

Frequently asked questions

What is the difference between Nursing associate and Nursing professionals?

Nursing and midwives personnel have to be reported separately.

We followed the ISCO-08 classification (attached, in particular you can look at p88,89,90,91, p221,222,223).

The ISCO classification creates a split for nursing and midwifery by separating “professionals” and “associates”. This is to account for various skills, training, etc...

The definition seems close but as a rule of thumb:

- an associate nurse (or midwife) had 1-2 years of initial training,
- a professional nurse (or midwife) had 3-4 years of initial training and being more independent in its practice.

In any case, the terminology here is not prescriptive, but here to guide the countries to define where their own classification would best fit between these two type of occupations.

Some countries have only one curriculum that corresponds to nursing professionals.

What is Nursing Personnel?

Sometimes, it is difficult to differentiate nursing associate from professionals, hence we created our own additional category for personnel which is the sum of associate and professionals:

Nursing personnel= nursing associates (code 3221) + nursing professionals (code 2221)

Midwifery personnel= midwifery associates (code 3222) + midwifery professionals (code 2222)

How to define Urban vs Rural?

We suggest to use the national definition of urban vs rural areas as defined by your national statistical office. The main reason is that there are different classification used by countries and no global harmonization yet. The recommendations of the UNSD expert group could be used. There is also an interesting methodology in EU with DegUrba (degree of urbanisation):

<https://ec.europa.eu/eurostat/web/degree-of-urbanisation/methodology>

<https://ec.europa.eu/eurostat/web/products-manuals-and-guidelines/-/KS-GQ-18-008>

Which geographical level to include as subnational level?

Here the terminology mentions provinces or states but it should be adapted. We request here the monitoring of 1st level of administrative unit. In some countries, these are called Districts, in other regions in other states. The population size in each district would also be helpful to later be able to calculate densities and assess the heterogeneity in the availability of these health workers.

What are the type of facility (M1.06)?

We aligned the definition of primary providers (HP.1 to HP.6) to the System of Health Accounts 2011 – revised edition (March 2017): <https://ec.europa.eu/eurostat/fr/web/products-manuals-and-guidelines/-/KS-05-19-103>

The full definition of each type of facility is:

- **HP.1 Hospitals:** licensed establishments that are primarily engaged in providing medical, diagnostic and treatment services that include physician, nursing and other health services to inpatients and the specialised accommodation services required by inpatients
- **HP.2 Residential long-term care facilities:** establishments that are primarily engaged in providing residential long-term care that combines nursing, supervisory or other types of care as required by the residents.
- **HP.3 Providers of ambulatory health care:** establishments that are primarily engaged in providing health care services directly to outpatients who do not require inpatient services. This includes both offices of general medical practitioners and medical specialists and establishments specialising in the treatment of day-cases and in the delivery of home care services.
- **HP.4 Providers of ancillary services:** establishments that provide specific ancillary type of services directly to outpatients under the supervision of health professionals and not covered within the episode of treatment by hospitals, nursing care facilities, ambulatory care providers or other providers
- **HP.5 Retailers:** establishments whose primary activity is the retail sale of medical goods to the general public for individual or household consumption or utilisation.
- **HP.6 Providers of preventive care:** organisations that primarily provide collective preventive programmes and campaigns/public health programmes for specific groups of individuals or the population-at-large, such as health promotion and protection agencies or public health institutes as well as specialised establishments providing primary preventive care as their principal activity.

So for **midwifery** occupation, they would mainly be distributed between **HP1 hospital, HP3 ambulatory.**

For **nursing** occupation, mainly between **HP1, 2, 3**