Defining the focal question

How has robust workforce planning been used?

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Topics we will cover

1. What is a focal question?

2. How do we come up with one?

3. A focal question we will use

What makes a good focal question?

A compelling and challenging question

Provides a clear context for discussion

Explores long-term change

Defines the scope – area, region, workforce...

Defines the timescale – 10, 20, 100 years

Part 1
Defining the focal question

What is a focal question?

A key question or issue of concern

A statement of purpose for a project

A question that anchors an investigation

e.g. what future workforce is required.

- what numbers and proportions

- what skills are needed

...the task for workforce planners will be to anticipate probable future developments

Steps to define

1. Problem	**Define and be prepared to revise it**
2. Scope	**The boundaries of the system under investigation**
3. Future	**How far into the future we need to look?**

Steps to define

1. Problem   **Define and be prepared to revise it**

- What is the future demand for HRH?

- Will supply match demand?

- Particular shortages?

Steps to define

2. Scope

The boundaries of the system under investigation

- system / sector / workforce level

- national / regional

- supply / demand

Steps to define

3. Future

How far into the future we need to look?

- Short / medium / long term?

- 1 / 5 / 10 / 20 / 30 years?

- Time it takes to train and produce

EU Joint Action

Thinking up to the year 2035, what are the key driving forces that will influence the **skills and competences** needed in the health workforce?

All of Europe – multiple health system types

5 key healthcare workforces – dentists, doctors, midwives, nurses and pharmacists

www.healthworkforce.eu
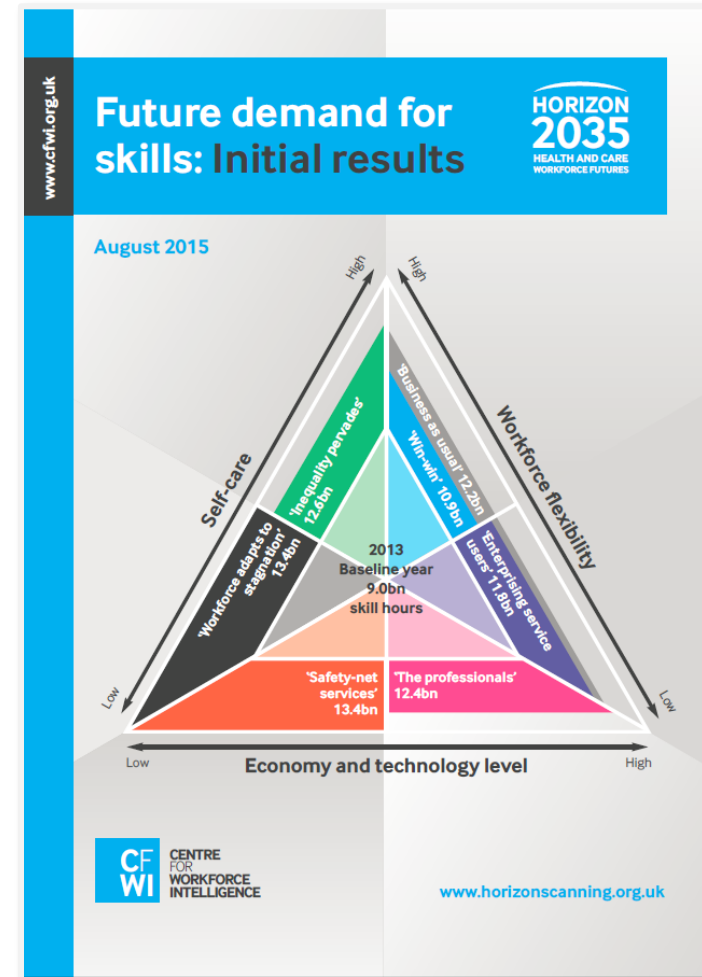
England – health and care system

What skill and competences will be needed by 2035 across the whole health and care system?

Future demand for skills
- Public health
- Healthcare
- Social care including unpaid carers

System of a 11 million workforce

Findings: www.horizonscanning.org.uk


Future demand for skills: Initial results

HORIZON 2035
HEALTH AND CARE WORKFORCE FUTURES

August 2015

www.cfwi.org.uk

Self-care · Workforce flexibility

'Inequality pervades' 12.6bn

'Business as usual' 12.2bn

'Win-win' 10.9bn

'Workforce adapts to stagnation' 13.4bn

'Enterprising service users' 11.8bn

2013 Baseline year 9.0bn skill hours

'Safety-net services' 13.4bn

'The professionals' 12.4bn

Economy and technology level — Low / High

CF WI — CENTRE FOR WORKFORCE INTELLIGENCE

www.horizonscanning.org.uk

Belgium

"Thinking up to the year 2035, what are the key driving forces that will impact the **general practitioner workforce in Belgium**? (in terms of numbers and requirements)"

Findings: Edwards et al, 2016

www.healthworkforce.eu
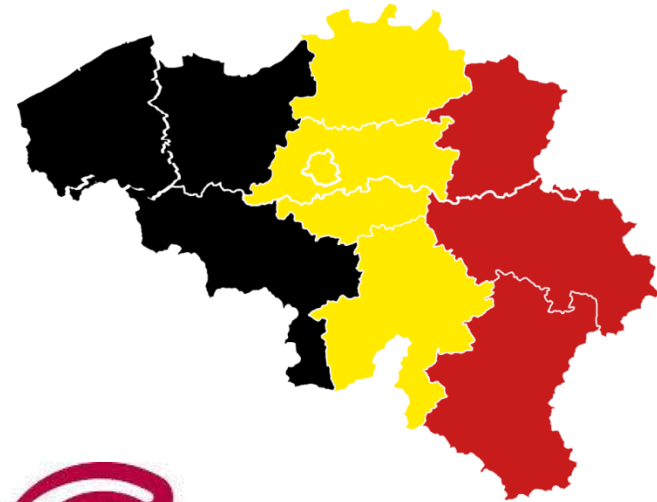
Psychiatry in England

Drivers and factors affecting **future demand and supply** for the **psychiatrist** workforce long term.

Considering scenarios that bound the uncertainty about the future.

Findings:
www.cfwi.org.uk

CFWI
CENTRE
FOR
WORKFORCE
INTELLIGENCE

In-depth review of the psychiatrist workforce

Main report
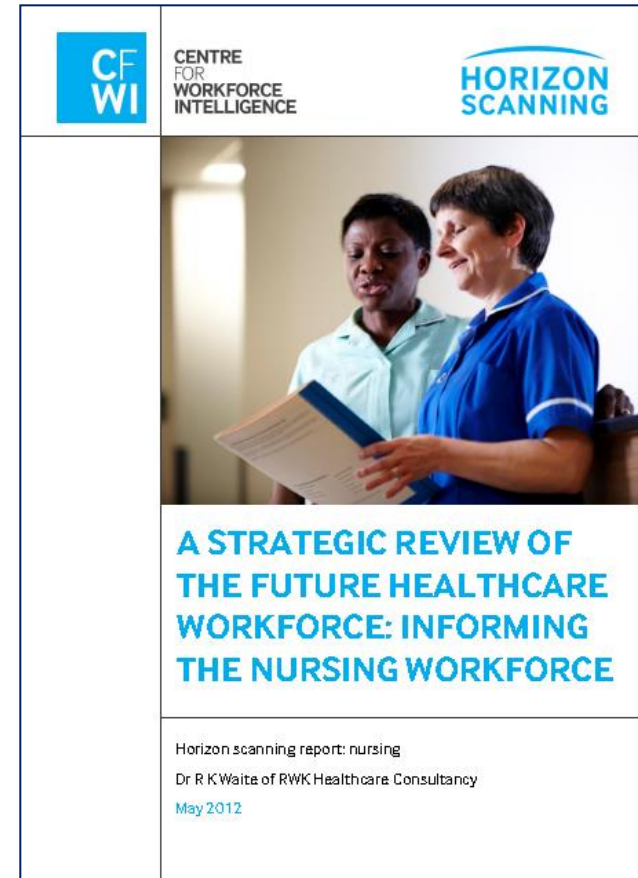
November 2014

www.cfwi.org.uk
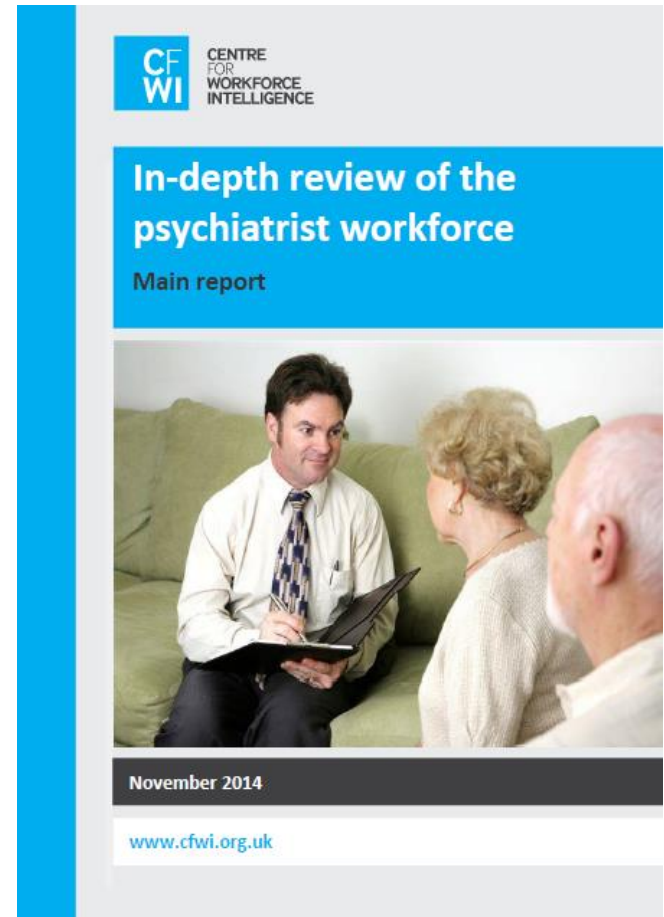
Nursing

What are the **threats, opportunities and likely future developments** that will impact nursing out to 2030
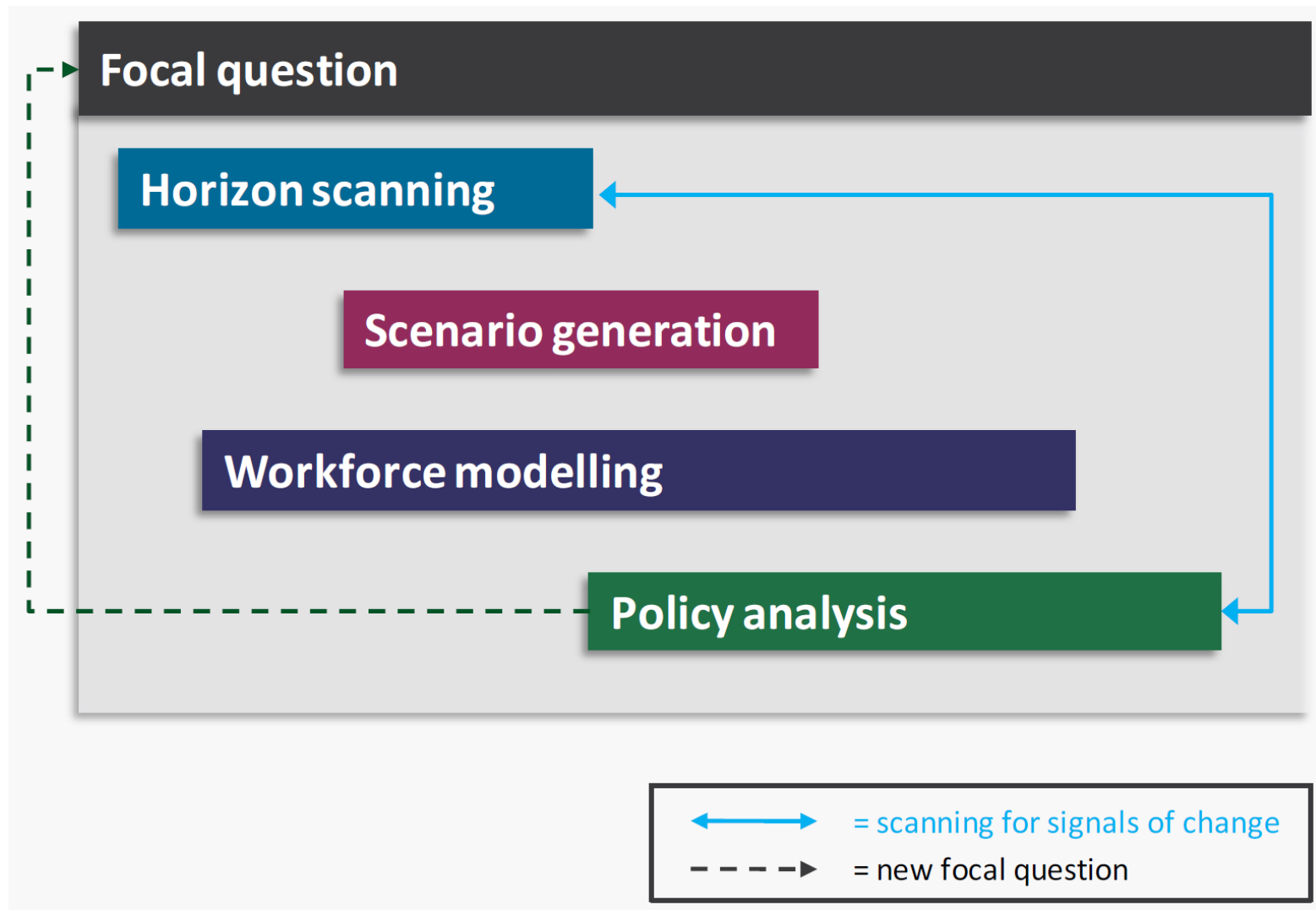
The implications around a shift of care from acute to community setting

Factors:
1. More people in later life with complex needs
2. Increasing population and changing disease profiles.
3. Future supply imbalances
4. Changing education and cultural requirement for new settings

CF WI — CENTRE FOR WORKFORCE INTELLIGENCE

HORIZON SCANNING

A STRATEGIC REVIEW OF THE FUTURE HEALTHCARE WORKFORCE: INFORMING THE NURSING WORKFORCE

Horizon scanning report: nursing

Dr R K Waite of RWK Healthcare Consultancy

May 2012

Keep under review

Focal question

Horizon scanning

Scenario generation

Workforce modelling

Policy analysis

⟷ = scanning for signals of change

- - -▸ = new focal question

PAHO regional strategy for HRH

1. Strengthen and consolidate governance and steering role of HRH

2. Capacity development to expand health access and coverage, with equity and quality

3. Re-orient the educational sector to respond to health systems in transformation towards Universal Health
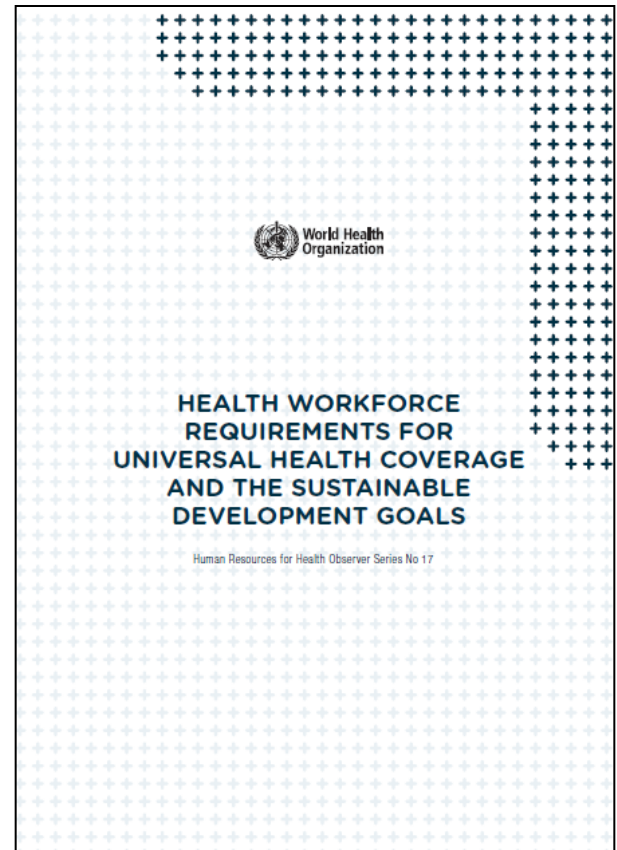
More workforce needed for the Americas

"**Maintaining the status quo** in health worker production and employment is expected to **result in too slow a progress**"

Substantial efforts are required in the "**recruitment, development and training and retention of the health workforce**"

To better **align health workforce production and deployment to population needs**.

Need to **improve availability as well as distribution, accessibility, performance and productivity**.

Potential for **greater efficiency** by **adopting a more diverse and sustainable skills mix.**

World Health Organization

HEALTH WORKFORCE REQUIREMENTS FOR UNIVERSAL HEALTH COVERAGE AND THE SUSTAINABLE DEVELOPMENT GOALS

Human Resources for Health Observer Series No 17

More workforce needed for the Americas

Table 2. Total numbers of health workers needed (total need) to reach the SDG threshold estimated for 2013 and forecasted for 2030 (by income group and WHO region)

INCOME	PHYSICIANS		NURSES/MIDWIVES		OTHER CADRES		TOTAL HEALTH WORKERS		
	2013	2030	2013	2030	2013	2030	2013	2030	% CHANGE
High	1 612 259	1 704 610	4 058 748	4 291 235	2 115 214	2 236 375	7 786 221	8 232 220	6%
Upper middle	3 069 815	3 354 235	7 728 044	8 444 051	4 386 610	4 793 032	15 184 469	16 591 318	9%
Lower middle	3 274 396	4 088 220	8 243 062	10 291 805	6 323 837	7 895 573	17 841 295	22 275 598	25%
Low	991 190	1 403 036	2 495 252	3 532 045	2 075 236	2 937 510	5 561 678	7 872 591	42%
REGION									
Africa	1 080 315	1 629 671	2 719 618	4 102 581	2 099 504	3 190 020	5 899 437	8 922 272	51%
Americas	1 229 723	1 411 814	3 095 741	3 554 141	1 743 590	2 007 081	6 069 054	6 973 036	15%
E. Mediterranean	797 180	1 068 102	2 006 845	2 688 871	1 419 049	1 911 927	4 223 074	5 668 900	34%
Europe	1 146 722	1 175 823	2 886 792	2 960 050	1 610 861	1 653 833	5 644 375	5 789 706	3%
South-East Asia	2 382 718	2 811 979	5 998 325	7 078 959	4 612 661	5 450 093	12 993 705	15 341 032	18%
Western Pacific	2 311 002	2 452 713	5 817 784	6 174 532	3 415 232	3 649 535	11 544 018	12 276 780	6%
Total	**8 947 661**	**10 550 101**	**22 525 105**	**26 559 136**	**14 900 897**	**17 862 489**	**46 373 663**	**54 971 726**	**19%**

Data sources: Authors' calculations from WHO Global Health Observatory data.

A proposed focal question

"Thinking up to the year 2040 for the PAHO region, what are the factors influencing the supply of and requirements for human resources for health?"
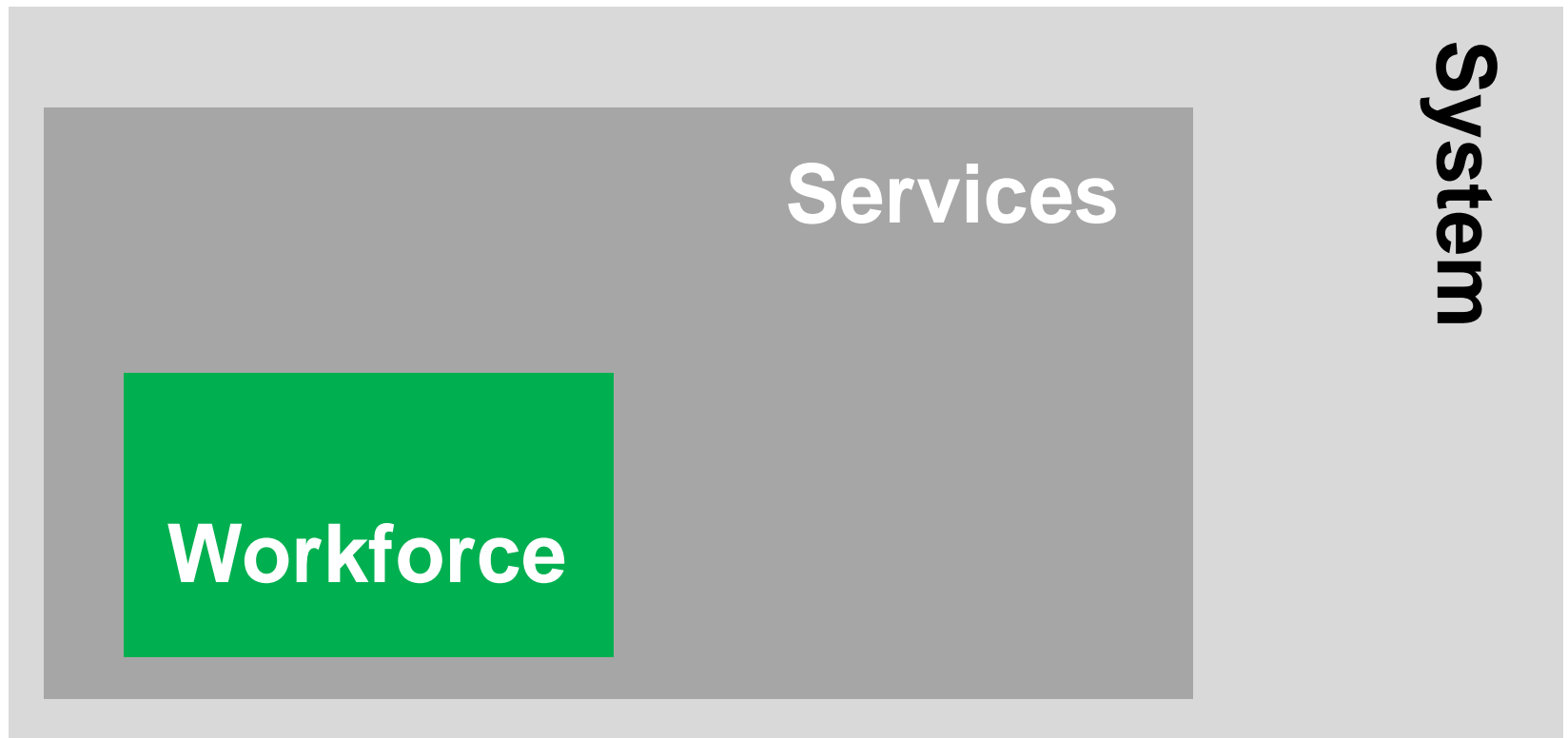
Part 2
How robust workforce planning has been used
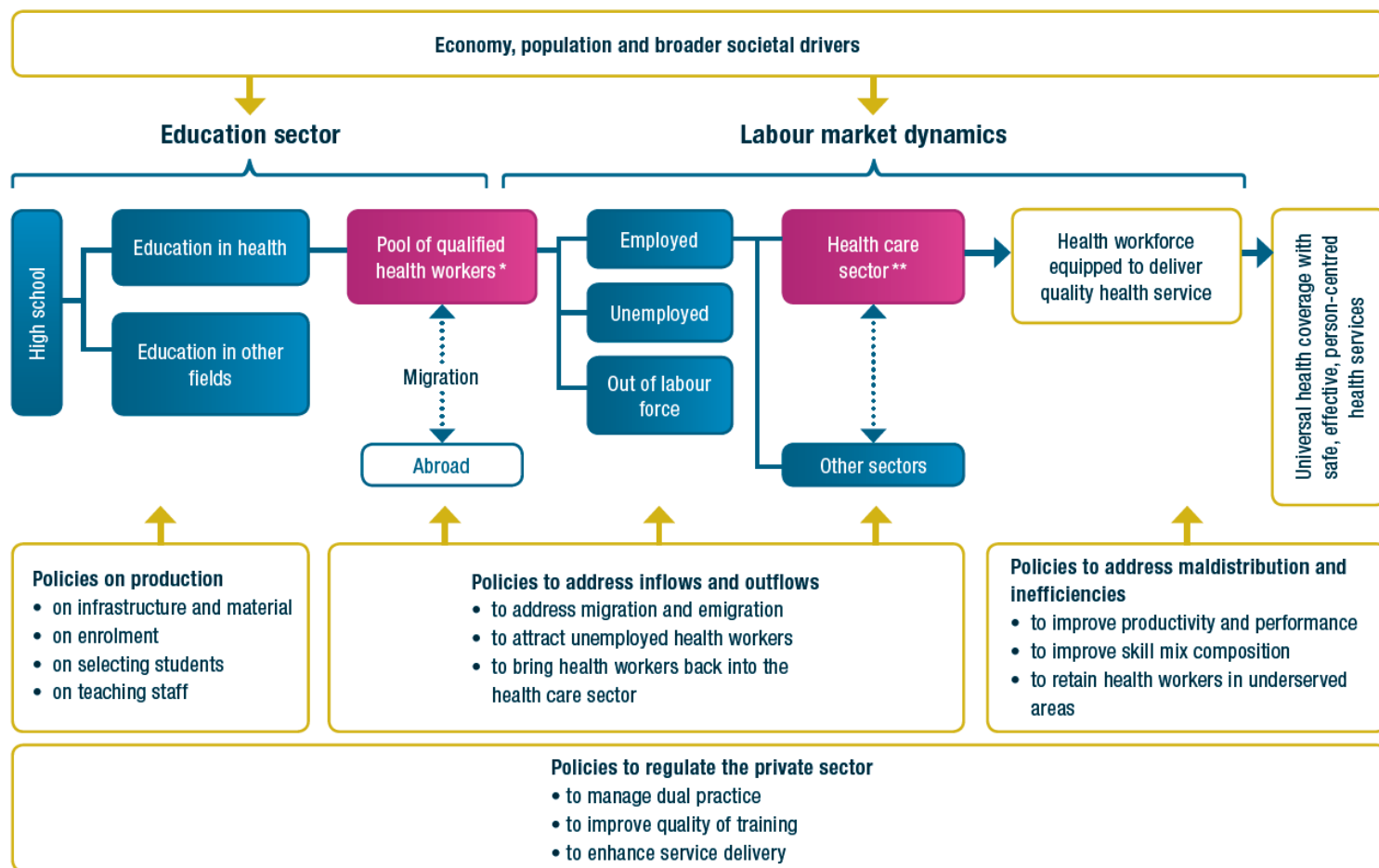
Context of workforce planning

- Intelligence and information
- What has happened
- What is happening
- What might happen

Criticality of the workforce

Labour market framework

Figure 2: Policy levers to shape health labour markets

Criticisms of planning

- 'largely in isolation of, or separately from, matters relating to other aspects of health care policy and population health' (Birch et al, 2007).

- As well as for reliance on simple demographic utilisation models to inform demand projections (Tomblin Murphy et al, 2009; Birch et al, 2003; Scott et al, 2011).

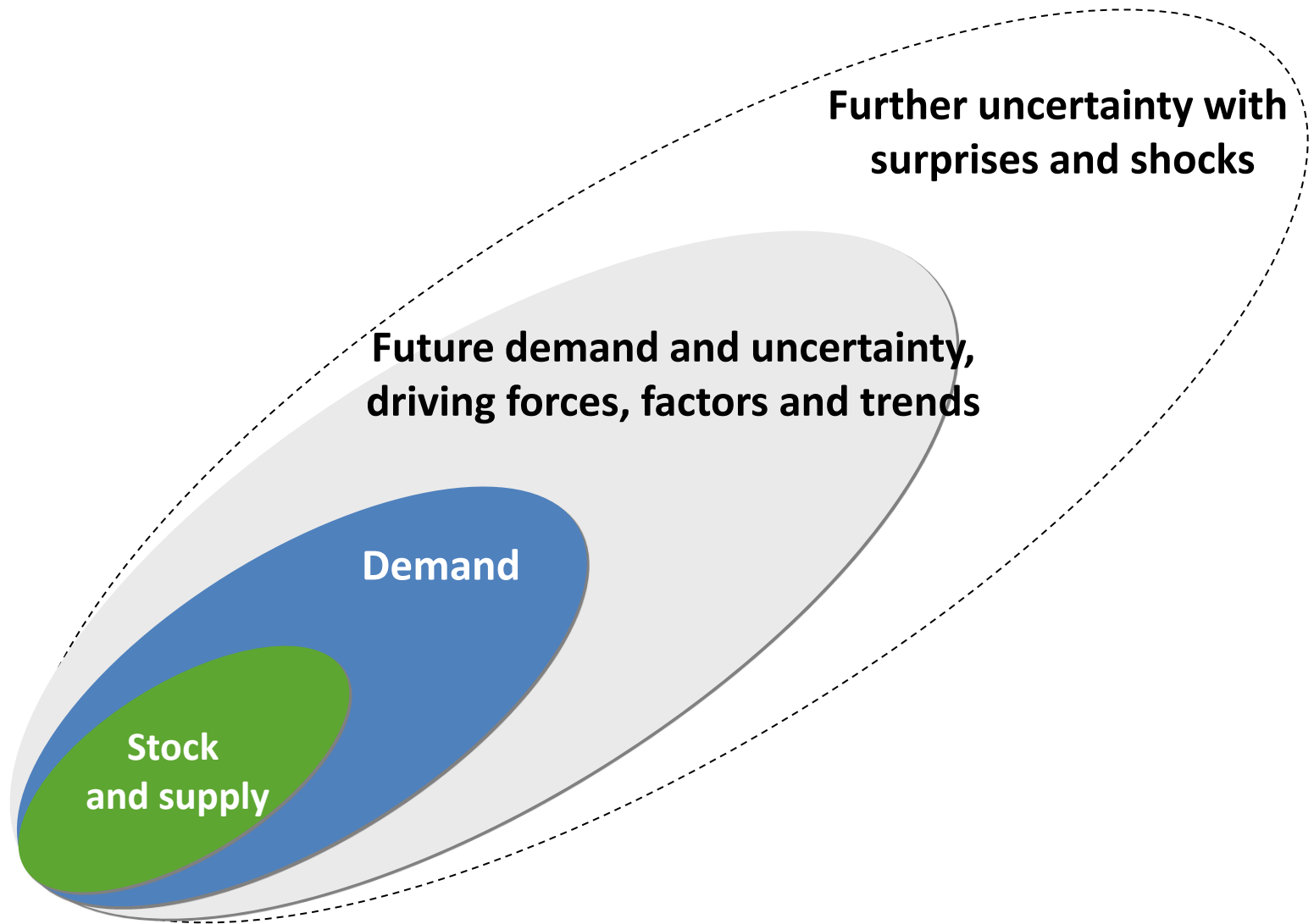# Different contexts of health systems

An additional complication for international collaboration:

- The context dependence of models presents challenges when considering workforce planning across EU Member States (Kuhlmann et al, 2012)

- and because of multiple macro-level drivers and forces acting upon health systems and the workforce (Fellows and Edwards, 2016).
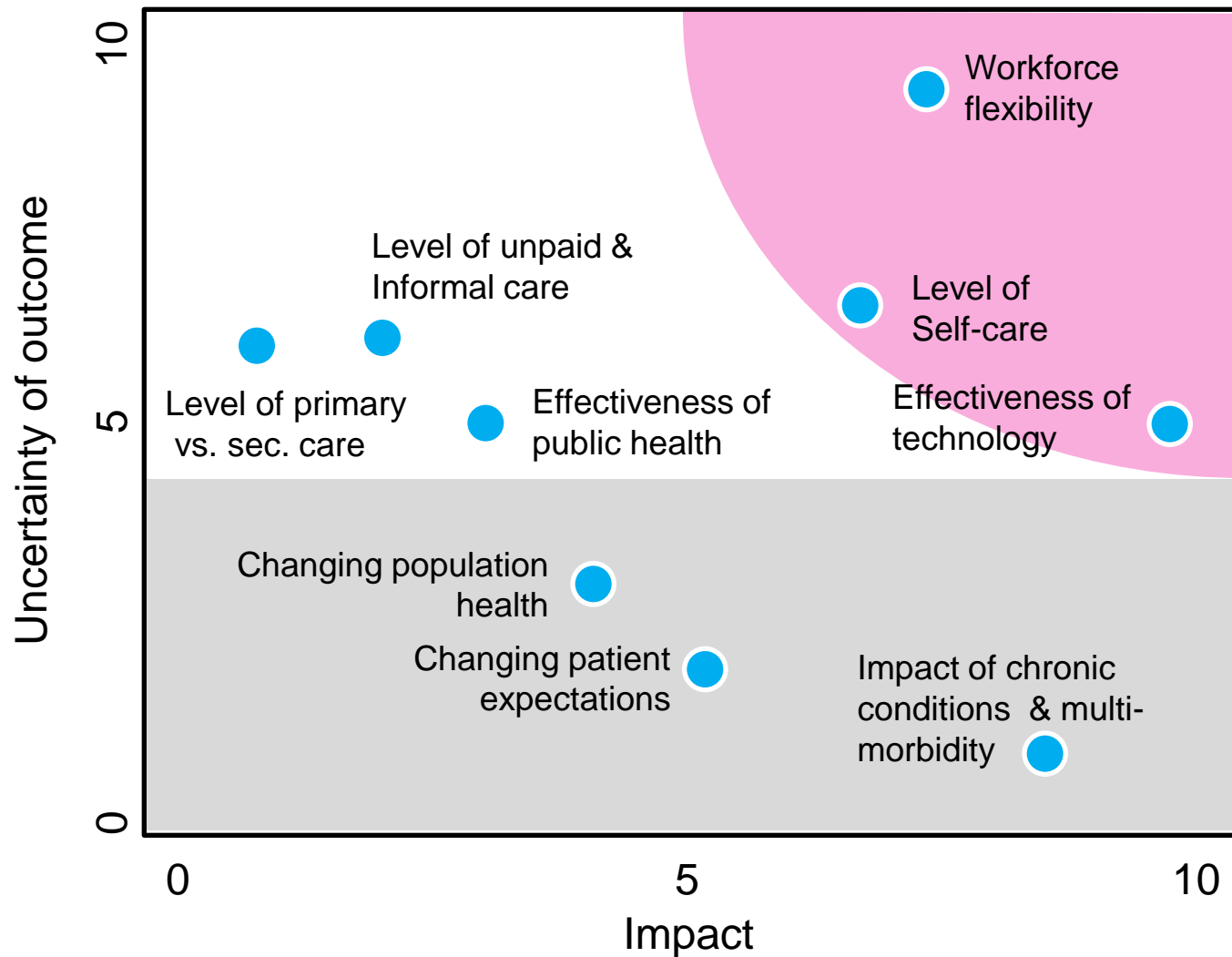
Questions

- How many should begin training?
- What will be a sufficient number?
- Will that meet population health needs?
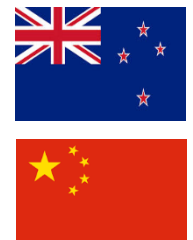- Now and for the future?

Aspects

Further uncertainty with surprises and shocks

Future demand and uncertainty, driving forces, factors and trends

Demand

Stock and supply

What drives healthcare?

Use and exploration of robust planning

EU Joint Action

- Horizon scanning
- EU area and members states
- What factors and forces may drive changes in the skills and competences required from health workforces over the next 20 years?
- Main report and 4 policy briefs

Source: Fellows and Edwards, 2016

www.healthworkforce.eu

Belgium

- Horizon scanning

- Delphi method to collect new variables for workforce modelling

- Belgium, 20 year view for General Practitioner workforce

- Impact of changes in roles, responsibilities, rural and urban, fees and funding, technology etc.

- Formal adoption of these methods nationally following the pilot

Source: Edwards et al, 2016

www.healthworkforce.eu

Pilot study experiences in Belgium using horizon scanning and the Delphi method as part of a national review of the General Practitioner workforce

Supporting the Ebola countries

- Guinea, Liberia, Sierra Leone in conjunction with WHO and World Bank (separate phases)
- Horizon scanning and workforce modelling
- Analysis of the workforce position
- future plans as part of recovery and building resilience
- Presidential paper
- Journal forthcoming

Further publications at:

Over 500 workforce planning studies and reports by the CfWI (now as part of the Department of Health, England)

http://www.cfwi.org.uk/publications

Technical paper series on robust workforce planning and methods

http://www.horizonscanning.org.uk/HS-research/research-development/technical-papers/

UK government workforce planning pages

https://www.gov.uk/government/collections/workforce-planning-for-health-public-health-and-social-care

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