Hospital physician manpower planning is a complex initiative, requiring more than simple physician to population benchmarks.

While the information gained from this effort is a necessary starting point, it only shows a limited view of the factors that must be considered by a hospital.

PYA’s expanded and integrated approach extends the information available to the health system when making crucial medical staff development decisions involving both qualitative and quantitative analysis and discussion.

**Five questions that often go unanswered when health systems assess Physician Manpower requirements**

1. What is the impact of healthcare reform initiatives?
2. What role does the current physician recruitment environment (e.g. supply, demographics, sub-specialization) play in our plan?
3. What type of systemic risk should we anticipate financially if we pursue specific physician integration tactics with our plan?
4. Who is our ideal physician partner (e.g. “Dr. Then vs. Dr. Now”) and how will this impact our medical staff development decisions?
5. Are we prepared to execute our plan as it impacts strategy, operational infrastructure and financial/economic risk?
The PYA expanded and integrated approach to Physician Manpower Planning encompasses both a traditional and broader peripheral view of medical staff development decisions.

TRADITIONAL VIEW
- Definition of service area
- Demographic profile of service area
- Identification of facility medical staff and community physicians
- Community physician need identification using industry ratios
- Key physician and stakeholder interviews

PERIPHERAL PYA VIEW
- Physician FTE assessment with concentration on replenishment/retirement issues
- Physician activity/capacity assessment through conversion of FTEs and use of encounters/volume standards
- Analysis of service area patient healthcare utilization patterns to derive patient encounters
- Application of market share data
- Focus on “core physicians” with significant organizational contribution
- Measurement of impact of mid-level providers

EXPANDED/INTEGRATED PYA VISION
- Assimilation of service line strategic planning initiatives
- Integration of hospital/physician alignment strategies/tactics
- Incorporation of national and regional physician recruitment shortages
- Examination of relevant medical school graduation data
- Consideration of key matters specific to healthcare reform
- Focus on qualitative (e.g. physician integration vision, the “right” physician partner) aspects of medical staff development

The bottom line is to integrate community need, normalized physician supply, market dynamics, and other strategic planning elements in an effort to design an expanded vision of medical staff development planning.

For more information regarding physician manpower planning, please contact Nancy McConnell at (800) 270-9629.