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NDTP

National Doctors Training & Planning

NDTP MEDICAL WORKFORCE PLANNING IRELAND:

A STEPWISE APPROACH

HSE - NATIONAL DOCTORS TRAINING
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"Investing in the career development of doctors"

NDTP'S MEDICAL WORKFORCE PLANNING IRELAND: A STEPWISE APPROACH

INTRODUCTION

The HSE National Doctors Training and Planning's (NDTPs) Medical Workforce Planning Ireland: A Stepwise Approach is a simple methodology which guides the user through a series of phases to develop a strategic workforce plan for a specific or multiple groups of medical health professionals within the Irish healthcare system. The plan will include recommendations to support the development of the medical workforce over a defined period of time, typically 10 years.

Medical Workforce Planning Ireland (MWP Ireland), is evidence based. The methodology was developed by NDTP in 2014 for the purpose of medical workforce planning and is based on an international review of the relevant literature, consultation with international experts, collaboration with the developers of the Quantitative Tool for Workforce Planning in Healthcare (2009)¹, a study of the major drivers of change to the Irish healthcare workforce, and through consultation with Clinical Programmes and Medical Training Bodies in Ireland.

The methodology adopted within MWP Ireland can be used to predict the medical workforce requirements over a defined projection period. The MWP Ireland methodology guides the workforce planner through a number of discrete planning phases to arrive at a set of recommendations to support the development of the strategic medical workforce plan over a chosen time frame. This short guide can be adopted by workforce planners interested in developing a strategic workforce plan for a specific health care professional group or for a multi-disciplinary, integrated group of professionals.

THE APPROACH

The MWP Ireland follows a stepwise, five phased approach to developing a strategic workforce plan as follows:

- PHASE 1:** Set the Context
- PHASE 2:** Analyse the major drivers of change to the workforce
- PHASE 3:** Develop a stakeholder informed set of future workforce scenarios
- PHASE 4:** Analyse the future gap between the supply of and demand for staff
- PHASE 5:** Develop the workforce plan

EXAMPLE: GP WORKFORCE PLANNING

In 2015 NDTP published its workforce planning report for GPs. The findings of the report are based on various scenarios for the delivery of GP care projected over a 10-year period and reflect the outcome of the deliberations of an expert panel, combined with extensive background research. The scenarios upon which to base the workforce plan incorporate factors such as population growth predictions, current GP visitation rates, potential impact of policy decisions such as extension of medical card eligibility, as well as data related to part-time working and trainee numbers. The main findings of the report are:

- 1.** By 2025, the predicted shortage of GPs ranges from a minimum of 493 to as high as 1380.
- 2.** If this shortfall is to be addressed by training our own GP workforce here in Ireland, annual training intake numbers to GP postgraduate training will need to more than double.
- 3.** Data collection regarding various important aspects of GP care needs to be improved (e.g. GP visitation rates).
- 4.** A retention strategy for GPs should be introduced.
- 5.** A flexible working policy should be introduced.
- 6.** Further research into areas such as nurse-led care and the impact of IT needs to be carried out.

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PHASE 1: SET THE CONTEXT

Phase 1 involves an analysis of the context in which the workforce under investigation functions. This analysis includes a robust review of the physical infrastructure and configuration of the service being delivered, the type of patients being cared for, the configuration of the current workforce delivering the service and other areas as deemed relevant by the planner. A workforce supply related data collection template to facilitate the collection of workforce data is outlined in Figure 1.

PHASE 2: ANALYSE THE DRIVERS OF CHANGE

Phase 2 involves an analysis of major drivers of change to the workforce over a 10 year projection period. This typically involves close engagement with major specialty or service related stakeholders in considering the environmental drivers of demand for professionals 10 years into the future. Drivers include: population and epidemiological change, new models of care, service reconfiguration, economy, new staffing models, developments in health technologies and interventions, among others. Drivers of change underpin the future demand for workers. An overview of the major drivers of change to any health care workforce is outlined in Figure 2. Drivers were identified through consultation with a large, representative group of Irish health service stakeholders in 2014.

PHASE 3: EXPERT PANEL SCENARIO DEVELOPMENT

This phase involves convening a panel of expert healthcare stakeholders to inform the development of potential future scenarios for the workforce. Expert panel members might include: Clinical Programme Leads, Deans of the relevant education sectors, Hospital Group CEOs, Directors of Nursing, Medical Directors and senior administrators from the Department of Health and the HSE, amongst others. The expert panel is tasked with the development of a number of future scenarios for the workforce 10 years into the future. Scenarios might be based on, for example, new model of care implementation, an economic boom-bust, or a scenario whereby new service developments (new technologies, staffing models, etc.) have a measured impact on the demand for staff. The expert panel must decide on the demand for workers for each scenario to be used in this phase of workforce planning. The panel also serves to provide information and clarifications where required, as well as to guide decision making in relation to data to be used in the demand and supply modelling phase of the methodology.

PHASE 4: SUPPLY AND DEMAND ANALYSIS

During Phase 4 all data gathered on the current supply and future demand for the workforce is inputted in to a statistical model. The statistical model is a simple analytical tool to assist in assessing demand for and the supply of workers over the projection period. This analysis is run for each scenario developed by the Expert Panel. The statistical model can be manipulated to determine the impact of different external drivers to include: emigration of newly qualified professionals, feminisation of the workforce, a reduction in education places, re-entrants in to the workforce, amongst others.

PHASE 5: DEVELOP THE WORKFORCE PLAN

Phase 5 involves the development of the workforce plan. All data gathered from phases 1 to 4 are developed in to a report to clearly outline how the workforce functions today, how it might function 10 years in to the future, and the staffing requirements based on future scenario-based service developments. Findings of the statistical demand and supply gap analysis are used to draw up recommendations to support decisions on how the workforce should be developed to accommodate the future demand for services. The workforce plan can be used to inform decisions around training requirements, staff recruitment and retention strategies, policies to address the feminisation and ageing of the workforce, and to encourage workers back in to the workforce, for example.

FIGURE 1: NDTP MWP IRELAND - FUTURE WORKFORCE SUPPLY DATA REQUIREMENTS

- Number of public medical professionals – based on payroll/staff census
- Whole Time Equivalents (WTE) number of public medical professionals – based on payroll/staff census
- Number of private (exclusively) medical professionals
- WTE of private (exclusively) medical professionals
- Share of females in employment stock (public and private)
- Share of males in employment stock (public and private)
- Share of part time medical professionals (public and private)
- Share of females working part time (public and private)
- Share of males working part time (public and private)
- Overall WTE rate (public and private)
- Part Time WTE adjustment rate e.g. part time = .5 of a working week etc. (public and private)
- Full time WTE adjustment rates (public and private) = could be .96 for example
- Annual retirements (public and private) include early and full term – generally based on DOB profiling
- Exits for reasons other than retirement (public and private), notably emigration, family reasons etc.
- Re-entrants including those taking career break, returnees from another jurisdiction etc.
- Intake into the education/training system
- Projected graduates from education/training programmes

Note: You may decide to exclude inflows of overseas worker to determine the ability of the education and training system to meet the demand for workers – if not, then inflows can include inward migration of doctors.

FIGURE 2: NDTP MWP IRELAND - DRIVERS OF CHANGE TO THE FUTURE HEALTH WORKFORCE

- Chronic disease prevalence and management
- New clinical models of care delivery
- Population and epidemiological change
- Hospital Groups, Community Healthcare Organisations, and hub and spoke models of care delivery
- Integrated services developments
- Impact of service redesign and population changes on future workload
- New staffing models (e.g. specialty cross-over and nursing task allocation)
- Innovations in drugs, diagnostics, interventions and other health technologies
- Consultant delivered service v consultant led service
- Patient safety
- EWTD compliance
- Economy: access to funding, economic boom/bust scenarios
- Flexible working arrangements
- Access to services for patients
- Migration
- Government Legislation
- Recruitment and retention of staff

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1. Behan, J, Condon, C., Milicevic, I and Shally, C (2009) A Quantitative Tool for Workforce Planning in Healthcare: Example Simulations. Report by the Skills and Labour Market Research Unit, FAS on behalf of the Expert Group on Future Skills Needs. FAS: Dublin.