

**COMPLEX, INNOVATIVE AND PRODUCTIVE:
A SNAPSHOT OF CANADA'S HEALTH
SERVICES SECTOR**

**Brief on Review of Canada's Service Sector
Submitted to the House of Commons Standing
Committee on Industry, Science and Technology**



Canadian Healthcare Association

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Executive Summary:

The Canadian Healthcare Association (CHA) promotes the need for a clear and vibrant voice on Health Human Resource (HHR) policies and appreciates the opportunity to contribute to the deliberations of the House of Commons Standing Committee on Industry, Science and Technology concerning health service issues in Canada. Our policy brief outlines important issues regarding Canada's health workforce and provides insights to ensure that our publicly funded health system can continue to provide the best possible health services for all Canadians.

CHA is the federation of provincial and territorial hospital and health organizations across Canada. Through our members, CHA represents a broad continuum of services, including acute care, home and community care, long-term care, public health, mental health, palliative care, addiction services, children, youth, and family services, and housing services. These services are provided through regional health authorities, hospitals, and other facilities and agencies that serve all Canadians and are governed by trustees who act in the public interest. CHA recognizes the undisputed necessity of achieving a stable health workforce with the right number, mix and distribution of workers in the health service sector, in order to provide reasonable access to high quality care for all Canadians.

CHA recognizes the valuable work that all levels of government are doing and have done to sustain our publicly-funded health system and to ensure that Canadians continue to have reasonable access to high quality care, and to position Canada as a world leader in health research and innovation. A major part of sustaining our publicly-funded health system involves focusing on the people who provide care, including the many groups of professionals, managers and leaders, and providers of support services. We believe that it is critical for government to make health human resources a priority in light of the: 1. the health workforce constitutes approximately 10% of the Canadian workforce; 2. providing an efficient, effective and safe health system makes up a significant portion of health spending; 3. the health system is a powerful driver of the Canadian economy; and 4. the supply of the health workforce is facing a national and global shortage.

Governments and health system stakeholders should work to build the capacity to adequately anticipate and accommodate changes in the health system. Planning for changes that have an immediate and direct impact on HHR planning, and promoting health research, will aid in ensuring healthy workplaces and health services. To guide decisions around HHR planning, all governments and health system stakeholders should significantly invest in data and information for modeling HHR planning, including the development of reliable information on current and future needs regarding health providers and population health. Governments and health system stakeholders must address

issues related to sustaining and enhancing the health workforce including educational system capacity; quality of clinical or practical training; job satisfaction; recruiting and retaining all health sector workers, licensure and regulation, as well as recruiting, assessing and integrating foreign-trained providers.

HHR issues, like other issues in Canada's health system and political landscape, are complex and difficult to address. CHA is committed to working with – and advocating for – all health system stakeholders in discussing, addressing and resolving critical issues involved in achieving a stable health workforce that has the right number, mix and distribution of health sector workers, and we look forward to continually working with governments in this endeavor. In so doing, we will ensure the appropriate and high quality care that Canadians expect and deserve.

1.0 Introduction

The Canadian Healthcare Association (CHA) promotes the need for a clear and vibrant voice on Health Human Resource (HHR) policies. We appreciate the opportunity to contribute to the deliberations of the House of Commons Standing Committee on Industry, Science and Technology concerning employability issues facing the health service sector in Canada. Our policy brief outlines important issues regarding Canada's health workforce and provides insights to ensure that our publicly-funded health system can continue to provide the best possible health services for all Canadians.

1.1 CHA's Role in Health Human Resource (HHR) Deliberations

CHA is the federation of provincial and territorial hospital and health organizations across Canada. Through our members, CHA represents a broad continuum of services, including acute care, home and community care, long-term care, public health, mental health, palliative care, addiction services, children, youth, and family services, and housing services. These services are provided through regional health authorities, hospitals, and other facilities and agencies that serve all Canadians and are governed by trustees who act in the public interest.

CHA is a leader in developing, and advocating for, health policy solutions that meet the needs of Canadians and is committed to a publicly funded health system that provides access to a continuum of comparable health services throughout Canada. Given that CHA is the national voice for trustees and managers of health organizations employing most of the health services workers in Canada, one of our major areas of commitment involves addressing human resource issues in the health sector. CHA recognizes the undisputed necessity of achieving a stable health workforce with the right number, mix and distribution of health providers, in order to provide reasonable access to high quality care for all Canadians.

The CHA Board of Directors has identified HHR priorities and outlined policy positions to support the delivery of quality health services. These positions address the areas of healthy workplaces, anticipating and planning for changes in the health system, data and information for modeling HHR planning and entry to practice. In addition, CHA surveyed its provincial and territorial members – who are key national stakeholders – to identify some of the more urgent human resource issues facing this sector. Our recommendations and insights outlined in this brief are based on the priorities and concerns expressed by them.

2.0 Numbers and Statistics

- In 2006, just over 1 million people across Canada, or 1 in 10 employed Canadians, worked in the health system; this represents 6% of the total

- Canadian workforce and indicates that it is one of the major employment industries in Canadaⁱ.
- In 2007, Canada spent \$160 billion on health care. It is estimated that between 60 and 80 cents of every health care dollar in Canada is spent on HHR. In other words, of the \$160 billion, \$96 to \$128 billion went towards HHR.ⁱⁱ
 - According to Statistics Canada, the monthly gross domestic product (GDP) for health services in November 2007 was \$67.9 billion (5.5% of the GDP). This captures health care as a service industry, but health has a large professional, scientific and technical component as well. If one includes pharmaceutical and medicine manufacturing as well as medical equipment and supplies manufacturing, the amount contributed to the GDP for health services and health manufacturing in 2007 would increase by an additional \$5.2 billion (to a total of 5.9% of the GDP). Thus, the health sector is a significant component of the Canadian economy.ⁱⁱⁱ

3.0 General Health Human Resource (HHR) Issues

Health care continues to be a top priority for all Canadians. A major part of sustaining our publicly-funded health system involves focusing on the people who provide care, including various groups of professionals, managers and leaders, and providers of support services (e.g., information management, housekeeping, dietary etc.). We need to focus on health providers and workforce issues because of challenges related to:

- Aging population and workforce
 - Retention and recruitment
 - Absenteeism
 - Healthy workplaces
 - Generational and gender issues
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- Human resources are a critical element in the functioning of our health system and are essential for high quality service delivery. The Canadian Institute for Health Information (CIHI) has examined the issue of the number of health care providers, the mix of these providers and the nature of the work that they perform. This brief will not attempt to review the work of CIHI but will instead focus on the challenges identified above.
 - Canada is not alone in having a shortage of health service providers. The World Health Organization estimates that worldwide, there is a shortage of more than four million doctors, nurses, midwives and other providers, and that there needs to be a 70 per cent increase in the world's health workforce to address current and projected shortages^{iv}. Current Organisation for Economic Co-operation and Development (OECD) data indicates that Canada has a lower rate of physicians per 1,000 population than all but four OECD countries, and that the number of nurses per 1,000

- population in Canada has decreased from 11.1 in 1996 to 9.9 in 2004^v. Other health professions are experiencing similar rates of decline.
- Research suggests these numbers will only worsen in the coming years due to an aging population and workforce, natural attrition, insufficient numbers of health provider graduates, and declines in foreign-trained professionals^{vi}. Health services providers are a mobile workforce, crossing provincial, territorial and national borders^{vii}, further compounding the problem of shortages in under-serviced regions of the country such as rural or remote areas. The supply of the HHR workforce must be addressed in order to ensure the sustainability of the Canadian health system.

4.0 Priority Health Human Resource (HHR) Challenges

4.1 Aging Population and Workforce

Canada's population is aging; by 2026 Canadians over the age of 65 will form 22% of the total population up from 13% in 2005 and just over 8% in 1971^{viii}. Seniors constitute the fastest growing population group in Canada. The aging population will not only reduce the number of employed individuals providing care, but will also create new demands on the health system through increases in the level of chronic illness, greater use of continuing and community care, and more limitations on everyday activities due to physical, psychological or other health related conditions.

The average age of individuals in Canadian health occupations was 41.9 years in 2005 – this is 2.3 years older than the average age of the general Canadian workforce. The younger-age occupations include such groups as rehabilitation professions. Some of the older occupations include physicians, dentists, nurses, and health care system managers. For example, the proportion of nurses in the 20-34 age range has steadily declined in the last 20 years. Approximately 38% of the nursing workforce is over 50 years of age.^{ix}

Though we know the demographics of health care providers such as gender and age, we do not know their reasons for choosing retirement, nor do we know if the choice to retire could be delayed if various options such as part-time hours or mentorship roles were readily available. More research is needed in this area.

The workforce also includes a large body of volunteers. It is estimated that 1.7 million Canadians provide unpaid care to 2.3 million seniors; many have no choice but to be absent from the workplace to provide this care. This care saves the health system \$5 billion annually, but is a cost to the economy.^x

Home care workers are a growing body – underpaid, undervalued, high turnover – further compounded by a lack of standards and training.

CHA recommends:

- Federal/Provincial/Territorial governments should undertake research to identify retirement profiles for different health sector workers and the reasons for workers exiting the health system.

4.2 First Nations, Inuit and Métis Population and Workforce

According to population projections, the Aboriginal population could account for roughly 4.1% of Canada's population by 2017 when the nation celebrates its 150th anniversary. Under scenarios considered for these projections, between 1.39 million and 1.43 million persons could belong to one of the three Aboriginal groups: First Nations, Métis and Inuit.

Census data from Statistics Canada have shown that the Aboriginal population is growing much faster than the total population. The Inuit population will have the fastest rate of growth, about 2.3%, compared with 1.9% for the First Nations population and 1.4% for the Métis - twice the rate of 0.7% for the general population.^{xi}

The average age of Aboriginal population is about 12 years younger than that of the Canadian population, yet a trend toward aging is evident.

The highest concentration of the Aboriginal population in 2001 was in the Prairies and in the North. This distribution is not expected to change during the next 12 years. Our members have identified an urgent need to promote health professions and health sector employment in this group in order to ensure the appropriate supply of mix and distribution of First Nations, Inuit and Métis health human resources. It is incumbent on all levels of government to provide resources to achieve and maintain an adequate supply of health care providers from these populations who are appropriately educated. In addition, the educational curricula for health sector workers should be adapted to ensure cultural competence of individuals providing health services to First Nations, Inuit and Métis people.

CHA recommends that:

- All levels of government should provide resources to achieve and maintain an adequate supply of health care providers from these populations who are appropriately educated.
- The educational curricula for health sector workers providing health services to First Nations, Inuit and Métis people should be adapted to ensure cultural competence of graduates.

4.3 Retention and Recruitment

To begin, we need to state that some health professions have based on need, chosen to reduce the number of graduates while other professions cannot produce enough graduates to keep pace with job vacancies. We have a shortage of training seats, and compounding this, we know that not all students who enroll in these areas complete their studies or training. Some of the reasons that may contribute to drop out include financial circumstances, personal health, and time commitments. Because students switch from one institution to another or one program to another, attrition rates in these areas are hard to determine.

Health occupations have consistently had the lowest unemployment rate among all occupations in Canada which is an indication that the demand is strong and the supply is weak. In 2006, the unemployment rate for all occupations in Canada was 6.3%; however, the rate for health occupations was 1.2%.^{xii} In robust provincial economies, tight labour markets make it difficult to recruit the full range of workers required in the health care system. Further, wages tend to vary by province, territory or region creating disparities. Some provinces have been losing workers to outmigration. Health workers tend to be more mobile than the general worker population. Retention initiatives are, therefore, critical. Global worker shortages exacerbate this issue.

Some provinces are taking innovative approaches to recruitment by providing bursaries to students to study in other provinces in return for signing a return for service agreement. In addition, some provinces buy seats in programs that don't exist in their province or territory. In an attempt to recruit and retain local workers, many provinces and territories are setting up training centres that are located close to the areas of potential employment and are providing incentives such as tuition subsidies and premium pay incentives. These types of incentives are particularly important in sustaining the workforce in rural and remote settings.

One method to retain health care graduates is to train them in their local region. Nunavut currently offers a nursing program through Nunavut Arctic College. Part of the Nunavut Nurse Recruitment & Retention Strategy involves graduating more Inuit nurses through the nursing program. There is however a need for more mentors who can bridge the gap between graduates leaving the classroom and being productive in healthcare setting either in a facility or in the community.

^{xiii}

The outlook for health professionals in particular in rural and remote communities is bleak unless the health system in these areas is able to attract more full-time permanent healthcare staff and retain them.

CHA recommends:

- Additional financial support for students with reduced financial capacity.

- All levels of government should design and foster a strategy designed primarily to increase the number of local graduates in the health sector in the hope that these graduates will work close to home.
- The federal government should work with provincial/territorial governments to improve retention of health workers who provide services to First Nations, Inuit and Métis.

Other issues that relate to retention include job satisfaction, a healthy workplace, continuing education, and the creation of mentorship roles.

An example of one strategy for retaining nurses is the Late Career Initiative launched by the Ministry of Health and Long-Term Care in Ontario, to encourage nurses over 55 to stay in the profession. Under this program, nurses over 55 focus more on teaching and mentoring, rather than on more physical front-line nursing. Staff and patients benefit from the knowledge and experience of nurses who might otherwise have retired.

It is important for governments, unions, and professional organizations to cooperate in developing mentorship programs to retain skilled and knowledgeable workers in the system and to support younger workers with the benefit of experience gained by older workers.

4.4 Absenteeism

Over the last 20 years, health care workers have had a higher average number of lost work days compared to the rest of the working population. On average, the typical Canadian health care worker missed almost 12 days of work due to illness or disability; this compares to an average of 7 missed days of work for the general Canadian workforce.^{xiv}

The nurses had the highest average number of days lost to illness or disability (14.4 days). An analysis by the Canadian Nurses Association found that on an annual basis, time lost due to illness or injury totaled in excess of 17 million hours, the equivalent of 9,754 full-time nursing positions.^{xv}

4.5 Healthy Workplace

A growing amount of research and anecdotal evidence shows that a healthy workplace maximizes the health and well-being of employees, makes health care organizations employers of choice and increases quality care outcomes and organizational performance. Unhealthy workplaces can result in absenteeism, difficulties filling vacancies, fewer people entering health professions and more people exiting the system for alternate careers or retirement. Health system research on workplace health indicates job dissatisfaction can be related to such things as work pressures and load, job security, workplace safety and violence,

lack of support from management, poor continuing education opportunities, insufficient autonomy, remuneration, and recognition.

Improving the quality of work life in health service organizations is one of the best ways to strategically address a broad range of health human resources challenges, and to improve health care delivery, patient safety, and organizational efficiency and performance. Factors such as strong leadership, respect and support from management and coworkers, and reasonable workloads, must all become key priorities in the organization of health human resources. Leaders of 10 national organizations partnered to “coordinate, integrate and sharing learning aimed at more effectively and more expeditiously improving the quality or worklife in healthcare.” CHA is a partner in the Quality Worklife Quality Healthcare Collaboration (QWQHC). CHA recommends key actions for addressing healthy workplace issues:

- Federal/Provincial/Territorial governments should support the establishment of a central clearinghouse of information and best practices related to healthy workplaces.
- Federal/Provincial/Territorial governments should overtly support the implementation of the QWQHC pan-Canadian strategy to promote healthy workplaces.
- Federal/Provincial/Territorial governments and other health system stakeholders should work cooperatively to establish consensus around indicators to measure and compare workplace health.
- Health system stakeholders should promote the use of the accreditation process to encourage and distinguish healthy workplaces.

4.6 Generational and Gender Issues

In 2005, health occupations ranked fourth out of ten industry categories in the number of women employed in Canada. Women have constituted 80% of the total health workforce over the last 20 years.

Female physicians occupy one third of the physician workforce and in the 20-34 age group; female physicians outnumber males. A recent report on Canada’s physician workforce suggests that the change in gender composition has had an impact on work hours and work practices. Younger female physicians have fewer work hours than male physicians; the peak work hours for female physicians were at ages 55-59 years.^{xvi}

Gender differences may be associated with different work patterns in health workplaces. One of CHA’s members noted the following: *“82% of pharmacists work in the private sector and 18% work in the public sector. Most of the pharmacists working in the public sector are women, but these individuals do not tend to return to the public sector jobs after maternity leave – they generally prefer to work part time in the private sector.”*^{xvii}

There are also generational differences. In some organizations, there may be four generations in the same workplace: Veterans, Boomers, GenX and GenY. Each generation and its constituent age groups have different expectations of work environments, hours worked, retirement, and health needs. HR planners therefore, face the challenge of how to measure and evaluate the impact of generational differences on both supply and demand of health services.

In 2005, 18% of the labour force worked part-time, in comparison with the health workforce, at 24%. Part time work is more common among midwives, dieticians, nutritionists, audiologists, psychologists and nurses.^{xviii}

These age and gender differences pose specific challenges to the employer. These include maternity leave issues, as well as a need for day care that operates on a 24/7 basis. Female workers of child bearing age often prefer part-time or shorter work weeks, and with labour shortages, this in turn lowers productivity.

CHA recommends:

- Work patterns be adapted to meet the needs of women with children.
- All levels of government should support national childcare policies to include child care twenty-four hours a day, seven days a week, for all sector workers who do shift work.
- Recruit and educate more workers to address the issues of changing work patterns.

5.0 Research and Innovation in the Health System

The 2004 First Minister's agreement noted that a strong, modern health care system is a cornerstone of a healthy economy. Investments in technology, innovation and research not only help to strengthen health care but also boost our competitiveness and productivity.

In a November 2007 report, the Association of Canadian Academic Healthcare Organizations (ACAHO) noted that over 100 medical "world firsts" had occurred in Canada's research hospitals. From 2003 to 2006, 4,245 inventions were disclosed; 311 patents and 177 provisional patents filed; 411 licenses executed; \$5.5 million in license income and \$27 million in technology transfer revenue generated; and that over 85 spin-off companies, employing more than 2,000 Canadians and generating close to \$1.5 billion in investment capital, were created between 1999 and 2006^{xix}.

The report notes that in a world characterized by increasing market competition, our economy will best grow by focusing on sectors in which Canada has a comparative advantage, like the health and related life sciences and technologies sector.

- CHA recommends an enhanced commitment to lever past successes and for future health research and innovation.

Canada must continue to compete with those countries that value of knowledge and benefit from its spin-off effects, and to do so, we must:

- Ensure an adequate supply and distribution of university spaces to educate people with advanced research qualifications in the health and life sciences.
- Assess opportunities to overcome the reluctance of business and venture capitalists to invest and actively participate in the development of technologies that cannot be marketed freely (due to their application to uninsured health-care service, such as surgery or a diagnostic procedure).
- Harmonize the multiple and conflicting regulatory regimes across all jurisdictions in Canada and improve patent protection to both protect the rights of knowledge creator and encourage the use of the patented product or technology.

6.0 Projecting Future Characteristics of the Health System

Some of the main forces of change currently facing the Canadian health system include an aging population, increased use of information and communication technologies (ICTs) and enhanced interdisciplinary care.

ICTs (electronic health record, electronic transcribing, and telehealth) can dramatically change the workplace by requiring additional competencies, training of new types of professionals, re-training current professionals, and changes in how care is delivered^{xx}. Increasing the use of ICTs within education, diagnostics, delivery of care, and institutional organization and management will greatly affect and improve how the health system functions over the coming years and will bring economic benefit.

Richard Alvarez, President and Chief Executive Officer of Infoway, referred to a recent study by The Conference Board of Canada that estimated that EHR activity has the potential to create 37,000 jobs by 2010—8,000 in Ontario. This translates into \$2 billion in new labour income for Canadians. The study also estimates that these investments will have generated \$1B in corporate pre-tax profits—and every dollar invested by Infoway and the provinces adds \$1.34 on average to Canada's gross domestic product.^{xxi} The benefits are so immense that it is difficult to understand why it is taking Canada so long to implement these systems.

The return on investment from a pan-Canadian EHR is estimated to have gross benefits exceeding investment dollars by an 8:1 margin, and to generate net savings of \$39.8 billion. These are some of the savings forecasted in the health-care system.^{xxii}

- Reduction of duplicate and unnecessary lab tests (estimated savings of \$10.4 billion over 20 years);
- Reduction of duplicate and unnecessary radiological tests (estimated savings of \$3.6 billion over 20 years); and
- Reduction in adverse drug events (about 29 million events over 20 years, estimated savings \$48.3 billion).

Recent research indicates that interdisciplinary collaboration in the delivery of care is growing, will most likely continue as the health system becomes more integrated, and that such collaboration is a key strategy in delivering high quality care^{xxiii}. Understanding and predicting how factors such as an aging population, use of ICTs and increased interdisciplinary collaboration will influence the number, mix, and distribution of health providers needed to deliver high quality health services is essential for successful HHR planning.

Governments and stakeholders must think strategically, work collaboratively, manage information efficiently, and better understand societal and practice environments to effectively deal with change.

7.0 Data and Information for Modeling Health Human Resource (HHR) Planning

Properly understanding and preparing for health system changes and other HHR planning issues relies on having appropriate mechanisms for keeping track of data and information on a multitude of regional, jurisdictional and pan-Canadian issues and characteristics. Given the need for monitoring characteristics related to healthy workplaces, changes affecting the health system, supply of health providers, demand and need for health services, and educational needs and trends of health providers, stakeholders need cross-jurisdictional databases and reporting systems that highlight important pan-Canadian trends and enable comparisons across jurisdictions.

Currently, groups such as the Canadian Institute for Health Information, Statistics Canada, Human Resources and Social Development Canada, and Health Canada's Health Human Resources Strategy Division are working to develop health data systems, and they have produced very useful information. However, there remains insufficient data. In addition, reliable data and information on current and future population health needs is required to guide and facilitate evidence-based decision making around HHR planning (e.g., appropriate provider mix and skill levels, realistic current and future numbers and distribution of health providers and future health needs of Canadians).

Several research reports and health system stakeholders (including CHA) have called for a coordinating HHR "mechanism" to aide in improving HHR recruitment, retention, and planning on a Canadian basis. The Canadian Nurses Association, in partnership with the Canadian Medical Association, the Health

Action Lobby, and CHA, contracted researchers at CPRN to explore better HHR planning for Canada and specifically the development of an integrated HHR planning “mechanism”.

Entitled *Taking the Next Step: Options and Support for a Pan-Canadian Multi-Professional HHR Planning Mechanism*, the report makes recommendations on the membership and role of an expanded Advisory Committee on Health Delivery and Human Resources (ACHDHR).

In order to ensure that all health system stakeholders have access to data to coordinate the delivery of care properly, CHA strongly recommends:

- Federal/Provincial/Territorial governments should support various jurisdictions and health system stakeholders to develop HHR planning models that are skills-based and incorporate multiple provider types and should share these results across jurisdictions.
- Federal/Provincial/Territorial governments should support researchers and other health system stakeholders to harmonize and collect HHR planning data at the provincial and/or territorial level to compare against other provinces, territories and regions in Canada.
- Federal/Provincial/Territorial governments should contribute to developing models that provide reliable data and information for HHR decision-making. Particularly, there needs to be effective models for measuring and monitoring information that can guide decisions about appropriate provider mix and skill level.
- Federal/Provincial/Territorial governments must support establishing a central clearinghouse for information on regional experiences in using models and best practices related to HHR planning.
- Detailed research and analysis that forecast the impact of change on HHR must accompany any proposed changes to the health system.
- Any proposed changes to the health system should factor in the cost of providing effective change management supports and federal-provincial-territorial governments should invest in the health system to ensure that these supports will be implemented effectively.

8.0 Education, Clinical and Practical Experience

Education system capacity is insufficient to meet the needs of the market.

The national supply of health providers in Canada is insufficient to meet the growing demands on our health system. One of the most significant factors is an aging workforce. The proportion of employed Canadians aged 45 to 64 has increased significantly in the health occupations in recent years. Across all health occupations, the average age in 2003 was 41.6 years, and the average age of registered nurses in 2004 was 44.6 years^{xxiv}. These numbers indicate that in the very near future a significant proportion of workers will be eligible for retirement.

The fact that almost 49 per cent of health providers retired before age 65 between 1997 and 2000^{xxv}, further complicates this issue. An aging workforce combined with other forms of natural attrition foreshadows a more pronounced shortage for the future.

We need to continue to invest in education by increasing the number of seats in health provider programs (both undergraduate and graduate) and bolstering the capacity of health sciences faculties through the appointment of additional faculty, improved funding, improved educational experience such as more clinical placements, and expanded infrastructure. The education of health professionals must be adapted to emphasize collaboration, thus fostering a team approach from the very beginning of their education.

For the education system to produce the appropriate number, mix and distribution of providers to meet the needs of the health system, CHA recommends:

- Coordination at the pan-Canadian level in the training of health providers.
- Appropriate investments by the federal/provincial/territorial governments to boost enrolment and support required infrastructure.
- Federal/Provincial/Territorial governments should invest in creating additional capacity in the health system to accommodate clinical placements. Federal/territorial/governments governments invest in additional human resources to supervise students in clinical/practical placements.

9.0 Internationally-Educated Providers

There is a global shortage of health professionals and we face ethical issues in actively recruiting internationally-educated providers. It is therefore important for Canada to work toward greater self-sufficiency in achieving an adequate workforce supply within the health system. Efforts to increase the numbers of health providers and the infrastructure to train them in all jurisdictions across Canada are essential, including revitalizing enrollment in the health professions, increasing production of health profession graduates and better retention of our current workforce. CHA does not support the aggressive recruitment of health professionals from lesser-developed countries – most of which are also facing severe health provider shortages.

In order to address the employability issues of recruitment, assessment and integration of internationally-educated providers in Canada appropriately, CHA recommends:

- There should be enhanced coordination and expansion to other health professions at the pan-Canadian level to identify needs for internationally-educated health providers and investment to support the integration of

- internationally-educated providers, while at the same time, it is recognized that provinces have control of health providers.
- The federal government must work with its G8 partners for all to agree to meet their own internal needs for health providers and to reduce the pressure to recruit from under-resourced countries.

10.0 Conclusion

We want to leave you with these thoughts:

- The health sector is a benefit, not a cost, to the health of Canadians and thus to the Canadian economy.
- The health service sector is a substantial component of the economy and the labour force.
- Recruiting, retaining and maintaining the full scope of Canada's health workforce is vital to assuring Canada's competitive position in the world.
- The health services sector is an economic driver and has the potential to become stronger given our extensive world first successes.
- Investments in health research pay off in higher quality of health, higher quality of life and higher GDP.
- The federal government has an important role in developing and implementing policies to minimize barriers, encourage adequate and well-trained health human resources, promote safe and quality workplaces, and endorse consistent licensing standards across provinces and territories.
- No improvements will be forthcoming without federal-provincial-territorial cooperation.

Appendix A: Summary of Recommendations:

Ageing Population and Workforce

- Federal/Provincial/Territorial governments should undertake research to identify retirement profiles for different health sector workers and the reasons for workers exiting the health system.

First Nations, Inuit and Métis population and workforce

- All levels of government should provide resources to achieve and maintain an adequate supply of health care providers from these populations who are appropriately educated.
- The educational curricula for health sector workers providing health services to First Nations, Inuit and Métis people should be adapted to ensure cultural competence of graduates.

Retention and Recruitment

- Additional financial support for students with reduced financial capacity.
- All levels of government should design and foster a strategy designed primarily to increase the number of local graduates in the health sector in the hope that these graduates will work close to home.
- The federal government should work with provincial/territorial governments to improve retention of health workers who provide services to First Nations, Inuit and Métis.

Healthy Workplace

- Federal/Provincial/Territorial governments should support the establishment of a central clearinghouse of information and best practices related to healthy workplaces.
- Federal/Provincial/Territorial governments should overtly support the creation of a pan-Canadian strategy to promote healthy workplaces.
- Federal/Provincial/Territorial governments and other health system stakeholders should work cooperatively to establish consensus around indicators to measure and compare workplace health.
- Health system stakeholders should promote the use of the accreditation process to encourage and distinguish healthy workplaces.

Generational and Gender issues

- Work patterns be adapted to meet the needs of women with children.
- All levels of government should support national childcare policies to include child care twenty-four hours a day, seven days a week, for all sector workers who do shift work.
- Recruit and educate more workers to address the issues of changing work patterns.

Research and Innovation in the Health System

- Ensure an adequate supply and distribution of university spaces to educate people with advanced research qualifications in the health and life sciences.
- CHA recommends an enhanced commitment to lever past successes and for future research and innovation.
- Assess opportunities to overcome the reluctance of business and venture capitalists to invest and actively participate in the development of technologies that cannot be marketed freely (due to their application to uninsured health-care service, such as surgery or a diagnostic procedure.
- Harmonize the multiple and conflicting regulatory regimes across all jurisdictions in Canada and improve patent protection to both protect the rights of knowledge creator and encourage the use of the patented product or technology.

Data and Information for Modelling Health Human Resource Planning

- Federal/Provincial/Territorial governments should support various jurisdictions and health system stakeholders to develop HHR planning models that are skills-based and incorporate multiple provider types and should share these results across jurisdictions.
- Federal/Provincial/Territorial governments should support researchers and other health system stakeholders to harmonize and collect HHR planning data at the provincial and / or territorial level to compare against other provinces, territories and regions in Canada.
- Federal/Provincial/Territorial governments should contribute to developing models that provide reliable data and information for HHR decision-making. Particularly, there needs to be effective models for measuring and monitoring information that can guide decisions about appropriate provider mix and skill level.

- Federal/Provincial/Territorial governments must support establishing a central clearinghouse for information on regional experiences in using models and best practices related to HHR planning.
- Detailed research and analysis that forecast the impact of change on HHR must accompany any proposed changes to the health system.
- Any proposed changes to the health system should factor in the cost of providing effective change management supports and federal-provincial-territorial governments should invest in the health system to ensure that these supports will be implemented effectively.

Education, Clinical and Practical Experience

- Coordination at the pan-Canadian level in the training of health providers.
- Appropriate investments by the federal-provincial-territorial governments to boost enrolment and support required infrastructure.
- Federal/Provincial/Territorial governments invest in creating additional capacity in the health system to accommodate clinical placements. Federal/Provincial/Territorial governments invest in additional human resources to supervise students in clinical/practical placements.

Internationally-Educated Providers

- There should be enhanced coordination and expansion to other health professions at the pan-Canadian level to identify needs for internationally-educated health providers and investment to support the integration of internationally-educated providers, while at the same time, it is recognized that provinces have control of health providers.
- The federal government must work with its G8 partners for all to agree to meet their own internal needs for health providers and to reduce the pressure to recruit from under-resourced countries.

Conclusion

- The federal government has an important role in developing and implementing policies to minimize barriers, encourage adequate and well-trained health human resources, promote safe and quality workplaces, and endorse consistent licensing standards across provinces and territories.

Endnotes:

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