

NATIONAL PLANNING FOR HUMAN RESOURCES IN THE HEALTH SECTOR

CNA POSITION

CNA believes that successful human resources planning in the Canadian health sector requires a collective and integrated effort among governments – federal, provincial and territorial as well as municipal – and health professionals. For the association, effective planning must include all components of the health system, from public health through prevention, diagnosis and treatment to palliation. Moreover, CNA believes the many policy levers – education; employment, labour and industry; immigration; social, economic and fiscal – that affect the career lifecycle need to be coordinated.

CNA recommends the implementation of a common framework for human resources planning in the health sector. Fundamental to the framework, the association believes that governments and health professionals must acknowledge three concepts: that health services must be focused on and engage individual patients/clients; that health system issues transcend the mandates and responsibilities of any one organization, whether governmental or professional; and that retention strategies are needed to support career choices in the health sciences.

In terms of the framework itself, CNA supports the inclusion of the following 10 elements:

1. ***Needs-based planning*** – Planners need to adopt an approach that anticipates the current and emerging health needs as determined by demographic, epidemiological, cultural and geographic factors. This will be advanced through:
 - in-depth analysis of population surveys and epidemiologic data;
 - benchmarking based on regional variation; and
 - a review of specialty mix within and between disciplines.
2. ***Collaboration among disciplines*** – The health professions need to communicate with one another and coordinate their efforts in the best interests of the patient. This will be achieved through:
 - the promotion of interprofessional education and practice;
 - appropriate liability coverage for all professions;
 - funding models that support collaboration; and
 - the application of new knowledge and technologies in decision-making about the organization of education and practice.

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3. ***Recognition that the health workforce is a national resource*** – It is desirable to support mobility for Canadian health professionals who wish to relocate within and between provinces/territories. This will be advanced through:
 - the adoption by health professions of national standards for licensure;
 - the recognition of regional centres of excellence for delivery of health services; and
 - the establishment of a national approach to education and training.
4. ***Self-Sufficiency*** – Canada must strive for greater self-sufficiency in the education and training of health professionals. This will be advanced through:
 - improved medium to longer-term supply projection models;
 - sufficient enrolment opportunities for Canadians to health sciences education programs;
 - adequate infrastructure to support education, continuing education and refresher or bridging programs; and
 - the integration of international graduates who are permanent residents or citizens of Canada into practice.
5. ***Recognize the Global Environment*** – The work of health professionals is becoming increasingly globalized in terms of the exchange of scientific information, mutual recognition of qualifications between countries and the movement of people. This fact can be optimized by:
 - Formal agreements between governments of Canada and other developed countries with their counterparts in developing nations to discourage unethical systematic recruitment from developing countries;
 - systematic consideration of technology to deliver services remotely and to exchange health services across borders;
 - the maintenance of high standards of education and teaching; and
 - the promotion of retention strategies in developing countries.
6. ***Inclusive Policy Planning and Decision-Making Processes*** – Policy planning and decision-making in the area of health human resources must include representation from all stakeholders involved, including governments, regional health authorities, educational and regulatory authorities and clinicians. This will entail:
 - the establishment of an office to coordinate planning and decisions related to human resources in the health sector;
 - the participation of representatives from the provider community in government policy-development initiatives; and
 - the promotion of provider representation at regional health authorities and institutional governance bodies.

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7. ***Competitive human resources policies*** – Health professionals should be afforded supportive working environments that are designed to attract and retain them through comprehensive approaches that address their professional and personal needs. Specifically, this means:
 - recruitment approaches that address both professional and personal factors;
 - comprehensive retention approaches; and
 - research to determine the potential for repatriation.
8. ***Healthy and safe workplaces*** – The importance of workplace environments and policies to positive health outcomes is recognized in research. Strategies to support health and safety include:
 - best practice approaches;
 - educational programs;
 - the promotion of a culture shift to encourage help-seeking behaviour;
 - safe workloads; and
 - accountability processes to track safety and health outcomes.
9. ***Balance between personal and professional life*** – Planners must take into account the expressed desire among the new generation of health professionals and others for a balance between their professional and personal lives. This means efforts to:
 - reflect balance in educational curricula;
 - learn from international experience; and
 - factor work-life balance into supply planning.
10. ***Life Long Learning*** – Health professionals must have access to the resources they need to keep abreast of advances in scientific knowledge and to acquire new skills, and they should have opportunities to apply their skills to new challenges over the course of their careers. This can be achieved through:
 - opportunities for re-entry and advanced training;
 - career development/progression;
 - continuing professional development.¹

¹ This position statement is adapted from the report *Toward a Pan-Canadian Planning Framework for Health Human Resources: A Green Paper* (Canadian Nurses Association & Canadian Medical Association, 2005).

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BACKGROUND

Although many national, provincial and territorial commissions and task forces have studied the Canadian health-care system since the 1980s, a pan-Canadian health human resources strategic planning framework remains an elusive target. Planning for the workforce that delivers health services has been left to individual provinces and territories and, to date, has been characterized by two key trends:

- the focus has tended to be exclusively on supply-side planning, which views health professionals as costs to the economy; and
- planning approaches have treated health professional groups in isolation of each other.

Although the provinces and territories provide similar high standards of education and training, mobility is often raised as an issue with respect to graduate retention vis-a-vis investments by provincial/territorial governments and portable eligibility for licensure.

The overall policy that has resulted from this approach has been one of competition between provinces and territories. More recently, provincial and territorial governments have increased recruitment from among internationally educated health professionals. The growing domestic and global shortages of health professionals are undermining the viability of this approach to human resources planning. In the case of nursing, a 2004 OECD study reported that Canada had the highest relative nursing shortage of the six countries examined, at 6.9 per cent of the present workforce.

Internationally, there has been progress in securing policy commitments to support plans for the future health workforce. In 2000, the National Health Service of the United Kingdom adopted 10 core principles, including support and recognition of staff; in 2001, the U.S. Administration adopted a nursing strategy; and in 2004, the Australian health ministers' conference adopted a national health workforce strategic framework.

Recent federal and provincial reports have highlighted the need to both address the under-utilization of professional skills and knowledge and employ each member of the multidisciplinary team in the most effective manner. The uniqueness and overlap in scope of practice, as well as the context of practice, must be understood to design work in a way that best utilizes professional knowledge and skills, while maintaining and improving provider satisfaction and patient outcomes. CNA, in collaboration with the Canadian Practical Nurses Association, Canadian Council for Practical Nurse Regulators and the Registered Psychiatric Nurses of Canada, recently published the *Evaluation Framework to Determine the Impact of Nursing Staff Mix Decisions* (2005) to help employers determine how effectively they are using their nursing resources.

In addition to scope of practice issues, collaboration is essential for health human resources planning. The WHO has identified partnering – working with patients, other providers and communities – as one of five core competencies for health-care workers. To this day, health professionals in Canada continue to be educated and trained largely in isolation of each other. This approach does not promote an understanding among the health disciplines about the contribution that each makes to quality patient care. Increased efforts to promote interprofessional education would raise awareness of other disciplines and would also pave the way for more multidisciplinary teamwork in the future.

It has been estimated that Canada needs to graduate at least 12,000 nursing students per year to keep up with attrition and population growth. Results from the national nursing sector study indicate that with additional resources, 70 per cent of RN schools could expand their enrollment by 25 per cent. Increasing enrollment must be paired with enhancing and expanding the infrastructure of academic health organizations. Doing so will provide adequate physical capacity to cope with additional learners and sufficient faculty to educate them. It may also help support interdisciplinary training.

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Of no less importance is the capability, once in practice, to work with the appropriate infrastructure support within an academic health organization and within the community. At the same time that enrolment expands, there is a growing concern that rising tuition is resulting in onerous burdens on nursing graduates and those of other health disciplines. With regard to education programs, access may become limited to those most advantaged, and among those who do get in, debt load may influence their choice of practice location upon graduation.

In the workplace, health workers' own health is at issue. The Canadian Policy Research Networks wrote in 2002 "the connection is being made between the health of health workers and the ability of the system to meet patient needs."² In addition, professional organizations are beginning to acknowledge the importance of a culture that permits practising health professionals and those in training to find a level of personal and professional balance in order to better sustain their health.

Compared to other workers, Canadians in health occupations are more likely to miss work due to illness or disability and to be absent for more days, on average. The current health human resources crisis means our health-care system cannot afford to lose a single provider from the workforce owing to health concerns. Increasingly, research is confirming ill health to be a function of the broader context of the environments and conditions in which our health providers work.

The range and complexity of factors that influence health and health problems require providers from a broad range of health professions to work together. For example, individuals and families need health information, diagnosis of health problems, support for behavioural change, immunization, screening for disease prevention, assessment and intervention for mental and physical problems, and monitoring of management plans for chronic health problems.

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References

Canadian Nurses Association & Canadian Medical Association. (2005). *Toward a pan-Canadian planning framework for health human resources: A green paper*. Ottawa: Authors.

Also see:

Related CNA Publications:

Evaluation Framework to Determine the Impact of Nursing Staff Mix Decisions (2005)

Quality Professional Practice Environments (2001)

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² (As cited in CMA & CNA, 2005)