

Iran's Health Human Resources Projection Plan: 2025 Vision

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Objectives:

Estimation of required workforce of occupational groups based on optimum scenario to 2025
Estimation of annual admission of students in related health care majors in all health sector universities

Population studied: All health related workforce and students in Iran

Method:

An adjusted health workforce planning model is utilized comprising from combination and adjustment of Thomas hall workforce planning model and Australian estimation tool in two sections of "supply" and "requirement" of HRH. 2025 supply is estimated based on calculation of inflow and outflow rates of the workforce based on past years' trends and its application to 2014 stock. For requirement estimation, major priorities and direction of the health sector was identified with target-service approach through qualitative analysis of national policy documents, and workforce norms in different service delivery locations are defined through examination of demographic transformations, disease patterns and etc for the next ten years and their translation to the required HRH. Eventually, required HRH supply and capacity for admission of students in different study majors in the next ten years is obtained through application of workforce flows and potential workforce capacity (students and ready-to-work graduates)
Net HRH requirement is calculated in eight scenarios based on determined assumptions on the estimation of HRH including students' work value in medical groups (using 60% / 100% work value), resources growth (based on Benchmarking / national policy documents) and working hours (continuation of the status quo/ Relative reduction in working hours) plus economic feasibility.

Findings:

Findings indicate that none of the scenarios is economically feasible. Therefore, the scenario of "continuing the status quo, using 100% work value and resources growth based on Benchmarking" with a lower GDP growth. According to this scenario, net health sector requirement for recruiting total required workforce of 479,592 and workforce relating to healthcare 476,242 was calculated considering projected changes in the number of hospital beds (19% growth) and inpatient and ambulatory service delivery facilities (16% growth), thus, to supply this number of healthcare related workforce, it is required to train 523,133 workforce to 2025 in total. Also, considering supply of 2025, maximum level of workforce shortage is in nursing group (249,455), Medical clinical assistants (50,137), and specialists (11,104) respectively.

Policy implications:

Creating grounds for the implementation of the selected scenario and approaching the economic feasibility scenario to an acceptable level requires the adoption of following policies:

- increase in healthcare funds through increase in health care share of public funds
- Improvement of workforce norms in high priority occupational groups instead of all norms
- Using substitution and supplementary policies in academic education of the required workforce such as adopting policies to reduce human resources loss (unwillingness to work, migration and etc) and reabsorbing professional and technical workforce to the healthcare sector