

### **Box 3. Limitations of workforce planning**

Forecasting efforts have suffered from a lack of appropriate and reliable data on demand for and supply of physicians. A major uncertainty relates to the effect of future technological change on demand. Another uncertainty is about the future rate of growth of publicly-funded health expenditure, because it may be subject to changing political priorities. In addition, there may be uncertainties on the supply side due to unpredictable changes in migration flows, career change or retirement.

Workforce planning has generally been conducted in the context of uncertainty surrounding health care system design issues (Fooks *et al.*, 2002). For instance, planners have had to project the required number of primary care physicians in the absence of a consensus on the optimal model of organising primary care delivery (e.g. to what extent can nurse practitioners substitute for primary care physicians in the provision of primary care services?). Few exercises have had a focus beyond one specific health profession or considered the most cost-effective use of the skills of a range of providers. Ideally, workforce planning and supply policies should be integrated into health system reforms and the design of the health care system should take into account the need for physician services.

Tensions may arise from the different levels at which workforce planning takes place. In Australia, the Australian Medical Workforce Advisory Committee provides advice on physician supply policies at national level, but implementation is the prerogative of State/Territory Governments. This may lead to planning recommendations that do not take into account the budgetary implications and health service delivery decisions of State/Territory Governments (Gavel *et al.*, 2002). Differing and non-coordinated approaches to workforce planning by Canadian provinces and territorial jurisdictions have given rise to inter-provincial/territorial tensions.

Workforce planning is subject to political interference (Hall, 1998). Support for strategic planning may be limited in a rapidly evolving political environment characterised by changing priorities. Many workforce decisions, however, require longer-term planning given that, for instance, decisions to change medical school intake take time to have an effect on the actual physician workforce. Additionally, support may be short-lived in that planning may be initiated in response to an apparent workforce crisis, but is then discontinued as the crisis passes.

Workforce planning does not always take into account the viewpoints of the various stakeholders, undermining its accessibility and hindering its implementation (Goldsand and Frechette, 2001).