



Current State of Health Human Resources
Planning Activities and Structures:
An Update to the Environmental Scan 2007 Health HR
Planning Section

A Report for the OHA Strategic Human Resources Provincial
Leadership Council

September 2009
Provincial Health Human Resources Strategy

EXECUTIVE SUMMARY

Introduction

This document serves to update the Ontario Hospital Association (OHA) Strategic Human Resources Provincial Leadership Council and other interested readers on recent relevant health human resources (HR) planning activities and structures in Ontario and other jurisdictions. In October 2007, the OHA released an *Environmental Scan 2007* that reviewed the environmental trends influencing existing health HR and health HR planning work. That environmental scan helped shape the focus of this report and led to a more comprehensive update and review of health HR planning activities and structures. Readers familiar with the Environmental Scan report will recognize much of the health HR planning work reviewed here.

Activities identified throughout this report highlight health HR action plans, strategies, work plans, progress reports, knowledge sharing forums, and published research reports. Health HR planning 'structures' in place through Ontario and other jurisdictions are also highlighted. Structures are processes for developing and implementing health HR plans including working groups, advisory councils/committees, forums, consultations, planning bodies, framework development, and formalized processes and guides.

In the past few years, work in the area of health HR planning – locally, provincially, nationally and internationally has been completed by health associations, governments at all levels, research institutes and academia. The chief goal of this work is to attract, develop, and retain an engaged, high performing, high quality work force in the health care system. Without the appropriate human resources in health care, organizations can not provide the services and level of care required by the system.

Ontario

In Ontario, the Ontario Hospital Association (OHA), hospitals, government, and other stakeholders have introduced a number of health HR initiatives. The OHA introduced and began implementing the *Provincial Health HR Strategy for Ontario Hospitals* in 2005 and released an update in early 2009 with the *OHA Provincial Health HR Strategic Plan 2008-2011*. Execution of the Strategic Plan encompasses a wide array health HR planning activities including research, dissemination of information to members, hosting networking and knowledge transfer opportunities, providing resources and tools on leading, evidence-based HR programs and practices, and participating in government programs and initiatives related to broad, provincial health system HR issues. The association has a number of HR planning structures in place – the chief one being the Strategic HR Provincial Leadership Council, made up of hospital and other health care leaders, which meets regularly to oversee the current *OHA Provincial Health HR Strategic Plan*.

The government of Ontario has also been active on the health HR front, beginning with the creation of the Health Human Resources Strategy Division, launched in 2005 to develop a strategic plan and implementation strategy for addressing the supply, mix, education and distribution of health professionals. The Ministry of Health and Long-Term Care (MOHLTC) and the Ministry of Training, Colleges, and Universities (MTCU) jointly published *Laying the Foundation for Change*, which detailed the overall direction, key health HR initiatives, targets and challenges. Some of the key health HR initiatives of the government of Ontario include:

- Creation of HealthForceOntario;
- Creation of the Access Centre for health professionals educated outside Canada;
- Creation of a recruitment centre and job portal;
- Introduction of several new health care professional roles;
- Collecting and developing data for better health HR planning; and
- Introduction of the New Nursing Graduate Guarantee.

Other new MOHLTC planning structures have also been recently announced with the creation of the Strategic Advisory Committee (SAC) and the Local Health Integration Network Collaborative (LHINC). The SAC will advise the Deputy Minister on strategic and policy health system issues, while the LHINC will operate as an implementation arm for provincial health care strategies by bringing together LHINs and health system stakeholders for collaborative operational discussions. One of the subgroups within the LHINC will focus on health HR planning and will advise LHINs on the implementation of provincial strategies and policies.

Over the past few years, many of the LHINs in Ontario have created Health HR advisory groups/councils, connecting health care employers within a region to identify local HR challenges and solutions, investigate shared services opportunities, share leading practices, collaborate on projects and more.

Other Provinces

In addition to developing the Alberta Health HR Action Plan in 2007, Alberta Health and Wellness (AHW) has designed and implemented a health HR planning process and guide.¹

To support provincial health HR planning, AHW, developed a formalized annual health HR planning cycle and guide for its health authorities. AHW holds health HR planning stakeholder forums and meetings on an ad hoc basis throughout the year to support emerging HR issues. Each year, in late June, all health authorities are required to complete and submit Health Workforce Templates and surveys to the AHW. Health authorities use common health HR data sets and definitions, forecasting models, and performance measures. As well, the guide outlines recommendations for health HR planning at the health authority level and suggests roles and responsibilities for planning teams. AHW also collects other information and data from regulatory colleges and other ministries (for example, Ministry of Advanced Education and Training, Ministry of Employment, Immigration and Industry). By the first of November each year, the AHW releases an annual workforce report.

National

At the national level, there has been a renewed commitment to a coordinated national approach to health HR planning. The collaborative work concerning pan-Canadian health HR planning is coordinated by the Federal/Provincial/Territorial (F/P/T) Advisory Committee on Health Delivery and Human Resources (ACHDHR), who reports to the F/P/T Conference of Deputy Ministers of Health.

¹ The process described here has altered due to the changes in the health care system in Alberta. As of April 1, 2009, the new provincial health board, Alberta Health Services Board, has replaced Alberta's nine regional health authority boards, the Alberta Mental Health Board, Alberta Cancer Board and Alberta Alcohol and Drug Abuse Commission.

In partnership with F/P/T governments, educators, and health professionals, the federal government implements the Pan-Canadian Health HR Strategy. Organizations have received funding through the federal initiative for projects related to health HR planning, recruitment and retention, healthy workplaces, inter-professional education for collaborative patient-centred practice, and other topics.

The Pan-Canadian Health HR Planning Initiative, as part of the Health HR Strategy, has developed a Pan-Canadian Health HR Planning Framework. All Ministers of Health (except Quebec) have approved the framework. Associations and other groups, such as the Canadian Nurses Association, Canadian Medical Association, HEAL, and Nova Scotia, Newfoundland and Labrador, have produced documents or strategies that incorporate support for a pan-Canadian health HR planning framework. The framework has provided actions and strategies to enhance the collaborative capacity of provinces and territories to better plan and manage health HR by supporting data development, research, needs assessment, forecasting, program development, and dissemination of best practices.

International

Internationally, groups like the World Health Organization (WHO) have highlighted the importance of health HR planning around the world. Countries such as the United Kingdom (UK) and Australia have introduced health care reforms and new health HR planning frameworks and initiatives.

The UK's Department of Health recently completed stakeholder consultations on a new vision for workforce planning in their country. The vision outlines the roles and responsibilities at the local, regional, and national level. The plan includes the establishment of a Centre of Excellence, which acts as a resource for the health system (including regional health authorities and local primary care trusts and councils) in long-term horizon scanning, workforce supply and demand forecasting, analysis of labour market, capacity development and technical planning.

Australia recently established a National Health Workforce Taskforce (NHWT) to oversee workforce planning and research, education and training, and innovation and reform. The NHWT works across jurisdictions to develop and implement strategies to meet the 10-year national health workforce strategic framework. All jurisdictions at the local/state/territory level and health providers use a common workforce planning tool and minimum data set to project health profession demand and supply. The country also utilizes a new single national registration and accreditation scheme for health practitioners, allowing for country-wide mobility.

Conclusion

Across Canada and beyond, there is a clear commitment to improving health HR planning; this is seen through new activities (e.g., strategy formation, action plans, implementation of policies, practices, and projects, etc.) and the creation of collaborative structures. Health HR issues are complex and highly interdependent on activities at all levels of government (national, provincial/territorial, regional, and local) and with researchers, professional associations, education and training providers, employers, and other stakeholders. In order to enable real improvements to health HR planning, alignment across all levels of government and stakeholder groups is necessary. Collaborative approaches to health HR planning are likely to provide long-term, system-wide solutions for the health system in Ontario and across the country. Health HR planning structures in Ontario should focus on collaboration across organizations

and sectors within and across the LHIN, from the providers (and associations) level to the provincial government, and on a province-to-province basis.

Priority areas for collaboration across organizations and sectors within and across the LHIN regions to support MOHLTC directions should focus on coordinated recruitment, retention, education, training and development, talent management, leadership development, workforce planning, benchmarking, and other HR strategies among provider groups. This ensures that health HR plans are linked, efforts are not duplicated, facilitates knowledge transfer and the sharing and implementation of leading practices, and builds synergy within and across LHINs.

A formal structure that brings health care stakeholders from all sectors across the province together to share input with the Ontario government on health HR system level issues – as anticipated with the new LHINC – is also required. Individual health care providers and their associations need to collaborate and present a common vision of health HR planning to government through this and other mechanisms.

It is our hope that the inventories of provincial, national, and regional health HR planning activities and models for health HR planning structures presented in this document – from Alberta to Ontario to Australia – provides the OHA Strategic HR Provincial Leadership Council and other readers with insight into the multitude of health HR planning activities taking place across the country and internationally as well as presenting options for health HR planning structures in Ontario. The announcement of the new SAC and LHINC in Ontario provides a great opportunity to transfer learnings from jurisdictions that have already implemented similar structures.

At all levels, provinces, local health authorities, and individual organizations should be encouraged to utilize the pan-Canadian health HR planning framework, collect common data sets using the same definitions, performance monitoring in the same fashion, and share HR program successes and failures. Support and direction for groups and individual health care providers undertaking collaborative health HR planning activities flowing from the structures are necessary to ensure consistency, efficiency, and effectiveness.

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1 INTRODUCTION

This document serves to update the Ontario Hospital Association's [\(OHA\) Strategic Human Resources Provincial Leadership Council](#) ("Leadership Council"), and other interested readers, on recent relevant health human resources (HR) planning activities and structures in Ontario and other jurisdictions. The Leadership Council, formerly the Provincial Health Human Resources Advisory Group, advises the OHA on strategic human resources challenges affecting Ontario hospitals and the health care system as a whole. In January 2009, the Leadership Council released the [OHA Provincial Health Human Resources Strategic Plan 2008-2011](#) to address the ongoing systemic challenges facing Ontario's health care system and provide recommendations on how to improve health HR planning in Ontario. As one of the deliverables of the strategic plan, this report outlines the current state of health HR planning activities and structures at the organization, local, LHIN, provincial, and federal levels in various sectors of both health care and education.

While an OHA *Environmental Scan 2007* reviewed environmental trends influencing health HR and provided an update of health HR planning work to date, the focus of the following report is solely on the health HR planning work, including an update and a more comprehensive review of health HR planning activities and structures. *Activities* identified throughout this report highlight health HR action plans, strategies, work plans, progress reports, knowledge sharing forums, program and policy development and implementation, data collection and forecasting, and published research reports. Health HR planning 'structures' in place throughout Ontario and other jurisdictions are also highlighted. *Structures*, for the purposes of this report, are processes for developing and implementing health HR plans, strategies, and programs. These include framework development, formalized processes and guides, working groups, advisory councils/committees, forums, consultations, and planning bodies.

In the past few years, work in the area of health HR planning – locally, provincially, nationally and internationally has been carried out by health associations, governments at all levels, research institutes, academia, and others. The chief goal of this work is to attract, develop, and retain an engaged, high performing, high quality work force in the health care system. Without the appropriate human resources in health care, organizations can not provide the services and level of care required by the system. Activities underway throughout the country can be seen through research, strategy development, pilot projects, and government policy development to address health HR planning issues. Strategies continue to focus on the priority areas of increasing supply, education capacity, recruitment, improving training and development, and innovative work practices.

The data-collection method used in this document includes a review of major reports and publications on health HR strategy and planning published in Canada (with a focus on Ontario) and internationally during the past few years. This involved a search of federal, provincial and selected international (U.K. and Australia) health ministry and health care stakeholder websites. The voluminous research and reports about health HR planning makes it impractical to describe each individual health HR strategy and activity. However, this report highlights the most relevant and widely published health HR planning activities and structures. It provides an overview of relevant or sample activities and structures with numerous links for further information. For this reason, the document is best read in an electronic format.

Health HR planning takes place at a variety of levels, from individual health care organizations, to LHINs, to provincial associations and governments, all the way to national and international

governments. In the 1990s there was little formalized health HR planning beyond individual organizations. Several environmental factors affecting the health care system, such as rising costs, rising expectations, population health status, aging population, urban and rural movements, etc., forced jurisdictions to address the supply of health practitioners in the late 1990s. Over the past decade, governments and other stakeholders throughout the country recognized the importance of and have made significant investments in health HR planning activities and structures.

The sections following this introduction summarize recent activities and structures undertaken by various organizations, associations, and governments regarding health HR planning. Initiatives by the following are reviewed:

- Ontario Hospital Association (OHA);
- Ontario hospitals;
- Ontario Local Health Integration Networks (LHINs);
- Ontario Ministry of Health and Long-Term Care (MOHLTC);
- Ontario long-term care sector;
- Ontario community care sector;
- Ontario colleges and universities;
- Other Canadian provinces;
- Inter-provincial health HR planning bodies;
- The Federal Government Pan-Canadian Health HR Strategy;
- National associations;
- World Health Organization (WHO);
- United Kingdom (U.K.); and
- Australia.

2 ONTARIO

In Ontario, the government, regulatory colleges, associations, unions, health care organizations, LHINs, local communities, and other stakeholder groups plan, fund, and/or administer a number of health HR planning programs and policies. This section details some of the health HR planning activities and structures in these groups.

2.1 ONTARIO HOSPITAL ASSOCIATION (OHA)

The Strategic Human Resources Management Services (SHRMS) division provides provincial leadership in strategic hospital HR management for member organizations. The areas of expertise are:

- Employee Relations;
- Organizational Health Management;
- Provincial Health Human Resources Strategy and Leadership Development;
- Patient Safety, Physician, and Professional Issues.

See Appendix A1 for a profile of the four departments within the SHRM division and their services. The Provincial Health Human Resources Strategy and Leadership Development department within SHRMS focuses on strategic health HR planning and coordinates the work of the OHA Strategic HR Provincial Leadership Council described below. Other departments within SHRMS also lead health HR planning activities and structures, also outlined below.

OHA Strategic Human Resources Provincial Leadership Council

The [OHA Strategic Human Resources Provincial Leadership Council](#) (Leadership Council) acts as a health HR planning structure and oversees related activities. The council was formed to advise the OHA on strategic human resources challenges affecting Ontario hospitals, and the health care system as a whole. Specific responsibilities include:

- Provide strategic direction and recommendations for system-wide health HR policies and/or programs to ensure a stable health care workforce supply, both short- and long-term;
- Foster a cooperative environment between and amongst hospitals, LHINs, other health care provider organizations, and the MOHLTC;
- Oversee processes whereby stakeholders can be brought together to contribute to a sound health system HR policy framework.

The council reports to the OHA Board through the OHA President and CEO and meets at least three times per year. The [membership of the council](#) includes a number of hospital leaders as well as representative from a Community Care Access Centres (CCAC), a community college, the Council of Ontario Universities, a LHIN, and the Ontario Long-Term Care Association.

Since February 2008, the Council has been guiding a strategic planning process to update the OHA Provincial Health Human Resources Strategy released in 2005. Throughout 2008, the council conducted an environmental scan of issues related to health HR planning (local, provincial, national and international), brainstormed various solutions, and collected feedback

from members and stakeholders. In summer 2008, the OHA on behalf of the Leadership Council conducted a health HR consultation survey and a set of interviews with members and other stakeholders. The Leadership Council received 153 responses to the online survey. The consultations revealed critical human resources issues facing hospitals and other stakeholders and suggestions on the role of the OHA.

The OHA Provincial Health Human Resources Strategic Plan 2008-2011

Based on member and stakeholder feedback, the Leadership Council released the [OHA Provincial Health HR Strategic Plan 2008-2011](#) in January 2009. The purpose of the Strategic Plan is to address the ongoing systemic challenges facing Ontario hospitals and other stakeholders in the health care system with respect to the supply, utilization and deployment of health human resources.

The plan was developed directly from member feedback gathered during the OHA's regional member engagement forums held in early 2008 and through member and stakeholder consultations on health human resources conducted by the OHA on behalf of the Leadership Council in summer 2008. In contrast to the 2005 Strategy, which made recommendations for hospitals, the OHA, the MOHLTC, and other stakeholders, all of the goals and activities contained in the updated plan are direct actions the OHA can take. The Strategic Plan sets out priorities for the next three years; they include:

- Strategic Direction #1 – Collaborative Health Human Resources Planning
 - Under this strategic direction, the goals will be to improve provincial health human resources strategic planning and ensure the appropriate supply, distribution and utilization of health care professionals.
- Strategic Direction #2 – Evidence-Based Human Resources Management
 - Under this direction, the OHA intends to advance the system-wide adoption of leading, evidence-based strategic health human resources policies, programs and practices.
- Strategic Direction #3 – Visioning for the Future of Health Care
 - This direction will see OHA doing long-range planning by aligning health human resources requirements with future models of health care.

Execution of the *Provincial Health Human Resources Strategic Plan* continues as the OHA and the Leadership Council disseminate information to members, hold networking and knowledge transfer opportunities, provide resources and tools on leading, evidence-based HR programs and practices, conduct research, and participate in a number of government programs and initiatives related to broad, provincial health system HR issues.

Other OHA Health HR Initiatives

The SHRMS division conducts research and surveys, holds symposiums, coordinates forums on HR topics, and produces a number of reports. OHA surveys provide needed data and information required for health HR planning. The surveys produced by the division are detailed in Exhibit 1 below. Exhibit 2 lists the relevant OHA HR forums. Forums such as the OHA Wellness Wednesday Teleconference Series take the form of knowledge transfer and sharing of leading healthy work environment practices. While other forums like the OHA (WSIB) Safety

Group and OHA Health and Safety Advisory Committee provide advice and recommendations on health and safety in health care and are more health HR planning structures.²

Exhibit 1: Relevant Ontario Hospital Association Surveys

| Name of Survey | Results Release Date | Frequency | Description | Department Responsible |
|-----------------------|-----------------------------|----------------------|--|---|
| Labour Market Survey | November 2009 | Biennial (odd years) | Aggregate, supply-based data for 45 selected occupational groups in Ontario hospitals. Topics include: staffing numbers, vacancy rates, turnover rates, age demographics and future staff demand. Also includes components on strategic HR planning, succession planning, recruitment and retention, education and training, and HR information systems. | Organizational Health Management |
| Absence Survey | October 2009 | Annual | Provides benchmark data on the rates and costs of medical absence. Major causes of employee absence are also identified in this report. | Organizational Health Management Services |
| Survey of HR Metrics | December 2006 | n/a | This report provides a snapshot of HR indicators in 37 hospitals across Ontario. Report includes: an overview of the methodology of the research, definitions of metrics, examination of some of the challenges HR departments face when trying to collect data, results of surveys of hospitals, and a listing of the most popular metrics (formulas provided). | Provincial Human Resources Strategy |
| Salary Surveys | Fall 2009 | Annual | <u>Region Salary Survey</u> : a compensation survey of 114 middle-management, professional, service, and clerical positions in Ontario hospitals. <u>Management Salary Survey</u> : a compensation survey of approximately 30 management level positions in Ontario hospitals. <u>Executive Salary Survey</u> : a compensation survey of 16 CEO and VP level positions in Ontario hospitals. | Hospital Employee Relations |
| Environmental Scans | ONA 2007 OPSEU 2008 | Preceding Bargaining | Provides member hospitals with the general economic context in which bargaining is to take place. Also examines several key issues that will likely arise at bargaining that are of importance to member hospitals, CUPE, SEIU and the CAW. These issues have been derived from a variety of sources, but most importantly, from the issues surveys completed by members. | Hospital Employee Relations |

² A complete list of products and services can be found on the OHA [website](#).

Exhibit 2: Relevant Ontario Hospital Association Forums

| Name of Forum | Membership | Frequency | Description | Format |
|--|---|--|--|---|
| OHA Strategic HR Monthly Teleconference | HR leaders in Ontario | Monthly (second Tuesday of the month) | Sharing of collaboration efforts on HR initiatives throughout the LHINs. | Teleconference |
| OHA Wellness Wednesday Teleconference Series | Open forum for professionals interested in improving organizational and employee health in health care organizations | Monthly (last Wednesday of the month) | Includes networking, resource sharing, sharing leading practices, and roundtable discussions related to organizational and workplace health. | Teleconference |
| OHA Expert Employer Group Advisory Panels (EEGAPs) and Negotiating Teams | EEGAP - Executive leaders with responsibility for labour relations Negotiating Teams - VP HR, Director HR, CNO, VP Professional Practice, HR/Labour Relations Manager, HR/LR Consultants | Ad hoc | Oversee and participate in collective bargaining. | |
| OHA (WSIB) Safety Group | Hospital Health and Safety professionals, Occupational Health Nurses, Infection Control Practitioners and HR managers | Six times per year | Sharing of information, expertise, and networking in order to reduce accidents, injuries, and illnesses through the promotion of workplace health and safety. | Toronto and Regional face to face meetings |
| OHA Health and Safety Advisory Committee (HSAC) | Senior Health & Safety Professional and HR Professional representing the 5 OHA Regions | Minimum of four times per year or as circumstances require | Provide advice and recommendations to the OHA on matters arising in Occupational Health and Safety in Acute Care Hospitals with regards to the OHS Act and the WSIB. | Teleconference and face to face meetings in Toronto |

The Council of Academic Hospitals (CAHO) also operates a Chief HR Officers Committee, which meets on a monthly basis in Toronto. The committee is focused on HR best practices, innovations, and knowledge transfer as well as trends and collaboration projects.

2.2 ONTARIO HOSPITALS

The majority of hospitals in Ontario prepare health HR plans, in some form, for their organizations. In 2007, the OHA's Labour Market Survey reported that 63% of responding hospitals have a formal strategic HR plan aligned to their organization's strategic business strategy. This is a slight increase from the 2005 survey which reported that 60% of responding hospitals had such a plan. Samples of some health HR plans can be found on the OHA website (www.oha.com) under "Services/Health Human Resources/Tools and Resources/HR Leading Practices."

Hospitals also actively participate in a number of formal and informal health HR planning activities and structures, including LHIN HR groups, the OHA Strategic HR Provincial Leadership Council, and regional HR forums. Hospitals are involved in health HR pilot projects funded by HealthForceOntario and other government bodies. A list of hospital organized forums is detailed in the table below.

Exhibit 3: Regional Health Human Resources Forums

| Forum | Membership | Frequency | Description | Format |
|---|---|---------------------------------------|---|--|
| Health Care HR Generalists Work Group – Recruitment and Retention | HR Practitioners, HR Generalists, HR Specialists | Monthly (second Tuesday of the month) | <ul style="list-style-type: none"> ▪ Best practices, innovations, and knowledge transfer related to recruitment and retention initiatives | In Person in Toronto |
| OHA Region 3 Compensation and Benefits Workgroup | HR Practitioners, Compensation and Benefits Specialists | Every two or three months | <ul style="list-style-type: none"> ▪ Discussion of current issues that face compensation and benefits specialists in hospitals. ▪ Best practices, innovations, knowledge transfer, updates, and trends related to compensation and benefits | In Person |
| OHA Region 3 HR Management Group | HR Practitioners, Directors, Executives | Monthly | <ul style="list-style-type: none"> ▪ Best practices, innovations, knowledge transfer, updates, trends related to HR initiatives. | In Person (GTA) |
| OHA Region 4 HR Management Group | HR Practitioners, Directors, Executives | Quarterly | <ul style="list-style-type: none"> ▪ Best practices, innovations, knowledge transfer, updates, trends related to HR initiatives. | In Person (Hamilton) |
| OHA Region 5 HR Management Group | HR Practitioners, Directors, Executives | Quarterly | <ul style="list-style-type: none"> ▪ Best practices, innovations, knowledge transfer, updates, trends related to HR initiatives. | In Person (London) Virtual Network through http://oharegion5.hr.ning.com/ |

2.3 LOCAL HEALTH INTEGRATION NETWORKS (LHINS)

The Local Health Integration Networks (LHINs) in Ontario play an important role in collaborating on health HR planning between health care organizations and other stakeholders, such as educational institutions, throughout the health system within their boundaries. LHINs also promote cross-sector information sharing and facilitate the uptake of leading practices.

Local Health Integration Network Collaborative

New structures for health planning in Ontario have been created. The Strategic Advisory Committee (SAC) and the Local Health Integration Network Collaborative (LHINC) were developed to reflect the MOHLTC’s stewardship role and the LHIN’s role as health system managers. The SAC will advise the Deputy Minister on strategic and policy health system issues. The LHINC will implement provincial strategies by serving as a health planning structure in Ontario to bring together LHINs and health system stakeholders for collaborative operational discussions. One of the sub-groups within the LHINC will focus on health HR planning and will advise LHINs on the implementation of provincial strategies and policies.³

LHIN Health HR Activities and Structures

Many of the LHINS in Ontario have formed health HR advisory groups or councils, including the South West LHIN, Champlain LHIN, Central LHIN, Toronto Central LHIN, Waterloo Wellington LHIN, and others.

³ Ontario Hospital Association, Executive Report “MOHLTC and LHIN Roles Progress”, March 4 2009
[http://www.oha.com/Client/OHA/OHA_LP4W_LND_WebStation.nsf/resources/Executive+Report+2009/\\$file/Executive+Report++March+4,+2009.pdf](http://www.oha.com/Client/OHA/OHA_LP4W_LND_WebStation.nsf/resources/Executive+Report+2009/$file/Executive+Report++March+4,+2009.pdf) (20 April 2009).

While each LHIN has developed health HR planning processes in their own unique way, listed below are areas of focus for some of the advisory groups/councils:

- Supporting and promoting provincial health HR plans;
- Identifying, developing, and promoting local leading health HR strategies;
- Identifying health HR challenges and potential solutions;
- Development of health HR data and modeling capacity; and
- Providing advice to LHIN senior management on recruitment, retention, training, education, and employee engagement issues.

Each LHIN health HR advisory council/group has its own structure and mandate. For example, the Toronto Central LHIN Health Human Resources Council developed a [Terms of Reference](#) identifying the mandate, roles, membership, reporting, and frequency of meetings. The council is a voluntary, multi-sectoral group with 15 members who serve for a period of one to three years and members meet at least four times per year or at the call of the co-chairs.

As another example, the South West LHIN has identified five main areas of focus including:

- Understanding the current state of health HR supply, issues, and trends;
- Developing a recruitment and retention strategy;
- Identify the LHIN's role in interprofessional collaboration;
- Investigating the shared services opportunities; and
- Providing advice and guidance on the work of the priority action teams.

The South West LHIN created a [South West Health Career Portal](#), including job postings, information and links to other health care organization's websites within the LHIN and is currently investigating opportunities for benefits administration alignment within the region as well.

2.4 ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE (MOHLTC)

The Ontario Ministry of Health and Long-Term Care (MOHLTC) plays an important role in health HR planning for the province. It sets the overall province-wide HR strategy for the entire health care system in Ontario, conducts health HR forecasting, markets health care careers, provides resources for developing healthy work environments, introduces new roles, and increases the health care provider supply, etc.

MOHLTC/ MTCU HHRSD Division – Strategy and Initiatives

The Health Human Resources Strategy Division (HHRSD) within the MOHLTC was created in 2005 to develop a strategic plan and implementation strategy that addresses the supply, mix, education and distribution of health professionals. The Assistant Deputy Minister (ADM) of HHRSD reports to the Deputy Minister of the MOHLTC and the Deputy Minister of the Ministry of Training, Colleges and Universities (MTCU). The Division consists of health HR (including forecasting and modeling), regulatory, labour market policy branches and a nursing secretariat. Later that same year, the MOHLTC and MTCU jointly published the [Laying the Foundation for](#)

Change⁴ document. The report described the direction, key health HR initiatives, targets and challenges. Progress was evaluated based on six key themes:

1. Coordinating the education and health systems
 - Appointing an ADM for Health HHRSD reporting to both the MOHLTC and MTCU.
 - Developing an integrated HHR Strategy – HealthForceOntario (see below).
2. Gathering better data about current and future needs
 - Developing pilot demographic databases on regulated allied health professions.
 - Expanding the forecasting capacity for health providers.
 - Developing a population needs-based forecasting model to predict current and future supply and demand for physician human resources.
3. Improving access to doctors, nurses and other health care providers
 - Funding to prepare more doctors, nurses, and other health providers.
 - Funding for international medical graduates and bridging programs for other providers.
 - New funding for college programs in rural and remote communities and opening new community health centres and satellites.
4. Supporting providers to work collaboratively
 - Establishing more Family Health Teams and Community Health Centres.
5. Using innovative technologies
 - Purchasing of clinical simulation equipment in education programs.
 - Investments in telemedicine and telehealth.
6. Supporting providers in the workplace
 - Funding for professional development activities, nurse mentorship programs, late career nurses, etc.

HealthForceOntario (HFO)

Ontario's new health HR strategy, HealthForceOntario, debuted in May 2006 as a partnership between the MOHLTC and MTCU. Its mandate is to identify and address Ontario's health HR needs; engage partners in education and health care to develop skilled, knowledgeable providers and create the health care delivery teams that will make the most of their abilities; introduce new and expanded provider roles to increase the number of providers working in health care and build on the skills of those already in the system; and make Ontario the employer-of-choice for all health care providers.⁵

The Strategy includes a number of initiatives including the following discussed below:

- Forecasting and Modeling;

⁴ Ontario Ministry of Health and Long-Term Care and the Ontario Ministry of Training, Colleges, and Universities, Laying the Foundation for Change: a Progress Report on Ontario's Health Human Resources Initiative, December 2005, http://www.health.gov.on.ca/english/public/pub/ministry_reports/hhr_05/hhr_05.pdf, (10 April 2009).

⁵ HealthForceOntario, Newsletter, Issue 6 - January 2009, http://www.healthforceontario.ca/upload/en/newsletter/healthforceontario_newsletter_issue6_jan_2009.pdf (8 June 2009).

- New Roles and Scopes of Practice;
- Marketing and Recruitment Agency including the Access Centre (for internationally educated health professionals) and the Nursing Graduate Guarantee;
- Education, Training, and Development; and
- Healthy Work Environments.

Data, Forecasting, and Modelling

The first step of effective health HR workforce planning is the development of accurate data on the workforce. As part of the MOHLTC's *Laying the Foundation for Change* document, the government is developing pilot demographic databases on regulated allied health professions, developing a population needs-based forecasting model to predict current and future supply and demand for physician human resources. The work began in early 2008 by the Conference Board of Canada to develop the model.

The MOHLTC is also partnering with employer organizations in Community Mental Health and Addictions (CMH&A) and Community Support Services (CSS) on a Human Resources Information Systems (HRIS) project. The project is implementing an HR and payroll software solution, Quadrant, in participating CMH&A and CSS organizations across Ontario. The new software ensures that an organization's HR and payroll information is linked to their financial information and ensures that provincial reporting needs are met.⁶

New Roles and Scope of Practice

In June 2007, the *Health Systems Improvement Act* received Royal Assent. This act made changes to health care roles in the province through advancing scopes of practice for several regulated health professions and introducing self-regulating status to the kinesiology, naturopathy, homeopathy, and psychotherapy professions. The government is also developing four new professional roles including:⁷

- Physician Assistant (pilot);
- Nurse Endoscopist;
- Surgical First Assist; and
- Clinical Specialist Radiation Therapist.

Since the launch of the Hospital Physician Assistant Demonstration Project in May 2007, a total of 64 physician assistants were hired to work in Ontario health care organizations. The MOHLTC recently released a report by the Health Professions Regulatory Advisory Council (HPRAC) entitled, [*Critical Links: Transforming and Supporting Patient Care \(January 2009\)*](#). The report directly responds to a request for advice on interprofessional collaboration, the prescribing and use of drugs by non-physician regulated health professions,

⁶ eHealthOntario.ca, website,

https://www.ehealthontario.ca/portal/server.pt/gateway/PTARGS_0_0_11001_0_0_43/http:ptpublisher.phportal.srv.ehealthontario.ca:7087/publishedcontent/publish/ssh/eo/communities/continuing_care_e_health/community_support_services/css_hris/hris_css.html

https://www.ehealthontario.ca/portal/server.pt/gateway/PTARGS_0_0_10992_0_0_43/http:ptpublisher.phportal.srv.ehealthontario.ca:7087/publishedcontent/publish/ssh/eo/communities/continuing_care_e_health/community_mental_health_addictions/cmha_hris/hris_cmha.html, (9 June 2009).,

⁷ Ministry of Health and Long-Term Care, New Health Care Professional Roles Backgrounder, May 3 2006, http://www.health.gov.on.ca/english/media/news_releases/archives/nr_06/may/bg_050306a.pdf, (10 April 2009).

and scope of practice reviews for the professions of medical laboratory technology and medical radiation technology.

HFO Marketing and Recruitment Agency

The HFO Marketing and Recruitment Agency is responsible for recruiting and retaining health care professions in Ontario. The agency includes a marketing and recruitment group, the recruitment and relocation group, the Access Centre for Internationally Educated Health Professionals, the Emergency Department Coverage Demonstration Project, and the Ontario Physician Locum program.

The HFO Recruitment Centre and job portal is a major piece of the province's recruitment strategy. The recruitment centre co-ordinates and integrates the recruitment of health professionals in partnership with health care organizations and communities by providing information and education on recruitment tools, strategies, and resources. The strategy also promotes Ontario as a desirable place to work and live by developing marketing/advertising materials and by operating a relocation management program.

[HFOJobs](#) is a job-search website for physicians and other health care professionals. As of 2008, the site had over 8,000 doctors and nurses registered and has posted more than 10,000 job opportunities.⁸

HFO's Access Centre for Internationally Educated Health Professionals (IEHPs) opened in 2006 and provides a number of programs to support these individuals. The centre provides counselling, support, information, and referrals on pathways to professional practice, education and assessment programs, retraining, standards, licensing, regulation, internships, etc. By March 2008, there were over 3,100 IEHPs registered with the Access Centre with 9,500 client encounters since its launch.

The Ontario Physician Locums Programs (OPLP) operated through the HFO Marketing and Recruitment Agency provides physician coverage in rural and northern communities as well as in emergency departments in designated hospitals. The program covers:

- Temporary, short-term replacement coverage for practicing rural family physicians;
- Replacement and vacancy specialist locum coverage to designated Northern Ontario communities; and
- ED Physician coverage in designated hospitals.

Nursing Graduate Guarantee

The "Nursing Graduate Guarantee" provides funding aimed at ensuring new nursing graduates (RN and RPN) have opportunities to full-time work in Ontario. As of March 2008, over 2,660 Ontario graduates across 242 facilities have been part of the program. Of those who completed the program, 86% secured full time employment.⁹

⁸ HealthForceOntario, Year End Report 2008, October 2008, http://www.healthforceontario.ca/upload/en/whatishfo/hfo_year%20end%20report.pdf, (9 April 2009).

⁹ Ministry of Health and Long-Term Care, March 6 2008, Nursing Graduate Guarantee 86 Per Cent of Participants Gain Full Time Employment, Press Release <http://ogov.newswire.ca/ontario/GPOE/2008/03/06/c9481.html?lmatch=&lang=e.html>, (6 March 2008).

Other recruiting initiatives underway include:

- Creation of 8,000 new nursing positions since the provincial Liberal government came into office (2004);
- The “Grow Your Own Nurse Practitioner” (NP) Program¹⁰, which fills vacancies among currently funded NP positions by paying local RNs salary while they are in school obtaining NP education;
- A support program and recruitment drive to target physicians registered to practice in Ontario, but who currently reside out of the province; and
- A “Community Partnerships Program,” providing physician recruitment support to community recruiters and health care employers within each Ontario LHIN.

Healthy Work Environments & Retention

HFO funds a number of programs that promote healthy work environments and the retention of health care workers. Programming includes:

- An Inter-Professional Collegiality Project in partnership with the RNAO and University of Ottawa’s Faculty of Medicine
- Kailo Wellness Program – now expanded to the Georgetown Hospital site of Halton Healthcare, Trillium Health Centre, and the Post Inn Village Long-Term Care home;
- Funding for education sessions on workplace violence
- Nursing Retention Fund
 - Provides funding (from January 1, 2006 to March 31, 2010) for education, training, and other strategies for nurses in hospitals to promote retention and prevent decreases in nursing hours due to hospital fiscal constraints.
- Late Career Nurse
 - More than 2,650 nurses in 115 hospitals and 165 long-term care homes participated in the later career nurse initiative in 2007. The project supports nurses over the age of 55 to spend 20 percent of their work time in less physically demanding roles.¹¹

Education, Training, and Development

Education initiatives through the MTCU and MOHLTC/HFO are aimed at expanding training in health care include:

- Opening of the Northern Ontario School of Medicine in September 2005 with two full campuses at Laurentian University in Sudbury and Lakehead University in Thunder Bay, providing 56 new spaces.
- Opening a new school of pharmacy in Waterloo with the first undergraduate class of 120 students arriving in January 2008.

¹⁰ Ministry of Health and Long-Term Care, Guidelines for Application to the Grow Your Own Nurse Practitioner Program http://www.health.gov.on.ca/english/providers/program/nursing_sec/materials.html, (4 October 2007).

¹¹ Supra note 7.

- Increasing the number of physicians trained from 702 (in 2006) to 760 (in 2007).¹² In 2008, 852 first-year medical school places were planned.
- Increasing the number of training and assessment positions for international medical graduates from 90 (in 2003) to 235 (in 2007).¹³
- \$6 million annually in a nursing faculty fund to support graduate enrolment in nursing programs.
- \$24.5 million to create 80 additional training spots and to increase access to midwives and nurse practitioners.¹⁴
- \$2.3 million to expand enrolment in Midwifery Education to 90 spaces in 2009.
- Expansion of the number of nurse practitioner education seats to 200 by 2011.

In addition, HFO funds the following:

- Interprofessional Health Care/Education Fund
 - \$6.1 million to support innovative projects that assist health care providers in interprofessional development activities
 - As of December 2007, 48 projects across Ontario were funded through this initiative
- Allied Health Education Fund (AHEF)
 - \$1 million (up to \$1,500 per year) to support education and development for allied health professionals
 - 4,303 applicants received funding. 5,745 professional development activities were funded¹⁵
 - The fund was expanded in 2007-2008 to include dietitians, pharmacists, and respiratory therapists
- Mentorship, Preceptorship and Leadership Initiative (MPLI)¹⁶
 - \$14.4 million to support mentorship, coaching, and leadership to various health professionals in teams to provide more comprehensive team-based care

Redistributing Supply

The MOHLTC is also striving to redistribute health care providers to under-served areas of the province. The government provides tuition support for return-of-service programs in eligible communities (remote, rural, or underserved) for nurses and physicians including:

- Nursing – reimbursement of tuition for recent nursing graduates who live or went to high school within 100 kilometres of eligible communities.
- Physicians – Free Tuition Program provides up to \$40,000 (or \$10,000 annually) to physicians.

The government also offers incentive grants ranging from \$15,000 to \$40,000 to health care professionals relocating to designated underserved communities.

¹² Ministry of Health and Long-Term Care, February 25 2007, McGuinty Government Improving Access To Doctors, Press Release http://ogov.newswire.ca/ontario/GPOE/2007/02/25/c4043.html?lmatch=&lang=_e.html, (20 April 2009).

¹³ Supra note 7.

¹⁴ Supra note 7.

¹⁵ Supra note 7.

¹⁶ For more information on the IHEIF, AHEF, and MPLI see

http://www.health.gov.on.ca/english/media/news_releases/archives/nr_06/jun/bg_061406.pdf

2.5 LONG-TERM CARE SECTOR

The Ontario Long-Term Care Association (OLTCA) recently developed a HR plan and strategies through a HR Demonstration Site project. It focuses on recruiting and retaining staff (i.e. RN, RPNs, PSW) in the long term care sector, especially the new grads, to minimize the shortfall of workers in the long term care sector. The project produced a website, <http://www.moretoltc.ca/>, a video (there's more to long term care) to support home nursing recruitment efforts, and visual collateral available for member homes. Funding, provided by HealthForceOntario, also included participation in nursing job fairs. Also part of this project, the association collects HR data from organizations within the sector.

The OLTCA hosts a HR Committee representing HR professionals in the long term care sector to develop policy recommendations in the areas of labour relations, occupational health and safety, and recruitment/retention issues. The group meets on a quarterly basis.

Sharing of HR leading practices between long-term care organizations and other useful HR information is promoted by the association through the OLTCA on-line news service called The Morning Report.

2.6 COMMUNITY CARE SECTOR

Awaiting a response from the CCACs.

The Ontario Community Support Association (OCSA) is launching a survey to analyze health human resources in the community support service sector in Ontario. The project, funded by the MOHLTC, will provide key health HR data for the MOHLTC and LHINs along with insight into key health HR issues and trends.¹⁷

2.7 COLLEGES AND UNIVERSITIES

Ontario Community Colleges and Universities, responsible for delivering training to health care professionals, are an important stakeholder in health HR planning. Strong linkages between training institutions, health care organizations, LHINs, and governments are necessary.

In September 2007, Colleges Ontario, the Michener Institute for Applied Health Sciences, and the Council of Ontario Universities held a forum focused on the creation of a centralized clinical placement system in Ontario. The forum, funded and requested by the MOHLTC, gauged the level of support and solicited stakeholder feedback for a coordinated provincial system. Surveys and forum feedback revealed strong interest in establishing a coordinated provincial clinical placement system.¹⁸

¹⁷ Ontario Community Support Association, April 20 2009, Ontario Community Support Association To Probe HR Issues in the Community Support Sector, News Release, [http://www.ocsa.on.ca/userfiles/HHR%20Survey%20CSS%20News%20Release%20April%202022%20final\(1\).pdf](http://www.ocsa.on.ca/userfiles/HHR%20Survey%20CSS%20News%20Release%20April%202022%20final(1).pdf), (20 May 2009).

¹⁸ Council of Ontario Universities, Colleges Ontario, The Michener Institute, Coordinated Provincial System for Clinical Education Placements Forum Proceedings, September 17 2007.

Colleges Ontario

Colleges Ontario plays a role in advocating for sector-wide issues, which may include health HR planning. One current example is the collaboration between colleges, universities, clinical site partners and the Michener Institute to develop a proposal for a provincial clinical education database system or systems. Individual colleges, as well as Colleges Ontario, provide input to government on both a formal and informal basis. The association prepares sector-wide responses on issues of concern to community colleges in general.

Colleges Ontario has released two papers on health care. In 2006, they released a report on clinical education in Ontario's Colleges of Applied Arts and Technology Health Sciences Programs. The report, [Improving Student Outcomes and Patient Care](#), included an inventory of clinical education models, issues and challenges, a costing framework, financial analysis, and recommendations. An earlier report on Ontario's HR requirements in a reformed health care system, [Beyond the Stethoscope](#), was prepared in 2004. It provided a snapshot of health HR issues and stresses the importance of the colleges in meeting the health system's needs. *Beyond the Stethoscope* concluded: "colleges are virtually absent from discussions taking place at both the national and provincial levels despite the significant contribution they make to health care education. Our findings suggest that in order for colleges to respond strategically and operationally to the changing health care needs of Ontarians, it will be necessary to participate more fully in the research, consultations, delivery and decision-making processes of health care reform."¹⁹

Heads of Health Science

The Heads of Health Sciences (HHS) acts as an important council for collaboration within the community college sector.

HHS, comprised of the deans of health sciences programs, or their designates, for the 24 colleges of applied arts and technology in Ontario discuss common issues, many related to health HR. HHS membership also includes a senior policy advisor from the MTCU and the Health HR branch of the MOHLTC and a representative from Colleges Ontario. The committee meets twice annually, but the HHS executive meets more frequently on urgent issues. The group collaborates on a number of items including curriculum development, the supply of nurses, and enrolment numbers.

Council of Ontario Universities

Awaiting a response from the COU.

¹⁹ Colleges Ontario, *Beyond the Stethoscope*, 2004, [http://www.collegesontario.org/Client/CollegesOntario/Colleges_Ontario_LP4W_LND_WebStation.nsf/resources/Beyond%20the%20Stethoscope/\\$file/CO_HEALTH_BEYONDSTETHOSCOPE.pdf](http://www.collegesontario.org/Client/CollegesOntario/Colleges_Ontario_LP4W_LND_WebStation.nsf/resources/Beyond%20the%20Stethoscope/$file/CO_HEALTH_BEYONDSTETHOSCOPE.pdf), (20 May 2009).

3 OTHER PROVINCES

Across the country, provinces and territories have embarked on designing health HR planning process/guides, the development of strategies, action plans, frameworks, databases and other tools to support health HR planning. Exhibit 4 outlines the provincial health HR action plans that each province developed in response to the 2004 Health Accord deal signed by all First Ministers.

A few provinces have also created their own structures for health HR planning within their province. Alberta, for example, has a formalized health HR planning cycle for Alberta Health and Wellness and health authorities. This cycle is detailed in the section below.

Provincial Health HR Planning Activities

Most provinces have developed a health HR Strategy or action plan, with some more developed than others. Many of these strategies were released at the end of 2005/early 2006 as part of their commitment under the 2004 Health Accord deal signed by all First Ministers.²⁰ These comprehensive action plans were a multi-professional approach to strategies for dealing with shortages of health care professionals, changes to scopes of practice, interprofessional education and practice, and population needs-based funding. The goal was to make health HR planning a key component of other health care reforms. Under the agreement, among other things, provinces and territories promised to:

- Expand the assessment of internationally trained graduates;
- Participate in health HR planning with interested governments;
- Increase the supply of health professionals.

To date, all provinces and territories have released their health HR action plans (except British Columbia). Governments made significant progress by; ramping up medical school enrolment, expanding nursing seats, introducing new roles and scopes of practice, and devising new recruitment and retention strategies.

The following table provides an overview of some provincial health HR planning initiatives outlined in the action plans. Links to each of the action plans and relevant websites can be found in the table displayed in Exhibit 4.

²⁰ For more information on the 2004 Health Accord see section 5.

Exhibit 4: Provincial Health Human Resources Action Plans

| Province | Health HR Action Plans | Initiatives |
|---------------|---|---|
| Alberta | <p>Action Plan</p> <ul style="list-style-type: none"> ▪ Alberta Progress on the 10-Year Plan to Strengthen Health Care (2007) <p>Other Plans</p> <ul style="list-style-type: none"> ▪ Health Workforce Action Plan (2007) ▪ Comprehensive Health Workforce Plan (2003) ▪ Provincial Health Human Resource Planning & Guide for Health Authorities (2008) ▪ Alberta's Nursing Workforce Strategy (2005) | <ul style="list-style-type: none"> ▪ Key initiatives include: community-based/client-centred teams, new rural health and wellness centres, new and expanded provider roles, common courses for health programs, creating a virtual campus and rural mentoring, upgrading skills and adjusting wages of health care aides, providing professional development bursaries, reducing injuries, using technology, expanding health training programs and clinical training capacity, attracting health professionals working abroad, and a health career and skills assessment network for internationally educated health professionals. ▪ For a complete list of health HR initiatives see: http://www.health.alberta.ca/initiatives/health-workforce.html |
| Saskatchewan | <p>Action Plan</p> <ul style="list-style-type: none"> ▪ Saskatchewan's Health Workforce Action Plan - December 2005 <p>Other Plans</p> <ul style="list-style-type: none"> ▪ Action Plan for Saskatchewan Healthcare (2001) | <ul style="list-style-type: none"> ▪ Links to the F/P/T pan-Canadian HHR planning framework ▪ Identifies five goals: <ol style="list-style-type: none"> 1. Sufficient number and mix of health care professionals 2. Safe, supportive, high-quality workplaces 3. Full participation of Aboriginal people 4. Education and training aligned to projected workforce requirements 5. Innovative, flexible and responsive workforce²¹ ▪ To oversee implementation a Workforce Steering Committee was created. ▪ Central recruitment agency (http://healthcareersinsask.ca) offers; recruitment services, grants, out-of-province relocation incentives, bursaries, and a retention program. Includes a job portal. For a complete list of health HR initiatives see: www.health.gov.sk.ca/workforce-planning |
| Manitoba | <p>Action Plan</p> <ul style="list-style-type: none"> ▪ Manitoba's Health Human Resource Plan: A Report on Supply (2006) <p>Other Plans</p> <ul style="list-style-type: none"> ▪ Manitoba Nursing Strategy: Three Year Progress Report (2003) | <ul style="list-style-type: none"> ▪ Collaboration with F/P/T governments to develop health HR planning strategies. ▪ Aims to increase medical program enrolment, encourage recruitment and retention, and recruit internationally trained health professionals. ▪ Sample of initiatives include: return-of-service grants and infrastructure support through the Office of Rural and Northern Health and expansion/creation of allied health professional roles. Offers out-of-province relocation assistance for nurses. |
| Ontario | <p>Action Plan</p> <ul style="list-style-type: none"> ▪ Laying the Foundation for Change: A Progress Report on Ontario's Health Human Resources Initiatives (2005) ▪ HealthForceOntario Year-End Report 2007/08 Opening Doors | <ul style="list-style-type: none"> ▪ Initiatives, funding, programs are detailed in Section 2.4 Ontario Ministry of Health and Long-Term Care and can be found at www.healthforceontario.ca. |
| Quebec | <p>Action Plan</p> <ul style="list-style-type: none"> ▪ Report on the Progress Made Regarding the Bilateral Agreement Entered into during the Federal-Provincial-Territorial Meeting of the First Ministers on Health (2004) | <ul style="list-style-type: none"> ▪ The health HR section of this report focuses mainly on physicians. ▪ Initiatives include; changes to scopes of practices, recruitment of internationally trained health providers, and retention efforts for rural areas of the province. ▪ For more information see www.msss.gouv.qc.ca. |
| New Brunswick | <p>Action Plan</p> <ul style="list-style-type: none"> ▪ Health Human Resource Planning: Gaining Momentum, The New Brunswick Journey (2005) <p>Other Plans</p> <ul style="list-style-type: none"> ▪ Allied Health Professionals Human Resources Strategy ▪ Nursing Strategy ▪ Nursing Recruitment and Retention ▪ Physician recruitment and retention | <ul style="list-style-type: none"> ▪ Active in pan-Canadian health HR planning. ▪ Reports on progress made in the 2002 plan and details ongoing and future plans. ▪ Uses a forecasting model to analyze the supply of health care providers. Maintains a Service Provider Database system installed in the offices of eight Health Professional Associations. Data is used by the government to carry out workforce planning. ▪ Key elements of the health HR strategy include increasing enrolment, recruitment, retention, and changing scopes of practice. ▪ Offers bursaries and income tax credits. |

²¹ Canadian Institute for Health Information, Canada's Health Care Providers, 2007, http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=AR_35_E, (20 May 2009).

Continued from previous page...

| Province | Health HR Action Plans | Initiatives |
|-------------------------|---|--|
| Nova Scotia | Action Plan <ul style="list-style-type: none"> ▪ Nova Scotia Health Human Resources Action Plan (2005) Other Plans <ul style="list-style-type: none"> ▪ A Study of Health Human Resources in Nova Scotia (2003) ▪ Nova Scotia Nursing Study | <ul style="list-style-type: none"> ▪ The plan is linked to the pan-Canadian planning framework. ▪ Key elements include plans to change scopes of practice, increase the number of nurse practitioners, improve integration of internationally trained health care providers, and a plan to develop planning tools. ▪ For general information about health HR in Nova Scotia click here ▪ Health Care Human Resource Sector Council (Nova Scotia) |
| Prince Edward Island | Action Plans <ul style="list-style-type: none"> ▪ Meeting the Needs of Citizens Through Health Human Resources Planning (2005) Other Plans <ul style="list-style-type: none"> ▪ Physician Recruitment/Retention & Medical Education Strategy (2006) ▪ Nursing Recruitment and Retention Strategy | <ul style="list-style-type: none"> ▪ Participate in F/P/T work on health HR strategies. ▪ Key elements include supporting internationally trained health professionals, and building on the success of current recruitment and retention efforts. ▪ For general information about health HR in P.E.I. click here |
| Newfoundland & Labrador | Actions Plans <ul style="list-style-type: none"> ▪ First Minister's Accord 2004 Implementation Report (2005) | <ul style="list-style-type: none"> ▪ Integrated health HR planning and system leadership - work with F/P/T counterparts to implement the Framework for Collaborative Pan-Canadian Health Human Resources Planning. ▪ Key elements include; continuing work on current recruitment, retention, support healthy workplaces initiative, improve health HR planning and evidence. ▪ The Newfoundland and Labrador Workforce Planning Unit |

Sample Provincial Health HR Planning Structure – Health HR Planning Cycle in Alberta²²

Each province has their own unique way of planning for their jurisdiction's health HR. Alberta Health and Wellness (AHW) has developed a formalized health HR planning cycle and an annual [Provincial Health Human Resource Planning & Guide for Health Authorities](#). The guide provides an overview of the cycle, standard Alberta health HR data set and definitions, forecasting models, performance measures, a sample health HR plan, a sample demand analysis template, a recommended health HR planning questionnaire, suggested roles and responsibilities for planning teams and more, while also outlining the roles and planning cycle for AHW and the health authorities.²³

AHW provides strategic direction and leadership in support of provincial health HR planning. Health authorities are responsible for the planning, delivery, and management of health services within their jurisdiction. A framework for workforce planning was established in 2003 in the *Provincial Comprehensive Health Workforce Plan*.

Each year, the AHW prepares an *Annual Provincial Health Workforce Report* and holds ad hoc Comprehensive Health Workforce Planning stakeholder forums. The report incorporates information collected from the Regional Health Authority (RHA) Business Plans and Health Workforce Plans, supporting provincial health HR planning and informing Ministry leaders and the public with details on education/training, employment, wage/salary, workforce trends and projections, and current issues and challenges.

²² The process described here has altered due to the changes in the health care system in Alberta. As of April 1, 2009, the new provincial health board, Alberta Health Services Board, has replaced Alberta's nine regional health authority boards, the Alberta Mental Health Board, Alberta Cancer Board and Alberta Alcohol and Drug Abuse Commission.

²³ Alberta Health and Wellness, 2008, *Provincial Health Human Resource Planning & Guide for Health Authorities*, <http://www.health.alberta.ca/documents/Workforce-Health-HR-plan-2008.pdf> (20 May 2009).

Feeding into the provincial report, RHAs are required to complete and submit ad hoc workforce sector surveys and reports and an annual Health Workforce Template to the AHW. The template includes actual and projected health profession FTE counts. Key dates of the Alberta health HR planning cycle are highlighted below. More details on the health HR planning cycle are displayed in Exhibit 5.

| | |
|--------------|---|
| February 28: | <ul style="list-style-type: none"> AHW distributes the Health Workforce Template to health authorities |
| June 30: | <ul style="list-style-type: none"> Health Workforce templates and surveys due to AHW. Information from regulatory bodies, Ministry of Advanced Education and Training, Ministry of Employment, Immigration and Industry due to AHW. |
| November 1: | <ul style="list-style-type: none"> Annual Provincial Health Workforce Report prepared by AHW. |

Exhibit 5: Alberta Health and Wellness Health HR Planning Cycle

| Ad Hoc | January 30 | February 28 Deadline | June 30 Deadline | November 1 |
|--|--|--|---|--|
| <p>Surveys and reports may be requested throughout the year to support responding to emerging issues related to health HR planning</p> <p>Health HR planning forums meetings may be organized throughout the year to support responding to emerging issues related to health HR planning</p> | Health Workforce Template contents confirmed | Health Workforce Template (for utilization by AHW as well as by HBA Services) distributed to health authorities | All Health Workforce Templates and surveys received; review begins by AHW (e.g. regulatory bodies, other ministries, other employers, particular sectors, Physician Resource Planning committee, etc.) | <p>Annual Workforce Report prepared providing a summary of health HR data and information received by June 30 inclusive of information available from:</p> <ul style="list-style-type: none"> Ongoing general environmental scanning paying particular attention to trends and data Available forecasting tools/models Searchable inventories of health HR strategies (including research agendas) Other organizations' work plans Health authority Health Plans and Business Plans |
| | | Other health workforce surveys (for utilization by AHW and for sharing with stakeholders as appropriate) distributed (e.g. to regulatory bodies, other ministries, other employers, particular sectors, Physician Resource Planning Committee, etc.) | Ministry of Advanced Education and Training information provided and received and utilized (i.e. related to programs, seats, full load equivalent, information, etc) | |
| | | Requests to Ministry of Employment, Industry and Immigration and Ministry of Advanced Education and Training and Provincial Nominee Program information for required reports (and others as determined to be necessary) | <p>Ministry of Employment, Immigration and Industry information on immigration received and utilized; Canadian Occupational Projection system (COPS) Forecast from November utilized</p> <p>AHW Provincial Nominee Program report received and utilized</p> | |

Source: Alberta Health and Wellness, Provincial Health Human Resource Planning & Guide for Health Authorities (March 2008)

4 INTER-PROVINCIAL

Inter-Provincial collaboration on health HR has formed two separate bodies; the Western & Northern Health Human Resources Planning Forum and the Atlantic Health Human Resources Association.

4.1 Western & Northern Health Human Resources Planning Forum

The [Western & Northern Health Human Resources Planning Forum](#) (W&NHHRPF) was established in 2001 to engage Western and Northern governments in coordinated health HR planning and joint initiatives. Membership includes representatives from both the Ministries of Health and Ministries of Advanced Education in British Columbia, Alberta, Saskatchewan, Manitoba, the Yukon, Northwest Territories, and Nunavut. Health Canada, the Atlantic Advisory Committee on Health Human Resources and the Ontario MOHLTC also participate as observers.

The forum has established a secretariat, developed an organizational structure, and hired an executive director to oversee activities and project accountability. The forum meets twice per year for a two-day conference. The first day is open to guests and non-members, and the second is for forum members only. A list server and tele and video conferencing ability is also utilized. The executive of the forum also meet by teleconference on a monthly basis.

The W&NHHRPF has developed a reciprocal arrangement for sharing information and attendance at conferences with the Atlantic health HR Association and the Atlantic health HR Committee. The Ontario MOHLTC also has a standing invitation to participate in forum conferences and projects.

Initial activities of the forum included information exchange, networking, and communications on health HR developments and activities. The forum has now matured into the implementation of more than 30 collaborative multi-jurisdictional projects with most of the funding coming from Health Canada.

Activities of the forum include:

- Regular communication, networking and information exchange on jurisdictional developments and initiatives in health HR;
- Establishment of inter-jurisdictional task groups;
- Organization of bi-annual health HR Planning conferences;
- Representation on national working groups and committees; and
- Identification, development and implementation of opportunities for inter-jurisdictional collaboration in health HR.

Sample projects include:

- [Healthy Workplace Indicators for Yukon Health Service Employers](#)
- [Matching Placement Capacity with Placement Needs for Health Profession Students](#)
- [Maximizing the Gains from the Western Alliance for Assessment of International Physicians](#)
- [National Conference on Physician Compensation 2006](#)

- [Preliminary Analysis of Development of a Demand Model for Health Care – A Patient-Centred Approach](#)
- [Physician Resource Projection Modelling](#)
- [Situational Analysis for Internationally Educated Health Professionals in the Western Provinces and Northern Territories](#)
- [Western Alliance for Assessment of International Medical Graduates](#)
- [Capacity Building for Internationally Educated Nurses \(IENs\) Assessment](#)
- [Internationally Educated Health Professional Initiative \(IEHPI\) Project Proposal](#)

Over the next year, the forum will be working collaboratively on health HR productivity research and on remote/rural health HR projects. As well, the forum has proposed to establish a health HR planning and research forum to allow health HR researchers and decision makers to set research priorities and work collaboratively.

4.2 Atlantic Health Human Resources Association

[The Atlantic Health Human Resources Association](#) (AHHRA) is building capacity for health HR planning across the Atlantic provinces. In particular, AHHRA is focused on creating an integrated information base to enable informed health HR decision-making across the region by:

- Providing a ‘point in time’ roll-up of provincial data into an Atlantic database;
- Reporting on health human resource trends, issues and needs for education/training at the Atlantic level;
- Creating an inventory of basic and continuing education/training programs for selected health disciplines;
- Analyzing production capacity to meet current and future Atlantic education and training requirements; and
- Providing decision-makers with a clearer understanding of what information is (and is not) available.

The AHHRA released an [Atlantic Health HR Planning Study](#) in 2005. A health HR planning simulation model based on the conceptual framework for health HR planning (developed by O’Brien-Pallas, Tomblin Murphy, Birch, and Baumann) was also created by the association. The model includes a scenario-based education and training program forecasting tool, supply and demand data, an inventory of both pre-service and continuing education and training programs, and an environmental scan of education and training issues.

5 NATIONAL

There is a renewed commitment to a coordinated, national approach to health HR planning in Canada. The work, supported by substantial federal financial resources, involves various groups including:

- Health Canada;
- The Federal/Provincial/Territorial (F/P/T) Conference of Deputy Ministers of Health (CDM);
- The Canadian Institute of Health Information (CIHI); and
- National health professional associations.

The Federal Advisory Committee on Health Delivery and Health Human Resources (ACHDHR) has subcommittees focused on:

- Health HR planning;
- Entry to practice credentials;
- Nursing;
- Physicians; and
- Health HR research.

These groups collaborate to develop national health HR policies and strategies with the understanding that labour market trends, labour market competition, entry-to-practice credentials, education, immigration, and mobility require national coordination.²⁴

5.1 PAN-CANADIAN HEALTH HUMAN RESOURCE STRATEGY

The federal government, in response to the work of the [Romanow Commission](#), the [Kirby Report](#), and the [First Ministers' Accord on Health Care Renewal](#), allocated \$90 million over five years in the 2003 federal budget to Health Canada for improving health HR planning and coordination. In the [2004 10-Year Plan to Strengthen Health Care](#), First Ministers renewed their commitment to health HR planning.²⁵ Under the Accord, each government agreed to increase the workforce of health professionals and to make their action plans public. The action plans, released in December 2005, included targets for training, recruitment, and retention.²⁶ The Federal government agreed to:

- Accelerate the assessment of international graduates;
- Support Aboriginal communities and official language minorities to increase supply;
- Reduce the financial burden on students in specific health education programs; and
- Participate in health HR planning with interested provinces and territories.

²⁴ BC Academic Health Council, 2004, The Health Human Resource Planning Landscape in B.C., <http://www.bcchc.ca/HHR-PD-LandscapeReport-April04.pdf>, (20 May 2009).

²⁵ The Health Accord deal, signed by all First Ministers, spans 10 years and is worth \$41 billion above the Canada Health Transfer. The impact of the deal on the Province of Ontario is \$7 billion in new funding over six years, over and above the additional funding provided under the 2003 Health Accord. Funding includes money for closing the short-term Romanow gap, wait times reductions, medical equipment, improvements to Aboriginal people's health, etc. For more information see http://www.scics.gc.ca/cinfo04/800042005_e.pdf

²⁶ Links to the provincial action plans can be found in the Other Provinces section above (see section 3).

In partnership with provincial and territorial governments, educators, and health professionals, the federal government is the implementer of the [Pan-Canadian Health Human Resource Strategy](#).

The Strategy is composed of the following initiatives:

1. Health HR planning
2. Recruitment and retention
3. Healthy workplaces
4. Inter-professional education for collaborative patient-Centred practice

Pan-Canadian Health Human Resource Planning Initiative

The [Pan-Canadian Health Human Resource Planning Initiative](#), as part of the Health Human Resource Strategy, aims to:

- Enhance and strengthen the evidence and capacity for coordinated health HR planning to better support federal/provincial/territorial areas and jurisdictional and nationwide activities;
- Create a culture in which key health HR issues can be identified and addressed by the appropriate jurisdiction.

The [Pan-Canadian HHR Planning Framework](#) was completed in 2005 by the F/P/T Advisory Committee on Health Delivery and Human Resources and approved by Ministers of Health (except Quebec).²⁷ The framework and its action plan breaks the culture of planning in silos and any resulting duplications in efforts; this is accomplished through a pan-Canadian collaborative approach toward planning and priority identification driven by each population's health needs, leading to a more stable, effective health workforce. Each jurisdiction develops and implements their own service models and health HR plans, but within the framework of a pan-Canadian system.²⁸ Provinces and territories presently use the framework as a tool for examining their own health HR needs.

Over the past five years the framework has provided actions and strategies to enhance the collaborative capacity of provinces and territories to better plan and manage health human resources by supporting health HR data development, exploratory research, needs assessment, forecasting, program development and evaluation and dissemination of best practices. This approach complements and supplements jurisdictional health HR strategies by strengthening planning capacity at both local and pan-Canadian levels to ensure, as far as practicable, that an appropriate, well-distributed, adaptable, well-managed and sustainable national workforce is achieved and maintained.

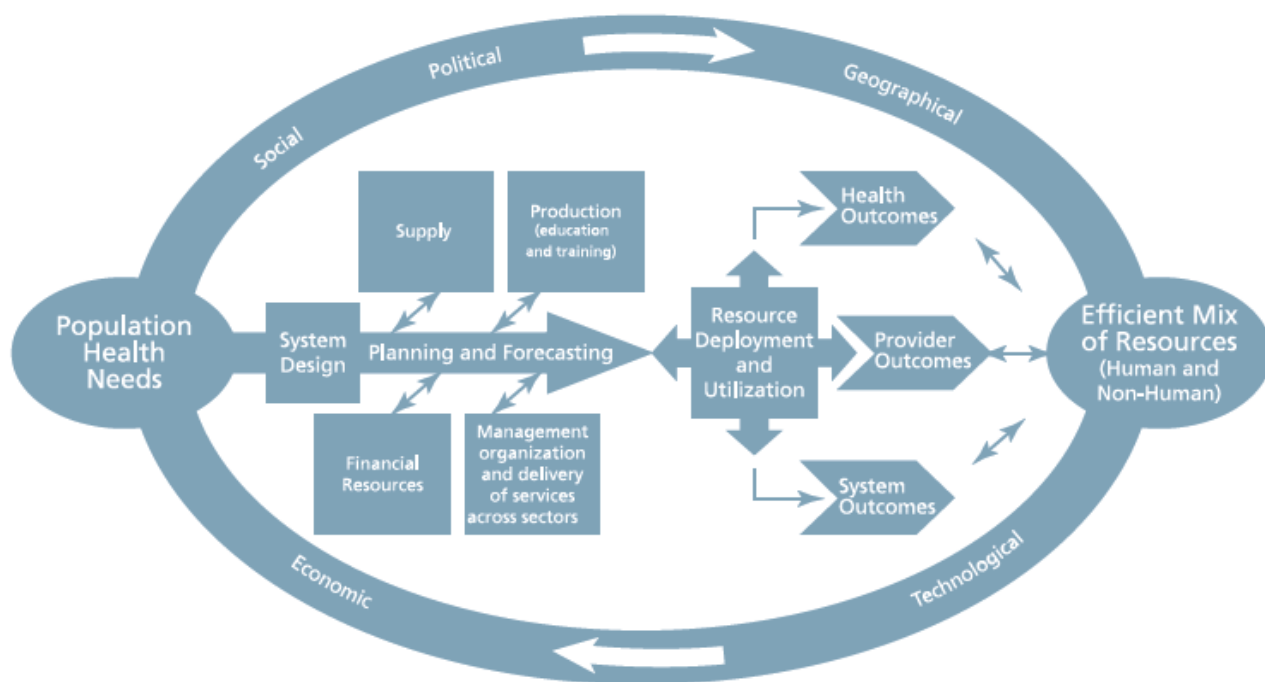
Breaking from the traditional approach to health HR planning, planning is based on system design and emerging population health needs instead of supply-side analysis of past utilization trends. The framework is forward looking and provides an opportunity to identify the services

²⁷ Health Council of Canada, Health Renewal in Canada: Measuring Up? Annual Report to Canadians 2006, http://www.healthcouncilcanada.ca/en/index.php?option=com_content&task=view&id=150&Itemid=131, (14 April 2009).

²⁸ Federal/ Provincial/ Territorial Advisory Committee on Health Delivery and Human Resources, 2005, A Framework for Collaborative Pan-Canadian Health Human Resources Planning, <http://www.hc-sc.gc.ca/hcs-sss/pubs/hhrhs/2007-frame-cadre/index-eng.php>, (14 April 2009).

needed and how to best deliver them based on new ways of efficiently mixing resources. The framework considers the full range of health care providers instead of health HR planning for physicians or nurses in isolation. The framework included an example of a conceptual model for health HR Planning developed by O'Brien-Pallas, Tomblin Murphy, Birch, and Baumann (2005). This comprehensive framework includes additional factors and encapsulates the dynamic relationships among factors that previous health HR planning models study in isolation from one another. Stakeholders agree that the framework is a positive step, but note that Canada still needs a national coordinating mechanism that includes input from stakeholders and creates a formal national health HR strategy connected to future health delivery models.²⁹

Exhibit 6: Health System and Health Human Resources Planning Conceptual Framework³⁰



* O'Brien-Pallas, Tomblin Murphy, Birch, and Baumann (2001) adapted from O'Brien-Pallas and Baumann (1997)

The Atlantic³¹ health HR planning simulation model is based on a conceptual framework (as outlined in Exhibit 6) for health HR planning and other organizations are looking to the framework for use in policy development. The Atlantic simulation model “allows the Atlantic region to simulate gaps in the supply of and need for health HR, and to test the effectiveness of policy initiatives in dealing with health HR gaps prior to the full implementation of the policy

²⁹ There is an increase in collaborative health HR planning at the regional level through the Atlantic HHR Association and the Western HHR Planning Forum.

³⁰ O'Brien-Pallas, Tomblin Murphy, Birch, 2005 (adapted from O'Brien-Pallas, Tomblin Murphy, Birch, & Baumann, 2001, and O'Brien-Pallas & Baumann, 1997), Pan-Canadian HHR Planning Framework 2005.

³¹ Nova Scotia, New Brunswick, Prince Edward Island, and Newfoundland and Labrador

intervention.”³² The comprehensive model incorporates population health needs and looks at 30 health provider groups.

The model includes the following modules and variables:³³

| Module | Variables |
|-----------------------|---|
| Supply | Graduate entry rates, graduate age distribution, in-migration, provider stock, exit rates |
| Training | Seats, programme attrition, programme length, number of students, graduate out-migration |
| Work and Productivity | Productivity, worked hours, activity-adjusted providers available |
| Needs | Population, health status, level of service, service requirements, activity-adjusted providers required |

The Atlantic simulation model is a step forward for collaborative, multi-professional health HR planning in Canada. The [Atlantic Health Human Resources Planning Study](#) provides an overview of the model and makes a number of recommendations.

Another piece of the Health HR Planning Initiative is the Modelling Working Group. This group existed between 2004 and 2006, and its tasks were to:

- Promote collaborative modelling activities that support policy and planning requirements of governments and stakeholders;
- Provide strategic advice on Health HR modelling and related matters;
- Elicit the support and collaboration of organizations on health HR modelling; and,
- Facilitate the creation of a health HR modelling network that promotes the sharing of knowledge and the formation of partnerships.

The accomplishments of this group included convening data and modelling workshops along with the developing of a discussion document on definitions and principles to help establish common understandings among members and external stakeholders.

Recruitment and Retention Initiative

The [Recruitment and Retention Initiative](#) aims to increase the supply of needed health professionals and revitalize the current and future health care workforce. Projects (more can be found at <http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/index-eng.php>) include:

- *Turnover in Canadian Hospitals* – a three-year study by the Nursing Health Services Research Unit, Faculty of Nursing, University of Toronto
- *Mainstreaming Health Human Resources Innovations Conference, Proceedings, Fact Sheet and Video* – by the School of Public Administration, Dalhousie University
- *Research to Action: Applied Workplace Solutions for Nurses* – by the Canadian Federation of Nurses Unions. The project aimed to improve recruitment and retention strategies through projects in nine provinces across Canada by focusing on:
 - Mentoring and new training programs;

³² Atlantic Health Human Resources Association, 2005, The Atlantic Health Human Resources Planning Study, http://www.ahhra.ca/images/docs/MEI_ExecSummary_Eng.pdf, (15 April 2009).

³³ Supra note 30.

- Providing critical care and emergency nursing education programs;
- Improving patient nursing care;
- Enhanced training for nurses new to caring for the elderly; and
- Placement and orientation requirements for new graduates.³⁴

Healthy Workplace Initiative

The objective of the [Healthy Workplace Initiative](#) is to support efforts by health care organizations to create and maintain healthy work environments. The goal is that short-term improvements to work environments, staff health and well-being, job satisfaction, and quality of work life contribute over the longer term to improved outcomes in one or more of the following areas:

- Recruitment and retention;
- Quality of patient care and patient safety;
- Operational excellence; and
- Other service-quality outcomes.

Health Canada reports that the Healthy Workplace Initiative has provided approximately \$3.5 million of direct funding to organizations. Some of these initiatives include:

- Creation of the [Quality Worklife – Quality Healthcare Collaborative](#)
- A Healthy Workplace Best Practice Initiative - West Park Healthcare Centre in partnership with Niagara Health System, Saint Elizabeth Health Care, and the Victorian Order of Nurses for Canada
- Kailo Workplace Wellness Program - Halton Health Care

Inter-professional Education for Collaborative Patient-Centred Practice (IECPCP) Initiative

A major component of Health Canada's support to the inter-governmental agreements to strengthen the health system was a series of learning projects, categorized under the title, [Inter-professional Education for Collaborative Patient-Centred Practice](#). This program set out to identify barriers and enablers to implementing team-based delivery of health services. Over five years, through IECPCP, Health Canada worked with thirteen academic institutions, two regional health authorities (RHAs), and five multi-organization collaborations. The results of these partnerships included:

Results for the educational system:

- Identification of principles for Inter-professional (IP) competencies;
- Development of IP curriculum elements;
- Articulation of the supports needed by faculty to participate in an IP education curriculum;
- Development of teaching tools and materials;
- Assessment of the role(s) of clinical placements in the IP education program;
- A skills development program for faculty to deliver IPE;

³⁴ Ontario Hospital Association, Executive Report, "Supporting Recruitment and Retention of Nurses", March 25, 2009, [http://www.oha.com/Client/OHA/OHA_LP4W_LND_WebStation.nsf/resources/Executive+Report+2009/\\$file/Executive+Report+-+March+25,++2009.pdf](http://www.oha.com/Client/OHA/OHA_LP4W_LND_WebStation.nsf/resources/Executive+Report+2009/$file/Executive+Report+-+March+25,++2009.pdf), (15 April 2009).

- Creation of an e-library and website for IP education academic and learning resources;
- Establishment of simulation labs in academic facilities to support IP skills development; and,
- Creation by at least 18 academic institutions of IPE programs and/or offices to coordinate health sciences curricula.

Results for the clinical practice:

- Research identifying issues related to liability and regulation;
- Identification of principles for IPC competencies;
- Identification of clinical supports needed for IPC;
- Establishment of simulation labs in clinical facilities to support IP skills development;
- Improvements in outcomes for patients with chronic diseases; and,
- Improvements in retention of health professionals.

Results for policy:

- Development of a conceptual framework linking IPE and IPC within public policy.

Building from the results of the IECPCP, Health Canada, working with provincial and territorial governments as well as non-governmental agencies, plans to accelerate implementation among organizations with mandates related to delivery of health services and inter-professional collaborative practice. Health Canada will also continue to promote participation of more academic institutions in IPE.

Internationally Educated Health Professionals Initiative (IEHPI)

The [Internationally Educated Health Professionals Initiative](#) (IEHPI) was launched in 2005. The IEHPI invests approximately \$18M per year to accelerate and expand the assessment and integration of internationally educated health professionals. Through contribution agreements, the IEHPI works with its stakeholders, including provinces and territories, health regulatory authorities, post secondary institutions and professional associations, to increase access to assessment and training programs to facilitate the integration of internationally educated health professionals into the Canadian workforce. Based on recommendations from its stakeholders, the IEHPI initially focused on seven priority occupations: physicians, nurses, physiotherapists, pharmacists, occupational therapists, medical radiation technologists and medical laboratory technologists. However, many projects have direct benefits and applicability to other health care professions.

Since inception, the IEHPI has demonstrated progress in six strategic areas:

- *Foster Internationally Educated Health Professionals preparedness for the Canadian labour market and providing access to clear timely information on certification.*

Web portals, designed to provide authoritative information on licensure processes have been developed for nurses in Nova Scotia and for several health professionals in Saskatchewan. In the Yukon, a promotional DVD was developed for prospective nurses to describe working and living conditions in the region and Manitoba has developed a comprehensive resource guide for Practical Nurses that provides information on the registration process. In addition, Health Force Ontario has developed an Access Centre for Internationally Educated Health Professionals. The centre provides one-on-one

- support to internationally educated health professionals to review their experience, guide them through the assessment and licensure process, and provide career counselling.
- *Establishing fair and transparent mechanisms for assessing credentials, knowledge and clinical skills.*

IEHPI funding has helped to develop a national assessment process for international medical graduates, beginning with entry into postgraduate training. In Ontario, an online self-assessment tool was developed for midwives, as well as competency assessment tools for occupational therapists. To help International Pharmacy Graduates (IPGs) in Western Canada, the Western and Northern Health Human Resources Planning Forum worked with partners to develop a study guide that provides IPGs with access to reference materials required to prepare for the evaluating examination, the first compulsory examination required for IPGs to achieve licensure in Canada.
 - *Implementing programs for faculty, preceptors and clinical educators to enhance the learning experiences of internationally educated health professionals.*

A national faculty development program was designed to give educators working with IMGs access to the skills and resources required to effectively prepare IMGs for Canadian practice is well underway and a national training program for mentors and preceptors of international pharmacy graduates has begun.
 - *Increasing access to bridge training and remedial programs.*

Programs such as British Columbia's bridging programs for physiotherapists and medical laboratory technologists have demonstrated progress in this area. In addition, the province of British Columbia has implemented a six month transition program, accompanied by a four month work place practice, to assist underemployed internationally educated nurses (IENs) gain skills-commensurate employment. Ontario has also developed a Physician Assistant Integration Program for IMGs to increase career options for this group.
 - *Improving accessibility of Canadian health care system orientation programs and workplace mentoring integration programs.*

The University of Toronto has developed a comprehensive, interprofessional orientation program to the Canadian health system which was made available at sites across the country and in an interactive web-based format in January 2008. An online version is currently under development for use by health professionals in other countries, prior to emigration.
 - *Maximizing effectiveness and avoiding duplication.*

The IEHPI continues to build regional partnerships and foster collaboration with, for example, the Western and Northern Health Human Resources Planning Forum, consisting of members from British Columbia, Alberta, Saskatchewan, Manitoba, the Yukon, the Northwest Territories and the IEHPs Atlantic Connection Consortium, comprised of members from Prince Edward Island, New Brunswick, Nova Scotia and Newfoundland and Labrador.

Aboriginal Health Human Resources Initiative

Health Canada's First Nations and Inuit Health Branch is responsible for First Nations and Inuit health care and for implementing the health HR Strategy from an Aboriginal perspective. In 2004, the Aboriginal Health Human Resources Initiative committed \$100 million over five years

to develop and implement an Aboriginal health HR strategy to meet the unique health service needs of Aboriginal people. The main areas of focus are:³⁵

- increasing the number of Aboriginal students in health career studies;
- retaining health care workers in Aboriginal communities; and
- changing educational curricula to produce health care workers who are better able to respond to the needs of Aboriginal people, and provide health care services in a more culturally competent manner.

A number of projects are underway aimed at improving First Nations, Inuit, and Métis health HR.³⁶

Key Accomplishments - Pan-Canadian Health Human Resource Strategy

Under the approximately \$20 million allocated annually to the Pan-Canadian Health HR Strategy over the last five years, a number of accomplishments related to health HR planning were achieved including the following key initiatives (for more accomplishments see: <http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/index-eng.php>):

- A Framework for Collaborative Pan-Canadian Health Human Resources Planning (developed in 2004-2005 and endorsed in Fall 2005, by the Federal/Provincial/Territorial (F/P/T) Ministers of Health).
- Multi-year funding, from 2004/2005 to 2009/2010, totaling \$8.3M to the Canadian Institute for Health Information to develop five new national health professional databases (pharmacists, occupational therapists, physiotherapists, medical laboratory technologists and medical radiation technologists) in addition to the physician and nurses existing databases. The five new professions represent the largest health professional groups, are highly in demand, and were identified as a priority by the provinces and territories.
- An inventory and assessment of health HR planning models, completed in 2005, indicating that most jurisdictions are not yet using the new population health needs approach. The inventory was updated in March 2009 and includes a set of recommendations and next steps encompassing: partnership and collaboration in planning, modeller technical capacity development, data development, research covering contextual factors as well that should be included in the modeling process, and evaluation of planning and forecasting models.

Despite the progress made in strategic health HR planning, important work remains to be done. While the demand for health services continues to grow, particularly in meeting the needs of an aging population, the overall supply of health care workers is expected to decrease as health professionals begin to reach retirement age in record numbers.

³⁵ Health Canada, Pan-Canadian Health Human Resource Strategy: 2004/2005 Annual Report, <http://www.hc-sc.gc.ca/ahc-asc/activit/strateg/ahhri-irrhs-eng.php>, (26 May 2009).

³⁶ For a complete list of the Pan-Canadian Health Human Resource Strategy 2006/07 Report, see <http://www.hc-sc.gc.ca/hcs-sss/pubs/hhrhs/2007-ar-ra/index-eng.php> for the *Accomplishments and New Projects*, and see <http://www.hc-sc.gc.ca/hcs-sss/pubs/hhrhs/2007-ongoing-encours/index-eng.php> for a complete list of the *Ongoing Projects in 2006/07*.

Governance

The collaborative work concerning pan-Canadian health HR planning is organized and coordinated by the Federal/Provincial/Territorial Advisory Committee on Health Delivery and Human Resources (ACHDHR). The ACHDHR reports to the Federal/Provincial/Territorial (F/P/T) Conference of Deputy Ministers of Health (CDM), and its membership consists of senior representatives (usually Assistant Deputy Ministers) from each province/territory as well as Health Canada (federal), and up to five external experts (i.e., academics, researchers, etc.) whose responsibilities and/or expertise are related to the committee's mandate.

The mandate of the ACHDHR is to provide policy and strategic advice to the CDM on the planning, organization and delivery of health services including health HR issues. Specific responsibilities the ACHDHR undertakes include:

- Responding to requests for advice from the CDM;
- Identifying emerging issues and develop recommendations for Deputy Ministers related to the committee's mandate; and,
- Providing a national forum for discussion and information sharing of F/P/T issues.

In order to perform its work and deliver on its mandate, the ACHDHR is organized in several sub-committees and task forces including:

- A health HR partnerships and planning sub-committee;
- An ethical recruitment task force;
- A health education task force;
- A coordinating committee on entry-to-practice credentials; and,
- Internationally educated nurses/international medical graduates.

The sub-committees/task Force members are ACHDHR members or representatives appointed by the ACHDHR. The ACHDHR and/or its sub-committees/tasks forces meet at least three times a year.

5.2 THE FEDERAL HEALTH HR ACTION PLAN STATUS REPORT

The federal government, like provinces and territories, has significant challenges with their health HR complement, experiencing vacancy rates as high as 90% in some health service professions. The Federal Healthcare Partnership (FHP) member organizations: Citizenship and Immigration Canada, Correctional Services Canada, National Defence, Health Canada, Public Health Agency of Canada, Royal Canadian Mounted Police and Veterans Affairs Canada recognized the value of working collaboratively to address their challenges and approved the creation of a functional community office, the FHP – Office of Health Human Resources (OHHR), in October 2008.

The FHP-OHHR has been mandated to develop and implement collective recruitment and retention strategies on behalf of the FHP partner organizations. Specific activities that the FHP-OHHR will be leading in 2009-2010 include:

1. Federal Clinical Placement Program – A formal program that will provide residency training and clinical placements within federal organizations to students enrolled in health sciences training programs;
2. Health Education Training Program – An initiative that will fund post-secondary education for students participating in health education programs and that will be tied to a return of service obligation;
3. Physician Professional Development Program – A professional development program that will meet physicians' requirements for licensure, ensure that physicians also have the opportunity to further enhance their expertise in the field of practice and participate in management and leadership courses required for senior leadership positions within the Government of Canada;
4. Classification Reforms - A collaboration with the Office of the Chief Human Resources Officer that will address issues related to classification standards, occupational groups, and occupational group structure; and,
5. Collective Recruitment Activities – Participation in activities such as job fairs, etc.

5.3 HEALTH COUNCIL OF CANADA (HCC)

Following the 2003 First Ministers' Accord on Health Care Renewal, the Health Council of Canada (HCC) was created to monitor and report on the progress of health care renewal in Canada.³⁷ The council is funded by the federal government and operates as an independent non-profit agency with 27 councilors representing federal, provincial, and territorial governments, experts, and stakeholders. The council has released a number of health HR strategy and planning-related documents.

In 2005, the Health Council of Canada held a Health Human Resources Summit and produced a report called *[Modernizing the Management of Health Human Resources in Canada: Identifying Areas for Accelerated Change](#)*. This report made a number of recommendations including ensuring that health HR planning is based on population health needs, fully integrated across jurisdictions, and properly resourced. Prior to the summit, the HCC prepared *[An Environmental Scan of Current Views on Health Human Resources in Canada](#)*.

5.4 CANADIAN INSTITUTE FOR HEALTH INFORMATION (CIHI)

The Canadian Institute for Health Information (CIHI) has a number of initiatives underway. The CIHI produces reports, conducts surveys and collects data on health HR. The *[Canada's Health Care Providers](#)* report looks at the supply of health care professionals in Canada, including education, demographics, health status and absenteeism, job satisfaction, and recruitment and retention. It also includes a section on health HR planning landscape.

³⁷ Health Council of Canada, 2005, *Modernizing the Management of Health Human Resources in Canada: Identifying Areas for Accelerated Change*, A Report from a national Summit, http://www.phac-aspc.gc.ca/php-ppsp/pdf/moderniz_the_management_of_health_human_resources_in_canada_e.pdf, (26 May 2009).

The CIHI's database projects include the *Health HR Databases Development Project* and the *Health HR Minimum Data Set Project*. The health HR Databases Development Project was funded by Health Canada for \$8.25 million and will run until 2010. The goal is to develop a national, supply-based database and reporting systems for five regulated health professions: pharmacists, occupational therapists, physiotherapists, medical laboratory technologists, and medical radiation technologists. The CIHI already has databases for physicians, nurses, and many other health professionals. In 2005, *The Health HR Minimum Data Set Project* produced a guidance document for the development of data sets to support health HR Management in Canada.³⁸

³⁸ Canadian Institute for Health Information, 2005, Guidance Document for the Development of Data Sets to Support Health Human Resources Management in Canada, http://secure.cihi.ca/cihiweb/products/Guidance_Document_e.pdf, (26 May 2009).

6 NATIONAL PROFESSIONAL ASSOCIATIONS

Several other national professional associations have produced health HR Planning reports during the past few years, including:

- Nurses in *Building the Future: an integrated strategy for nursing human resources in Canada* (Nursing Sector Study Corporation, 2005);
- Physicians in *A Physician HR Strategy for Canada* (Task Force Two, 2006);
- A joint nursing-physician effort in *Toward a Pan-Canadian Planning Framework for Health Human Resources* (Canadian Nurses Association/Canadian Medical Association “Green Paper” 2005);
- A coalition of various associations and organizations in *Core Principles and Strategic Directions for a Pan-Canadian Health Human Resources Plan* (Health Action Lobby, 2006).

These reports are discussed in more detail below.

6.1 Nursing Sector Study Corporation

The final report for [Phase I of *Building the Future: an integrated strategy for nursing human resources in Canada*](#) was completed in May 2005. The report’s recommendations for nursing are based on the same three themes as the Pan-Canadian Health HR Strategy: Health Human Resource Planning, Recruitment and Retention, and Inter-professional Education for Collaborative Patient-Centred Practice.

[Phase II](#) was completed in 2006 and involved consultation with governments and nursing stakeholders to encourage strategy development within each jurisdiction’s health HR planning processes. This document reported that “*most jurisdictions recognize the benefits of collaboration and cooperation on a national level to manage nursing [health] HR issues. Examples of inter-jurisdictional collaborative action include, among others, developing national standards on nursing education and licensure, standardizing the regulation and licensure of internationally trained nurses, creating avenues to facilitate inter-jurisdictional information sharing, and sharing ‘Best Practices.’*” The report recognized that a nursing HR plan cannot be developed in isolation and an integrated health professional health HR planning framework is essential.

6.2 A Physician HR Strategy for Canada

Task Force Two prepared a [Physician HR](#) strategy in March 2006. In the report, a multi-stakeholder steering committee produced long-term strategies for five key aspects of physician HR. Overarching strategic foundations include defining and monitoring population health needs and the creation of a body or mechanism to support health HR planning under five key elements:

1. Education and training
2. Inter-professionalism
3. Recruitment and retention
4. Licensure, regulatory issues and liability
5. Infrastructure and technology

6.3 CNA/CMA Green Paper and the Health Action Lobby (HEAL)

The Canadian Nurses Association (CNA) and the Canadian Medical Association (CMA) jointly released [*Toward a Pan-Canadian Planning Framework for Health Human Resources*](#) in June 2005. Later, in March 2006, a coalition of 30 national health and consumer associations/organizations called Heal released a paper, [*Core Principles and Strategic Directions for a Pan-Canadian Health Human Resources Plan*](#).

Both the CNA/CMA Green Paper and the HEAL document set out the same 10 core principles that underpin a pan-Canadian approach to a strategic HR planning perspective. The core principles are:

1. Population needs-based planning
2. Inter-professional collaboration
3. Seeing the health workforce as a national resource with opportunities for mobility throughout Canada in education/training and practice.
4. Greater self-sufficiency for education and training of health professionals
5. Recognizing the global environment
6. Inclusive policy planning and decision-making processes involving all stakeholders
7. Competitive HR policies
8. Implementation of healthy workplaces
9. Balance between personal and professional life
10. Lifelong learning

7 RESEARCHERS AND OTHER ASSOCIATIONS

7.1 University Researchers (Birch, Kephart, Tomblin-Murphy, O'Brien-Pallas, Alder, and MacKenzie)

Canadian researches in health HR planning has contributed to a series of developments in health HR in Canada, including the development of planning models and frameworks utilized by various jurisdictions.

Birch, Kephart, Tomblin-Murphy, O'Brien-Pallas, Alder, and MacKenzie produced [*Human Resources Planning and the Production of Health: A Needs-Based Analytical Framework*](#) in 2007 in the *Canadian Public Policy* journal. The authors note that the general approach to health HR planning in Canada has focused on estimating shortages and surpluses in particular provider groups. The standard research question asks "How many health care providers are required?" This question does not inquire about how many providers are required to do what, how, for whom, and under what circumstances. Health HR planning in the past has focused on demography making use of provider to population ratios. The researchers point out that these ratios change over time as changes to overall health status, resources, ways of organizing work, productivity, and team make-up vary. It is critical that future health HR planning identify and include changes in needs and productivity.³⁹

The Nursing Health Services Research Unit (NHSRU) at the University of Toronto and the Population Health Research Unit (PHRU) at Dalhousie University and other partners are supporting the [*Health Human Resources Modelling: Challenging the Past, Creating the Future*](#) research program. The program aims to expand existing demographic-focused health HR planning approaches beyond supply and utilization to include environmental influences. The three projects within this project include population health, nursing and the health care production function, and nurse retention.⁴⁰

7.2 Canadian Policy Research Networks

The Canadian Policy Research Networks (CPRN) produced [*Taking the Next Step: Options and Support for a Pan-Canadian, Multi-Professional HHR Planning Mechanism*](#) in September 2007. The purpose of the study was to look at options for creating a pan-Canadian health HR planning mechanism(s) and to assess the current level of support among jurisdictions and stakeholder organizations. The idea of a pan-Canadian, multi-professional health HR planning mechanism to provide services and advice to governments and stakeholder organizations across Canada is not new and has been on the agenda of most national health stakeholder organizations and some jurisdictions for several years. The CPRN report states that *"there has been little discernable progress in finding a vehicle that could consolidate the progress that has been made on [health] HR planning in recent years or better coordinate and share ongoing and future activity in this area."*

³⁹ Birch, Kephart, Tomblin-Murphy, O'Brien-Pallas, Alder, and MacKenzie, "Human Resources Planning and the Production of Health: A Needs-Based Analytical Framework", *Canadian Public Policy Journal*, Vol. XXXIII Special 2007, <http://economics.ca/cgi/jab?journal=cpp&view=v33s1/CPpv33s1p001.pdf> (4 October 2007).

⁴⁰ Health Human Resources Modelling: Challenging the Past, Creating the Future, <http://www.hhrp.ca/index.php>, 2009.

Although progress has been slow in some areas, a number of accomplishments have still been achieved, including:

- Government and stakeholder organizations focusing on health HR issues of supply, demand, skill mix, interprofessional training and practice, and needs-based planning
- National health provider associations collaborating and presenting a common position on health HR planning to government
- More governmental collaboration
 - Creation of a Pan-Canadian Framework for Health HR Planning (agreed to by all jurisdictions)
 - Establishment of the Western & Northern Health HR Planning Forum and the Atlantic Health Human Resources Association
- Research in health HR planning looking at multiple professions and considering existing and emerging population health needs.

Most parties agree that coordination of health HR planning across jurisdictions and professions is required and that health HR planning must go beyond supply-demand models based on past utilization models and move to models that consider population health needs. The CMA and the CNA, the Nursing Sector Corporation, HEAL, the Canadian Health Association and other groups have all produced documents to support pan-Canadian health HR planning. However, the groups do not agree how to operate pan-Canadian health HR planning mechanism(s), to best coordinate activity, share information, transfer best practices, develop needs-based interprofessional health HR planning models, act as a forum, and distribute information. The report concludes:

In short, the general agreement about the need for better coordination begins to break down over issues such as:

- *The form that coordination should take;*
- *The structures that need to be in place to accomplish better coordination and the mandate of any pan-Canadian, inter-professional mechanism;*
- *The relative role of both governments and stakeholders in any proposed planning mechanism(s) in terms of governance, accountability and financing; and*
- *The mandate that any mechanism(s) might be given.*

The more specific one gets when discussing these kinds of issues, the more individuals begin to fall into different camps and to express disagreements about specific issues.”⁴¹

Support for a pan-Canadian, multi-professional health HR planning mechanism is much stronger in the stakeholder/ non-governmental organization community than in governments, which is concerned about jurisdictional autonomy and the mechanism influencing policy.

⁴¹ McIntosh, Torgerson, Wortsman, Taking the Next Step: Options and Support for a Pan-Canadian, Multi-Professional HHR Planning Mechanism, Canadian Policy Research Network, September 2007. <http://www.cprn.org/doc.cfm?doc=1763&l=en>, (26 May 2009).

The report proposed that health HR planning mechanism models include:

1. A F/P/T planning secretariat accountable to the ACHDHR with an advisory role to the stakeholder community;
2. A secretariat embedded within an existing research/policy organization that reports to that organization, with the ACHDHR and the stakeholders playing an advisory role;
3. A co-governance model directly accountable and reporting to an expanded version of the ACHDHR including representation from the stakeholder community.

7.3 Canadian Healthcare Association (CHA)

In 2007, the Canadian Healthcare Association (CHA) released a discussion paper entitled *Health Human Resources Shortages in the Canadian Health System: An Exploration of Current Supply, Key Stakeholder Solutions, and Future Policy Development*⁴², which reviews recent pan-Canadian data, initiatives, and reports including recommendations and compares them to CHA positions and statements. Common themes and strategy characteristics identified in the document include:

- A need for better health HR planning, collaboration, coordination, and integration of efforts guided by a pan-Canadian health HR mechanism;
- Investment in health education and careers;
- Inter-disciplinary education and practice;
- A rise in workplace wellness;
- Skills and competencies required in specific roles and settings; and
- Improved assessment, recognition, and integration of internationally trained health providers and other vulnerable socio-cultural groups.

The paper concluded that based on current data, the supply cannot meet the current and future demand for health care providers.

⁴² Taylor, Andrew, *Health Human Resources Shortages in the Canadian Health System: An Exploration of Current Supply, Key Stakeholder Solutions, and Future Policy Development*, Canadian Healthcare Association, April 2007.

8 INTERNATIONAL

The issue of health HR planning is a global one as many countries are facing a short supply of health care workers, growing demand, and rising health care costs. Organizations and researchers have declared that 2006 to 2015 *belongs to the human resources in health decade*. Efforts on the part of the World Health Organization and other international health organizations have sought to raise the profile of health HR issues around the world.

At the seventh Trilateral Conference in Vancouver, B.C. in October 2006, Dr. Penny Ballem, professor of medicine at the University of British Columbia and former Deputy Minister of Health in B.C., argued that “*current political mechanisms for resolving [health] HR issues have not been particularly effective.*”⁴³ Ballem compared the U.S.’s market driven system to the U.K.’s highly centralized health sector and contends that both countries have had unsuccessful health HR planning efforts. In the United States, health professionals represent a significant portion of the total workforce, are among the fastest growing occupations, and are often in short supply. The U.K. has been dealing with the reverse situation with reports of unemployed, domestically trained physicians resulting from overshooting medical school enrolments and the over recruiting of international medical graduates.

This section reviews the health HR planning efforts among the World Health Organization, the United Kingdom, and Australia. The United Kingdom and Australia, in particular, have recently developed formalized health HR planning structures that should be understood and investigated by jurisdictions in Canada contemplating the development of new structures.

8.1 WORLD HEALTH ORGANIZATION (WHO)

The World Health Organization’s (WHO) World Health Report launched the *Health Workforce Decade (2006-2015)* in 2006. It suggested that countries develop effective workforce strategies with three core elements:

- Improving recruitment;
- Helping the existing workforce to perform better; and
- Slowing the attrition rate.

The WHO gave workforce issues a high profile globally by making them the focus of the 2006 World Health Report, *Working together for health*. The report discusses forming national health workforce strategies, training, workforce performance, attrition and retirement, among other topics.

An October 2005 regional meeting of the Observatory of Human Resources in Health held in Toronto concluded with a *Toronto Call to Action: 2006-2015, Towards a Decade of Human Resources in Health for the Americas*.

⁴³ David Hawkins, “Those in the know should lay the parameters for human resources planning”, Canadian Medical Association Journal, January 16, 2007 176 (2), <http://www.cmaj.ca/cgi/reprint/176/2/167>, (28 May 2009).

The meeting was sponsored by the Pan American Health Organization/World Health Organization, and Health Canada, with the support of the Ontario Ministry of Health and Long-Term Care.⁴⁴

“The Call to Action aims to mobilize institutional actors, both national and international, of the health sector and other relevant sectors and civil society, to collectively strengthen the human resources in health through both policies and interventions, in order to achieve the Millennium Development Goals and according to the national health priorities to provide access to quality health services for all the peoples of the Americas by the year 2015.”

Toronto Call to Action: 2006-2015 Towards a decade of Human Resources in Health for the Americas, Pan American Health Organization/ World Health Organization, and Health Canada (2005)

The WHO hosts “THE CONNECTION” – a group made up of international HR specialists who identify and review new HR tools, guidelines, and models. [There is a page dedicated to HHR planning.](#)

Pan American Health Organization

[The Pan American Health Organization](#) (PAHO) is an international public health agency that serves as the Regional Office for the Americas of the World Health Organization. At the 2005 regional meeting of the [Observatories of Human Resources for Health](#) held in Toronto, five critical challenges were identified. The [Toronto Call to Action](#) is a commitment from countries in the Americas to address common health HR issues including:

- Long-range evidence-based policies and plans;
- Strong linkages between training institutions and health-service delivery institutions;
- Improved working conditions;
- Incentives for healthy environments;
- Retention strategies.

During the October 2007 PAHO conference held in Washington, D.C., 20 goals for health HR were identified according to the five challenges listed above. For a complete list of goals, [click here.](#)

8.2 UNITED KINGDOM (U.K.)

The U.K. has gone through a major reform and health HR planning exercises during the past several years. A review of the U.K.’s health service workforce planning system began in 1999 on recommendation by the Government’s Health Committee, which believed that the National Health Service (NHS) was in a staffing crisis. In 2000, the Government published *A Health Service of All Talents*, a blueprint for workforce planning. At the same time, the NHS set expansionary targets in its *NHS Plan*. From 2004 to 2008, the government provided unprecedented increases in health care funding connected to aggressive staffing targets, training seats, increased health provider compensation, and service goals for the NHS. A national HR strategy was outlined in the U.K. Department of Health’s [HR in the NHS Plan](#) (2002).

⁴⁴ Pan American Health Organization, Government of Canada, and the Government of Ontario, Toronto Call to Action 2006-2015 Towards a decade of Human Resources in Health of the Americas, 2005, http://www.observatoriorh.org/Toronto/CallAction_eng1.pdf (28 May 2009).

This strategy was built on four pillars:

- Making the NHS a model employer;
- Ensuring the NHS provides a model career;
- Improving staff morale; and
- Building people management skills.

The actual increase in the workforce far exceeded the *NHS Plan*, and many new health care providers were recruited from outside the U.K. Between 1999 and 2005, the workforce increased by almost 25% (260,000) and overall NHS expenditures almost doubled between 1999 and 2006.⁴⁵ In effect, the *NHS Plan* target for nurses was an increase of 20,000 between 1999 and 2004; however nurses increased by more than 67,000 during that time. Compensation packages for NHS staff rose as well – general practitioners, consultants and nurses all negotiated new contracts. Pay for family doctors more than doubled, becoming among the highest paid general practitioners in Europe.⁴⁶ In some trusts, workforce planning was done without considering financial plans. Some organizations hired new health care workers and did not have the funds to pay them.

The health HR reforms introduced included; revised job specifications and restructured medical training, the Improving Working Lives initiative to retain health professionals and the Modernization Agency's Changing Workforce Programme that piloted new ways of working to challenge professional silos. Reforms were made to the workforce planning framework as well. In 2001, 27 regional Workforce Development Confederations (WDCs) were created to carry out workforce planning including the commissioning of education and training. In 2004, the WDCs merged with the 28 Strategic Health Authorities (SHAs), and in 2006, the SHAs were reduced from 28 to 10. These changes created controversy within the medical professions, the media and among the general public in the U.K.

The U.K. Department of Health produces a number of guides for boards and HR directors, including:

- *A workforce response to local delivery plans: A challenge for NHS Boards*, 2005
- *A national framework to support local workforce strategy development: A guide for HR directors in the NHS and social care*, 2006
- *HR high impact changes: An evidence based resource*, 2006

By 2005, it was clear that the NHS was overspending and a number of trusts were in a deficit position. As these deficits grew, the government decided that the NHS needed to make changes to return to a balanced position. Hospitals began cutting jobs and training budgets, further adding to controversy and leaving many newly qualified staff unemployed. In 2006, the Department of Health and the Home Office put restrictions on international recruitment for medical staff, physiotherapists, and nurses. Based on consultations with health care organizations, the House of Commons Health Committee produced a document analyzing and making recommendations for workforce planning in the health sector for the U.K. The report concluded the following:

“There has been a disastrous failure of workforce planning. Little if any thought has been given to long term or strategic planning. There were, and are, too few people with the ability and skills to do the task. The situation has been exacerbated by constant reorganization including the establishment and abolition of Workforce Development Confederations within 3

⁴⁵ In 2006 the NHS employed or contracted 1.34 million people including 126,000 doctors, 398,000 nurses, and 150,000 other clinicians.

⁴⁶ BBC, State of the NHS, <http://news.bbc.co.uk/2/shared/spl/hi/guides/456900/456959/html/nn5page1.stm>, (28 May 2009).

years. The planning system remains poorly integrated and there is an appalling lack of coordination between workforce and financial planning. The health service, including the Department of Health, Strategic Health Authorities (SHAs), acute trusts and Primary Care Trusts (PCTs), has not made workforce planning a priority.”

*House of Commons Health Committee, Fourth Report of the Session 2006-07
Volume I – Report, together with formal minutes⁴⁷*

The House of Commons Health Committee report made a number of workforce planning recommendations.⁴⁸ These include:

- Workforce planning should be made a priority for the health service. More time, effort, and resources need to be devoted to workforce planning. SHAs must employ high calibre workforce planners and support them with staff and appropriate skills.
- SHAs should continue to conduct workforce planning to create a better workforce planning system. The planning should be long-term and strategic.
- Workforce, financial, and service planning must be integrated and include the involvement of educators.
- Trusts, the Department of Health, and other organizations must improve the quality and accuracy of information including; workforce forecasts, productivity, and the costs of new policies.

Although the health HR planning exercise did not accurately forecast the right mix of health care providers within their budget structure, there are lessons that other jurisdictions can learn from the U.K. experience. Sources report that the NHS reforms and health HR planning efforts resulted in some positive results -- particularly improved efficiency through productivity and greater workplace flexibility. New roles were introduced to the health care system, such as the Emergency Care Practitioner and a number of innovative health HR initiatives that were implemented and are still in place with mixed results. A selection of some of the current health HR initiatives underway is listed below. For a complete review, see the [HR and training](#) section of the department’s website.

Exhibit 7: Health HR Initiatives in the United Kingdom

| | |
|--------------------|---|
| Workforce Planning | <ul style="list-style-type: none"> ▪ Centre of Excellence: Helps local NHS organizations deliver better and more efficient workforce planning ▪ HR Capacity Audit Tool: Helps NHS and Foundation planning and organizing HR services locally. ▪ Six Steps Methodology to Integrated Workforce Planning: Sets out in a practical framework those elements that should be in any workforce plan. |
| More Staff | <ul style="list-style-type: none"> ▪ National and International Recruitment Campaigns ▪ Flexible Careers and Returner Schemes |
| Model Employer | <ul style="list-style-type: none"> ▪ The Improving Working Lives Standard (IWL): Assesses the performance of all NHS employers on the management of HR (including access to flexible working arrangements, childcare facilities, removing discrimination and harassment, improving diversity, quality of communication). Also operates a good practice database. ▪ NHS Childcare Strategy: Aims for 150 extra on-site nurseries providing an additional 7,500 subsidized places and for all NHS staff to have access to a childcare coordinator. ▪ Equality and Human Rights Group (EHRG): Provides strategic leadership on equality and human rights. |
| Model Career | <ul style="list-style-type: none"> ▪ Changing Workforce Programme (CWP)⁴⁹: Involves the redesign of staff roles to improve patient services, tackle staff shortages and increase job satisfaction. Includes 16 pilot sites exploring over 130 roles, producing evidence of how new ways of working can positively impact on service delivery. |

⁴⁷ U.K. House of Commons Health Committee, Fourth Report of the Session 2006-07 Volume I – Report, together with formal minutes, March 2007, <http://www.publications.parliament.uk/pa/cm200607/cmselect/cmhealth/171/171i.pdf>, (28 May 2009).

⁴⁸ Supra note 45.

| | |
|-----------------------------------|--|
| | <ul style="list-style-type: none"> ▪ Skills Escalator: Encourages lifelong learning for staff to constantly renew and extend their skills and knowledge, enabling them to move up the escalator. Meanwhile, efficiencies and skill mix benefits are generated by delegating roles, work and responsibilities down the escalator where appropriate. ▪ Lifelong Learning: A framework that sets out a co-ordinated approach to lifelong learning in health care. ▪ Institute for Innovation and Improvement: Supports the NHS to transform healthcare for by developing and spreading new ways of working, new technology and world-class leadership ▪ Modernising Nursing Careers: Clearer and more flexible career path for nurses. Published <i>Towards a framework for post-registration nursing careers: a national consultation in 2008.</i> |
| Workforce Capacity | <ul style="list-style-type: none"> ▪ Productive Time Initiative: Aims to increase the efficiency of the workforce. |
| NHS Workforce Scorecard | <ul style="list-style-type: none"> ▪ NHS Workforce Scorecard: The NHS workforce scorecard is a tool to enable HR interventions to be aligned with the overall goals of an organisation. It measures the contribution of HR to patient value and service improvement. |
| Building People management skills | <ul style="list-style-type: none"> ▪ Leadership Centre: Works to foster strong leadership qualities and management skills in local NHS organisations. |

NHS Employers

NHS Employers was formed by the NHS Confederation in 2004 and acts as the employers' organisation for the NHS in England, giving employers a voice on workforce and employment matters. The organization is part of the NHS Confederation with its own director, policy board and assembly. The assembly includes 204 representatives from all parts of NHS. Health care employers and NHS Employers work together in four priority areas:

- Pay and negotiations;
- Recruitment and planning the workforce;
- Healthy and productive workplaces; and
- Employment policy and practice.

The NHS Employers [website](#) has a number of tools and resources related to the topics listed above. As well, the site includes workforce planning [tools and resources](#) that have been developed and are available for download.

NHS Employers also supports 16 local HR networks by providing support and networking opportunities for HR directors to share ideas and information about best practices on a monthly or bi-monthly basis. The HR network meetings are broadly aligned with the current SHA boundaries. The networks also provide a vital source of information that allows NHS Employers to speak confidently on behalf of NHS employers regarding workforce and employment issues and to develop the workforce agenda. The HR networks are also responsible for nominating the HR representatives for the NHS Employers Assembly.

In 2008 [A High Quality Workforce](#) was published by the Department of Health. Based on consultations with more than 400 health care stakeholders, the report sets out the expectations of clinicians of the future, future roles and training pathways, and future reforms to the health care system. It outlined improvements to the workforce planning system, based on local integrated planning and

Workforce planning in the U.K. Health System:

The health system in the U.K. is highly centralized through the National Health Service (NHS). Currently, health workforce planning takes place at the national and local level.

- Nationally, the NHS Workforce Review Team analyzes the workforce and makes recommendations for workforce planning including recruitment, training, and skill mix. The Department of Health also plays a key role in setting the medium to long-term planning assumptions used by the Strategic Health Authorities (SHAs).
- Regionally, ten SHAs are responsible for commissioning non-medical education and training and creating and overseeing regional workforce plans.
- On a local level the function of the 150 Primary Care Trusts is the creation local workforce plans, provision of workforce information and primary care training placements.

⁴⁹ through the NHS Institute for Innovation and Improvement

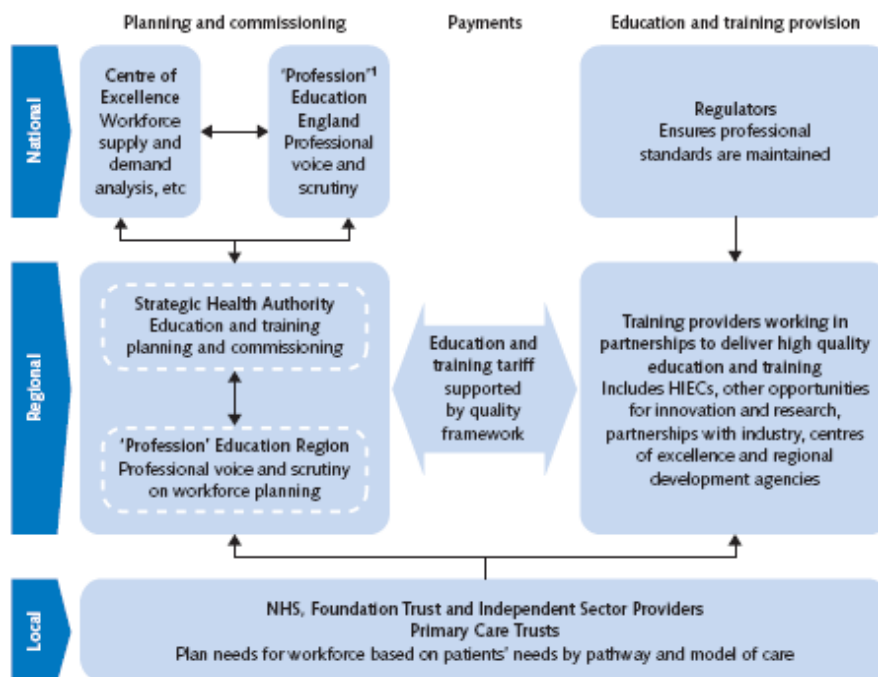
support at a regional and national level.⁵⁰ The vision includes:

- Establishing clearer roles, responsibilities, and lines of accountability throughout the system, the development of key workforce competencies and routines for commissioners, and an improvement metrics framework for SHAs.
- Establishing national and regional advisory boards, including Medical Education England (MEE), to ensure appropriate professional and clinical input to workforce planning.
- Creating a Centre of Excellence to support workforce strategy and planning across the system in England.

This vision for workforce planning in the U.K.'s health sector is shown in the exhibits below.^{51 52}

Exhibit 8: Proposed Improvements to Workforce Planning, Education and Training – National Health System

Workforce planning, education and training architecture



¹ There will be professional advisory boards for each of the professional groups (see paragraphs 107–116 for further information).

² HIECs are Health Innovation and Education Clusters (see paragraphs 128–131 for further information).

Department of Health, 2008, A High Quality Workforce: NHS Next Stage Review

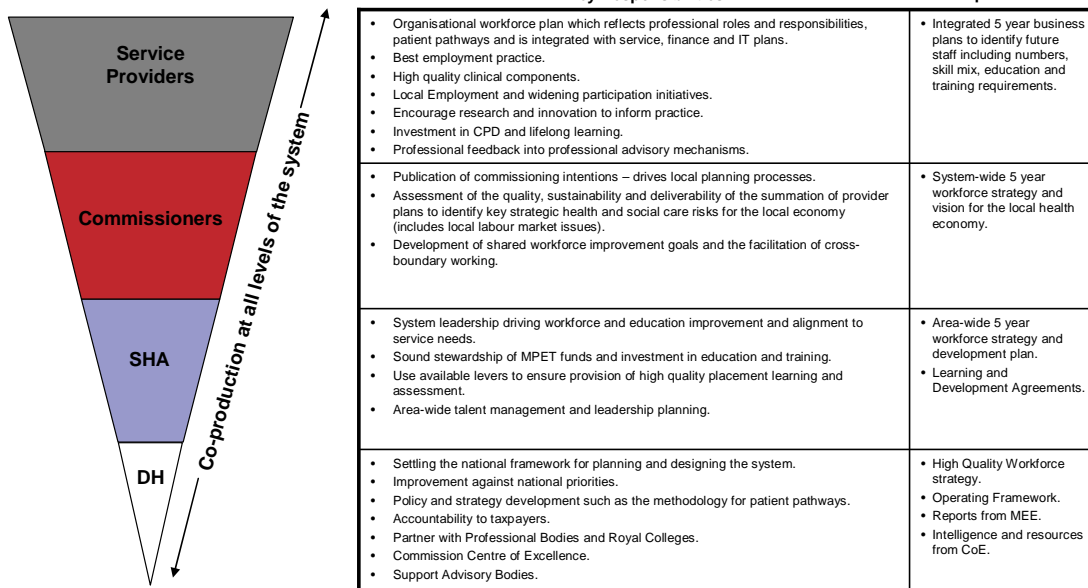
⁵⁰ Department of Health, 2008, A High Quality Workforce: NHS Next Stage Review, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085840, (2 June 2009).

⁵¹ Supra note 48.

⁵² Presentation by Debbie Mellor, Deputy Director, Workforce Capacity, Department of Health. Foundation Trust HR Directors Network, <http://www.nhsconfed.org/SiteCollectionDocuments/Debbie%20Mellor.ppt>, (23 February 2009).

The Workforce Planning System

System management for workforce planning, workforce development and education commissioning.



Presentation by Debbie Mellor, Deputy Director, Workforce Capacity, Department of Health. Foundation Trust HR Directors Network

Exhibit 9, on the next page, details the roles and activities of local, regional, and national groups involved in health workforce planning in the U.K.⁵³ The SHAs continue responsibility for ensuring effective systems for workforce planning and commissioning education within their regions. The vision ensures contribution of the professions to workforce planning through the creation of local and national professional advisory boards. The plan also establishes a Centre of Excellence that will act as a resource for the health and social care systems in long-term horizon scanning, workforce supply and demand modelling, analysis of labour market dynamics, capacity development, and technical planning. It will collect local data through the SHAs and provide advice, tools, and resources to support local implementation of workforce planning.

⁵³ Supra note 48.

Exhibit 9: United Kingdom, Roles and Activities, Local, Regional, and National Groups

| Local | Regional | National |
|---|--|--|
| <ul style="list-style-type: none"> ▪ Primary Care Trusts (PCTs) and local councils commission services to meet the needs of their local populations. ▪ Service providers develop integrated service and workforce plans including proposals for training and development. ▪ PCTs produce service and workforce plans for their local health economy and send them to their SHAs. | <ul style="list-style-type: none"> ▪ Strategic Health Authorities (SHAs) combine PCT plans into a single regional plan that will provide the basis for commissioning education and training for their local health economies from education providers. ▪ These plans are sent to the Centre of Excellence. | <ul style="list-style-type: none"> ▪ The Centre of Excellence ensures synthesis and analysis to the relevant national and regional professional advisory boards for scrutiny and advice. ▪ The Department of Health will commission medical and dental undergraduates and low volume specialty professions nationally. ▪ The Department of Health will review SHA workforce plans through its SHA annual reviews. ▪ The Department of Health will secure and allocate funding for workforce development, education and training against SHA plans. ▪ The Department of Health undertakes long-term strategic workforce planning and policy development and develops the legal and regulatory framework needed to support the NHS. |

The NHS Workforce Review Team

The [NHS Workforce Review Team](#) (WRT) is a group of health care workforce planners who provide expert advice on workforce planning for the NHS. In 2007, the NHS Workforce Review Team commissioned the Institute for Employment Research at the University of Warwick, to conduct a literature review of workforce planning for healthcare. The study, [Who does workforce planning well?: A Rapid Review for the Workforce Review Team](#) reports that:

“Criticisms of the NHS with regard to its failure to co-ordinate recruitment and commissioning of education and training with its finances has led to an acceptance that workforce planning must be integrated with other planning processes including strategic business planning, financial planning and planning for commissioning.

The NHS faces frequent and major national initiatives (e.g., the need for productivity improvements; reallocation of tasks across groups of staff; reorganisation of the way services are delivered by staff; the way in which doctors are trained; increased consumer choice; and the balance of provision between primary and acute care). These put the organisation into a perpetual state of flux, which can undermine workforce planning.”

Skills for Health

[Skills for Health](#), a Sector Skills Council, was created in 2002 to assist the health sector in developing solutions that deliver a skilled and flexible UK workforce. The [Strategic Intent](#) publication sets out Skills for Health’s strategic aims and objectives for transforming the skills of the workforce, specifically to:

- Develop and manage national workforce competencies;
- Profile the U.K. workforce;
- Improve workforce skills;
- Influence education and training supply;
- Work with partners.

8.3 AUSTRALIA

In Australia, health HR planning occurs at the national and state/territory levels. The [Health Workforce Australia](#) website houses all of the government's research, policy, strategy, and activities related to workforce planning.

Exhibit 10 displays the structure of health HR planning in Australia, including the Australian Health Ministers' Advisory Council (AHMAC) and related taskforces/committees that report to the council. A terms of reference for the Australian Health Ministers' Conference and the Australian Health Ministers' Advisory Council can be found in appendix A.2.

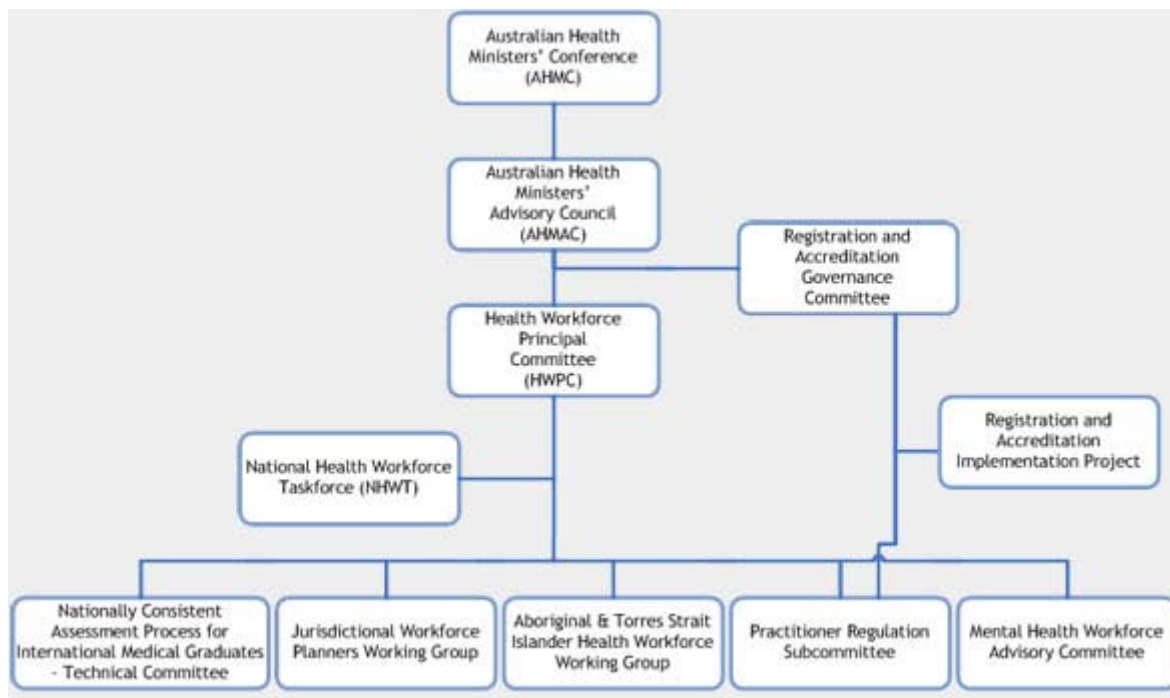
The Health Workforce Principal Committee (HWPC), established in 2006, is the Australian Health Ministers' Advisory Council's primary advisor on national health HR policy and strategy and co-ordinates the activities of the taskforce. It also serves as a forum for reaching agreement on key national health HR issues requiring collaboration. The recently established National Health Workforce Taskforce (NHWT) reports to the HWPC and is responsible for workforce planning and research; education and training; and innovation and reform.⁵⁴

The NHWT works across jurisdictions with health ministers in both the health and education sectors to integrate health HR planning, policy and reform. The focus will be to develop and implement strategies to meet [The National Health Workforce Strategic Framework \(2004-2014\)](#) which was released in April 2004. In May 2007, the Taskforce held a forum to identify priority health HR areas. These priorities focus on three themes (1) research, workforce planning and data; (2) education and training; and (3) innovation and reform and involve:

- Clinical education and training;
- The education and health sector divide;
- New/emerging workforce roles;
- The maldistribution of the workforce; and
- Health workforce data and planning.

⁵⁴ Health Workforce Australia website, <http://www.nhwt.gov.au/index.asp>, (6 April 2009).

Exhibit # 10: Australian Health Ministers' Advisory Council (AHMAC) Workforce Committee Structure – July 2008



In the area of workforce planning and data, a [National Health Workforce Planning Tool](#) was developed. This national tool will be used by jurisdictions, health providers, and other stakeholders at the state/territory and local level to project the supply and demand at the macro and individual profession levels. Jurisdictions throughout Australia also agreed to endorse a National Minimum Data Set. The data will be collected through the new single national registration and accreditation scheme for health practitioners. The scheme allows health practitioners mobility across the country. Australia also established the Jurisdictional Workforce Planners Working Group (JWPWG), which operates as a forum for health departments at the state/ territory and commonwealth level to discuss workforce issues.

9 CONCLUSION

Work in the area of health HR planning – locally, provincially, nationally and internationally is carried out by health care organizations and associations, governments at all levels, research institutes, academia, and others. The chief goal of this work is to attract and retain an engaged, high performing, high quality work force in the health care system. Without appropriate HR in health care, organizations cannot provide the services and levels of care required that the system – and its users – require. HR planning is essential to addressing most of the challenges facing today’s health care system, specifically improving access to care, decreasing wait times, and improving quality.

Over the past several years, tremendous progress has been made. In Ontario, across Canada, and internationally, there is a clear commitment to improving health HR planning through new activities and structures. Major developments over the past few years have included strategy formation; developing action plans; creating knowledge sharing forums; data collection and forecasting; and implementing policies, practices, and projects etc., while structures that have been created include framework development, formalized processes and guides, working groups, advisory councils, and planning bodies. Nationally, the creation of the Pan-Canadian HHR Planning Framework, Pan-Canadian health HR Strategy, and the formation of the Federal/Provincial/Territorial Advisory Committee on Health Delivery and Human Resources serve as important structures for health HR planning. In Ontario, the creation of the government’s new Strategic Advisory Committee and Local Health Integration Network Collaborative serve as important new structures for enabling health HR planning. LHINs have also begun to focus on structures through the creation of HR advisory councils.

Health HR issues are complex and highly interdependent on activities at all levels of government (national, provincial/territorial, regional, and local) and with researchers, professional associations, education and training providers, employers, and other stakeholders. To enable real improvements in health HR planning, alignment across all levels of government and stakeholder groups is necessary. Collaborative approaches to health HR planning are likely to provide long-term, system-wide solutions for Ontario’s health system as well as the rest of the country. Health HR planning structures in Ontario should focus on collaboration across organizations and sectors within and across LHINs, from providers (and associations) to the provincial government, and on a province-to-province basis as well.

Priority areas for collaboration across organizations and sectors within and across LHINs to support MOHLTC directions should focus on coordinated recruitment, retention, education, training and development, talent management, leadership development, workforce planning, benchmarking, and other HR strategies among provider groups, ensuring that health HR plans are linked, efforts are not duplicated, knowledge transfers are facilitated and leading practices are shared freely and implemented consistently.

A formal structure that brings together health care stakeholders from all sectors and provinces to provide input to the Ontario government on health HR system level issues as anticipated with the new SAC and LHINC is also required. Individual health care providers and their associations need to collaborate and present a common vision of health HR planning to government through this and other mechanisms.

Hopefully, the inventories of provincial, national, and regional health HR planning activities and models for health HR planning structures presented in this document, spanning Ontario, Canadian and international experiences, provide the OHA Strategic HR Provincial Leadership Council and other readers with insight into progressive health HR planning activities currently taking place and shares new options for health HR planning structures in Ontario. The announcement of the new SAC and LHINC in Ontario provides a great opportunity to transfer lessons from other jurisdictions that have already made significant headway in their health HR planning.

Provinces, local health authorities, and individual organizations should be encouraged to utilize the pan-Canadian health HR planning framework, collect common data sets using the same definitions, performance monitoring in the same fashion, and share HR program successes and failures. As stakeholders begin to share and collaborate, health HR planning will continue to improve. LHIN and provincial government support and direction for groups and individual health care providers undertaking collaborative health HR planning activities flowing from the structures are necessary to ensure consistency, efficiency, and effectiveness.

Appendix

A.1 Profile: Ontario Hospital Association Strategic Human Resources Management Services Division

The OHA Strategic Human Resources Management Services (SHRMS) division provides leadership and expertise to members and health system partners in driving performance improvement and innovations through effective management of human capital. Services include: health human resources strategy and professional issues, organizational health management, collective bargaining and employee relations, and patient safety and clinical best practice. SHRMS's activities and outputs are aligned with the OHA's strategic direction to advance health system change, and to improve and sustain quality, safe and accessible health care, through innovative human resources strategies.

Provincial Health Human Resources Strategy and Leadership Development

The focus of the Provincial Health Human Resources Strategy (PHHRS) is to support hospitals in the strategic management of one of its most important resources – its people. The unit provides leadership, education, and advocacy on broad provincial health system human resources issues, including those related to regulated health professions. The PHHRS unit is responsible for the development, execution, and evaluation of the comprehensive provincial health human resources strategy for Ontario hospitals, which is designed to address the supply, distribution, and utilization of health care professionals. The unit is currently in the process of executing and evaluating tactics arising from the Provincial Health Human Resources Strategy which include:

1. Collaborative human resources provincial planning;
2. Support for members in adopting world-class evidence-based human resources programs; and
3. Visioning for the future of health care.

To assist members in adopting evidence-based human resources programs, the OHA has partnered with the [Advisory Board HR Investment Center](#) to offer members discounted access to the latest human resources research, tools, leading practice, and surveys.

In 2007, the OHA launched a process to help develop a leadership institute – one that would provide the leadership capacity required for the future of Ontario's health care system. Once fully established, the Leadership Development Institute will provide talent management support; deliver leadership development programs, make available resources and supports in areas including assessment, mentoring, coaching, secondments/leadership exchanges; research and tools; and, conferences and networking opportunities. Resources currently available are listed on the [OHA website](#).

Organizational Health Management Services (OHMS)

The OHA's Organizational Health Management Services (OHMS) unit assists members with:

- Healthy workplace initiatives;

- Managing employees' absences in accordance with the Hospitals of Ontario Disability Income Plan (HOODIP);
- Sponsored group benefits plan;
- Fulfilling HOODIP contractual requirements; and
- Providing reporting and analysis of province-wide absence and labour market data.

Consulting services include designing, implementing and measuring healthy workplace programs, creating integrated absence management systems, collecting and interpreting absence data, selecting absence management software, determining the cost of absenteeism, review of policies, procedures and forms, evaluating third-party providers and understanding best practices.

OHMS also supports the Provincial Health and Safety Initiative, which focuses on improving the interface between occupational health and safety and infection control by:

- Developing a regional health and safety communication network;
- Assisting in the development of best practices;
- Ensuring the availability of support programs for employees to address issues related to health and safety; and
- Linking with the Ministry of Labour Health Care Action Group.

Hospital Employee Relations Services (HERS)

HERS provides labour relations expertise and services to hospitals in support of central and regional bargaining with public sector unions. The core service offerings of the HERS group focus on:

- Central bargaining process, including the functions of central bargaining preparation;
- Organization of central bargaining plenary;
- Collective agreement bargaining;
- Interpretation of central collective agreements;
- Central rights arbitration management and funding;
- Hospital local collective agreement issue coordination;
- Negotiation and legislative monitoring; and
- Research directly related to the above.

Participation in central/ regional bargaining is voluntary; an OHA Expert Employee Advisory Group (EEGAP) and a negotiating team, both comprised of hospitals representatives, guide and participate in the process. The OHA currently negotiates central agreements with:

- Ontario Nurses Association (ONA)
- Ontario Public Service Employees Union (OPSEU)
- Professional Association of Interns and Residents of Ontario (PAIRO)
- Canadian Union of Public Employees (CUPE)

- Service Employees International Union (SEIU)
- Canadian Auto Workers (CAW)

The HERS group also offers member hospitals with labour and employee relations support on a broad range of non-central bargaining matters and specialized projects. In addition, HERS produces a number of publications including the labour relations bulletin, regional salary surveys, senior management salary surveys, economic surveys, and environmental scans.

Patient Safety, Physician, and Professional Issues

This unit provides members with information, tools and training to promote effective strategies that enhance patient safety. It provides over 150 patient safety tools, resources, literature sites, and links.

Regarding, physician and professional issues, the OHA coordinates the Physician Assistant demonstration pilot project, manages members' issues arising from the Physician Services Agreement, and provides input to the Health Professions Regulatory Advisory Council (HPRAC) on the regulation of health professions on behalf of members.

A.2 Terms of Reference Australian Health Ministers' Conference (AHMC) and the Australian Health Ministers' Advisory Council

AUSTRALIAN HEALTH MINISTERS' CONFERENCE

Membership

All Australian Government, State, Territory and New Zealand Ministers with direct responsibility for health matters, including the Australian Government Minister for Veterans' Affairs are Members of AHMC.

Role / Objectives

The role and objectives of the AHMC are to:

- Provide a forum for Australian Government, State and Territory Governments and the Government of New Zealand to discuss matters of mutual interest concerning health policy, health services and programs;
- Promote a consistent and coordinated national approach to health policy development and implementation; and
- Consider matters reported to the Conference by the Australian Health Ministers' Advisory Council.

Chairing

The Chair of AHMC rotates annually amongst the State and Territory Members of the Conference.

Decision Making

The Conference does not have statutory powers. Decisions of the AHMC are reached on the basis of consensus only.

AUSTRALIAN HEALTH MINISTERS' ADVISORY COUNCIL

Membership

AHMAC membership comprises the Head (plus one other senior officer) of each of the Australian Government, State and Territory and New Zealand Health Authorities, and the Australian Government Department of Veterans' Affairs.

Terms of Reference

The Australian Health Ministers' Advisory Council (AHMAC) charter is to provide effective and efficient support to the Australian Health Ministers' Conference (AHMC) by:

- Advising on strategic issues relating to the coordination of health services across the nation and, as applicable, with New Zealand; and
- Operating as a national forum for planning, information sharing and innovation.

In providing this support to AHMC, AHMAC shall:

1. Consider matters referred to the Council by the Australian Health Ministers' Conference;
2. Consider health matters referred by any Health Minister, or the Minister for Veterans' Affairs;
3. Consider health matters referred by any Member of the Council with the approval of that Member's Minister
4. Prepare an annual business plan; and
5. Report on the above matters to AHMC.

Decision making

Decisions are made by AHMAC on the same basis as for the Australian Health Ministers' Conference. AHMAC does not have statutory powers and decisions are reached on the basis of consensus.

Chair

The Council elects a Chair and a Deputy Chair who, along with the Australian Government Member, operate as an Executive Committee to AHMAC.

The term for the Chair and Deputy Chair is usually for a two-year period.