



Issues & Considerations for Health Workforce Planning, Policy & Management

Sarah Simkin & Ivy Bourgeault

Canadian Health Workforce Network

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Indigenous Affirmation

We acknowledge that we are gathered across Canada on territory of First Nations, Inuit and Métis.

Here in what is known as Ottawa, we are located on unceded territory of the Algonquin Anishinabe Nation.

We extend our respect to all First Nations, Inuit and Métis peoples for their valuable past and present contributions to this land.

We recognize that land acknowledgements are only one small part of disrupting Indigenous erasure and dismantling colonial structures.





How we came to present to you today...

- **Chapter 11: Key Considerations in Health Workforce Planning**
(in forthcoming *Research Handbook on Contemporary Human Resource Management for Health Care* edited by A M McDermott, P Hyde, A C Avgar, and L Fitzgerald. Cheltenham: Edward Elgar)
- **Poor health workforce planning is costly, risky, and inequitable** *CMAJ* 191 (42) E1147-8 (2019)
- **Co-developing an integrated primary care workforce planning approach at a regional level: overarching framework and guiding principles** *Hum Resour Health* 19, 87 (2021)
- **An integrated primary care workforce planning toolkit at the regional level (part 1): qualitative tools compiled for decision-makers in Toronto, Canada** *Hum Resour Health* 19, 85 (2021)
- **An integrated primary care workforce planning toolkit at the regional level (part 2): quantitative tools compiled for decision-makers in Toronto, Canada** *Hum Resour Health* 19, 86 (2021)
- **Implementing leading practices in regional-level primary care workforce planning: Lessons learned in Toronto** *Healthcare Management Forum* (2022)





Why should we plan?

The Global Strategy on Human Resources for Health: Workforce 2030



- 1 • Optimize the health workforce to accelerate progress towards universal health coverage
- 2 • Understand and prepare for future needs of health systems
- 3 • Build the institutional capacity to implement this agenda
- 4 • Strengthen HRH data for monitoring and ensuring accountability





What is health workforce planning?

*“...the process of estimating the **number of persons** and the kind of **knowledge, skills, and attitudes** they need to achieve predetermined health targets and ultimately health status objectives. Such planning also involves specifying who is going to do what, when, where, how, and with what resources for what population groups or individuals so that the knowledge and skills necessary for the adequate performance can be made available according to predetermined policies and time schedules. This planning must be a continuing and not a sporadic process, and it requires **continuous monitoring and evaluation...**”*

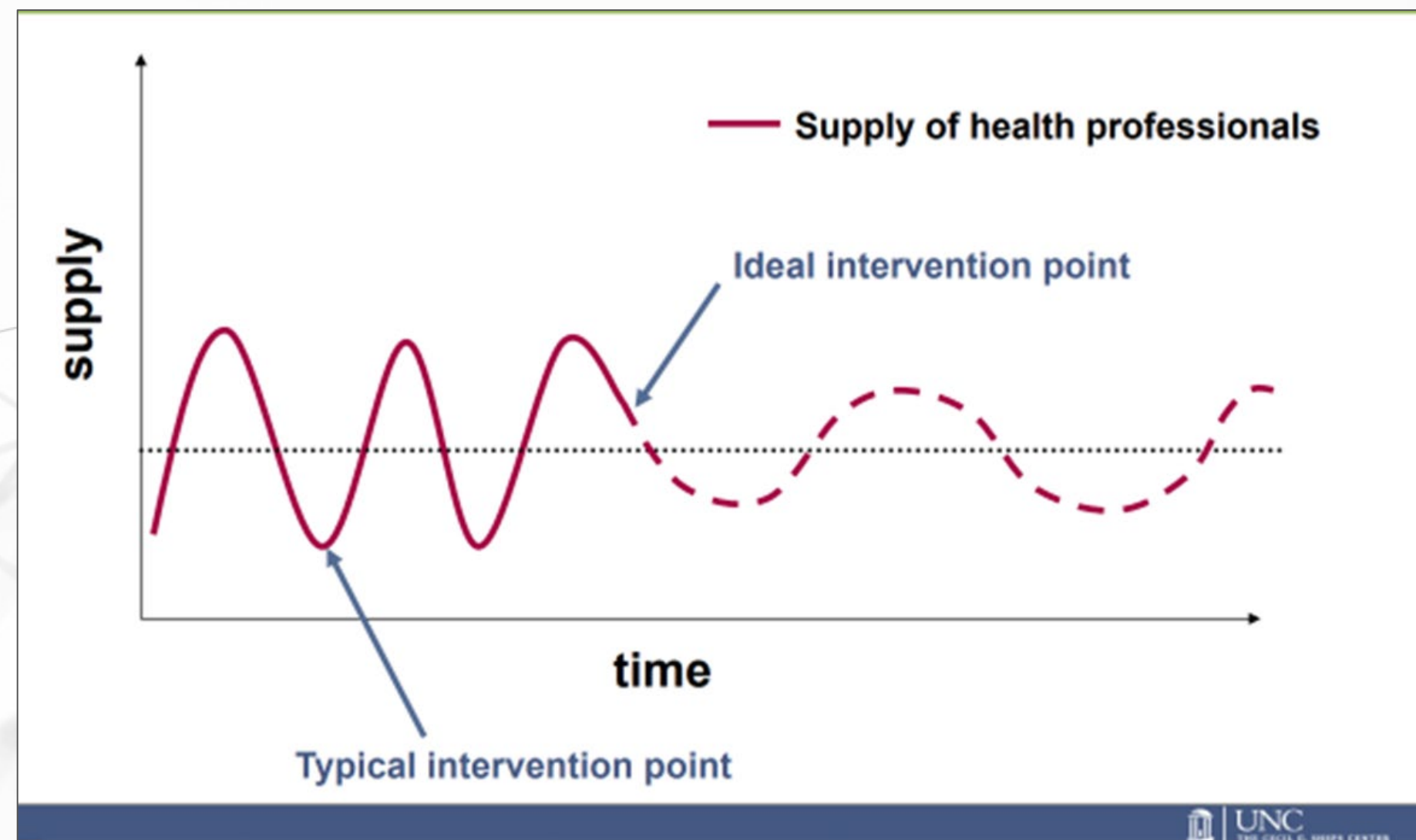
(Hall & Mejia, 1978, p.18)





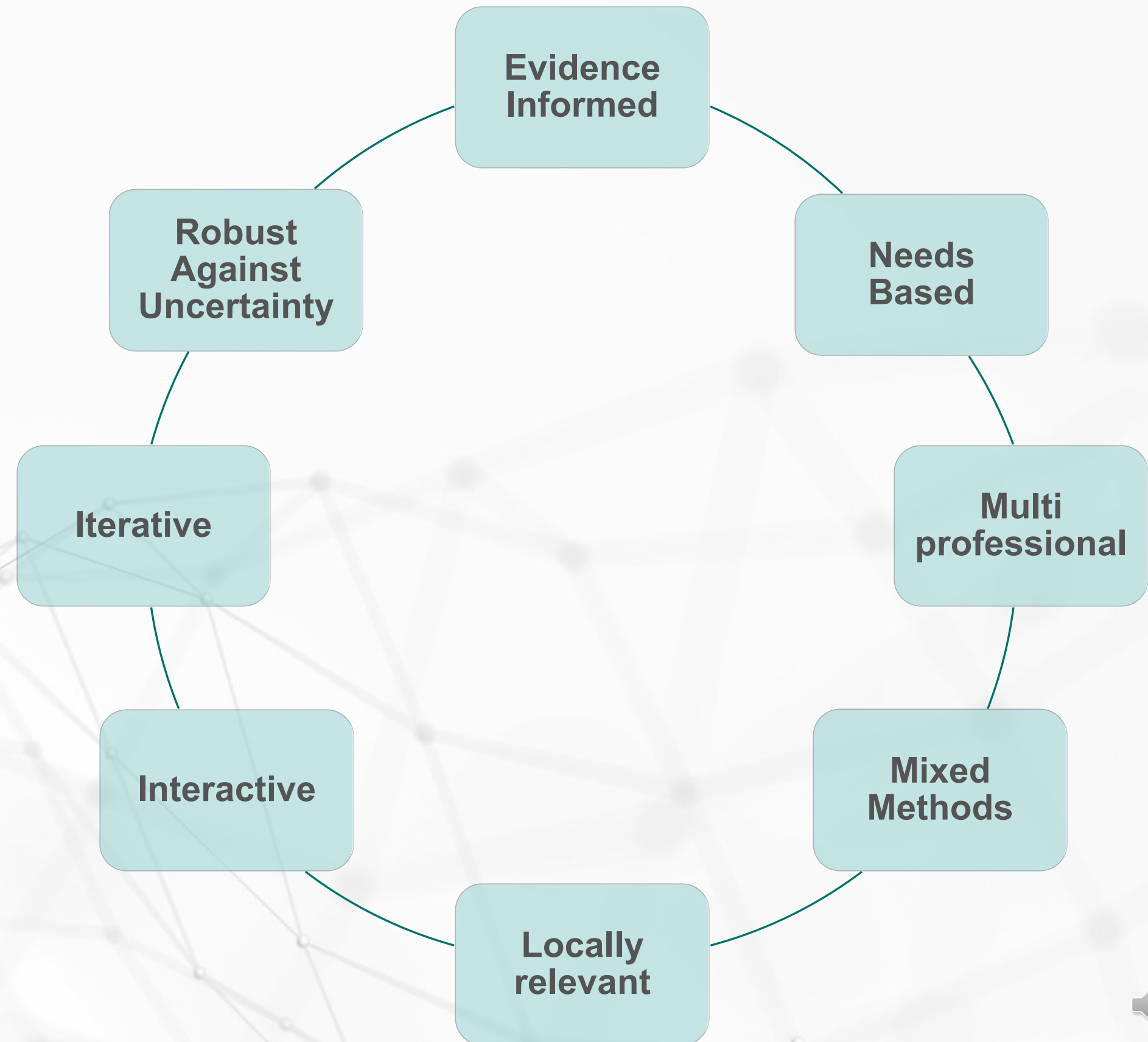
Strategic workforce planning “smooths” the cycle

(Fraher 2017)





Leading Practices in Health Workforce Planning



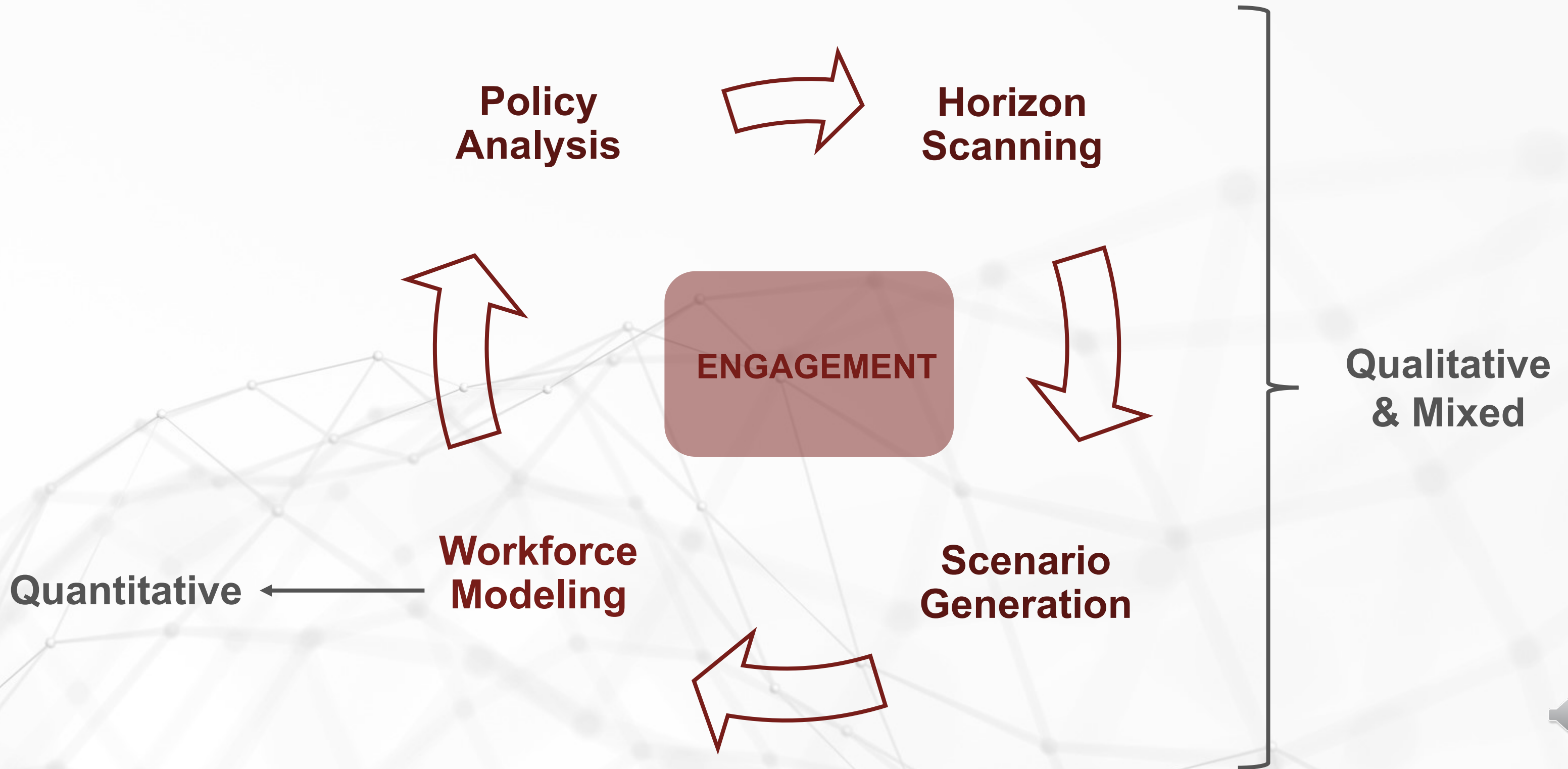


Multi-layered Approach to Health Workforce Planning





Iterative Workforce Planning Process





Engagement: Defining the Scope and Goals

What is the problem to be solved?

What **questions** need to be addressed?

What are the **goals** that this planning process should support?

What **geographic boundaries and units of analysis** are relevant?

How do planning activities **intersect** with one another?

What resources are needed?

Who will be **engaged** in the planning process?

What **financial, human and technical resources** will be invested?

Which **data** are available to support planning?

How much **time** will be committed to health workforce planning?





Engagement: Defining the Health Workforce Sector and Identifying Key Considerations

How is the sector defined?

Which are the **providers** of greatest interest?

What are the **tasks** of greatest interest?

What is the **structure** and **mix** of providers and tasks?

What are the key considerations?

What are the factors that influence **population health needs and service requirements**?

What are the factors that influence the **service capacity of the health workforce**?

What **policy levers** are available to influence these factors?





Horizon Scanning Tools to Engage Decision-Makers

STEEPLED Analysis

- Social, Technological, Economic, Environmental, Political, Legal, Educational, Demographic

SWOT Analysis

- Strengths, Weaknesses, Opportunities, Threats

Porter's Five Forces

- Competition, New Forces, Suppliers, Clients, Substitution

Causal Loop Diagrams

- Aids in visualizing how different variables in a system are causally related

Systems Framework for HHR Planning & Deployment





Generating Scenarios

Which ***system/policy-level scenarios*** would stakeholders and decision-makers like to explore?

Which ***service/organizational-level scenarios*** would stakeholders and decision-makers like to explore?

Which ***practice/practitioner-level scenarios*** would stakeholders and decision-makers like to explore?





Health Workforce Planning Models

Health workforce planning models are tools used to project a series of potential futures that align health workforce supply with demand generated by population health needs



Strengths

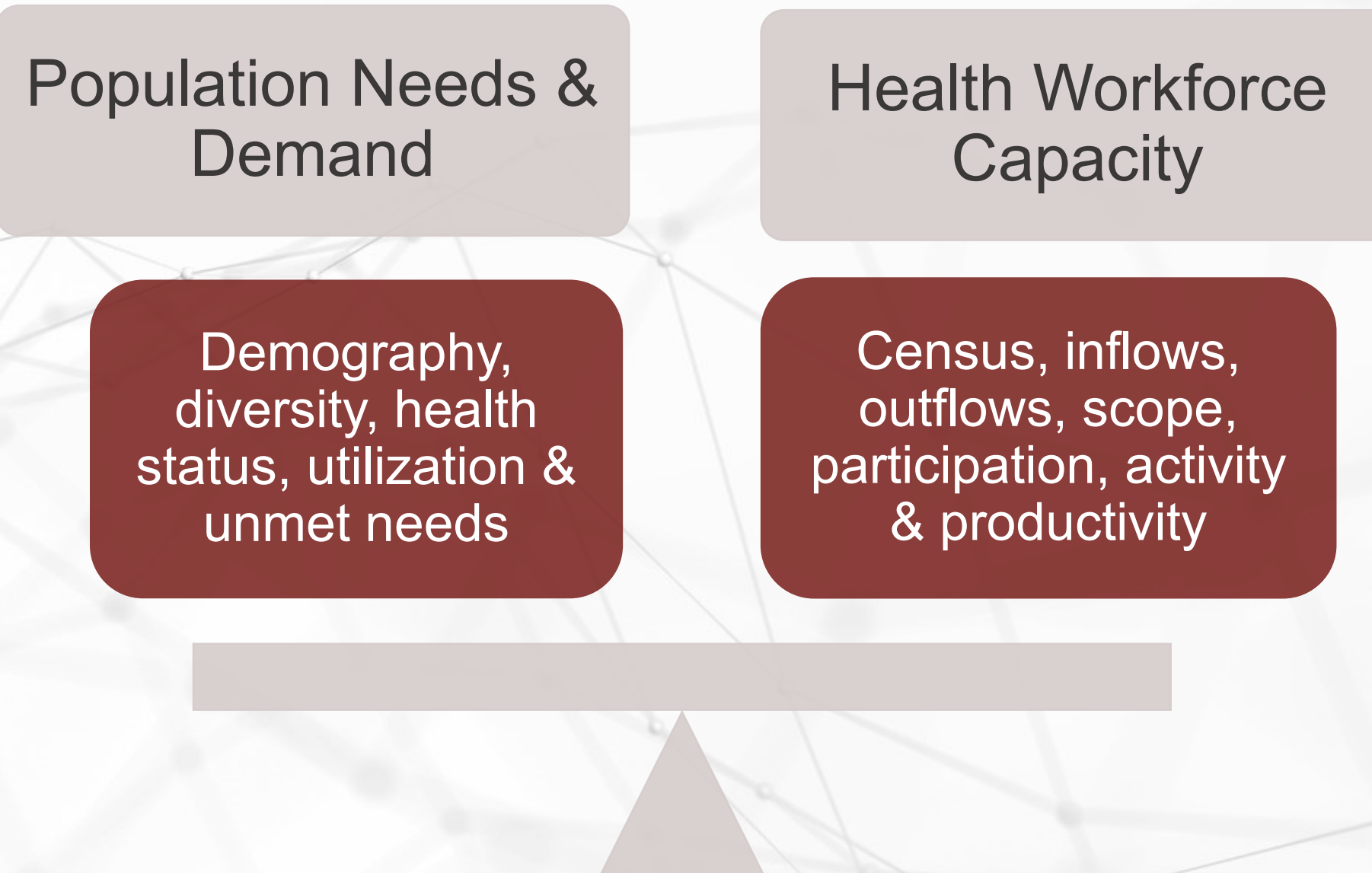
- Provide evidence to support the alignment of HHR supply and population health needs
- Allow decision-makers to consider a range of policy options

Limitations

- Models are not crystal balls that can predict the future
- Projections depend on the quality of data and the validity of the chosen parameters and assumptions



Health Workforce Modeling Focuses on 2 Key Components





Estimating Population Need

Population Health Profiles

- Population demographics: Age, gender, cultural & socioeconomic characteristics
- Population health status, disease prevalence, treatment and prevention measures

Population Growth, Mobility & Utilization Patterns

- Population growth and mobility projections
- Selected utilization variables – for sector of focus
- Spatial patterns of utilization

Service Requirements

- How do population characteristics translate into service requirements?

Unmet Need

- What needs have not been accounted for?

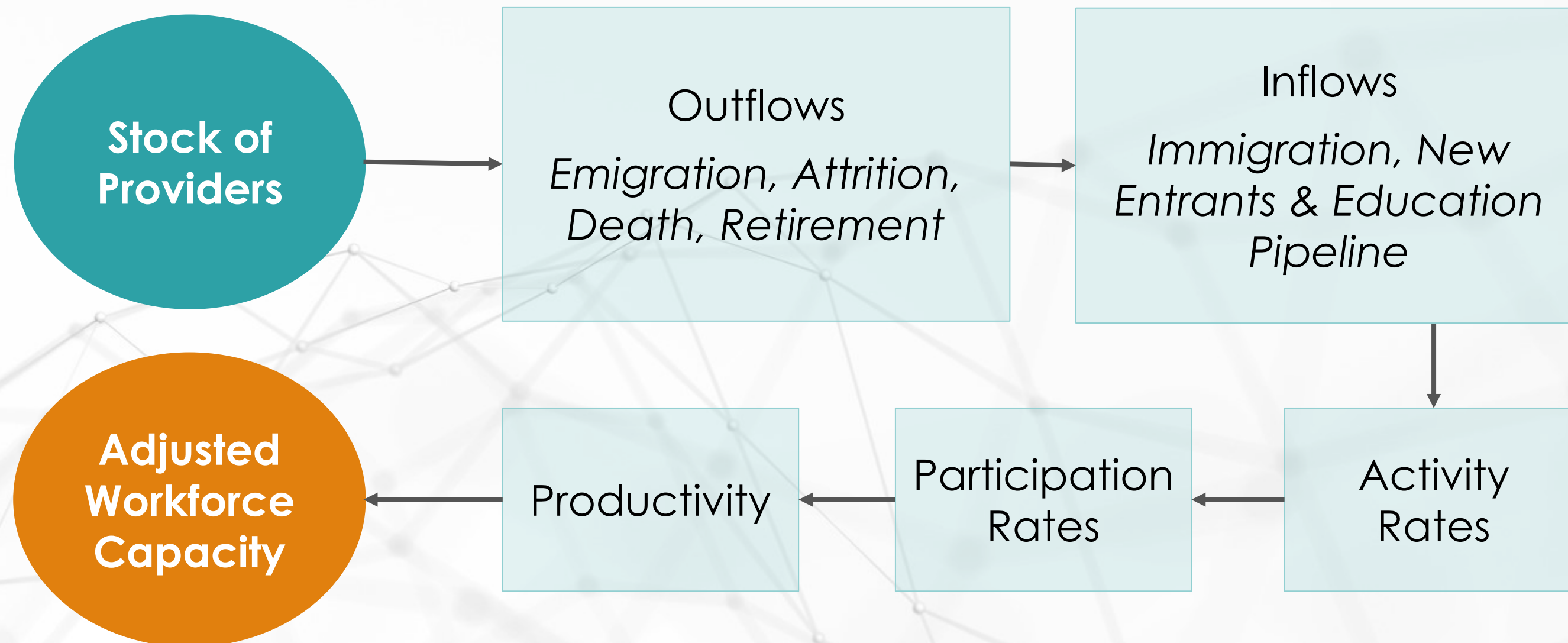


Estimating Service Requirements

<p>Weak</p> <p>↓</p> <p>Strong</p>	Workforce-to-Population Ratios	Planners project forward current ratios within the geography in question
	Utilization-Based Approaches	Planners apply observed health care utilization rates in various population subgroups to projected population profiles in order to estimate future demand for health services and corresponding workforce requirements
	Econometric Approaches	Planners estimate workforce requirements based on current and projected labour market demand for their services
	Needs-Based Approaches	Planners estimate workforce requirements to meet the unique needs of patients based on their demographic and epidemiological profiles and an established level of service
	Service-Based Approaches	Planners use task analysis and demographic and epidemiological profiles to project service requirements for a defined package of services that can then be allocated across a variety of health professions with relevant scopes of practice

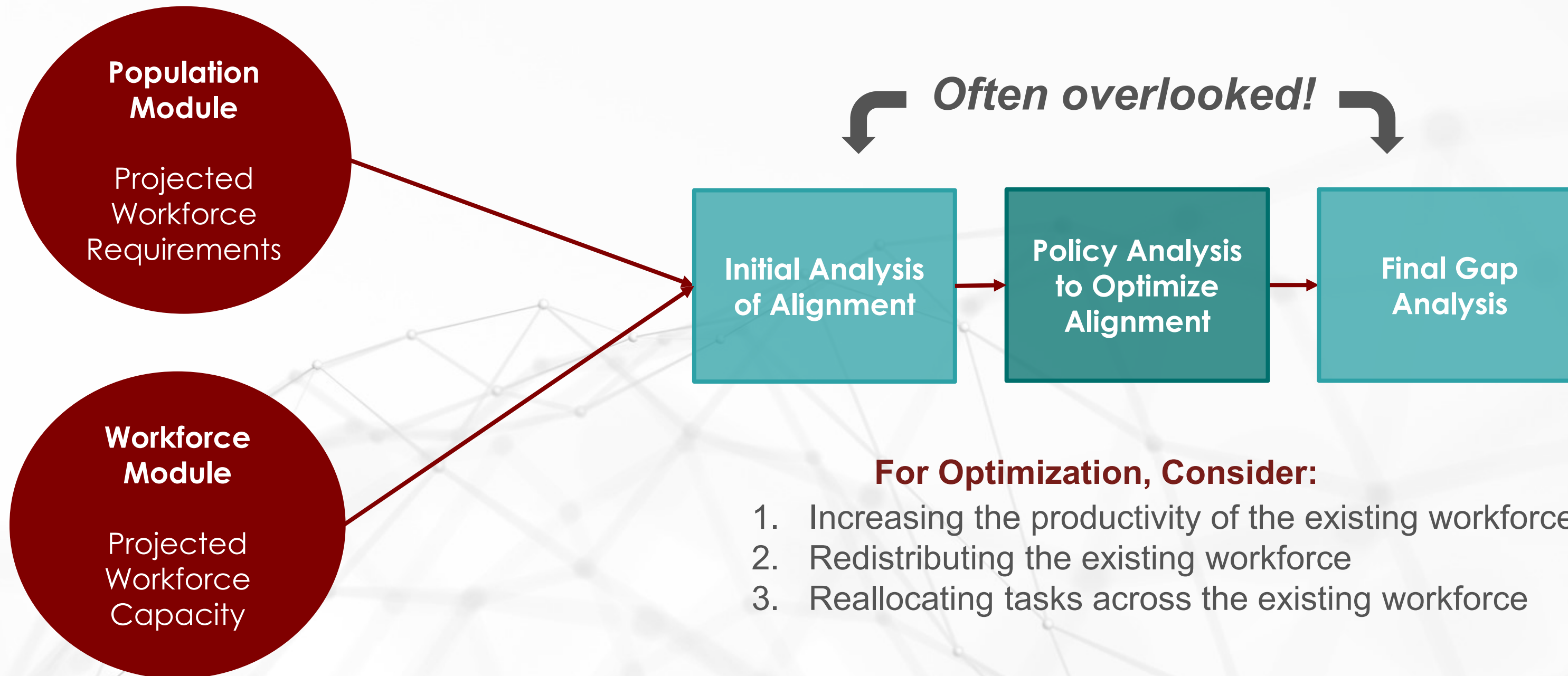


Estimating Service Capacity





Assessing & Optimizing Alignment

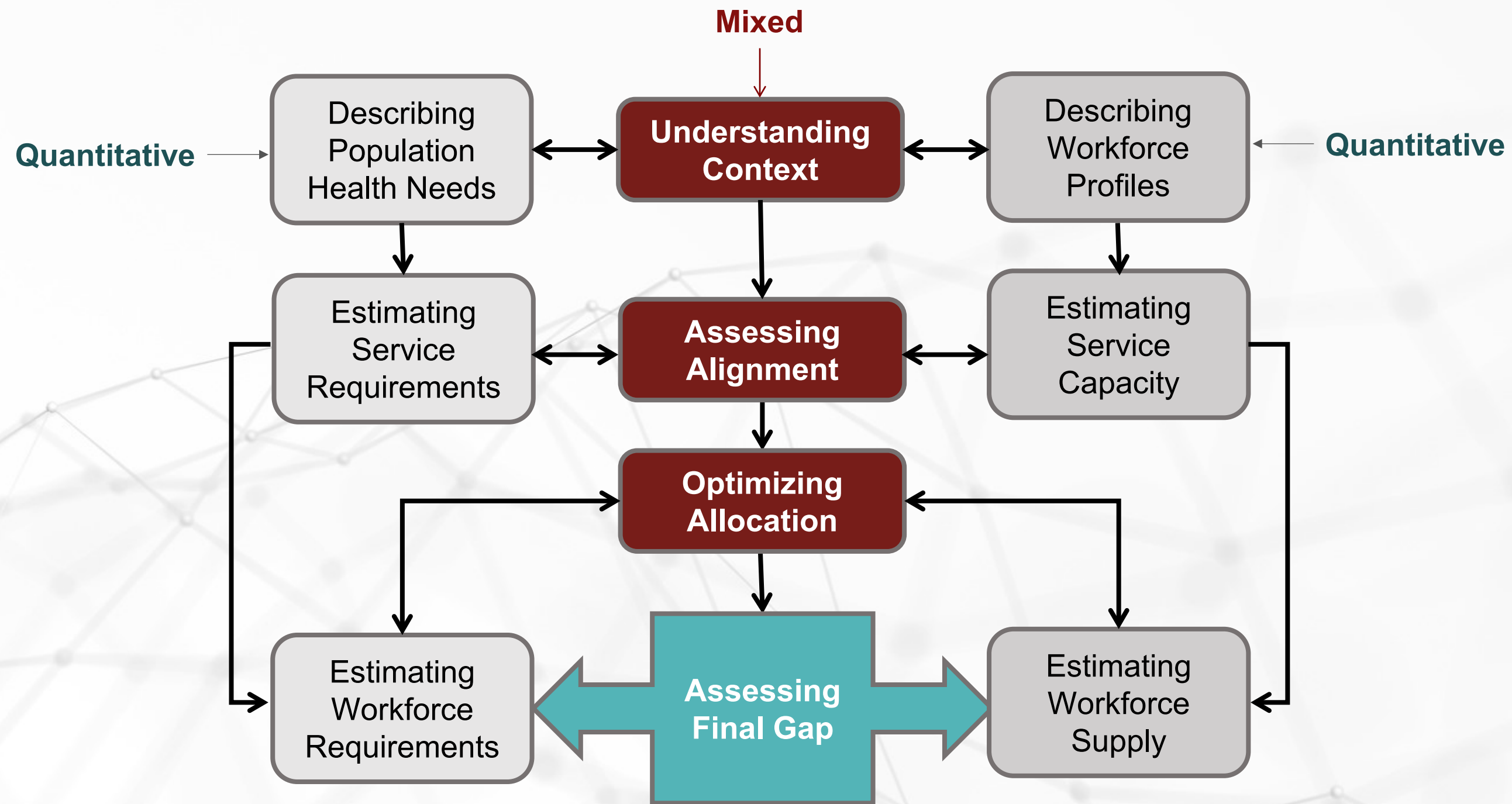


For Optimization, Consider:

1. Increasing the productivity of the existing workforce
2. Redistributing the existing workforce
3. Reallocating tasks across the existing workforce



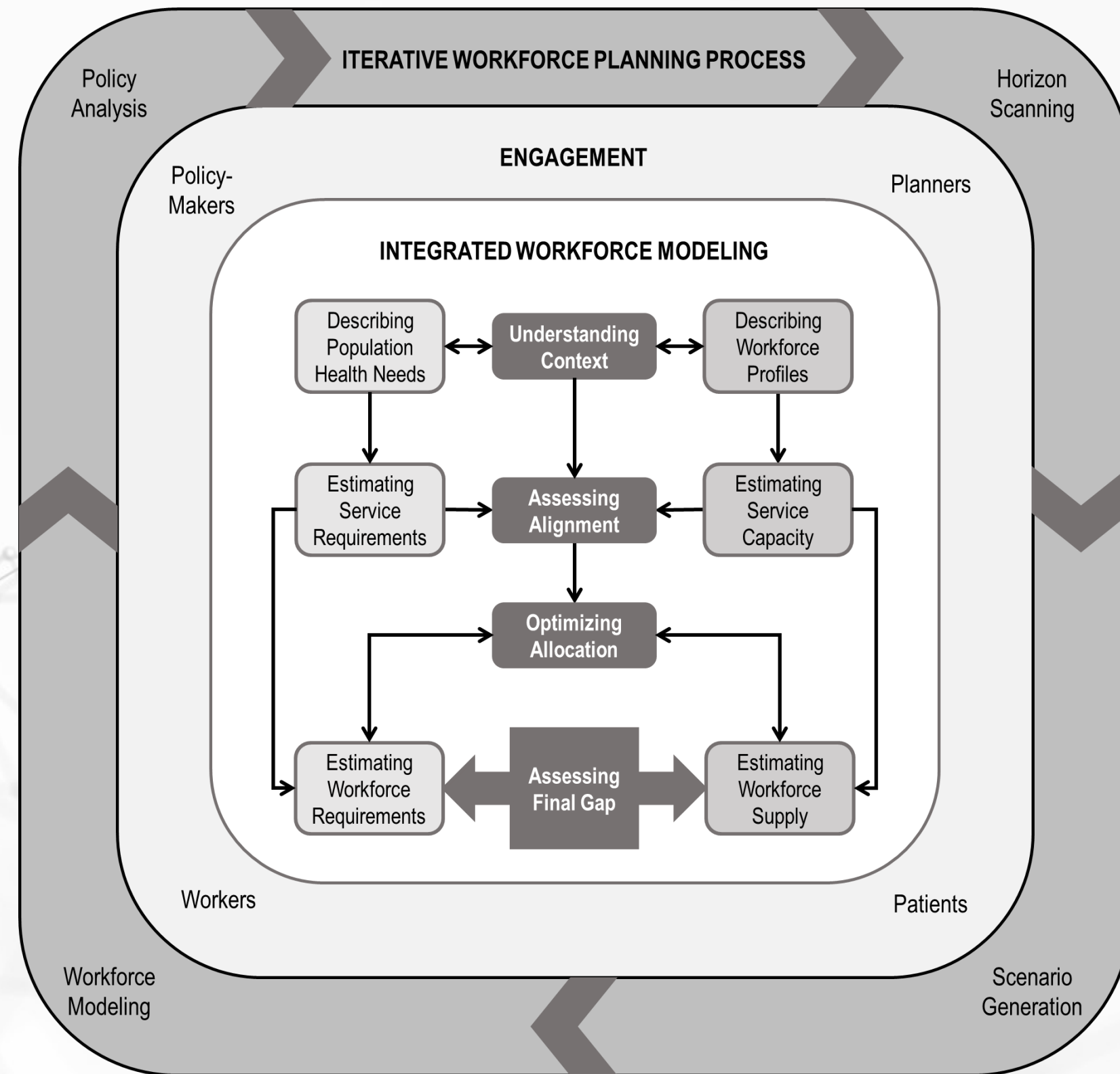
Integrated Workforce Modeling





The Health Workforce Planning Framework

(Simkin, Chamberland-Rowe & Bourgeault 2022)





Key Planning Challenges

Structural Challenges



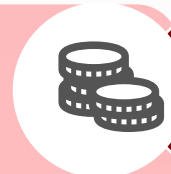
Engaging, coordinating & Integrating across actors, sectors & jurisdictions

Data Challenges



Accessing comprehensive, standardized & linkable data

Methodological Challenges



Investing in infrastructure, tools & capacity

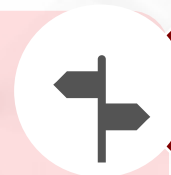


Accounting for workforce distribution & practice patterns



Planning for the real world

Contextual Challenges



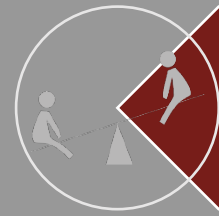
Considering the social, economic, geographic, political & technological context



Planning for capacity to respond to system surges & shocks



Typical Planning Pitfalls



failure to assess and optimize alignment



failure to plan iteratively and evaluate planning projections and policy responses



incomplete characterization of the practice patterns of healthcare providers across the life course and career trajectory (*particularly in early and later career*)



inadequate understanding of how practice and remuneration models impact practice patterns



failure to include consideration of system resources in the planning and policy calculus



1

Key Point #1

We need to embed health workforce planning into ongoing health system decision-making

2

Key Point #2

Better planning allows for a proactive vs reactive approach to health system challenges

3

Key Point #3

Leading practices should guide health workforce planning activities



Key Take Aways



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We have established a bilingual Health Workforce Microprogram available online, asynchronous

New! MICRO PROGRAM IN **HEALTH WORKFORCE STUDIES**

This microprogram includes two online asynchronous courses you can take individually or sequentially at your own pace:

- ✓ FSS 5151 Introduction to Health Occupations in Canada
offered in Fall and Spring terms - with first classes this fall
- ✓ FSS 5152 Introduction to Health Workforce Studies: Planning, Policy & Management
offered in Winter and Summer terms - with next class in 2023



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