

FIVE KEY ELEMENTS OF A PLANNING SYSTEM

Effective workforce planning has been described as ensuring ‘the right people, with the right skills, in the right places, at the right time’⁽¹⁰⁾. Over time, there have been strategic additions to this description, resulting in definitions of workforce planning that contain further dimensions: right attitude, commitment, doing the right work, at the right cost, with the right productivity⁽¹¹⁾. There are also definitions of workforce planning that relate to forecasting the required health workforce to meet future health service requirements and the development of strategies to meet those requirements⁽¹²⁾.

Regardless of the extent of the definition, and therefore the dimensions that the health workforce planning aims include, there are some “minimum” purposes that are common to any methodology.

According to the “Minimum Planning Data Requirements for Health Workforce Planning”⁽¹³⁾, basic planning can be considered as:

MINIMUM PURPOSES	DESCRIPTION
TO RECOGNISE THE MAJOR IMBALANCES OF HWF	To assess the current situation and to identify imbalances vs. overall evaluation of supply and demand for healthcare.

(10) Taylor S: People Resourcing (People & organisations). Chartered Institute of Personnel & Development; 1998

(11) Hornby P, Santric Milicevic M. Human resources in health planning. In: Basics of health care system management. Health management guides, readings and references. Training in Health Service management in Serbia Belgrade: Ministry of Health of the Republic of Serbia, 2011; p.109-127.

(12) See Dominique Roberfroid, Christian Leonard and Sabine Stordeur, “Physician supply forecast: better than peering in a crystal ball?” Human Resources for Health 2009, 7:10, available at <http://www.human-resources-health.com/content/7/1/10> ; Sabine Stordeur, Christian Léonard, “Challenges in physician supply planning: the case of Belgium” Human Resources for Health 2010, 8:28, available at <http://www.human-resources-health.com/content/8/1/28>

(13) See “Minimum Planning Data Requirements for Health Workforce Planning” Joint Action Health Workforce Planning and Forecasting D.051 - Release 1 available at <http://euhwforce.weebly.com/results.html>



TO ANALYSE THE IMBALANCES

To assess the impact of basic actions carried out correcting those imbalances. Basic actions are focus on health production, inflow (training and immigration), outflow (retirement and emigration). Evaluation is defined through: major cost aspects of HWF; an initial evaluation on the impact of imbalances on quality; monitoring overall coverage and geographical variances; investigating whether domestic production meets population needs.

With reference to the “minimum” purposes listed above⁽¹⁴⁾, the following can be considered the main health workforce planning activities⁽¹⁵⁾:

1. **Supply forecasting** - estimate the supply of health professionals by reference to analyses of current stock of health professionals working to satisfy the current population needs, and their future availability, after allowing for wastage. The forecast will also account for labour market trends relating to the availability of skills and to demographics.
2. **Demand forecasting** - estimate future health needs of the population and the skills necessary to satisfy those needs by reference to health care system goals, future health care levels to guarantee the population health and future health care delivery settings.
3. **Forecasting requirements** - analyse the demand and supply forecasts to identify future deficits or surpluses.
4. **Action planning** - prepare plans to deal with forecast deficits, knowing that undersupply is a problem, because of unmet demand, as well as oversupply, because of unemployment or increasing health system costs (supply inducing demand and oversized employed workforce). Develop retention, retirement, flexibility or other strategies to shape the needed workforce⁽¹⁶⁾.

(14) In the “Minimum Planning Data Requirements for Health Workforce Planning”, a third purpose, aiming “to identify possible solutions, including changes in the health care system and attention to non-health indicators which are included in the major health care determinants”, is considered to be an advanced model and, as stated in the Preface, out of scope for the purpose of this Handbook

(15) Armstrong Michael, “Strategic Human Resource Management: A Guide to Action”, 2000 - p. 158.

(16) See “Effects of policy options for human resources for health: an analysis of systematic reviews” Mickey Chopra, Salla

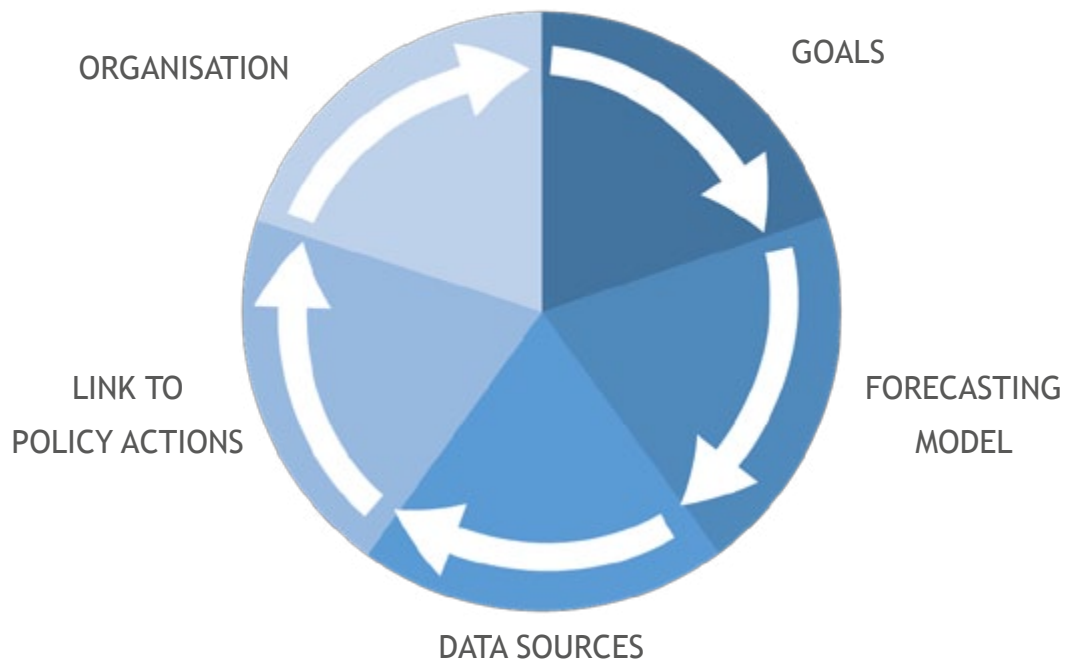


To ensure the success of those planning activities some requirements are therefore needed:

1. *If the estimation of the demand is made by reference to **goals**, plans and desired future health care levels, those goals, plans and levels have to be explicit and clearly defined; so, the setting and the communication of the goals is itself a planning activities;*
.....
2. *A lot of forecasting activities on both supply and demand side (including also to know labour market changes, future workforce behaviors, the dynamics of the environment) ask for a solid and appropriate mathematical **forecasting model**; to project, to develop, to improve and to maintain the forecasting model are themselves planning activities;*
.....
3. *To produce all this knowledge about the future and to run the forecasting model, **data** are needed; to define the data set, to collect the data, to update the database are, of course, planning activities;*
.....
4. *To translate the project into actions, i.e. **how the planning process is connected with the actions** that will achieve what has been planned, is a key feature of all the planning system. The cycle of continuous improvement of Deming with the phases Plan, Do, Check, Act could be a good way to assure this linkage. The instruments and the levers that the policy maker and the planner can implement to realize the project are also very important. To manage the action planning is a strategic part of all the planning activities;*
.....
5. *All these activities require an **organisation** in order to guarantee a permanent process. Planning is also the process of organising the activities required to achieve the desired goals, including the engagement of the stakeholders and communication with the policy makers, both of them strategic in a complex system.*
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Munro, John N Lavis, Gunn Vist, Sara Bennett - Lancet 2008; 371: 669-670. Available at [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(08\)60305-0/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)60305-0/abstract)





Each health workforce planning system can be described through five key elements:

- *The **goals** of the planning system (setting objectives, communication of the goals, timeframe, etc.);*
- *The **forecasting model** used for projections (mathematical tool, activities on both supply and demand, estimation methods used, etc.);*
- *The **data set, sources and methods** (aim of data collection, comprehensive information, updated database, etc.);*
- *The **link between planning and policy action** (how the planning process is connected with the actions that will achieve what has been planned, the cycle of continuous improvement of Deming, the levers that can be implemented, etc.);*
- *The **organisation** of the planning system (stakeholders' involvement, communication with the policy makers, etc.).*