

Health Workforce Data for Planning Purposes in Canada: Current State, Challenges, and Future Directions



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Key Take Home Messages

- Existing pan-Canadian health workforce data sources are outdated and impractical due, in part, to lack of standardization
- To address this gap, we are currently working on a health workforce minimum data standard as a fundamental component of an integrated pan-Canadian data strategy for health workforce planning

Background

- Improved health workforce planning in Canada is critical to address the current health workforce crisis.
- Current design of pan-Canadian health data sources limit the ability to plan effectively.

Objectives

- Assess alignment of pan-Canadian health workforce data sources
- Provide solutions to minimize misalignment

Methodology

- Environmental scan and review to identify challenges and potential avenues for improvement associated with using available pan-Canadian health workforce data for planning

Key Findings

CIHI curates data from P/T regulatory authorities as per P/T legislation



Provinces/Territories (P/T) require Regulatory Authorities to collect registry data

Regulatory Authorities collect registry data from registrants & share with P/T

Regulatory Authorities share data with CIHI through data sharing agreements

Key Data Challenges

The data pathway is time- and resource- intensive due to a lack of standardization

The data:

- are siloed by occupation and province with limited common data elements
- includes little, if any, equity data
- are only at the aggregate level in most cases
- are not intended for health workforce planning
- excludes certain health workforces

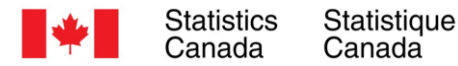
Restrictions include legal sharing agreements, public accessibility, useability

There is misalignment and non-standardization between the two key pan-Canadian health workforce data pathways

Solution

If an inclusive, fit-for-purpose Minimum Data Standard (MDS) that outlined core data elements for planning were applied to data pathways, the adequacy of health workforce data across sources would be improved

ESDC develops NOC codes that StatCan uses in surveys of health workers and others



Canadian Occupational Projection System (COPS) utilizes StatCan Data for workforce projections

StatCan collection of data is coded against the NOC codes – 4 or 5 digits depending on sample size

Economic and Social Development Canada creates National Occupational Classification (NOC) Codes

Key Data Challenges

- Detailed information limited to primary employment
- Do not always capture occupational groups well and in ways that reflect educational attainment and/or regulatory categorizations
- NOC ≠ Regulated Health Professional Categories
- So ≠ CIHI data synthesis

Next Steps

- A more inclusive health workforce MDS would provide foundational data infrastructure by outlining core information needed for enhanced health workforce planning in Canada
- An MDS would be an important step in aligning health workforce data
- This is a key consideration for the recently announced *Centre of Excellence on Health Workforce Data*

Refreshed CIHI MDS



- Instigated by a White Paper undertaken by CHWN (2020)
- But it is voluntary & does not cover all workers

Secured CIHR funding



- Enhanced, inclusive Health Workforce MDS Project in partnership between CHWN & CIHI

Work-in-progress: 11 case studies



- Personal Support Workers
- Social Workers
- Psychologists
- Midwives
- MLTs
- MRTs
- Physiotherapists
- Occupational Therapists
- Pharmacists
- Nurses
- Physicians

