

# Manitoba's Health Human Resource Plan

## A report on supply

April 2006



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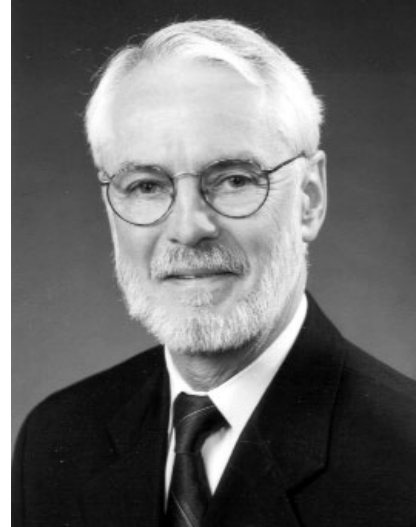
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## MINISTER'S MESSAGE

I would like to present to you our government's Health Human Resource Action Plan. It is an outline of Manitoba Health's achievements to date, challenges and future plans in the area of health human resource policy and planning.

The achievements discussed in this report are a direct result of our government's commitment to the health care system, the foundation of which is health human resources. While there is more to be done, I believe that we have come a long way from where we began six years ago. We will continue our work in ensuring an adequate supply of health human resources to meet the health care needs of Manitobans.

Tim Sale  
Minister, Manitoba Health



## EXECUTIVE SUMMARY

In September of 2004, Canada's First Ministers agreed to develop strategic Health Human Resources (HHR) plans to assess workforce gaps and ensure an adequate supply and appropriate mix of health care providers. To fulfil this commitment, the Province of Manitoba has prepared *Manitoba's Health Human Resource Plan – A report on supply*. The plan summarizes the supply of health providers in the province, the HHR challenges that face the province, and the strategies that the province of Manitoba is pursuing to overcome these challenges.

Since 1999, the HHR strategy for physicians in Manitoba has centred around the goals of increasing enrolment in the medical program, encouraging recruitment and retention, and recruiting available international medical graduates (IMGs) into the workforce. Over this time, Manitoba has witnessed an increase in the number of physicians in training from 591 to 703. Moreover, according to the College of Physicians and Surgeons of Manitoba's Annual Report of April of 2005, the number of registered physicians in the province has increased from 2,037 to 2,186. This has been achieved with support from HHR initiatives including expansion to the number of training seats at the University of Manitoba Faculty of Medicine program, offering financial incentive programs, and sponsoring an IMG skills assessment program. Challenges remain, however, in filling family physician vacancies and in recruiting and retaining physicians to rural and remote areas. The Province of Manitoba will continue to support physician recruitment to the province through existing strategies, as well as new initiatives including additional return-of-service grants, infrastructure support through the Office of Rural and Northern Health, and through the coordinated recruitment efforts of the Physician Recruitment Coordination Office.

In 1999, the Minister of Health established the Nurses Recruitment and Retention Fund (NRRF) in response to a growing number of unfilled nurse vacancies in the public sector, and reports of increasing amounts of overtime being worked by nurses. One-time funding of \$7,000,000 was allocated, to target the recruitment and retention of nurses in Manitoba. The Manitoba Nursing Strategy consists of five targeted areas which include increasing the supply of nurses in the province. Since its announcement in 2000, and in conjunction with NRRF, the strategies have resulted in improved nursing supply that has been evidenced by enrolment to nursing education programs and changes in the Manitoba nursing workforce. As of September 2005, enrolment in nursing programs has more than doubled since 1999 from 1,210 to 2,998. The total number of practicing nurses has also increased from 14,092 in 1999 to 15,412 in 2005, and from 1999 to 2004, provincial vacancies have declined from 8.4% to 6.0%. Initiatives have been put in place to improve working conditions for nurses, while also offering opportunities for expanding nursing roles in the health care system through the introduction of the RN extended practice (EP) regulation. Ongoing HHR issues facing the nursing sector include the challenge in accurately assessing vacancies, and the recruitment of nurses to rural and remote areas. The Province of Manitoba will continue to address these challenges through the Nursing Strategy and by way of the programs and financial incentives offered through the Nurses Recruitment and Retention Fund.

In the allied health professions, educational programs have been created or expanded in the areas of medical laboratory technology (MLT), medical radiologic technology (MRT), cross-training programs for MLTs and MRTs, nuclear medicine technology (NMT), occupational therapy (OT) and physical therapy (PT). New programs are being considered for registered clinical assistants (RCAs) and emergency medical services personnel.

Common challenges across all health professions in the province include recruiting and retaining providers in rural and remote areas, meeting the unique needs of the Aboriginal population, and allocating health human resources in innovative ways to improve primary health care delivery and reduce wait times in the province. The Province of Manitoba has already undertaken significant work in all of these areas, and remains committed to addressing these priorities. Furthermore, Manitoba will continue to work with federal, provincial, and territorial governments to develop collaborative HHR planning strategies that will help reduce competition and duplication of efforts across jurisdictions.

## BACKGROUND

In September of 2004, Canada's First Ministers met to discuss the future of the nation's health care system. First Ministers agreed that access to timely care was a national concern and priority, and committed to reduce wait times and improve public access to care. To this end, it was agreed that provinces and territories would develop strategic Health Human Resources (HHR) plans to assess workforce gaps and ensure an adequate supply and appropriate mix of health care providers.

Since 1999, the Province of Manitoba has been working hard to improve the supply of health human resources. This report is intended to address the current supply issues of health human resources in Manitoba. We acknowledge that supply is only one side of the equation; employers and other stakeholders are taking the lead in addressing larger health human resource issues. This report provides an update of the HHR supply and initiatives in the province, and lays the foundation for future HHR planning strategies with providers, employers and other stakeholders in Manitoba.

The objectives of the report are to:

- provide the context for why HHR planning is a provincial priority
- outline the provincial goals and priorities for HHR in Manitoba
- identify the initiatives currently in place that help us achieve our HHR goals
- summarize the current HHR situation in Manitoba's health workforce
- identify the gaps that need to be filled concerning HHR planning in the province
- outline future provincial strategies that will help Manitoba secure and maintain a stable and optimal health workforce

This report addresses three categories of health care providers in the province: physicians, nurses and allied health. Each section will describe the overall HHR goals Manitoba has set in each category, the initiatives in place to help achieve these goals, the current supply of the providers from an HHR perspective, and challenges and gaps that must be overcome to achieve our HHR goals. The final section will examine some of the current trends in HHR planning in Manitoba, and some of the future directions the province will be exploring in its goal of developing an effective and sustainable health workforce.

## INTRODUCTION

Health human resources (HHR) are central to the health care system in Canada. The ability to optimize access to quality care and achieve desired health outcomes depends on having the right mix of health care providers in the right place at the right time. A central challenge of HHR planning is to develop a strategy that ensures the right care providers are in place to respond to the demands of today, while remaining flexible enough to adapt to the changing needs of the future. Moreover, health human resources represent the single greatest cost in the health care system. Therefore, it is crucial to undertake appropriate HHR planning to develop a health system that is sustainable and represents the best investment of public funds.

### Manitoba's Changing Demographics

Over the five-year period of 2000 to 2004, Manitoba's population grew by 1.7 per cent, from 1,149,904 to 1,169,667. The population numbers vary among the province's urban, rural, and northern regions. On top of that, the age structure of the population is changing, as witnessed by the decline of individuals in the 35 to 44 age group and the corresponding increase in the 45 to 64 age group. These statistics illustrate that rapid change is taking place in the population and workforce demographics in Manitoba. This, in turn, will affect the demands placed on the health system, as well as the capacity of the system to meet those demands.

**Table 1: Manitoba population by Regional Health Authority (RHA)**

RHA	2000	2004	% change
WRHA	651,440	663,443	1.8%
Brandon	47,451	48,612	2.4%
NEMAN	39,256	39,837	1.5%
SEMAN	54,037	58,618	8.5%
Interlake	74,902	76,400	2.0%
Central	97,340	99,874	2.6%
Assiniboine	71,737	69,371	-3.3%
Parkland	42,941	42,396	-1.3%
NORMAN	25,135	24,902	-0.9%
Burntwood	44,639	45,238	1.3%
Churchill	1,026	976	-4.9%
ALL	1,149,904	1,169,667	1.7%

**Table 2: Manitoba population by age group**

Age Group	2000	2004	% change
0-14	242,390	235,948	-2.7%
15-24	157,653	162,989	3.4%
25-34	154,358	152,047	-1.5%
35-44	184,961	175,395	-5.2%
45-54	154,588	167,701	8.5%
55-64	99,300	116,911	17.7%
65-74	79,376	78,118	-1.6%
75+	77,278	80,558	4.2%
ALL	1,149,904	1,169,667	1.7%



## Pitfalls of Traditional HHR Planning

Traditional methods of HHR planning rely on reacting to the health system's practice patterns of the day. A major weakness in this approach is that it produces a workforce system with limited capacity to anticipate and react to changing health needs over time. The result is cycles of over and under-supply of health care providers and general destabilization of the health workforce. To prevent the boom and bust cycle in the supply of health care providers, an effective HHR plan must take an approach based on population health needs.

## HHR Planning in the Context of Manitoba Health's Overall Vision

The purpose of this plan is to establish the context of the existing HHR supply situation in Manitoba, and lay the groundwork for how the province plans to proceed. With providers, employers and other stakeholders, we must move toward a needs-based, collaborative HHR strategy that allows for the delivery of quality care within a sustainable system. Manitoba Health's mission is to *lead a publicly administered sustainable health system that meets the needs of Manitobans, and promotes their health and well-being*. To this end, the HHR plan will help achieve two key elements in Manitoba Health's vision:

- To develop a quality health system in which Manitobans receive appropriate, effective, quality health services at the right time in the right setting and that health services are planned, managed and delivered around the needs of individuals, families, and communities.
- To develop a public health system that is sustainable, efficient, affordable and accountable, with those responsible for governing health organizations and services, providers, and individuals, taking responsibility for the provision and use of these services.

The HHR plan is based on, and supports, a number of Manitoba's guiding principles for its health system, such as being:

- people-centred
- evidence-based
- based on a population health approach

While the plan today focuses on supply, it is part of an ongoing dialogue with stakeholders to build a comprehensive approach to health human resource planning for the future.

## PHYSICIANS

### Goals

Since 1999, the workforce planning strategy for physicians in Manitoba has centred around three major goals:

1. Increasing enrolment in the Faculty of Medicine to 100 by 2006.
2. Encouraging recruitment and retention, especially in under-served areas.
3. Facilitating entry of international medical graduates (IMGs) into the workforce.

### Initiatives

#### Expansion of Seats in the Faculty of Medicine Program at the University of Manitoba

In 1993, governments recommended an overall decrease in the size of medical training programs in response to a projected over-supply of physicians in Canada. As a result, in 1994, the University of Manitoba reduced its enrolment from 85 to 70 students entering its undergraduate Faculty of Medicine program. By the late 1990s, health workforce projections had reversed and a shortage of physicians was predicted.

To help alleviate this shortage, in 2001, the Province of Manitoba increased the number of seats in the first-year Faculty of Medicine program at the University of Manitoba from 70 to 85 students. Residency positions were also increased by 15 positions, including nine for residents interested in rural practice and six for specialists. A further increase to the number of seats in the program was announced in July 2005, with intake for the fall of 2005 increased to 93, and intake for the fall of 2006, to be increased to 100.

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*Impact: This effectively achieves the goal of increasing enrolment to 100 by 2006, and will help increase the supply of trained physicians able to enter the workforce in Manitoba.*

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#### Medical Student/Resident Financial Assistance Program (MSRFAP)

Recognizing the important contribution of locally trained physicians in providing high-quality health services that meet the needs of Manitobans, the province of Manitoba established the Medical Student/Resident Financial Assistance Program (MSRFAP) in May 2001. The MSRFAP provides financial assistance, in the form of a conditional grant, to students studying medicine in Manitoba or to physicians establishing a practice in the province upon graduation.

Grants under the MSRFAP are offered through one of two options:

1. The Educational Assistance Option offers annual grants of \$15,000 to assist undergraduates and \$20,000 to assist medical residents during their medical training.
2. The Practice Assistance Option offers a grant of \$15,000 to physicians, upon graduation from an approved residency program, to help them establish their practice in an area of need in the province.

Upon completion of their training, physicians who have participated in either option are required to work in the Province of Manitoba for a period of one year for each grant they receive.

Graduates of family medicine may receive up to \$50,000, in return for three years of service in Manitoba, while graduates of specialty programs may receive up to \$70,000 in return for four years of service in Manitoba.



**Table 3: Number of MSRFAP grants: 2001-2004**

Option	2001	2002	2003	2004	2005
Educational Assistance	152	120	147	139	146
Practice Assistance	5	0	0	0	0

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*Impact: Since its inception, the MSRFAP has provided over 704 conditional grants to help recruit Manitoba-trained physicians to practise in Manitoba. Of particular note is that program grants to third-year medical students require return of service in rural Manitoba. As a result, the MSRFAP has helped increase the physician supply in rural Manitoba by providing 56 grants to third-year students since its inception.*

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### Specialist Recruitment Fund

The provincial Specialist Recruitment Fund was established to provide \$15,000 to specialists recruited to Manitoba from outside the province.

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*Impact: Since 1999, over 150 specialists have been recruited through the Specialist Recruitment and Retention Fund.*

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### Manitoba Rural Physician Action Plan

The Manitoba Rural Physician Action Plan was established by Manitoba Health to increase the number of graduating physicians, and other health care providers, who choose to live and practise in rural and northern Manitoba. The five steps of the action plan include:

- increased recruitment of rural students into medicine
- increased undergraduate exposure to rural practice
- additional opportunities for residents to train in rural practice
- restructuring of rural medical education for rural practitioners
- infrastructure support from the Office of Rural and Northern Health, established in Dauphin in 2003

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*Impacts: The Manitoba Rural Physician Action Plan has helped promote the recruitment and retention of physicians to rural Manitoba. It has also established the Office of Rural and Northern Health to provide rural and northern leadership, co-ordination, facilitation and administration of programs in education, recruitment and retention of rural and northern health care providers.*

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### Physician Resource Coordination Office (PRCO)

One of the main challenges to physician recruitment in Manitoba is the increasing duplication and fragmentation of the recruitment process across multiple regions in the province. Consequently, Manitoba Health implemented the PRCO in the fall of 2005 to support a balanced, effective, and efficient physician recruitment strategy that recognizes the needs of the province as well as the needs of individual RHAs.

The objectives of the PRCO are:

- to coordinate and manage all information concerning physician recruitment and retention for the province, including all vacancies for family medicine and non-WRHA Specialist vacancies
- to assist and support RHAs in their direct recruitment activities
- to build on proven, successful RHA recruitment practices
- to harmonize existing and future physician resource initiatives to ensure balanced, effective and cost-effective relationships between programs
- to provide a “one stop” information and assistance service for physicians seeking employment in Manitoba and for RHA and private employers seeking physicians
- to ensure that physician recruits, and their families, receive ongoing support and information, and help with questions and concerns, from the point of first contact with the PRCO to the time they are hired
- to contribute to the growth of the pool of physician recruits

An integral component of the PRCO is the newly developed physician resource website: “www.healthemployment.ca.” This new website is intended to provide a highly visible, comprehensive, and “one-stop-shop” online presence focused on physician recruitment in the province.

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*Impacts: The PRCO will help coordinate and promote recruitment and retention activities in Manitoba, and help facilitate the entry of foreign medical graduates into the workforce.*

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### **Medical Licensure Program for International Medical Graduates (MLPIMG)**

The MLPIMG was implemented in 2001 to help foreign-trained physicians become licensed to practice as primary care physicians in Manitoba. IMGs may apply to the Faculty of Medicine, University of Manitoba, for an assessment to determine if they have the medical knowledge and skills required to receive a licence in Manitoba. The process includes written and oral examinations, as well as a clinical assessment using the Clinicians Assessment and Professional Enhancement (CAPE) process.

IMGs who complete the assessment with satisfactory results, and who meet all other requirements for conditional registration, may apply to the College of Physicians and Surgeons of Manitoba to determine their eligibility for conditional registration. They will have up to five years to complete the Medical Council of Canada Qualifying Examinations and seven years to obtain the Certificate of the College of Family Physicians of Canada (CCFP). During that period, the IMGs will practise in an under-serviced area of the province (as declared by the Minister of Health for the Province of Manitoba) with a medical practice advisor, who will provide support and guidance to the individual.

If the assessment process shows that additional training is needed to meet the licensing requirements, IMGs may be eligible for a training program offered by the Faculty of Medicine. This individualized program is up to one year long and designed to enhance the physician’s previous training and address the specific learning needs identified in the assessment process. Candidates requiring enhanced training may apply for conditional registration with the College of Physicians and Surgeons of Manitoba upon receiving confirmation of satisfactory completion of the training program.

Before the granting of a conditional license, or before entering the enhanced training program, applicants must have a written offer of employment from a regional health authority (RHA). For those entering the enhanced training program, this will include 1) an agreement by the RHA to fund the physician for the period of training, and 2) an agreement by the physician to return service to the sponsoring RHA.

As of 2006, 24 IMGs have achieved conditional licenses through the program and are practising in their sponsoring regions.

**Table 4: MLPIMG statistics**

	# of applicants	# accepted for CAPE	# in enhanced training	# achieved licence and practising in Manitoba
2001/02	4	4	3	3
2002/03	12	11	7	7
2003/04	17	12	10	9
2004/05	24	11	5	5
Current Total	57	38	25	24

*Impacts: The MLPIMG has helped Manitoba tap into the pool of foreign medical graduates in the province, which has helped increase the supply of physicians delivering primary care in under-serviced areas.*

## Current Physician Resource Status

In recent years, Manitoba has seen an increase in the number of physician resources. The total number of licensed physicians in the province has increased from 2,037 in 1999 to 2,186 in 2005. The number of practising physicians in rural areas has increased from 474 to 546 over the period from 1997 to 2005. The supply of newly trained physicians has also increased over time, indicated by the rise of total medical school enrolment at the University of Manitoba from just under 600 in the late 1990s to over 700 in 2005.

**Table 5: Licensed physicians in Manitoba**

Date	Specialists	Family Physicians	Total
1999	1,002	1,035	2,037
2000	994	1,064	2,058
2001	993	1,081	2,074
2002	1,014	1,108	2,122
2003	1,032	1,120	2,152
2004	1,036	1,140	2,176
2005	1,054	1,132	2,186

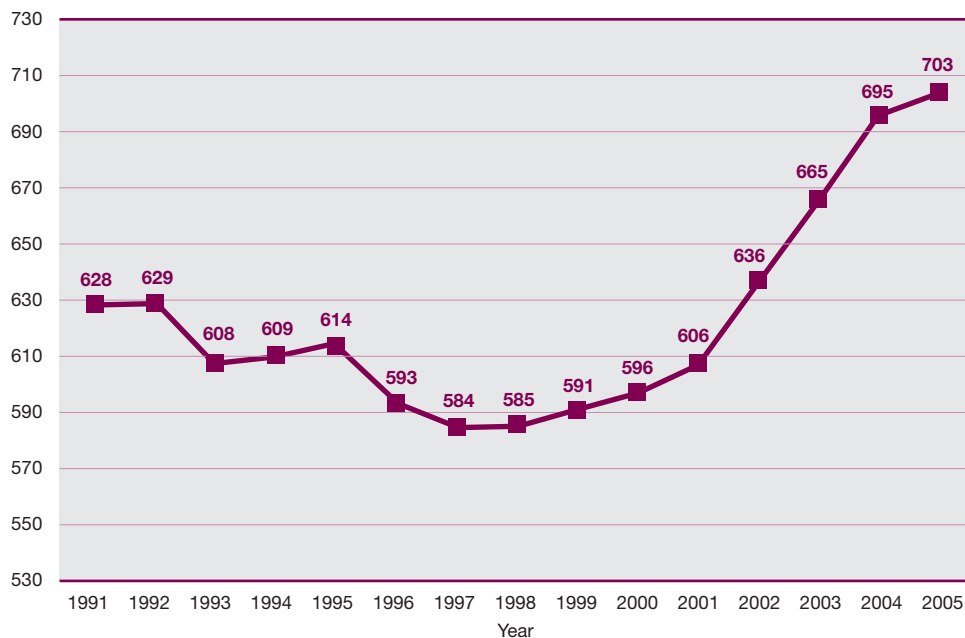
Source: College of Physicians and Surgeons of Manitoba

**Table 6: Rural physician count**

	1997	2005	Change
Total	474	546	72

Source: College of Physicians and Surgeons of Manitoba

Figure 1: Total medical school enrolment – Manitoba doctors in training (medical students and residents), 1990-2005



Sources: Canadian Post-M.D. Education Registry and U of M Faculty of Medicine

## Challenges and Gaps

While the supply of physician resources in the province is clearly increasing, there are still many challenges to overcome to optimize the physician workforce in Manitoba. These challenges include the need to:

- collect wait-list data to strategically target physician training and recruitment resources
- create a centralized database of physician workforce data to fill gaps in our information on physician resources
- improve the physician recruitment process in the province to reduce competition and duplication of effort, and maximize the use of available physician resources
- assess the effectiveness of our existing initiatives targeted to physicians
- focus on addressing the shortage of family physicians in the province
- continue efforts to recruit and retain physicians in rural and remote areas

## Looking Ahead

In an effort to address the challenges outlined above, Manitoba Health will be introducing several new initiatives that build upon existing strategies:

- *Increasing the family medicine residency to 40 per cent of total residency positions:* Filling family medicine residency positions continues to be a challenge at a provincial and national level. The inability to completely fill residency positions has contributed to a shortage of family physician supply in both rural and urban areas of Manitoba. To address this gap, Manitoba Health has supported the Department of Family Medicine in the development of a marketing plan to increase the attractiveness of family medicine as a career choice. Positive outcomes from these efforts are already taking place: over 95% of the family medicine residents beginning training in Manitoba in 2006 are Manitoba graduates.

- *Expanding the return-of-service grant programs:* In an effort to address shortages in specific specialties, Manitoba Health has announced new \$50,000 grants for family doctors to return to school for a third year, in priority areas such as emergency medicine and anesthesiology. Furthermore, to help further promote the recruitment and retention of physicians in the province, new return-of-service grants will be offered to Canadian medical school graduates—five yearly grants of \$15,000 for each year of full-time work in urban Manitoba, and five grants of \$25,000 for each year of full-time work in rural Manitoba.
- *Initiatives funded out of the federal Wait-Time Reduction Strategy:* As part of Manitoba's recently announced \$155 million wait-list reduction strategy, the province will be funding several physician-related HHR initiatives:

- Funding of \$4.5 million over four years will be used to assist Regional Health Authorities recruit additional orthopaedic surgeons, anesthesiologists and registered clinical assistants (RCAs);
- *Expanding the IMG Assessment Program:* While the MLPIMG has allowed Manitoba to facilitate the entry-to-practice of foreign-trained physicians into family practice in under-serviced regions, the full potential of this program has not yet been achieved. Limited resources and clinical space originally restricted the program to 12 applicants annually. To address this problem, the province will increase the number of students in the program from 12 to 15 for the 2005/2006 program year, with plans for an increase from 15 to 25 for the 2006/2007 program year.

Furthermore, only individuals who have been residents of Manitoba for at least one year are currently eligible to apply, which may prevent out-of-province candidates, who wish to become family physicians in Manitoba, from applying. Further changes to the program are being explored, such as restructuring the program to broaden its scope and accept applicants from outside Manitoba. Given that some participants will not succeed in the program, the restructuring will allow for the development of a career assistance component to help bridge these individuals into alternate health care professions.

- *Increasing the role of the PRCO:* As the PRCO becomes fully operational over the coming months, its roles and responsibilities for co-ordinating physician resources in the province will grow. They will include:
  - developing a centralized database to track physician vacancies and the status of recruitment of potential candidates
  - centralizing the coordination of existing and future physician recruitment initiatives, including the return-of-service grant programs and the Specialist Recruitment Fund
  - identifying potential markets for physician recruits to help RHAs in their recruitment activities and contribute to the growth of the pool of physician recruits

## **NURSING**

### **Goals**

The Manitoba Nursing Strategy was announced in 2000 and established five main goals:

1. Increase the supply of nurses
2. Improve access to staff development
3. Improve the utilization of nurses
4. Improve working conditions for nurses
5. Increase nurses' opportunities to provide input into decision-making

### **Strategies to Address Goal #1: Increasing the supply of nurses**

#### **A. Expansion of Nursing Education Seats/Spaces**

##### *RNs*

- Enrolment at the University of Manitoba has increased by 37 per cent since 1999.
- In September 2000, a 25-month Accelerated Diploma Program for Registered Nurses was introduced at Red River College. There are currently 249 students enrolled.
- A Bachelor of Nursing program offered by Brandon University commenced 2004/05. There are currently 250 students enrolled.
- Programs have targeted Manitoba's unique cultural and geographic issues. Since September 2001, there has been a francophone nursing diploma program at the College Universitaire de St. Boniface, which currently has 77 students enrolled. The University of Manitoba offers a Bachelor of Nursing program at Norway House. There are currently 10 students registered. As well, the University College of the North has 155 students enrolled in the Bachelor of Nursing program through sites at Thompson and The Pas.

##### *RPNs*

- In 2001, Brandon University expanded its program to offer the four-year Bachelor of Psychiatric Nursing program in Winnipeg. To address the decreasing RPN supply, an expansion by 20 seats was approved for this program over three years beginning in May 2005.
- Total enrolment for RPN education programs at all sites has doubled. There were 31 students in the 2005 graduating class—the largest in Manitoba since the early 90s.

##### *LPNs*

- In 2000, the number of seats for the Licensed Practical Nursing program was increased from 90 to 190.
- A rural LPN-to-RN education program was developed in collaboration with Manitoba Health, Advanced Education and Training, Red River College and the Central regional health authority (RHA). In May 2005, this program began in Dauphin, Portage and Morden-Winkler.
- A Metis/First-Nations nursing strategy to train LPNs began in 2001 and there is a LPN education program offered at two rural sites annually on a rotating basis.

As a result of these initiatives, the number of students enrolled in nursing education programs has more than doubled and the number of graduates have tripled.



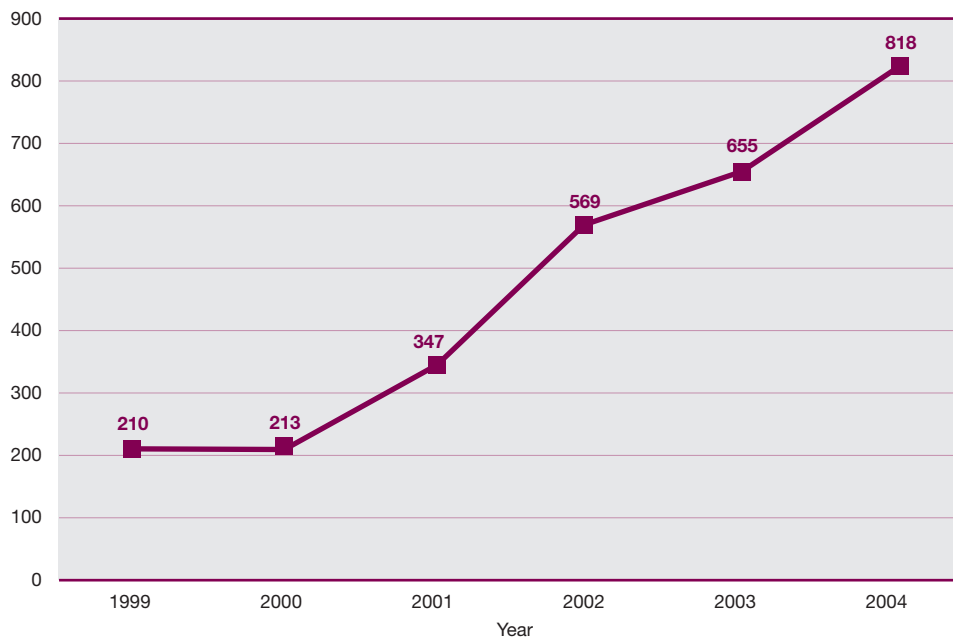
**Table 7: Numbers of students enrolled by program**

Nursing Education Program	1999/00	2004/05
U of M BN	910	1,591
RRC Accelerated Diploma	0 (no program)	239
CUSB Diploma Nursing	0 (no program)	76
BU – BScN	0 (no program)	131
RPN all sites	101	192
LPN	199	256
Upgrading programs for existing nurses	Data Not Available	248*
<b>Total</b>	<b>1,210</b>	<b>2,733</b>

\*Includes post baccalaureate, distance, and education courses for BN credit.

Source: Council on Post-Secondary Education, 2005

**Figure 2: Graduating nurses 1999-2004**



## B. Nurses Recruitment and Retention Fund (NRRF)

The Nurses Recruitment and Retention Fund (NRRF) was established in 1999 to help with the recruitment and retention of Registered Nurses (RNs), Registered Psychiatric Nurses (RPNs) and Licensed Practical Nurses (LPNs) in Manitoba. The fund is meeting its goals by using aggressive recruitment, direct incentives and increased access to educational programs. Since its inception, the NRRF has spent more than \$13.9 million on strategies to increase the number of nurses in the Manitoba workforce. Some NRRF programs are listed below.

### *Relocation Assistance*

Nurses relocating to Manitoba are eligible for financial compensation (up to \$5,000) to offset the costs associated with moving. Recipients must meet pre-defined criteria that includes working in a direct-care, permanent or term nursing position of 0.6 equivalent full-time status (EFT) or higher for at least one year. To date, the NRRF has assisted 828 individuals who moved to Manitoba and accepted employment opportunities as nurses.

### *Reimbursement for Refresher Courses*

Individuals who need to upgrade their nursing education can receive funding for 80 per cent of the course costs (up to \$2,000) in exchange for one year of service commitments. The NRRF has provided financial support for 444 nurses to complete refresher courses.

### *Conditional Grant Program for New Grads*

Since July 2004, new RN and RPN graduates, within six months of their initial registration who obtain positions of 0.6 or higher in rural and northern Manitoba, qualify for a grant of \$4,000. Under this program, the NRRF has provided financial support for 63 nurses, helping to recruit RNs and RPNs to rural and northern regional health authorities (RHAs) and retain Manitoba's nursing graduates.

### *Advertising/Marketing*

The NRRF website ([www.gov.mb.ca/health/nurses](http://www.gov.mb.ca/health/nurses)) provides links to:

- information on NRRF initiatives and application forms where appropriate
- nursing education programs, and scholarships, bursaries and loan programs for students
- NRRF annual reports and updates
- nursing employment opportunities throughout the province
- the Regional Health Authorities of Manitoba (RHAM)

Representatives of NRRF visit local and national nursing fairs to recruit nurses to Manitoba for employment opportunities. The NRRF also publishes advertisements in nursing and recruitment magazines.

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*Impact: From 1999 to 2004, total enrolments in nursing education programs have more than doubled while the number of nursing graduates has more than tripled. Over the same period, the total number of practising nurses in the province has increased by more than eight per cent, from 14,092 to 15,296, and nursing vacancies have dropped from 8.4 per cent to 6.0 per cent.*

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## **Strategies to Address Goal #2: Improving access to staff development**

### **Continuing Education**

The NRRF has allocated more than \$5.8 million to Regional Health Authorities' (RHAs') Continuing Education committees to support the ongoing education of Manitoba's nurses. The Continuing Education funding is offered in addition to education-allocated dollars provided in the collective agreement. Nurses may access these funds by contacting their regional Continuing Education committees. Examples of education initiatives include specialty certifications, conferences, workshops and university courses.

### **Specialty Programs/Projects**

The NRRF has contributed more than \$3.1 million to support various specialty-nursing education programs and projects within the province. Examples of funded programs include:

- Intensive Care Unit Courses
- Perioperative Programs
- Emergency Room Programs

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*Impact: To enhance retention, the Nurses Recruitment and Retention Fund has increased opportunities for nurses' professional and personal development.*

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### Strategies to Address Goal #3: Improving utilization of nurses

- On April 1, 2005, a new regulation was passed to allow registered nurses, who meet the qualifications outlined by the College of Registered Nurses of Manitoba (CRNM), to order diagnostic tests, prescribe drugs and perform certain medical procedures independently. These registered nurses 'extended practice' (RNsEP) will address gaps in the health care system, add to current services, augment nursing expertise and increase public access to health care.
- A provincial joint committee—with members from urban/rural regional health authorities (RHAs) and the Manitoba Nurses Union (MNU)—was established from the 2002 collective bargaining with the MNU, to address the issue of full-time/part-time (FT/PT) nursing staff ratios. In February 2004, all parties agreed full-time positions should be increased through a process of attrition.
- The RHAs agreed to gradually increase full-time positions by:
  - creating FT positions out of vacancies when possible
  - enhancing rotations to better meet patient needs
  - creating relief pools (until more FT jobs are available) to decrease reliance on PT staff working extra shifts and overtime
  - reducing creation of positions of 0.4 equivalent full-time (EFT) or less
  - continuing to locate full-time positions for nurses who request them
- In 2001, the College of Licensed Practical Nurses of Manitoba (CLPNM) was funded to explore the feasibility of using LPNs in operating rooms and dialysis units. The report was approved by the CLPNM in 2004.
- Health Sciences Centre (HSC) conducted a pilot project to re-introduce LPNs to surgical units. The pilot was successful and LPN positions were made permanent on the two units involved.
- RHAs have been encouraged to use more LPNs in acute-care settings, including tertiary centres.

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*Impact: Nurses are being used more in the health care system and the proportion of full-time positions is increasing through attrition.*

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### Strategies to Address Goal #4: Improving working conditions

- In 2004, a policy was developed and approved by the Joint Nursing Council (JNC) to protect nurses from violence in the workplace. The policy ensures all RHAs and health facilities in Manitoba have a zero-tolerance policy prohibiting violence in the workplace, as well as appropriate measures to protect nurses from violence in the workplace.
- In the Worklife Task Force Report, published in 2003, the JNC identified safety and security as top priorities. As a result, \$700,000 from the nursing strategy budget was earmarked for improving nurses' working environments throughout Manitoba by implementing safety and security measures, often overlooked in the allocation of other equipment funding.
- In 2001, Manitoba Health allocated \$500,000 to install piped-in oxygen and suction equipment in the Women's Hospital at HSC. The installed oxygen makes it easier for nurses to provide post-operative care and leaves more time to focus on bedside patient care.
- In 2000, the WRHA received \$1.5 million from Manitoba Health to obtain basic equipment identified by nurses as necessary for workplace improvements.

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*Impact: Nurses' working conditions are being improved through policy and funding initiatives.*

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## Strategies to Address Goal #5: Increasing input into decision-making

### Joint Nursing Council (JNC)

The JNC, chaired by the Minister of Health, was established during negotiations with the MNU in 2002. Council membership includes the MNU, urban and rural regional health authorities (RHAs), and the provincial government. The council addresses matters such as working conditions, recruitment and retention, improving patient care and promoting efficient management within the health care system.

### Manitoba Nursing Advisory Council (MNAC)

The MNAC was established in June 2001. Membership includes representatives from nursing educational institutions; nursing regulatory bodies; unions representing nurses and nursing support staff; RHAs; Manitoba Advanced Education and Training; Manitoba Education, Citizenship & Youth; and Manitoba Health.

Under the direction of the Minister of Health, the MNAC provides comprehensive, expert advice on nursing matters, reviews options to address nursing issues and supports the implementation of the Manitoba Nursing Strategy.

The work of the MNAC is consistent with, and parallel to, the national direction provided by the Canadian Nursing Advisory Committee (CNAC).

### Provincial Joint Committee on Full-time/Part-time Nursing Staff Ratios

Established during negotiations with the MNU in 2002, this committee was made up of employers, working collaboratively with nurses, to determine a process for increasing full-time nursing positions. The work of the committee was completed in 2004. The RHAs have agreed to increase full-time positions through a process of attrition, and have developed action plans to meet this goal.

### Nurses Recruitment and Retention Fund

Since 1999, the MNU, the RHAs and Manitoba Health have worked in partnership to enhance the delivery of health services in Manitoba by addressing issues surrounding nursing supply.

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*Impact: Nurses can provide input into the health care decisions that affect their careers and work-life, at both government and organizational levels.*

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## Current Nursing Resource Status

The improved supply of nurses in Manitoba is indicated by an increased number of nurses graduating, participating in education programs, being recruited and becoming registered.

**Table 9: Total practising nurses by year**

Year	RN	RPN	LPN	All Nurses
1999	10,792	1,037	2,263	14,092
2000	10,820	1,028	2,327	14,175
2001	10,827	1,013	2,410	14,250
2002	11,072	996	2,486	14,554
2003	11,353	992	2,626	14,971
2004	11,624	984	2,688	15,296
2005	11,671	976	2,765	15,412

**Table 10: Provincial vacancy rates by year (permanent and term vacant positions)**

	2000	2001	2002	2003	2004
RN	853	1,213	1,284	891	639
RPN	44	69	106	91	64
LPN	145	136	197	139	99
HCA	362	431	488	385	309
Total Vacancies	1,404	1,849	2,075	1,506	1,111
Total Positions	16,811	17,935	18,369	18,161	18,498
Vacancy Rate	8.40%	10.30%	11.30%	8.30%	6.00%

**Table 11: 2003 Provincial permanent nursing positions**

Nursing Classification	Number of Full-Time Positions (1.0 EFT)	Total Number of Positions	Percentage of Positions Full-Time
RN	3,445	8,459	41%
RPN	405	631	64%
LPN	576	1,935	30%
HCA	2,803	7,136	39%
Total:	7,229	18,161	40%

**Table 12: 2004 Provincial permanent nursing positions**

Nursing Classification	Number of Full-Time Positions (1.0 EFT)	Total Number of Positions	Percentage of Positions Full-Time
RN	3,753	8,515	44%
RPN	417	651	65%
LPN	633	1,980	32%
HCA	2,904	7,352	40%
Total:	7,707	18,498	42%

## Challenges and Gaps

In planning for the nursing workforce, certain challenges and gaps remain. Manitoba Health collects data on the nursing workforce through the annual submission of vacancy reports by the RHAs and the use of registration data from the nursing regulatory colleges. Complexities in this process include:

- technology barriers
- need for improved reporting of term and casual positions
- vacancy data only a “snapshot” in time
- Manitoba Health collects data at the aggregate level using positions, EFTs and vacancies. (This does not provide any context regarding staff mix and delivery of services, which are responsibilities of the RHAs.)

Similar to other jurisdictions across Canada, nurses in Manitoba are an aging workforce. In the last report by the Canadian Institute for Health Information (2005), the average age of nurses in Manitoba was 45.1 years, slightly above the national average of 44.6 years. Although nurses have graduated and been recruited into the Manitoba workforce since 1999, upcoming retirements are a provincial concern. In collaboration with nursing stakeholders, the province is working on a model that can be used to project nursing retirements in Manitoba. To date, the model has been successful, but has been limited to RNs. Projections of the other nursing classifications are more challenging, due to smaller numbers of nurses.

While the labour market data required to develop a detailed long-term strategy needs to be further refined, it indicates Winnipeg is getting close to having an adequate supply of nurses; however, vacancies remain a problem in certain specialty areas, such as critical care and emergency. Winnipeg is expected to experience a rise in retirements in 2007, when a growing proportion of the nursing population nears the age of 58, potentially compromising the current equilibrium. Although the overall decline in provincial vacancies is encouraging, rural areas continue to experience vacancies. After 2007, rural vacancies are likely to be exacerbated by the rising retirement rates. Retention in northern areas remains a chronic concern.

The proportion of FT positions in Manitoba is below Canadian averages.

#### Manitoba nurses employment status compared to Canadian averages (CIHI, 2005)

	FT	PT	Casual	Unknown
Manitoba RNs	46.7	45.9	6.5	0.9
Canada	51	32.1	10.1	6.8
Manitoba RPNs	63.8	30.2	4.6	1.5
Canada	68.4	16.3	2.3	13.1
Manitoba LPNs	34.5	56.6	8.9	0
Canada	44.1	35.1	14.4	6.4

According to CIHI 2005, 73.5 per cent of Manitoba's new RN graduates were retained in the province, while 26.5 per cent moved to another province to work.

## Initiatives

In the 2003 General Election, the provincial government made both written and verbal commitments concerning nursing education. Following are the election commitments that were made and their current status:

- *Invest in nursing education and increase the number of graduates:* Since 2004/05, there has been an investment of \$2.7 million in the expansion of nursing education seats. Enrolments for all programs were also to be expanded by 500 seats (20 per cent). The number of graduates was to increase from 600 to “almost” 900 per year. As reported on November 1, 2005, there were 2,998 students enrolled for the 2004/05 academic year and the number of projected graduates has increased to 699.
- *Add 30 more spaces for rural nursing students:* The rural rotating LPN to RN education program is fulfilling this commitment. Additional seats for rural students have also been reserved at Red River College.
- *Double northern enrolments by adding 50 spaces:* There was \$69,700 committed in 2004/05 for the University College of the North to develop and initiate an integrated northern program. The program will have exit points for health care aides, licensed practical nurses (LPNs) and registered nurses (RNs) with an overall enrolment of 50. The objective is to graduate a minimum of 10 RNs per year.
- *Manitoba Nursing Strategy and the NRRF:* Manitoba has aggressively addressed the issue of nursing supply through the Manitoba Nursing Strategy implemented in 2000, and the Nurses Recruitment and Retention Fund (NRRF) introduced in 1999. Both are broad, multi-faceted strategies that have been successful in improving nursing resources in the province. The Manitoba Nursing Strategy and the NRRF will continue to be proactive in monitoring and addressing issues of nursing supply.

## Looking Ahead

In its second mandate, the provincial government is continuing to build on the \$5 million investment made in the first mandate, which was to rebuild the supply of skilled labour in the health sector and assure an optimal nursing workforce. The province is committed to maintaining an appropriate supply of nurses and



will closely track supply. As well, the government is committed to solving the supply issues in rural and northern Manitoba. This will involve:

- ensuring adequate numbers of nursing graduates
- retaining Manitoba's nurses in the workforce
- increasing availability of full-time positions for nurses wanting them
- streamlining the process for nursing data collection, including overcoming technical barriers, developing a central database for registration, and developing a reporting structure more consistent with CIHI
- more fully incorporating needs/supply analysis into targets
- maintaining active involvement in national nursing HHR initiatives

## ALLIED HEALTH

### Goals

- Increase the supply of technologists, particularly for rural Manitoba.
- Hire an additional 200 technologists/technicians over four years (2002-2006).
- Develop opportunities that support the integration of foreign trained allied health professionals.

### Initiatives

#### Expansion of Seats in Occupational and Physical Therapy

In 2001, approval was received from the Council on Post-Secondary Education to expand both the physical therapy and occupational therapy programs at the University of Manitoba by 20 seats. By 2004, each program had expanded its enrollment by 20 seats (from 30 to 50).

#### Pharmacy Bridging Program

In 2002, Manitoba Health implemented a short-term pharmacists recruitment and retention allowance to help offset some of the pressures related to international pharmacy and private pharmacy competition with the public (hospital) sector. This allowance has since been rolled into pharmacist salaries through the most recent union agreement. This increase has allowed the hospital pharmacy sector to remain competitive with the international and private retail sectors in Manitoba.

#### Nuclear Medicine Technology Seats

Eight seats will be purchased in the nuclear medicine technology (NMT) program at the Southern Alberta Institute of Technology (SAIT). Two students from the Winnipeg Regional Health Authority (WRHA) were enrolled in 2004/05, and are currently in their clinical year at the Health Sciences Centre. They have signed return-of-service agreements with the WRHA.

Three students, two from the WRHA and one from the Brandon Regional Health Authority (BRHA), began the program in September 2005. It is anticipated that another three students (again, two from the WRHA and one from the BRHA) will be enrolled in the program in September 2006.

#### Seat Expansion for Medical Radiologic Technologists (MRTS) and Medical Laboratory Technologists (MLTS)

Manitoba Health and Manitoba Advanced Education and Training (MAET) are working together to expand the number of seats in the MRT and MLT programs at Red River College. This request was prompted by projections of a large number of current technologists being eligible for retirement in the next few years.

The MRT program was expanded by 15 seats (from 25 to 40), and the MLT program was expanded by five (5) seats (from 25 to 30) in 2005/06 and will be further expanded by another five to ten (5-10) seats (from 30 to 35) in 2006/07.

#### Rural X-ray Assistant and Lab Assistant Cross-training Programs

Funding has been provided to 2006/07 for programs to cross-train x-ray and laboratory technologists to an “assistant” level in their sister profession. A program to train lab technologists as x-ray assistants was offered in the winter of 2005, and a program to train x-ray technologists as lab assistants is currently being offered. Both programs are being provided by Red River College.

#### Registered Clinical Assistants (RCAS)

Manitoba is the only Canadian provincial jurisdiction to have legislation regarding RCAs (known elsewhere as physician assistants). Currently, RCAs are used primarily in acute care surgical settings. Plans are in place to expand the use of RCAs in tertiary care centres as part of Manitoba's Wait List Reduction Strategy. The University of Manitoba is investigating the establishment of an education program for RCAs.

### **Emergency Medical Services Education**

Manitoba Health is currently examining changes to the existing Emergency Medical Services (EMS) education program. Currently, the program educates Emergency Medical Technicians (EMTs), and is delivered at a post-employment level. It is planned that the program be revamped to eliminate the EMT designation in favour of a primary care paramedic (PCP) designation. In addition, the program would move to a pre-employment model. Both changes are intended to support the recruitment and retention of EMS providers in Manitoba.

### **Challenges and Gaps**

One of the greatest challenges in human resource planning in the allied health sector is related to assessing future need. Two major factors influence this: evolving technologies and retirements.

Most new and evolving technologies are introduced alongside existing technologies, without completely replacing them. Ensuring providers are properly trained and making the related provider supply adjustments related to these technology requires good service data and at least two years of lead-time.

Capacity to predict the impact of upcoming retirements in the allied health sector needs to be improved through the use of modeling techniques which employ current actual retirement dates, gender, sector, geography and occupation variables.

A further challenge is the issue of assessment and decision-making related to entry-to-practice credentials for numerous professions. A new Federal-Provincial process to review all requests for changes to entry to practice is expected to assist with this issue.

### **Looking Ahead**

Manitoba Health is currently working with Manitoba Labour & Immigration, employers and other health professionals. Specific work is underway with the regulatory colleges of occupational therapy and pharmacy in this regard. Manitoba will be submitting a proposal for 2006/07 and beyond to Health Canada to access allocated funds for priority internationally educated health professions initiatives.

Manitoba Health plans to work with employers and regulatory bodies in order to improve health human resource data tracking and reporting. Comparable demographic and employment data will enable more extensive analysis and planning for the allied health workforce.

In addition, work continues on the implementation of the Provider Registry System (PRS), a shared repository in place across Western Canada to facilitate the collection and consistent reporting of licensed health care professional data.

## HHR TRENDS IN MANITOBA

### Recruitment and Retention in Rural and Remote Areas

A consistent theme across all professions is the difficulty in recruiting and retaining health providers in rural and remote areas. There remains an uneven distribution of health care workers between the province's two urban centres and the geographically larger, but less densely populated, rural and northern areas surrounding them.

Manitoba will continue to strongly support recruitment to these areas through initiatives such as the Office of Rural and Northern Health and the PRCO. Assistance will come from funding ongoing and new programs such as the MSRFAP (the new physician return-of-service grants) and NRRF's financial incentives to help recruit workers. Furthermore, Manitoba's support of new technologies and innovative strategies, such as telehealth and distance education, will provide a mechanism to bring expertise to remote areas.

### Aboriginal Health

As a percentage of the total population, the Aboriginal community in Manitoba is one of the largest in Canada and is expected to grow even larger. Relative to the rest of the population, whose growth rate is 0.3 per cent per year, the Aboriginal population has been projected to grow at a rate of 1.9 per cent per year. As measures of health outcomes for Aboriginal communities continue to lag behind others, ways must be found to ensure the appropriate resources are in place to meet Aboriginal health needs in the province.

Manitoba Health targets support for the Aboriginal population through the province's Northern Development Strategy, which aims to develop the human and natural resources in the North. Three of the funded positions in the University of Manitoba's Family Medicine program are targeted specifically for aboriginal individuals. For 2005/2006, two of these positions have been filled.

There is a significant number of Aboriginal students who participate in the various nursing programs offered in the North. For the 2004/05 year, there were 24 students enrolled at the Norway House site. As of November, 2004, 142 students were enrolled at the UCN sites (72 in Thompson and 70 in The Pas) for the University of Manitoba's Bachelor of Nursing program. As of February, 2005, 21 students were enrolled in the Aboriginal-focused part of the LPN program offered in The Pas through Assiniboine Community College.

In 2004, Manitoba implemented the Aboriginal Midwifery Education program. Ten students will be enrolled in the first year of the program, delivered by the University College of the North, with five students enrolled in each subsequent year. The goals of the program include:

- addressing maternal and newborn health practices for Aboriginal women, their families and communities
- ensuring equal access and quality services for Aboriginal communities and providing services closer to home
- reducing recruitment and retention issues for health providers in Aboriginal communities
- increasing the representation of Aboriginal health care providers in Manitoba
- improving health outcomes in Aboriginal communities over the longer term

Manitoba is committed to working with stakeholders on the newly announced Aboriginal Health Human Resources Initiative Framework, to increase the number of aboriginal health providers and pursue initiatives in partnership with the community.

### Wait Time Reduction Strategy

The Province of Manitoba is committed to continuing to improve the accessibility and timeliness of care provided in the health care system. To this end, it has developed a new Manitoba Wait Time Reduction Strategy. One of the main objectives of the plan is to increase the number of health professionals so as to

ensure appropriate health providers are in place where they are needed. Through a number of actions described in this plan such as the expansion of seats in educational programs and financial incentive programs, considerable investments have already been made towards achieving this objective. With an additional \$12.4 million allocated specifically for addressing HHR issues under the strategy, Manitoba will continue to expand its HHR initiatives in key areas such as international medical graduates, technologists and clinical assistants, and support the RHAs in recruiting more doctors and nurses.

## Primary Care Reform

Manitoba Health is pursuing the development of a new organizational model to deliver primary care within a primary health care framework.

Primary health care (PHC) is the first level of contact with the health system, where services are designed to promote health, prevent illnesses, care for common illnesses and manage ongoing health problems. PHC extends beyond the traditional health sector—it includes all human services that play a part in addressing the inter-related factors that affect health. In Manitoba, there are two principal models of remuneration—fee-for-service and independent contract/salary. However, neither model offers a measurement of quality health outcomes.

As a result, Manitoba Health is undertaking a *New Approach to Primary Care* (NAPC)—a project focusing on the development of a new model for the delivery of primary care in the province. Through the NAPC, Manitoba is working towards:

- developing a new primary care organizational model within a primary health care framework that will address improved access to appropriate quality care, better patient outcomes and cost effectiveness; and,
- providing a work environment that encourages collaborative, interdisciplinary care that will result in the recruitment and retention of primary care providers.

The Province of Manitoba is strongly committed to establishing a health care system where an appropriate mix of health providers work collaboratively in an environment that makes optimal use of their scopes of practice. Through the NAPC, the groundwork will be laid for establishing a long-term collaborative care model in the province.

## Collaborative Planning

Health care in Canada is national in scope, yet jurisdictions all too often develop HHR strategies in isolation. This carries the risk of competition between jurisdictions, costly duplication, national mismatch in supply and demand for health care providers, and a limited capacity to take advantage of regional strengths. As the mobility of health professionals increases, and jurisdictions rely increasingly on one other to meet their health workforce needs, the development of collaborative HHR planning practices will become more and more important.

Currently, Manitoba is working closely with federal, provincial and territorial governments as part of Health Canada's National Advisory Committee on Health Delivery and Human Resources (ACHDHR). In 2004, the ACHDHR was responsible for developing a framework under which jurisdictions could undertake HHR planning at a national level. In October 2005, the ACHDHR successfully completed and released *A Framework for Collaborative Pan-Canadian Health Human Resources Planning*. The framework makes the case for a pan-Canadian, collaborative approach to planning. It describes the challenges, identifies priorities for collaborative action and sets out tangible, specific actions jurisdictions can take together to achieve a more stable, effective health workforce. The province of Manitoba supports *A Framework for Collaborative Pan-Canadian Health Human Resources Planning*, and will be basing its future HHR planning strategies on the principles and goals of the framework. There is currently a consultation process underway for stakeholders to review the strategy and make comments. It is available at [www.hc-sc.gc.ca/ahc-asc/public-consult/col/hhr-rhs/index\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/public-consult/col/hhr-rhs/index_e.html).

## **CONCLUSION**

The Province of Manitoba has been working hard to improve the supply of health providers and meet the patient care needs of the province. This report underlines some of the progress made on supply, but underscores the need to continue monitoring and working with all stakeholders to ensure the right supply of providers for the populations they serve. There are many health human resource challenges, and we applaud the efforts of employers and stakeholders to address them. We welcome comments to this report as we continue moving forward to provide better care, sooner.