



## The key findings of the OSKA study of the **health care sector**

The study provides information about the demand and potential supply of labour force in health care sector. The study answers the question of **how to change the supply of education and training to meet the need for labour force and professional skills of the sector in the forthcoming 5-10 years.**

In the near future, the development of the sector will be influenced by demographic changes, social and political factors as well as the development of technology and innovation in providing services. Constant progress in treatment allows to improve the life expectancy and welfare of people. The need for health care services is growing due to the increasing life expectancy and aging population. The pressure for increasing the budget of health insurance creates the need to use resources better.

Due to growing demand and the scarcity of resources, the next ten years of the sector will probably be characterised by constant discussion on the sustainability and sufficiency of financing the sector, accompanied by uncertainty about the future. The need for labour force is growing in the main occupations of the health care sector by at least a tenth during next 10 years.

Preparing employees of the health care sector takes a lot of resources. Approximately one third of the employees of the sector are categorised as health professionals whose training lasts for 3,5–11 years. If there won't be enough highly qualified employees, the quality and availability of the health care services will be at risk. Training too many employees may, however, be a waste of resources for the state if the gained skills are unused or the employee uses them in another country.

Estonia has understood the need to change the health care system to promote the wellbeing of the population and prevent health problems, so that a person would become a patient needing medical help as late as possible.

### The health care system needs a different structure of labour force

The promotional and preventive work can only be effective with enough staff. In addition to doctors who are professionals of diagnosis and treatment, other health professionals are needed – nurses, physiotherapists, psychologists, etc. – whose aim is systematic advising, consultation, and advising the people to help to raise awareness about their state of health or to induce behavioral change. Important progress has already taken or is taking place in the course of strengthening the primary care – in addition to a second nurse, midwives and physiotherapists are added to primary care in the near future. Home nursing service will also be connected more closely to family doctor care. At the same time, the increase in the number of nurses and physiotherapists in primary care does not decrease the need for these occupations in hospitals and other specialised medical care institutions.

The supply of education meets the demand of the labour force in most of the main occupations. Only in the case of the nurses, we must face the fact that **if we were to increase**



the number to **9 nurses per 1,000 people**, then it cannot be achieved by 2025 with the **expected number of graduates**.

Another issue is insufficient supply of education of pharmaceutical employees. With the current number of graduates in pharmacist training, the employees leaving the labour market cannot be sufficiently replaced. If we expect the need for pharmacists to increase by at least a fifth, then the education system cannot reach the aim with the current number of graduates. Considering the potential of pharmacy services for advising people in need for help, meeting the need of staff of pharmacies is extremely important. Instead of simply increasing admission, institutions of higher education should first try and **create a joint curricula of pharmacist and assistant pharmacist** by dividing the current integrated 5-year study of pharmacists into a study based on a 3+2 (joint) curriculum – giving the profession of an assistant pharmacist after 3 years study and the profession of a pharmacist can be acquired afterwards during master's studies. Searching for common ground and preventing fragmentation between studies of specialities with a similar orientation is natural in the context of decreasing number of students and labour force.

### The labour market needs employees with additional knowledge and skills

The hospitals as well as primary care centres need **secretaries and assistants with medical training** who would be able to navigate in the terminology of health care and could assist the doctors in consultations, helping to save the working time of doctors and nurses (who sometimes perform the role of doctor's assistant) with technical duties. Dental care institutions need **qualified dental care assistants** to ensure the quality of the service. Currently the role of assistant is performed on the one hand by employees with nursing education, who are overqualified and on the other hand by employees without any professional qualification.

There is a need for professionals who undergo postgraduate specialisation in hospital pharmacies or medical laboratories. **Clinical pharmacists** are needed in the former and **medical laboratory specialists** with clinical work experience in the latter. Hospitals expect specialisation to be organised similarly to the residency of medical specialists or specialisation of specialised nurses.

### In addition to what the studies offer, working in the health care sector also requires other necessary skills

The first prerequisite of working in the sector is good professional knowledge and skills, but in addition to these, employees of all main occupations need good general skills according to the experts. The most important of these are communication skills (with patients as well as other health care specialists), technological skills, management and cooperation skills (incl. in international teams). The prerequisite of gaining such skills is the integration of speciality and general subjects in the curricula. Alongside professional skills, the studies must provide an opportunity to gain additional knowledge about effective team work, communications and management.

### For better use of people working in health care, the stakeholders must reach mutual agreements

In a situation where the potential of the training of pharmacists is not fully used, it is natural that the stakeholders will soon agree on whether and to what extent the rights and the liability of pharmacy employees need to change. Being better informed of the client's health and



cooperation with family doctors allow pharmacists to provide higher quality services to the client, thereby enabling to decrease the number of visits with minor health issues to family physicians or emergency medicine departments.

It is also necessary to reach agreements on the professional training of clinical psychologists and speech therapists. Discussions focus on whether to bring the organisation of the specialisation after formal education to the responsibility of the University of Tartu or to develop separate master's curricula in formal education. Mental health care sector lacks the regulation of psychological help. Even though the distinction between the competences of clinical psychologists and school psychologists is established with the help of professional standards, there are no binding agreements (incl. regulations) which specify the competence of a psychological counsellor or psychotherapist who works outside the clinical institutions or schools.

People in other occupations also highlighted problems related to unclear distinction between competences. In order to ensure quality and efficient use of resources, it is necessary to distinguish the competences of nurse and specialised nurse, nurse and care worker, doctor and nurse, as well as pharmacist, assistant pharmacist and nurse.

When planning the labour force and meeting the needs of the labour market, it is important to keep in mind that **many important issues related to the labour force of the health care sector arise from the organisation and financing of the health care sector**. Thus, the motivation of health care professionals, especially nurses, to leave the sector or the country is directly related to salary. The insufficient salary or poor working conditions caused by insufficient funding of the health care sector can increase the number of employees leaving the sector or country. It is also not possible to improve the image of the profession of care workers without dealing with the payment conditions.

In order hospitals to be able to plan staff for the future, they need knowledge and certainty about the volumes of the future funding of services. The working overload of the hospital employees is partly caused by the employers uncertainty to employ additional personnel. The organisation of the social sector may also influence it directly – applying case management extensively and in a sufficient amount in social work may save working time to a significant extent in first contact as well as in hospitals. The organisation of state subsidies for people with health loss (e.g. subsidy of incapacity for work or disability allowance) may also influence the need for labour force (e.g. family doctors).