

PLANNING OF HEALTH WORKFORCE

**Introductory Remarks by Tsung-Mei Cheng
Princeton University
Chair of Session I**

**9th Annual Symposium of the Bertelsmann Stiftung
International Network Health Policy & Reform**

Session I: Planning and Implementing Change in Health Care

Odense, Denmark

July 4-7, 2010

By way of introduction to this session, I would like to make two points:

- I. The link between a given population morbidity and a particular type of health professional is much looser than seems often to be assumed.**
- II. A brief listing of policy issues in health-workforce planning.**

I. THE ISSUE OF FIXED WORKFORCE RATIOS

Traditional health-workforce forecasting models have used fixed, “ideal” ratios of a particular type of health professional-to-population – e.g., ideal physician-population ratios.

These models are flawed, because they overlook the considerable *flexibility* countries have to address a given disease burden with different mixes of health workers and supporting equipment.

**Population health
to be managed**

Education

Nutrition

**Health
Care**

Public
Health

Environment

Home-Care
(w. telemedicine)

**Ambulatory
Care**

Hospital
Inpatient Care

Nursing
Homes

Clerks

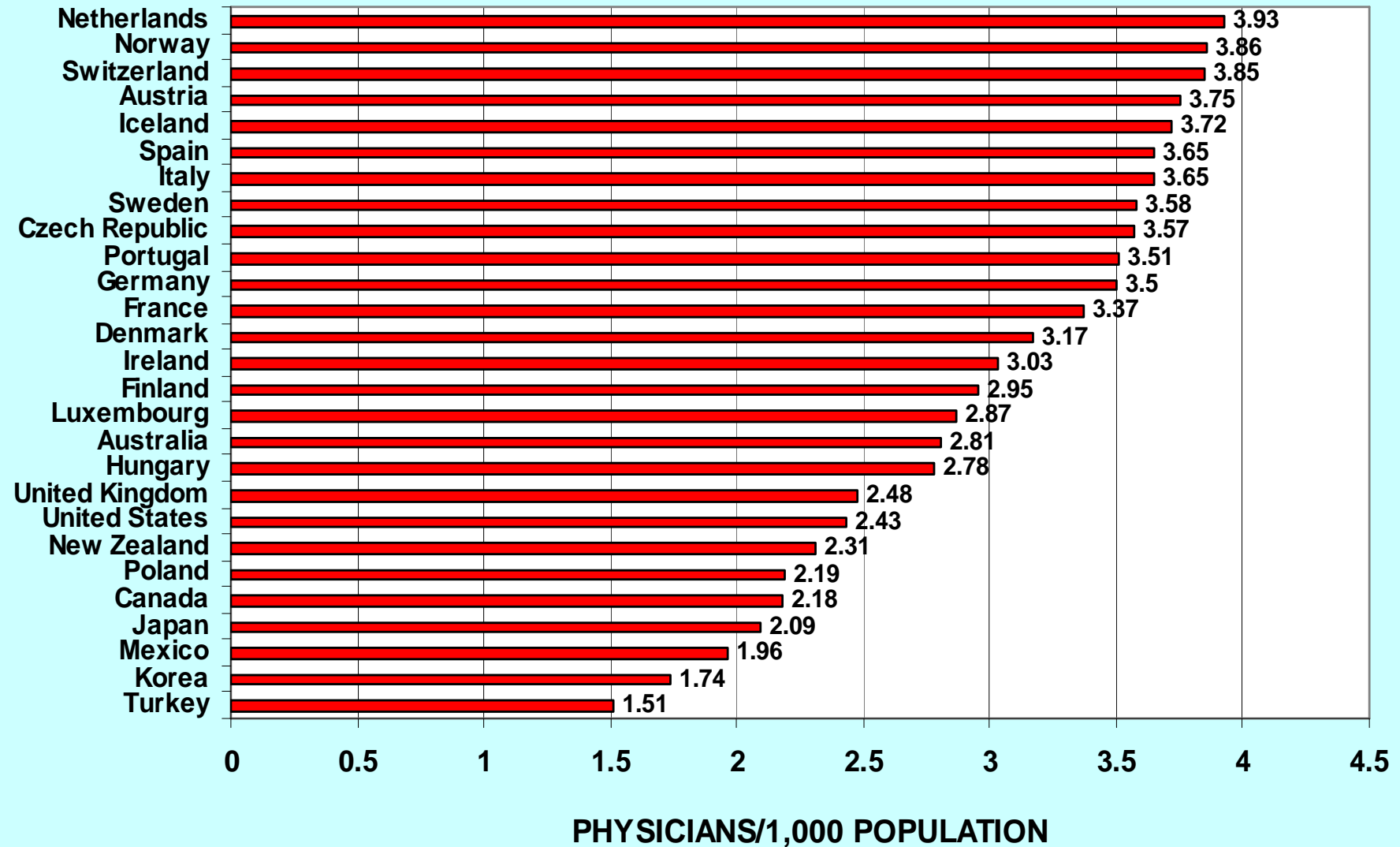
**Primary
Care MDs**

**Specialist
Physicians**

Physician
Assistants

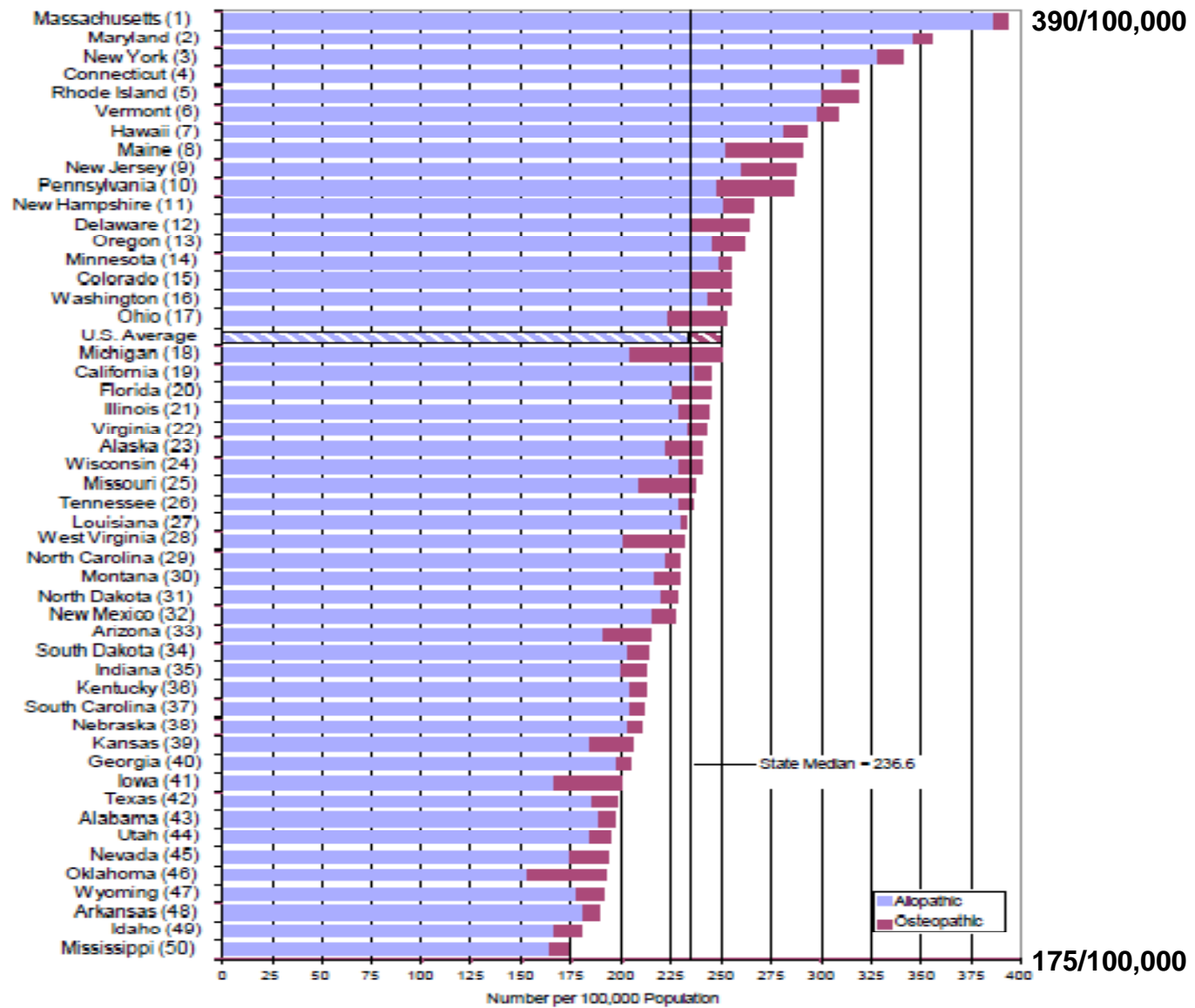
Technicians

ACTIVE PHYSICIAN PER 1,000 POPULATION, OECD 2006-7



SOURCE: OECD DATA 2009

Figure 1. Active Physicians by Degree Type Per 100,000 Population 2006 Data



SOURCE: Association of American medical Colleges, 2007 State Physician Workforce Data Book, <http://www.aamc.org/workforce/statedatabook/statedatabooknov2007.pdf>

IN SUM:

Beware of alarmist health workforce forecasts based on *fixed, normative ratios* of particular types of health professionals to population.

II. ISSUES IN HEALTH WORKFORCE POLICY

One can structure a discussion on the planning of health workforce of the future around 5 subtopics:

- 1. A global shortage of working-age population in general, driven mainly by a rising old-age dependency ratio.**

1. A GROWING GLOBAL SHORTAGE OF WORKING AGE PEOPLE

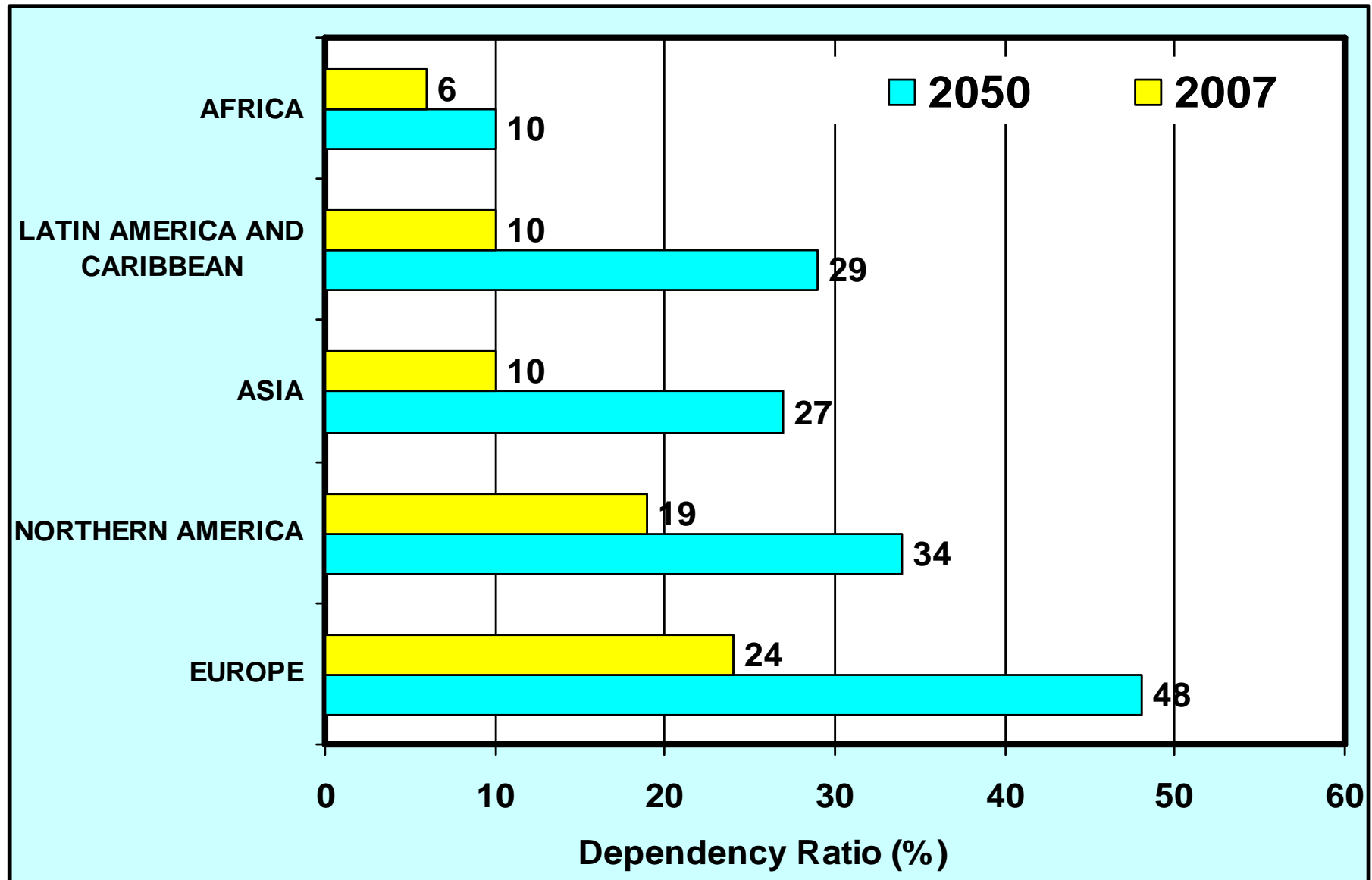
Total dependency ratios -- loosely defined as the number of people too young or too old to work divided by the working age population – are rising in many countries, driven mainly by:

- 1. Longer life expectancy, coupled with**
- 2. Falling fertility rates**

These trends are especially pronounced in the European OECD countries, Singapore, China and, worst of all, Japan.

Health care, a highly labor-intensive economic sector, will have to compete with other sectors for labor in a shrinking pool of workers.

OLD-AGE DEPENDENCY RATIO 2007 AND 2050, BY CONTINENT



SOURCE: World Economic Forum, *Financing Demographic Shifts* (2008), <http://www.weforum.org/pdf/scenarios/Report.pdf>

Figure 1.6. The “old age dependency ratio” set to double by 2050

Population aged 65 and over relative to the population of 15-64 in 2000 and 2050

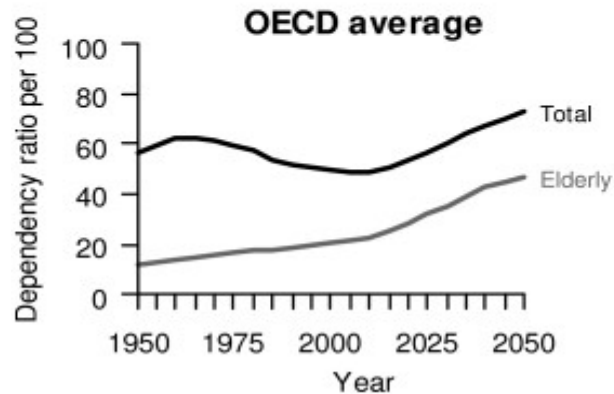
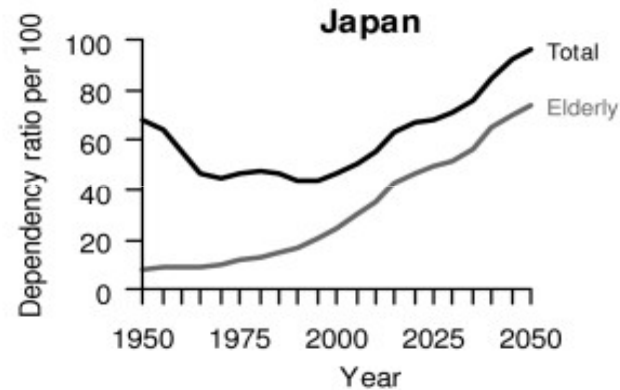
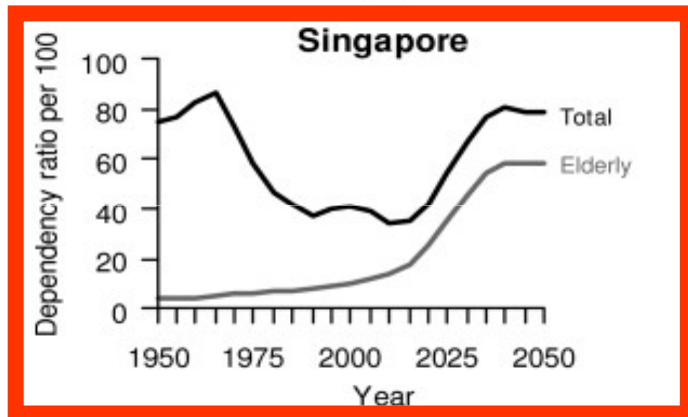
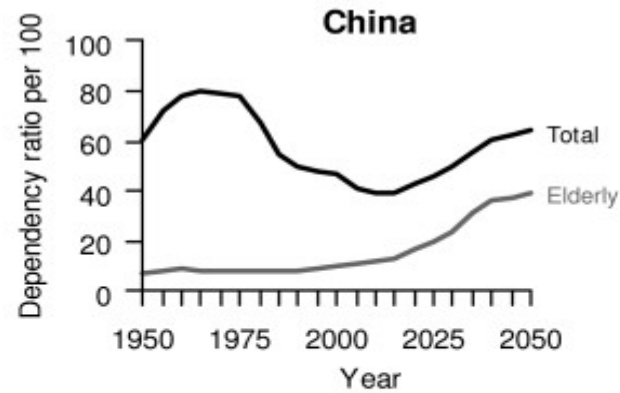
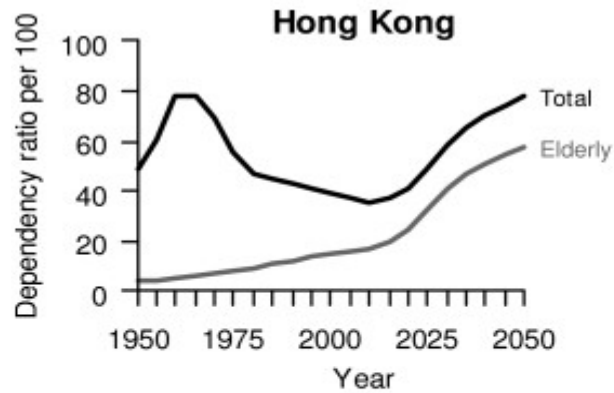


StatLink  <http://dx.doi.org/10.1787/403710262251>

Source: OECD (2006), *Society at a Glance*.

SOURCE: *Ageing OECD Societies*, 2008, <http://www.oecd.org/dataoecd/38/32/41250023.pdf>

SOME ASIAN DEPENDENCY RATIOS



The problem in Singapore: This chap is not doing his patriotic duty. He's always on the road somewhere.

One can order a discussion on planning the health workforce of the future around 5 subtopics (Continued):

1. A global shortage of working-age population in general, driven mainly by a rising old-age dependency ratio.
2. **An inefficient assignment of tasks across health workers with different levels of education and training.**
3. **A clinically and economically inefficient mix of physicians (in the US, too many specialists, not enough primary care physicians).**
4. **A geographically inequitable allocation of the health workforce (rural areas tend to be understaffed).**
5. **An inequitable allocation of the health workforce among socio-economic classes within countries.**

So, let us now turn to this session's presentations to hear about how some countries address these issues:

Presentation 1: Toni Ashton, University of Auckland:

“Strategies to overcome workforce shortages in New Zealand and Australia”

Presentation 2: Ryozo Matsuda, Ritsumeikan University, Japan:

“Tackling physician shortages for certain specialties and regions”

Presentation 3: Zeynep Or, IRDES:

“Skill mix in France: Chances and challenges”