

Reviewer's report

Title: A work force model to support the adoption of best practice care in Chronic Diseases - A missing piece in clinical guideline implementation

Version: 1 **Date:** 28 December 2007

Reviewer: Susan Nancarrow

Reviewer's report:

This paper adds to the body of literature on workforce planning by attempting to link workforce planning for chronic disease management with best practice guidelines. It is a relatively novel approach in that it is a model that could be used to address multi-professional workforce needs rather than simply unidisciplinary workforce models. This type of model may be of use to workforce planners and service managers. The authors acknowledge that within their model, flexible approaches to workforce provision may be necessary (ie, different professional or para-professional groups may be able to deliver the same tasks). However, whilst the authors illustrate the way that their model may apply using diabetes clinical guidelines as an example, the model uses broad generalisations, rather than specific, transferrable findings.

In principle, this could be a useful basis for guiding workforce planning, however I feel that the following revisions would strengthen the paper and the arguments of the authors;

Minor essential revisions:

1. There is relatively little reference to the wide array of workforce planning tools that are available internationally. For instance, there is no reference to any of the workforce planning tools that have been developed by the NHS... in particular the 'National Workforce Project' planning tools (eg workforce scorecard). There are also several attempts at developing workforce metrics which should be considered in this section. These are needed to justify the approach suggested by the authors.
2. The authors do not mention ways that they will determine the success or otherwise of this workforce planning approach (eg outcomes). Feedback mechanisms are mentioned, but more specific examples would be valuable.
3. Whilst the authors acknowledge the potential for workforce substitution / flexibility within this approach, they have not discussed the impact of the informal/voluntary workforce and how this can be accommodated within the model.
4. It is not clear from this paper exactly which health care setting this model is designed to apply to. Several of the examples are drawn from Australia, and the authors propose a 'geographic' approach to the model. However, health workforce provision (and therefore planning) will not always fit within neat

geographic boundaries. For instance, in the UK health care practitioners do not always work within the same geographic boundary as each other. Different funding sources (eg public / private / veterans' affairs etc) will impact on the accessibility of providers - for instance in Australia and the US, people within the same geographic region do not have equal access to health care provision, regardless of health status.

5. Whilst, as the authors point out, there are several clinical guidelines, diabetes is one of the few diseases which clearly lends itself to this level of workforce planning because the multidisciplinary team is relatively well defined and agreed. The complications and disease progress are relatively well known. However other chronic conditions, such as stroke and dementia have far more variation in their disease courses - and still lack clear consensus on the staffing and organisation of the models of chronic care provision. It would be valuable to see the authors apply this model to a more complex condition. Further... the authors propose that this model could potentially address several comorbidities, a concept which needs further exploration.

The references need a bit of attention (it looks as though the reference manager hasn't formatted them properly).

What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

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