Commission on the Future of Health Care in Canada

Commission sur l'avenir des soins de santé au Canada

Appendix B
Summary of Recent Government Initiatives in Health Human Resource Planning

Health Human Resource Planning in Canada: Physician and Nursing Workforce Issues

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Canadian Policy Research Networks Inc.

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This appendix summarizes initiatives undertaken by governments in the area of physician and nursing work force *planning* that are above and beyond the regular operation of Ministry of Health programs and service agreements as of March 2002. We have focused on planning initiatives or structures that transcend internal Ministry committees within the last five years (1997 – 2002). All provinces have their own version of incentives to practice in rural and remote or underserviced communities, supports for education and continuing education costs, use of telehealth technology. These initiatives are *not* described in detail here.

NATIONAL EFFORTS

In 1990, the Federal/Provincial/Territorial Conference of Deputy Ministers of Health commissioned Professors Morris Barer and Greg Stoddart to prepare a strategy discussion paper with national, regional and provincial options for addressing physician resource issues. The report was published in 1991 and contained 53 recommendations. In January 1992, the Conference of Deputies adopted six strategic directions:

- Reduce the number of doctors trained in Canadian medical schools;
- Establish national clinical guidelines;
- Make medical care expenditures more predictable;
- Replace fee-for-service with other methods of payment;
- Increase the use of alternative service delivery models;
- Restructure academic medical centres to meet the health care needs of the population;
- Improve access to clinical services in rural communities;
- Ensure continuing competency of physicians;
- Promote flexibility between professional groups.

It was clearly felt by the Deputies that these measures would *save* money. At the time, the Ontario government estimated it would save $80 million by adopting a physician resource plan based on these measures (Ontario Ministry of Treasury and Economics 1992*)*.

As provinces implemented what they could at the provincial level, the national focus slowly turned to look at issues of nursing numbers. As down-sizing of the acute care sector occurred through the mid-late 1990s, nursing positions fell under the budget knife. A consensus developed that if left unchecked, Canada would be facing another cycle of shortages. The Conference of Deputy Ministers directed the Federal/Provincial/Territorial Advisory Committee on Health Human Resources (ACHHR) to develop a pan-Canadian nursing strategy. The Nursing Strategy for Canada recommends 11 actions based on unified action, improved data, research and planning, appropriate education, and improved deployment and retention strategies. A national structure was recommended (The Canadian Nursing Advisory Committee) with each province also creating its own advisory committee if one did not already exist. Various plans and strategies are to be created and coordinated through this nursing-only venue. It should be noted that Quebec chooses not to participate in pan-Canadian strategies for health human resources and is pursuing its own provincial strategy.

At the September 2001 Health Ministers' meeting, addressing the supply and retention of health care professionals was referenced as part of an action plan. However, specific actions were only noted for nursing issues.

Over the last year, the ACHHR has focused on restructuring its processes and has proposed a ranking system to identify priorities. Initial priories may include a focus on forecasting models, the development of a planning framework and a focus on credentials and the assessment of international graduates.

The national research organizations have clearly made health human resources a top priority for new funding as a result of a national consultation process sponsored by CHSRF, CIHR, CIHI, CCOHTA and the Advisory Committee on Health Services. Health human resource research was ranked as the number one priority for new work, despite the fact that is had not appeared on the radar screen in an earlier 1997 environmental scan. Furthermore, as part of HRDC's Sectoral Partnership Initiative, two national sector/occupational studies have been commissioned. A nursing study is to provide the basis for a long-term nursing labour market development strategy. The study will investigate how changes in nursing practice environments and the increased use of technology will influence future education, skill requirements and training needs. A physician resource study will examine existing and emerging models for health care delivery and assess their implications for education and training.

ALBERTA

A Physician Resource Planning Committee (PRPC) was established by the Alberta Ministry of Health and Wellness and the Alberta Medical Association under the 1998 agreement to provide advice on issues related to physician resource planning and to develop and maintain a comprehensive physician resource plan for Alberta.

The Committee identified current full-time equivalents in Alberta, identified physician resources required for meeting health service needs for one year and five years ahead, and developed a model to predict the supply of physicians over the next five years.

Health authorities assessed the impact of various factors on projected physician workloads and identified future resource needs.

The PRPC identified deficits in general practice, medical and surgical specialties. Four policy options were considered:

1) Status quo – no changes to current situation;
2) Change the supply/training process for physician resources (changes to medical school enrolment, immigration policy, number of training positions);
3) Change existing service delivery models (changing scope of practice to allow the expansion of shared care models and multidisciplinary teams);
4) Change both the supply/training variables and service delivery models.

The Committee felt that the information necessary to test the effects of changes in service delivery was not available and therefore looked at option 2.

The database is now part of annual physician workforce planning for Alberta Health and Wellness, regional health authorities and other stakeholders. During the next stage of its work, the PRPC will create a framework to guide specific decisions on specialty mix for recruitment and training programs. Post-graduate medical education training positions are to be increased based on the findings in the PRPC report.

In February 2000, the government announced 40 new training positions for physicians. This included entry and re-entry positions, new sub-specialty positions and specific slots for international medical graduates already in Alberta.

In June 2000, the government announced new training spaces licensed practical nurses (190), registered nurses (150), personal support aides (130), radiological technicians (12) and rehab practitioners (5).

BRITISH COLUMBIA

The government established the Health Human Resources Advisory Committee (HHRAC) in December 1999 to promote a co-ordinated approach to human resource planning, provide advice to the government, and to identify emerging trends in health human resource planning. There are six working groups (information requirements, service area analysis, health care as a career choice, health education, planning methodology, and nursing human resource) and each is briefly described below.

Information requirements working group: the mandate is to review the information requirements of various health human resources planning methodologies, to assess the strengths and weaknesses of current information to support health human resource planning, to produce an inventory of current information, to identify gaps in current information and to recommend strategies to maintain accurate information.

Service area analysis working group: the mandate is to analyse various occupational groups and review service area reports and to make recommendations to HHRAC on approaches to address identified shortages.

Healthcare as a career choice working group: the mandate is to identify strategies to enable the health care system and the education system to promote career opportunities in health care.

Health education working group: the mandate is to identify education planning needs and to develop a plan for health care education that will support long-term health human resource planning.

Planning methodology working group: the mandate is to review planning methodologies and to assist health authorities in undertaking annual health human resource planning.

A series of nursing strategy initiatives were announced in August 2001 which included marketing campaigns directed at off-shore nurses, educational funding for health authorities to

offer staff upgrading, return to work programs and better designed lifts and patient beds to lower injury rates, the creation of a Chief Nursing Officer and forgivable student loans.

The Health Professions Council was asked to undertake a review of health professions' legislation and recommended a model similar to the Ontario legislation. The basis for reform lies within outlining "acts" that are harmful if done by untrained individuals and assigning these acts to multiple health professions. In theory, this faciltitates shared scopes of practice across professions and encourages interchangeability of people.

In the fall of 2001, the BC government committed HHRAC to producing a ten-year health human resources plan for the province to encompass all health professions.

MANITOBA

In the Spring of 2000, the Manitoba government announced a nursing strategy to address the concerns raised by nurses and others. Part of the strategy included the creation of a Worklife Task Force to examine nurses' working conditions and their workplace environment. Members of the Task Force were all nurses. Twenty-five recommendations were made grouped under five broad categories:

- Staffing;
- Working conditions;
- Education;
- Community health;
- Valuing.

The government responded to the report by creating the Manitoba Nursing Advisory Council to provide advice on nursing issues and to monitor implementation of the report's recommendations.

In 1996, the Manitoba government established a Physician Resource Committee as part of a contract with the Manitoba Medical Association. The PRC was to develop a comprehensive physician resource plan for Manitoba. Data report were generated and published with policy recommendations in 1996 and 1997.

NEW BRUNSWICK

New Brunswick plans its physician workforce through the Physician Resources Advisory Committee, established in the early 1990s. Its early work focused on supply and distribution issues but evolved into looking at recruitment and retention. The PRAC, along with others, recommended that the government establish a coordinated comprehensive strategy for physician recruitment and retention. The plan was developed and put into place in 1999-2000 and has a clear expansion philosophy. Simultaneously, the province released a Nursing Resource Strategy for New Brunswick also focused on attracting and keeping nurses in the province.

NEWFOUNDLAND AND LABRADOR

In the fall of 2001, the government sponsored regional health forums around the province to analyze major health issues. Health human resources was one of the areas participants discussed. Strategies proposed included regional marketing strategies, expanded access to education and training programs, better teamwork, improved communication and more support for existing staff were all thought to enable a more productive work environment within health boards. More competitive salaries, respectful work places and minimizing student debt were also identified as policy options. Finally, there was a call for a provincial human resource plan.

NOVA SCOTIA

In 1999, the Nova Scotia Government established the Action Team on Nursing Education Strategies to provide recommendations for expanding nursing school enrolment and continuing education opportunities and the Action Team on Staffing to address strategies to distribute new positions around the province, convert part time positions to full time and to develop a recruitment framework. In early 2000, the Report of the Action Teams on Nursing was given to the government. The government committed $5 million to various initiatives such as educational programs, relocation allowances, job fairs, expanded scope of practice for RNs and LPNs and work place deployment policies.

The province also has a variety of standard recruitment and retention incentives for physicians wishing to practice in Nova Scotia.

ONTARIO

The Minister of Health established a Nursing Task Force in September 1998 to examine nursing services in Ontario and to recommend how the health system could be improved through nursing services. Membership included representatives from nursing (11), hospital administration (2), community agency (1) and the private sector (1). The Task Force released its report, *Good Nursing, Good Health: An Investment for the 21st Century* in January 1999. The report recommended strategies for immediate recruitment and retention, increased management profile for nurses within health care settings, the creation of a permanent nursing resource database, the establishment of pilot projects to test alternative models of nursing care including improved remuneration for home nursing services, an improved funding methodology for nursing services in general, better IT support, improved education and continuing education programs with the BScN as the minimum entry requirement by 2005. The Joint Provincial Nursing Committee was charged with monitoring implementation.

In the summer of 2001, the JPNC released a progress report. The Ministry of Health and Long-term Care had accepted all 8 recommendations in the report and had committed $484 million in new funding with full implementation of all recommendations to be completed by 2004/2005. Areas experiencing significant difficulty in resolution were: reduced opportunities for full time employment in home nursing services, under-utilization of nurses, increased rates of overtime and concomitant absenteeism due to illness and injury, wage disparity across sectors and employers, lack of decision making roles in the health sector for nurses, and data problems.

In July 1999, the Minister of Health and Long-term Care appointed a fact-finding Commissioner to provide advice on the scope and nature of physician supply, mix and distribution issues. At the same time, she committed to establishing an Expert Panel to undertake longer term planning for the physician workforce in Ontario.

The fact-finders report, *Physician for Ontario: Too Many? Too Few? For 2002 and Beyond,* was released in December 1999. It recommended a permanent workforce planning office with improved data and an access model to monitor and project supply, a focus on increasing supply through repatriation, changed registration rules and a recruitment campaign, increased undergraduate enrolment with a priority on education and training programs focused on rural practice, consideration of a new medical school with a specific mission dedicated to small, remote and rural communities, strengthened incentives for group practice and the underserviced area program.

An Expert Panel on Health Professional Human Resources was established to ensure that Ontario has the right supply, mix and distribution of physician services in the future. It created a physician workforce database, proposed a permanent advisory body to monitor and forecast needs, recommended additional infrastructure for Ontario's medical schools and funding for "medical education specialists," increased medical school enrolment and post-graduate training positions, expedited screening and assessment of international medical graduates, increased use of nurse practitioners and midwives, a public education campaign about when to see a physician or other health care providers, and increased incentives for rural practice.

The government has responded by committing to a northern medical school and a new clinical education campus in the northwest, an increase in the number of positions in the international medical graduate program and funding for an expedited assessment process for international medical graduates fully trained in their home jurisdiction. As well, funding has been committed to increasing the number of undergraduate medical positions.

QUEBEC

The Ministry of Health and Social Services is responsibilities for human resource planning in Quebec Planning for physicians and nurses is done separately within two directorates: the general directorate for medical and university affairs and the general directorate for manpower policies.

Both directorates have formal planning committees with representation from the Ministry of Education, the Ministry of Health and Social Services, and the Ministry of Immigration. As well teaching institutions and health provider organizations are on the committee.

The committees undertake regular planning with an annual public report.

Recently, the government introduced legislation focused on changing the scopes of practice for some health personnel, allowing non-medical personnel to undertake a broader range of activities.

PRINCE EDWARD ISLAND

The Government of Prince Edward Island has committed to a $6 million Nursing Recruitment and Retention Strategy that includes new funded positions, student sponsorships and summer employment, refresher course financial assistance, clinical education resources and recruitment programs, as well as workforce deployment planning.

As well, the Government has committed to a four-year, $4.2 million Enhanced Physician Recruitment Plan. It includes training opportunities, new medical school positions and trainee sponsorships, student loans, relocation assistance, recruitment resources and a reduction of registration barriers for international medical graduates.

SASKATCHEWAN

Saskatchewan Health has contracted with Lifestream Development Services Inc. to facilitate the recruitment of physicians into rural Saskatchewan. The company runs workshops, maintains a database and communication network with physicians, medical students and residents, co-ordinates recruitment with other government agencies, and maintains a web site of practice opportunities.

The government participates in the Rural Practice Committee with the Saskatchewan Medical Association to provide advice on recruitment and retention of physicians to rural and northern communities. Representation is from the SMA (8, Saskatchewan Health (2), Department of Family Medicine (2), a representative from the medical student and interns and residents population.

In January 2002, the government announced its strategy to retain and recruit health professionals as part of its response to the Fyke Commission report. The strategy includes more training dollars, an ad campaign for recruitment, targeted bursaries to fill specific vacancies, measures to improve job satisfaction, and the creation of a province-wide health human resource plan.

Canadian Policy Research Networks
600-250 Albert Street
Ottawa, ON K1P 6M1
Tel : (613) 567-7500 – Fax : (613) 567-7640 – www.cprn.org