

Building Capacity for Health Workforce Planning: A Primer

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The Planning Imperative:

Why should we engage in planning?

- Patients experience the health system *through* the health workforce
- Without workforce planning, the health system will be unable to respond to the needs of patients amidst emerging challenges
- Planning supports the quintuple aim:

**Improving
population
health**



**Enhancing
the patient
experience**



**Reducing
costs**



**Supporting
provider
well-being**



**Advancing
health
equity**



Approach

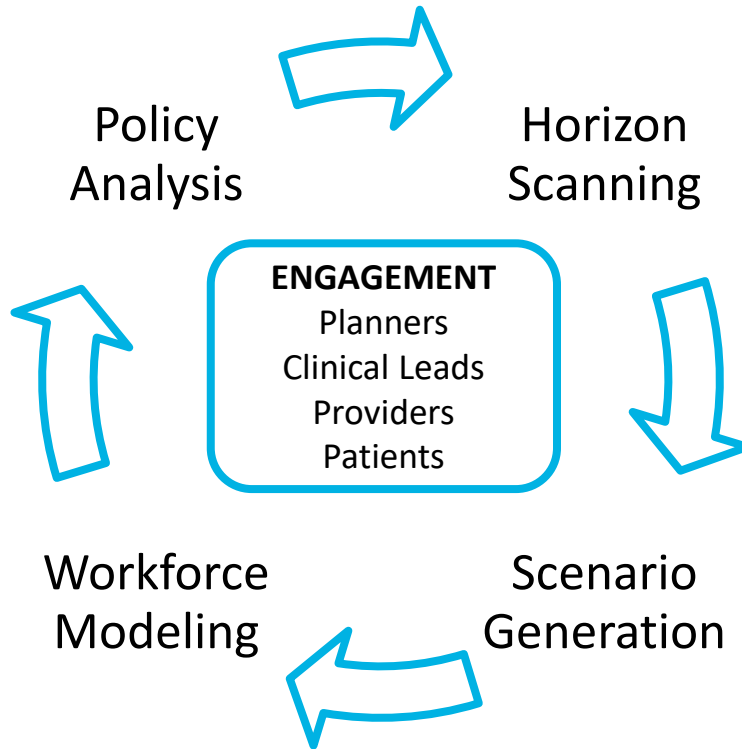
We draw on 5 years of experience developing and operationalizing primary care health workforce planning in Toronto

Our goal was to develop a primer to support a range of system stakeholders in conducting high quality health workforce planning

We adapted our primary care planning framework to provide accessible general guidance

We present health workforce planning processes that constitute leading practices and are anchored in evidence

Overview of the Planning Process



- *Start with an environmental scan before considering relevant scenarios*
- *Use data and modeling to support policy analysis and decision-making*
- *Engage with stakeholders at each stage of the process*
- *Repeat regularly to enable systemic course corrections*

Horizon Scanning

Systematic exploration of the likely future developments, driving forces, and potential issues that could influence workforce requirements and/or capacity

What is the goal of the system in question and how can planning support this goal?

What is the current state of the system?

What are the driving forces that are influencing workforce and population trends over the defined planning period?

- What strengths, weakness, opportunities and threats are evident?
- Which social, technological, economic, environmental, political, legal, educational, and demographic factors are at play?

What levers are available to decision-makers?

- *The primary goal may be to optimize alignment of workforce supply with population health needs*
- *The planning period may be 2-3 years, 3-5 years, or 15-20 years*
- *Factors may be contextual (external) or organizational (internal) and either favourable or unfavourable*



Scenario Generation

Development and elaboration of a range of plausible futures

What scenarios – related to population health and workforce trends – could develop?

How do systemic factors and driving forces influence the scenarios?

How probable is each scenario? How much uncertainty is associated them?

Are data available to support modeling of scenarios?

- *Scenarios related to population health may include: shifting demographics, changing disease prevalence, changing social determinants of health*
- *Scenarios related to workforce trends may include: physician retirement, changing practice patterns, recruitment*
- *Trace connections between scenarios and the factors that influence them*



Workforce Modeling

POPULATION

- 1 - Define your population
- 2 - Identify their needs

GAP

WORKFORCE

- 1 - Define your workforce
- 2 - Identify their capacity

Engage with stakeholders – providers, leaders, patients – to define what is important to model

Draw on scenarios to inform modeling

Consider multiple professions

Use high quality data

Seek feedback and validate the results

- *Identify scenarios related to the population (i.e. growth) and the workforce (i.e. physician retirement) to explore through modeling*
- *Modeling is a tool to support decision-making, not a “crystal ball”*
- *Do the results resonate?*



Policy Analysis

Use intelligence gleaned from horizon scanning, scenario generation and modeling to make evidence-informed decisions

Policy analysis supports:

- Evidence-informed decision-making
- Optimized resource deployment
- Development, implementation, and evaluation of innovative solutions to local issues
- Advocacy

- *“Future-proof” the workforce by choosing policies that accommodate a range of possible scenarios*
- *Transparent, data-driven planning processes have credibility and are more likely to be acceptable to stakeholders and funders*



Actualizing Planning

1. Intentionally build capacity for planning
2. Commit to adopting leading practices
3. Set aside time and funding to support planning activities
4. Assemble a team with the skills that are needed
5. Prioritize and advocate for high quality data and data infrastructure
6. Seek input from stakeholders and experts

- *Plan regularly and iteratively*
- *Collaborate with adjacent regions and jurisdictions*
- *Build a planning community: connect with others doing the same work*



Conclusions

- Capacity for health workforce planning is limited
- Support for planning is urgently required at all levels of the health system
- This tool can help a diverse range of stakeholders build capacity for planning by engaging in planning activities using leading practices and curated resources



Take Home Messages

1

Health workforce planning is an essential activity at all levels of the health system

2

Support for conducting health workforce planning is urgently needed

3

This primer can build capacity for planning by helping health system stakeholders engage with the planning process

