More Planning:
A key to improving human resources for Canadian healthcare

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RCPS Réseau canadien des personnels de santé

CHWN Canadian Health Workforce Network

McMaster University

Massive Scale of Health Workforce is Well Known

- More than 10% of all employed Canadians
- Over 2/3 of all healthcare spending
- $175 Billion, or nearly 8% of GDP, in 2019

But, health workforce planning is **modest** by comparison

- All jurisdictions would benefit from
  - Enhanced data collection on the health workforce
  - Enhanced capacity to both analyze health workforce data and to plan
  - Institutional body (a “Council” or “Institute”) to support this activity

Muddling through is not a plan

- Healthcare workforce cannot adjust quickly
  - Need medium- and long-term planning
- Approximate years of training (if no interruptions)
  - 2 Registered/Licensed Practical Nurse
  - 3 - 4 Registered Nurse
  - 5 - 6 General/Family Practitioner
  - 9 - 11 Cardiologist
- Beyond new trainees
  - Health Workforce planning needs to
    - Better consider careers pathways
    - Better integrate large-scale system-wide issues with local/employer ones
    - Better reflect the interdisciplinary nature of care

Federal funding and support is useful
But, most of the work is Provincial/Territorial

- Provincial/Territorial Ministries of Health currently undertake health workforce planning
  - But, data and analytic capacity are limited
  - Legislation/regulation regarding health workforce data needs attention

- A Federally funded council/institute that provides a point of contact and support for P/T workforce planning would be a good investment
  - Expand data collection, warehousing and analysis
  - Increase stakeholder engagement in planning, execution and feedback
  - Formalize framework for tripartite strategic planning
    - Ministries of Health / Worker organizations / Employer organizations
    - Need many perspectives and active engagement on many sides (local/provincial/national)

Nursing Example (involuntary part-time work, mid-pandemic)

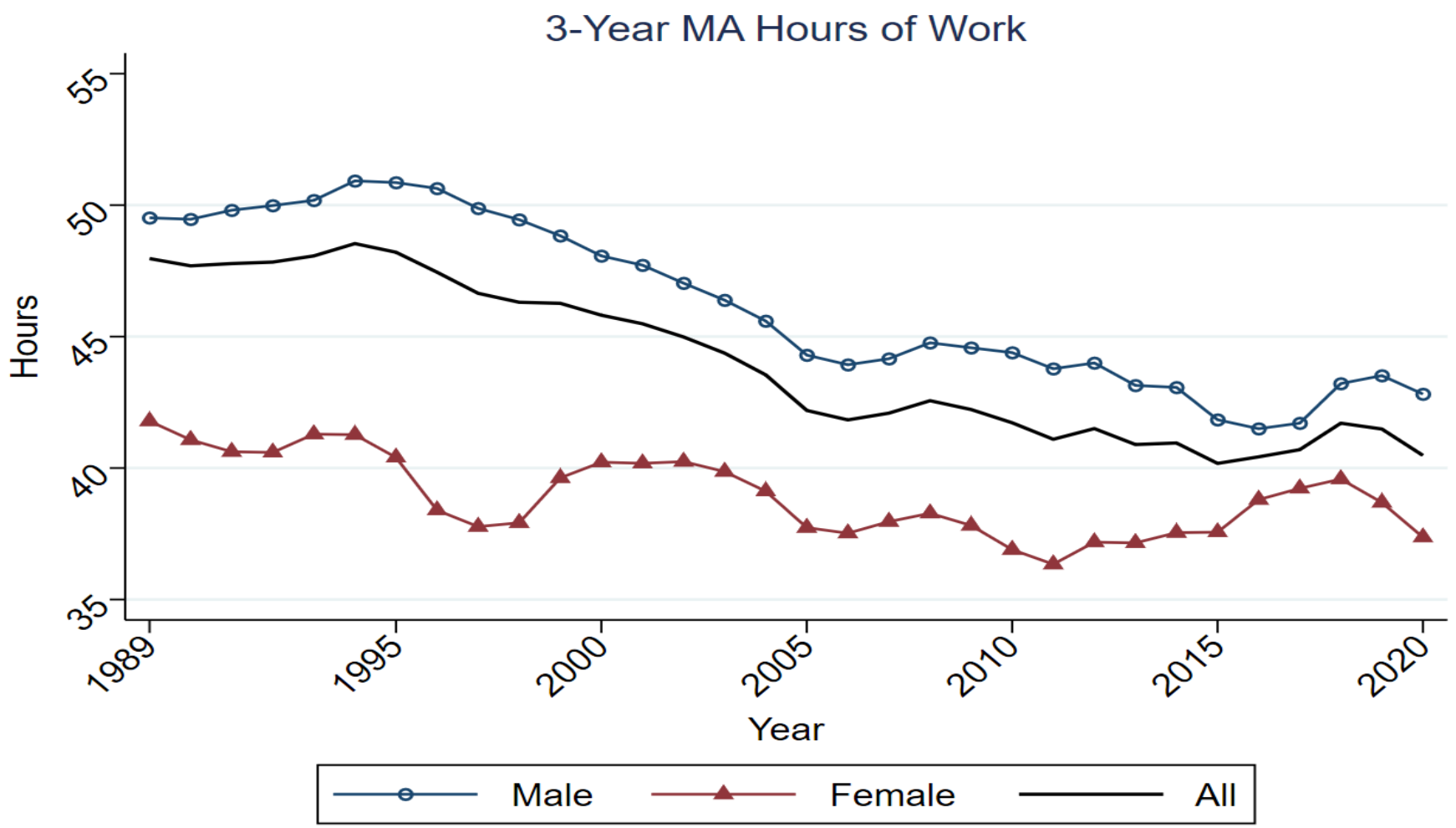
Ontario: Collected as part of the Nursing Regulatory College Registration (circa Dec 2020)								
	RN Preferred Employment Status				RPN Preferred Employment Status			
Current Employment Status	Full-time	Part-time	Casual	Number of RNs	Full-time	Part-time	Casual	Number of RPNs
Full-time	95.4	3.8	0.7	68110	96.4	3.0	0.6	29310
Part-time	31.4	66.3	2.3	24240	48.3	50.6	1.1	16400
Casual	16.0	15.0	69.0	6880	37.1	22.7	40.2	4110

Source: Ontario's Health Professions Data Base. Calculations by Alyssa Drost and Arthur Sweetman.

- **Timely** and granular data, and improved regulation regarding **data sharing balanced with privacy**, would have helped match the large number of involuntary part-time nurses to where they were needed

Physician Example

Importance of adjusting for physician hours of work



Source: Labour Force Survey

- **Headcounts per capita are of limited value**
- Without collecting/ analyzing data on evolving hours of work (& differences across groups) it is challenging to plan workforce expansion and forecast future service delivery

Of course, many other professions …

- Data collection and planning needs to capture a broader set of occupations than nurses and physicians
  - Need to also consider integration of those trained outside Canada

- Need to plan (think) systemically
  - Not occupation by occupation
  - Consistently over time, not an enthusiasm of the moment
    - A strong institutional structure is foundational
  - Economies of scale and scope should be exploited

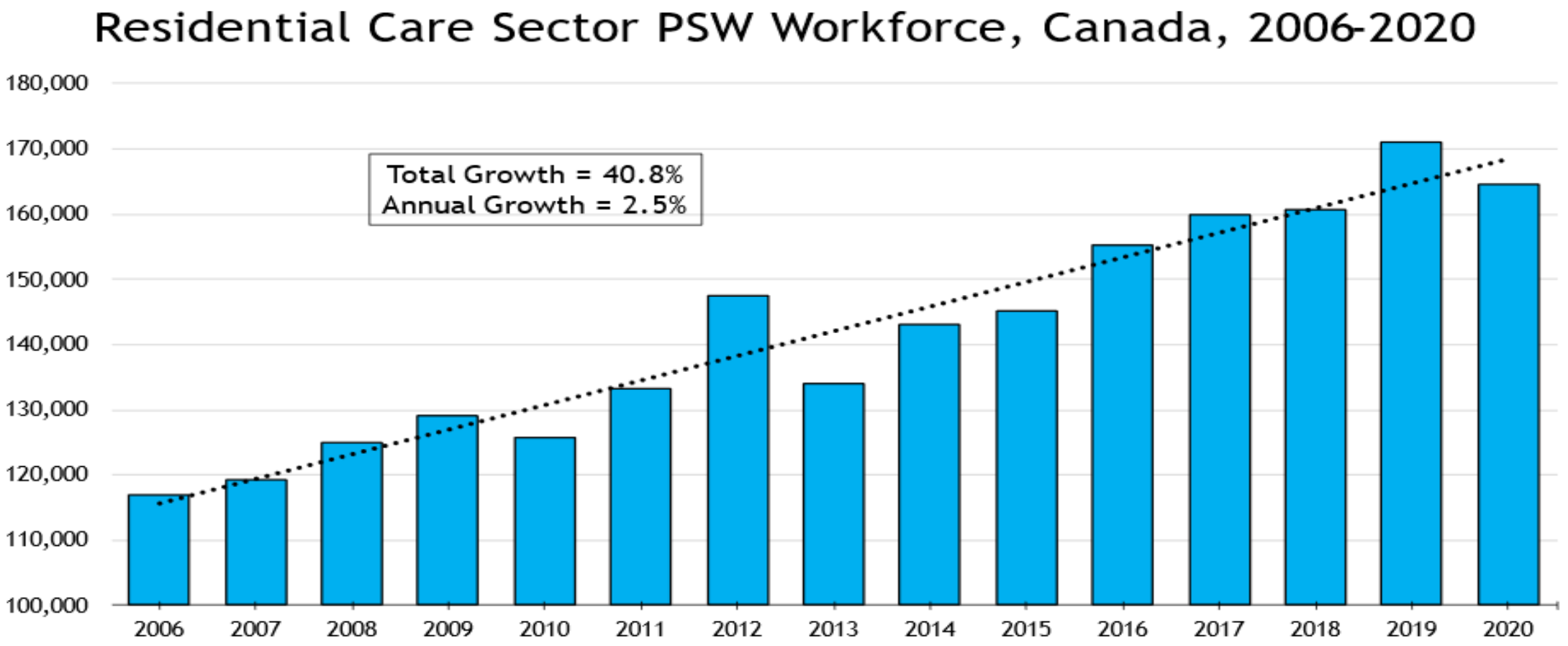
Planning and economic efficiency

- Ongoing planning is a hallmark of efficient organizations/systems
- At present health workforce planning is sub-optimal
  - It is siloed
  - The information/data on which it is founded is modest
  - The capacity for analysis is limited, especially given the magnitude, complexity and importance of the sector
- Improved planning would
  - Facilitate coordination and efficient resource allocation
  - Improve both patient access and worker satisfaction
  - Have a large return on investment (if done well)

Questions?

- Next from
- https://agewell-nih-appta.ca/wp-content/uploads/2022/11/PSWs_ResCare_Merged.pdf

Historical PSW workforce in residential care



Source: Calculations by author based on Canadian Labour Force Survey.

Projected annual increments to PSW workforce in residential care