RCPS
Réseau canadien des personnels de santé
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Canadian Health Workforce Network

# If the health workforce were a patient, it would be on life support:

## Upstream solutions focus on planning

Ivy Lynn Bourgeault, PhD FCAHS
Professor in the School of Sociological and Anthropological Studies
uOttawa Research Chair in Gender, Diversity and the Professions
Lead of the Canadian Health Workforce Network



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# Indigenous Affirmation

We pay respect to the Algonquin people, who are the traditional guardians of this land. We acknowledge their longstanding relationship with this territory, which remains unceded.

We pay respect to all Indigenous people in this region, from all nations across Canada, who call Ottawa home.

We acknowledge the traditional knowledge keepers, both young and old; we honour their courageous leaders: past, present, and future.

Source: University of Ottawa, Office of Indigenous Affairs

# Presentation Overview

- Consequences in terms of health workforce sustainability
- State of health workforce planning
  - *Complex Adaptive Health Workforce Systems*
- Health workforce data standardization

# Consequences of poor planning …

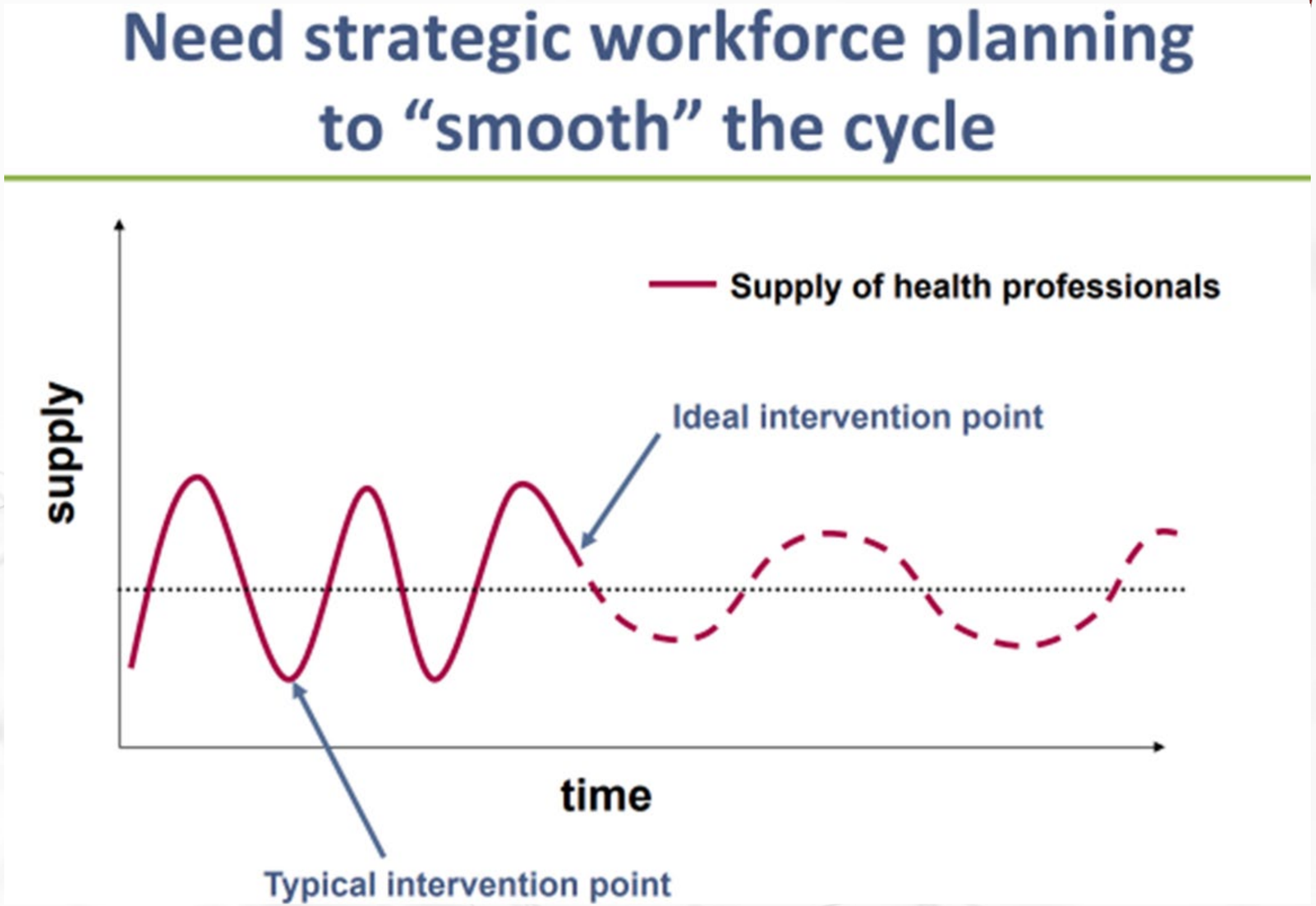

## … requires upstream solutions

# Defining Health Workforce Planning

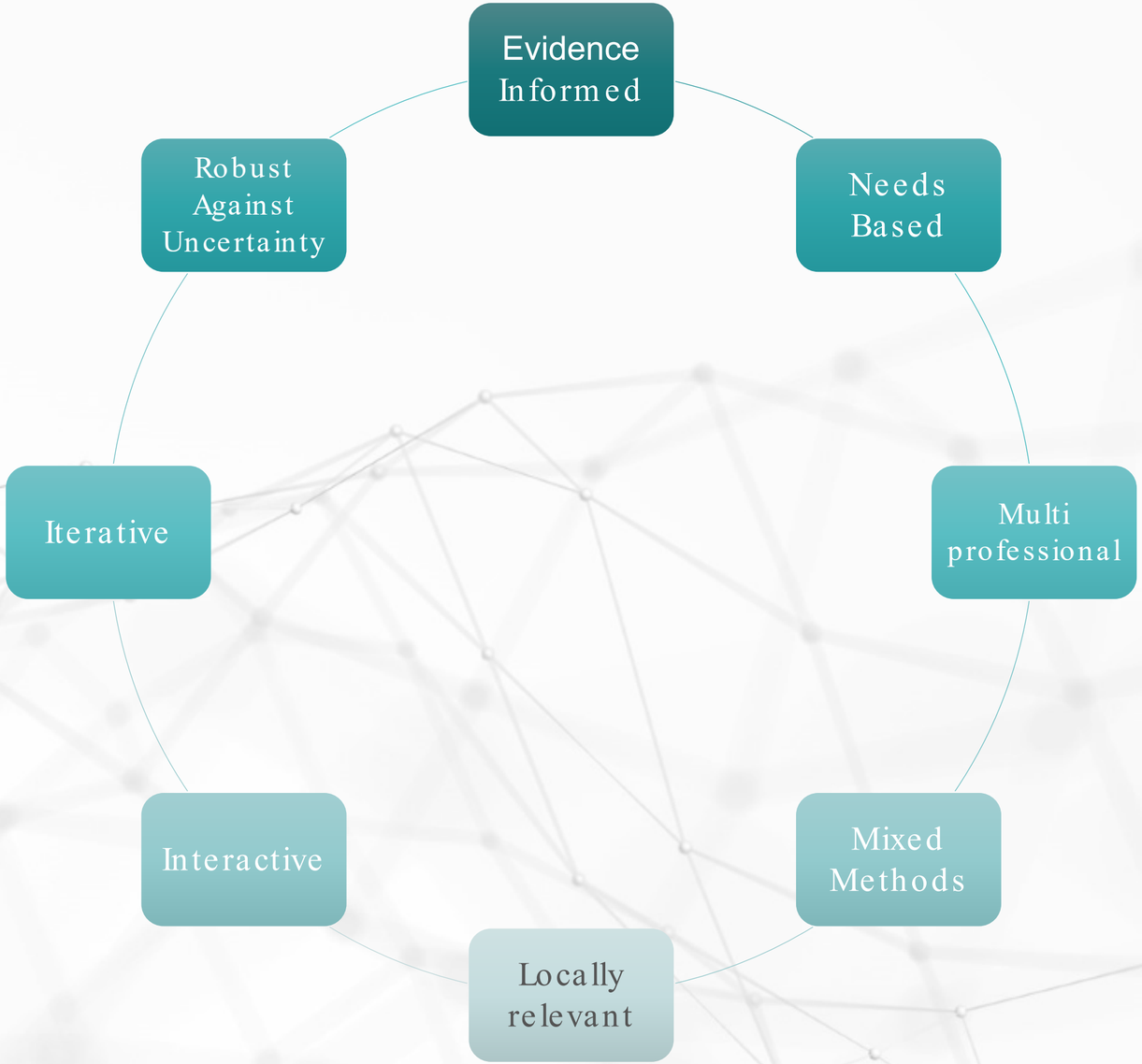
"the process of estimating the **number of persons** and the kind of **knowledge, skills, and attitudes** they need to achieve predetermined health targets and ultimately health status objectives. Such planning also involves specifying **who** is going to do **what** , **when** , **where** , **how** , and with **what resources** for what population groups or individuals so that the knowledge and skills necessary for the adequate performance can be made available according to predetermined policies and time schedules. This planning must be a continuing and not a sporadic process, and it requires **continuous monitoring and evaluation.** "

(Hall & Mejia, 1978, p.18)

# Goal of Health Workforce Planning (Fraher 2017)



# Leading Practices in Health Workforce Planning

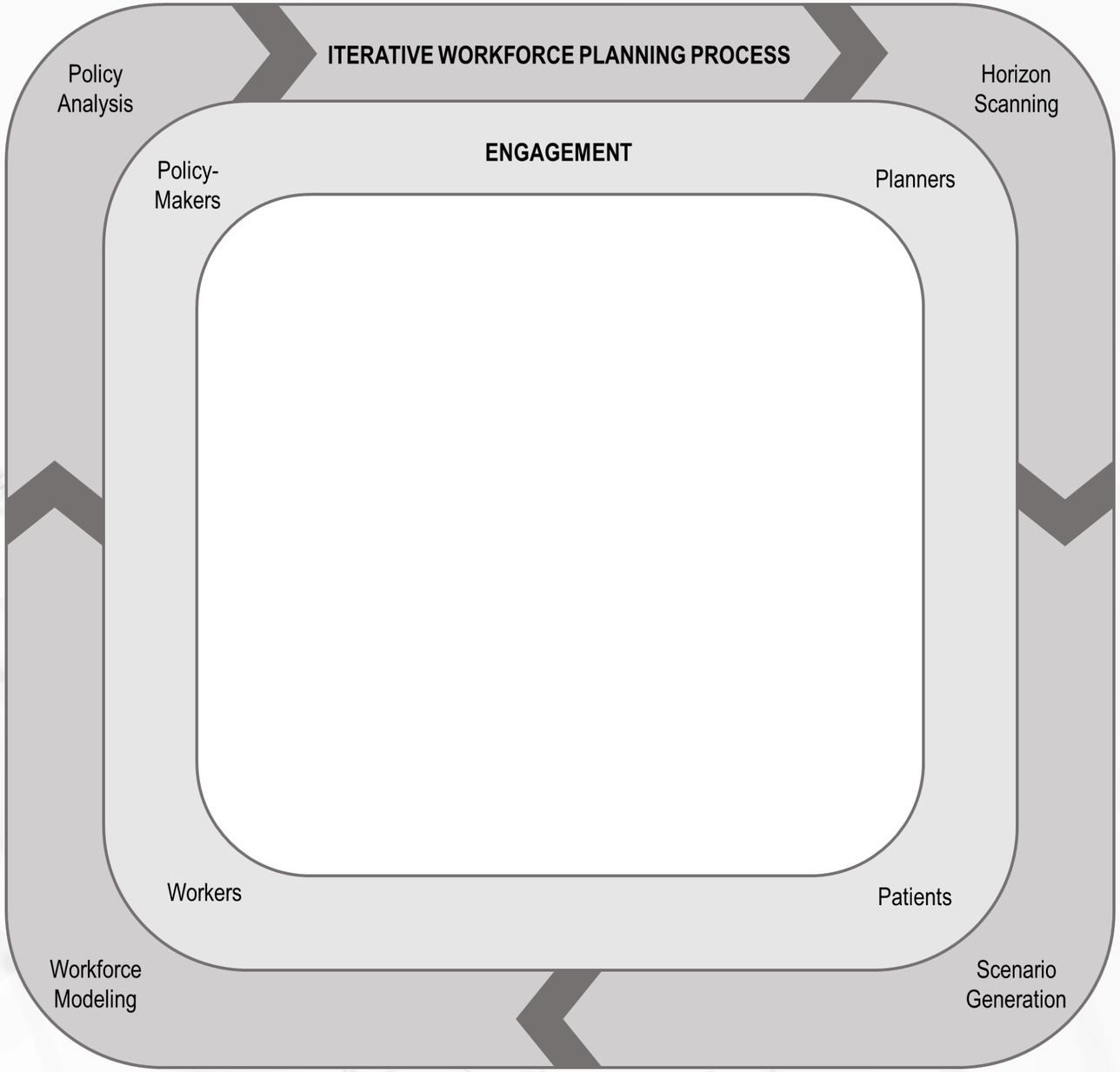


# Multi-layered Approach to Health Workforce Planning

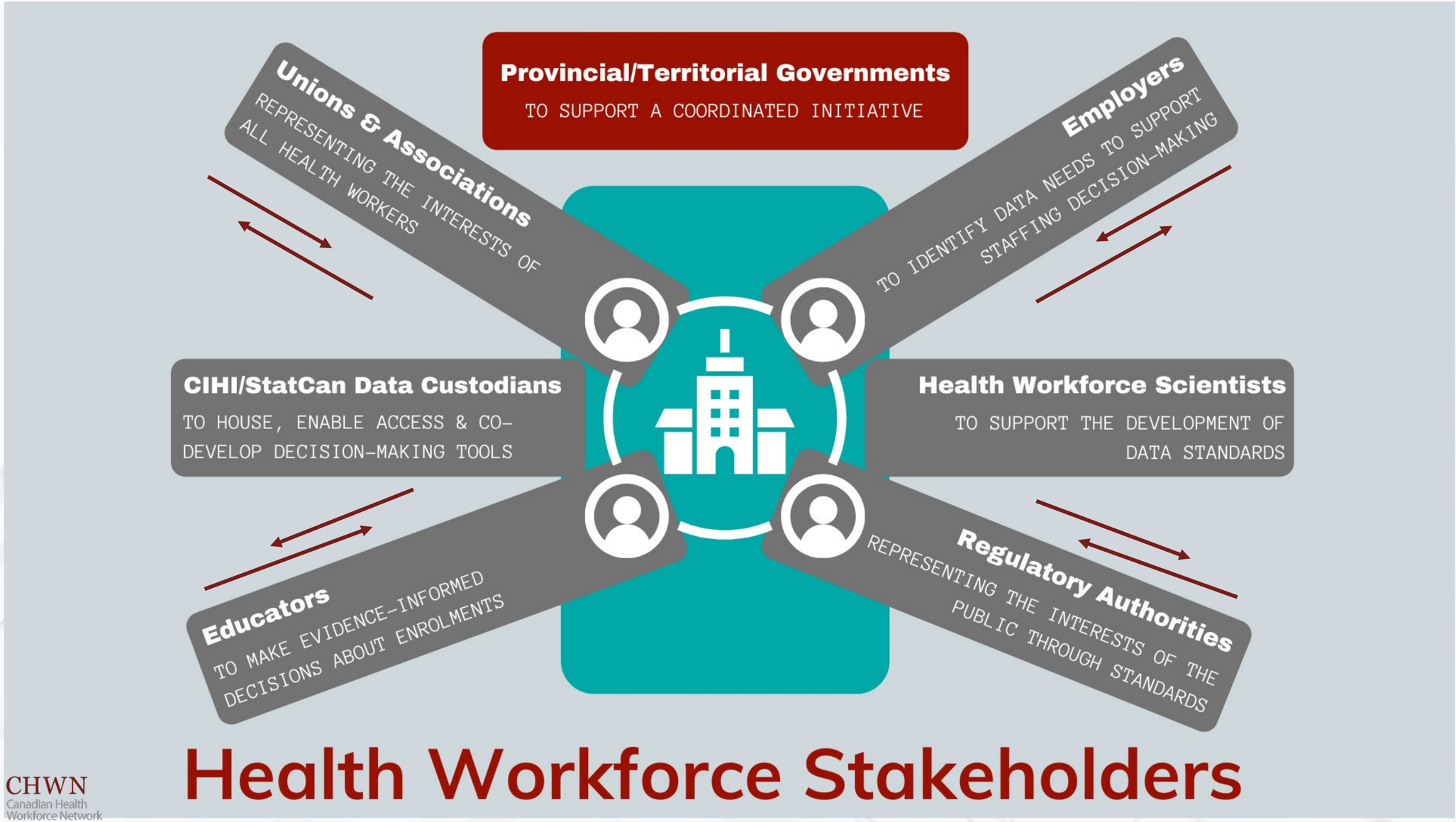
1. Iterative Workforce Planning Process
2. Engagement with Stakeholders and Decision-makers
3. Integrated Workforce Modeling

# The Health Workforce Planning Framework

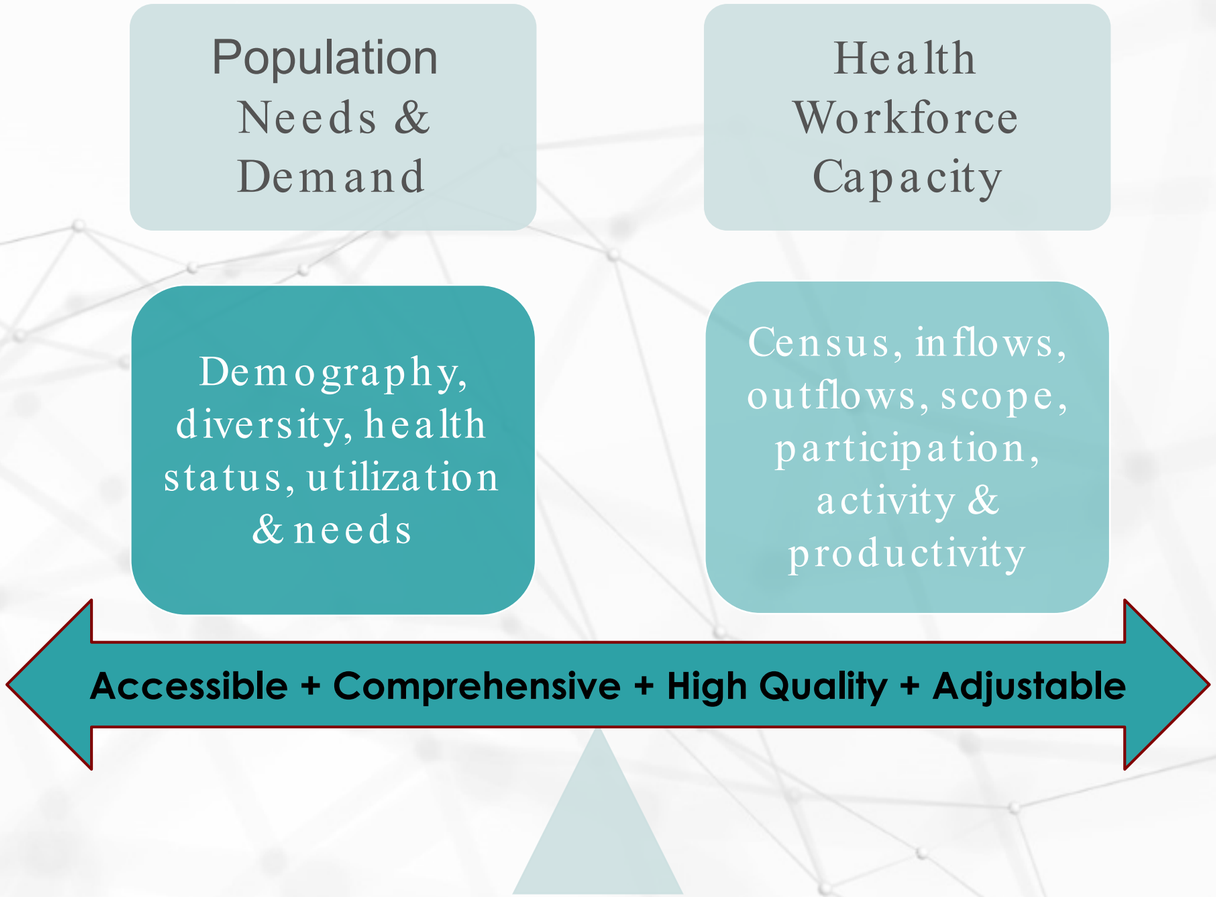
(Simkin, Chamberland-Rowe & Bourgeault, 2022)



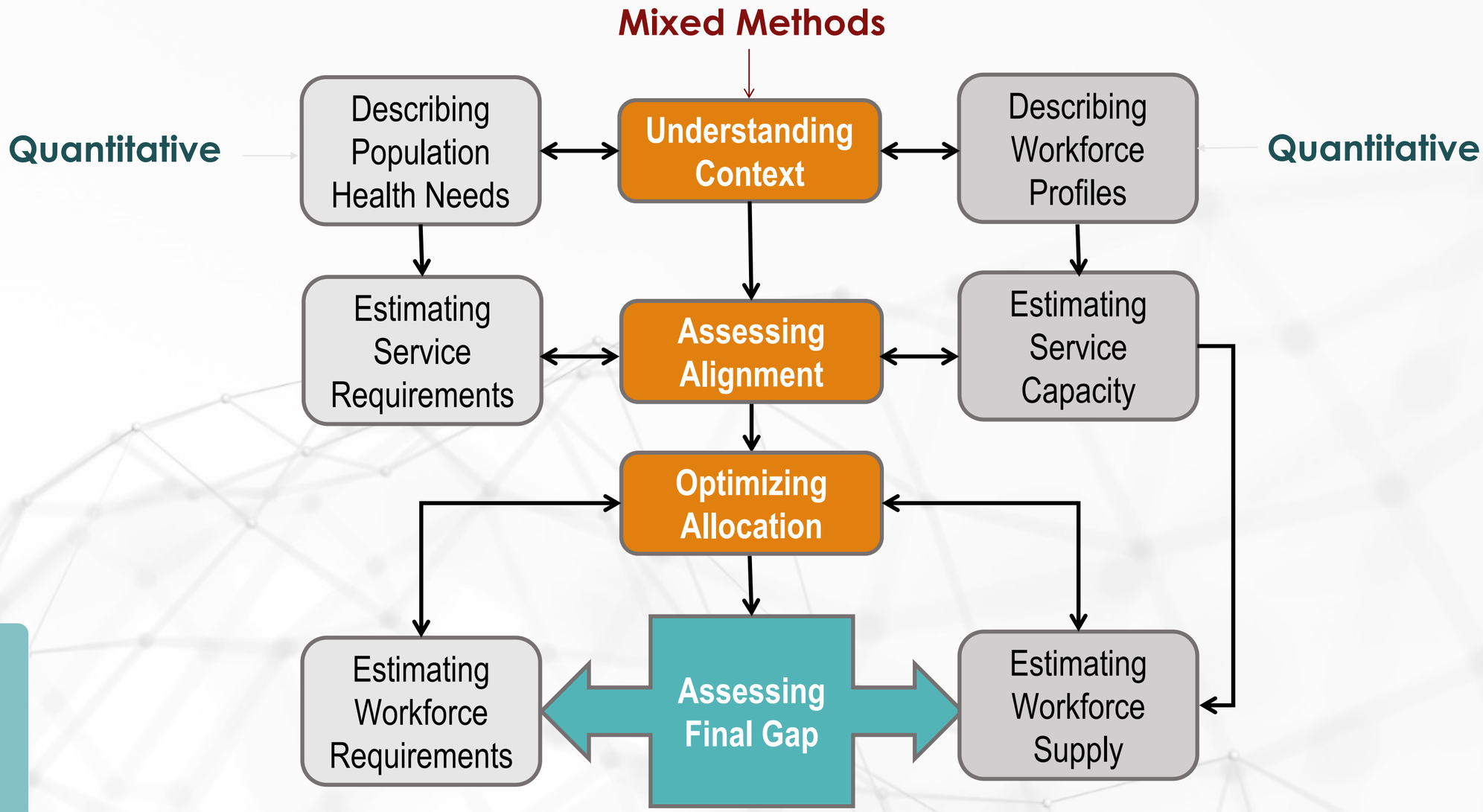
# Stakeholder Consultations should be inclusive of the Complex Adaptive Health Workforce System



# Health Workforce Modeling requires data & intelligence on two key components



# Modular Integrated Workforce Modeling



# Health workforce modeling *(and planning)* is an iterative process

## *Quantitative models*

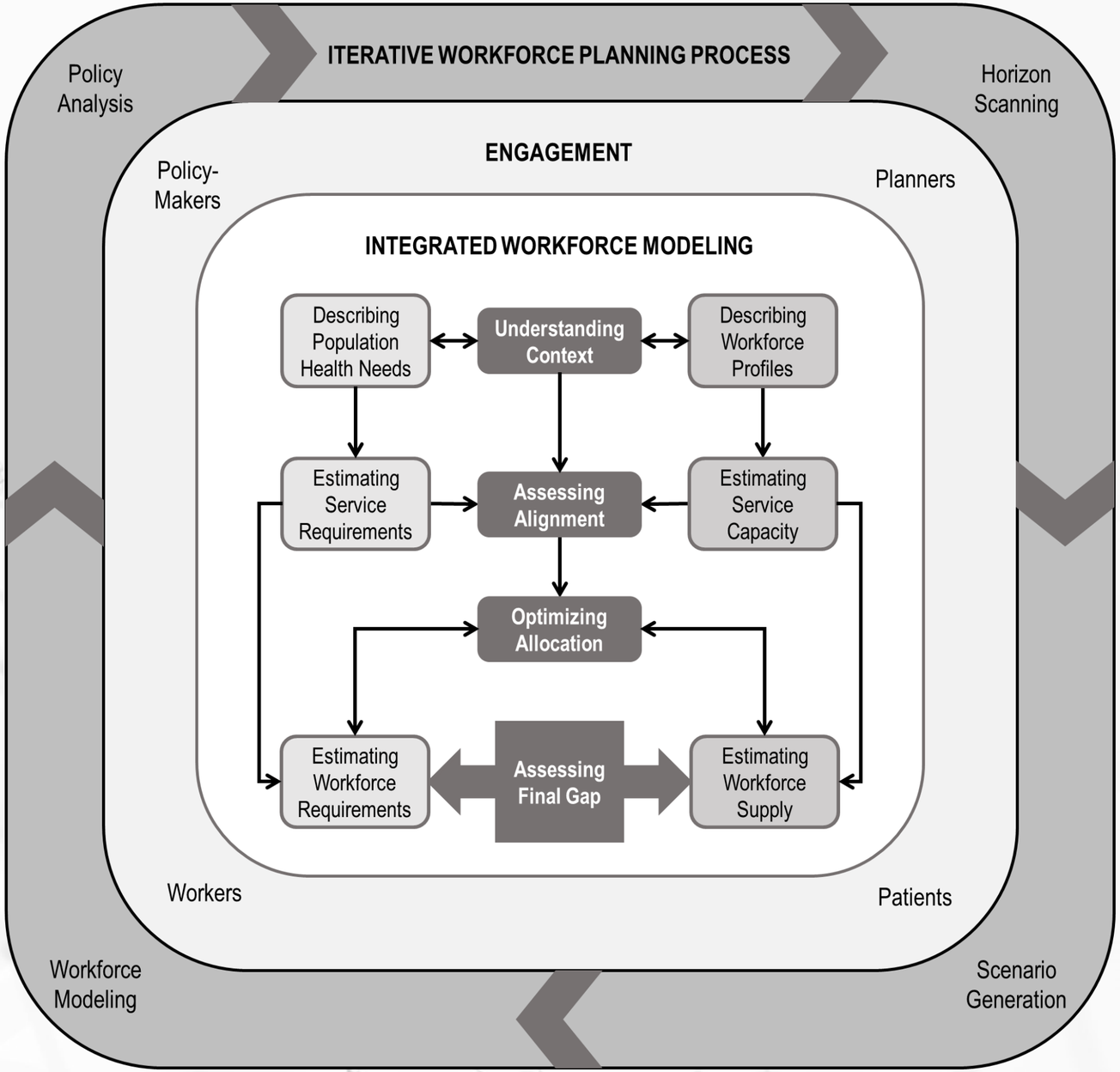
- are dependent on the availability, quality and linkability of data
  - Linkability across health worker groups and to population health needs

## *Descriptive models*

- complement quantitative models
  - Data can inform descriptive models and then when of sufficient quality and linkability can be inputted into the quantitative model

# The Health Workforce Planning Framework

(Simkin, Chamberland-Rowe & Bourgeault, 2022)

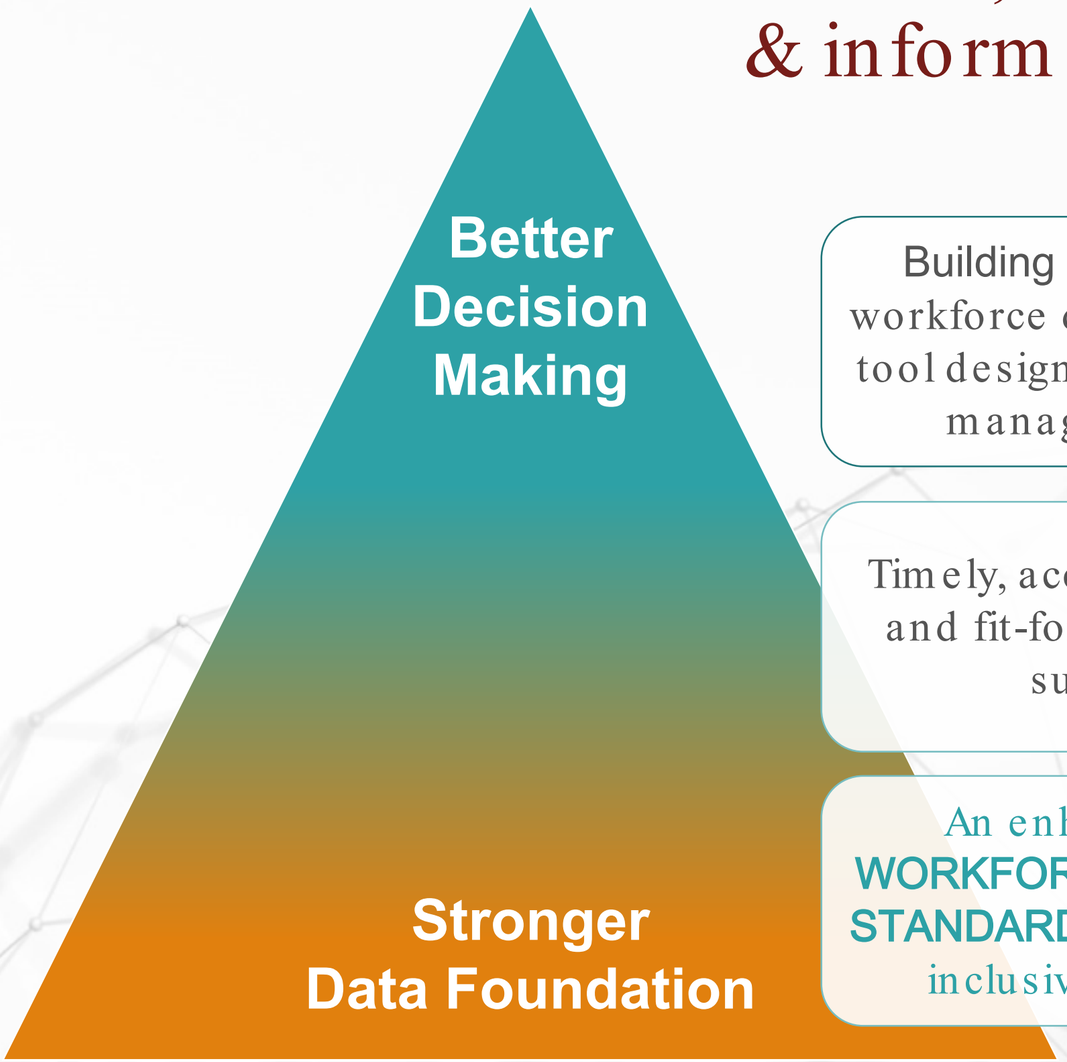


# Relationship between Health Workforce Data & Planning

When health workforce data are highly variable across professions and jurisdictions …

… Health workforce planning is ad hoc, sporadic, and siloed by profession or jurisdiction, generating significant costs and inefficiencies

# Three key elements will improve data infrastructures, bolster knowledge creation & inform decision-making activities




Building capacity in health workforce data analytics, digital tool design, policy analysis and management science.

Timely, accessible, interactive, and fit-for-purpose decision support tools

An enhanced **HEALTH WORKFORCE MINIMUM DATA STANDARD** for **PLANNING** and inclusive data collection *

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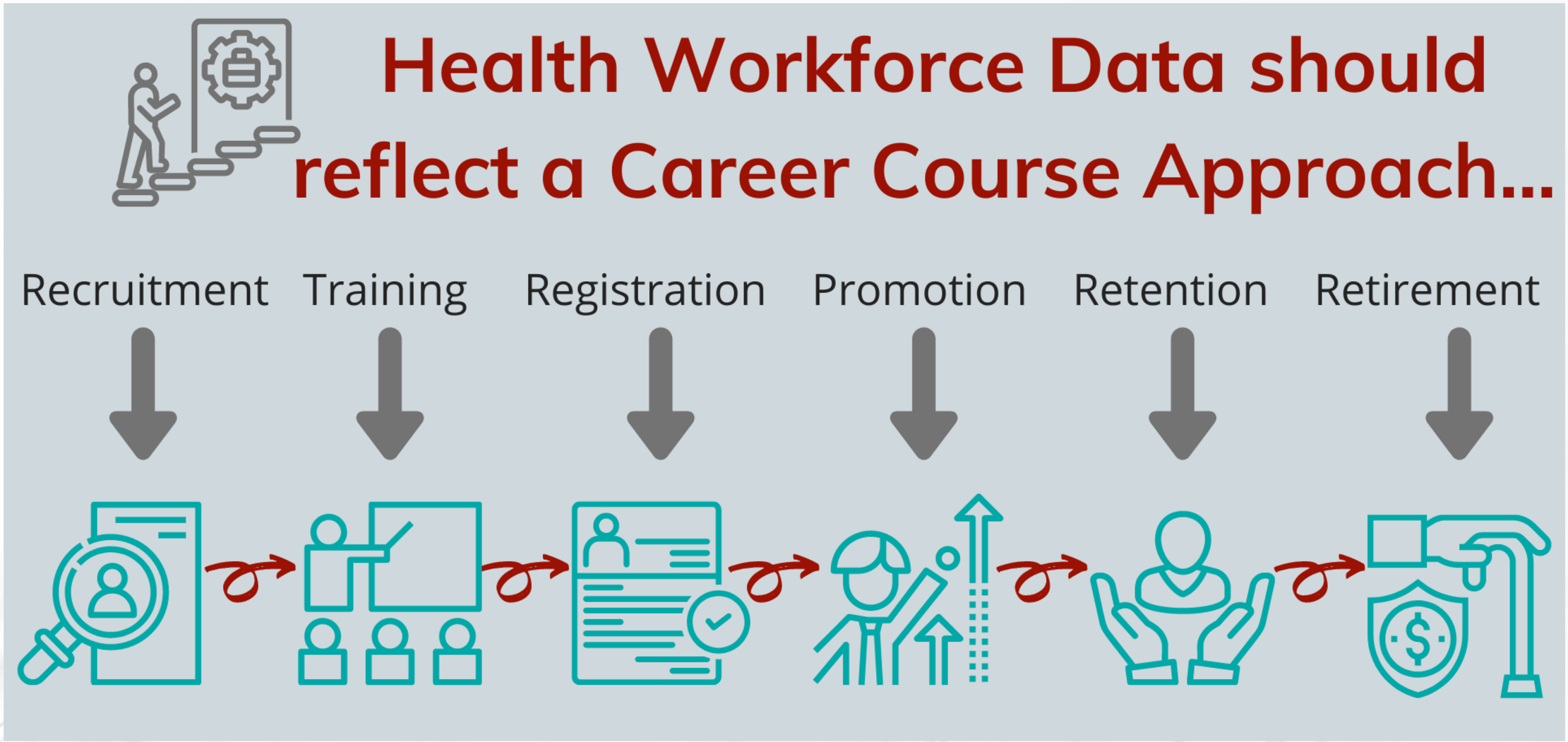
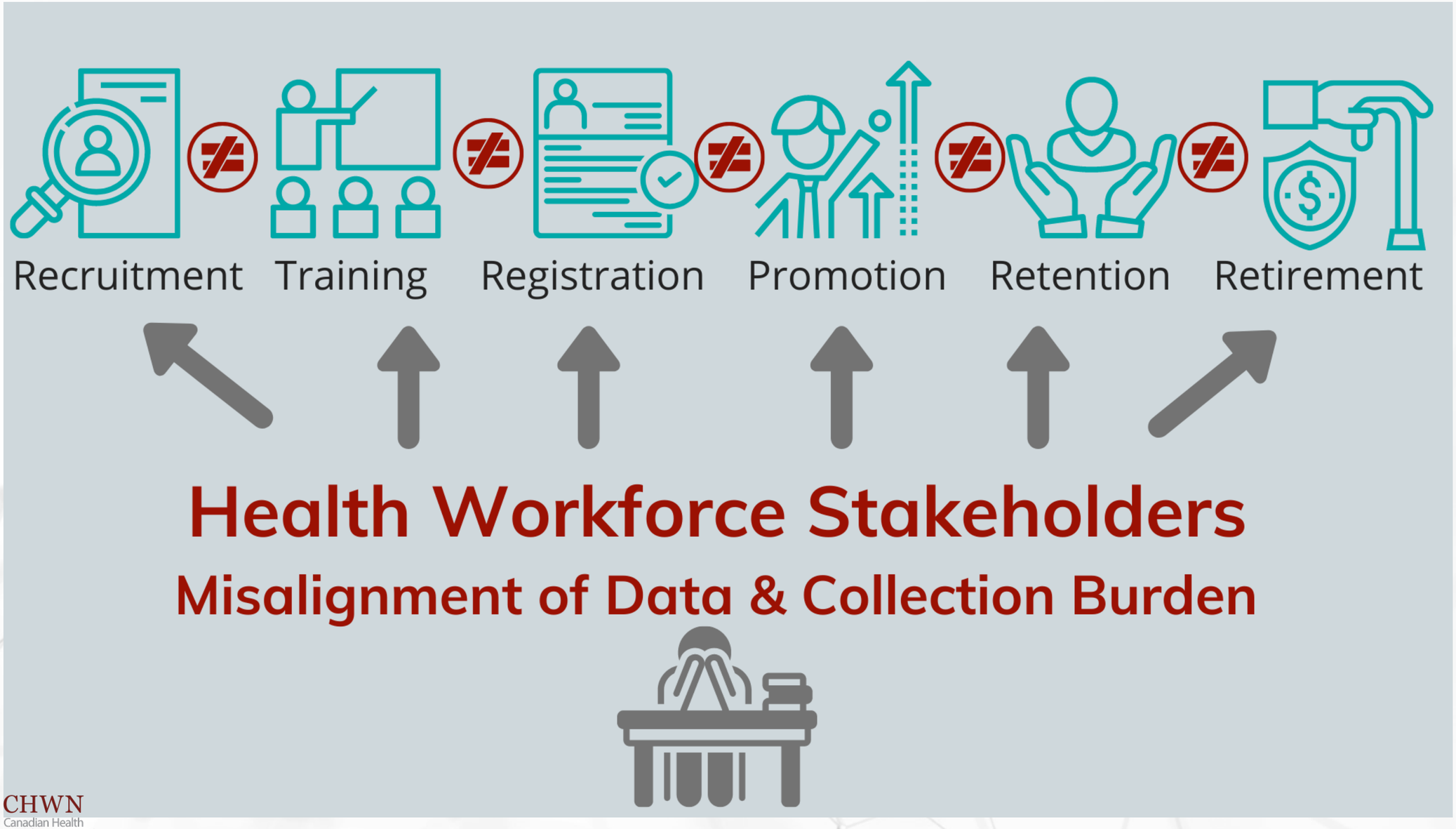
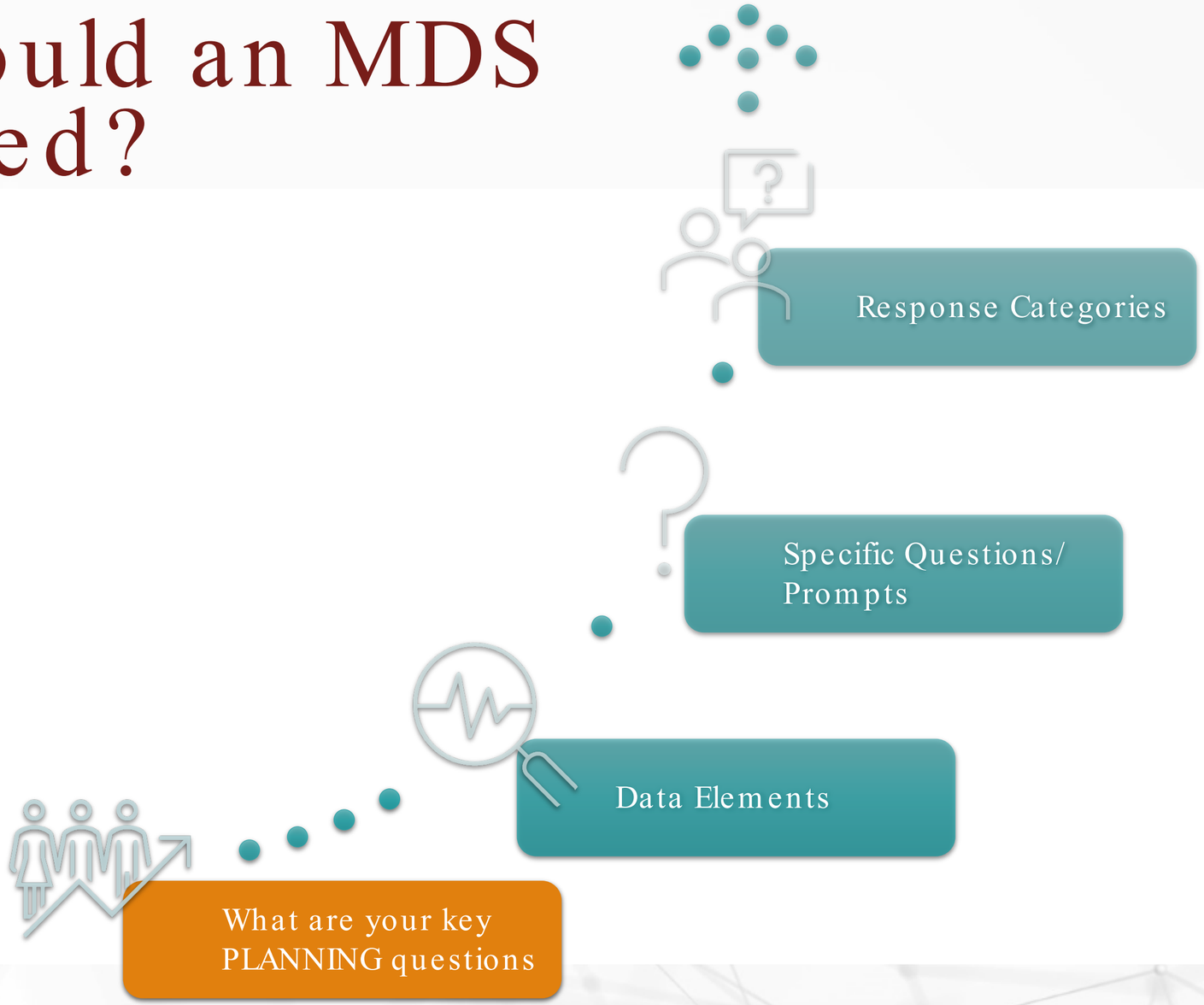
# What are the goals of a health workforce MDS?



# Lacking a health workforce MDS = Less informed decisions



# How should an MDS be created?



# Mapping & Synthesizing Existing MDS

Canadian examples
- CIHI 2022
- HPDB 2008

International standards
- Ahpra 2010 (AUS)
- HWTAC 2011 (US)
- WHO 2015 & NHWA

**Identification & Registration Module**
- e.g., Unique Identifier, Name Registration

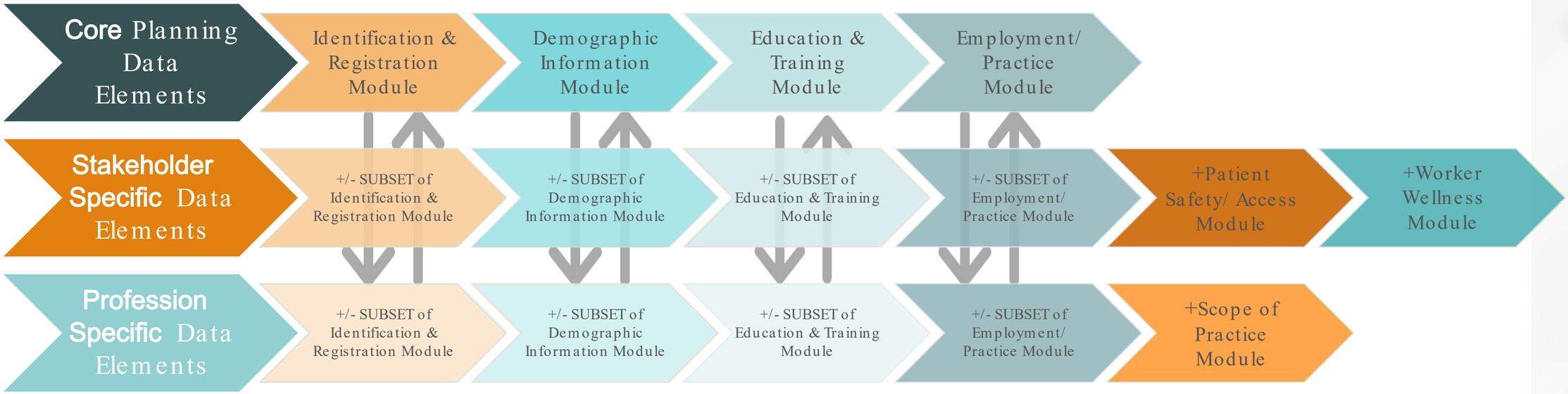
**Demographic Information Module**
- e.g., Personal Diversity & Health/Disability Data

**Education & Training Module**
- e.g., Entry Requirements & Development

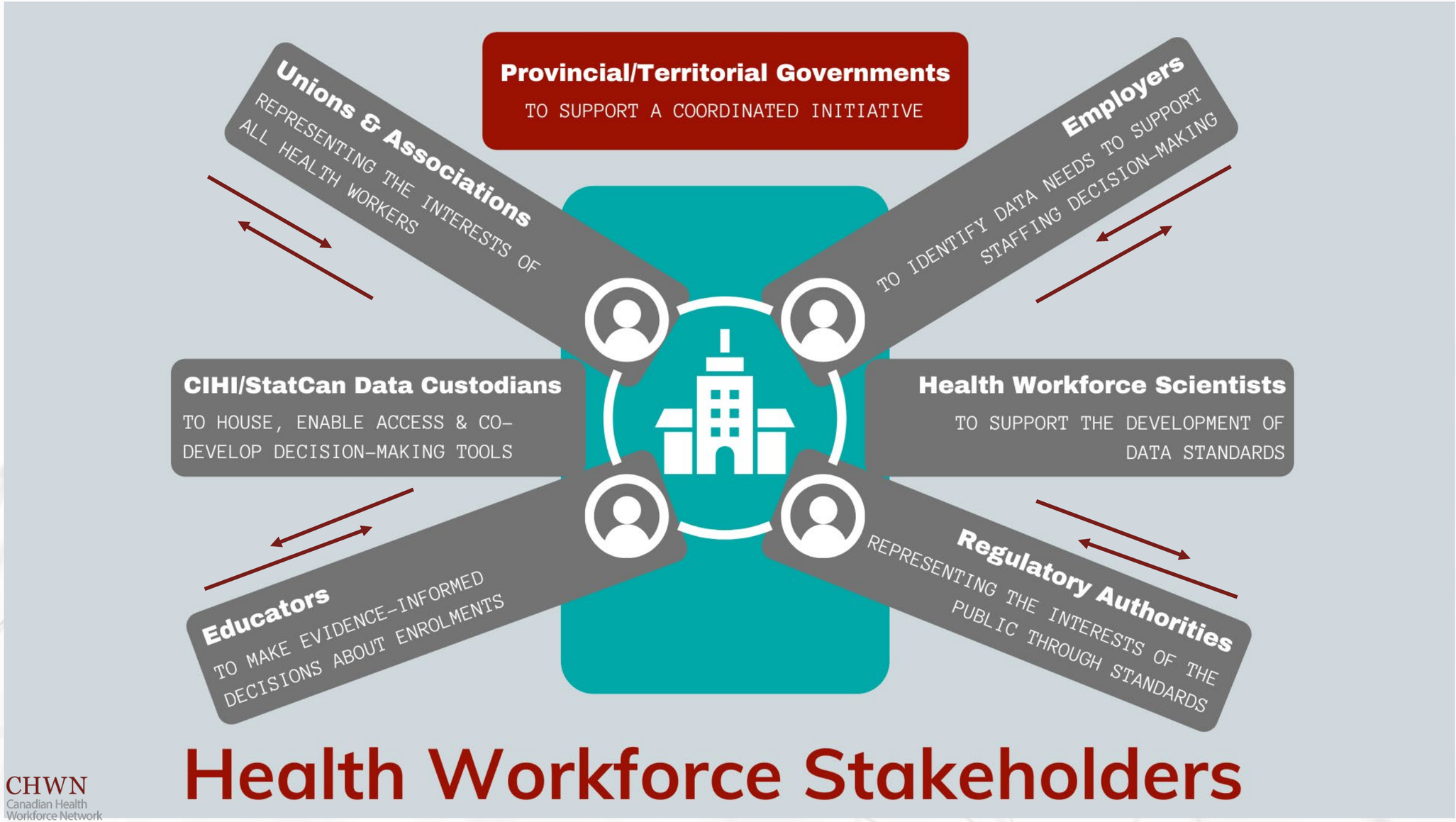
**Employment/Practice Module**
- e.g., Location, Sector, Organization, Capacity

# Mapping & Synthesizing Existing MDS

## *Modular Architecture*



# If various stakeholders adopt an MDS this would enable better linkages across data sets



# Different means to collect HWF data using an MDS

1

## Registry

Census data of all health workers – either leveraging data from regulatory authorities (yearly) or employers (daily)

2

## Survey

Sample of workers – *subset of registry*– through professional associations or other survey agency (various time periods)

**Principle – collect once use many times**

# Implementation Barriers & Facilitators

## Barriers

- **Regulatory siloes**
  - Privacy
  - Health practitioner regulation
- Lack of data sharing agreements
- Disparate data collection platforms

## Facilitators

- Regulatory cooperation/agreements
- Data sharing agreements
- Common data collection platforms

# International inspirations for end point applications


## US Dept of Health Resources and Services Administration (HRSA)

- Sector
- Occupation
- Location
- Supply
- Demand
- Distribution
- What if scenarios

# Key Take Aways

1

## Key Point #1

We need to start and embed health workforce planning into ongoing health system decision-making


2

## Key Point #2

This will engage stakeholders to align and improve their data (registry & survey)

3

## Key Point #3

Better planning utilizing standardized data entails a proactive vs reactive approach

# Acknowledgements

Special thanks to our funders/partners:


Canadian Institutes of Health Research


Canadian Institute for Health Information

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