Training the Next Generation: Health Professions Education & Training (HP/ET) Planning Template

Taking the Next Step

The following sections of this document have been set up to support you as you take your next steps into planning HP-ET programs and workforce strategic plans. First is Mainstreet CHC's executed version of a planning document that includes the elements we have talked about in Part 1 of the Training the Next Generation Webinar Series. All the data is fictitious, but the frameworks are there for you to see how one CHC might go about putting the elements of their plan together.

In the pages after Mainstreet CHC's plan, you will find blank versions of the forms. These are for you to complete on your own as practice or use as part of the planning process with your Steering Committee. Feel free to edit the content of the questions to best suit your CHC's needs. As with everything in this document, it is impossible to cover all possibilities for every CHC. Hopefully, the examples below and the interactive tools will help to take away any roadblocks, keeping you from moving forward.

You can email questions regarding this document directly to Robyn Weiss, PT, M. Ed, Director of Workforce Development/EHCI at rweiss@NWRPCA.org and the CHCANYS Workforce Team at workforce@chcanys.org.

Up next The Template

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The Template

Put your plan into words by following and completing an outline like the workforce plan sample outline provided below.

Health Professions Education & Training Strategic Workforce Plan Outline

Health Center: Mainstreet Community Health Center
Draft Date: March 31, 2025
Development Team:

Joe Smith, MBA	Director of Human Resources
Monica Guzman, MPH	Workforce Manager
Mary Abebe, MD	Chief Medical Officer
Juan Perez, DMD	Dental Director
Trisha Minx, PHD	Behavioral Health Director

Background Summary

+ Mainstreet launched a Strategic Workforce Planning Process on January 21, 2025.
+ Mainstreet recognizes that it has a shortage of clinical workforce in all of its 4 clinic sites.
+ Mainstreet has set a goal at the Board level to be an "Employer of Choice." This strategy will facilitate the achievement of that goal.

Why this project? Why now?

+ HRSA HP-ET Initiative
+ Two month wait for new patients for medical, dental, and mental health patients.
+ Recruitment costs have doubled over last year.

Statement of Need/Elevator Speech

Because Mainstreet Community Health Center does not have enough dentists, it has a ten-week waiting list for new dental clients. If we keep operating as is, hundreds will go without much-needed dental care, resulting in exacerbated chronic diseases, increased pain, and high-cost emergency department visits. By operating a dental residency program, Mainstreet Community Health Center will be able to supply sufficient dentists to our health center to meet our patient demand.

Mainstreet CHC
HP-ET Steering Committee Charge
Adopted: June 30, 2025

COMMITTEE CHAIR: Mary Abebe, Chief Medical Officer
LEAD STAFF: Monica Guzman, Workforce Manager
ADMINISTRATIVE STAFF: Maria Devi, Administrative Assistant

NEED STATEMENT: (Why is this committee needed?)	Because Mainstreet Community Health Center does not have enough dentists, it has a ten-week waiting list for new dental clients. If we keep operating as we do, hundreds will go without much-needed dental care, resulting in exacerbated chronic diseases, increased pain, and high-cost emergency department visits. By operating a dental residency program, Mainstreet Community Health Center will be able to supply sufficient dentists to our health center to meet our patient demand.
COMMITTEE PURPOSE & DESIRED OUTCOME(S): (What deliverables will we have at the end of this process?)	The HP-ET Steering Committee will guide and provide feedback for the assessment of current dental workforce needs, and assessment and guidance regarding development of potential HP-ET programs for dental services. Because the need in primary care and behavioral health is also apparent, the committee will also explore comparable questions across the organization to ensure understanding of the full situation.
COMMITTEE AUTHORITY & RESPONSIBILITIES: (Briefly describe how the committee makes decisions or if the committee is only making recommendations to leadership, etc., and describe the role of the committee in meeting deliverables)	The committee will identify strategic questions and review related data to understand the factors impacting dental, primary, and behavioral health services more clearly at Mainstreet CHC as well as potential solutions. The committee will then create a report to Mainstreet CHC's Board of Directors and leadership team.
COMMITTEE MEMBERSHIP: (Describe briefly how members are appointed, maximum and minimum number)	Members will be identified by Mainstreet CHC's leadership team. Members will include representation from the Board of Directors, at least one staff from each existing department impacted by the current situation and/or who will be impacted by any program changes or development of new programs, and will also include community representation by patients, learners, and other community stakeholders such as partners or subject matter experts.
MEETING SCHEDULE:	Monthly on the First Thursday, beginning May 6, 2025

COMMITTEE MEMBERS: (List of members with contact information) - To be completed.

Needs Assessment

Description of the Current State — Quantitative & Qualitative Data

+ Our physicians, on average, are seeing 4,700 visits per year.
+ New patients have an average wait of 2 months to get an appointment for medicine, dental and/or behavioral health visits.
+ In a recent staff survey, 40% of our clinical providers stated they were experiencing burnout.
+ Mainstreet is building its 5th clinical site, due to open in 9 months.
+ New dental clients are currently waiting 10 weeks for their first appointment.

Description of Desired State

Mainstreet CHC is viewed in the local community as an Employer of Choice, resulting in our clinical workforce wanting to work here rather than anywhere else in our community. Patients will receive high-quality care in a timely manner from excellent providers.

Environmental Scan

Community needs

+ **What is the community served by Mainstreet CHC?**

Mainstreet CHC serves all residents living within Anytown city limits as well as the surrounding area, especially those individuals who are un- or under-insured. 55% of the community is Hispanic.

+ **What are their needs for services?**

Health outcomes for our service area have been trending negatively for diabetes, holding steady for other chronic diseases, and have been traditionally poor in oral health outcomes.

+ **Are adequate services available to meet those needs in the community?**

Anytown has one hospital, one private practice physician, and one private practice dentist. Based on anecdotal evidence, Medicare and Medicaid utilization data, population data, and insurance rate data, there is a significant need for more services, especially for dental services.

+ **If not, where are the gaps?**

Dental services, Chronic disease services

Internal Influences

+ **What is our turnover rate? What is turnover for employees during their first year?**

Our overall turnover rate is 15%, and the turnover rate for first-year employees is higher at 21%. Leadership positions do not have a notable turnover rate.

+ What are the vacant positions currently? Over the last three years?

We currently have 2 open admin positions, 1 open dentist position, and one open RDA position. The dental clinic is currently understaffed based on existing staffing plans.

+ What is the average time it takes to fill a vacant position?

It takes us 50 - 60 days (about 2 months) to fill open admin positions, depending on the seniority level. Our open provider positions are vacant an average of 6 - 12 months, depending on the position.

+ What internal information do you have about your current workforce? (i.e., staff survey results, payroll, etc.)

Available information includes our annual staff satisfaction survey, patient satisfaction surveys, and payroll data.

+ Based on the data collected, where are we doing well with our staff and where can we improve?

Further evaluation is required, but we are doing our best to retain staff in leadership, but improvements are needed for other positions across the organization.

+ What would be the impact of the potential improvements and the consequences if they are not addressed?

Improving our recruitment and retention rates will mean we can see more patients and better meet the needs of the community. We will see less staff burnout because we will be appropriately staffed, and our costs for recruitment and lost revenue will be decreased.

External Influences

+ How is the local economy performing?

Anytown's economy performance tends to reflect national trends.

+ What is the state of the local labor market, overall?

There have been significant impacts on the labor market due to COVID. However, we are beginning to see the labor market return to pre-COVID levels.

+ What are the demographics of the local labor market?

Anytown's demographics reflect national trends but have a slightly higher percentage of the population experiencing poverty.

+ How are the demographics in your service area changing?

Demographic changes are following national trends.

+ What key state and federal policies affect your workforce?

A full analysis of state and federal policies is underway by the Steering Committee.

+ What key changes are occurring with Health Plans?

A full analysis of changes to Health Plans is underway by the Steering Committee.

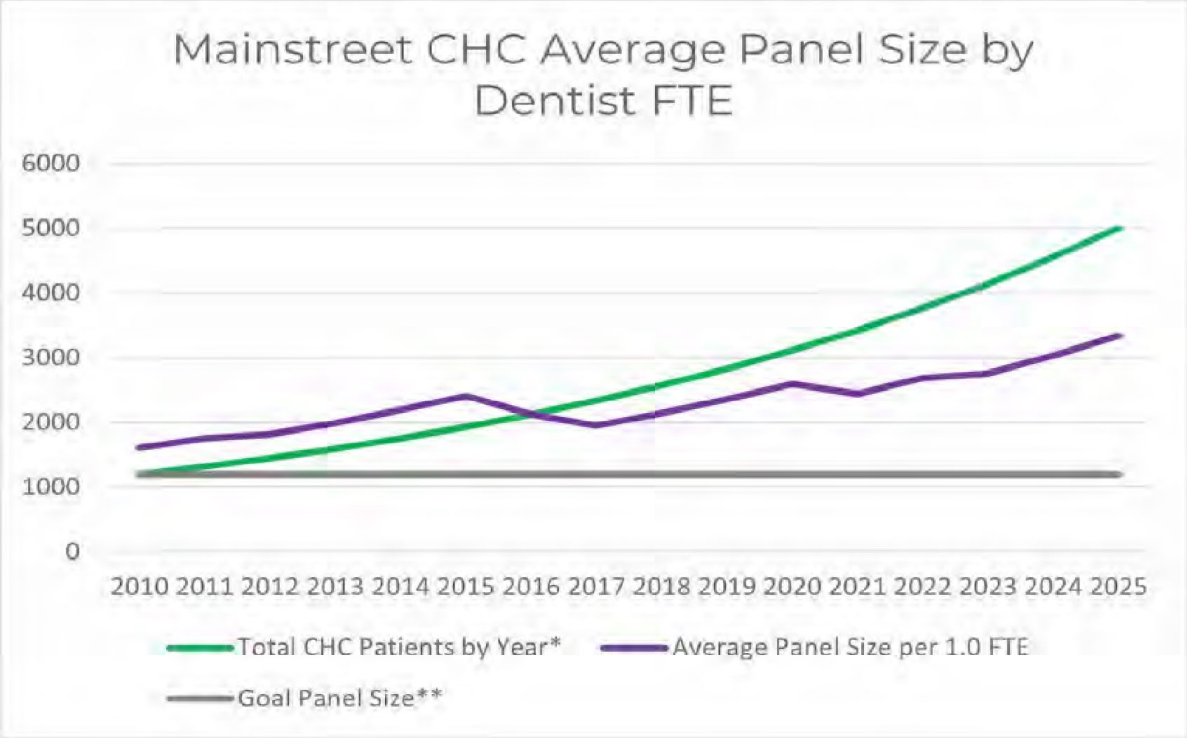
+ What partnerships and relationships do you have with academic institutions and hospitals?

Mainstreet CHC's Medical Director is a graduate of Local University and has maintained active networks with faculty. Mainstreet CHC also has a relationship with the local high school due to the school-based program housed there.

Data Analysis

Year	Total CHC Patients by Year*	Total Actual Dentist FTE	Average Panel Size per 1.0 FTE	Goal Panel Size**	Total Dentist Visits per Year**	Average Visits per Day by FTE**	Average Days in Clinic by FTE***	Goal Visits per Day by FTE
2010	1200	0.75	1600	1200	2812	16.30145	230	15
2011	1320	0.75	1760	1200	2889	16.74783	230	15
2012	1452	0.8	1815	1200	3000	16.30435	230	15
2013	1597.2	0.8	1996.5	1200	3090	16.79348	230	15
2014	1756.92	0.8	2196.15	1200	3300	17.93478	230	15
2015	1932.612	0.8	2415.765	1200	3407	18.5163	230	15
2016	2125.8732	1	2125.8732	1200	3750	16.30435	230	15
2017	2338.46052	1.2	1948.7171	1200	4500	16.30435	230	15
2018	2572.30657	1.2	2143.58881	1200	4599	16.66304	230	15
2019	2829.53723	1.2	2357.94769	1200	4700	17.02899	230	15
2020	3112.49095	1.2	2593.74246	1200	4885	17.69928	230	15
2021	3423.74005	1.4	2445.52861	1200	5250	16.30435	230	15
2022	3766.11405	1.4	2690.08147	1200	4786.8	14.86584	230	15
2023	4142.72546	1.5	2761.81697	1200	4844.16	14.04104	230	15
2024	4556.998	1.5	3037.99867	1200	4893.192	14.18317	230	15
2025	5012.6978	1.5	3341.79854	1200	4931.83	14.29516	230	15

*Total Patients formulated with a 10% increase year over year
**Future Year data is estimated based on average previous 5 years
***Assuming 46 Weeks, 5 Days/Week = 230



Mainstreet CHC's ideal panel size for each dentist is 1200. When Mainstreet CHC opened in 2010, our .75 FTE dentist had 1200 patients, which was above the ideal panel size. Knowing

that our patient population would grow each year (the patient population grew by 10% every year between 2010 and 2025), we began to plan for expanding our dentist FTE. By 2020, Mainstreet CHC employed 1.2 FTE dentists, but as we can see from the chart above, the dentist expansion did not keep up with the growing patient population. Panel sizes dropped in 2016 and 2017, but the trend did not continue, and unfortunately, Mainstreet CHC is still not meeting our panel size goal and will be even further off target by 2025 if we continue our dentist FTE growth as planned.

SWOT Analysis

Strengths	Weaknesses
+ Patient feedback on our existing dental program has been consistently positive with 94% of patients responding 4 or 5 on "would you recommend this clinic." + Mainstreet CHC is known for its accessibility and welcoming atmosphere for patients. + Our dentists and hygienists have great ideas for quality improvement and are very engaged as a team and with the organization.	+ It can take months to fill our open provider positions in the dental clinic. The average time to fill open DA positions is 14 months over the last 3 years. + Our community doesn't have great access to activities that would be attractive to prospective providers. + We've had students in the clinic before, but none have accepted subsequent offers of employment.
Opportunities	**Threats**
+ The new company down the street is interested in partnering with us to provide services for their employees. + Federal funding for dental provider education programs might come out soon. + A new show is coming out based in a rural dental clinic. May generate interest in being a dental health professional in a community like ours.	+ A prominent for-profit provider has opened a brand-new dental clinic in the next town over. + Our university/education partner has seen a drop off of applicants and is considering consolidating its rotation sites. + A bill has been introduced in the state legislature to reduce funding for public clinics dental programs by 6%.

Committee Recommendations

Presented to the Mainstreet CHC Board of Directors July 30, 2025

Decision-making Criteria

The Steering Committee decided to develop criteria to make decisions amongst our possible options. We developed the following criteria:

+ Budget Neutrality

+ Improves Access
+ Easy to Develop
+ Provides a “Grow Your Own” Solution
+ We have the bandwidth to do this.

Training Options

The committee has identified the following models as possible options:

+ AEGD Dentistry residency program
+ Nurse Practitioner residency program
+ Family Medicine residency program
+ Psychiatry residency program
+ Status Quo/No new programs

Model	Budget Neutral	Improves Access	Easy to develop	Provides a “Grow your own” solution	Bandwidth
AEGD Dental program	**?**	**o**	**-**	**o**	**o**
Family Medicine Residency	**?**	**o**	**x**	**o**	**x**
Nurse Practitioner Program	**?**	**o**	**x**	**o**	**?**
Psychiatry residency program	**?**	**o**	**x**	**o**	**x**
Status Quo	**-**	**x**	**-**	**x**	**-**

*O = positive impact, X = negative impact, - = neutral impact, ? = unknown impact

Training Program Descriptions

+ **AEGD Dental Residency Program**

Can be established through Local University or can be established with Mainstreet as a sponsor.

+ **Nurse Practitioner Residency Program**

Can be established through the National Nurse Practitioner Residency & Fellowship Training Consortium (NNPRFTC) or can be established with Mainstreet as a sponsor.

+ **Family Medicine Residency Program**

A variety of model options may work, including Mainstreet as Sponsoring Institution, partnership with Local University, or a consortium with CHCs in other communities.

Vision

+ A healthy, happy community with no barriers to care.

Mission

+ We strive to create an educational environment for our patients, our employees and for the training of health professionals dedicated to serving the community.

Values

+ Education
+ Compassion

SMART Goals

Short-term

1. Conduct a resiliency workshop for clinical staff by 7/1/2025.
2. Develop Strategic Workforce Plan Outline into the full Strategic Workforce Plan by 12/31/2025.
3. Identify technical assistance resources for workforce development by 7/1/2025.
4. Partner with PCA for technical assistance by 7/1/2025.
5. Review Strategic Workforce Plan with Board during their January 2026 meeting.
6. By November 2025, develop financial models to determine startup cost, 5-year net operating revenue and expense, and impact to clinic operations for each proposed program.

Long-term

1. Transform Mainstreet CHC into a teaching organization, sponsoring its own clinical training programs, by 7/1/2028.
2. Develop an AEGD Dental residency program by 7/1/2029.
3. Develop a Nurse Practitioner residency program by 7/1/2028.
4. Develop a Family Medicine residency program by 7/1/2029.
5. Develop a Psychiatry residency program by 7/1/2030.

Action Plan

SMART GOAL	TASK	DUE DATE	OWNER
Short-term 1: Conduct resiliency workshop for clinical staff	Find a consultant to conduct resiliency training	6/1/25	Monica Guzman, Workforce Manager
	Determine participants in resiliency training	7/10/25	Monica Guzman, Workforce Manager
	Identify date/time of training	7/15/25	Maria Devi, Administrative Assistant
	Contact Jane to reserve conference room	7/15/25	Maria Devi, Administrative Assistant
	Order lunches	Two days before training	Maria Devi, Administrative Assistant
Short term 3: Identify technical assistance. resources for workforce development	Research HRSA-funded resources such as NTTAPs and PCAs	6/15/25	Monica Guzman, Workforce Manager
	Research Community Based Organizations	6/15/25	Monica Guzman, Workforce Manager
	Research Academic Institution Resources	6/15/25	Monica Guzman, Workforce Manager
	Compile Resources, Identify Gaps	6/30/25	Monica Guzman, Workforce Manager
SMART GOAL	TASK	DUE DATE	OWNER
Long-term 2: Develop a Dental residency program	Contact AEGD regarding dentistry residency program options	7/15/26	Monica Guzman, Workforce Manager
	Develop draft action plan based on AEGD recommendations	8/31/26	Monica Guzman, Workforce Manager

Communications Plan

Mainstreet CHC has decided to partner with Local University to provide a Dentistry Residency Program. Once the program is underway and students have been identified and registered, communications to stakeholders will happen as follows:

Target Audience	Person Responsible	Timetable	Goals	Method

Dental Resident	Blanche Devereaux, HR Coordinator	Within one week of student acceptance into program	Ensure resident completes all required documentation and onboarding protocol	Send welcome email and onboarding packet to new resident. Conduct necessary follow-up to ensure the onboarding packet is complete before the resident arrives at the clinic. CC their preceptor on the email
Riverside College	Monica Guzman, Workforce Manager	Bi-monthly & As Needed	Confirm all affiliation agreement requirements are in place and establish a respectful working partnership with Riverside College	Communicate with school contact personnel on all applications, requests, and questions via bi-monthly check-ins and email as needed
Preceptors	Blanche Devereaux, HR Coordinator	Bi-weekly	Provide opportunities for preceptors to give feedback, voice needs, and share progress	Check-in with preceptors bi-weekly via email to assess needs and resident progress
Board of Directors	Juan Perez, Dental Director	Quarterly	Keep board of directors informed of training timeline, budget, and program needs	Share training program progress & updates during board committee meetings
CHC Staff	Monica Guzman, Workforce Manager	Quarterly	Offer opportunities for staff to give input on the training program to capture staff needs and perspective	Discuss the training program operations and progress at the staff meeting. Collect feedback from staff
Training	Juan Perez, Dental Director	Monthly	Meet as a team to discuss progress, identify areas of improvement, and decide on program next steps	Full training implementation team to meet via monthly planning calls

Now it is your turn!

Use the “fill-in” document below to write down training development decisions and plans. The fill-in document is intended to be a rough guide and should be adapted to meet the specific needs and situations of your health center. Feel free to complete all the forms as a workbook as they are presented, edit the sections or questions, or use individual elements to build out your existing plans and documents.

Like with brainstorming, there is no wrong way to use this tool if it supports you and your CHC in moving closer to developing HP-ET and “Grow Your Own” programs to support your workforce.

If you or your team get stuck on an element of the process or on the process overall, as a CHC you have many resources to support your work. Please do not hesitate to reach out to CHCANYS for guidance and resources.

Health Center:
Draft Date:
Development Team:

Background Summary

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Why this project? Why now?

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Statement of Need/Elevator Speech

Health Center
HP-ET Steering Committee
Charge Adopted:

COMMITTEE CHAIR:
LEAD STAFF:
ADMINISTRATIVE STAFF:

NEED STATEMENT: (Why is this committee needed?)	

COMMITTEE PURPOSE & DESIRED OUTCOME(S): (What deliverables will we have at the end of this process?)	
COMMITTEE AUTHORITY & RESPONSIBILITIES: (Briefly describe how the committee makes decisions or if the committee is only making recommendations to leadership, etc., and describe the role of the committee in meeting deliverables)	
COMMITTEE MEMBERSHIP: (Describe briefly how members are appointed, maximum and minimum number)	
MEETING SCHEDULE:	

COMMITTEE MEMBERS: (List of members with contact information)

Needs Assessment

Description of the Current State — Quantitative & Qualitative Data

+
+
+
+
+

Description of Desired State

Environmental Scan

Community needs

+ What is the community served by Mainstreet CHC?

+ What are their needs for services?

+ Are adequate services available to meet those needs in the community?

+ If not, where are the gaps?

Internal Influences

+ What is our turnover rate? What is turnover for employees during their first year?

+ What are the vacant positions currently? Over the last three years?

+ What is the average time it takes to fill a vacant position?

+ What internal information do you have about your current workforce? (i.e., staff survey results, payroll, etc.)

+ Based on the data collected, where are we doing well with our staff and where can we improve?

External Influences

+ How is the local economy performing?

+ What is the state of the local labor market, overall?

+ What are the demographics of the local labor market?

+ How are the demographics in your service area changing?

+ What key state and federal policies affect your workforce?

+ What key changes are occurring with Health Plans?

+What partnerships and relationships do you have with academic institutions and hospitals?

Data Analysis

In this section, add any data and data tables you would like to represent in your strategic plan outline.

SWOT Analysis

Strengths	Weaknesses
+ + +	+ + +
Opportunities	**Threats**
+ + +	+ + +

Committee Recommendations
Presented to the *X* CHC Board of Directors
Date

Decision-making Criteria
The Steering Committee decided to develop criteria to make decisions amongst our possible options. We developed the following criteria:
+
+
+
+
+

Training Options
The committee has identified the following models as possible options:
+
+
+
+
+ Status Quo/No new programs

Model	Budget Neutral	Improves Access	Easy to develop	Provides a "Grow your own" solution	Bandwidth
Status Quo					

*O = positive impact, X = negative impact, - = neutral impact, ? = unknown impact

Training Program Descriptions

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Vision

+

Mission

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Values

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SMART Goals

Short-term

1.
2.
3.
4.
5.
6.

Long-term

1.
2.
3.
4.

Action Plan

SMART GOAL	TASK	DUE DATE	OWNER

Communications Plan

Target Audience	Person Responsible	Timetable	Goals	Method
Learner				
Academic Partner				
Preceptors				
Board of Directors				
CHC Staff				
Training Implementation Team				