Reviewer's report

Title: How evidence-based workforce planning in Australia is informing effective policy development in the retention and distribution of the health workforce

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Reviewer: Pascal Zurn

Reviewer's report:

This is an interesting article addressing an important issue. It describes very well the process of the health workforce planning in Australia, the methodology used, the outcomes of the projections, and some of the policy implications of the planning.

While the strength of the article is on the description of the planning, the article would benefit from a more critical view of such exercise, and to anchor it more into the major health workforce policy issues present in Australia.

To that end, we would suggest the following:

. It would be good to also offer a short historical perspective on health workforce planning in Australia. Is "HW 2025" the first exercise of its kind or not, and if not what were the problems (if any) with the others. In other words why would HW 2025 be better and get it right.

. The paper should discuss more how this planning can address the major challenges faced by Australia, and in particular, the distribution challenges. For instance, was any sub-regional planning done ). To that end, it would be good to build the the "discussion section" around the five initial challenges (self-sufficiency, demographic, cost, coordination, distribution), and trying to be more critical as well. Now the discussion section is very descriptive and is not very concrete, and does not provide objectives or timeline. If those elements do not exist yet, those should be mentioned as weakness for the success of translating the planning into effective policy.

In terms of the methodology of the planning, it appears that all projections presented in the figures assume an equilibrium between the demand and supply of health workforce in 2009, is that really the case, and is that view shared by many.

In terms of figures, it would be interesting to have a figure showing the density of doctors and nurses over the past 15 years combined with what it would be until 2025 based on different scenarios.

Under the scenario "high self sufficiency", it is not clear to me, whether you assume the same "outcome" due to higher productivity of the health workforce, or if there is an increase in the domestic supply of doctors and nurses.
Was there a particular reason why there was only one "scenario supply"?

Finally, when you print the figures, not all legends appear.

Many countries have been doing or are doing health workforce pl

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests' below.