

HUMAN RESOURCES IN THE CANADIAN HEALTH SYSTEM: ISSUES AND RECOMMENDATIONS

**CANADIAN HEALTHCARE ASSOCIATION'S POLICY BRIEF ON EMPLOYABILITY ISSUES
PRESENTED TO THE HOUSE OF COMMONS STANDING COMMITTEE ON
HUMAN RESOURCES, SOCIAL DEVELOPMENT AND THE STATUS OF PERSONS WITH
DISABILITIES**



Canadian Healthcare Association

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Executive Summary:

The Canadian Healthcare Association (CHA) promotes the need for a clear and vibrant employer voice on Health Human Resource (HHR) policies and appreciates the opportunity to contribute to the deliberations of the House of Commons Standing Committee on Human Resources, Social Development and the Status of Persons with Disabilities concerning employability issues in Canada. Our policy brief outlines important issues regarding employability in Canada's health workforce and provides recommendations that will 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 health providers, in order to provide reasonable access to high quality care for all Canadians.

CHA recognizes the valuable work governments are doing to sustain our publicly-funded health system and to ensure that Canadians continue to have reasonable access to high quality care. A major part of sustaining our publicly-funded health system involves focusing on the people who provide care, including various groups of service providers, managers and leaders, and providers of support services. Health providers and health workforce issues should be an important focus for governments. Health providers make up a significant portion of the Canadian workforce, the federal governments current health system goals could be better achieved through addressing HHR issues in an integrated manner, labour costs make up a significant portion of health spending and the supply of the health workforce is facing a national and global shortage.

Four priority areas for government action and leadership include addressing healthy workplaces, anticipating and planning for changes in the health system, data and information for modeling HHR planning, and entry to practice issues. In order for our health system to continue to be a valuable and competitive industry within Canadian society, governments and health system stakeholders should invest in, and support, workplaces that maximize the health and well-being of providers, ensure quality patient outcomes, and efficient organizational performance. In addition, 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 will aid in maintaining, sustaining and reducing the costs of the health system. 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. Lastly, governments and health system stakeholders must address issues related to sustaining and enhancing the health workforce including attending to licensure and regulation; educational system capacity; quality of clinical or practical training (including medical residency positions); and 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. There are no easy solutions and no magic bullets. CHA is committed to working with 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 providers, 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 employer voice on Health Human Resource (HHR) policies and appreciates the opportunity to contribute to the deliberations of the House of Commons Standing Committee on Human Resources, Social Development and the Status of Persons with Disabilities concerning employability issues in Canada. Our policy brief outlines important issues regarding employability in Canada's health workforce and provides recommendations that will ensure that our publicly-funded health system can continue to provide the best possible health services for all Canadians.

1.1 Our Role in Health Human Resource (HHR) Planning

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 HHR issues. 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.

In 2005, the CHA board of directors identified HHR issues that are priorities for health services employers and outlined policy positions on these issues to support employers in 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 issues. The recommendations outlined in this brief are based on these priorities and policy positions and the following pages will discuss possible approaches to address HHR employability issues in the Canadian workforce.

2.0 General Health Human Resource (HHR) Issues

CHA recognizes that health care continues to be the number one priority for people throughout Canada and we are committed to ensuring that Canadians have reasonable access to high quality and sustainable care. A major part of sustaining our publicly-funded health system involves focusing on the people who provide care, including various groups of service providers, managers and leaders, and providers of support services (e.g., health records personnel). We need to focus on health providers and workforce issues for a number of reasons:

- 1.1 million people across Canada, or 1 in 10 employed Canadians, worked in the health system in 2001, indicating that it is one of the major employment industries in Canada¹.
- Current efforts to enhance the functioning of our health system typically address issues as if they are independent of one another. These include wait times management, care guarantees, emergency preparedness and pandemic planning. However, governments cannot succeed on these issues if they are addressed independently. An over-arching strategy or focus would be useful for coordinating current and future efforts. Human resources are a critical element in the functioning of our health system and are essential for high quality service delivery. In

order to adequately address the priorities outlined by the current federal government, a coordinated and integrated focus on HHR issues, which underline all priority areas and concerns, is necessary.

- The costs involved in the Canadian health system and the sustainability of health system funding have taken on a major role in current political debate. Working to manage the costs of health service delivery is a priority for federal-provincial-territorial governments, one that will take concerted effort in the areas of greatest expenditure. Historically, hospitals have been the highest health system expenditure, rising since 1997 to account for \$34.4-billion dollars in 2002 (91.8 per cent of which is covered by public funds)ⁱⁱ. It should be noted however, that hospital expenses have declined as a percentage of total health expenditures from 45 per cent 30 years ago to around 30 per cent todayⁱⁱⁱ. Between 2001 and 2002, 73.3 per cent of hospital expenditures in Canada were related to labour costs such as salaries and benefits, and this is projected to increase in the coming years^{iv}. Internationally, 42 per cent of total government health expenditures go to paying the health workforce, and that number rises to just less than 50 per cent in the Americas (i.e. North, Central and South America)^v. To effectively address the costs of health care in Canada, we must focus on HHR related issues and the health workforce.
- Currently, there is a global 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^{vi}. Current data from the Organization for Economic Co-operation and Development (OECD) indicate Canada is not immune to this shortage. They note that Canada has a lower rate of physicians per 1,000 population than all but four OECD countries and although OECD average rates of physicians per 1,000 population rose between 1990 and 2004, Canada's rate remained unchanged^{vii}. Current OECD data also indicates that the number of nurses per 1,000 population in Canada has decreased from 11.1 in 1996 to 9.9 in 2004^{viii}. 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^{ix}. Health services providers are a very mobile workforce, crossing provincial, territorial and national borders^x, further compounding the problem of shortages in under-served 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.

3.0 Priority Health Human Resource (HHR) Issues and Recommendations

3.1 Healthy Workplaces

CHA sees a healthy workplace as something that maximizes the health and well-being of providers, makes health care facilities employers of choice and increases quality patient outcomes and organizational performance. A growing amount of research and anecdotal evidence supports the conclusion that a healthy workplace can significantly improve workplace performance as well as patient safety and care. Unhealthy workplaces can result in absenteeism, difficulties filling vacancies, fewer people entering health professions, and more people exiting the system for alternative careers. This is particularly true for health services organizations. Health system research on workplace health indicates job strain can be related to such things as work pressures and load, job security, workplace safety and violence, support from management, continuing education opportunities, professional identity, control over practice, and remuneration and recognition. This research also demonstrates that job strain can significantly influence personal relationships and increase sick time, illness, injury, absenteeism, conflict, job dissatisfaction and turnover^{xi}. Since 1987, the average number of days of

work lost due to illness or disability by health workers was at least 1.5 times higher than it was for workers in general and from 2003 to 2004 the average days lost per year increased by almost 4 days^{xii}. The numbers are particularly alarming when one considers that the cost of employee absence alone has been estimated at approximately \$8.6-billion annually^{xiii}. Furthermore, in 2004 about one in five health providers reported working some paid or unpaid overtime each week and only 25 per cent of hospital employees and 31 per cent of long-term care facility employees are very satisfied with their job^{xiv}. This poses a real threat to retention of employees and particularly to patient care, since mistakes and medication errors increase when workers perform overtime and are under strain^{xv}.

Improving the quality of work life in health services organizations is thus one of the best ways to address a broad range of health human resources challenges strategically, and to improve health care delivery, patient safety, and organizational efficiency and performance. Factors such as strong leadership, respect and support from management, and reasonable workloads must all become key priorities in the organization of health human resources and organizational performance. CHA recommends key actions for addressing healthy workplace issues such as:

- Federal-provincial-territorial governments should support the establishment of a central clearinghouse of information and best practices related to healthy workplaces' connection to maximizing provider and system outcomes that employers, provider groups, unions, policy and decision makers and other key stakeholder groups can access.
- Federal-provincial-territorial governments should work to create a pan-Canadian strategy to inform, encourage and facilitate health services organizations in the design and implementation of healthy workplace policies that enable employees to ensure the best care for patients or clients.
- Federal-provincial-territorial governments and other health system stakeholders should work cooperatively to establish consensus around indicators to measure and compare workplace health on a regional-level.
- Health system stakeholders should continue to support the inclusion and enhancement of elements of healthy workplaces in Canadian health services accreditation and promote the use of the accreditation process to encourage and distinguish healthy workplaces.

3.2 Projecting Future Characteristics of the Health System

Ensuring the sustainability of a high quality health system is a complex endeavor and can be influenced by numerous factors including demographics, health status, technology, practice patterns, interdisciplinary care, organizational structure, and diagnostic and delivery methods.

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 increased use of interdisciplinary care. Canada's population is aging; by 2026 Canadians over the age of 65 will form 22 per cent of the total population up from 13 per cent in 2005 and just over 8 per cent in 1971^{xvi}. The aging population will not only reduce the amount 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. Over the past several years, a significant amount of information has arisen that calls for increased use of ICTs in the health system to improve access, quality of care and productivity^{xvii}. ICTs can dramatically change the workplace by requiring additional competencies, training of new types of professionals, re-training current professionals, differences in organizational structure and changes in how care is delivered^{xviii}. Consequently, increasing the use of ICTs within education, diagnostics, delivery of care, and institutional

organization and management will greatly affect how the health system functions over the coming years. Recent research indicates that interdisciplinary collaboration in the delivery of care is growing, will most likely continue to increase with more home-based and community care, and that such collaboration is a key strategy in delivering high quality care^{xix}. The prevalence of teams and collaboration in the delivery and organization of care will significantly affect HHR planning. 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.

These changes as well as many others related to demographics, ICTs, diagnostics and delivery of care, primary care reform and models of care would greatly alter the health system and the work environment. CHA strongly believes that anticipating and planning for these changes is essential for ensuring an appropriate and sustainable publicly-funded health system. Governments and stakeholders must think strategically, work collaboratively, manage information efficiently, and better understand societal and practice environments to effectively deal with change. In order to adequately transition through changes to the health system, CHA recommends that:

- Federal-provincial-territorial governments should create an integrated pan-Canadian HHR strategy or mechanism in order to assist health services managers, leaders and providers in recognizing and managing emerging changes and dealing strategically with the implications on HHR. This strategy would bring together stakeholders to link health, labour, immigration and education policies to coordinate a needs-based approach to HHR planning and development. With appropriate capacity, resources and support this strategy would also incorporate new knowledge and research to ensure comparability and consistency across all jurisdictions.
- 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.
- Any proposed changes to the health system should be made in conjunction with appropriate human and budgetary resources and federal-provincial-territorial governments should invest in the health system to ensure that these resources are available.

3.3 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.

For instance, there can be tremendous variability in the education, skills and competencies within and between provider groups, posing problems for developing appropriate team-based care^{xx}. Furthermore, errors in staff mix and over-lap of activities can lead to role confusion, competition, workplace tensions, lack of trust, diminishing professional identity and under / over utilization of professionals, contributing to medical errors and adverse patient outcomes^{xxi}. Yet, there is little information on factors affecting these issues, such as what provider types work best together in what

settings, what skills each member of an interdisciplinary team needs to function effectively, or what combinations of providers are more efficient for various patient groups and treatments. In part, this is because of the vast variability occurring across jurisdictions in how data is collected, analyzed, compared and applied. Differing demographic and urban / rural characteristics, the use of inadequate and inconsistent indicators, differences in the ways data is collected and a lack of unique identifiers make cross-jurisdictional comparisons of the effect of provider mix and skill level on outcome measures difficult at best.

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 have produced very useful information. However, there remains insufficient data on current and future needs regarding the appropriate number, mix and distribution of health providers, including point of service providers, managers and leaders, and providers of support services. 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). 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.
- Federal-provincial-territorial governments should work to develop a forum to bring together employers, regulators, educators and funders to discuss multi-provider HHR planning.

3.4 Entry to Practice

With many workers leaving the workforce due to retirement or other factors, reduced supply of health providers, skill shortages and increasing demands on the system from an aging population and chronic care needs, it is essential to address issues related to the employer's need to fill positions with appropriate providers. CHA sees improving the supply of health providers or "entry to practice" issues as involving four major priorities: credentialing, education system capacity, clinical or practical experience and foreign-trained providers.

3.4.1 Credentialing

CHA recognizes that various provincial and territorial regulatory bodies carry the responsibility for defining the minimum level of education, training and / or practice required to enter health provider

professions and for issuing licenses or certificates of registration. We also recognize that some of these regulatory bodies are in the process of reviewing, or have already reviewed, their educational requirements for entry to practice into various health professions. This is an inevitable and often necessary result of changing practice environments and allows for the evolution of various professions and the health system in general. In addition, changes can often lead to increased patient safety and quality of care as well as better marketing of health professionals in a competitive global environment^{xxii}.

However, there is currently much variability in these review processes, and often, if there is external consultation and support it is sought only from health professional associations or educational institutions, and not from employers^{xxiii}. In addition, the results of these reviews can often result in higher minimum levels of education and/or training before licenses are issued to health providers. Increased minimum levels of education and training can have tremendous impact on the capacity of the health system to recruit and train health professionals, particularly in under-served rural or remote areas. For example, longer postgraduate training alone accounted for about one quarter of the decline in new practicing physicians between 1994 and 2000^{xxiv}.

An additional complication results from great variability across the country in regulatory practices and requirements. For example, respiratory therapists are only regulated in five provinces, four of which are regulated by the profession, the last regulated directly by government^{xxv}. When one combines this with the high mobility traditionally seen in the health workforce, managing health providers can be extremely difficult due to jurisdictional variations in skills and competencies that variable regulation practices create. Changing credentials may lead to increased workplace and income expectations that do not meet the reality of the health system^{xxvi}, making it difficult to ensure that health providers are being trained appropriately and working to their full potential upon entry in the workforce.

Lastly, credential changes may also result in health services managers needing to explore alternative models to abide by tight budgets, which could influence quality of care^{xxvii}. Thus, legislators, regulators, educators and health services managers must work together to make regulatory decisions so that the education of health providers produces the appropriate skills and competencies for the workplace.

In order to ensure providers have appropriate education, skills and competencies and to facilitate worker mobility, governments and stakeholders must better align educational curriculum and credentialing criteria with health system needs. To accomplish this CHA recommends:

- The federal-provincial-territorial process for reviewing changes in credentialing created by health ministers is a good start to ensure that governments adequately evaluate proposed credentialing changes, however this review process should be strengthened with a set of enforcement measures to ensure adherence by regulatory bodies and educational institutions.
- In order to ensure that training requirements match the reality of health services delivery, any proposed changes to the credentialing process should incorporate consultations with health services employers, and these changes should require the endorsement of employers before being implemented.
- In order to effectively deal with the system restructuring necessary to accommodate credentialing changes, any changes to credentialing should require a transition plan to ensure the continued supply of providers during the interim.
- Federal-provincial-territorial governments and regulatory bodies should move toward credentialing for regulated health providers that is standard across all provinces and territories.

- Regulators should introduce flexibility in the credentialing process to allow employers to hire employees with qualifications that are appropriate to the practice setting, (e.g. providers in a rural area may require a different level of qualification).
- Federal-provincial-territorial governments should work to ensure that there is coordination at the pan-Canadian level to inform health system stakeholders of changes in credentialing that occur in all provinces and territories.

3.4.2 Education System Capacity

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^{xxviii}. 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^{xxix}, further complicates this issue. An aging workforce combined with other forms of natural attrition foreshadows a more pronounced shortage for the future.

One possible solution would be to expand education and increase the number of graduates in the health professions; however, this has not taken place. Current data indicates that between 1993 and 2004, the number of students graduating in the health professions has changed very little^{xxx}. For instance, there has been little change in the number of Canadian physician graduates, having gone from 1,702 in 1993 to 1,757 in 2004^{xxxi}. For pharmacists in Canada, we can see an even more alarming picture during this period since the number of graduates has actually decreased from 771 in 1993 to 672 in 2004^{xxxii}.

For nurses in Canada in 2004-2005 there were positive nursing education trends such as a consistent level of interest in continuing education and increases in the number of students graduating from entry-to-practice programs^{xxxiii}. However, the data also reveals a significant number of faculty vacancies now and in the future, difficulty in attracting and retaining faculty due to inadequate compensation levels, and many nursing educators being older and closer to retirement than that of the general registered nursing profession^{xxxiv}. The Canadian Institute for Health Information recently noted that a mere 1.8 per cent of the nursing workforce has a graduate education (master's and doctorate included)^{xxxv}. If these trends continue, even if the number of nursing student seats in our education programs grows, there will not be sufficient numbers of professors to teach them.

These issues indicate a need to continue to invest in education by increasing the number of seats in health provider programs (both undergraduate and graduate) and increasing 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. Immediate and substantive investment must be achieved to revitalize education and subsequent employment in health professions. Enrolment in health sciences must continue to increase and continuing and graduate education must be strengthened. In a world of interdisciplinary care and changing primary care delivery models, the education of health professionals must also be adapted to incorporate collaboration in the training of health providers and fostering a team approach from the very beginning of an individual's journey through their respective health profession.

For the education system to produce the appropriate number, mix and distribution of providers to meet health needs, governments and health system stakeholders must consider issues like the number of funded seats, availability of faculty and quality of infrastructure. CHA recommends that:

- Recognizing that provinces have control over the education system, there should be coordination at the pan-Canadian level to identify national health system needs and potential areas for collaboration in the training of health providers, especially for health professions that are educated in a limited number of provinces and territories (e.g., professions).
- Because change must be supported through proper investment, federal-provincial-territorial governments should provide appropriate funding to the education system to support changes to enrolment levels and infrastructure developments before these changes are approved.
- Federal-provincial-territorial governments should invest additional funding in the education system to increase enrollments for health professions and to revitalize education and employment in the health system.

3.4.3 Clinical or Practical Experience

In order to increase enrollment in the health professions and adequately prepare competent health providers for the future, changes to the educational experience are necessary. Placements that allow students to integrate and apply their academic studies to acquire practical experience in the health care workplace are essential to ensuring a quality workforce, improved recruitment and enhanced retention. Education of health providers needs to focus on readiness and practical skills that are required in the workplace. Providers must have certain abilities upon their entry into the workforce, particularly since new graduates will be replacing aging and experienced workers and will need to be increasingly self-directed, independent and able to apply their skills and knowledge quickly. Therefore, CHA believes it is important to create additional capacity within the health and education system to provide clinical / practical placements (this includes medical residency positions). Having clinical placements not only better prepares providers to meet the needs of the health system but also better prepares them for work prior to entry and therefore reduce the stress caused from a steep learning curve – an important issue connected to early burnout and retention.

When enhancing and promoting clinical placements educators and funders should consider the increased need for supervision and the time required to accommodate needed ratios of instructors to students and how these changes will affect the health system. Clinical or practical placements require sufficient funding and adequate resources to ensure that the health system has the capacity to accommodate student (and resident) placements and needs. Educational and health services institutions must coordinate the educational experience of students to ensure graduates have the appropriate skills and competencies that are required for various delivery contexts and practice environments.

CHA supports the integration of clinical or practical placements into the education of health professionals as well as the development of additional capacity in the health system to facilitate this integration. In order to achieve more capacity within the education and health systems to accommodate clinical placements and improve recruitment and retention of providers within health services institutions, CHA recommends that:

- Federal-provincial-territorial governments recognize the importance of clinical or practical placements (including medical residency positions) in the education process and make an investment in creating additional capacity within the health system to accommodate placements.
- Federal-provincial-territorial governments should invest in additional staff and resources required for proper supervision of students participating in clinical or practical placements.

- Health and education system stakeholders should ensure that the training and managing of students in clinical or practical placements is oriented toward developing adequate skills and appropriate competencies for a range of delivery environments.

3.4.4 Foreign-Trained Providers

Historically, foreign-trained health professionals have made up a significant portion of our workforce. Throughout the 1970s, foreign-trained physicians made up around 30 per cent of the physician workforce in Canada and more recently from 2000 to 2004, this number has hovered around 22 per cent to 23 per cent^{xxxvi}. However, CHA recognizes that there is a global shortage of health professionals and that there are ethical issues involved in actively recruiting foreign-trained 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 recruitment of health professionals from lesser-developed countries – most of which are also facing severe health provider shortages. Nonetheless, Canada is a multi-cultural country and a central immigration destination. Because many immigrants are trained as health professionals, Canada must work to ensure that foreign-trained providers have the opportunity to practice in Canada if they so desire.

To accomplish better integration of foreign-trained providers it is important to address the extensive regulatory processes they face. It is essential to have a balance between ensuring that the assessment process for individuals applying for regulated health provider positions is effective at keeping unqualified providers from practicing, yet objective, fair and easy to navigate to avoid constructing barriers to practice for those who are qualified. The federally supported Internationally Educated Health Professionals Initiative is a step toward improving the integration of immigrants and internationally trained providers into Canada's health workforce and it is encouraging to see further commitments made in Budget 2006 for moving forward in the creation of an agency to ensure foreign-trained immigrants meet Canadian standards. The Health Council of Canada has noted that initiatives in this area typically focus on physicians^{xxxvii}. CHA believes continued investment of this nature is important for the future of the health workforce and notes that it is important to focus on all health provider groups including nurses, pharmacists, therapists and technologists, in addition to physicians. To complement reducing licensing and regulatory barriers, it is also important to identify and address other needs of foreign-trained providers such as acculturation or language issues, to better support their entry into the health workplace.

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

- Recognizing that provinces have control over the regulation of health providers, there should be coordination at the pan-Canadian level to identify needs for foreign-trained health providers and investment to support the integration of foreign-trained providers.
- The federal government must work with its G8 partners to meet internal needs for health providers and to reduce the pressure to recruit from under-resourced countries.

4.0 Conclusion

CHA recognizes the valuable work governments are doing to sustain our publicly-funded health system and to ensure that Canadians continue to have reasonable access to high quality and sustainable care. A major part of this work involves focusing on health human resources (HHR) and employability issues currently facing our health system. Federal-provincial-territorial governments should work to address HHR and employability issues in Canada in order to ensure that:

- Our health system continues to be a valuable and competitive industry within Canadian society by investing in and supporting workplaces that maximize the health and well-being of providers as well as ensure quality patient outcomes and efficient organizational performance.
- All health system stakeholders have the capacity to adequately anticipate and accommodate changes in the health system that have an immediate and direct impact on HHR planning.
- All governments and health system stakeholders 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 needs, to guide decisions around HHR planning.
- Governments and health system stakeholders address issues related to sustaining and enhancing the health workforce including attending to licensure and regulation, educational system capacity, quality of clinical or practical training, and 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. There are no easy solutions and no magic bullets. CHA is committed to working with 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 providers, and we look forward to continually working with governments in this endeavor. Together, we can ensure the appropriate and high quality care that Canadians expect and deserve.

Appendix A: Summary of Recommendations:

- Federal-provincial-territorial governments should support the establishment of a central clearinghouse of information and best practices related to healthy workplaces' connection to maximizing provider and system outcomes that employers, provider groups, unions, policy and decision makers and other key stakeholder groups can access.
- Federal-provincial-territorial governments should work to create a pan-Canadian strategy to inform, encourage and facilitate health services organizations in the design and implementation of healthy workplace policies that enable employees to ensure the best care for patients or clients.
- Federal-provincial-territorial governments and other health system stakeholders should work cooperatively to establish consensus around indicators to measure and compare workplace health on a regional-level.
- Health system stakeholders should continue to support the inclusion and enhancement of elements of healthy workplaces in Canadian health services accreditation and promote the use of the accreditation process to encourage and distinguish healthy workplaces.
- Federal-provincial-territorial governments should create an integrated pan-Canadian HHR strategy or mechanism in order to assist health services managers, leaders and providers in recognizing and managing emerging changes and dealing strategically with the implications on HHR. This strategy would bring together stakeholders to link health, labour, immigration and education policies to coordinate a needs-based approach to HHR planning and development. With appropriate capacity, resources and support this strategy would also incorporate new knowledge and research to ensure comparability and consistency across all jurisdictions.
- 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.
- Any proposed changes to the health system should be made in conjunction with appropriate human and budgetary resources and federal-provincial-territorial governments should invest in the health system to ensure that these resources are available.
- 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.
- Federal-provincial-territorial governments should work to develop a forum to bring together employers, regulators, educators and funders to discuss multi-provider HHR planning.
- The federal-provincial-territorial process for reviewing changes in credentialing created by health ministers is a good start to ensure that governments adequately evaluate proposed credentialing changes, however this review process should be strengthened with a set of enforcement measures to ensure adherence by regulatory bodies and educational institutions.
- In order to ensure that training requirements match the reality of health services delivery, any proposed changes to the credentialing process should incorporate consultations with health services employers, and these changes should require the endorsement of employers before being implemented.

- In order to effectively deal with the system restructuring necessary to accommodate credentialing changes, any changes to credentialing should require a transition plan to ensure the continued supply of providers during the interim.
- Federal-provincial-territorial governments and regulatory bodies should move toward credentialing for regulated health providers that is standard across all provinces and territories.
- Regulators should introduce flexibility in the credentialing process to allow employers to hire employees with qualifications that are appropriate to the practice setting, (e.g. providers in a rural area may require a different level of qualification).
- Federal-provincial-territorial governments should work to ensure that there is coordination at the pan-Canadian level to inform health system stakeholders of changes in credentialing that occur in all provinces and territories.
- Recognizing that provinces have control over the education system, there should be coordination at the pan-Canadian level to identify national health system needs and potential areas for collaboration in the training of health providers, especially for health professions that are educated in a limited number of provinces and territories (e.g., professions).
- Because change must be supported through proper investment, federal-provincial-territorial governments should provide appropriate funding to the education system to support changes to enrolment levels and infrastructure developments before these changes are approved.
- Federal-provincial-territorial governments should invest additional funding in the education system to increase enrollments for health professions and to revitalize education and employment in the health system.
- Federal-provincial-territorial governments recognize the importance of clinical or practical placements (including medical residency positions) in the education process and make an investment in creating additional capacity within the health system to accommodate placements.
- Federal-provincial-territorial governments should invest in additional staff and resources required for proper supervision of students participating in clinical or practical placements.
- Health and education system stakeholders should ensure that the training and managing of students in clinical or practical placements is oriented toward developing adequate skills and appropriate competencies for a range of delivery environments.
- Recognizing that provinces have control over the regulation of health providers, there should be coordination at the pan-Canadian level to identify needs for foreign-trained health providers and investment to support the integration of foreign-trained providers.
- The federal government must work with its G8 partners to meet internal needs for health providers and to reduce the pressure to recruit from under-resourced countries.

Endnotes:

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