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: Des Gorman

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1. The subject of health workforce planning is important if future health services are to be either sustainable or fit for purpose. However, this paper reports the use of a traditional approach and it is consequently difficult to see what this paper contributes. Given that the only truism in regards to these traditional approaches is that they predictably fail, what does this paper add and how does it influence future practice in a way that is likely to be useful?

1a. As an illustration, it is likely that future cancer care will be mutation and not organ-specific. This will cause a dramatic change in models of care and service configurations. The impact on the workforce will be profound. How are "unpredictable" changes accounted for in the sort of linear modelling reported here?

1b. Although the "unhelpful" split of federal and state funding was mentioned, why did the authors not mention some of the other substantive barriers to workforce reform and to lifting productivity, by way of better patient outcomes, than the very transactional way in which many health care providers are rewarded in Australia? Similarly, the authors should probably have mentioned the impact of what are essentially pro-consumptive insurance products on productivity and how the model could account for such a variable.

2. The literature review is both brief and Australian-centric. Is this a policy of the Journal? Why have the authors ignored the extensive international literature on health workforce planning, and in particular some of the new and innovative approaches?

3. Even allowing for a conventional supply/demand model approach, some key elements are missing. For example, why have the authors ignored supply-led demand factors such as the cost of recruiting and retaining an ageing workforce?

4. The discussion of the effect of economic factors and general labour market conditions on the nursing workforce is superficial. On what basis did the authors choose the nursing workforce exit rates for their modelling? The proposed corrective strategies for nurse retention appear to be a plan to produce a plan. Given the impact of age on nurse workforce participation, and the average age of the Australian nursing workforce, what practicable steps are the authors recommending? Similarly, what insights to their models provide in regard to such corrective strategies?

5. A major limitation of this paper and the approach described is that the authors
consider the health workforce by professional guild or craft group. Why did the authors choose such an approach, when most modern approaches are to consider service aggregates (e.g., aged care, mental health)?

6. A major element of the authors' approach and predictions are based on lifting health workforce productivity. By contrast, most recent evidence is that health workforce productivity is generically decreasing (or at best is stable). For many medical disciplines, part time work is now the norm. What evidence do the authors have in regard to recent successful elevations of health workforce productivity to underpin the assumptions they have used in their models?

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