

HRH Issues and the Minimum Dataset

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HRH Issues and the Minimum Dataset

- HRH Issues
- HRH- Top of the Agenda
- Staffing variations
- Critical HRH challenges
- Framework for Solutions
- The HRH minimum dataset

Critical HRH questions from/ for Stakeholders and Policy makers

- How do we plan how many nurses, midwives and other health workers to educate, and employ?
- How can we improve recruitment, retention and return?- which incentives are effective in motivating staff?
- How can we determine and deploy the most effective skill mix of staff?

HRH: Top of the Agenda

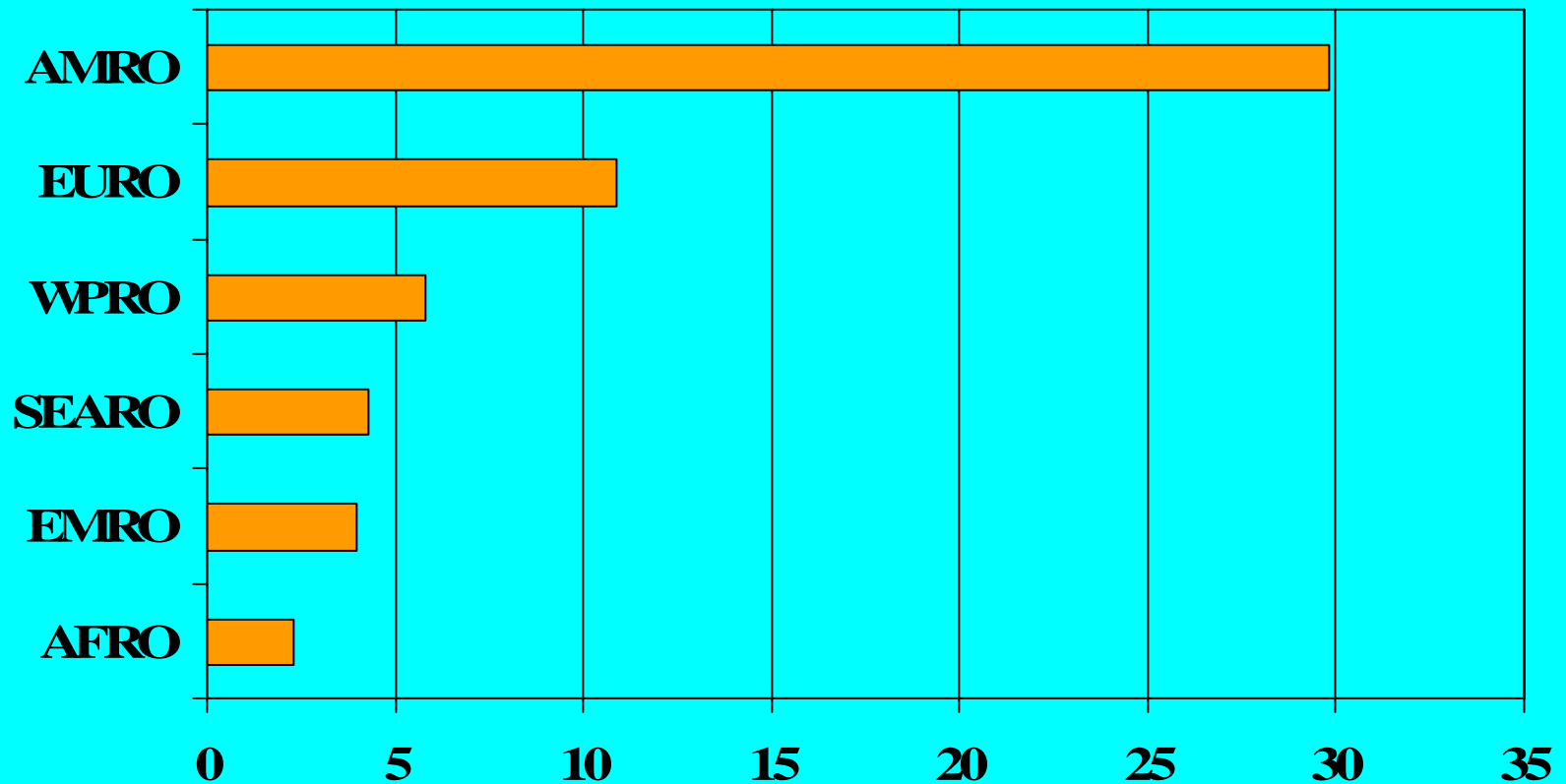
“The most critical issue facing health care systems is the shortage of people who make them work”.
(World Health Report 2003).

The world is short of more than 4 million doctors, nurses, midwives and other health workers.
(World Health Report 2006)

[also, e.g JLI; Regional strategies; GHWA; AAAH)

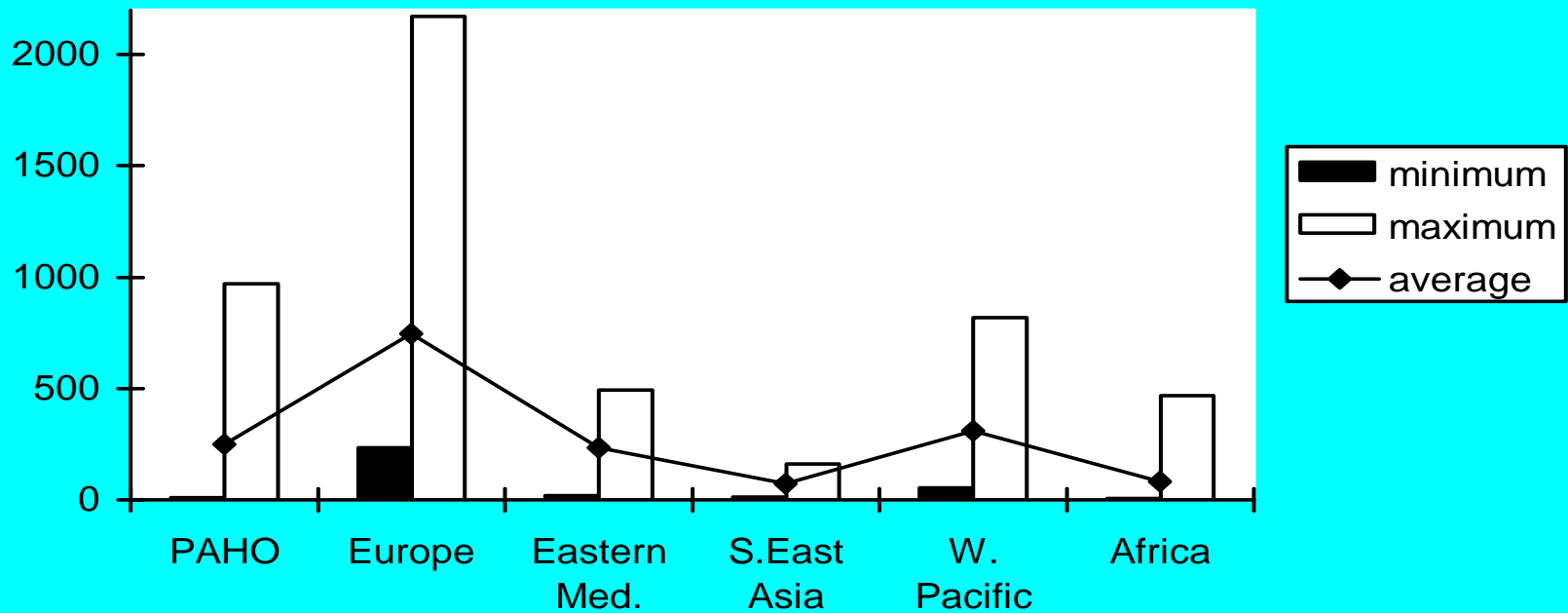
Health worker:population density, WHO regions

(source: World Health report 2006)



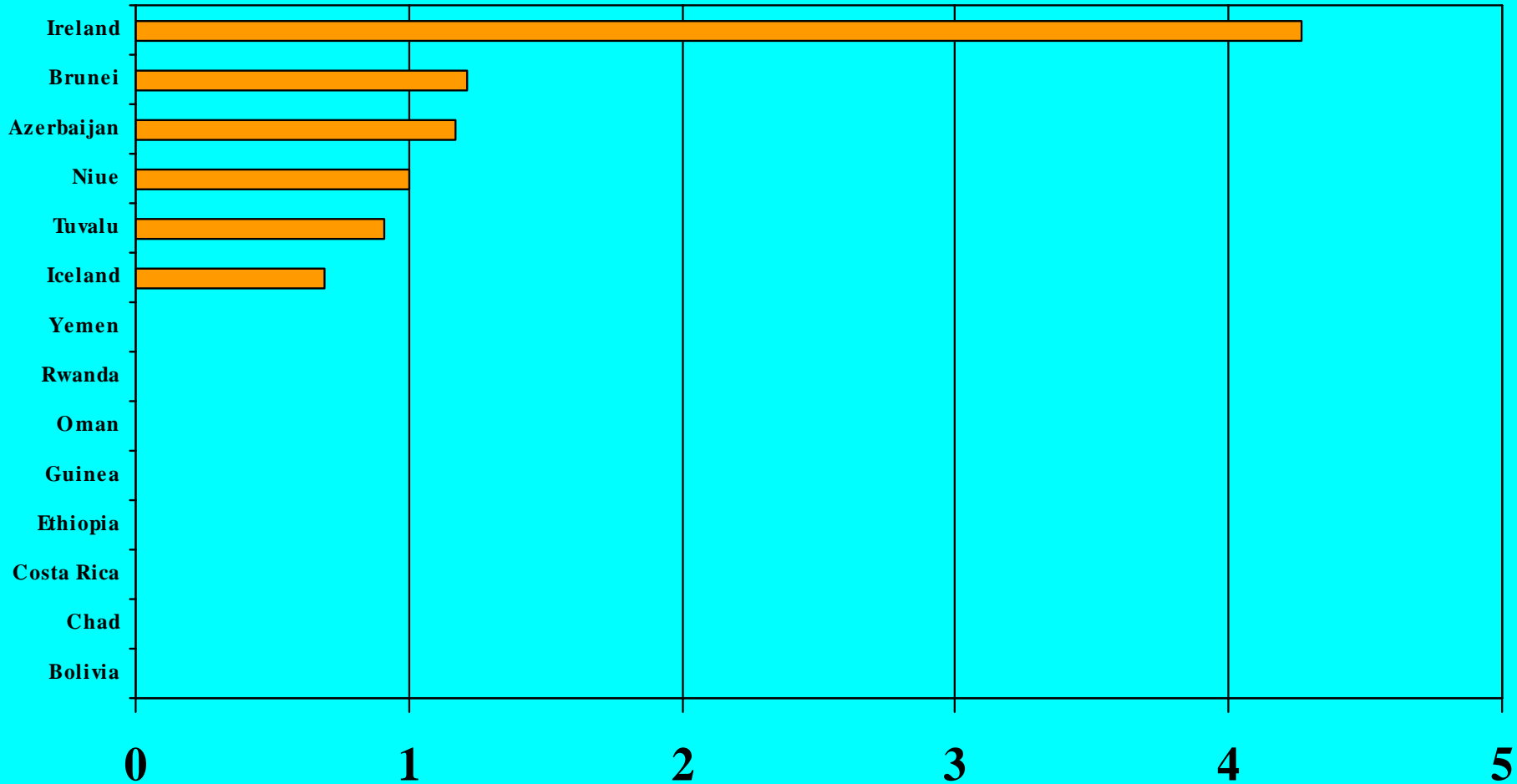
Nurse : population ratios, WHO Regions

FIGURE 1: NURSE:POPULATION RATIO [100,000 HAB.] - MIN, MAX AND AVERAGE BY WHO REGION



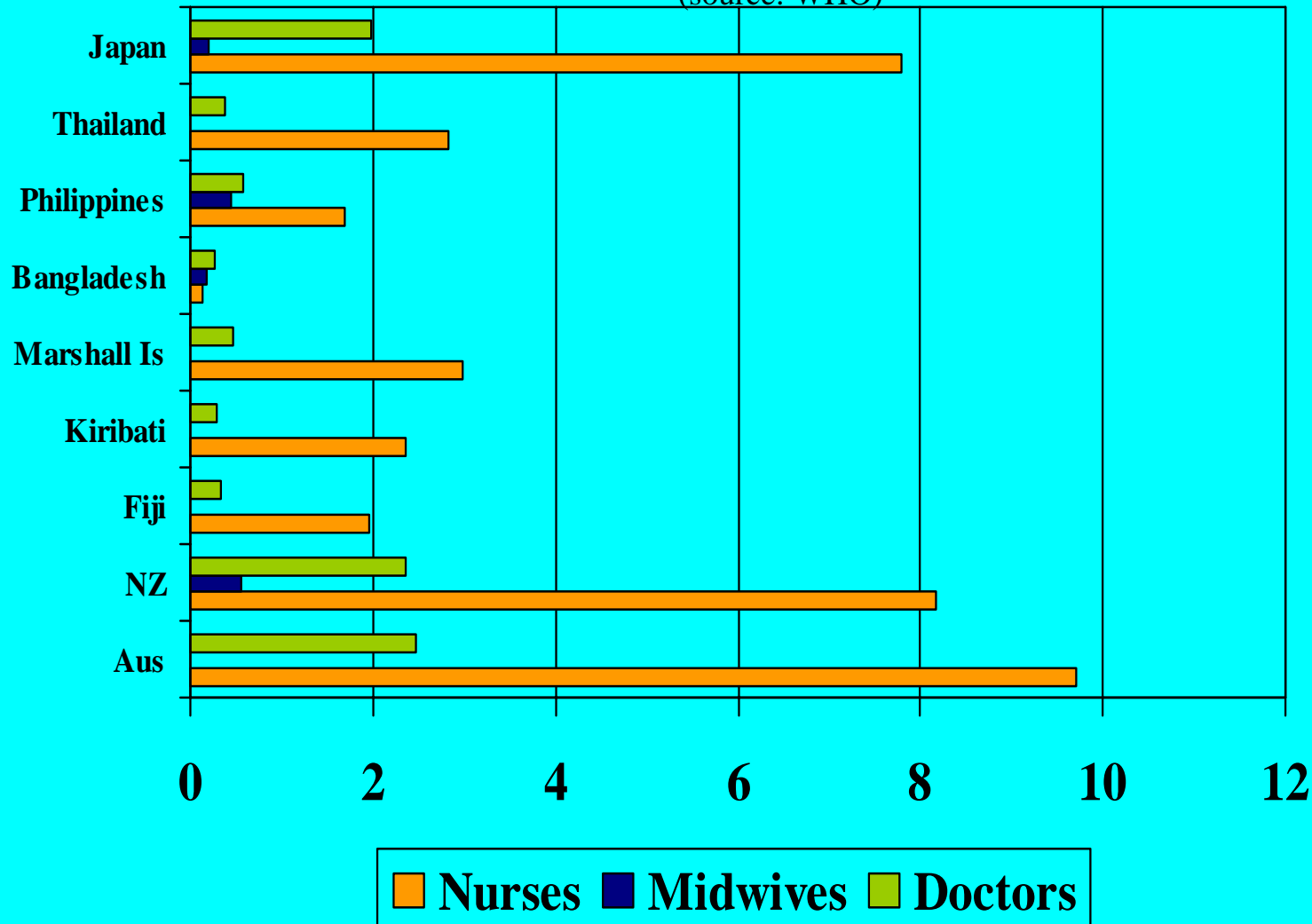
Midwives per 1000 population

(source: WHO)



Nurses, midwives and doctors per 1000 population, selected countries

(source: WHO)



Common HRH Challenges

- Skills shortages
- Geographic maldistribution (internal)/
Migration (external)
- Fragmented planning
- Education- employer linkages
- Staff Performance

A Framework for Solutions

- Workforce planning
- Improve recruitment and retention
- Improve skill mix
- Improve performance and deployment

Workforce Planning

Component	Interventions	Requirements
Workforce Planning	Needs assessment Integrated (or aligned) planning Linkage with education sector Scenario modelling Geographical distribution	Planning capacity Workforce data/ information Stakeholder involvement

Recruitment and Retention

Component	Interventions	Requirements
Recruitment and Retention	Improve recruitment from traditional resources Recruit from “new” sources Improve retention of current staff Attract back returners	Financial and non financial incentives Career structure and opportunities Flexible working Safe working conditions Midwives involvement in decision making

Skill Mix

Component	Interventions	Requirements
Utilisation and Skill Mix	<p>Strategic/ policy decisions on effective skill mix of staff</p> <p>Regulatory infrastructure</p> <p>Legislative infrastructure</p> <p>In service training/ “lifelong learning”</p>	<p>Effective strategic management</p> <p>Data on activity/output/outcome</p> <p>Job descriptions /role definitions</p> <p>Financial and non-financial incentives.</p> <p>Midwives involvement in decision making</p>

Deployment and Performance

Component	Interventions	Requirements
Deployment and Performance	Day -to -day matching of staff with workload Flexible working Shift patterns for 24 hour care Full time/part time/temporary staff In service training/ “lifelong learning”	Effective local management Data on activity and workforce Financial and non financial incentives Allocation of necessary equipment, material, drugs etc Midwives involvement in decision making

Summary:

- Integrate planning and resource allocation
- Identify and implement cost effective incentives to improve recruitment, retention, “return” and motivation
- Adopt a long term and broad based approach to skill mix and utilisation
- Aim for staffing stability
- These policies and interventions all need informed decision making if they are to be effective

Informed decision making: A HRH minimum data set

- Possible purposes:

PLANNING

MONITORING

MANAGING

REGULATION

BENCHMARKING

PAYROLL

HRH Minimum Data set: Guiding principles

- SCOPE FOR COUNTRY COMPARISON
- AIM FOR PERIODIC UPDATING
- AIM FOR “TWO WAY” FLOW” OF INFORMATION
- MAKE SURE THAT “MINIMUM” REALLY IS THE MINIMUM REQUIRED
- BE INCLUSIVE AND ESTABLISH A COMMON VISION

HRH Minimum Data set

- Phase 1 (scoping) and Phase 2 (consultation/development of draft indicators)-complete
- Phase 3 (final) underway
 - fact sheet content agreed, and being drafted, with editorial input from steering group
 - core minimum data set domains and indicators being finalised, on basis of (2) above, and input from steering group

HRH Minimum Data set

- Fact sheets:
- Why HRH is important
- Why HRH data is important
- Using the WHO IMS minimum HRH dataset

HRH Minimum Data set

- Any final suggestions on minimum data set domains and indicators....?
- Any further suggestions on specific content/references for the three fact sheets....?

See the drafts on memory stick...and..

- Please email us by 11 December 2006..

THANKS!