CANADA'S HEALTH WORKFORCE: AN OVERVIEW

An Assessment by the Canadian Academy of Health Sciences

March 2023

IN SUMMARY

Many Canadians are questioning where and how they and their families will receive the care they need today and in the future. Our health workforce cannot keep up with the growing need for health services across the country due to:

- inadequate and unsustainable staffing approaches and care models,
- inequities and territoriality,
- burnout and moral distress, and
- changing population needs.

These unrelenting demands, spurred on by more than two years of sustained pandemic-related 'surge capacity', are contributing to:

- high attrition, vacancies, and intention to leave,
- workplace violence and discrimination,
- ballooning costs,
- poorer health outcomes, and
- dissatisfied patients, caregivers, and healthcare practitioners.

Health Canada funded the Canadian Academy of Health Sciences to undertake an evidence-based assessment of possible pathways forward to ease the health workforce crisis. *Canada's Health Workforce: Pathways Forward* identifies 26 evidence-based, **leading policies and practices**. We offer five **priority pathways** for early implementation.

Priority pathways for early implementation

➡️ Supporting the development of **successful and fulfilled Indigenous healthcare learners and practitioners**.

➡️ Supporting community engagement as a foundation for **rural and remote recruitment and retention strategies**.

➡️ Creating **safe, healthy, just, and equitable workplaces** that have diverse and representative workforces.

➡️ Transforming care through **optimized scopes of practice** within **team-based models**, supported by appropriate technology and properly aligned incentives.

➡️ Embedding a **culture of health workforce planning** supported by enhanced data and decision-making tools.

This report covers the themes of **support and retention, deployment and service delivery**, and **planning and development** with particular consideration of **Indigenous Peoples, rural and remote communities**, and **systemically disadvantaged populations**.

We conclude the report by presenting a **pan-Canadian vision for the health workforce**, suggestions for **prioritized action**, and ways to maximize **impact**. Three **transformational drivers** are viewed as critical mechanisms in navigating this change:

- inspiring actions by leaders in federal, provincial, and territorial governments and pan-Canadian health organizations to **advance and implement a transformational vision** for our Canadian health workforce,
- leveraging the unique roles of the federal government and pan-Canadian organizations to **convene** health workforce partners, **scale up** leading evidence-informed practices and pockets of innovation across the country, and **invest in research and evaluation**, and
- developing a mechanism for leaders in federal, provincial, and territorial governments to publicly **report on the progress to date and barriers to collaborative action**.

Pre-pandemic, some solutions were deemed not feasible. However, we have since learned that they can now be implemented by shifting from:

- cost efficiencies to cost effectiveness,
- jurisdictional conflicts to jurisdictional partnerships, and
- professional territoriality to transdisciplinary collaboration.

Health Canada funded the Canadian Academy of Health Sciences to undertake this evidence-based assessment. This arms-length assessment involved reviewing more than 5,000 academic articles and 250 policy reports, and consulting more than 800 individuals from 245 organizations across Canada within a year. It was guided by the shared expertise of a diverse group of more than 30 interdisciplinary clinical and academic health workforce experts.

LEADING POLICIES & PRACTICES

CROSS CUTTING: POPULATION-BASED APPROACHES

Indigenous Peoples & Communities

➡ Creating space and providing support for **Indigenous leadership** to design, develop, direct, deliver, and evaluate Indigenous health programs and services.

➡ Increasing the population of **Indigenous learners and practitioners** within healthcare education and clinical settings and supporting successful and fulfilling transitions to healthcare practice.

➡ **Disrupting racism** within the health workforce and health systems through Indigenous-led development of anti-racism policies, safe reporting and investigation processes, and mandatory education and training.

➡ Implementing **Indigenous data sovereignty** and research principles **in relation to workforce data collection**, outcome-based research, and evaluation including the development and support of the Indigenous health research workforce.

Rural & Remote Communities

➡ Promoting processes for **targeted and facilitated admissions, positive rural and remote exposures** for healthcare practitioner learners, and **distributed practice-based learning**.

➡ Encouraging healthcare practitioners' retention and support through **effective incentives, practice-based supports, and community integration.**

➡ Creating **more responsive, flexible, and context specific models of care**, including interprofessional, team-based care enabling practitioners to adjust their scope and skillset to better meet the needs of their communities.

➡ Enabling the **mobility of healthcare practitioners** with unique aptitude and training for rural and remote practice, in order to fill service gaps, provide valuable locum relief, and offer support when in a crisis.

Systemically Disadvantaged Populations

➡️ Increasing the **diversity and representativeness of those in training and leadership** positions through targeted admissions, recruitment, retention, and support.

➡️ Improving the professional **integration of internationally educated healthcare practitioners** through multi-faceted supports from pre-arrival through to licensure and employment.

➡️ Supporting **safe, just, and anti-racist work environments** to support the growth of a healthy, robust, and diverse health workforce.

➡️ Enabling healthcare practitioners to provide **culturally and linguistically safe care** through curricula, training programs, tools, and resources that are reinforced by policy and procedure changes.

➡️ Augmenting **data collection and analysis** to help evaluate the efficacy of quality improvement approaches for diversity, anti-racism, and cultural safety initiatives.

THEMATIC-SPECIFIC APPROACHES

Support & Retention

➡️ Developing and enhancing **supportive leadership**.

➡️ Creating **healthy, safe, just, and equitable working environments** that have adequate staffing levels and are free from hostility, harassment, bullying, and violence.

➡️ **Reducing administrative time** for healthcare practitioners through improved implementation of electronic health records, harmonized forms, and shifting of documentation and non-clinical tasks.

➡️ Retaining healthcare practitioners through policies and processes that enhance their **autonomy, recognition, and professional growth**.

➡️ Providing **individual and group supports** for healthcare practitioners to enhance their mental health and wellbeing and develop their resiliency to work stressors.

Deployment & Service Delivery

➡️ Enabling healthcare practitioners to **optimize their scopes of practice** to meet community health needs efficiently, effectively, and safely.

➡️ Supporting the deployment of **more team-based models of care** which integrate and support the utilization of a broader range of healthcare practitioners.

➡️ Ensuring accessibility, quality, and interoperability of **digital health technologies**, including virtually enabled care, by investing in infrastructure and building on user experience data from patients, healthcare practitioners, and other key actors.

➡️ Aligning **funding and remuneration models** for more efficient deployment of the health workforce and to enhance health outcomes.

Planning & Development

➡️ Embedding **ongoing health workforce planning** that addresses backlogs, anticipates future requirements to meet population needs, demand and utilization, and allows for surge capacity.

➡️ Developing **detailed and standardized health workforce data** to support integrated and sector-focused planning across practitioner groups and jurisdictions that is interoperable with other health data.

➡️ Engaging **diverse partners, including patients and their caregivers, in the development and implementation** of health workforce planning to support decisions that maximize the aims of equity, practitioner wellbeing, improved patient experiences, lower costs, and better health outcomes.

➡️ Aligning **health workforce planning and education options** to develop career pathways that address **supply challenges**, including ensuring educational program, faculty, and preceptor **capacity**.

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