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Building on the Common Ground: Report from the Saskatchewan HHR Consultation Conference

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Health Human Resource Planning in Saskatchewan: Consultation Conference

February 27-28, 2007

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Finally, the participants who gave so freely of their time and their input are really responsible for the conference's success. Their willingness to engage with each other and especially with those they might sometimes disagree with is a mark of the importance of the issues they confronted and grappled with over the course of the two days.

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Building on the Common Ground:
Report from the Saskatchewan HHR Consultation Conference

Introduction

On February 27 and 28, 2007, Canadian Policy Research Networks (CPRN) hosted a consultation conference on health human resource planning on behalf of the Government of Saskatchewan and with the participation and support of Health Canada. The conference participants represented government departments, health sector employers (regional health authorities), unions, professional associations, regulatory bodies, front-line workers and community and Aboriginal organizations from across the province.

The conference, the second of its kind, was designed to provide both the Government of Saskatchewan and Health Canada with advice, direction and input into recent health human resources (HHR) planning initiatives underway both at the provincial level (e.g. the next iteration of the government's *Health Workforce Action Plan*) and at the intergovernmental level (e.g. the *Pan-Canadian Framework for Collaborative Health Human Resource Planning*).

This report specifically deals with the reactions to and the input from the conference participants as they related to both the Saskatchewan government's ongoing work on HHR planning (including, for example, the current recruitment and retention initiatives launched in the province in early 2007) as well as the federal-provincial-territorial commitments made in the most recent iteration of the *Pan-Canadian Framework for Collaborative Health Human Resource Planning*, its goals and its future directions.

With CPRN's assistance, Saskatchewan Health held the first consultation conference in October 2005 to provide an opportunity for provincial health system stakeholders to engage with each other over the priorities they felt should be pursued in the first iteration of the province's *Health Workforce Action Plan*, which was released in early 2006. The results of that conference were published by CPRN as *Setting Priorities and Getting Directions*[1] and has proven to be successful on a number of fronts. In the first instance, the priorities identified by the conference stakeholders were clearly articulated in the province's *Health Workforce Action Plan* of December 2005, indicating that the provincial government took the conference deliberations seriously as a starting point for building an integrated HHR strategy on the common ground identified by the participants. However, just as important was the national attention that focussed on the process CPRN and the Government of Saskatchewan used to identify that common ground. Within a year of its release, the report from the first conference had been downloaded over 11,000 times from the CPRN website and since that time other jurisdictions have begun to design and implement similar kinds of engagement exercises as a vehicle for moving forward on some of the more contentious HHR planning issues.

[1] The report can be downloaded at www.cprn.org.

There were clearly two different kinds of directions provided to the government at that first conference – each of which was highly instructive about the current state of the debate over health care reform in Saskatchewan as perceived by the stakeholders.

First, there were those directions that call either for more analysis and assessment of a particular issue or, more boldly, for the government to step back from directions already taken in order to rethink the direction chosen. In all cases these kinds of direction relate to what are easily identifiable as the "messier" issues of health reform:

- Primary Health Care
- Scopes of Practice
- Interprofessional Education
- Distribution of Providers

In their own way, each issue touches on some of the most sensitive areas for the conference stakeholders because each issue speaks, ultimately, to the stakeholders being asked in some way to redefine what they do and how they do it. In short, changes in these areas will fundamentally change what it means to be a health care provider, how that provider is trained and where that provider might work.

This takes us to the second category of directions provided from the first conference. It was clear that there were some areas where the small groups and the conference as a whole were prepared to provide some quite concrete steps to be followed as part of the HHR plan:

- Clinical placements need coordinated leadership from Saskatchewan Health and the educational institutions.
- Professional development needs secure resources and coordinated action from regional health authorities (RHAs) in promoting learning plans and the roll-up.
- Human resource information systems need resources and direction (in other words a plan) from Saskatchewan Health and the commitment from the RHAs to collect data.
- Increasing Aboriginal presence will require coordinated direction and resources from Saskatchewan Health, but clear commitments to take action from professional and regulatory bodies and RHAs.

In these areas, it was obvious that the conference participants were much clearer on both what needed to be done and how to proceed. This is not to say that there was unanimous support for everything agreed to, but rather that the differences between participants were much less fundamental than those surrounding the issues in the first category of directions. However, the results of that first conference gave the government a very clear baseline from which to design its own action plan in a manner that would reassure stakeholders that their priorities and concerns were being addressed in an appropriate manner.

As further evidence of the success of the first conference was the desire of Health Canada to participate in the second event. For its part, Health Canada's interest was in providing an opportunity to provincial stakeholders to both comment on the goals and objectives of the Pan-Canadian Framework, and, more importantly, also to give those groups an opportunity to reflect on how the priorities and goals agreed to by the federal-provincial-territorial governments relate to their own HHR planning priorities in their workplace, their community, their RHA and their province.

Part of the challenge facing federal-provincial-territorial officials and governments is the need to make the Pan-Canadian Framework an evergreen document that is "real" to those health sector workers, their employers and their representatives who are charged with the direct delivery of health services to Canadians. Ultimately, the goal for all concerned with the future of HHR planning in the country is that there be real and concrete linkages between the issues/concerns expressed by those who actually deliver health services; the issues/concerns of those who organize the delivery of services at the regional authority and at the provincial level; and the issues/concerns brought forward to the intergovernmental arena where cross-jurisdictional dialogue and collaboration can be fostered. At some level, then, one should be able to see the linkages and connections between the issues that concern those "on-the-ground" in the health care system and those that concern the actors in the intergovernmental arena.

To this end, the conference was organized around, first, a series of relatively formal presentations from Health Canada, Saskatchewan Health and an independent health researcher; second, an open "town hall" style session involving all participants in conversation with the presenters; and, third, a series of small group and plenary discussions on specific HHR issues that were held on the second day of the conference. In this latter part of the event, participants were given the opportunity to self-select the issues they wanted to discuss based on the material provided to them before the conference and as a result of the presentations made to them on the first day. The full conference agenda can be found in Appendix 1.

Conference facilitators – employing a technique referred to as "open space technology" – provided the participants with the ability to define the issues for discussion themselves and to self-select which issues they felt were the most important for them. In addition, participants were provided with a variety of other means to make their views heard, including formal reporting mechanisms, a "graffiti wall" where issues that might have been ignored or perspectives not captured could be recorded, as well a final evaluation and comment sheet designed to give participants a final opportunity to make key points. Finally, the conference also had a formal rapporteur who was charged with summarizing the conversations held during the conference and drawing out the linkages between the different issues and how they related to the different levels of HHR planning – the local, the provincial and the pan-Canadian.

About the Participants

The success of an event such as these consultation conferences depends a lot on the participants' willingness to participate. However, unlike the citizens' dialogues that CPRN has held on numerous policy issues over the last few years, including those undertaken on behalf of the Commission on the Future of Health Care in Canada (the Romanow Commission), one can neither presume nor insist on a "representative" sample of stakeholders. How many union representatives, how many representatives from RHAs, how many Aboriginal health organizations would have to be present (relative to the presence of all the other organizations) in order for the conference to be deemed representative?

Whereas a polling firm can continue to call citizens until they find enough willing to answer the poll questions such that the respondents provide a cross-section of the population across different categories such as age, gender, income, province of residence, etc., this is not possible in an event such as this. If an organization such as a union, professional association or a regulatory body is either unable or unwilling to participate, one cannot simply continue to contact other similar organizations in hopes of finding a replacement. There is only one union representing registered nurses in Saskatchewan and only one professional association representing the province's physicians.

Thus, in looking at the results of events like this, one must always be conscious not only of who attended, but also of who did not. One has to interpret the results of the deliberations as conclusions reached by the participants and not to presume that they represent the voice of all the health system stakeholders in the province. Furthermore, we must also be sensitive to the fact that although the participants were invited because of the positions they held in various organizations dealing with health care in the province, they were not there to speak necessarily on behalf of their organization. Thus, the fact that a particular RHA was represented at the conference should not be construed as an indication that the RHA itself either supports or rejects any of the conclusions reached at the conference.

Although there were nearly 100 conference registrants, this number included conference organizers from CPRN, Saskatchewan Health employees and Health Canada representatives. There was also some attrition over the two-day event (which was similar to that experienced in 2005). In the end, there were 45 conference evaluation forms filled out by participants. The breakdown of attendees is based on those who completed the evaluation forms.

The conference was attended by a large number of RHA representatives from across the province (nearly 38% of the attendees) with representatives from post-secondary institutions (18%) and provincial regulatory bodies (11%) as the next largest groups. Aboriginal organizations, both First Nations and Métis, had four representatives or 9% of the group, as did representatives from hospitals or other health care institutions. A significant majority of the attendees described themselves as "management or senior management" in their organization (65%), with researchers and health care providers each making up 12% of the attendees.

Most conspicuous by their absence from the conference were representatives from the major health care unions in the province (only one person identified as such on an evaluation form) as well as the major professional associations. The absence of trade union representatives was indeed commented on throughout the discussions during the two days. The conference registration list indicates that at least some of the major professional associations were at the conference, but either did not attend the full two days or chose not to submit an evaluation form.

The fact that some key stakeholders were missing from the conference and that the attendance was skewed toward more senior managers within the system must clearly be taken into account in assessing the recommendations and the directions provided by the attendees. That there was not representation from some key actors does not discount the conclusions reached or the value of the input provided, but it should serve as a caveat on how one interprets the data. The goal of the conference was to provide an opportunity for input to all the key stakeholders. That input should not be discounted because a single event did not capture every nuance of every voice within the system. Tables 1 and 2 below provide a more complete breakdown of the participants (as reported by themselves) in terms of the kind of organization they work in and their position within the organization. A full list of participants can be found in Appendix 2 and the results of the conference evaluation can be found in Appendix 3.

Table 1. Organizations in Attendance

Organization Type	*Number of Participants*	*Percentage of Total*
Union/Professional Assoc.	1	**2.22**
Regulatory Body	5	**11.36**
Regional Health Authority	17	**37.78**
Hospital or Institution	4	**8.89**
Post-Secondary Institution	8	**17.78**
Government Dept.	3	**6.67**
First Nations/Métis	4	**8.89**
Other	3	**6.67**
TOTALS	**45**	**100.25***

*Error due to rounding of percentages.

Table 2. Participant's Position in Organization

Position	*Number of Participants*	*Percentage of Total*
Governing Body	1	**2.33**
Sr. Mgmt or Mgmt	28	**65.12**
Policy/Research	5	**11.63**
Health Provider	5	**11.63**
Other	4	**9.3**
TOTALS	**43****	**100.00**

**Two participants did not identify their position within their organization.

Day One: The Presentations and the Town Hall

As noted above, there were three formal presentations that led off the two-day event. The first was made by officials from the Health Human Resources Strategies Division of Health Canada who spoke to the history and shared goals of the *Pan-Canadian Framework for Collaborative Health Human Resources Planning*. The presentation emphasized the background to developing the Framework as well as to the goals that federal-provincial-territorial governments had agreed to move forward on. In particular, the presentation noted that the Pan-Canadian Framework would commit governments to dealing with issues surrounding recruitment and retention, healthy workplaces and new supports for system planning.

The Action Plan outlined in the *Pan-Canadian Framework for Collaborative Health Human Resources Planning* sets out the principles for collaboration and identifies key actions jurisdictions can take together. This is clear in the connections made in its vision statement that calls for: "*Improved access to appropriate, effective, efficient, sustainable, responsive, needs-based health care services for Canadians, and a more supportive satisfying work environment for health care providers through collaborative strategic provincial/territorial/federal health human resource planning*."

The Action Plan is based on the following assumptions:

- As jurisdictions design their system to meet population health needs, the types of professionals required and the way they are deployed may change. HHR planning must consider the design of the health care system of each jurisdiction and the chosen service delivery models.
- Pan-Canadian collaboration will enhance each jurisdiction's capacity to plan the health workforce, to monitor trends, to anticipate future needs, and to achieve planning goals.
- Effective HHR planning requires timely accurate information. As the quality of data to support HHR planning improves, planning models may have to be refined or adjusted.
- Effective HHR planning requires better integration between the education system that prepares providers and the health system that employs and deploys them.
- The HHR sector – unlike other (market driven) workforces – will continue to be largely publicly funded and, therefore, will require a different (i.e. non-market driven) approach to forecasting both supply and demand.
- Strategic investment in HHR planning, including retirement, retention and health workplace initiatives, has the potential to significantly reduce costs associated with absenteeism, workers' compensation and staff turnover.
- Effective HHR planning will ensure greater accountability for HHR decisions, which, in turn, will lead to more appropriate, better quality of care (i.e. it will help ensure appropriate providers are providing appropriate care, and reduce or eliminate inappropriate services).
- Resource deployment and utilization remain the responsibility of the appropriate jurisdictions.

The Action Plan is composed of four goals with priority objectives to achieve the goals, as well as their proposed short-term, medium-term and long-term actions for each objective and their outcomes. The first goal is *to improve all jurisdictions' capacity to plan for the optimal number, mix and distribution of health care providers based on system design, service delivery models and population health needs.* The seven objectives under this goal include: improving capacity for assessing population health needs; supporting the development, implementation and evaluation of innovative service delivery models and sharing the results across jurisdictions; developing comparable HHR data (including on the Aboriginal workforce); and enhancing collaboration with the international community to address HHR issues in that arena.

The second goal is to: *enhance all jurisdictions' capacity to work closely with employers and the education system to develop a health workforce that has the skills and competencies to provide safe, high quality care, work in innovative environments, and respond to a changing health care system and population health needs.* The objectives here include: developing a better understanding of health education systems and the alignment of those objectives with system needs and policy; increased efforts to recruit Aboriginal people to health careers and the creation of a more culturally and linguistically diverse workforce; and more opportunities for life-long learning for health care providers.

The third goal is to: *enhance all jurisdictions' capacity to achieve the appropriate mix of health providers and deploy them in service delivery models that make full use of their skills.* The objectives here include taking greater effort to make use of the full scope of practice of all health professionals; and the development of common approaches to workforce remuneration issues across jurisdictions.

The fourth goal is to: *enhance all jurisdictions' capacity to build and maintain a sustainable workforce in health safe work environments*. The objectives here included efforts to accelerate integrating internationally educated health professionals into the Canadian health care system; improving the attractiveness of health care careers; and increasing the ability of the system to effectively address health and safety issues and reducing the incidence of workplace injuries.[2]

The second presentation was made by the Workforce Planning Branch of Saskatchewan Health and spoke to both the development of the province's *Health Workforce Action Plan* (first released in late 2005 following the first of the stakeholder consultation conferences) and its future direction. The presentation made a direct link between the goals agreed to as part of the Pan-Canadian Framework and the work of Saskatchewan Health in terms of the province-specific challenges that are identified as part of the Action Plan. In particular, the issues of both recruitment and retention of health sectors workers were highlighted as key foci of the provincial government's activity.

[2] A copy of the Pan-Canadian Framework can be found at: http://www.hc-sc.gc.ca/ahc-asc/alt_formats/ccs-scm/pdf/public-consult/col/hhr-rhs/PanCanHHR_Framework_sept-05_e.pdf.

The province's Workforce Action Plan is built on a vision of an integrated workforce, well educated and trained, providing high-quality care contributes to both healthy people and healthy communities. As part of that, the province has committed itself to self-sufficiency in HHR by educating as many of its own health professionals as available resources permit while also developing:

- employment opportunities for newly educated professionals;
- building a representative workforce;
- drawing on the experience of veteran employees to support new graduates;
- better aligning education with health service needs; and
- establishing a steering committee to help implement the plan and guide continuing planning efforts.

The presentation went on to outline the province's recent announcement in fall 2006 of the creation of a $25 million recruitment and retention fund to help accelerate actions outlined in the plan and the establishment of two advisory committees: a Provincial Nursing Committee and a Health Workforce Steering Committee. From the fund, $15 million is targeted at recruitment and retention of nurses while the remaining $10 million is earmarked to help recruit and retain all other health employees. A significant amount of this funding has been allocated to specific initiatives including:

- $6 million for a Relocation Grant Program and a Northern, Rural and Hard-to-Recruit Grant Program; and
- $6 million for a Health Workforce Retention Program.
- This commitment is in addition to the over $6.25 million already allocated in this fiscal year to recruitment and retention initiatives:
    - $500,000 to establish a centralized recruitment agency;
    - $375,000 to expand clinical placement capacity;
    - $250,000 for projects to help integrate internationally educated health professionals;
    - $3.5 million in health return-in-service bursaries; and
    - $1.3 million to RHAs to support learning and professional development opportunities for employees, representative workforce training and quality workplace initiatives.

The third presentation, by Jim Fergusson of Echo Management Consultants, reviewed the preliminary results of a research project he was undertaking on behalf of Saskatchewan Health regarding how key actors within the provincial health system viewed their own roles and responsibilities in the system as well as how they viewed the roles and responsibilities of the other actors. Not surprisingly, there were some obvious points of friction between how some of the actors viewed their own role and how that role was viewed by others within the system.

Fergusson's work centred on creating a "Roles and Responsibilities Matrix" that would include key health system stakeholders and relevant government departments (e.g. those dealing with post-secondary education and employment). The goal of the matrix would be to assess how these different (and sometimes conflicting) understandings affect HHR planning in the province and to suggest how processes for such planning could be changed to ameliorate the differences between the actors within the system.

In reporting his preliminary results from his discussion with stakeholders, Fergusson noted some key areas where change is needed in the current manner of HHR planning in the province. In addition to the oft-stated need for a better ability to determine the mix of providers and their distribution as well as the need for better data to be collected (including the assessment of population needs), Fergusson noted that there was a real desire on the part of the stakeholders for a more formal process for consultation and involvement in decision making in HHR planning. From their perspective, HHR planning should be a more collegial and coordinated activity and rely less on one-off and informal consultation. Stakeholders recognized the need for leadership on key issues, but, according to Fergusson, there was little differentiation on their part between leadership, being consulted and being informed of impending decisions being taken.

Furthermore, on the issue of planning for the supply of health providers, Fergusson found that there were no formal structures for making decisions in this area and that much occurred without appropriate consultation. For example, RHAs saw themselves as having little or no opportunity for input into matters relating to interprofessional education despite the fact that they are the employers of the vast majority of health professionals in the province. There was a clear sense that there was still significant work to be done before the system had reliable data to work with and before it could be said to moving towards a needs-based planning process. Interestingly, given the presentations from both Health Canada and Saskatchewan Health, Fergusson reported that while stakeholders saw a great deal of value in collaborative interprovincial planning, they were either unaware of such activity being undertaken or did not see any evidence of this kind of planning taking place.

The town hall session that followed the presentations focussed a significant amount of attention on the final presentation, but it is also clear that the issues raised by the participants regarding that presentation resonate with the work being done at both the provincial and intergovernmental level.

Of greatest concern to the participants was the perception that the work on roles and responsibilities had taken perhaps too narrow a focus on who were and who were not deemed "actors" within the health care system and who had some role (formal or informal) in health system decision making. In particular, it was noted that there was no discussion of the roles and responsibilities of Aboriginal organizations – either First Nations bands or Métis organizations – in the discussion of roles and responsibilities. Nor were community-based organizations factored in as groups that had a voice or a perspective that needed to be heard. Instead the focus of the roles and responsibilities matrix presented was on those actors who actually governed the system or who actually delivered the services.

Fergusson was urged by a number of participants to widen the scope of the matrix to include those actors who, while they may not have a direct role in governance or service delivery within the system, have a large stake in how the system is organized, where services are delivered and how they are delivered.

Yet, both the Pan-Canadian Framework and the provincial Action Plan speak directly to the importance of Aboriginal workforce participation and the delivery of culturally appropriate services to Aboriginal peoples. The issue of who would be included in developing HHR planning initiatives and who was not captured in the matrix presented dominated much of the discussion of the town hall session.

However, the goals and objectives set out under the Pan-Canadian Framework and the Saskatchewan Workforce Action Plan, were front of mind throughout the town hall session. Beyond the obvious need for a more inclusive approach to create more Aboriginal health professionals and to integrate Aboriginal approaches into health and healing already noted, there was a clear emphasis on the need for healthier health care workplaces to deal with both burnout and retention issues; the need to deal effectively with issues around scopes of practice in multi-professional work environments; and to deal with the issues surrounding putting the commitments made by governments into policies that effect the health providers on-the-ground.

It is not surprising, in one sense, that the participants moved immediately to the "nuts and bolts" issues as the ones that were most important to them. If one looks at the breakdown of the participants (see Tables 1 and 2 on page 5), the conference was predominantly peopled by individuals who are dealing with the fall out from these issues in a direct way on a daily basis. Thus, the commitments made at the intergovernmental level and those made at the provincial level are immediately translated into what they mean for the manager or front-line health worker at the coal-face of service delivery in the system.

At the same time, one of the key messages from Fergusson's work, was confirmed by the conference participants — namely the need for a more structured set of processes for consulting and involving stakeholders in HHR planning. There was a clearly expressed desire for the process to be opened up to more formalized and routine consultation on the HHR planning process within the province and a strong desire to be informed of the intergovernmental work in which the province is participating. The participants saw the work inside the province and the need for the province to undertake a more structured consultation approach as key elements in giving the province a clear understanding of the challenges facing the front-line managers and workers within the system that could be important in its own intergovernmental discussions around the development of the Pan-Canadian Framework.

Day Two: Small Group Discussions and Priority Identification

The second day of the conference was given over almost entirely to having the participants identify priority action areas in small groups of their own design and reporting back on those discussions to the plenary. At the same time, the facilitators and CPRN staff were present to take notes throughout these discussions in order to feed into the overall assessment of the discussions provided by the rapporteur later in the day.

There were two rounds of small group discussions each followed by a report to the plenary and each of which allowed individuals to move from one discussion to another as their interests dictated. The topics for discussion in the small groups were defined initially by the participants themselves based on the issues they deemed to be a priority in HHR planning as it related to the presentations made during Day One.

What resulted over the course of the day was a series of wide-ranging discussions that went often from sharing experiences among participants (including some necessary "venting" of frustrations and challenges) to thinking about "what could be done" and "who should do it."

While space precludes a detailed report from each small group over the two sessions, it is possible to group them into some broad-based categories that can give a clearer sense of where participants saw the priorities. At the same time, these categories are not meant to be watertight compartments. There was significant overlap both within and between the small groups and the broader categorization that follows.

First, was the issue of "leadership" within the health system and the need for support for front-line managers within the system and a better process for "career-pathing." Participants in these discussions spoke openly of the challenges in filling front-line management positions within the system (e.g. nurse-managers) and the high rate of burnout and stress experienced by those currently within those positions. Lack of work–life balance, insufficient compensation, geographic distances and lack of internal supports were all cited as factors in health professionals' increased unwillingness to take on management roles within their organizations. A coordinated action plan, including the development of better information systems, involving regional health authorities, unions and the provincial government was needed, said participants, in order to ensure that there will be a next generation of front-line managers within the system. It was noted that Saskatchewan already has one of the lowest manager ratios in Canada and that existing managers were exiting the system due to both burnout and retirement.

Second, and not at all surprisingly, was the discussion held by one of the largest of the "small" groups, around issues relating to both scope of practice and the seemingly stalled move toward creating interdisciplinary teams of providers. As was noted already, this issue played a significant role in the discussions at the first consultation conference. However, what was interesting about the discussion at this year's conference was the greater willingness of the participants to be less concerned about "turf protection" and to be more interested in looking for ways to begin moving forward in earnest on these issues. Thus, the participants were interested in a more focussed dialogue between the professional licensing bodies and the government that could begin to map out some next steps. There was some consensus that the issues of how teams

might work together and how individuals could be assured of the ability to work to their full scope of practice had to move beyond the traditional "substitution model" (e.g. replacing a physician with a nurse-practitioner) and focus instead on building a model rooted in the complementarities between health professions. Related to this discussion was the need to relate changes to the delivery of primary health care through interdisciplinary teams to the current structure and content of clinical education in the province's post-secondary educational institutions.

A third category of discussions involved the need for a more inclusive approach to HHR planning in the province. First and foremost was the call for a more fully articulated plan for the inclusion of both First Nations and Métis populations in the overall development of an HHR strategy in the province. There were two distinct elements to this. First was the need to provide greater opportunities for Aboriginal residents in the province to pursue careers as health professionals (including the recognition that this needs to include outreach to these communities before an individual is admitted to a post-secondary institution). Related to this was the need to ensure that health care workplaces were themselves open to and accepting of greater Aboriginal participation. Second was the need to better incorporate Aboriginal perspectives on health and healing within the delivery of services inside the system. Thus, there was a need expressed for a more sustained dialogue on these issues that could begin with convening a more focussed meeting designed to assess both the progress that has been made and to map out further initiatives that could build on that progress. Related to this was a more general discussion by one group specifically around the use that Saskatchewan Health might make of the "roles and responsibilities" matrix outlined the previous day and the concern that it focussed too narrowly on those stakeholders who governed the system or delivered services while ignoring the important voice of community-based organizations and Aboriginal organizations in the province.

The fourth broad category of small group discussions focussed on issues of healthy workplaces within the system and the need to better measure progress in improving quality workplaces within the provincial system. Again, the need for better data around the situation faced by front-line workers and managers was noted as well as the need to begin to establish some clear and measurable benchmarks for charting progress on improving workplace quality. RHAs needed, it was noted, a toolkit that would allow them to measure workplace quality in a meaningful manner and which would highlight areas where improvement continued to be needed. As was the concern over leadership and succession planning within the system on the front lines, the concern over the unhealthy nature of many health care workplaces was a key factor in the system's ongoing struggle to both recruit adequate numbers of front-line workers and, even more importantly, to retain them through the course of their careers as health professionals.

A final broad category of groups focussed their discussions on issues surrounding the need to change the culture within the health care system – within individual workplaces, in the relationships between stakeholders and in the manner in which the stakeholders related to the government. This was taken even further by one group that focussed on the need to change the public's focus from "accessing care" to "taking more responsibility for one's health." It was noted throughout these discussions that while there is strong rhetorical commitment to making progress on issues such as increasing the number of interdisciplinary teams, allowing all professionals to work to their full scope of practice and a focus on up-stream determinants of

health for the population, these commitments often run up against cultures inside the system that see change as a "zero-sum game" involving "winners" and "losers." This is further exacerbated by (and likely helps to feed) a persistent doom-and-gloom atmosphere on the front lines of the system that compromises the quality of care that is being delivered. Again, the focus here was on the need to better communicate best practices around positive change within the system and to better coordinate and facilitate the ability of the system to not only celebrate positive changes, but also to adapt and replicate those changes across the system in a more wide-ranging manner than currently exists.

Again, in reviewing the reports from the small groups to the plenary, it is clear that the focus of much of the discussion was the local situation, not just in the province, but in the RHA and in the workplace itself, rather than on the more general goals of the provincial Action Plan and the even more distant intergovernmental fora that are the home of the Pan-Canadian Framework. However, that being said, it is also clear that the commitments made in the Action Plan and the Pan-Canadian Framework do appear to focus on those very areas deemed to be important to local, regional and provincial health system stakeholders and their representatives.

As was the case with the first consultation conference held in Regina in October 2005, two of the most dominant issues in the discussions revolved around:

1) the need for a comprehensive Aboriginal HHR strategy in the province that would deal with both recruitment of Aboriginal health professionals and the integration of culturally appropriate care for Aboriginal peoples in the province; and
2) the very strong need to confront the complicated and complex issue of insuring that all health professionals can work to their full scope of practice in a manner that better utilizes their education, training and expertise. This was also seen as a key component of moving forward on the issue of building interdisciplinary teams to deliver care, which was itself the subject of a specific group's deliberations.

In both instances, the participants called for creating specialized fora that would facilitate policy development in these areas. The first of these issues is articulated in the objectives under Goals One and Two of the Pan-Canadian Framework. The issues of scopes of practice is encompassed in Goal Three.

Goal Four of the Framework speaks to the need for governments to ensure that a sustainable approach to HHR planning encompasses the need for safe and healthy health care workplaces. Again, the participants focussed on the issues surrounding this in a number of different ways and from a variety of angles. The conversations focussed on a number of dimensions that collectively could move the discussion about healthy health care workplaces from one of problem identification to development of strategies to reduce burnout, increase retention, lower workplace injuries and improve middle-level leadership within the system. These included:

1) more regular contact between system planners and senior management of regional authorities with the "front lines" of the system in order to ensure that there was a better understanding of how workplaces actually operated;
2) better efforts made to deal with the challenges faced by middle managers on or near the front lines of the system that were being squeezed from above and below;

3) more concentrated focus on developing leaders from the system's front lines in a manner that gives them the autonomy to make decisions for local needs; and

4) the need to ensure the better transfer of best practices across workplaces in the province.

In another replication of the discussions that took place in 2005, there was an expressed desire to make better and faster progress on developing more comprehensive, comparable and uniform data about health system performance in the province and, specifically, about HHR needs. This data also needed to be linked to better efforts to define and articulate the health needs of the population and of specific sub-populations in order to move HHR planning away from models reliant on past utilization of human and other resources. There is a clear linkage in these discussions (and in others) to concerns raised about the lack of progress in our ability to plan human resources in a manner that allows us to create the system we wanted rather simply replicating the system we already have.

Not surprisingly three separate groups focussed on the need to develop better and more collaborative planning practices across the province that engaged a broader range of actors in providing input to the decision-making processes. Again, the focus here was on the specific issues facing Saskatchewan (such as the lack of union presence in the conference, which was noted by more than one group), but also clearly resonate with the approach taken by the federal-provincial-territorial governments in the very process of moving toward articulating shared goals and objectives in the Pan-Canadian Framework.

These views were articulated again in the report of the conference rapporteur who emphasized the need to not only be clear about the progress that has been made, but also to continue to look forward in terms of incremental improvement in what can be described as a number of "wicked problems" relating to HHR planning. That being said, the rapporteur noted that despite the very different sets of interests represented in the room, there was a clear willingness to engage and a real desire to find common ground among the participants.

Conclusions

In reviewing the material produced from the conference – the reporting sheets used to summarize small group discussions, the comments made on the conference's "graffiti wall," the rapporteur's report and the formal evaluation sheets completed at the conference's conclusion – a couple of key observations can be made regarding the views, interests and expectations of stakeholders present and the progress made to date on the provincial Action Plan and the Pan-Canadian Framework.

First, while the participants did not often explicitly frame their discussions in the relatively abstract or general level of those documents, there was a clear correlation between the kinds of priorities identified in the Action Plan and the Framework and those identified by the participants themselves. The point of disjuncture, if it is to be called that at all, is one of perspective. The participants tended to speak from, in the first instance, from their own lived experiences within the health care system where the strains, stresses and contradictions of that system are a daily experience. The Action Plan and Framework, however, while very much rooted in those same stresses, strains and contradictions, speaks to the issues in a much more detached and analytical manner.

Second, both the small group discussions and the individual evaluation sheets completed by the majority of the participants make much more explicit the desire of provincial stakeholders to be engaged in the further development of the provincial Action Plan and for that engagement to be linked to the further development and refinement of a pan-Canadian approach to HHR planning. The evaluation forms especially make the linkages between developments in the province as a key piece in informing the federal-provincial-territorial discussions.

Thus, it is important to note that for many of the participants, the Pan-Canadian Framework likely remains something outside of their day-to-day concerns and that it will take work on the part of both Saskatchewan Health and Health Canada to inculcate the notion that the document, its contents and its commitments can have and indeed is having a real impact on their lived experience. The dynamics of intergovernmental negotiation and the challenges of consensus building in federal-provincial-territorial arenas, while not entirely different than the challenges of consensus building among diverse provincial stakeholders with which the participants are intimately familiar, are often seen as something entirely divorced from the day-to-day challenges of system management that the participants themselves confront.

This speaks to both the challenge and the disjuncture all too often noted between the development and the actual implementation of policy choices. At this point it remains difficult for the conference participants to draw a direct line between the goals and objectives of the Pan-Canadian Framework and changes (real or proposed) to their day-to-day work within the health care system. This is easier to do in relation to the provincial Action Plan insofar as they can see the link between that plan and announcements such as the recruitment and retention initiatives that come with actual commitments of dollars and the actual involvement of the stakeholder community through vehicles such as the Provincial Nursing Committee and the Workforce Steering Committee.

As the Framework continues to evolve and as it remains an evergreen document, it becomes incumbent on the governments involved to work more closely with each other and with stakeholders at all levels of the system to make those lines more visible to those working on the front lines. It is clear from the deliberations of the conference participants that the priorities they articulated over the course of two days were almost entirely in line with the priority goals and objectives articulated in both the Action Plan and the Pan-Canadian Framework. The challenge is that how this alignment will make for concrete change in the near- and medium-term remains unclear to many of the participants. Yet the very fact that the alignment exists gives federal, provincial and territorial governments a basis on which to build those lines of communication and engagement.

Appendix 1. Conference Agenda

HEALTH HUMAN RESOURCE PLANNING IN SASKATCHEWAN: CONSULTATION CONFERENCE

February 27 and 28, 2007
Delta Hotel and Convention Centre, Regina, SK

February 27

11:00 am to 12:00 pm – Registration
12:00 pm to 1:00 pm – Lunch
1:00 pm to 1:30 pm – Introduction

- Conference Overview (Tom McIntosh, CPRN)
- Opening Prayer (Elder Florence Carrier, Piapot & Sakimay First Nations)

1:30 pm to 2:45 pm – Pan-Canadian and Provincial Developments

- The Pan-Canadian HHR Framework (Bentley Hicks, Health Canada)
- Provincial developments in HHR planning (Bonnie Blakley, Saskatchewan Health)

2:45 pm to 3:00 pm – Coffee Break
3:00 pm to 3:45 pm – Roles and Responsibilities in Provincial HHR Planning (Jim Fergusson, Echo Management Consultants)
3:45 pm to 5:00 pm – Town Hall Session
Facilitated discussion on the three presentations
6:30 pm – Conference Dinner

- Welcome from Hon. Len Taylor, Minister of Health, Saskatchewan
- Blessing (Elder Florence Carrier, Piapot & Sakimay First Nations)

February 28

8:30 am to 8:45 am – Overview of Day Two
8:45 am to 10:00 am – Break Out Session #1

- Pan-Canadian & Provincial Processes – Developing the Priorities

10:00 am to 10:15 am – Coffee Break
10:15 am to 11:00 am – Report Back to Plenary Session
11:00 am to 12:15 pm – Break Out Session #2

- Acting on Priorities – Who Does What?

12:15 pm to 1:00 pm – Lunch
1:00 pm to 1:45 pm – Report to Plenary Session
1:45 pm to 2:15 pm – Rapporteur's Report and Reaction (Arlene Wortsman, CPRN)
2:15 pm to 3:30 pm – Information Session on Saskatchewan's New Retention Program (Dawn Martin, Saskatchewan Health)
3:30 pm – Closing Comments and Conference Adjournment

Appendix 2. List of Participants

Last Name	First Name	Organization
Anholt	Susan	Saskatchewan Dental Assistants Association
Antosh	Susan	Saskatchewan Association of Health Organizations
Ayers	Nola	Five Hills Health Region
Bailey	Chris	Saskatchewan Association of Licensed Practical Nurses
Bailey	Dr. Kent	Saskatchewan Association of Naturopathic Practitioners
Beaton	Debbie	Regina Qu'Appelle Health Region
Bellegarde	Jean	Saskatchewan Health, Workforce Planning Branch
Bird	Bobbie	Standing Buffalo Dakota
Blakley	Bonnie	Saskatchewan Health, Workforce Planning Branch
Boczulak	Dave	Advanced Education & Employment
Bradstreet-Metallic	Mary	Prince Albert Grand Council
Brunskill	Donna	Saskatchewan Registered Nurses Association
Carrier	Elder Florence	Piapot & Sakimay First Nations
Cripps	Sandra	Saskatchewan Health, Workforce Planning Branch
Dean	Brenda	University of Saskatchewan
Denis	Irene	Prairie North Health Region
Denysek	Christina	Sunrise Health Region
Digney Davis	Lynn	Saskatchewan Health, Workforce Planning Branch
Dorion	Armand	
Dorion	Nancy	First Nations University of Canada
Dreaver	Lorette	Big River First Nation
Dufresne	Ron	Saskatchewan Emergency Medical Services Association
Dyck	Netha	SIAST, Kelsey Campus
Ehman	Don	Sun Country Health Region
Enns	Brett	Prince Albert Parkland Health Region
Ewanchuk	Ray	Prince Albert Parkland Health Region
Fergusson	Jim	Echo Management Consulting Inc.
Fourhorns	Jaynie Lee	Saskatchewan Health, Workforce Planning Branch
Friesen	Erin	Cypress Health Region
Gallagher	Roberta	Sherbrooke Community Centre
Graham	Dr. Todd	College of Dental Surgeons of Saskatchewan
Gray	Brenda	Saskatchewan Health, Workforce Planning Branch
Greyeyes	Deanna	Muskeg Lake First Nation
Halland	Susan	Mamawetan Churchill River Health Region
Harder	Dr. Scott	Chiropractors Association of Saskatchewan
Haysom	Angelique	Saskatchewan Health, Workforce Planning Branch
Heska-Willard	Darlene	Advanced Education and Employment
Hicks	Bentley	Health Canada

Last Name	First Name	Organization
Horejda	Natalie	Health Sciences Association of Saskatchewan
Hornell	Jim	Cypress Health Region
Hubble	Carolyn	Advanced Education and Employment
Hunchak	Jackie	Northern Health Strategy
Hutton	Donna	Canadian Council on Health Services Accreditation
Isbister	Rose	Canadian Union of Public Employees
Jamieson	Diane	Sunrise Health Region
Johnston	Jason J.	Gabriel Dumont Institute
Joubert	Raymond J.	Saskatchewan College of Pharmacists
Kasset	Dr. Suresh	College of Physicians & Surgeons of Saskatchewan
Kellen	Joy	Saskatchewan Registered Nurses Association
Keller	Lori	St. Peter's Hospital
Kirwan	Joe	Sunrise Health Region
Klassen	Joleen	Saskatchewan Health, Workforce Planning Branch
Knaus	Ron	Saskatchewan Health, Workforce Planning Branch
Langgard	Randy	Government of Saskatchewan Executive Council
Layne	Judy	Saskatchewan Institute of Applied Science and Technology
Lefebvre	Dr. Maureen	College of Dental Surgeons of Saskatchewan
Lieshitz	Judy	Health Canada - First Nations Inuit Health Branch
Lindstrom	Jane	Regina Qu'Appelle Health Region
Longpre	Donna	Prince Albert Parkland Health Region
Luti	Mike	Saskatchewan Health, Workforce Planning Branch
Lyons	Sharon	Saskatchewan Health, Regional Accountability Branch
MacDonald	Mary	University of Saskatchewan, College of Nursing
Malcolm-Robinson	Alicia	Health Canada
Martin	Dawn	Saskatchewan Health, Workforce Planning Branch
McIntosh	Tom	Canadian Policy Research Networks Inc.
Mileto	Joe	Health Canada
Morin	Chief Bruce	Big River First Nation
Newman	Karen	Saskatoon Health Region
Nielsen	Tracie	Prairie North Health Region
Oakes	Larry	Regina Qu'Appelle Health Region
Oleksinski	Dr. Stan	Westhill Medical Clinic
Olineck	Beverly	Santa Maria Senior Citizens Home
Ostryzniuk	Linda	Salvation Army William Booth Special Care Home
Padbury	Reg	Saskatchewan Cancer Agency
Pajunen	Sheila	Heartland Health Region
Pellerin	Sonja	Prairie North Health Region
Philippon	Dr. Don	Saskatchewan Academic Health Sciences Network
Pointer	Byron	Saskatchewan Association of Health Organizations
Racette	Joyce	Regina Qu'Appelle Health Region

Last Name	First Name	Organization
Rivard	Al	Mamawetan Churchill River Health Region
Roberts	Melanie	North West Regional College
Robertson	Doug	Canadian Policy Research Networks Inc.
Rybinski	Joe	Kelsey Trail Health Region
Sanders	Larry	First Nations Inuit Health Branch
Sandiford	Jeannette	Saskatchewan College of Pharmacists
Sawatzky	Joan	University of Saskatchewan, College of Nursing
Schoeck	Jennifer	Métis Addictions Council of Saskatchewan Inc.
Shearer	Robert	Health Canada
Smadu	Dr. Marlene	University of Saskatchewan, College of Nursing
Standingready	Darlene	White Bear Health Station
Stremel	Bruce	Regina Qu'Appelle Regional Health Authority
Tant	Calvin	Sun Country Health Region
Taylor	Minister Len	Saskatchewan Health
Todd	Deborah	Saskatchewan Health, Workforce Planning Branch
Tokaruk	Sandra	Saskatchewan Association of Licensed Practical Nurses
Torgerson	Renée	Canadian Policy Research Networks Inc.
Towriss	Vicki	Saskatoon Health Region
Urbanowski	Reg	Advanced Education and Employment
Visvanathan	Raman	Advanced Education and Employment
Wall	Ronald	Public Health Agency of Canada, Office of Public Health Practice
Watts	Cathy	Saskatchewan Physiotherapy Association
Windrum	Del	Saskatchewan Society of Medical Laboratory Technologists
Woods	Melanie	Saskatoon Convalescent Home
Wortsman	Arlene	Canadian Policy Research Networks Inc.
Wright	Wendy	Advanced Education and Employment
Young	Bernie	Saskatchewan Association of Health Organizations
Yung-Hing	Stephanie	Human Resources and Social Development Canada

Appendix 3. Conference Evaluation Form and Results

Evaluation Form

Please answer the following on the following scale:

(1) strongly disagree
(2) somewhat disagree
(3) neither agree nor disagree
(4) somewhat agree
(5) strongly agree

About the Conference

1. Overall, participation in conferences of this type is important for the organization I represent. ____

2. Conferences such as this are an important part of the development of the Saskatchewan HHR Action Plan. ___

3. Overall the format of the conference had an appropriate balance between formal presentations and time for discussion amongst participants. ____

4. More information sessions and presentations would have been useful. ____

5. More small group discussions would have been useful. ___

6. The background material provided in advance of the conference was useful for setting the stage for the presentations and discussions. ____

7. The professional facilitators and conference hosts were helpful in keeping the discussions on-track and focussed on the issues under discussion. ___

8. Generally I felt that the conference provided me an opportunity to have the views of my organization heard by other stakeholders and the government. ___

9. Overall the conference provided a good opportunity to have input into the issues facing HHR in the province of Saskatchewan. ___

Evaluation Results

	Counts for Each Ranking						
Question	**1**	**2**	**3**	**4**	**5**	**Average Score**	**% 4 or 5**
Organization	1			8	34	4.7	**98**
Importance of event	1	1	1	4	37	4.7	**93**
Format balance		1	7	25	11	4.0	**82**
More information sessions	4	8	14	10	5	3.1	**37**
More small group discussion	2	6	17	10	8	3.4	**42**
Background material		4	11	17	13	3.9	**67**
Facilitation	2	4	5	15	18	4.0	**75**
Opportunity to be heard	1	3	7	15	18	4.0	**75**
Overall Rating	**1**		**7**	**16**	**20**	**4.2**	**82**

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