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COURSE BROCHURE

Advanced Healthcare Human Resource Management Training Course

4 – 15 January 2027
Amsterdam

jupiterprime.uk

info@jupiterprime.uk

Registered in the United Kingdom and Saudi Arabia

Advanced Healthcare Human Resource Management Training Course

Ref: 314_10586 **Date:** 4 – 15 January 2027 **Location:** Amsterdam **Fees:** 9500 GBP

Healthcare Human Resource Management at advanced level is a 2-week training course for hospital HR managers, nursing directors and medical staff affairs officers who staff wards safely, credential doctors and keep scarce clinicians in post, and who leave with a clinical workforce plan for a hospital department. Clinician shortages and burnout now limit how many beds a hospital can open. Jupiter Prime Training offers this course to leaders who manage the clinical workforce.

Why Healthcare Human Resource Management Matters Now

Three pressures shape the clinical workforce today: international competition for nurses and specialist doctors, fatigue and burnout from long shifts and rising acuity, and patients and boards who link safe staffing directly to outcomes. A hospital that manages its clinical workforce well matches nurse numbers to patient need, privileges each doctor for the procedures they are competent to perform and keeps experienced staff; one that manages it badly relies on agency cover, closes beds and sees errors rise at night and weekends. The course rests on acuity-based staffing methods, competency-based credentialing and privileging, and evidence on fatigue risk in shift rostering.

Who Gains Most from Healthcare Human Resource Management

- HR leaders accountable for recruitment, contracts and employee relations in hospitals
- Nursing directors responsible for staffing levels, skill mix and nurse rosters
- Medical staff affairs officers who manage credentialing, privileging and medical committees
- Workforce planners who model clinical demand and future staffing needs
- Learning and development leads who build competency frameworks for clinical teams

A hospital gains most when its HR manager, a nursing director and the medical staff affairs officer attend together and agree one view of how clinical staff are planned, credentialed and retained.

Healthcare Human Resource Management Capabilities

Participants link patient acuity, shift patterns and clinical competence to concrete decisions about how many staff a unit needs and who may do what.

- Calculate nurse staffing requirements from patient acuity and skill mix — nursing directorate budgets
- Design a credentialing and privileging pathway for medical staff — medical executive committees
- Build rosters that limit fatigue risk across day, night and weekend shifts — ward and unit managers
- Assess turnover drivers and design clinician retention measures — hospital executive team
- Apply competency-based appraisal to clinical teams — department heads and HR business partners
- Specify a clinical workforce plan with demand, supply and gap actions — workforce committees

Key Healthcare Human Resource Management Terms

- Patient acuity — the level of nursing care a patient needs, used to set staffing numbers and skill mix on a ward.
- Skill mix — the proportion of registered nurses, specialists and support staff in a team, matched to patient need.
- Credentialing — verifying a clinician's qualifications, licence, training and experience before appointment.
- Clinical privileges — the specific procedures and treatments a doctor is authorised to perform in a given hospital.
- Fatigue risk — the hazard to patients and staff from long or poorly sequenced shifts that reduce alertness.
- Workforce gap analysis — comparing forecast staffing demand with expected supply to plan recruitment, training and redesign.

Healthcare Human Resource Management Day by Day

Day 1: The Clinical Workforce Landscape

- Global Clinician Shortage Trends — Recruitment Strategy Choices
- Workforce Composition Profile — Nurses, Doctors and Allied Health
- Safe Staffing and Patient Outcomes Evidence — Board Priorities
- Clinical HR Stakeholder Map — Unions, Committees and Leaders
- HR Service Diagnostic for Hospitals — Improvement Priorities

Day 2: Clinical Workforce Planning

- Demand Forecasting From Activity Plans — Future Staffing Needs
- Supply Modelling — Turnover, Retirement and Pipeline
- Workforce Gap Analysis — Recruit, Train or Redesign
- New Clinical Roles — Advanced Practitioners and Assistants
- Workforce Plan Scenarios — Expansion and Service Change

Day 3: Nurse Staffing and Skill Mix

- Acuity-Based Staffing Tools — Setting Ward Establishments
- Nurse-to-Patient Ratios — Safety and Cost Trade-Offs
- Skill Mix Review — Registered and Support Staff Balance
- Float Pools and Bank Staff — Flexing to Demand
- Red Flag Escalation for Staffing — Shift-Level Response

Day 4: Medical Staff Credentialing and Privileging

- Primary Source Verification — Qualifications and Licences
- Credentials Committee Process — Appointment Decisions
- Delineation of Clinical Privileges — Procedure-Level Authority
- Focused and Ongoing Practice Evaluation — Competence Monitoring
- Re-Credentialing Cycles — Renewal and Restriction Decisions

Day 5: Rostering and Shift Fatigue

- Roster Design Principles — Coverage and Fairness
- Fatigue Risk Assessment — Night Shifts and Long Days
- Self-Rostering and Flexible Patterns — Staff Preference Balance
- On-Call Arrangements for Doctors — Rest and Response Time
- Roster Performance Metrics — Overtime and Unfilled Shifts

Day 6: Recruitment and Onboarding of Clinicians

- International Recruitment Pathways — Licensing and Integration
- Competency-Based Interviewing — Clinical Scenario Assessment
- Clinical Orientation Pathways — Safe Start on Wards
- Preceptorship and Mentoring — First-Year Retention
- Employer Brand for Healthcare — Attracting Scarce Specialists

Day 7: Retention and Wellbeing

- Turnover and Exit Analysis — Root Causes of Leaving
- Stay Interviews — Early Warning of Departure
- Burnout Prevention Measures — Workload and Support
- Career Ladders for Nurses and Allied Health — Progression Paths
- Recognition and Reward Design — Non-Financial Levers

Day 8: Performance and Competence Management

- Clinical Competency Frameworks — Role-Specific Standards
- Appraisal for Clinical Teams — Objectives and Development
- Managing Underperformance — Capability Procedures
- Professional Conduct Concerns — Fair Investigation
- Continuing Professional Development Planning — Licence Renewal Readiness

Day 9: Employee Relations and HR Analytics

- Workforce Dashboards — Vacancy, Sickness and Agency Use
- Absence Management — Return-to-Work Support
- Employee Engagement Surveys — Action Planning by Unit
- Grievance and Dispute Handling — Clinical Team Relations
- HR Policy Alignment With Clinical Practice — Consistency Checks

Day 10: Practising the Clinical Workforce Plan

- Applying Gap Analysis — Department Demand and Supply
- Applying Staffing Tools — Establishment and Skill Mix
- Applying Credentialing and Rostering Methods — Safety Controls
- Applying Retention Measures — Turnover Reduction Actions
- Completing the Clinical Workforce Plan — Executive Sign-Off

Applying Healthcare Human Resource Management After the Course

- Run an acuity-based staffing review on one ward, compare the result with the current establishment and present the skill-mix gap to the nursing director.
- Audit the privileging files of one clinical department, checking that each doctor's delineated privileges match recent activity and competence evidence.

Healthcare Human Resource Management Questions FAQ

What is healthcare human resource management and why does it matter now?

Healthcare human resource management is the planning, credentialing, rostering, development and retention of a hospital's clinical and support staff. It matters now because clinician shortages and burnout limit services, and staffing levels directly affect patient safety.

Which roles gain most from healthcare human resource management training?

Hospital HR managers, nursing directors, medical staff affairs officers, workforce planners and clinical education leads gain most. These roles decide how many clinicians are needed, who may practise what and how staff are kept.

How does this healthcare human resource management course differ from a general HR course?

It deals with nurse staffing ratios, acuity tools, medical privileging, clinical rosters and fatigue rather than generic HR processes. A general HR course covers the employee lifecycle broadly, while this course works with the realities of wards and clinical committees.

What do you bring back from healthcare human resource management training?

You bring back a clinical workforce plan with demand forecasts, staffing establishments, credentialing controls and retention actions. It gives your department a clear case for recruitment, redesign and investment in staff.

Healthcare Human Resource Management: The Way Forward

The clinical workforce plan gives a hospital department one agreed picture of the staff it needs, has and must develop. Its first use informs the next recruitment round and ward establishment review. HR managers, nursing directors and medical staff affairs officers use it in workforce committees, and after the first quarter the turnover and fatigue measures deserve a second look.