**Workforce Development Plan**

**Name of Agency**

|  |  |  |
| --- | --- | --- |
|  | Your logo and identifier here | |
|  | Adopted on | xx/xx/xxxx |
|  | Revised on | xx/xx/xxxx |

|  |  |
| --- | --- |
|  | *Development of this template was made possible, in part, by the Ohio Public Health Training Center located in the College of Public Health at The Ohio State University; grant number UB6HP20203, from the Health Resources and Services Administration, DHHS, Public Health Training Center Program. Contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.*  \*Use of this template does not guarantee PHAB compliance. |

#### Signature Page

This plan has been approved and adopted by the following individuals: Duplicate or delete spaces as needed.

|  |  |  |
| --- | --- | --- |
| Signature |  | xx/xx/xxxx |
| Name and title |  |  |
| Signature |  | xx/xx/xxxx |
| Name and title |  |  |
| Signature |  | xx/xx/xxxx |
| Name and title |  |  |
|  |  |  |

Revisions:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Revision  Number | Description of Change | Pages  Affected | Reviewed or  Changed by |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

For questions about this plan, contact:

Name and/or Department

Email

Phone

#### Table of Contents

Training and development of the workforce is one part of a comprehensive strategy toward agency quality improvement. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addressing those gaps through targeted training and development opportunities.

This plan serves as the foundation of the Name of Agency ongoing commitment to the training and development of its workforce.

|  |  |
| --- | --- |
| Topic | See Page |
| Agency Profile | 1 |
| Workforce Profile\* | # |
| Competencies & Education Requirements\* | # |
| Training Needs\* | # |
| Workforce Development Goals | # |
| Curricula & Training Schedule\* | # |
| Implementation & Monitoring | # |
| Appendices | # |

\*These sections specifically address documentation requirements associated with PHAB Accreditation Measure 8.2.1.1.

#### Agency Profile

|  |  |
| --- | --- |
| Mission & vision | Briefly describe the guiding principles for the agency including mission and vision. |

|  |  |
| --- | --- |
| Strategic priorities | If your agency has a strategic plan, list priorities here. Consider highlighting those that are supported by this Workforce Development Plan, if appropriate. |

|  |  |
| --- | --- |
| Governance(optional) | Briefly describe governance of the agency which may include, Board of Health, District Advisory Committee, etc. If an Ohio health department, consider adding language regarding [board of health training requirement](http://codes.ohio.gov/oac/3701-36-03) here (2 CE per year). |

|  |  |
| --- | --- |
| Learning culture | Describe your agency’s learning environment/culture or philosophy. Note how this workforce development plan contributes to the overall desired culture of learning and quality/performance improvement. |

|  |  |
| --- | --- |
| Workforce policies(if applicable) | Briefly describe or reference any current agency policies that support and/or address workforce development (Ex. tuition reimbursement); and also where those policies can be found (Ex. employee handbook, agency intranet). |

|  |  |
| --- | --- |
| **Links to other agency plans** | Describe how this plan ties into other agency plans, policies, and/or procedures where workforce development is addressed. Examples include the Strategic Plan (Measure 5.3.2.1d: *Consideration of key support functions required for efficiency and effectiveness*) and/or the agency QI Plan (Measure 9.2.1.1: *A written quality improvement plan* - which includes the types of quality improvement training available and conducted within the organization.) Describe, if applicable, how this plan relates to your overall performance management plan/system (Standard 9.1). |

#### Workforce Profile

|  |  |
| --- | --- |
| Introduction | This section provides a description of our current and anticipated future workforce needs. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Current workforce demographics | The table below summarizes the demographics of our current workforce as of date. (Note: Subcategorize as needed.)  **Accreditation Note:** This section supports a requirement of Measure 8.2.1.1. *Address the collective capacity and capability of the department workforce and its units.*   |  |  | | --- | --- | | **Category** | **# or %** | | Total # of Employees: | # | | # of FTE: | # | | % Paid by Grants/Contracts: | % | | Gender: Female:  Male: | #  # | | Race: Hispanic:  Non-Hispanic:  American Indian / Alaska Native:  Asian:  African American:  Hawaiian:  Caucasian:  More than One Race:  Other: | #  #  #  #  #  #  #  #  # | | Age: < 20:  20 – 29:  30 – 30:  40 – 49:  50 – 59:  >60: | #  #  #  #  #  # | | Primary Professional Disciplines/Credentials:  Leadership/Administration:  Nurse:  Registered Sanitarian/EH Specialist:  Epidemiologist:  Health Educator:  Dietician:  Social Workers:  Medical Directors:  Other:  Other: | #  #  #  #  #  #  #  #  #  # | | Retention Rate per 5 or 10 Years; by discipline if applicable | # | | Employees < 5 Years from Retirement:  Management:  Non-Management: | #  # | |

#### Workforce Profile, *continued*

|  |  |
| --- | --- |
| Future workforce | Briefly describe the anticipated future workforce needs of the agency. Consider anticipated population and professional needs, including: population growth and demographic forecasts, diversity of the workforce, higher education standards (in general or by discipline), certification or credentialing requirements, leadership succession, and emerging issues that would require advancement of knowledge, skills, and/or abilities. |

#### Competencies & Education Requirements

|  |  |
| --- | --- |
| Core competencies for agency | Describe the core competency set used by the agency to guide professional development.  **Accreditation Note:** This is a requirement of Measure 8.2.1.1. If a competency set has not been identified, consider using the *Council on Linkages Core Competencies for Public Health Professionals,* as these are considered to be thenational standard guiding the development of the current and future workforce. <http://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2014June.pdf> |

|  |  |
| --- | --- |
| Other competencies(optional) | Lead sentence followed by bulleted list of other competency sets utilized by the agency. Examples include, but are not limited to:   * Discipline-Specific Competencies: Nursing, Health Education, Environmental Health, Preparedness and Emergency Response, Health Education, etc. * Organizational Competencies: Competencies identified and adopted by the agency. * Competency-Related Policies: List any competency-related policies the agency may have created for a specific discipline, such as nursing   See Template User Guide & Resource Manual for links to discipline-specific competencies. Consider including copies of any additional competency sets in the appendix. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CE required by discipline | Licensures held by staff, and their associated CE requirements, are shown in the table below. See Template User Guide & Resource Manual for links to CE providers listed here. Some listed here are are Ohio-specific.     |  |  | | --- | --- | | **Discipline** | **Ohio CE Requirements (as of Date)** | | Nursing | 24 contact hours every 2 years | | Registered Sanitarian | 18 CEUs per year | | Health Educator (CHES/MCHES) | 75 CECH every 5 years | | Certified Public Health Practitioner | 50 hours every 2 years | | Physician | 100 hours every 2 years | | Social Worker (LSW, LISW, MSW, etc.) | 30 hours every 2 years, 3 in ethics | | Dietitian (RD, LD) | 75 CPEUs every 5 years by the Commission on Dietetic Registration (CDR), 50 CPEUs every 2 years by the Ohio Board of Dietetics (OBD). | | Board of Health Members (Ohio) | 2 contact hours each year | | Other | Add as needed | |

#### Training Needs

|  |  |
| --- | --- |
| Introduction | This section provides an overview of our agency’s identified training needs as well as a description of the barriers/inhibitors to the achievement of closing these gaps.  **Accreditation Note:** This section is a requirement of Measure 8.2.1.1. *The plan must include an assessment of current staff competencies against the adopted core competencies and the plan must include a description of barriers to addressing identified needs as well as strategies to address those barriers.* |

|  |  |
| --- | --- |
| Competency-based training needs | Provide a high-level overview of your agency’s competency-based training needs assessment results against your adopted core competency set. Include tables if needed. Consider highlighting key findings from the full report here and including the full report in the appendix or provide info on location of where the document can be found. If you currently do not have this information, describe your plans for assessing core competencies of your staff. |

|  |  |
| --- | --- |
| Discipline-specific training needs | If you have any other needs assessment results, by discipline (nursing, health education, environmental health), include here. If you do not have this information, delete this block. |

|  |  |
| --- | --- |
| Health equity training needs | **Accreditation Note:** PHAB Measure11.1.4.3 requires that the health department *conduct an assessment of cultural and linguistic competence. This could be, for example, the* [*Cultural and Linguistic Competency Policy*](http://www.clcpa.info/) *(CLCPA) self-assessment from the National Center for Cultural Competence, assessment against* [*Culturally and Linguistically Appropriate Services (CLAS) standards*](https://www.thinkculturalhealth.hhs.gov/GUIs/GUI_TCHRegister.asp?mode=new&clas=yes)*, Health Equity at Work: Skills Assessment of Public Health, or another assessment tool.*  Training needs may be identified through this assessment and addressed in your training and curriculum plan. Additionally, Measure 11.1.4.4 states that *the health department must document staff training on health equity and cultural competence.... (See Measure for complete language.)*  Consider addressing both of these health equity-related measures in this plan. |

#### Training Needs, *continued*

|  |  |
| --- | --- |
| Other needs (optional) | Other needs assessment results may be highlighted here as well, or in a separate block. Consider training needs that might be identified through the following:   * strategic direction of the organization * QI plan, CHIP * agency climate survey * performance reviews or plans * talent assessments * lessons learned from exercises, real-time responses, and after action reports |

|  |  |
| --- | --- |
| Barriers and solutions | Provide a description of the barriers / inhibitors to addressing the needs/gaps identified within your agency. Describe proposed strategies for how you will address the barriers you identify.  **Accreditation Note:** This is a requirement of Accreditation Standard 8.2.1.1. |

This section presents workforce development goals for our agency.

While not a PHAB requirement, many agencies have found it helpful to establish some high-level goals that address workforce development within the agency. These broad based goals/objectives are intended to move the agency towards an ideal future you would like to see created within the agency as it relates to workforce development and creating/building a learning culture. Examples are included below for guidance; delete and add your agency’s goals here.

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal** | **Measure** | **Timeframe** | **Responsible Parties** |
| *Establish tuition reimbursement policy for the agency* | *Policy* | *201X* | *Health Commissioner/Board of Health* |
| *All employees have individual professional development plans (as part of the performance review process)* | *Completed individual development plans* | *201X* | *HR, Employee and Supervisor* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

#### This section outlines the curricula and training schedule for Year to Year.

**Accreditation Note:** This is a requirement of Accreditation Standard 8.2.1.1. *The plan must include training schedules and a description of the material or topics to be addressed in the training curricula to address gaps in staff competencies. It also must include how the agency is responsive to changing environment in regards to technology or where the field is advancing (emergency preparedness, health equity and cultural competence)*.

Examples are provided in italics below for guidance; delete and insert your agency’s training schedule here. Include training that is mandated, already being offered, addresses identified needs, and required by PHAB. (See Workforce Development Plan Checklist in the Template User Guide & Resource Manual for a list of PHAB required training topics.) It is suggested that you keep this training schedule at an organizational level rather than addressing individual training needs/schedules here. (Individual training needs can be addressed as part of the performance review/individual development plan process).

You may consider placing this document in an appendix rather than in the body of the plan since it will need to be updated frequently.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Topic** | **Description** | **Target**  **Audience** | **Competencies Addressed** | **Schedule** | **Resources** |
| *Continuous Quality Improvement Basics* | *Three module, online introduction to CQI basics* | *QI team members*  *Senior Leadership* | *COL Core: 8A7, 8B7, 8C7 and PHAB requirement* | *August 2016* | [*www.cphplearn.org*](http://www.cphplearn.org) |
| *Public Health Combined Conference* | *Annual Ohio conference for public health practitioners; CE opportunity* | *Senior Leadership* | *Varies* | *May 2016* | [*www.ohiopha.org*](http://www.ohiopha.org) |
| *HIPAA Compliance* | *Mandatory training on patient confidentiality* | *All Staff* | *Mandate* | *Annually* | *Link to online HIPPA training here* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

#### Implementation & Monitoring

|  |  |
| --- | --- |
| Introduction | This section provides information regarding communication, evaluation, tracking and monitoring/review of the plan.  **Accreditation Note:**  Measure 8.2.1.2 requires that *the health department document implementation of its workforce development strategies.* |

|  |  |
| --- | --- |
| Communication | Briefly describe how this plan will be communicated to leadership, staff and stakeholders. Examples may include copy on agency intranet, annual presentation at Board of Health meetings, including as part of new employee materials, etc. |

|  |  |
| --- | --- |
| Training evaluation | Briefly describe how training will be evaluated. Methods may be contingent upon: the training provider, hard-copy or electronic collection, continuing education reporting requirements, and other influences. Consider how you will measure increased competency and application of training both subjectively and objectively. Consider the [Kirkpatrick Model](http://www.kirkpatrickpartners.com/), an internationally recognized framework for training evaluation.  See Template User Guide & Resource Manual for a sample evaluation form. |

|  |  |
| --- | --- |
| Tracking | Briefly describe how training will be tracked including: names, dates, locations, and collection of supportive documents and completion transcripts/records. Consider that tracking may be done electronically, departmentally, or agency-wide and may be in real-time or on a regularly scheduled basis, such as during annual performance reviews.  Local public health departments in Ohio are encouraged by the state health department to use OhioTRAIN as a resource for tracking employee training. Located at <http://oh.train.org>, the system has the ability to create and maintain personal learning records, perform course searches, and provide the ability to register for courses online. |

#### Implementation & Monitoring, *continued*

|  |  |
| --- | --- |
| Roles and responsibilities | Briefly describe where the plan resides and who is responsible for ensuring updates are made. In some agencies, this plan resides in the HR department and an HR staff member is responsible for coordinating updates. Other agencies may have a staff member who has been assigned this responsibility. If you have a workforce development team, describe their role here as well. |

|  |  |
| --- | --- |
| Review and maintenance | Indicate how frequently this plan will be reviewed and/or revised.  Include who will review (ex. HR, WFD Team, Administration), when it will be reviewed (ex. January of each year) and what the review will address (ex. updates to agency/workforce profile, progress towards achievement of workforce development goals, newly identified training needs, training curriculum schedule, etc.) |

#### Appendix A: If Needed