Health Human Resources: Where Do We Stand?

Friday, October 22, 2004 – It's not a new idea.

Some 15 years ago, Alberta called on other jurisdictions to cooperate in determining their joint health staffing needs, training and education. Since then, numerous bodies, from the Conference of Deputy Ministers of Health in 1991, down to the Romanow Commission, have reiterated the logic of national health human resources (HHR) planning.

Yet, despite new federal funding for the purpose and a national consensus for action, federal-provincial cooperation has thus far failed to deliver coordinated HHR planning.

The road to a national HHR strategy is a step-by-step affair, it seems. A first step is determining just what *is* being done in each province and territory across the country. This helps identify how well HHR policies are integrated with health reform initiatives, where opportunities for collaboration lie, and best practices to be shared.

A new CPRN report, ***Health Human Resources Policy Initiatives for Physicians, Nurses and Pharmacists,*** by Cathy Fooks and Lisa Maslove, provides a province-by-province scan of activity related to physicians, nurses and pharmacists in three areas:

- Education and training initiatives;
- Recruitment and retention and work place initiatives;
- Capacity to do national level health human resource planning.

The authors find:
- Planning and modeling for work force planning is now "de rigueur," though approaches vary across the country.
- Little coordination of training and little evidence that curriculum takes account of new delivery models.
- An apparent lack of interest in national planning, though preliminary work is being done at the Federal/Provincial/Territorial committee level.
- No national physician strategy for health human resources, unlike in the case of nurses.

Clearly, it's a work in progress, but far short of the national planning body called for by the Romanow commission.

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