



OECD WORK ON HEALTH

The nursing workforce: Past trends, future developments

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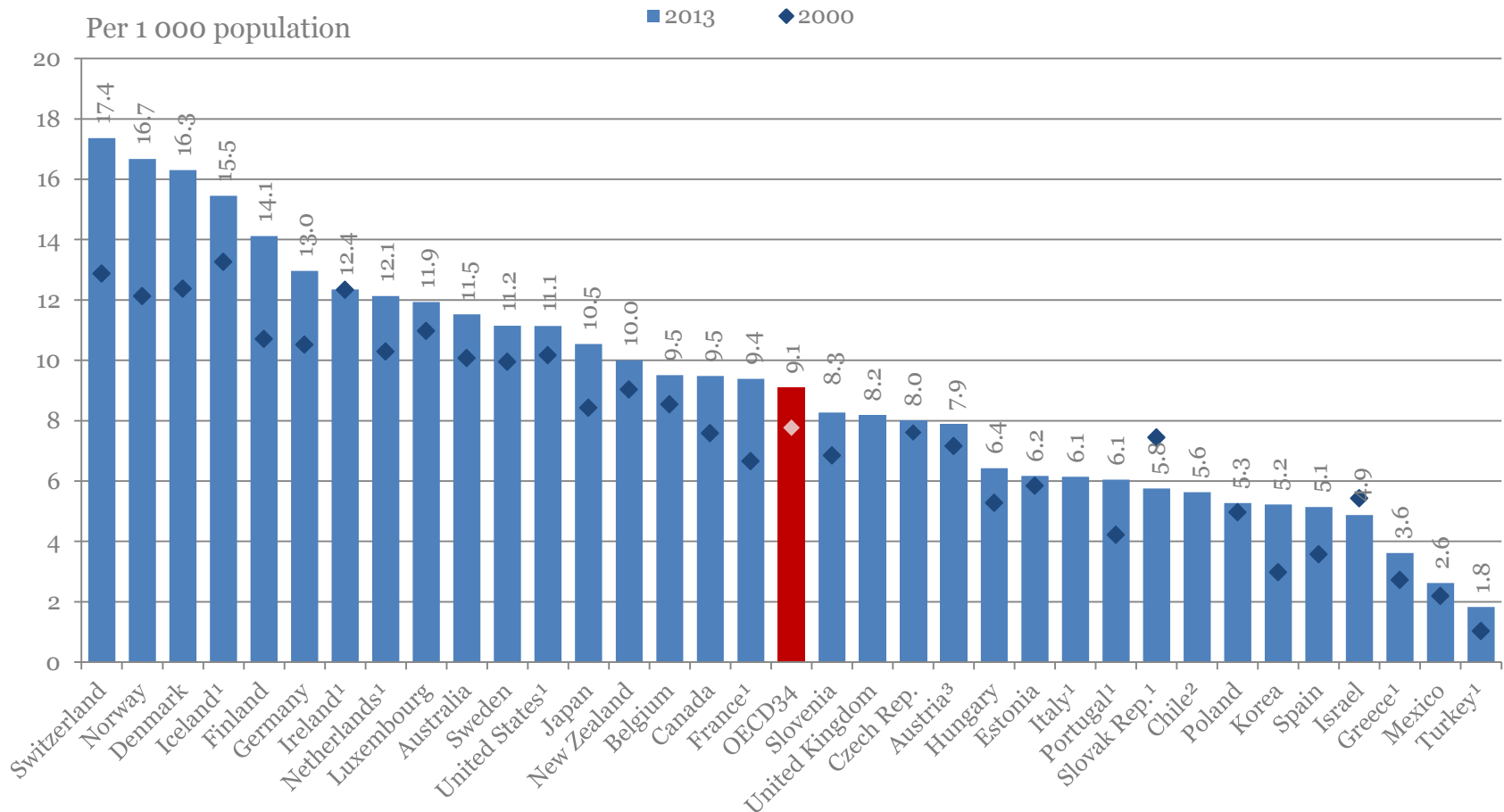
All Party Parliamentary Group on Global Health
London, 25 February 2016



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The number of nurses has increased since 2000 in nearly all OECD countries

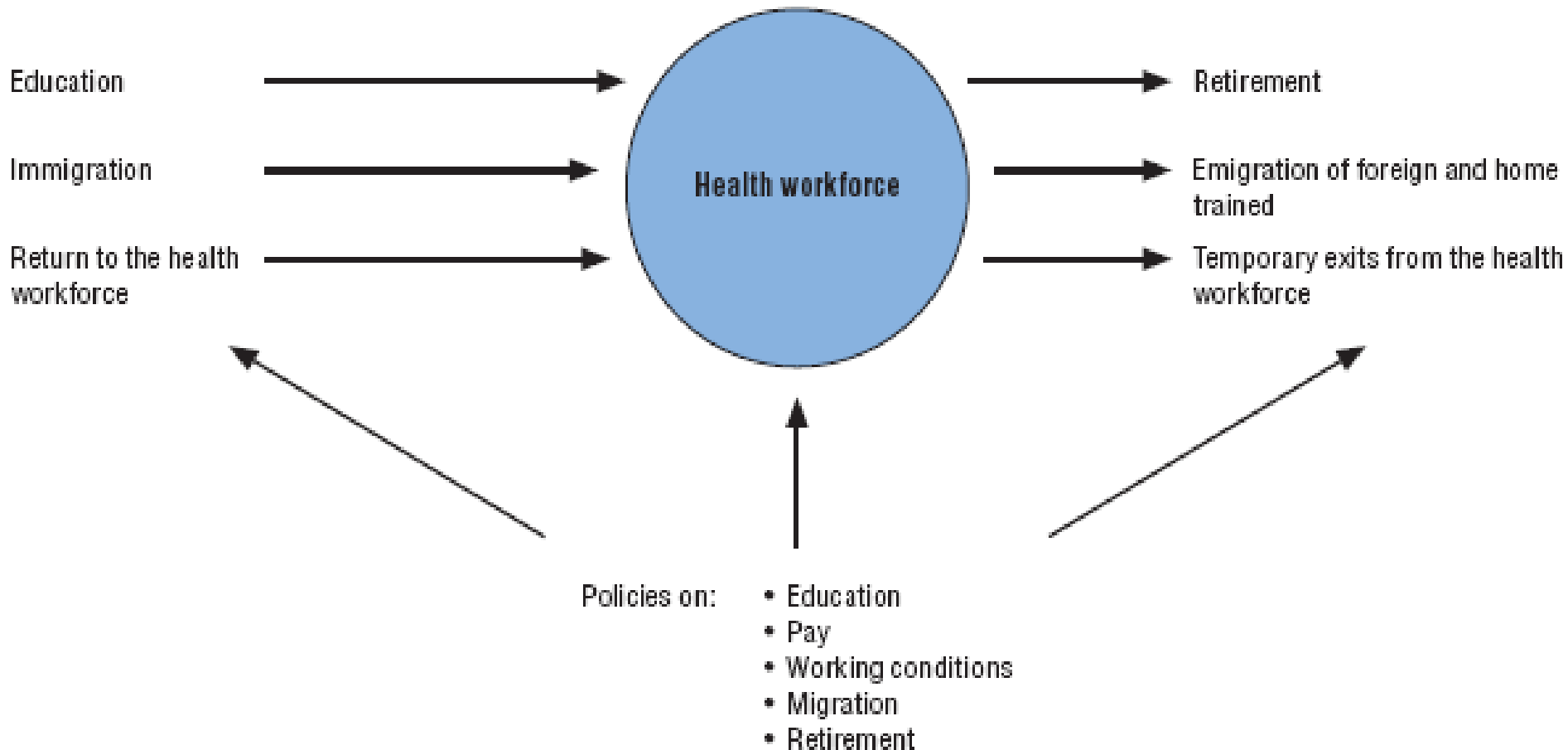
From 8.3 million in 2000 up to 10.8 million in 2013



Source: OECD Health at a Glance 2015

The increase in the number of nurses means that the inflows exceed the outflows

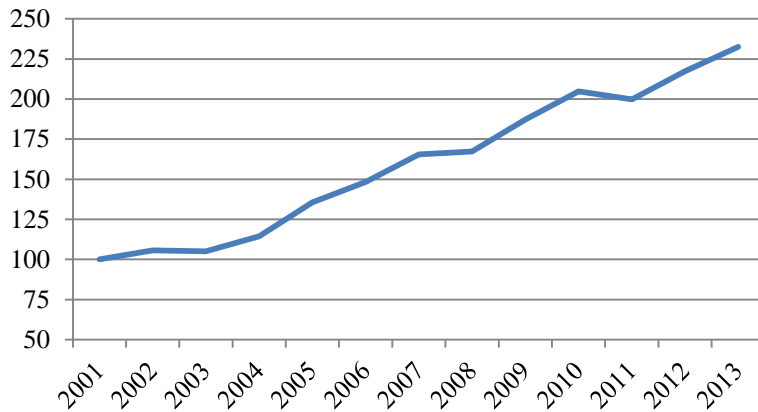
Supply of health workers: inflows, stocks and outflows



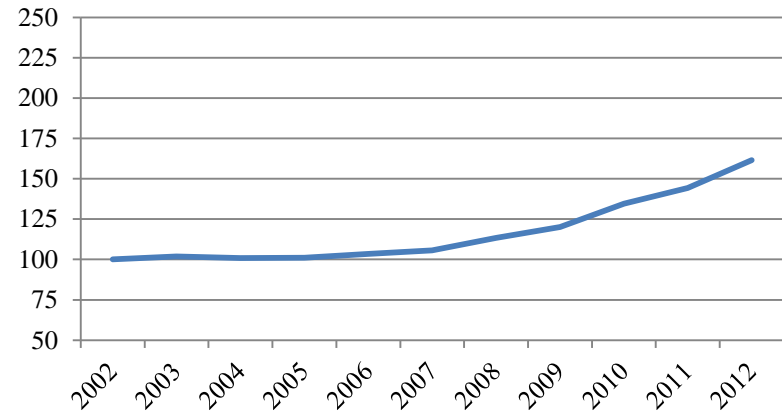
Most OECD countries have increased student intakes in nursing education programmes...

Student intake in nursing education (Index: Baseline year = 100)

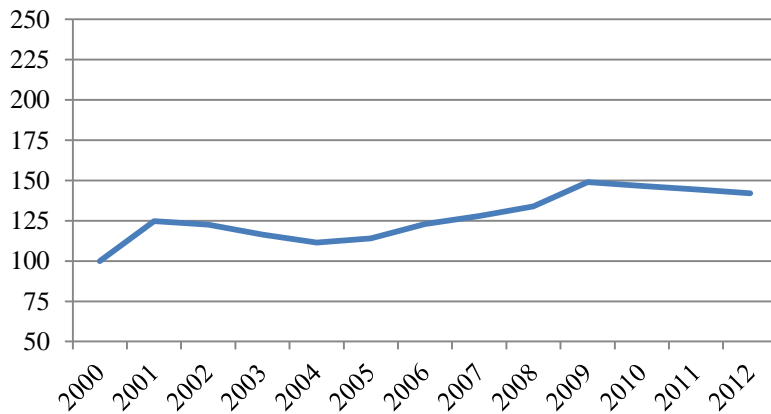
Australia



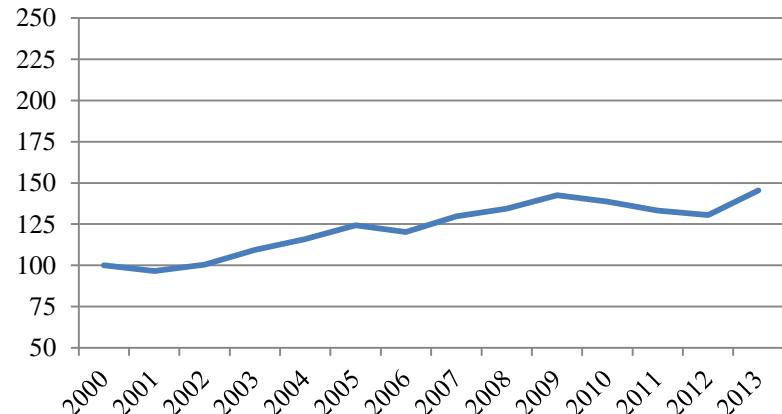
Belgium



Canada



Finland

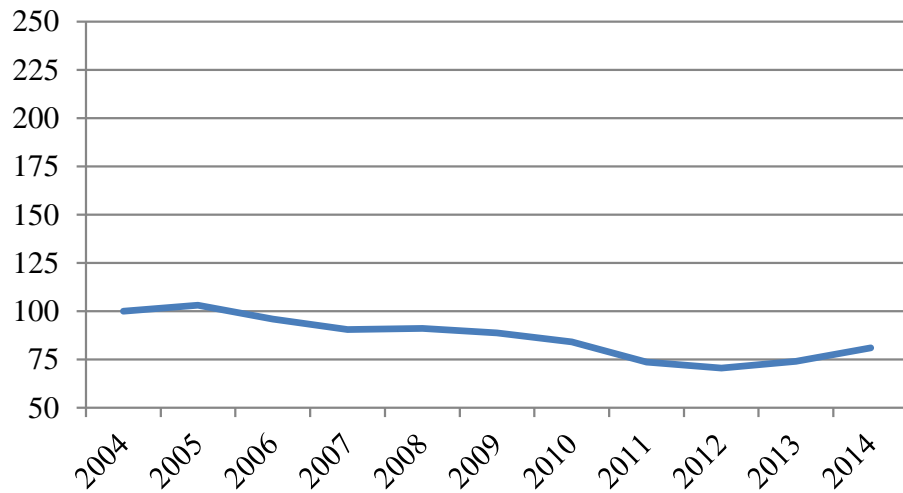


Source: OECD (2016)

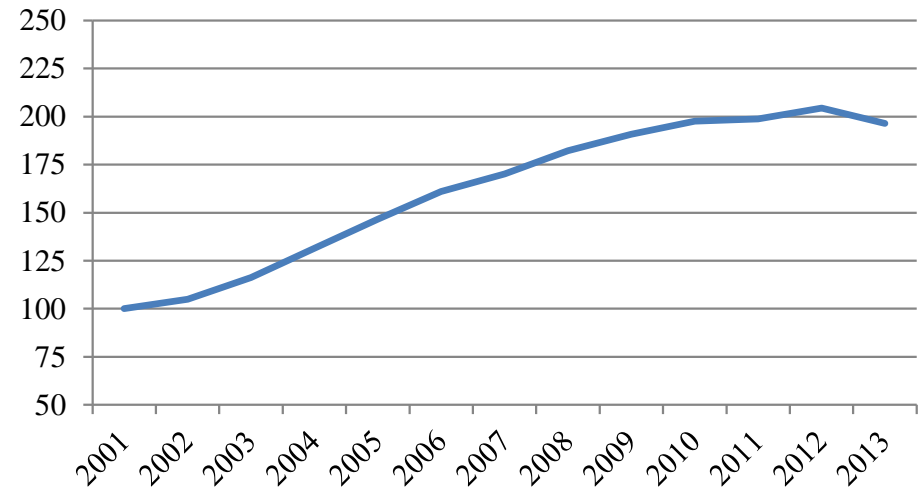
... with the exception of the UK (England) where the numbers were going down until recently

Student intake (or graduate) in nursing education (Index: Baseline year = 100)

United Kingdom (England)



United States



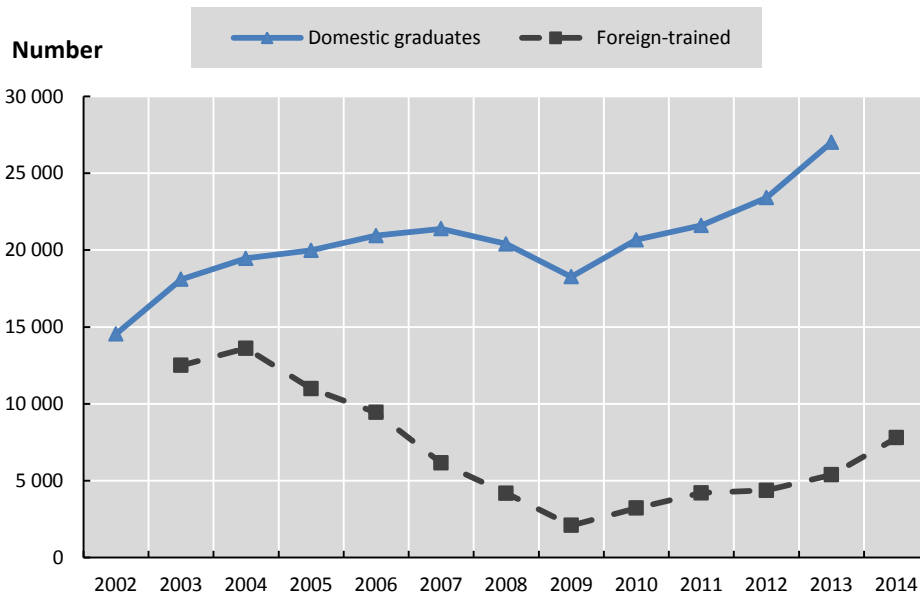
Source:

- UK: Health Education England and Department of Health.
- US: National League for Nursing. The data relate to graduates.

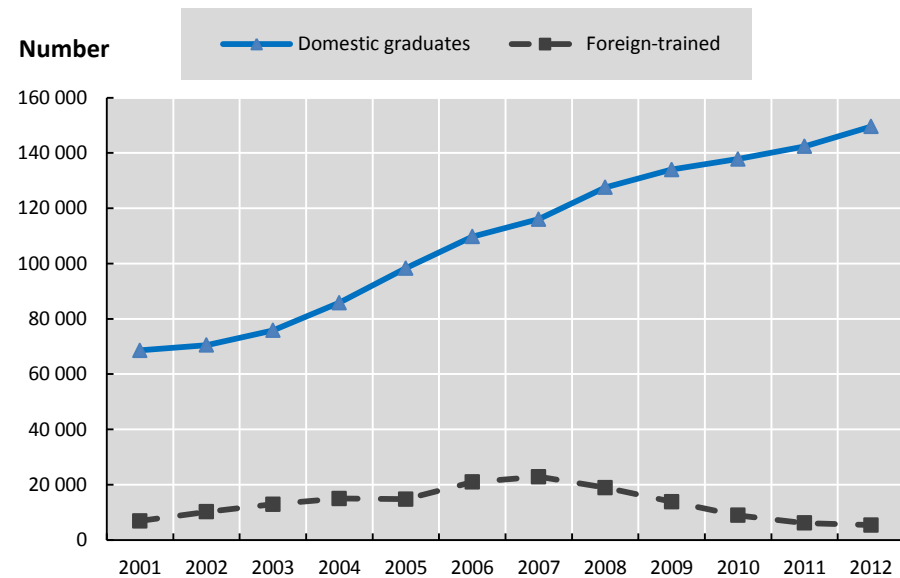
Greater domestic training efforts generally associated with fewer recruitment abroad

... Unless there is a sudden big increase in the demand for nurses

United Kingdom (nurses)



United States (nurses)



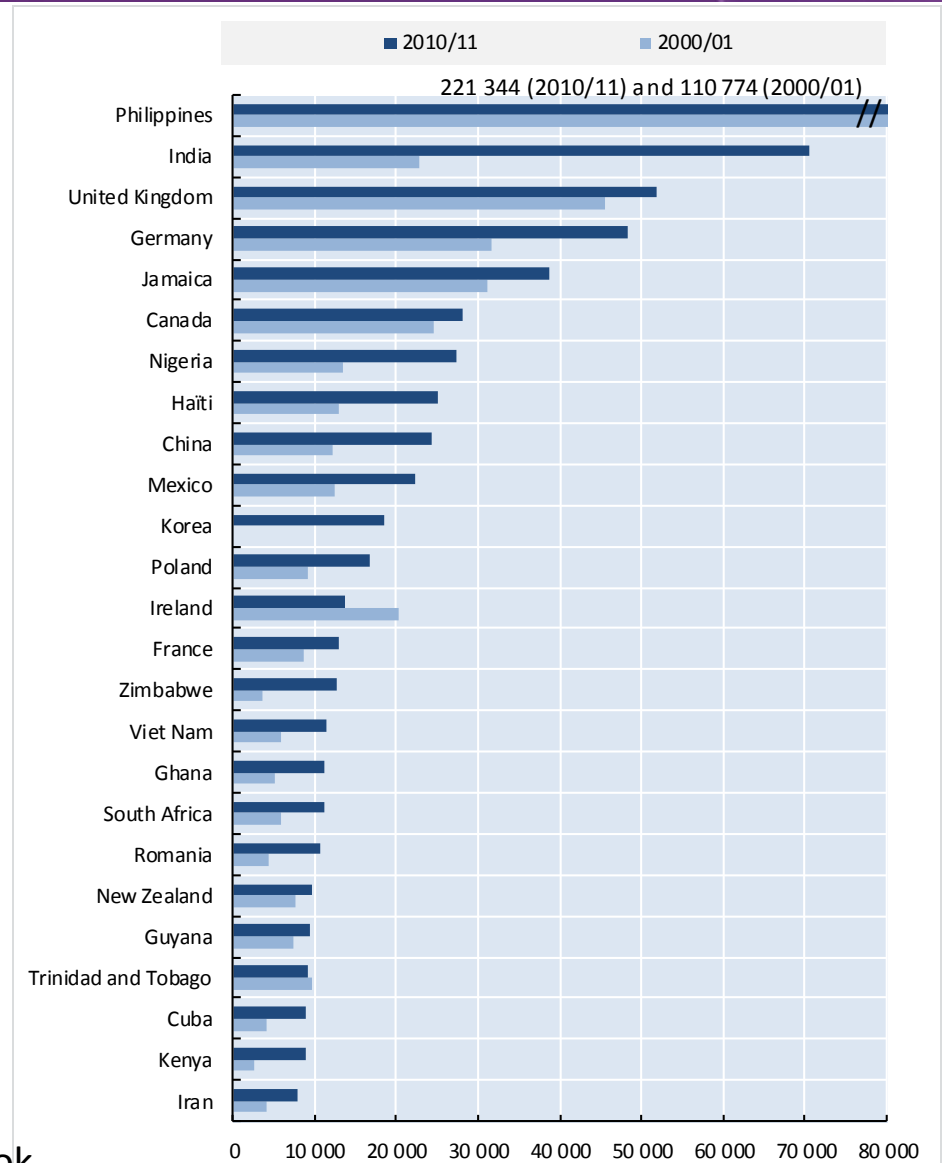
Source: UK : Nursing and Midwifery Council; U.S. Nursing Workforce: Trends in Supply and Education, Health Resources Services Administration (HRSA), 2013

Main origin countries of foreign-born nurses working in OECD countries in 2010/11:

- Philippines
- India

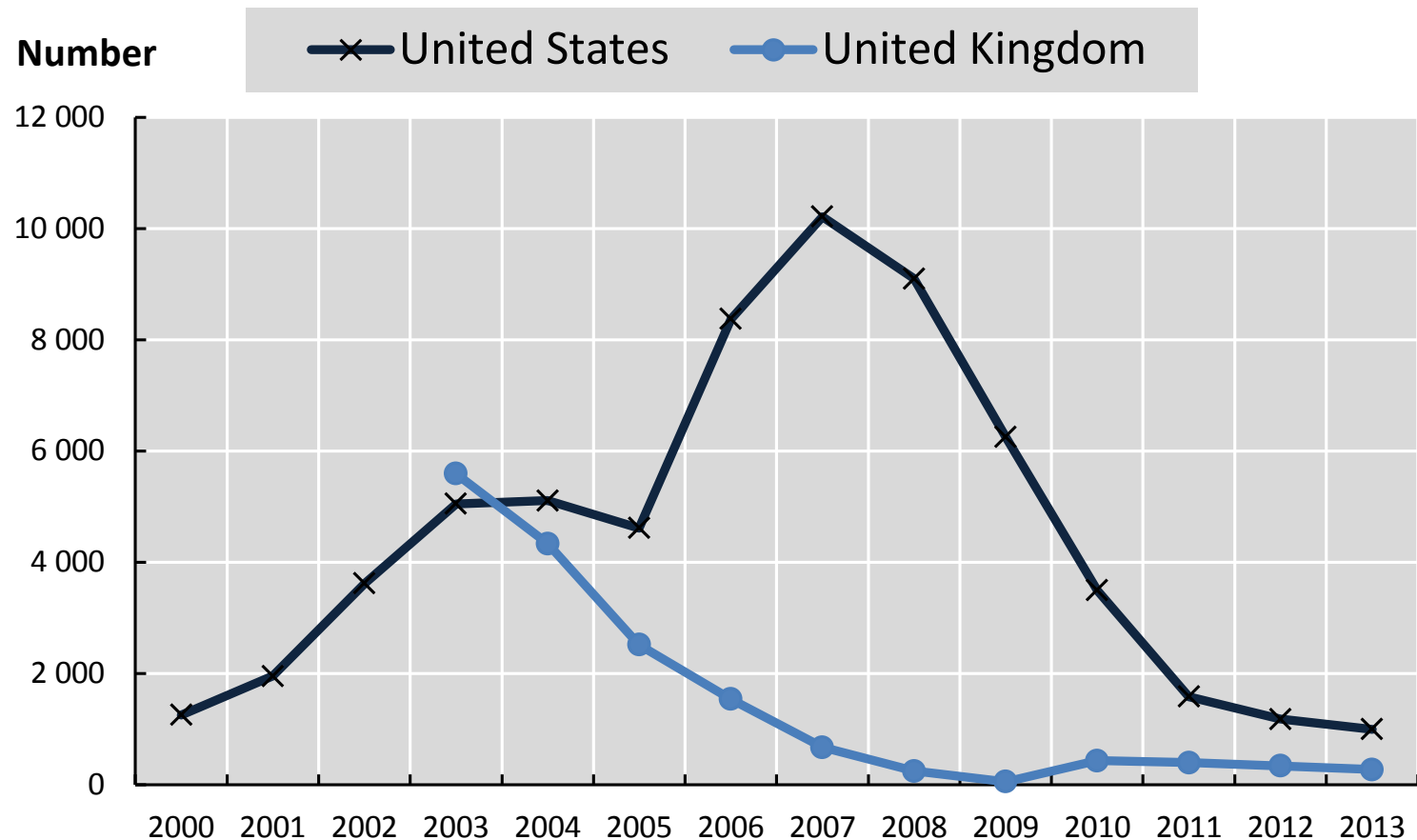
followed by

- UK
- Germany



The number of Filipino nurses migrating to the US and the UK has plummeted

Annual flow of nurses trained in the Philippines who migrated to the US and the UK

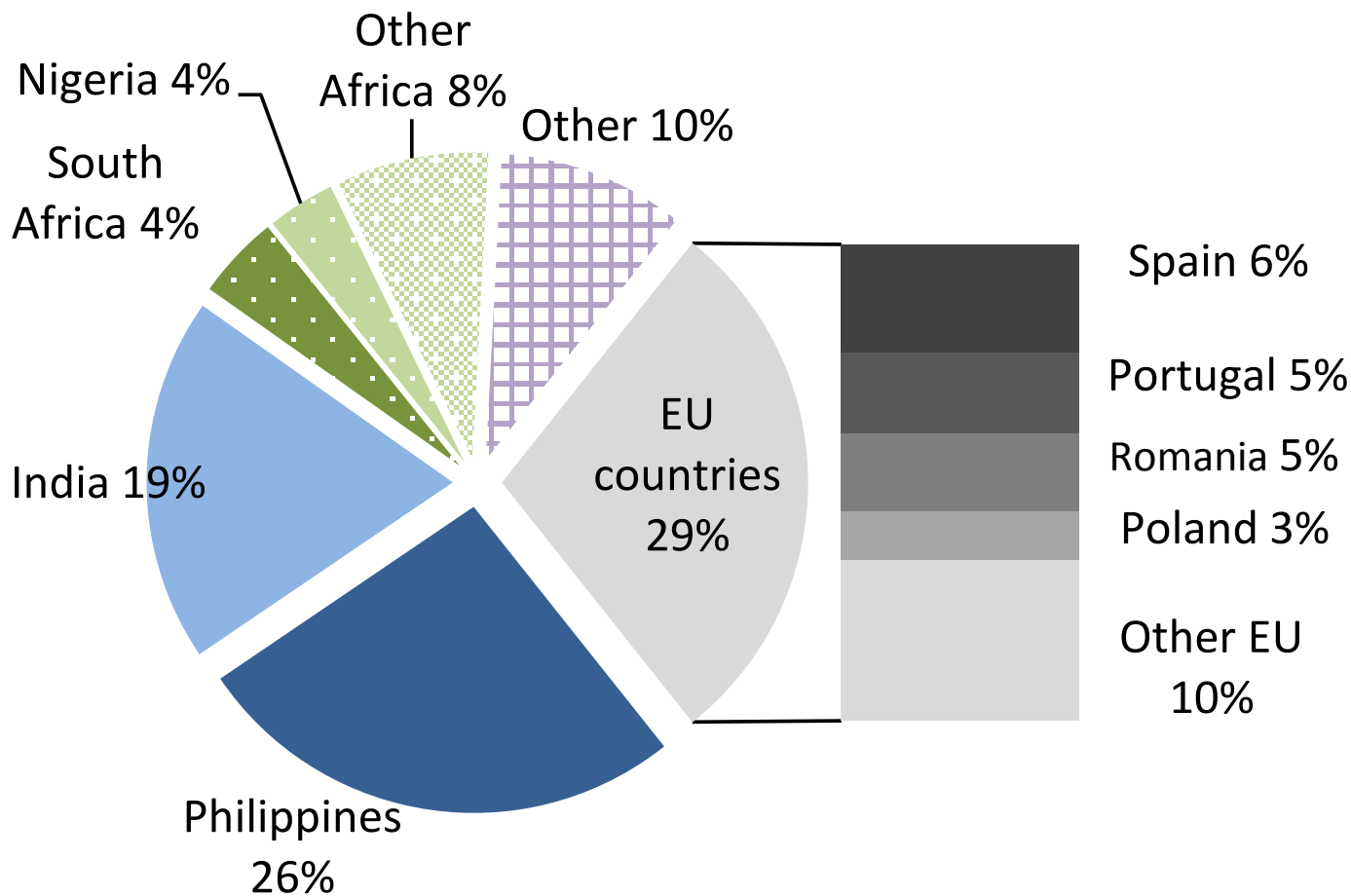


Source: OECD (2016)

EU countries are now the main origin of foreign-trained nurses in the UK

Main countries of training of foreign-trained nurses

United Kingdom, 2014

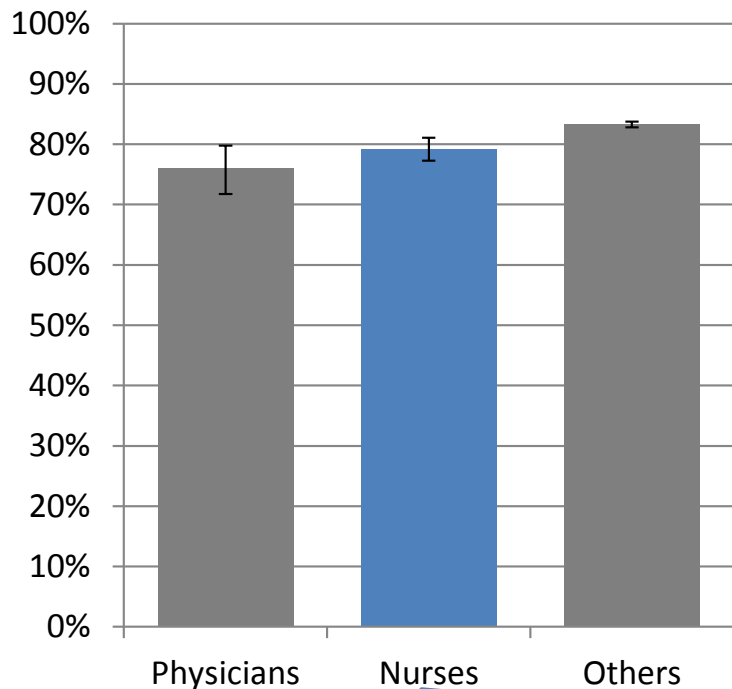


Source: OECD Health at a Glance 2015

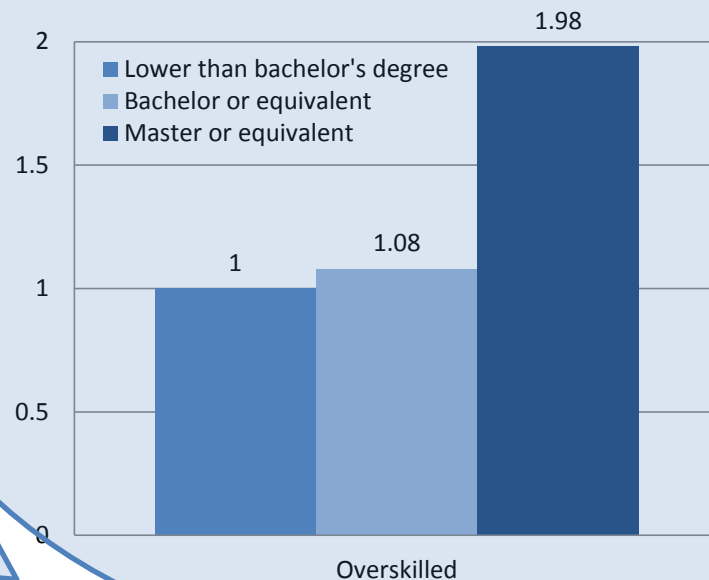
All countries need to make a more efficient use of the skills of nurses

A large proportion of nurses report being over-skilled for some of the work they do... and this is particularly the case for higher-educated nurses.

Reported over-skilling, 2011-12



Skills mismatch by level of education
Multinomial logistic regression, odds ratios



Source: OECD 2011-12 PIAAC Survey (all 23 participating countries)

Future of Nursing



- More advanced roles
- More support from lower-skilled “nursing associates”
- Train in competences, not in position



Movement towards advanced practice nursing

- Began with Nurse Practitioners (NPs) in the U.S. and Canada in the mid-1960s
- Expanded greatly to many other categories of nurses:
 - (Advanced) Nurse Practitioner
 - Clinical Nurse Specialist
 - Expert Nurse
 - Certified Registered Nurse Practitioner
 - Nurse Consultant
 - Primary Healthcare Nurse
 - Etc.

➡ NP role now exists in over 50 countries

Nurse practitioners could grow more

Country	Category	Year	Number	% of all RN
Australia	Nurse Practitioners	2010	400	0.2%
Canada	Nurse Practitioners	2013	3 477 (up from 825 in 2005)	1.4%
Ireland	Advanced Nurse Practitioners	2009	121 (incl. midwives)	0.2%
England	Advanced Nurse Practitioners		?	?
	Nurse Consultants	2009	971	0.2%
United States	Nurse Practitioners	2012	132 368	4.7%



Positive impacts of NPs on access and quality of care

- Access: NPs can 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)



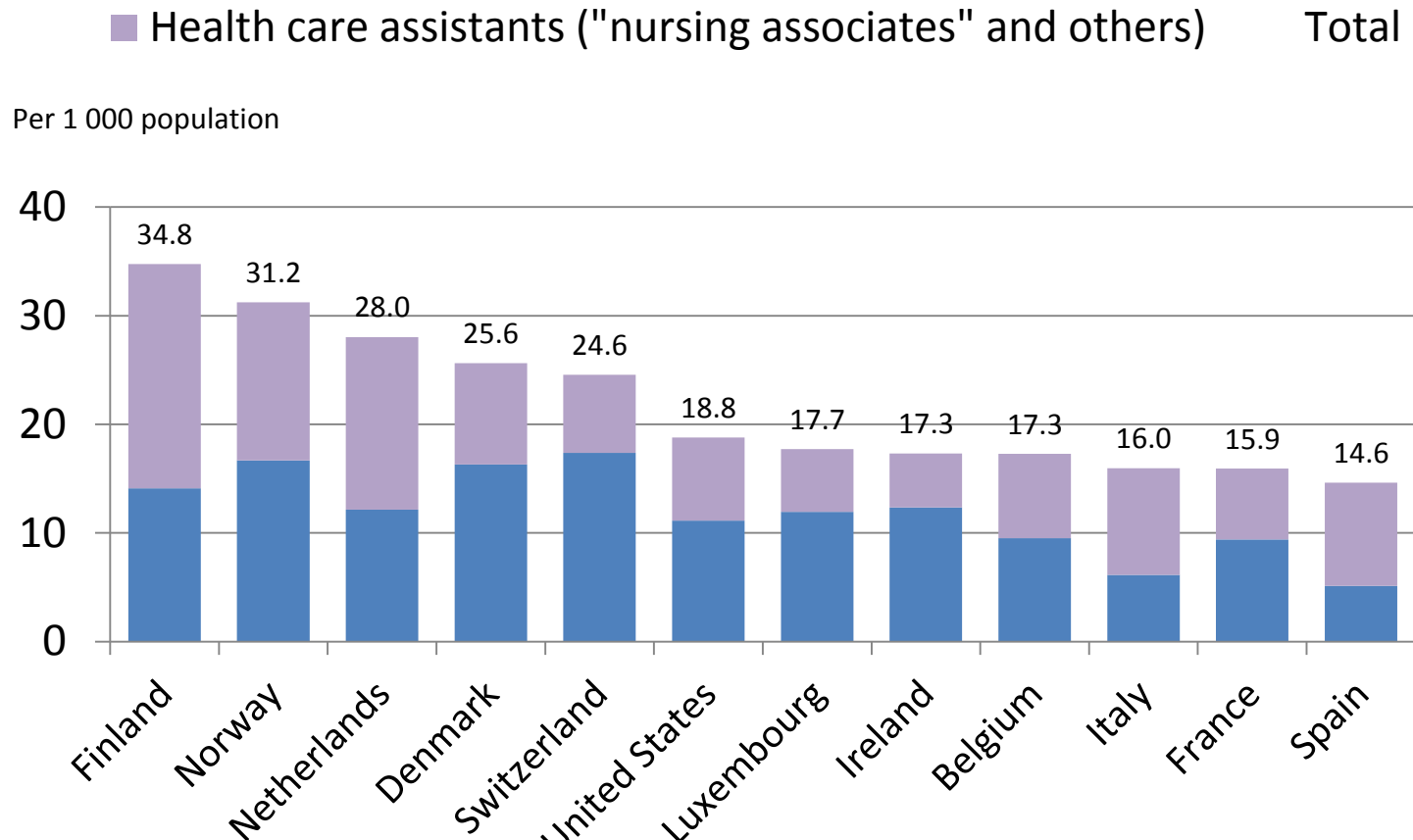
Recommendations to promote advanced practice nursing (APN)

1. Standardising the definition of APN roles
2. Improving educational curriculum for APNs, while respecting each country's unique cultural and political context
3. Increasing access to primary and preventive health care services by removing barriers that prevent APNs from practicing to the full extent of their education and training
4. Reforming healthcare funding mechanisms to allow for APN-based practice models
5. Continuing the collection of data and sharing of information on APN quality and outcomes in a variety of countries/settings.

Source: US National Nursing Centers Consortium (2014), The Future of Nursing (2014)

Supporting nurses with health care assistants (“nursing associates/aids”)

- Proper skill mix can help reduce training cost and time and allow nurses to work at their full scope of practice



Source: OECD Health Statistics 2015



Some general reflections

- Nurses are the most numerous category of health care providers in most countries
- Functions and responsibilities need to evolve to better respond to population health needs, demand for greater teamwork:
 - Remove barriers to effective use of skills: barriers for more advanced practice nurses so that they can work at their full scope of practice
 - Support nurses with lower-skilled/health care assistants so that nurses don't do tasks for which they are over-qualified
- Countries need to train sufficient number of nurses to respond to need, without unduly relying on training efforts of other countries
- Lower-income countries may need support to increase their training capacity
- Training decisions need to be based on more robust data and health workforce planning models

For more information



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