Health Human Resources Planning in Canada: Challenges, Opportunities and Solutions

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Tom McIntosh
Director, Health Network
Canadian Policy Research Networks

Presentation Outline

- The past & future dynamics of HHR planning in Canada
- Two kinds of HHR challenges
  - Sustaining what we have
  - Building the system we want
- A window of opportunity is opening
- A new approach to HHR planning
  - Building from the ground up
  - Collaboration & dialogue

Drawing on CPRN's Research

- CPRN's recent Health Human Resources Planning Research
  - HHR Planning in Canada (Romanow Commission)
  - Data Assessment & Trend Analysis for Physicians (Task Force II)
  - HHR Consultation Conference (Sask)
  - Nursing Mobility & Access to Services (CNA)
  - The Taming of the Queue (CMA)
  - The Ethics of Int'l Recruitment (Sask)

Understanding the Context

- HHR Planning is at the root of the reform of health care service delivery
  - Primary Care Reform
    - Scope of Practice Issues
  - Health Education Reform
    - Interdisciplinary education, creeping credentialism, hyper-specialization
  - Access to Care, Wait Times and Care Guarantees
    - The right service provider at the right time in the right place

Past Approaches to HHR Planning

- Past approaches have suffered from multiple but inter-related problems:
  - Profession-specific (e.g. how many docs do we need?)
  - Based on retrospective data (e.g. how many nurses we have + changing pop profile = how many we need)
- This inhibits rather than facilitates change
  - We replicate the system we have, rather than plan for the system we want

HHR Dynamics

- Rooted in the accommodation of powerful interests
  - Provincial Medical Associations
  - Health Professional & Regulatory Bodies & Unions
  - National Stakeholder Organizations (curious)
  - Public affection for providers
- Aided and abetted “turf protection” & the privileging of a hierarchy of professions
- Uneven collaboration between Health & Educucation sectors

Dynamics Are Changing…

- Growing evidence that new approaches to HHR planning are taking hold
  - More holistic, integrative and forward looking
  - Nursing Sector Study & Task Force II
  - Initiation of a Pan-Canadian Framework
  - C3PR
- HHR must serve reform goals not vice versa
- But the change is incremental, difficult to institutionalize and points of resistance remain
  - Trust is still in short supply and relationships fragile

Types of Challenges

- Type I challenge – Sustaining the system
- Type II challenge – Achieving the system we want

TYPE I CHALLENGES
Sustaining the System

- Shortages/misallocation of human resources
  - Domestic supply (+ Int'l Educ Health Professionals) does not match demand
  - Intergovernmental Competition
- Working harder not smarter
- Misallocation of human resources
  - Rural / Urban divide; Underserved populations
- Keeping up with technology & new professions
- Global Issues (pandemics, mobility, etc.)

Finding Solutions

- Type I challenges easier to identify and solve
  - More training seats increases domestic supply
  - New rural med schools may increase rural supply
  - IEHPs are here to stay but pressure will increase to confront ethics of 3rd World recruitment
- Type I challenges are amenable to the traditional modes of HHR planning – modelling future needs, incremental increases in resources, targeted programs built within a collective bargaining framework
- But even here there are limits

TYPE II CHALLENGES
The System We Want

- New process of professional training
  - New curriculum, interprofessional education, entry to practice issues & over-specialization
- Moving forward on Primary Health Care
  - Scope of practice & interprofessional collaboration
- Access to services & appropriate care
  - Right people, right place, right time
  - Wait time issues and care guarantees

A Window of Opportunity

- The make-up and attitude of health professionals is changing
  - The next generation is VERY different
- The public is anxious for substantive change
  - They know what they want & the trade-offs involved
- Governments are developing new modes of collaboration
  - Pan-Canadian goals built from the ground up
- Stakeholders & Employers want a new role

What Is to Be Done?

- Intersectoral Collaboration Within Gov't's
  - Health, Education, PSE departments on interprofessional education & entry to practice
  - Health, Labour & Immigration departments on IEHP issues, mobility issues
- Multisectoral Dialogue with Stakeholders
  - Open-ended and iterative
  - Confronting the trade-offs and the conflicts
- Dialogue with Citizens

Something to Remember

- HHR Planning exists on a continuum:
  - It begins in the community/institution, then to the region, then to the province and then across the country
- For all of the models we build, it is about having a person on the ground who is properly trained delivering the right service when it is needed
- Change can be incremental & cumulative BUT in service of a clear vision of the future

Steps for Success

- Intersectoral vision created
- Validate with internal stakeholders
- Dialogue with external stakeholders
- Dialogue with the public
- Revision to vision
- Enactment of the intersectoral vision
- Evaluation of the outcomes

Example: Scope of Practice (1)

What CPRN has learned

- Wide consensus on principle that "*everyone works to full scope of practice & training*"
- Very little consensus on what that principle means…docs v. nurses, RNs v. LPNs, etc.
- Governments can't move forward in the face of this confusion from professionals
- Interprofessional dialogue is difficult when conversation remains in the abstract
- Policy needs to be rooted in "*what works*"

Example: Scope of Practice (2)

- Movement on Primary Health Care can break the deadlock on scope of practice
  - Each PHC team will be different (a team in N. Sask will be different than a team in Toronto)
  - The teams will have to work out the scopes of practice that work efficiently & effectively for them
  - Flexible PHC models needed to serve the community
- These are the lessons that become the basis for policy re education, training and credentials that will guide scope of practice

A Final Note of Optimism

- Good HHR planning has to
  - In service of the system we want not what we have
  - Built from the ground up, not from models imposed from above
  - It must actively ENGAGE stakeholders & the public
- BUT it also requires intergovernmental collaboration & mutual learning
  - Good practice must be replicated & built upon from the local to the regional to the provincial to the national

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