



# Skill measures to mobilise the workforce during the COVID-19 crisis

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This policy brief investigates how countries responded to immediate shortages of workers during the COVID-19 crisis. It first identifies which jobs were in demand using online vacancy data and describes the skills profiles of those jobs. By comparing them with the skills profiles of similar jobs in low demand, it considers the viability of redeploying unemployed adults to jobs where hiring is increasing. The brief shares examples of innovative ways in which countries retrained and redeployed their labour force to meet immediate demand during the health crisis. Lessons can be learnt for medium-term retraining efforts that will be needed to help workers transition to the post-COVID 19 economy, and to address ongoing skills shortages.

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## Introduction and main findings

The policy measures taken to contain COVID-19 have led to large negative demand shocks in the labour market. Of businesses that required face-to-face interaction, only very few, providing services deemed “essential”, were allowed to keep their doors opened. As a result, many workers lost their jobs – temporarily or permanently – and use of job retention schemes like short-time work (STW) skyrocketed.

While hiring has stalled overall, essential sectors have experienced a surge in demand, and job postings in these sectors are increasing. Meeting this demand at a time when job interviews are difficult to hold and training can only be done online is a challenge. The problem is compounded by school closures due to COVID-19, obliging some parents to stay home to look after children full-time. Fear of contracting the virus has also reduced the number of individuals willing to carry out people-facing roles. Many people are unable to work because they are either sick or in self-isolation. Finally, some STW programmes do not allow training while being paid on the scheme, or offer sufficient income support to reduce the attractiveness of certain lower-paid but high-demand jobs.

Over the next few months, governments will need to put in place measures to facilitate the retraining and redeployment of displaced workers. The rapid retraining and job matching efforts implemented in the immediate response to the COVID-19 crisis provide insights for redeploying and retraining workers in the medium-term recovery phase. This may be especially relevant for workers currently on STW schemes who will not be able to return to their former jobs due to firm bankruptcies or changes in demand for some products and services.

### Key findings

- Rapid retraining in essential services took place during the COVID-19 crisis based on immediate emergency needs. It was made easier and faster by targeting the unemployed who already had the necessary skills for essential jobs, and by targeting in-demand positions which required little specialised training. For instance, Partners in Health in Massachusetts (United States) trained 1 000 people in contact tracing: the process of identifying and isolating people infected with COVID-19 and their close contacts. The fundamentals of contact tracing could be covered in a six-hour online course. Quickly matching displaced workers with existing employment opportunities minimises the time they spend without income and reduces production losses for employers.
- The COVID-19 crisis proved an important testing ground for online training and career guidance, as in-person services were not available (OECD, 2020<sup>[11]</sup>). Equity emerged as a key concern, as low-skilled or low-wage workers who did not have sufficient digital skills or access to high-speed internet could not take advantage of these opportunities.
- Easing licensing and registration requirements temporarily can be useful to tackle critical shortages in regulated sectors. Fast track licencing during the COVID-19 crisis allowed recognition of skills acquisition without full skills certification to boost health profession numbers. British Columbia in Canada amended its Health Professions Act so that international medical graduates could apply for a supervised associate physician licence to fight COVID-19. They had to have at least two years of post-graduate training and the first part of the qualifying exams completed.



- In the medium term, training should be aligned with the results of skill assessment and anticipation exercises. Career guidance counsellors can help direct adults towards skills in demand. Effective skills profiling tools and programmes for the recognition of prior learning are essential to ensure that training is efficiently focused on the jobseeker's skill gaps. Some countries are already taking action on this. Australia's Department for Education, Skills and Employment is encouraging workers affected by COVID-19 to consult its Skills Match online tool. The tool helps users to identify the skills they already have based on their previous work experience. It then presents new job ideas that use similar transferable skills.

## Which sectors/occupations kept hiring?

As the COVID-19 crisis unfolded and countries implemented large scale lockdowns, hiring declined in the vast majority of occupations and sectors. Only very few occupations saw an increase in job postings and these mainly were jobs in “essential” sectors and involving “essential” services that were allowed to operate despite confinement measures. They tended to include – but were not limited to – health care, food production and distribution, law enforcement, critical infrastructure, public safety and manufacturing of personal protective equipment. The notion of what is “essential” varies across countries.

Whether an occupation was considered essential sometimes depended on the sector. Due to temporary or permanent closures in non-essential retail companies, many retail workers (e.g. cashiers, store clerks or sales supervisors) lost their jobs. However, essential retailers like grocery stores and pharmacies continued to hire workers to meet the surge in demand due to “panic buying” and the shift to more home production of meals during the confinement period.

As real-time official labour market data across countries are scarce, our analysis leverages data on job advertisements posted online, as collected by a large private sector provider. These data are currently available for Australia, Canada, New Zealand, the United Kingdom and the United States, countries that have been affected to varying degrees by the COVID-19 crisis and at different times.<sup>1</sup>

These data confirm that, between March and April 2020, job postings declined in all of these countries, on average across occupations. The decline was the sharpest in the United Kingdom, while it was least pronounced, but still substantial, in Australia and New Zealand. Contrary to the belief that occupations that were more compatible to remote working fared better in all dimensions, job postings declined less in occupations where teleworking was not possible, many of which delivered essential services in sectors that could continue to function despite lockdown rules (Figure 1).

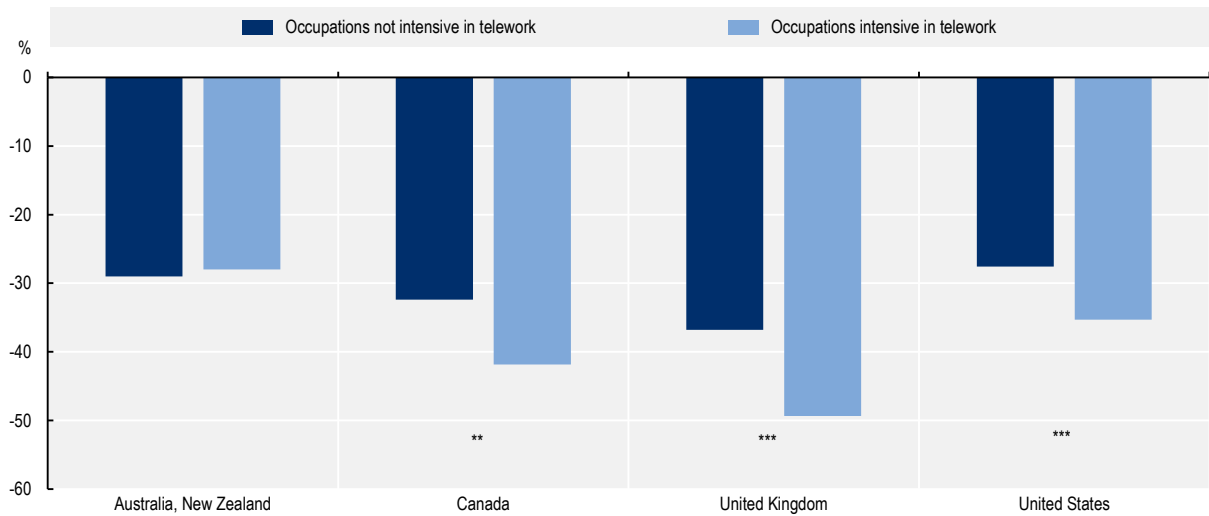
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<sup>1</sup> Data from Australia and New Zealand were pooled to increase sample size. The two countries were affected similarly by the crisis and appear to be close to eradicating the COVID-19 virus.



**Figure 1. Difference in growth in job postings between March and April, 2020**

Monthly data, weighted averages across 6-digit SOC occupations



Note: Weighted averages of changes in 6-digit occupations in the group. Weights are the share of new postings in the occupation in total new postings in the country, for January, averaged over 2019-20. The definition of intensity in teleworking is sourced from Dingel and Neiman (2020<sup>[2]</sup>), and refers to the feature of the occupation in the United States. \*\* identifies differences significant at the 5% confidence level, \*\*\* differences significant at the 1% confidence level.

Source: Secretariat calculations based on Burning Glass Technologies data.

In some, albeit few, occupations, job postings actually grew. Comparing the number of postings in April 2020 with March 2020, when lockdown restrictions were introduced in many European countries, we have selected the top ten occupations that experienced the highest growth in each country or region (Figure 2). These are the occupations where labour demand increased the most, or declined the least.<sup>2</sup> They represent between 1.4% and 8.6% of all job postings open in the country before the onset of the COVID-19 outbreak.<sup>3</sup>

Some cross-country differences immediately stand out. In Australia and New Zealand, less affected by the COVID-19 crisis than the other countries in the analysis, job postings increased in a much broader range of occupations with little concentration in health-related professions. In Canada, six of the top ten occupations with rising vacancies were health-related professions. The United Kingdom suffered a general decline in job openings over this period, and only health-related jobs like home health aides saw a rise in

<sup>2</sup> Data are sourced from *Burning Glass Technologies*, an employment analytics company elaborating job postings from hundreds of millions of job postings to provide insight into labour market patterns. *Burning Glass Technologies* data for the United States have been shown to align well with official data from the U.S. Job Openings and Labor Turnover Survey, e.g. in Carnevale et al. (2014<sup>[10]</sup>), Hershbein and Kahn (2018<sup>[11]</sup>) and Kahn, Lange and Wiczer, (2020<sup>[12]</sup>) with coverage quality decreasing for low-skilled occupations. Knutsson et al. (forthcoming<sup>[13]</sup>) further show that the regional distribution of Burning Glass Technologies data for Australia, Canada and United States is generally well aligned with official data for the most recent years.

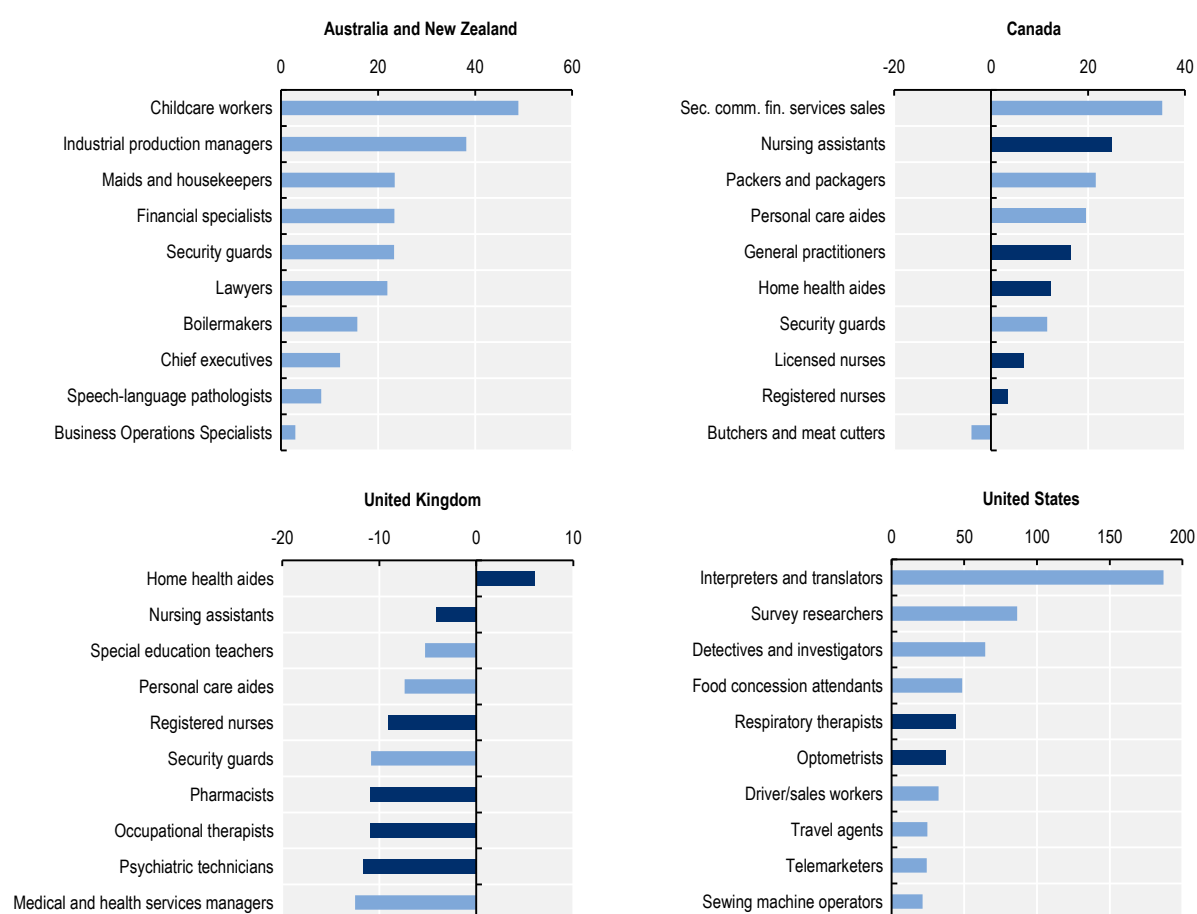
<sup>3</sup> While the choice of presenting only ten occupations is partly arbitrary, it is also driven by the overall number of occupations for which job postings are growing. As can be seen in Figure 2, job postings were growing only for nine occupations in Canada and for one in the United Kingdom. In Australia and New Zealand, only 13 occupations had positive growth in job postings and this was the case for 23 occupations in the United States. As a result, weighing the growth in job postings by the employment share of the occupation would only marginally change the selection of the ten fastest growing occupations in each country.



vacancies. In the United States, job openings in the top ten occupations seem to be growing at a higher rate than in the other four countries, and are spread over a relatively broad set of occupations.<sup>4,5</sup>

**Figure 2. Growth in job openings by occupation: Australia and New Zealand, Canada, United Kingdom and United States, April 2020**

Top ten occupations by percentage change in posted vacancies between March 2020 and April 2020



Note: Percentage change in the number of new postings between March and April 2020. Health-related professions are highlighted in dark blue. The sets of occupations in each country are robust to the use of different measures, notably when controlling for the average April on March rate of change in 2018-19. Army occupations and detailed occupations that displayed very few postings in the considered months were dropped. Source: Secretariat calculations based on Burning Glass Technologies data.

<sup>4</sup> A first robustness check shows that the lists of occupations by country are not the result of seasonality in hiring for these occupations.

<sup>5</sup> Many reasons could explain these cross-country differences. Labour market flexibility varies significantly across countries, with the US labour market having less tight requirements in term of hiring and firing of workers. The timing of lockdown also varied significantly, between and within countries. For instance, US states implemented different confinement rules and at different times. The extent to which countries have been affected by the pandemic also varied, ranging from limited cases and deaths in Australia and New Zealand to one of the highest number of deaths per capita internationally in the United Kingdom. This variation resulted in varying strictness of lockdown measures and very different effects on the economy.



### Box 1. Health systems under pressure

Many countries had shortages of health professionals even before the COVID-19 pandemic hit. The OECD [Skills for Jobs database](#) provides an international comparison of skills shortages and surpluses. It shows that, in 2018, professional health occupations were facing shortage pressures in 62% of the 33 OECD countries covered by the database. In more than half of the countries, health professionals were among the top ten occupations in shortage. The World Health Organization estimates that in 2018 there was a shortage of 5.9 million nurses globally (World Health Organization, 2020<sup>[3]</sup>). Addressing these shortages is vital to responding to the immediate crisis but also to supporting long-term recovery and the sustainability of health systems.

As doctors, nurses and other health professionals were mobilised to respond to COVID-19, health systems came under increasing pressure. They had to balance the ongoing provision of essential medical services (e.g. births, management of chronic diseases, critical care services, etc.) with the COVID-19 medical response. To meet this spike in demand, countries repurposed, mobilised and reassigned their existing health workforce. Yet the existing health workforce faced supply pressures. First, school closures in many countries meant that many health professionals had to stay at home to look after children. One modelling estimate from the United States suggests that one in seven health professionals would not be able to work if policy makers decided to close schools (Bayham and Fenichel, 2020<sup>[4]</sup>). In France and the United Kingdom, arrangements were made so that children of health workers or hospital staff could continue in school or childcare, despite closures. Second, being on the frontline of the medical response put health professionals at risk of infection and having to stay home to recover and self-isolate. In Spain, 20% of registered coronavirus cases by mid-April were health care workers, according to a report published by the European Centre for Disease Prevention and Control (ECDC, 2020<sup>[5]</sup>). The equivalent shares in Italy, China, and the United States were 10%, 4% and 3%, respectively.

Even as countries made efforts to repurpose health professionals to help with the COVID-19 medical response, many health professionals in the United States lost their jobs or were furloughed as in-person visits to private health practices were discouraged and as private hospitals and clinics lost money due to the postponement of elective treatments. The United States Bureau of Economic Analysis reported a drop in health care expenditures of 17.3% in the first three months of 2020<sup>6</sup> and 1.57 million fewer health care workers were employed in April than in March 2020, according to the Bureau of Labour Statistics.<sup>7</sup>

### The skill profile of jobs in high demand

Jobs where demand (as defined by job openings) grew faster or declined less than in the rest of the economy were, for the most part, relatively low-skilled. In the countries analysed above, only 16 of the 40 jobs experiencing the highest growth in job postings required a tertiary degree and these were mostly health-related jobs. Where a degree was preferable, a two-year associate's degree was sufficient. In many cases, a high-school diploma was sufficient and for some jobs, such as sewing machine operators and food concession workers, no high school qualification was required at all.<sup>8</sup>

<sup>6</sup> [https://apps.bea.gov/iTable/iTable.cfm?reqid=19&step=3&isuri=1&nipa\\_table\\_list=31&categories=survey](https://apps.bea.gov/iTable/iTable.cfm?reqid=19&step=3&isuri=1&nipa_table_list=31&categories=survey)

<sup>7</sup> <https://www.bls.gov/web/empsit/ceseeb1a.htm>

<sup>8</sup> While this is the immediate effect of the lockdown on the labour market, it does not imply that long-term prospects of low-educated workers are better than high-educated ones after the de-confinement.





## During lockdown, half of the top ten in-demand occupations in five English-speaking countries required no more than a high school diploma, allowing for easy skills repurposing

Educational requirements are only a rough approximation of the skills someone will need to get a job. As countries look to repurpose unemployed adults to sectors facing increasing demand, comparing skills requirements of growing jobs with the skills of jobseekers in a more granular way is crucial. Several countries already have tools that allow individuals, trainers, career guidance professionals or case workers in public employment services to describe jobs in terms of the set of skills they require. For instance, O\*NET in the United States and ESCO (European Skills, Competences, Qualifications and Occupations) in Europe provide descriptions of occupations based on the skills that are needed to perform them. Fewer countries have at their disposal skills profiling tools that allow comparing these in-demand skills with the skills that jobseekers already possess. Fewer still identify appropriate training to fill the identified skill gaps.

In the United States, the O\*NET database includes information on education, skills, abilities and knowledge required in each finely defined occupation. It also provides a measure of distance between similar occupations “making use of similar skills and experience” and “requiring minimal additional preparation”. To give an example of how this resource could be used to repurpose job seekers, we selected four of the occupations with growing job openings as shown in Figure 2. We then identified the top five skills they would require and a list of jobs with similar requirements (Table 1). Workers who have worked in these similar occupations would be well placed to transition to the selected in-demand jobs.

**Table 1. Job profiles of selected in-demand occupations**

Job profiles of selected occupations with growing vacancy postings

Job title	Security Guards	Registered Nurses	Personal Care Aides	Driver/Sales Workers
Education required	High school diploma	Associate’s degree	High school diploma	High school diploma
Skills required	Active listening	Social perceptiveness	Service orientation	Critical thinking
	Reading comprehension	Reading comprehension	Social perceptiveness	Service orientation
	Monitoring	Active listening	Active listening	Active listening
	Critical thinking	Service orientation	Monitoring	Speaking
	Speaking	Speaking	Speaking	Persuasion
Jobs with similar requirements	Bailiffs	Licensed nurses	Home health aides	Taxi drivers, chauffeurs
	Baggage porters, bellhops	Respiratory therapists	Physical therapist aides	Parking lot attendants
	Lifeguards, ski patrol	Cardiovascular technicians	Childcare workers	Counter, rental clerks

Note: Information on education required is based on most frequent education required for the relevant occupation in the O\*NET database. Top five skills are based on a ranking on the product between each skill’s importance and level in the relevant job (normalised value). Source: Secretariat calculations based on O\*NET.

Similar job profile comparisons, with additional information on the labour market prospects of each job (as of 2018<sup>9</sup>), can be derived from the [OECD Skills for Jobs Database](#), albeit for broader job definitions (Infographic 1.) (OECD, 2017<sup>[6]</sup>). To become a security guard, as the diagram below shows, a baggage porter would normally need to develop “explosive strength” – presumably to intervene physically as needed. Compared to baggage porters, security guards also require more knowledge of “psychology” and “therapy and counselling” – probably to gauge risk levels and deal with delicate situations or reactions. A

<sup>9</sup> A more up-to-date assessment of the labour market prospects of each occupation by country will soon be available on the webpage, using information from online vacancies.



security guard also requires more knowledge of “public safety and security” and more “flexibility of closure”, i.e. selective attention to identify dangerous situations in the midst of complex and varying settings.

## The OECD Skills for Jobs Database can help compare job profiles and target training on skill gaps [bit.ly/2ObF0Ws](https://bit.ly/2ObF0Ws)

This type of analysis applied at a granular level to compare jobs in-demand with the work experience of job seekers can help to identify skill gaps that can be targeted by short training modules specifically to address those gaps.

### Infographic 1. From baggage porter to security guard



Note: Comparison of the importance of skills, knowledge and abilities in the two occupations, based on the O\*NET database. O\*NET uses percentile scores to convey the level of importance of a given skill, ability or knowledge area to a particular occupation. The horizontal axis represents the continuum of importance scores, from 0 to 100. The blue dot on the horizontal axis represents the importance score of the starting occupation (in this case, baggage porters) and the orange vertical line represents the importance score of the desired occupation (in this case, security guards). The length of the arrow is a measure of the “skills gap”, with a longer arrow implying that more retraining will be needed.

Source: Snapshot from [www.oecdskillsforjobsdatabase.org](https://www.oecdskillsforjobsdatabase.org).

### Profiling individual skills for optimal transitions

In many cases, the occupation that individuals held prior to unemployment is a good proxy of the skills they possess for potential redeployment, as there is a high correlation between job tasks and workers’ skills (OECD, 2016<sup>[7]</sup>). However, some individuals may possess skills not fully used or not used at all at work, making their previous job a less than perfect proxy for what they can actually do (OECD, 2016<sup>[7]</sup>; Quintini, 2014<sup>[8]</sup>). To improve transition pathways further, skills profiling to assess abilities beyond those documented through work history and certificates is crucial. Skills profiling tools have been used extensively for migrants and refugees, or for specific skill domains such as literacy, numeracy and digital skills.

The European Commission has developed a skills profiling tool for third-country nationals (<https://ec.europa.eu/migrantskills/#/>). In Italy and Spain, the public employment service has piloted the use of [Education and Skills Online](#), an online version of the OECD [Survey of Adult Skills](#) (PIAAC), to assess the literacy, numeracy and problem solving skills of job seekers. Although the pilots were successful overall, most users – both respondents and case workers – found that its format could be improved to better fit the needs of public employment services, notably by reducing the assessment’s length. Assessment tools for digital skills are also common and often directly linked to training provided to fill





identified gaps. Many use the e-Competence Framework developed by the European Commission – e.g. AICA, the association of ICT professionals in Italy (<https://www.aicanet.it/>). In France, the government has made available an online tool for testing, developing and certifying digital skills (<https://pix.fr/>).

The development of a more comprehensive tool, adaptable to different target groups and easy for public employment services to use, should be a priority to support transitions in the aftermath of the COVID-19 crisis.

## Developing tools for #SkillsProfiling is key to draw individual pathways out of unemployment

### Country responses

To what degree have the above skills-focused approaches been implemented in OECD countries? In the midst of the COVID-19 crisis, countries responded quickly with skill-related measures to meet shortages in essential services. Actions initially concentrated on the health sector but several initiatives to meet shortages elsewhere in the economy were put into place as the COVID-19 crisis unfolded.

#### ***Recalling workers with relevant skills***

To address shortages of health care professionals, several countries called on recently retired health professionals or adults with former experience in the health sector to return to or join the workforce.

- In Italy, the government announced in early March 2020 that retired doctors and nurses as well as final-year medical students could be hired by the national health service for six months to boost the emergency health workforce.
- Similarly, former medical professionals in Australia whose registration has lapsed in the last three years were eligible to work under a one-year pandemic register.
- In the Netherlands, former and retired medical support staff as well as medical students assisted in hospitals. Some medical military personnel also provided specialised assistance.
- In New York (United States), more than 52 000 retired health professionals and senior medical students had signed up in response to a call by the state's Surge Healthcare Force by the end of March 2020.
- France mobilised its health reserve (“réserve sanitaire”) to temporarily increase the supply of health workers, including health professionals (doctors, nurses, care assistants), non-care hospital workers, psychologists, professionals from regional health agencies, and others. The reserve draws from the public sector, private sector, freelance workers, retirees or paramedical and medical students. In normal times, about 3 800 people are part of the regular reserve, but this number increased to 22 800 by mid-March 2020 in response to an urgent call.

A limitation with this approach is that retired health professionals may be at greater risk of severe consequences and mortality from the coronavirus, as the latter affects older people more severely. In calling “back to duty” retired doctors and nurses, the British National Health Service reassured those who were older or with vulnerable family members that they could perform roles not involving direct contact with patients.

In countries where the virus was concentrated in only a few regions, health professionals could be deployed from less impacted regions to more impacted ones. In Korea, more than 80% of confirmed cases were concentrated in Daegu Metropolitan City and Gyeongbuk Province. The government was able to redeploy staff members to these regions from health care institutions in other regions.



### ***Calls for help from the general public***

Some countries announced calls for the general public to assist in the health and agriculture sectors. Volunteers did not have to have any specific training. The British National Health Service put out a call to the general public to join the NHS Volunteer Responders to perform four types of roles: delivering medicine to vulnerable people who were self-isolating, taking patients to and from doctor's appointments, getting people home from hospitals, and calling isolated people to prevent loneliness. By the end of March 2020, 750 000 people had volunteered – well beyond the original target of 250 000<sup>10</sup>.

Closed borders during the health crisis meant that seasonal workers who usually help with the agricultural harvest could not enter. The French government therefore called on temporarily laid-off workers to help farmers. By early April 2020, 150 000 people had volunteered to work on French farms, while the estimated shortage was 200 000 workers. Similarly, the UK's Department of Environment backed an appeal for workers to help on UK farms. About 10 000 workers volunteered, but this was not enough to meet the estimated 90 000 worker shortfall. One limitation was that many farmers required qualified labour. Another possible limitation was that emergency income support was generous enough to reduce the attractiveness of lower-paid jobs in the agricultural sector. In Flanders, workers on the STW scheme were allowed to take up seasonal jobs while maintaining 75% of their STW benefits. The Flemish public employment service also launched a dedicated website for seasonal employment in the agriculture sector<sup>11</sup>.

### ***Fast-track licensing***

Some countries issued short-term, fast-track licenses in medical and health care sectors. This allowed foreign-trained medical professionals to overcome normal licensing requirements. It also permitted medical students in their final year of education to contribute to the COVID-19 medical response.

- Canada leveraged unlicensed internationally trained health professionals and recent medical school graduates. To fight COVID-19, Ontario issued the first Supervised Short Duration Certificate (30-day licence) in mid-March for those who met minimum qualifications, had secured a spot working in a hospital, and had found a physician prepared to act as their supervisor. This was a promising measure given that there were 13 000 foreign-educated doctors and 6 000 foreign-educated nurses not working in their fields, according to numbers from [HealthForceOntario](#). British Columbia amended the province's Health Professions Act so that international medical graduates could apply for a supervised associate physician licence to fight COVID-19. They had to have at least two years of post-graduate training and the first part of the qualifying exams completed.
- In the United States, New York also allowed foreign medical school graduates who were not licensed to practise in the U.S. to provide patient care in hospitals, as long as they had completed one year of graduate medical education<sup>12</sup>.
- Following emergency legislation, the UK Nursing and Midwifery Council (NMC) launched the COVID-19 temporary register to recruit both health professionals who left the sector in recent years and qualified migrants. The NMC introduced a set of emergency standards to enable student nurses and midwives in the final six months of their course to finish their training on placement, while ensuring that all learning outcomes were met. The standards also indicated that current first-year undergraduate students would be able to fulfil up to 100% of their courses in theory or

<sup>10</sup> <https://www.cbsnews.com/news/750000-volunteers-answer-call-to-help-u-k-health-service-manage-coronavirus-crisis/>.

<sup>11</sup> <https://www.vdab.be/helpdeooogst>.

<sup>12</sup> <https://www.governor.ny.gov/news/no-20210-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>.



academic learning with the overall 50-50 split of theoretical and clinical hours to be achieved over the remainder of the course.

- Italy expedited the procedure for medical school graduates to enter the workforce by cutting the hospital exam<sup>13</sup>.

## Fast-track licencing allowed recognising #SkillsAcquisition without full #SkillsCertification to boost health professional numbers during COVID-19

### **Rapid retraining**

Several countries quickly developed short training programmes to address immediate demand pressures. In some cases, training programmes were targeted at health and medical professionals who needed to upskill in knowledge related to pandemic response or to redeploy to higher-demand functions. In other cases, the training programmes were intended to equip displaced workers with the basic skills and knowledge required to temporarily fill roles in essential services.

Some countries developed online learning resources to support health professionals redeployed to respond to COVID-19:

- Health Education England created a free e-learning programme designed to train the health workforce in infection prevention and control, personal protection equipment, critical care resources, invasive ventilation and intensive care medicine.
- The Estonian PES, in co-operation with the relevant stakeholders, also quickly developed e-learning for care workers.
- Oxford Medical Simulation offered free virtual reality training to update the skills of retired nurses and doctors in Canada, the United States and the United Kingdom. The virtual reality environment allows retired doctors and nurses to engage in web-based medical scenario training. As of mid-March, 50 hospitals had accepted the training offer<sup>14</sup>.
- The UK National Health Service Professionals (NHSP) launched a national campaign to boost and support the wider NHS in attracting more health care professionals to support the NHS in the fight against COVID-19. Skills for Health made Core Skills Training available online to all health care employers and employees across the United Kingdom including educational organisations, and provided statutory/mandatory training. Skills for Health launched a dedicated COVID-19 online training resource in March 2020 that was made freely accessible to all. The UK Government also worked with Skills for Care to provide free condensed online training to prepare workers for social care jobs.
- In France, the Group of Parisian Hospitals (AH-PH) partnered with the startup, Coopacademy, to provide free training to thousands of care workers. At the start of lockdown, AH-PH anticipated that they would need to train thousands of trainee doctors and medical students to deploy quickly in hospitals, particularly in intensive care. For this purpose, Coopacademy created a platform where users could select short training courses in areas where critical shortages were emerging. During the first two weeks of lockdown, 20 000 users logged onto the platform. About half were nurses, 30% were doctors, 10% mid-wives and 14% held other care roles.

<sup>13</sup> <https://edition.cnn.com/2020/03/30/europe/italy-young-doctors-coronavirus-intl/index.html>.

<sup>14</sup> <https://www.techrepublic.com/article/free-medical-vr-training-system-being-offered-to-help-combat-the-COVID-19-pandemic/>.



Short training courses were developed to quickly equip displaced workers with the minimum skills needed to fulfil roles in high-demand essential services. Targeting workers who already had some relevant skills helped to keep training times short. For instance, Sweden offered a short medical training to laid-off staff in the airline industry, recognising that they are used to working in high-pressure situations and therefore have transferrable skills, including training in first aid, safety, basic communicable diseases and how to care for people. The three-day course covered communicable diseases, hygiene and treating patients, and included one day of practical training. Initially provided in-person at Sophiahemmet University, the training moved online once higher education institutions closed. Graduates are now helping in hospitals by performing administrative tasks, welcoming patients, and cleaning. The first round of training for 30 flight crew took place on 31 March and a second round with 300 participants is planned. Building on this model, Sweden also launched an initiative with Stockholm's Grand Hotel to retrain hospitality workers to care for the elderly so that they can work in a nursing home in the capital<sup>15</sup>.

Similarly, proposals to retrain displaced workers as community health workers in the United Kingdom and the United States focused on unemployed young adults already trained in first aid or assessing medical emergencies, such as flight attendants. Community health workers would implement prevention and control measures, like organising social distancing and hand hygiene stations as well as detecting cases and co-ordinating testing. The UK proposal estimates that 1-2 weeks of training on COVID-19 and on public health surveillance, combined with ongoing supervision, would provide the necessary core skills and knowledge.

As discussed above, a competency-based approach to designing courses can reduce training durations by leveraging skills that workers already have. In the United States, the Rapid Skilling programme aims to transition displaced vocational and technical workers into currently in-demand occupations using a competency-based approach. The programme stems from a collaboration between 180skills – a provider of technical and employability training for the manufacturing and logistics sectors in North America – state governments, academic partners, and employers who are in urgent need of skilled workers. The industries served include manufacturing, logistics and distribution, retail, and industrial safety related occupations. The innovation consists in the use of competency-based online courses, curated into ultra-short-term programmes with the minimal amount of skills for initial employment. The programmes are particularly aimed at low-skilled, low-income adults and are delivered at a low cost.

Several of the high-demand roles in essential services during the crisis did not require a high level of education, and thus were amenable to rapid retraining. In Massachusetts (United States), Partners in Health trained 1 000 workers as contact tracers. John Hopkins University now offers a free online training in contact tracing, which is a prerequisite for being hired as a contact tracer in New York (United States)<sup>16</sup>. The role of a contact tracer is to interview people infected by COVID-19 and track and alert those who may have come in contact and been infected by them in order to prevent the further spread of the virus. The training is not specialised and can be done quickly – the online course takes only 6 hours to complete. Public health experts estimate that thousands of contact tracers will be needed across the country and that there is currently a shortage. In the retail sector, retailers deemed “non-essential” were forced to make cuts to their workforce during the crisis due to temporary or permanent closures. But other retail companies were hiring to meet a surge in demand. To meet this demand, the National Retail Federation in the United States made free foundational skills training available online. The training could be completed in 5-7 hours and results in a recognised credential that completers can post on their resumes.

In view of the need to retrain displaced workers over the medium term, the French public employment service (Pôle Emploi) is making available and promoting 150 free online training courses as a way to prepare for an employment transition during the period of confinement. The training is financed by the

<sup>15</sup> <https://sjukhus.sophiahemmet.se/press/sjukvardsutbildning-for-permitterad-personal/>.

<sup>16</sup> <https://hub.jhu.edu/2020/05/11/free-contact-tracing-course-johns-hopkins/>.



Skills Investment Plan (le Plan d'investissement dans les compétences). In some cases, individuals can be paid to complete the training.

**Rapid #retraining is made easier and faster by targeting the unemployed who already have some of the skills to fill roles in essential sectors**

### ***Recruitment and matching support***

In several countries, government ministries or public employment services launched new online platforms to connect displaced workers with employers who were hiring in essential services:

- Ireland's Department of Employment Affairs and Social Protection created a site to connect displaced workers from recent business closures with jobs in health care, retail, life sciences, infrastructure and IT, customer support and other sectors facing short-term staffing requirements. The site is free to use for both employers and jobseekers and operates through Jobs Ireland, an online job vacancy service provided by the Department.
- In France, the public employment service (Pôle Emploi) launched a platform (Mobilisation Emploi, <https://mobilisationemploi.gouv.fr/>) in early April to facilitate recruitment by those sectors currently in need of more labour, including agriculture, agrifood, health, transport and telecommunications. Occupations in demand include cashiers, health assistants, mechanics and pharmacy sales assistants. Registration with Pôle Emploi as an unemployed person is not a requirement to use the platform: employed workers who have had to reduce their hours due to COVID-19 are also eligible. Nationally, there were just over 12 000 job offers in early May.
- Australia's Department for Education, Skills and Employment is encouraging workers affected by COVID-19 to consult its Skills Match online tool. The tool helps users to identify the skills they already have based on their previous work experience. It then presents new job ideas that use similar transferable skills. For instance, the tool suggests that workers affected by closures in accommodation and food services may have the necessary skills to transition into currently in-demand jobs like cashiers, cleaners, pharmacy sales assistants, aged and disabled care workers, and nursing support workers. While the Skills Match tool was launched in mid-2019, it was advertised in the context of the crisis.

On a global scale, several private sector firms including Accenture partnered to create a global employer-to-employer platform (People + Work Connect) designed to move large pools of displaced people (100 or more) from one employer to another. It is a cross-country initiative and open to all industries.

**#CareerGuidance and #JobMatching platforms can help move idle workers to jobs in essential sectors during the COVID-19 crisis**

### ***Recruiting from abroad***

While travel restrictions implemented during the health crisis reduced migration, some exceptions were made to address skills shortages:

- Italy accepted Cuba's offer to send 52 doctors and nurses to the country to help. Cuba has a long tradition of dispatching doctors and nurses to areas in need of additional medical capacity abroad.





- Germany and the United Kingdom both arranged special charter flights to have agricultural workers flown in from Romania to help with the early summer harvest. Romania lifted travel restrictions to permit farm workers to travel overseas.<sup>17</sup>
- In France, the government softened the conditions for foreign doctors to practice in France. Those who did not hold a licence to practice were allowed to fulfil non-medical health-related positions.
- The UK government decided in May 2020 to exempt foreign health care workers of what had been called the “nurse tax”. The tax was introduced last year along with a new “NHS visa” aimed at making it quicker, easier and cheaper for foreign doctors and nurses to work in the United Kingdom. The “NHS visa” was meant to stop the exodus of European health workers since the Brexit referendum – over 22 000 have left the United Kingdom in the past four years. The “nurse tax”, which actually applies to all foreign health care workers, consists of an annual immigration health surcharge (IHS) that must be paid by applicants and their dependants in order to obtain the NHS visa and to enter the country under the United Kingdom’s domestic Immigration Rules.

### ***Incentivising labour mobility***

To avoid the risk of disruptions in essential sectors, many countries took measures to incentivise labour mobility:

- Spain allowed unemployed people to cumulate unemployment benefits with a job in agriculture between March and October 2020.
- In Germany, a new rule was introduced to allow workers to cumulate income from STW and wages in essential services between April and October 2020. Belgium also introduced the possibility to cumulate the wage of a new job with 75% of STW earnings. The possibility to cumulate income from STW with a new job already existed in France but was simplified by giving workers a seven-day notice to be called back to the old job and quit the new one (a worker in STW may risk losing the original job if not returning swiftly when recalled by the original employer). The new STW scheme introduced in the United Kingdom also explicitly allows workers to cumulate STW with another job. On the contrary, this possibility does not exist in Italy and Spain, where workers can take up another job while on STW but they cannot cumulate both sources of earnings and have therefore no monetary incentives to look for a second job.
- France actively promoted “loans” of workers across companies (i.e. mise à disposition). With the agreement of the individual worker and the two companies, an employee can be temporarily loaned to another company while keeping her employment contract and original wage. Loans of employees across companies exist in other countries (e.g. Belgium, Italy) but they do not appear to be extensively used.

### **Looking further ahead**

The policy measures taken to contain the spread of COVID-19 are likely to speed up the structural adjustment of the economy that was already taking place, by accelerating the adoption of labour-saving technologies. At the same time, disruptions in global supply chains caused by COVID-19 could trigger companies to move production closer to the point of sale. These trends will shape the skills that are in demand in particular regions and sectors. Many workers made redundant during the crisis may be unable to return to their previous jobs and will need extensive re-skilling to become employable in the post-COVID-19 labour market.

<sup>17</sup> <https://www.theguardian.com/world/2020/apr/15/romanian-fruit-pickers-flown-uk-crisis-farming-sector-coronavirus>.





In this context, governments will need to be prepared to facilitate the retraining and redeployment of displaced workers. OECD work on adult learning systems has identified challenges in ensuring broad and inclusive participation in training opportunities (OECD, 2019<sup>[9]</sup>). Adult training participation varies from over 50% in top-performing countries like Denmark, Sweden, Finland, New Zealand and the Netherlands, to less than 25% in Greece, Italy, and Turkey. Data from the Priorities for Adult Learning dashboard show that 75% of employers across OECD countries provide training opportunities. However, only 40% of them provide training to more than 50% of their workforce. Older adults, those with lower skills and those with temporary contracts are less likely to receive training opportunities than their peers. Meeting the reskilling challenge presented by COVID-19 will likely require boosting investment in adult training, and a renewed effort in reaching out to at-risk groups.

The rapid retraining and job matching efforts implemented in the immediate response to the COVID-19 crisis provide insights for redeploying and retraining workers in the medium-term recovery phase:

- Rapid retraining is easier and faster if efforts are targeted at unemployed adults who already have the necessary foundational skills to fill job openings.
- Aligning retraining efforts with labour market needs is critical. Training should be available and encouraged in skill areas expected to have high demand based on skill assessment and anticipation exercises.
- Career guidance counsellors can help direct adults towards skills in demand. Effective skills profiling tools will be essential to ensure that training is efficiently focused on the jobseeker's skill gaps.
- Easing licensing and registration requirements temporarily can be useful to tackle critical shortages in regulated sectors.

## Working with OECD

The OECD Skills team is currently engaged in a number of projects focused on assessing how skill needs are changing, particularly as a result of technology adoption. It is also working closely with several countries to assess the future-readiness of their adult learning systems and address any existing challenges. The team has developed several interactive tools for policy makers to take informed decisions on skills investments in their countries. It has developed the [Priorities for Adult Learning dashboard](#), an interactive tool which allows countries to benchmark their adult learning systems against each other and the OECD average; and the [Skills for Jobs Database](#) to measure skills imbalances in over 40 countries and regions, in the OECD and beyond. The team is also working on a major project on career guidance for adults. The project focuses on how countries can provide users and job counsellors with up-to-date information on skill demand and available training to facilitate transitions towards emerging jobs and sectors.



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