

CANADA: BACKGROUND PAPER 15th IHWC CONFERENCE 2015 COUNTRY ROUNDTABLE 13 May 2015



Introduction

- Canada is made up of 10 provinces and 3 territories with a population of over 35 million.¹
- Canada has a publicly funded health care system that is largely administered by its provinces and territories.
- As health care is delivered by the provinces and territories, health human resources planning had historically been conducted by each jurisdiction individually. However, since 2003 efforts have been made at the federal/provincial/territorial level to develop a collaborative strategy that will enable better evidence based pan-Canadian health human resources planning.
- The Committee on Health Workforce is a national forum for strategic discussion, information sharing, and action on priority federal/provincial/territorial health workforce issues. The Committee on Health Workforce provides policy and strategic advice to the Conference of Deputy Ministers of Health on health workforce issues including the planning, organization, and delivery of health services. Members of the Committee on Health Workforce consist of Assistant Deputy Ministers or equivalents responsible for health workforce of their respective province/territory.
- The remaining section of this paper will address the roundtable questions as it pertains to the Committee on Health Workforce's work.

Roundtable Questions

- 1. *Transitions from the last conference: What changes, if any, have happened in the national health workforce planning landscape in your country since the last meeting?***

¹ Statistics Canada, Canada's population estimates, fourth quarter 2014: Accessed on May 6, 2015
<http://www.statcan.gc.ca/daily-quotidien/150318/dq150318c-eng.htm?HPA>

Since the 2013 International Health Workforce Collaborative meeting, two new task forces were created under the Committee on Health Workforce regarding team-based models and health human resources management.

In January 2015 the Committee on Health Workforce hosted “*From Innovation to Uptake: A Team-Based Models Summit*”. This multi-stakeholder meeting was designed to promote the uptake of team-based models; explore the potential of team-based models to positively impact the patient and provider experience; and build strong learning-centered relationships among the Canadian health provider community.

2. The Basics: What is the scope of this work? When did it start? How many full-time equivalents are allocated to this work? What are the key skill sets needed to set up/maintain a national health workforce planning effort?

The Committee on Health Workforce was established in 2012.

The Committee on Health Workforce is co-chaired by the Assistant Deputy Minister of Health Canada’s Strategic Policy Branch and a provincial Assistant Deputy Minister that rotates annually among the provincial/territorial members. The administration of the Committee on Health Workforce is supported by a secretariat from Health Canada’s Health Human Resources Policy Division

Work to address various health workforce issues are undertaken by the Committee on Health Workforce’s task forces and working groups. This work reflects to some degree the health workforce priorities at a pan-Canadian level.

As of April 2015, the following task forces and working groups have been set to address various health workforce priorities:

Task Force or Working Group	Focus of Work
Internationally Educated Health Professionals Task Force	Provides the Committee on Health Workforce, the Foreign Qualification Recognition Working Group, and federal departments such as Citizenship and Immigration Canada with leadership, analysis and advice on the issues and trends impacting internationally educated health professionals. This includes informed recommendations and guidance on potential policy directions within the larger health human resources context.
Principal Nursing Advisors Task Force	Provides advice on policy, programs, and initiatives in support of effective and optimal utilization of nursing knowledge, skills and expertise. Pan-Canadian nursing human resource planning and nursing education are the current priorities of this task force.
Physician Resource Planning Task Force	Work is focused on advancing a recommendation from the Future of Medical Education in Canada Postgraduate Project Report to “ensure the right mix, distribution and number of physicians to meet societal needs”.

Team-Based Models Task Force	Explore innovative models of team-based care which have demonstrated improved patient-centered care and value through enhanced access, integration and optimizing the skills and scopes of practice of the health care professionals.
Health Human Resource Management Task Force	Support provincial/territorial and pan-Canadian health human resources planning efforts.
Health Labour Relations Working Group	Plan a joint meeting of the Committee on Health Workforce members and officials responsible for physician negotiations to discuss areas of common interest and areas of potential federal/provincial/territorial collaboration.
Health Professions Credentials Working Group	Work collaboratively to review, assess and provide recommendations on formal requests for changes in entry-to-practice credentials as well to serve as a national forum for information exchange and knowledge transfer on matters related to scopes of practice, initial regulation of a health profession within any jurisdiction and other matters of common interest related to changes in credential for regulated health professions.

3. Sustainability: What is the length of current funding cycle for this (these) health human resources body (bodies)? To what degree is existence tied to political will? Are there other sustainability issues besides funding/politics?

The Committee on Health Workforce’s work plan and budgets for its task forces and working groups are reviewed and approved by the Conference of Deputy Ministers on an annual basis.²

4. Mission/Current Topics: Who decides what health workforce issues will be the focus of work? What are the current issues of most interest to the health human resources body (bodies)? What are the challenges for workforce planning in a rapidly changing health system in each country?

The Committee on Health Workforce’s primary mandate is to provide policy and strategic advice to the Conference of Deputy Ministers. As such, the Committee on Health Workforce’s work will be influenced by requests from the provincial Deputy Ministers of Health. For example, the Physician Resource Planning Task Force was established to support a Deputy Ministers of Health/Deans of Medicine Working Group. This work focuses on advancing a recommendation from the Future of Medical Education in Canada Postgraduate report, “to ensure the right mix, distribution and number of physicians to meet societal needs”.

² The Conference of Deputy Ministers of Health is an in-person meeting of federal/provincial/territorial deputy ministers. This meeting is usually held twice per year. These meetings allow deputy ministers from across the country to gather to discuss issues of national importance. Their discussions help to inform the annual federal/provincial/territorial Health Ministers’ Meeting.

The mandate of this task force is to advance:

- A process for addressing physician imbalances across identified specialties.
- A pan-Canadian physician planning tool to better understand the complexities of physician supply.
- Accurate information to support decision-making by those considering and currently pursuing medical education, both in Canada and abroad.

The challenges that Canada faced with workforce planning are largely geographical and structural. With a land mass that is equivalent to the European continent; there is a challenge to ensure a balanced supply of the health workforce throughout various regions of the country. As well, since health care is delivered by provinces and territories, jurisdictions have their own unique workforce planning challenges to address. A forum such as the Committee on Health Workforce and the creation of the Physician Resource Planning Task Force is important to help foster a collaborative approach to planning.

5. *Data: What workforce data are collected for health human resources planning purposes? What health professions are represented in this data? Who collects this information and where is it housed? What data use/data confidentiality/integrity issues are most salient?*

The **Canadian Institute for Health Information's** Health Workforce Database houses the most comprehensive data on the Canadian health work force. This database has information on 31 groups of health care professionals, including practice setting, regulatory environment, supply, and demographic, education and employment characteristics.

Individual jurisdictions may also have provincial health workforce data. For example, Ontario has the Ontario Physician Human Resources Data Centre which collects information on Ontario physicians in practice and in training, and Ontario's Health Professions Database which collects standard, consistent and comparable data for 24 regulated health professions in Ontario.

6. *Analysis: What types of analyses and modeling are done? How do the national health workforce centers approach health human resources analysis and planning beyond the traditional quantitative approaches (e.g. doctor to population ratios) to factor in other components such as overlapping scopes of practice, flexible use of workforce etc.?*

At present, Canada does not have national health workforce modelling tools. This is one of the reasons for establishing the Physician Resource Planning Task Force.

Several provincial governments have developed physician health workforce models, which are used for planning and analytical purposes. Some provinces are also developing models for other health care providers. For example, Ontario is developing a nurse forecasting tool that will incorporate supply, demand, and need.

The Canadian Institute for Health Information maintains databases and publishes aggregate supply statistics for several health care provider groups. They use their databases to

develop special topic reports and also serve as a data source for health workforce studies conducted by researchers outside of The Canadian Institute for Health Information.

Notwithstanding Canada's relatively limited national level outputs, provincial research centers, like Ontario's Institute for Clinical Evaluative Sciences, have produced numerous in-depth health workforce studies. Moreover, the Canadian Academy of Health Sciences' new report entitled "Optimizing Scopes of Practice" may be an early signal of increased research on overlapping and complimentary scopes of practice.

- 7. Audience/Authority to Implement: Who is the primary audience for workforce data/analysis/reports? How do they use the information? Is the national planning body purely advisory or do other agencies have to follow its recommendations? Given sub-national (i.e. state/provincial) responsibility for the delivery of care in certain International Health Workforce Collaborative countries, how does the national entity address governance and what authority, if any, do they have?**

The information and deliverables produced by the Committee on Health Workforce's various task forces and working groups are informational to inform discussions on pan-Canadian health human resources issues. They are not intended to be prescriptive and jurisdictions are not bound to act upon the information.

- 8. Dissemination: How is the work of the workforce planning body disseminated? In what types of formats is the information presented so that it is most useful for the intended audience? What has worked well and not so well for disseminating findings and recommendations?**

The Committee on Health Workforce's task forces and working group provide updates to the Conference of Deputy Ministers. This may be in the form of reports, presentations, or in some cases a product related to a deliverable. For example, in regards to the Physician Resource Planning Task Force's work to produce information that can support decision making of those considering a career in medicine, an online resource called FutureMD is being developed.

- 9. Geography: What are the workforce policy levers that require a national-level health workforce planning entity? What are sub-national (provincial, state, regional) workforce policy questions that require health workforce planning? How do sub-national health workforce planning entities, if they exist, relate to the national WFP body? To what degree are regional concerns taken into account (e.g. provincial planning in Canada and trauma centers in the United States.)?**

Provincial/territorial governments hold primary responsibility for health care delivery and workforce planning in Canada. The approach to planning varies across jurisdictions.

The Committee on Health Workforce is the main forum in which federal/provincial/territorial governments interact on health workforce matters.

The Physician Resource Planning Task Force was created to help bring medical educators and national organizations into federal/provincial/territorial discussions for physician workforce planning.

10. Collaborators: Who are the key partners and what is the value/nature of partnership to federal workforce planning entity? To what degree does the health workforce planning process include the professional associations, Funders (e.g. government, insurance companies)?

The membership to the Committee on Health Workforce's task forces/working groups generally included provincial/territorial ministry and federal Health Canada representatives. Some groups include representatives from other national organizations or other government agencies. For example:

- **The Physician Resource Planning Task Force** is a multi-stakeholder group with representatives from federal, provincial and territorial governments, national stakeholders, medical educators and learner organizations.
- **The Principal Nursing Advisors Task Force** has representatives from principal nursing advisors in each provincial/territorial ministry, Health Canada, Canadian Forces, Correction Services Canada, Public Health Agency of Canada and Veterans Affairs Canada.
- **Team-Based Models Task Force** has representatives from various provincial/territorial ministries, Health Canada, Canadian Medical Association, Canadian Nurses Association, Health Action Lobby, Canadian Pharmacists Association, and the Paramedic Association of Canada.

11. Competition: Are there other organizations with WFP missions in the country? How do they collaborate or compete with national WFP body?

There are no national level organizations with mandates that compete with the Committee on Health Workforce's mandate. However, there are organizations that produce reports which help inform emerging health workforce issues. The following section provides some examples of reports and activities that have emerged since the last International Health Workforce Collaborative meeting.

In 2013, the **Royal College of Physicians and Surgeons of Canada** released the results of a comprehensive, national workforce study focusing on the growing number of newly certified specialist physicians who have trouble finding work in their specialties. A National Physician Employment Summit was convened in February 2014, mobilizing efforts to improve health workforce planning and to address physician employment challenges. The summit was pan-Canadian in scope and drew in more than 100 attendees, including representatives from government and all of Canada's major medical organizations. A second Summit will take place in the fall of 2015 to exchange best practices and progress reports, as well as to develop an action plan that will streamline and coordinate efforts to address physician un- and under-employment.

In 2012, the **Canadian Academy of Health Sciences** commissioned the Canadian Health Human Resources Research Network to study scopes of practice that will be most effective in supporting innovative models and transforming the health care system. In October 2014, study results were published in a report entitled, "Optimizing Scopes of Practice: New Models of Care for a Transformed Health System". The study's co-chairs summarized the report as follows:

“..the report calls for a new approach towards determining scopes of practice based upon community need. This approach would empower the collaborative practice team to determine the relative responsibilities of the different practitioners and the team would be held accountable through an accreditation process within a professional regulatory environment”.

In October 2014, the **Canadian Health Human Resources Network** hosted the Canadian Health Workforce Conference. This was the first pan-Canadian health human resources-focused conference Canada has had since 2007. Participation was cross-cutting, with representatives from government, the health professions and academia. The conference highlighted health human resources research throughout Canada and featured programming targeted to graduate students. The Canadian Institute for Health Information contributed financial and planning support, along with almost a dozen other agencies. The Canadian Health Human Resources Network is planning a second Canadian Health Workforce Conference for the fall of 2016.