Role of HRH Information in Regional Planning

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Overview

- HRH planning
- Why do we need a regional plan/vision
- What data do we have & what do we need
- What do we do with the data
- Next steps
HRH planning
Goal of HRH Planning

“To achieve and maintain an optimal and stable supply and distribution of appropriately trained, deployed, supported and motivated health workforce, with the capacity to respond to current and future population health care needs in a way that maximizes efficiency and effectiveness while being affordable and sustainable…”
HRH Reform

ISSUES
Supply
Demand
Production
Training
Recruitment
Retention
Distribution
Access
Deployment
Health/Safety
Productivity
Migration
Management
Payment
Sustainability
Regional level HRH planning
Why a Regional Plan?

- Utilise countries strengths
- Allows capacity building of medical specialities
- Economies of scale e.g. observatory
- Similar challenges
- Similar goals
HRH Engine: Regional planning should support local HRM
Review of HRH in the Caribbean

**Historical Trends**
- Only Dominica, Trinidad & Tobago and St. Lucia up in MD supply in last decade
- Others record a decline in physician numbers, the greatest in Jamaica
- Jamaica and Guyana greatest decline in RN numbers
- Jamaica and Grenada the highest health worker emigration
- Regional out-migration of 81% RNs and 53% MDs
- 78% employed in the public sector
- Specialists 17% of Dominica’s MD stock; 85% in Anguilla
- Trinidad & Tobago recruiting 450 RNs and 119 Medical Specialists
- Guyana 300 vacancies, 25% to 50% vacancy rates
- Possible surplus of health workers in Guyana in less than five years
Previous HRH work: Core Data Set & 20 Goals

Data collection over the last 6 years has enabled the following:

- identification of data suitable for use in database
- identification of readily available data
- identification of HRH related legislation
Regional Goals: Progress so far

**Right numbers**
- 8 of 11 countries achieve the minimum target of 25 per 10,000 population
- Jamaica and Belize 25% of goal; Montserrat & Barbados 3.3 times minimum target
- Only Belize and Grenada were 40 percent of MDs PHC physicians
- 5 of 9 countries achieved 90% of required PHC competencies & team coverage

**Right locations**
- 80% of population growth occurring in urban areas
- Only four countries recruited PHC workers locally
Regional Goals: Progress so far

*Right motivation*
- 29% of health workers were in precarious, unprotected positions
- Six countries had worker health and safety practices in place
- Four countries had managers with appropriate competencies
- Six countries provided some inter-disciplinary training, the highest in Jamaica (73%)
- Four countries reached target regarding staff inter-cultural competencies
- Jamaica, Dominica & St. Lucia reported upgrading staff skills and competencies

*Right training*
- Six countries have reached the target regarding health program accreditation
- Only Jamaica & Barbados recruited students from under-serviced areas
- Only Barbados, Jamaica & Guyana have nursing attrition rates less than 20%
Common successes

- All countries had labour dispute mechanisms; 67% essential services legislation
- One RN for every MD achieved by all countries
Common challenges

- No countries had achieved self-sufficiency in HRH
- All countries had an HRH Unit, but the majority were one-person operations
- Few countries have adopted recruitment codes of practice
- Need to determine levels of migration
  - Linking HRH to health/strategic plan
  - HRH Database – agreeing on process, quality of data & types of data to be collected
Moving forward

- Learn from the successes
- Overcome challenges
  - linking HRH to health/strategic plan
  - the creation of a database.

To do this we need information:
- Descriptive – Legislation, governance
- Quantitative – staff numbers, population
Data

- What do we have?
- What do we need?
Quality data

- Valid
- Complete
- Correct
- Timely
- Accurate
- Robust
Once you have quality don’t lose it
Existing information

- Staff numbers
  - Payroll, budget estimates
- Training
  - Professional bodies, licensing authority
- Governance
  - Public administration, Civil Service, legislation
How do you use your existing data?

- Budgets estimates
  - Creation/deletion of posts

- Staff planning
  - Allocation area vs institution, succession planning

- Who do you share data with?
  - Other ministries, education institutions
Additional information

- What other information is readily available?
  - Scholarships, tertiary education stats

- What data are available with some effort?
  - CPD/training information

- What data do you need?
  - Use of services by disease, geographical region
  - Length of in-patient stays
What do we do with the data?
HRH Planning: Where do we start?

Need to decide the following:
- Objectives of planning exercise
- Major concerns of key stakeholders
- Existing/anticipated HRH problems
- Availability of resources and expertise
- Timeframe

Concentrate on the information that is vital
Databases

- Bespoke
- Proprietary
- Open source
IT is not just hard & software

Ensure that the following are in place:

- Reliable back-up
- Appropriate training
- Data entry with attention to detail
- Contingency for absences
What are other countries doing?

Conclusions from Riley et al 2012

- HRIS are critical for evidence-based human resource policy and practice
- Little information about these systems, including their current capabilities
- The absence of standardized HRIS profiles (including documented processes for data collection, management, and use) limits understanding of the availability and quality of information that can be used to support effective and efficient HRH strategies and investments at the national, regional and global levels
Next steps

- Link HR related goals from strategic plan for health to HRH development plan
- Identify existing issues

- Identify & verify data relevant to HR goals & existing issues

- Establish processes for regular updating of required data

- When implementing any changes ensure all relevant variables are measured before and after

- Once robust data collection and monitoring is in place
- Decide on methods & data needed for projecting/forecasting HRH requirements
Summary

- Regional planning is linked to departmental planning
- Ensure that necessary data is high quality
- Ensure data collection processes work
- Decide on a database & necessary infrastructure
- Test thoroughly before implementation
- Establish monitoring process
THANK YOU

Quality is the key..........

Beware of false knowledge; it is more dangerous than ignorance.