A Roundtable on Integrated Health Human Resource Planning

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Main Messages

In December 2002, more than 30 stakeholders met at a roundtable on integrating health human resources planning in Canada. All at the table agreed on the need to integrate health human resources planning, and these main messages emerged during presentations and discussions:

- An integrated approach to human resource planning will benefit patients and workers
- Integrated planning must be based on solid, efficiently disseminated evidence and linked to education and service delivery
- Competing expectations and mandates make integrating planning a challenge; we need a common vision and goals
- People from across the country and at all levels of planning, managing, and delivery of healthcare must work together and share ideas and experience for integrated planning to be achieved

The Canadian Health Services Research Foundation has a mandate to support evidence-based decision-making in healthcare and encourage providers, decision makers and policy makers to communicate and exchange ideas. Participants felt the foundation could help promote integrated human-resources decision-making by:

- Supporting research into health human resource planning, through funding, identifying gaps in knowledge, and encouraging research in those areas
- Leading synthesis and dissemination of integrated planning, by acting as a clearinghouse for research and experience, and building an inventory and archive system for grey literature
- Supporting trial and use of evidence, planning tools, and best practices on the integration of health human resource planning
- Strengthening linkage and exchange among policy and decision makers, researchers, providers, and educators
Introduction

Hundreds of thousands of Canadians work in healthcare, and there is no more crucial element in the delivery of health services than its human resources. From physicians to administrators to radiology technicians, from lab assistants to nurses, there could be no care without them. And yet Canada lacks a cohesive approach to policy and planning for the human resources we have available. There is no assurance that training programs will meet the needs of employers; there is little co-operative planning in the division of tasks and skills and responsibilities among the players. But there has been for some time a growing concern that without a conscious effort to integrate planning for its human resources, the healthcare system cannot function at its optimum level, patient care will inevitably suffer and healthcare workers themselves are likely to feel frustration and stress.

That concern was captured in Roy Romanow’s royal commission report, *The Future of Health Care in Canada*. Mr. Romanow called for a national effort to “address challenges in the supply, distribution and mix of skills of healthcare providers;” in other words, for what’s called integrated health human resources planning. The goal of integrated planning is to achieve the optimum mix and supply of personnel to meet the health needs of Canadians. However, a variety of factors — including such issues as the provinces having individual jurisdiction over healthcare, the mix of public and private services, styles of training, inadequate supply, and the regulations that restrict what different professions can do — make it extremely difficult to plan on a system-wide scale. Policy, tradition, and management trends have hampered efforts to change that.

The Canadian Health Services Research Foundation took a leadership role in research on health human resources after it was identified as the top policy issue facing Canadian healthcare decision makers when five health-research organizations did a joint national consultation in 2001 on research needs.

In keeping with its role as the lead agency on health human resources research, the foundation held a national roundtable in December 2002 on integrating health human resources planning in this country. The goals of the meeting were:

- to confirm the sense that an integrated approach to health human resources issues is needed;
- to identify priorities for immediate and longer-term action that would help achieve integrated human resources planning;
- to define what a network could contribute toward achieving integrated human resources planning; and
- to identify what the foundation’s role would be in achieving an integrated approach to health human resources.

The roundtable brought together 32 people, including policy and decision makers, health professionals, and representatives of regional health agencies, education, and research.
The discussions at the roundtable reflected the varied needs and expectations of different stakeholders, who nevertheless have a clear desire to learn from each other how best to use human resources research to develop policies on integration. Among questions discussed were: what has caused inadequate human resource planning in the past? What needs to be done differently to integrate planning across jurisdictions and professions? How should health professionals themselves be involved? What is the role of health human resources research in system planning and service delivery? Is an integrated health system achievable? How can education support such integration? How can decision makers be responsive to changing government priorities? And, of course, how can the Canadian Health Services Research Foundation assist in the synthesis and dissemination of information for decision makers?

The participants identified several priorities and mechanisms that could help to advance the integration of health human resources planning and therefore improve the quality of healthcare in Canada and enhance working life for its providers.

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- Supporting research into health human resource planning, through funding, identifying gaps in knowledge, and encouraging research in those areas
- Leading synthesis and dissemination of integrated planning, by acting as a clearinghouse for research and experience, and by building an inventory and archive system for grey literature
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**Integrated Health Human Resources Planning**

There is a growing belief that integrated human-resource planning could lead to improved productivity, effectiveness, and flexibility in the healthcare system. The goal of integrated planning is to develop the optimum workforce for a changing system, ensuring the best use of all the different professions and enough flexibility to respond quickly and efficiently to new technology and policy change. It aims to replace single-discipline approaches to hiring and training with collaboration among different professions and different sectors in the healthcare system.
Successful integration requires a supportive environment and demands fundamental changes in legislation, regulation, education, and work-performance systems. Integrated planning would consider all aspects of creating the best workforce possible, including considering the interaction of professions and the needs of the modern healthcare system when deciding who is authorized to do what and in setting the regulations that guide the professions and writing legislation to shape the system. Health human resources are increasingly seen as a national resource, and many call for national action. Whatever steps are eventually taken, it is clear we need to begin with a co-ordinated discussion among all the players on priorities and actions in a system of competing mandates and diffused responsibility.

Challenges

Human-resource matters are clearly a major policy issue for Canadian healthcare decision makers. Here are some of the problems they face:

*Lack of strategic direction:* Although there are many similarities in the human resources problems facing healthcare managers across Canada, healthcare is riddled with policies and jurisdictional barriers that limit integration. There are variations in everything from provincial licensing standards and the scope of different professionals’ practices to what’s taught in training programs. There is a tendency to react to crises and to work separately.

*Thinking in silos:* Although healthcare is increasingly multidisciplinary, its human resource planning is still focused on individual professions, with separate planning units, budgets, and education programs. This is reinforced by the health professions, which are protective of their practices and resist efforts to re-evaluate and change the scope of what they do.

*Planning for the status quo:* Healthcare and the demands put on it are constantly changing, but human-resource planning is usually based on the current situation, not on anticipated health needs, new treatments, or technology.

*Healthcare lacks appeal as a career:* The healthcare system is seen to be under stress and uncertain, at a time when there is fierce competition among science, technology, and business to attract young recruits.

*Poor commitment to human resources:* Effective management of human resources can be expensive and is too often perceived as a cost to the system, rather than an investment in developing a committed, productive workforce. But while sound human resources planning requires good quality, long-term data, there’s little support for decision makers reviewing and interpreting evidence.
Moving Forward

All of the participants at the roundtable were well-versed in health human resources issues and had given much thought to ways of integrating planning for them. They agreed that to progress toward integrated planning, we need a shared vision of what integrated health human resources planning means and to set goals for measuring whether it’s been achieved, with clear responsibilities and accountability. We cannot attain integrated action without an integrated vision. Once the goal is defined, it will be possible to provide clear direction and principles for decision-making and guide planners and policy makers. The vision must be based on solid evidence, satisfy experts, and yet be easily understood by the public. A shared vision will only be achieved if competing agendas and interests in healthcare can be put aside in favour of decisions supported by evidence.

There were several other ideas for furthering integration of health human resources planning:

*A national approach:* We need to create an ongoing planning structure and process that will take a practical approach to common problems. The roundtable said the national health council proposed by Roy Romanow should be given responsibility for overseeing national integration of human resource planning, probably through a specially created committee and with CHSRF to help ensure the proper use of evidence in policy-making. Another option suggested was a national network of employers, educators, professionals, researchers, government, and citizens, linked together to do research, policy, planning, evaluation, and interdisciplinary collaboration.

*Revamped education:* The participants felt it’s time for the health professions to work on their appeal to students and rethink recruitment efforts, while at the same time developing more multidisciplinary education and joint training programs to prepare students for a new model of work with more collaborative practices.

*A reassessment of roles and responsibilities:* The roundtable felt there is often a lack of connection between planning, done at a fairly high level, and the reality of delivering healthcare, which in turn contributes to the disconnect between needs and resources. People doing day-to-day management and education should be more involved in planning, which will require a steady supply of research on best practices in service delivery and education, perhaps through a national approach to evidence-gathering, synthesis, and dissemination.

*Knowledge networks:* A CHSRF initiative that links groups of experts working on common health-services issues was discussed by the roundtable. Connected through a shared web site, these groups of researchers, policy and decision makers, and providers share their knowledge bases to strengthen each others’ research and communication capacity. Considerable investment of time and money are needed to formalize people with a common interest into a knowledge network, however, and participants felt it would be premature to agree to the idea at the meeting.
**Linkage and Exchange:** More should be done to ensure the regular sharing of issues, ideas and research results; we all need to work to disseminate evidence and identify the policies and workplace conditions that promote effective healthcare delivery. More synthesis and sharing of evidence on integrated health human resources planning are needed.

**Conclusion**

Ultimately, Canada’s healthcare system is the sum of the work done by hundreds of thousands of dedicated people every day. Their efforts range from cancer care to checking in on a healthy mother and child to deciding how many technicians to schedule on a shift; they set government budgets and curricula in schools. This workforce, by far the largest in the country, deserves the best co-ordinated planning possible, to ensure no effort is wasted through a lack of communication, management or training. Canadians as a whole deserve a healthcare system that is as efficiently run as possible, to deliver the healthcare they need when they need it.

The roundtable was one step toward integrating health human resource planning in Canada. The challenge — to come to agreement on scope, ideals, who will be involved, where to begin, what goals to set, and how to measure success — is enormous. After a day of exploring common experience and varying solutions, however, it was clear that the participants at the Roundtable on Integrating Health Human Resources Planning are eager to accomplish change.
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APPENDIX II

On the Way to Integrated Health Human Resource Planning
Background document for the National CHSRF
Health Human Resources Roundtable
December 12, 2002 Toronto ON

The Canadian Health Service Research Foundation has organized this roundtable to begin exploring the possibility of creating an integrated health human resources network. The meeting will identify priorities and mechanisms to move this agenda forward, as well as the foundation’s role in this field. To catalyze discussion we have prepared the following summary of the major issues affecting health human resource planning and management. This summary is based upon the report “Health Human Resource Planning in Canada: Physician and Nursing Workforce Issues,” prepared by Cathy Fooks, Katya Duvalko, Patricia Baranek, Lise Lamoth, and Kent Rondeau for the Commission on the Future of Health Care in Canada.

The aim of integrated health human resource planning is to co-ordinate the disparate stakeholders, professions, and governments to achieve the optimum mix and supply of personnel to meet Canadians’ health needs. A brief scan of Canada’s healthcare system is sufficient to see that there are features intrinsic to it that make it extremely difficult to plan effectively in the absence of a co-ordinated strategy. Looking into our planning history, we also see that there are policy trends that have hampered our ability to overcome the complexities of managing health personnel. We regularly revisit the same questions of supply, staff mix, distribution, regulation, scope of practice, remuneration, and training — but so far we have taken few actions that consider how each of these factors interact as a whole. As the largest of our healthcare commissions winds down, the public, not to mention health professionals and policy makers, will expect a new approach.

Background: What we have to work with

Mix of market forces and public control mechanisms

The Canadian healthcare system is neither exclusively public nor private, but a hybrid system of both sectors. This makes human resource planning and management especially difficult. Management of resources is not guided by population demand and willingness to pay as in a purely private system. Neither can supply be directed to need so directly as in an exclusively public system, where central agencies determine the number, specialty mix and distribution of personnel. One of the byproducts of Canada’s hybrid healthcare system is that remuneration and pricing are governed by a mix of market and non-market controls. Some professionals are employees within institutions or community agencies, while some are self-employed. Some work under collective agreements, others do not. Some are paid 100 percent through publicly financed programs while others are largely privately financed through private insurance or out-of-pocket payments by patients.
Scope of practice
There are presently more than 30 regulated healthcare professions in Canada, as well as a handful that are unregulated. The regulation of health professionals is based on provincial legislation and varies from province to province. The type of health professionals that are included in provincial regulations also varies, as do the variety of services covered under provincial health insurance schemes. Within each province, the degree to which scopes of practice can overlap is a matter of some controversy, with little agreement on who should “control” certain procedures.

Multiple levels of governance and accountability
Federal and provincial governments, academic centres, regulatory authorities, healthcare agencies and employers, professional associations, and unions all have a role to play in health human resource policy. The accountabilities of all of these groups are different — some to citizens, some to members, and some to governing boards. It is left to government decision makers to sort through competing claims, priorities, and policy options. There are at least 15 distinct policy levers and at least 15 stakeholder organization involved in policy decisions and implementation.

Trends: Where we have been and where we are going
Governments duplicate their efforts
Nearly all provincial and national planning exercises and policy decisions happen independently of one another, despite the fact that the issues and proposed solutions are nearly indistinguishable. Each province creates its own databases, education and training plans, recruitment and retention programs, student subsidy programs, and planning committees. In some cases, incentive programs end up “poaching” personnel from poorer provinces.

Planning is profession-specific
Despite growing evidence of the need for integrated and multi-disciplinary care, health human resource planning efforts still appear to be profession-specific and not linked. We find separate expert panels, separate planning units within government, separate budget items, and separate educational programs. More permanent structures are being created, but these are still focused on individual professions.

Planning assumes the status quo
Most governments are now convinced that health personnel shortages have reached crisis proportions and the solution is to increase the number of trained professionals. The data that supports such a move is based only on historical personnel-population ratios. Rarely is planning based on the health needs of the population and rarely is changing how we deliver care considered a factor in the number of personnel we require. Recently there are signs that this trend could change, as a number of stakeholders have committed to looking at changes on the delivery side and its effect on personnel requirements.
Another course: Integrated Health Human Resources Planning

There should be no question that the issues affecting health personnel in Canada are legion and complex. Our strategy for managing health human resources needs to be realistic about these issues and be comprehensive enough to contend with the complexity. The multi-faceted nature of health human resources suggests an integrated approach, one that will co-ordinate human resource planning with changes to system design and weave together the interests of sectors, stakeholders, and jurisdictions to efficiently meet the health needs of Canadians. Whatever steps are eventually taken, it is clear that we need to begin with a co-ordinated discussion of all the players. This meeting is meant to be the starting point for that discussion and the first step towards pooling intellectual, financial, and political resources for a comprehensive health human resources strategy.
OUR PURPOSE

Vision
Our vision is a strong Canadian healthcare system that is guided by solid, research-based management and policy decisions.

Mission
Our mission is to support evidence-based decision-making in the organization, management and delivery of health services through funding research, building capacity and transferring knowledge.

Approach
Our focus is on the people who run the health system, as well as health services researchers. We help them get involved in research that makes a difference, help them produce, find and apply new knowledge to improve management and policy decisions, and bring the two groups together so they can each influence each other’s work and share ideas and experiences.

NOTRE RAISON D’ÊTRE

Vision
Notre vision est celle d’un système de santé canadien fort qui est guidé par une gestion et des politiques solides, fondées sur la recherche.

Mission
Notre mission est d’appuyer la prise de décision fondée sur les données probantes dans l’organisation, la gestion et la prestation des services de santé par l’entremise de programmes de financement de la recherche, de développement des capacités et de transfert de connaissances.

Approche
Nous visons les gens qui dirigent le système de santé de même que les chercheurs des services de santé. Nous les aidons à participer à des recherches qui font une différence, puis à produire, à trouver et à appliquer de nouvelles connaissances qui amélioreront la gestion et les décisions des responsables de politiques. Nous réunissons ensuite les deux groupes afin qu’ils puissent exercer une influence mutuelle sur leurs travaux et échanger des idées et des expériences.