

# Meeting the Needs of Islanders

An Action Plan for Health Human Resources on Prince Edward Island



December 2005



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*A message from Chester Gillan  
Minister of Health for Prince Edward Island*



PEI is challenged by shortages in various health professions. In order to recruit and retain health-care professionals, we realize it is important to provide health-care environments which offer high quality and sustainable services which meet the needs of our various client groups.

This document, *Meeting the Needs of Islanders*, is the beginning point for a collaborative plan which helps our health system offer our clients the right provider, the right service in the right place and at the right time. We realize that in order to continue strengthening health human resource planning in PEI we must not build just one strategy.

This plan is an outcome stemming from the First Ministers' Meeting in September 2004. It considers a multi-faceted approach to meeting the priority human resource needs of our health system.

The *2004 10-Year Plan to Strengthen Health Care* was the catalyst for this commitment. Governments across the country agreed at that time to increase the supply and ensure the appropriate mix of health professionals, based on their assessment of the gaps in the health system.

The Atlantic Provinces continue to make very strong commitments toward working together wherever possible with regard to health human resource planning. This includes sharing the cost of training and educational programs, supporting regional solutions to minimize gaps in specialized health services and in some cases sharing the cost of medical specialists.

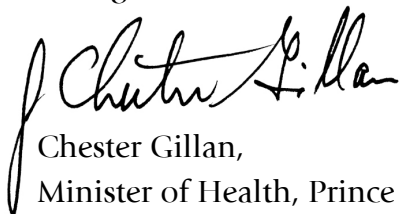
Another key example of this collaboration is the work being done by the Atlantic Advisory Committee on Health Human Resources to develop current and future health human resource requirements for 30 health occupations. This committee, comprising representatives of government departments responsible for health and post-secondary education, is currently assessing the adequacy of health education and training programs in the region in relation to the demand.

In PEI, we recognize the very real challenges when recruiting to fill vacancies and also when seeking to retain health professionals who possess skills which are in high demand. We are working closely with other governments to find common approaches wherever possible to deal with these critical issues.

The following strategies have been identified to serve as a “starting point” for addressing the challenges that face our health human resource system:

1. To continue working with the PEI Health Sector Council to build on the human resource profile of the health sector.
2. To continue health human resource planning work with the other Atlantic Provinces.
3. To continue participation in federal/provincial/territorial work to ensure that Prince Edward Island is a full partner in the development of national strategies.
4. To continue developing partnerships whenever possible so that innovative approaches to address some of the issues facing the health human resource sector can be researched, developed and implemented.
5. To continue improving our data collection systems.
6. To continue to consult with, and engage, employers, professional associations and health providers to review the work that has been completed, and to set a course for health human resource planning into the future.
7. Improve capacity to support internationally educated health professionals, professionally and socially, in our communities.
8. Improve our capacity to address the unique needs of official language minority communities and our aboriginal communities.
9. Build on the success of the current recruitment and retention strategies.

Further background on these efforts are detailed in this report. As we implement these strategies, I am confident that Islanders will reap the benefits of successes along the way.

A handwritten signature in black ink, appearing to read 'Chester Gillan', written in a cursive style.

Chester Gillan,  
Minister of Health, Prince Edward Island

# Table of Contents

	Page
<b>1.0</b> <b><i>Background</i></b>	<b>1 - 8</b>
1.1 FMM Commitment .....	1
1.2 Governments Working Together .....	2
1.3 Overview of Pan-Canadian Planning Framework ...	2, 3
1.4 Atlantic Canada Working Together .....	4, 5
1.5 Study Findings .....	5, 6, 7, 8
<b>2.0</b> <b><i>Review of PEI Initiatives</i></b>	<b>9 - 12</b>
2.1 Background .....	9
2.2 Summary of Initiatives .....	9, 10, 11, 12
<b>3.0</b> <b><i>Moving Forward</i></b>	<b>13 - 15</b>
3.1 Goals .....	13
3.2 Strategies .....	13, 14, 15
<b>4.0</b> <b><i>Conclusion</i></b>	<b>16</b>

# 1.0 Background

## 1.1 FMM Commitment

In 2000 First Ministers agreed on a vision, principles and action plan for health system renewal. The importance of revitalizing health human resources as part of this renewal strategy was recognized by the First Ministers in their health care accords of 2003 and 2004. Commitments have been made by federal, provincial and territorial (FPT) governments to reform workforce aspects of our health-care system.

The *2003 First Ministers Accord on Health Care Renewal* set out an action plan for health reform that reflects a renewed commitment by governments to work in partnership with each other, with providers and with Canadians in shaping the future of our public health care system.

The *2004 10-Year Plan to Strengthen Health Care* further expanded on these commitments. Governments also agreed at that time to increase the supply and ensure the appropriate mix of health professionals, based on their assessment of the gaps and to make their plans public, including targets for the training, recruitment and retention of health professionals.

Several significant reports which led to these two accords include the Kirby Report, *The Health of Canadians - the Federal Role* (October 2002) and the Romonow Commission on the *Future of Health Care in Canada* (November 2002). These reports also led to First Ministers agreeing to establish the Health Council of Canada which is committed to advancing the renewal of Canada's health care system and the health of Canadians. This council

monitors health care renewal progress and reports independently to Canadians, while also identifying strategies for improvement and better health for Canadians. The first annual report of the council was released in January 2005 titled *Health Care Renewal in Canada: Accelerating Change*.

## 1.2 Governments Working Together

Health human resource planning is a primary focus for collaboration and partnership between the Federal and Provincial/Territorial governments. To this end a *Framework for Collaborative Pan Canadian Health Human Resources (HHR) Planning* has been developed by governments with the intent that this framework will help to shape the future of health human resource planning and health service delivery across Canada. This framework was recently approved by ministers of health and has been circulated to key stakeholders for feedback.

The FPT Conference of Deputy Ministers of Health (CDM) created the FPT Advisory Committee on Health Delivery and Human Resources in 2003. This committee is mandated to provide policy and strategic advice to the CDM on the planning, organization and delivery of health services including health human resources issues. It is comprised of senior health officials from all jurisdictions and up to five external experts (i.e., academics, researchers, etc.) related to the committee's mandate.

## 1.3 Overview of Pan-Canadian Planning Framework

In 2003, the First Ministers committed to undertake collaborative strategies to strengthen the evidence base for national health human resource planning. The development of the *Framework for Collaborative Pan-Canadian*

*Health Human Resources (HHR) Planning* stemmed from this commitment and demonstrates FPT governments' leadership in providing direction for HHR planning across Canada.

This document, prepared by the FPT Advisory Committee on Health Delivery and Human Resources:

- recognizes the jurisdictional responsibility for health system design and HHR planning as well as determining the resources available to deliver health care;
- affirms that – because of the small number of training programs across the country and highly mobile nature of the health workforce – jurisdictions cannot plan in isolation and require a collaborative pan-Canadian approach to certain aspects of HHR planning;
- proposes a framework for collaborative pan-Canadian HHR planning that will support system planning; and
- describes the challenges in HHR planning, identifies priorities for collaborative action, and sets out tangible specific actions that jurisdictions can take together to achieve a more stable effective health workforce.

Health human resource planning needs to be driven by the delivery system design and population health needs. This framework is intended to provide the basis for working collaboratively between jurisdictions, with ongoing direction and input from the public and key stakeholders.



## 1.4 Atlantic Canada Working Together

The Atlantic Provinces, recognizing the many challenges with providing specialized health services unilaterally, have made very strong commitments towards working together wherever possible with regards to health human resource planning. This includes sharing the cost of training and educational programs, supporting regional solutions to minimize gaps in specialized health services and in some cases sharing the cost of medical specialists.

Another key example of this collaboration is the work being done by the Atlantic Advisory Committee on Health Human Resources to develop current and future health human resource requirements for 30 health occupations. This committee, comprised of representatives of government departments responsible for health and post-secondary education, is currently assessing the adequacy of health education and training programs in the region in relation to the demand.

Recent work also includes the completion of the *Atlantic Health Human Resources Planning Study*. The goal of this study was to carry out a comprehensive study of the regional requirements for health professionals in Atlantic Canada, and the regional requirements for available educational/training programmes in and outside Atlantic Canada. As a first step each province completed a labour market analysis to determine current and future supply and demand for major health occupations. This work has provided an HHR simulation model that will allow each jurisdiction to identify the possible impact of policy decisions on HHR requirements, gaps and major issues. As a result of this work, each of the Atlantic Provinces will have:

- supply and demand data,
- an inventory of both pre-service and continuing education and training programs,

- an environmental scan of education and training issues, and
- a scenario-based education and training program forecasting tool.

## 1.5 Study Findings

### *1.5.1 Health Human Resources Supply and Demand Analysis (Atkinson and Hull, DMR Consulting, 2001)*

In 2001 the Health Human Resources Supply and Demand Analysis was produced by Atkinson and Hull of DMR Consulting. This report, while not completely current, provides PEI with a profile of 53 health occupations in PEI as well as a baseline data set that can be used for future study.

This report covered approximately 4500 individuals working in the delivery of health services. This study predicted shortages in the following professions: registered nurses, licensed nursing assistants, medical laboratory technologists, physiotherapists, speech language pathologists and medical radiation therapists. PEI has taken measures to address recruitment and retention for these professions.

### *1.5.2 Atlantic Health Human Resources Planning Study (Med-Emerg Inc., 2005)*

This Atlantic study has provided a first step to improving health human resource planning. It has developed a database of all relevant health educational/training programs in the region, including current seat purchase agreements outside of the region. This study forecasted the following professions: licensed practical nurses, medical laboratory

therapists, medical radiation therapists, occupational therapists, physiotherapists, registered nurses and social workers.

It has also produced a simulation model which can provide employers with valuable information on the impact of policy decisions or services changes on the supply and demand of health human resources. The model is based on estimating and comparing provider supply with provider requirements. Provider supply is based on two modules (training and supply), as is provider requirements (productivity and needs). The model can be updated as new or expanded data becomes available. This ability to be updated is a critical feature as the study found that of 30 professions examined, only 12 had sufficient data to run simulations.

Population health needs have changed over time and it is expected that they will continue to change into the future. It is also recognized that it remains a challenge to anticipate the actual changes that may transpire in the future. Utilizing a simulation model that allows for various data to be entered allows for various policy options to be explored while adjusting for gaps between specific providers available and those that are required.

### *1.5.3 Learnings*

Learnings from several simulations that were completed as part of the Atlantic study include:

- avoiding “bulges” in the age distribution of health providers stock is an important planning objective;

- short-term changes in health human resource requirements are more effectively addressed by considering changes in the way that health providers are used as opposed to changes in the numbers of the providers.
- increasing or decreasing training seats is a long-term, not a short-term strategy for addressing provider gaps.
- policies designed to change the level of activity and productivity of labour flowing from the provider stock offer the best short-term policy options for managing gaps in the short-term.

#### *1.5.4 Recommendations*

As well, the Atlantic study made several recommendations which are important to consider, including:

- Health human resource planning must take into account factors such as social, political, geographical, technological and economic which can influence the efficient and effective mix of both human and non-human resources.
- Health human resource policy development needs to occur within the context of health services planning.
- Policies should be directed at smoothing out age distribution.
- Policy-makers should keep in mind that there are essentially two categories of policy options; one aimed at changing the number of providers (i.e., changing the stock) and the other aimed at making

better use of the providers in the stock (improving flow of services).

- A significant investment in data infrastructure to inform health human resource planning and management must be realized.

Current population demographics indicating an aging population, coupled with a shrinking workforce, forces jurisdictions such as PEI to compete for required health human resources. While it is important to recognize these challenges it is also important to ensure that reliable data is available on which to base projected health human resource needs. This will therefore be a short-term priority for Prince Edward Island.

## 2.0 *Review of PEI Initiatives*

### 2.1 **Background**

Prince Edward Island recognizes the very real challenges being faced when recruiting to fill vacancies and also when seeking to retain health professionals who possess skills which are in high demand.

Recruitment and retention strategies, sector and turnover studies, data collection and training are a few of the initiatives commonly undertaken to address these issues. In addition to PEI-specific initiatives we are working closely with other governments to find common approaches wherever possible to deal with these critical issues.

### 2.2 **Summary of Initiatives**

#### *2.2.1 (Registered) Nurse Recruitment and Retention Strategy*

Implemented in 2000, this strategy was evaluated in 2003 and it was determined to be an effective tool for recruiting and retaining registered nurses for the PEI health system. In the past it has provided incentives such as sponsorship, relocation assistance, refresher assistance and summer employment for bachelor of nursing students. This strategy has been deferred for one year due to fiscal constraint.

### *2.2.2 Physician Recruitment and Retention Strategy*

Physician numbers are controlled by adherence to regional complements as recommended by the Physician Resources Planning Committee. Recruitment is ongoing to address vacancies by utilizing such methods as advertisements in specialty magazines, poster ads forwarded to medical schools, attendance at job fairs and direct referrals. Communications with Island medical students and residents is also maintained periodically throughout the years of their studies with site visits being completed annually.

### *2.2.3 Allied Health Professionals – Recruitment and Retention Incentives*

From time to time there are health professions which continue to be a challenge due to shortage of supply and increased demand. Currently PEI has agreements in place to provide access to training for both medical laboratory technologists and radiation therapist in return for service. Also, labour market adjustments have been made to various “difficult to recruit” health professions.

### *2.2.4 National Nurses Turnover Study*

Prince Edward Island is participating in a national research study that is focusing on the costs and outcomes of nursing turnover. The purpose of this study is to determine how the rate and intensity of nursing turnover impact patient satisfaction and safety, nurse satisfaction, health and safety, and system outcomes. This study involves 51 hospitals covering 10 jurisdictions.

### *2.2.5 Clinical Information System*

Prince Edward Island has undertaken a major health care initiative to establish an integrated provincial patient record in all hospitals. This initiative, once complete, will provide front-line hospital staff (physicians, nurses and other health professionals) patient information required to improve patient care and safety.

### *2.2.6 PEI Health Sector Council Human Resource Profile of the Health Sector*

Significant work is being completed to establish a health human resource baseline profile for the health sector in Prince Edward Island. It is intended that this profile will provide a picture illustrating the nature and scope of the sector, including its various sub-components and its labour force.

### *2.2.7 Partnerships With Health Canada*

Prince Edward Island actively pursues partnership opportunities with Health Canada and seeks to undertake projects and research that assist our small jurisdiction to meet the health needs of our population. Recent examples of working together have included the development of our capacity to collect data, addressing the frequent gaps in availability of certain health professions and the promotion of healthy work environments for our health sector staff.



### *2.2.8 Health Professionals Registration Database*

A critical ingredient to health human resource planning is the availability of accurate data. To address this issue the PEI Department of Health is working with 19 professional associations to develop a registration database which can be used to inform health human resource planning. Through Health Canada funding, PEI has been able to work with local health professional associations to provide these groups the tools they need to provide quality data. This database, once implemented, will provide standardized human resource data on a longitudinal basis that will assist with health human resource planning.

## 3.0 *Moving Forward*

### 3.1 Goals

The following four goals are intended to help direct the work that lies ahead:

1. To improve capacity to plan for the optimal number, mix and distribution of health care providers.
2. To enhance capacity to build and maintain a sustainable workforce in healthy safe work environments.
3. To enhance capacity to achieve appropriate mix of health providers and deploy them in service delivery models that make full use of their skills.
4. To enhance capacity to work closely with employers and the education system to develop a health workforce that has the skills and competencies to provide safe, high quality care, work in innovative environments, and respond to changing health care system and population health needs.

### 3.2 Strategies

The following strategies have been identified to serve as a “starting point” for addressing the challenges that face our health human resource system:

1. To continue working locally with the PEI Health Sector Council to build on the baseline human resource profile of the health sector that has already been started. Issues such as recruitment, retention, skills/knowledge acquisition, full scope of practice, personal responsibility for health and the expanded role of the charitable/not-for-profit arm of the sector will benefit from all stakeholders taking a collaborative approach and working together.
2. To continue health human resource planning work with the other Atlantic Provinces. Building on the development of the educational/training database that has been recently completed will help to ensure that programs meet the current and future needs of the health sector. Other opportunities for collaboration will also be explored.
3. To continue participation in federal/provincial/territorial work to ensure that Prince Edward Island is a full partner in the development of national strategies. The health human resource challenges being faced are national in scope. It is therefore important that national joint initiatives be pursued wherever possible.
4. To continue developing partnerships whenever possible so that innovative approaches to address some of the issues facing the health human resource sector can be researched, developed and implemented.
5. To continue improving our data collection systems.

6. To continue to consult with, and engage, employers, professional associations and health providers to review the work that has been completed, and to set a course for health human resource planning into the future.
7. Improve capacity to support internationally educated health professionals, professionally and socially in our communities.
8. Improve our capacity to address the unique needs of official language minority communities and our aboriginal communities.
9. Build on the success of the current recruitment and retention strategies.

## 4.0 Conclusion

Health human resource planning cannot be done in isolation. The population health needs of our citizens are of paramount importance, and require all key stakeholders to work in partnership to ensure health services are timely, effective and comprehensive.

Consultation with stakeholders is an ongoing requirement for government and will continue. The public, health professionals and their representative association, health system staff, and not-for-profit organizations are but a few of the key stakeholders. The involvement of these individuals and groups will be ongoing as the strategies identified in this paper are further developed and implemented.

We need to continue to work closely with our Atlantic and national counterparts to ensure that regional issues and gaps continue to be identified and addressed effectively. Great work has been accomplished both nationally and regionally. We now must build on this work and continue to broaden our collaboration to ensure the best health outcomes for our citizens.

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