



# Scan of Health Human Resource Policy Initiatives

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# Some background

- In 2003, proposal by CPRN to undertake policy support work
- Included a scan of what jurisdictions are doing in three HHR areas:
  - Education and training
  - Recruitment and retention
  - Capacity to do national level planning
- Undertaken Spring 2004



# Purpose of the scan

- A background piece to support supply and demand modelling
- To ensure stakeholders have common knowledge base when it comes to recent policy activity
- To inform on different approaches taken by jurisdictions
- To update CPRN study for the Romanow Commission



# Scope and Methods

- 3 policy areas and 3 professions (physicians, nurses and pharmacists)
- Search of government websites
- Supplementary key informant interviews
- Written product:
  - summaries by jurisdiction
  - compendium of web links



# Physicians – Overall themes

- Common view that there is a shortage
- Acceptance of stewardship role of governments in producing plans for physician workforce
- Use of models to support planning
- Related work to develop comparable performance indicators



# Physicians – Education and Training

- Some new undergraduate and training positions
- Not coordinated at the national level
- Not a lot of focus on changing curriculum to match new delivery models
- Discussion about inter-professional education
  - On-going F/P/T activity



# Physicians – Recruitment and Retention

- Organized recruitment campaigns for under-serviced areas
- Financial incentives predominate
  - Though emphasis on lifestyle in “marketing”
- Increasing focus on IMGs
  - Appears in almost every provincial/territorial plan



# Physicians – National Planning Capacity

- Most planning work at provincial/territorial level.
  - Some interprovincial, regional-level
- No national-level physician strategy
- National initiatives
  - Pan-Canadian HHR Planning Framework (not just for physicians)
  - CIHI Data Development
  - Task Force Two





# Nurses – Education and Training

- Increase in seats across the country
- Limits to these increases due to faculty and infrastructure constraints
- Proposing and implementing changes to entry-to-practice requirements
- Tuition support, bursaries are common
- Professional development funds across the country (access can still be a problem)



# Nurses – Recruitment and Retention

- A stronger focus on quality of worklife as a element of retention
- Recruitment activities
  - Summer employment
  - Offers of permanent jobs to graduates
- Full-time employment – not a policy focus in every jurisdiction
- Overlapping scopes of practice
  - On-going complex discussion
  - Difficult to know impact on the ground



# Nurses - National Planning Capacity

- Planning capacity relatively well developed at provincial/territorial level
- Little apparent interaction between Nursing Advisory Committees
- National initiatives:
  - Building the Future
  - Data development at CIHI



# Pharmacists – Policy Themes

- Less data to support discussion about shortages
- Scope of practice and model of care issues
- Lifestyle and compensation issues
  - Draw to community pharmacies, away from hospitals
- Less evidence of government support for professional development, recruitment and retention



# Pharmacists –Programs

- Few pharmacy-specific programs
- More directed at allied health professionals
- Bursaries with return of service requirement for public employers
- Pilot programs to integrate pharmacists into primary care teams (e.g., IMPACT in Ontario)



# Implications for modelling

- Awareness of range of variables that impact supply and demand outpacing data availability
- Policy levers vary by profession
  - Affects what how incorporate into models
  - Affects what policy-makers need to know
- Level of data:
  - National, provincial/territorial, regional
  - Specialty, competency





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