
Hospital HR Leadership: Workforce Planning, Credentialing and Retention Course

8 – 12 February 2027
Tokyo





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Programme Summary

Hospital HR leadership is a five-day training course for senior HR, medical and nursing leaders at strategic level, culminating in a clinical workforce plan for their organisation. Hospitals depend on scarce, highly regulated professionals who work around the clock, so staffing gaps, slow credentialing and clinician turnover translate directly into closed beds and safety risk. The approach links workload-based staffing, credentialing, retention and rostering into one people agenda for healthcare. Mars Training Centre UK delivers this programme in hospital HR leadership.

The Business Case

Clinical vacancies are expensive to fill, temporary staff cost more than permanent teams, and every departing nurse or physician takes experience that took years to build. Weak credentialing exposes patients and the organisation to practitioners working beyond their competence. HR and clinical leaders who plan staffing from real workload and protect the working lives of clinicians keep services open and safe.

- Vacancy, Turnover and Agency Spend: Fall when recruitment, onboarding and retention are planned against measured workload.
- Patient Safety and Clinical Risk: Improve when privileges match verified competence and are reviewed on a cycle.
- Staff Wellbeing and Absence: Improve when rostering rules and burnout prevention are built into management routines.

Principles and Evidence Base

- WHO Workload Indicators of Staffing Need WISN: Calculates staff requirements from actual workload and activity standards in Session 1.
- Medical Staff Credentialing and Privileging: Structures verification, privilege delineation and periodic review in Session 2.
- Competency-Based Performance Assessment: Links appraisal and development of clinicians to defined competencies in Session 4.
- Evidence on Clinician Burnout and Retention: Informs stay interviews, workload controls and recognition practices in Session 3.



Intended Participants

- Executives accountable for the hospital workforce budget and staffing strategy.
- Leaders who chair credentialing, privileging or medical staff committees.
- Senior nursing and medical leaders responsible for clinical recruitment and retention.
- Officials who plan health workforce supply across networks of facilities.

The programme serves public and private hospitals, primary care networks, specialist centres and health ministries.

Learning Outcomes

1. Participants will be able to calculate clinical staffing requirements from workload data using the WISN method.
2. Participants will be able to design a credentialing and privileging process with clear review cycles.
3. Participants will be able to diagnose the drivers of nurse and physician turnover and burnout.
4. Participants will be able to construct rostering and shift policies that balance coverage, cost and fatigue.
5. Participants will be able to evaluate competency-based appraisal for clinical and non-clinical staff.
6. Participants will be able to justify a clinical workforce plan to the executive team.

Programme Structure

Day 1: Hospital HR Leadership and Workforce Planning

How many clinicians, of which kind, does the hospital really need?

- The Healthcare Workforce Landscape and Supply Pressures
- WISN Activity Standards and Staffing Calculations
- Skill Mix and Task-Sharing Options
- Workforce Data: Establishment, Vacancies and Agency Use
- Staffing Gap Baseline for a Participant Hospital

Day 2: Clinical Recruitment and Credentialing

How are clinicians recruited and confirmed as safe to practise?

- International Clinical Recruitment and Ethical Hiring
- Primary Source Verification of Qualifications
- Delineation of Clinical Privileges
- Credentialing Committee Governance and Re-Appointment
- Onboarding and Orientation for Clinical Staff



Day 3: Retention, Wellbeing and Burnout Prevention

Why do clinicians leave, and what keeps them?

- Turnover Analysis and Exit Data
- Burnout Risk Factors in Round-the-Clock Care
- Stay Interviews and Retention Plans
- Career Pathways for Nurses and Allied Health Professionals
- Recognition and Clinician Engagement Measures

Day 4: Rostering, Performance and Employee Relations

How are people managed fairly in a setting that never closes?

- Shift Pattern Design and Fatigue Rules
- E-Rostering Policy and Fair Allocation
- Competency-Based Appraisal for Clinicians
- Managing Clinical Performance Concerns
- Employee Relations in Multi-Professional Teams

Day 5: Applying the Clinical Workforce Plan

How are staffing, credentialing and retention combined into one plan?

- Applying WISN Results to the Participant Baseline
- Prioritising Recruitment and Retention Actions
- Workforce Measures for Executive Reporting
- Peer Review of Credentialing Arrangements
- Clinical Workforce Plan Presentation

Methodology

The programme combines structured exercises with case analysis drawn from acute hospitals, primary care networks and specialist centres. Participants calculate staffing need from sample workload data, test credentialing decisions against realistic files and compare retention approaches with peers, so each session produces a component of their own workforce plan.

- Suggested activity: Calculating nurse staffing need for an inpatient ward with WISN.
- Suggested activity: Reviewing a physician file and deciding which privileges to grant.
- Suggested activity: Designing a retention plan for a unit with high nurse turnover.



Capstone Output

Each participant completes a clinical workforce plan for their organisation. It sets out staffing requirements by service, a credentialing and privileging calendar, a retention and wellbeing plan, rostering principles and workforce measures, ready for executive approval and annual budget planning.

Frequently Asked Questions

Is hospital HR leadership suitable for medical and nursing directors as well as HR professionals?

Yes. It is designed for HR, medical and nursing leaders who share responsibility for the clinical workforce. It assumes senior management experience but no specialist HR qualification.

Which methods underpin hospital HR leadership in this programme?

It draws on the WHO Workload Indicators of Staffing Need method, credentialing and privileging practice, competency-based performance assessment and evidence on clinician burnout and retention.

How is the hospital clinical workforce plan used at work?

It guides your recruitment, credentialing and retention priorities for the year and gives the executive team clear staffing requirements and measures to track.

How does hospital HR leadership differ from a general strategic HR management programme?

It addresses workforce issues specific to healthcare, such as workload-based staffing, clinical privileges and round-the-clock rostering, while general programmes cover HR strategy for any sector.