Establishing the SGH Specialist Manpower Planning Model

HR: Ms Afiza Binte Hashim, Mr Theng Jenn Chiang, Ms Tan Yang Noi
Division Representatives: Clinical Division Heads, Mr Gary Ong, Ms Yuen Bi Huan, Ms Emily Sim, Ms Pauline Lim, Ms Tiffany Thng.

BACKGROUND
Manpower planning is a key strategic function in SGH that seeks to identify the appropriate and optimal staffing levels to meet the hospital’s strategic objectives.

There was no existing framework for Medical Specialist manpower, resulting in:

- Disparity in planning practices amongst various Specialist disciplines
- No clarity for HODs on the optimised staffing level and deployment for Clinical Service, Education and Research

AIM
To establish a customised Medical Specialist manpower planning model for the Hospital to achieve our aspirations through:

- Aligning the framework with the Hospital’s strategic directions in the 3 key pillars of an Academic Medical Centre (clinical service, education and research)
- Establishing the appropriate staffing levels required to meet productivity targets and care outcomes for the various disciplines

METHODOLOGY

- Literature Research of existing manpower models and frameworks
- Stakeholder engagement to understand existing practices and requirements:
  - Engaged all Clinical Division Heads to understand prevailing planning and deployment practices
  - Engaged Hospital Leadership (CEO and CMB) on strategic objectives and planning requirements
- Derived customised framework with inputs from the respective engagement sessions with Clinical Division Heads and Hospital Leadership
  - Defined key manpower planning concepts such as Full Time Equivalent (FTE) for Specialists, leave factor, methodology for calculating workload and Clinical FTE, and established the FTE apportionment for academic work.
- Obtained buy-in through facilitating deliberation on the proposed framework between CEO, CMB and the respective Clinical Division Heads to get consensus and support

IMPLEMENTATION OF FRAMEWORK

SGH Specialist Manpower Planning Model

<table>
<thead>
<tr>
<th>Model</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td>Medical FTE Required for Dept’s Services</td>
</tr>
<tr>
<td>(B)</td>
<td>Funded/appointed FTE (education, research &amp; hospital leadership appointments)</td>
</tr>
<tr>
<td>(C)</td>
<td>Budgeted FTE required by Dept. (A) + (B) + (C)</td>
</tr>
</tbody>
</table>

RESULTS

- 87% of clinical depts right-sized

- Review is on-going for the Specialists in the remaining clinical departments -> Target completion date: FY19

- Standardised Planning Parameters for Medical Specialists:
  - Parity in Medical Specialist manpower budget planning across disciplines
  - HODs can better manage their resource planning and deployment

- Hospital Leadership can ensure alignment to the Hospital’s strategic directives:
  - Increased governance and accountability in deployment of manpower to support the 3 pillars of clinical service, education and research
  - Baseline for productivity for future planning reference (e.g. number of patients per SOC session)

- Potential for Proliferation:
  - Framework has been presented to other institutions within the SingHealth cluster, and best practices have been shared between institutions

- Next steps:
  - Further refinement of the model: e.g. explore use of KPIs
  - Manpower Planning Framework for Non-specialists

- Roadshows conducted to brief Clinical Heads of Departments, with support from respective Division Heads
- Review in conjunction with the Hospital-wide manpower right-sizing initiative – review of manpower requirements by Hospital Leadership
- Platform for Hospital Leadership and Clinical Heads of Departments/Division Heads to engage each other on Hospital’s directives and Departments’ concerns
- Framework allows for flexibility in deriving Departments’ clinical workload, based on how each discipline deploys manpower, while standardizing the FTE provisions (e.g. academic work FTE apportionment, backfilling for appointments and PDL FTE)