Intelligence MEMOS

From: Don Drummond and Duncan Sinclair

To: Canada's Ministers of Health

Date: May 26, 2022

Re: WHY IS HEALTH HUMAN RESOURCE PLANNING NOT HAPPENING?

Many groups have recently awakened to the need to plan ahead to ensure the supply of qualified providers to meet the changing health and healthcare needs of Canada's population. We need to embed the use of evolving technologies, new practice models, and new knowledge derived from research.

But Health Human Resource Planning (HHRP), the complex, data-heavy processes associated with ensuring the on-going supply of the "system's" workforce, is not happening. Why not? Mainly it is because it has no governance over education, training, deployment, or assessment of present and future needs. As we outlined elsewhere, it has many players but nobody in charge.

The Players

Governments: With health constitutionally their responsibility, the provinces and territories policy-making role is predominant. They will bear the blame if HHRP fails. They control most of the public money spent on health and healthcare, employ virtually all the system's unionized providers, and fund most of Canada's educational and training institutions. Less visible, but significant, is the federal government through its Canadian Health Transfer, its responsibility for the provision of services to Indigenous people, the military and others, for immigration (a significant source of health personnel), and for its role in health promotion, public health, and the collection and analysis of health data.

Health Professions: Although their categorization varies by province or territory, health services providers belong to some 20-odd self-regulated professions and at least one large, unregulated category, personal support workers, whose retention, after training, is frighteningly fleeting at present. Overall, most health workers are recruited to and educated in Canadian universities and colleges and trained clinically in Canadian hospitals, other institutions, and in some cases private businesses, all of which also have a stake in the quality and quantity of the results.

Advocacy Organizations/Unions: Many health service workers also look to advocacy organizations/unions to represent their interests. Adding them up, the total number of different provincial and territorial parties interested in HHRP is large and unwieldy.

National Certifying/Regulatory Bodies: There are also national professional organizations with responsibilities related to the certification of educational/training programs leading to country-wide recognition of the qualifications of specialists in particular fields. There is a national accreditation process that many universities apply to their programs.

Educational and Training Institutions: These are mainly universities and colleges that recruit the system's workforce. They carry a major responsibility for HHRP. The number of students and trainees accepted in each category, combined with their curricula and training programs both for initial qualification and for maintenance of continuing competence, are vital in preparing health workers of all kinds to meet people's needs now and into the future.

Employers/Institutions: Near the end of the list of all our players, is the host of hospitals, nursing homes, and other institutions and organizations anxious to ensure the availability and competencies of the providers they need to meet the needs of their patients, residents, and clients. Soon they will be joined by Accountable -Care Organizations (Ontario Health Teams in that province) with their responsibilities for the support and care of the people of their communities and/or regions.

The People Served: And finally stand the Canadian people, the beneficiaries and most important stakeholders of all. It is they who have the most to lose and suffer most if Health Human Resource Planning is left undone or the process gets it wrong.

Obstacles to Change

Mark Britnell notes that in the UK:

> *"Workforce planning involves 40 national statutory bodies, 15 royal colleges, 18 trade unions, and over 100 professional bodies – and that is before you add in hundreds of employers across health and social care. If you wanted to make sure nothing changed, this would be the way to do it."*

Overcoming this counsel of defeat depends on our invention of ways to involve the many disparate and often narrowly self-interested players, and also to conduct HHRP briskly and decisively, making the changes needed to meet effectively and well the foreseeable needs, and as far as possible the desires, of the diverse populations to be served by the health human resources of Canada's future.

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