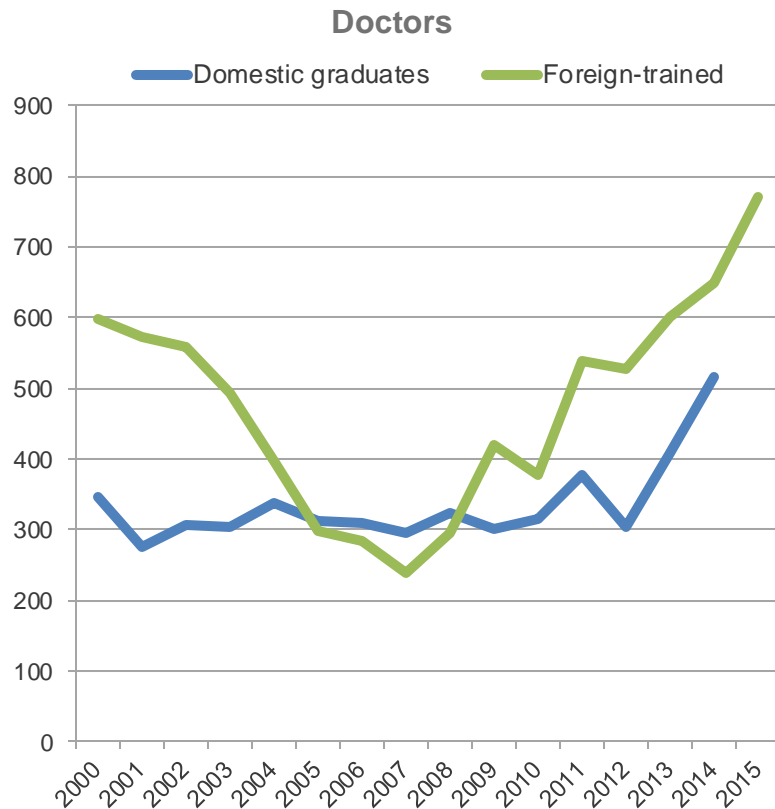
Share of doctors aged 55 years and over, 2000 and 2013 (or nearest year)





High reliance on foreign-trained health workers, particularly doctors

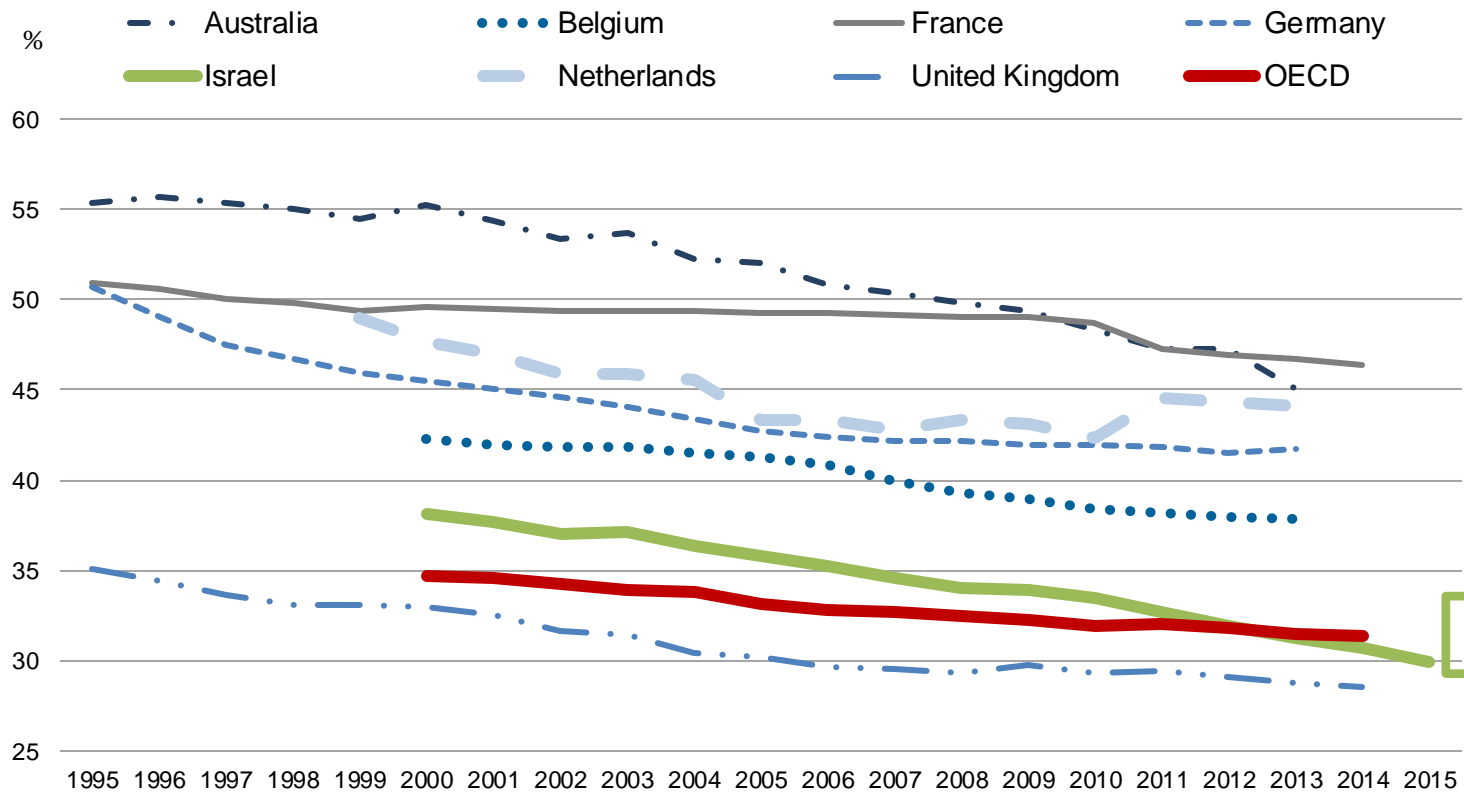
Number of domestic versus foreign-trained doctors and nurses, Israel, 2000 – 2015





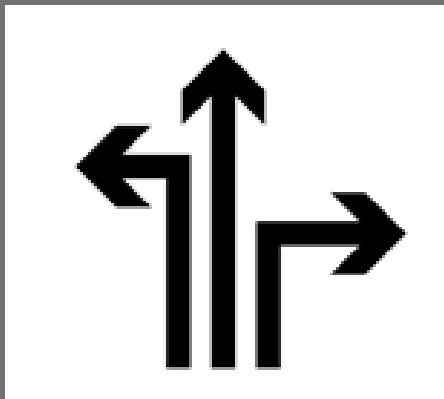
The share of GPs is low and decreasing over time

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



Israel

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)



4



**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

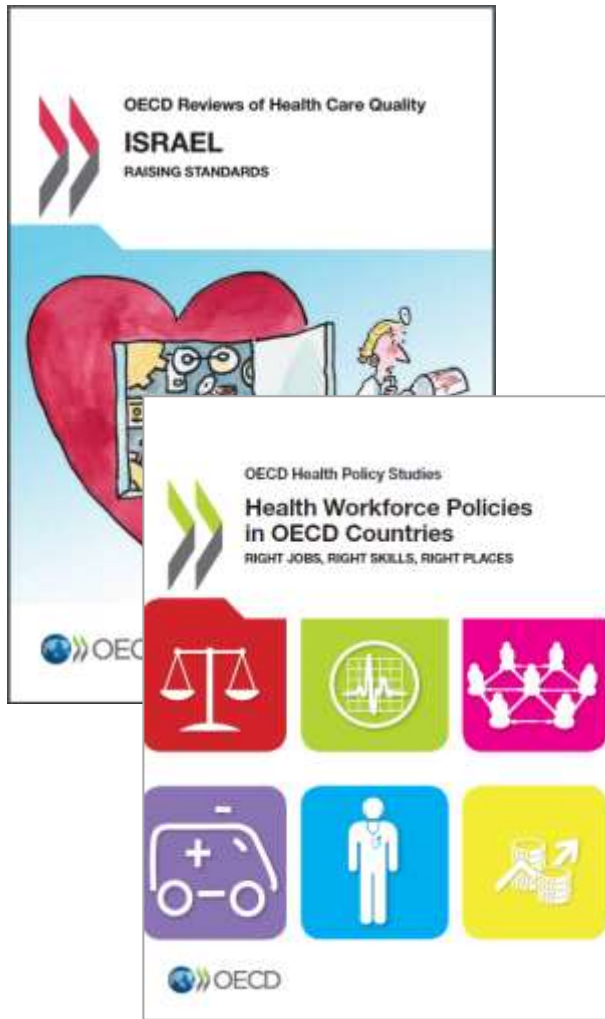
- Ensure that health workers acquire the **right skills and competences** and adapt their skills during the working life.

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.



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