



CANADIAN
NURSES
ASSOCIATION

Meeting the Challenges

CNA's response to *Promoting Innovative Solutions to Health Human Resources Challenges*, a report of the Standing Committee on Health

September 23, 2010

This document was prepared by the Canadian Nurses Association (CNA) in pursuit of its mission, vision and goals. CNA is the national professional voice of registered nurses in Canada. A federation of 11 provincial and territorial nursing associations and colleges representing 139,893 registered nurses, CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.

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MEETING THE CHALLENGES

The Canadian Nurses Association (CNA) is pleased to submit our review, analysis and recommendations on *Promoting Innovative Solutions to Health Human Resources Challenges*, the June 2010 Report of the Standing Committee on Health (HESA). The study, which examined health human resources (HHR) in Canada, was conducted from April 2009 to May 2010. It included 12 hearings with federal government officials, researchers, academics, professional health organizations, community health delivery organizations and interested individuals, as well as a two-day fact-finding mission to Iqaluit and Rankin Inlet. The subsequent report is divided into nine chapters and includes 29 recommendations.

In general, CNA supports the recommendations. However, in an environment where interprofessional practice is recognized for broadening access and providing cost-efficient care, we are struck by the extent to which the report is physician-focused.

Analysis

The analysis below is organized thematically. Each section begins with a table listing a summary of each HESA recommendation along with CNA’s position, followed by a brief discussion.

HHR Forecasting and Planning

HESA Recommendations	CNA’s Position
<i>Recommendation #1 – Develop an inventory of data and research on best practices in addressing HHR challenges or developing a national observatory on HHR.</i>	<ul style="list-style-type: none"> • The importance of having in place a formal mechanism pertaining to HHR planning and forecasting (such as an observatory) has been recognized and promoted by CNA for several years as a priority investment.
<i>Recommendation #2 – Report on the implementation of A Framework for Collaborative Pan-Canadian Health Human Resources Planning.</i>	<ul style="list-style-type: none"> • The framework’s objectives offer several strategies that can potentially improve both the workforce and the health-care system. • It is important that the framework be better promoted (many people are not aware of its existence) and be implemented in a timely manner.

Discussion

It is essential to have reliable, up-to-date data to make evidence-informed policy decisions. To avoid duplication or competition for scarce resources, efforts must be coordinated when forecasting and planning for the health-care workforce of tomorrow. By establishing a formal mechanism such as a national HHR observatory, we can strengthen the responsiveness of Canada’s health system and promote the sharing and adoption of innovative, practical solutions to the health workforce crisis and to health workforce planning. A multi-disciplined pan-Canadian plan of action developed in consultation with stakeholders is essential. *A Framework*

for Collaborative Pan-Canadian Health Human Resources Planning, already developed, provides such a plan. Implementing the plan requires assessing its progress and identifying “hard target” deliverables associated with the plan’s outcomes (provide indicators of success).

HHR Research

HESA Recommendations	CNA’s Position
<p><i>Recommendation #3</i> – Provide funding to the Canadian Institute for Health Information (CIHI) to:</p> <ul style="list-style-type: none"> • expand its data collection to include demographic and work information • repeat national HHR surveys to ensure up-to-date data. 	<ul style="list-style-type: none"> • National HHR surveys need to be repeated at regular intervals so that the data reflect current trends. • A single survey directed at several health professions (with common and profession-specific questions) would compare workforce issues and identify trends between professions.
<p><i>Recommendation #5</i> – Provide funding to the Canadian Institutes of Health Research (CIHR) to develop further mechanisms to support clinical research in the area of HHR.</p>	<ul style="list-style-type: none"> • The term “clinical research” in the context of HHR is not clear. For example, does it refer to research methodologies suggesting the use of action research to collect research data? • The recommendation does not go far enough and should include funding to disseminate research findings and support the implementation of the recommendations.
<p><i>Recommendation #6</i> – Provide ongoing funding to the Health Council of Canada and CIHR for research on staff mix of health professionals.</p>	<ul style="list-style-type: none"> • The need to change the way health care is delivered by having the right people, in the right places, with the right skills delivering care is more and more a priority in light of the ever-rising health budgets.

Discussion

While initial investment to conduct HHR research is important, investment is also needed to help interpret, disseminate and apply research findings and innovations in ways that modernize the health-care workforce, improve care delivery services, and aid in meaningful decision-making at organizational and system levels.

Federal Government as an Employer

HESA Recommendation	CNA’s Position
<p><i>Recommendation #4</i> – Establish a minimum data set for HHR planning for all federal client groups.</p>	<ul style="list-style-type: none"> • The importance of sound data to support effective planning and forecasting is critical.

Discussion

As the fifth largest employer of health-care providers, the federal government has a duty to ensure cost-effective deployment of its own health-care workforce. This can be achieved only with reliable HHR data.

Collaborative Practice

HESA Recommendations	CNA’s Position
<i>Recommendation #7</i> – Identify and address systemic barriers to implementing interprofessional collaborative practice within the federal government’s jurisdiction.	<ul style="list-style-type: none"> • Barriers to implementing interprofessional collaborative practice should be identified and addressed. • The recommendation does not go far enough and should include funding to identify and address barriers to implementing interprofessional collaborative practice outside of federal government jurisdiction.
<i>Recommendation #8</i> – Establish sustained funding to promote interprofessional collaborative practice.	<ul style="list-style-type: none"> • Research shows that greater interprofessional collaboration is a means to increase efficiency in the system. • The recommendation does not go far enough and should include funding to implement (and not just promote) collaborative practice.

Discussion

CNA advocates having the right service provided at the right time, in the right place and by the right care provider in order to have a cost-effective health-care system. Working together, the combined knowledge and skills of health professionals become a powerful mechanism to enhance the health of the population served. As well, health-care providers working in an interprofessional collaborative practice learn from each other in ways that can enhance the effectiveness of their collaborative efforts.

Internationally Educated Health-care Professionals

HESA Recommendations	CNA’s Position
<i>Recommendation #9</i> – Provide funding to facilitate the integration of internationally educated health-care professionals (IEHPs) to the Canadian health-care system, as well as community-based preceptorship programs where practicing physicians assess and mentor international medical graduates (IMG).	<ul style="list-style-type: none"> • Caution should be exercised when actively recruiting IEHPs to ensure that the recruitment from other countries remains ethical. • The recommendation does not go far enough. Community-based preceptorship programs should not solely be available to international medical graduates. Every internationally educated health-care professional having to undergo further schooling should be exposed to community-based programs since there is currently a move to have more financial and human resources directed to

	health and communities, and less of a focus on illness and hospitals.
<i>Recommendation #10</i> – Ensure that clinical skills acquired via bridging programs be considered as part of assessing the credentials and training of IEHPs.	<ul style="list-style-type: none"> • It is important to consider all pertinent information regarding credentials and training of IEHPs when assessing suitability to practice in Canada.

Discussion

While CNA supports a venue that would facilitate the integration of IEHPs, CNA recognizes many of the ethical dilemmas associated with actively recruiting IEHPs and advocates for greater self reliance.

Physician-focused Recommendations

HESA Recommendations	CNA's Position
<i>Recommendation #11</i> – Conduct an in-depth study examining IMG access to post-graduate training positions in Canada.	<ul style="list-style-type: none"> • Access to post-graduate training positions is a challenge in Canada. There are a limited number of places compared to the demand. • The root cause of this problem should be explored.
<i>Recommendation #12</i> – Work with relevant stakeholders to identify ways to improve the assessment of Canadian citizens who went abroad to study medicine and their integration into post-graduate medical training.	<ul style="list-style-type: none"> • The recommendation should be broadened to include Canadian citizens that went abroad to study <i>any</i> health-care profession (not only medicine).
<i>Recommendation #13</i> – Establish an initiative to repatriate Canadian physicians practising abroad.	<ul style="list-style-type: none"> • The recommendation should be broadened to include repatriating <i>all</i> Canadian health-care professionals practising abroad when shortages exist.
<i>Recommendation #14</i> – Provide targeted funding to increase the capacity of medical schools and teaching hospitals to play a role in integrating IMGs and other medical graduates into the health-care system.	<ul style="list-style-type: none"> • Caution should be exercised when actively recruiting IEHPs to ensure that ethical principles pertaining to foreign recruitment are maintained.
<i>Recommendation #15</i> – Keep the commitment to fund 50 new residencies per year over four years.	<ul style="list-style-type: none"> • Recommendation should include a clause that would allow for a yearly assessment of needs. In light of other initiatives, it may be that more or fewer residencies will be needed.
<i>Recommendation #16</i> – Consider a requirement that physicians seeking to immigrate to Canada include the results of the Medical Council of Canada Evaluation Exam as part of their immigration application to Canada.	<ul style="list-style-type: none"> • It is important to consider all pertinent information regarding credentials and training of IEHPs when assessing suitability to practice in Canada. • If it is deemed that including exam results as part of the evaluation process of an internationally educated physician is warranted and cost-effective,

	then the recommendation could easily be broadened to include <i>all</i> registered health-care professionals seeking to immigrate to Canada.
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Discussion

CNA is concerned that recommendations 11 to 16 focus too narrowly on physicians and international medical graduates. While CNA supports increasing the number of physicians to address the physician shortage, CNA believes that it is also important that other health-care professionals be allowed to serve as points of entry to the health-care system. In fact, physicians may not always be the best-positioned health-care providers to deliver cost-effective care. This belief was echoed at the 2009 Canadian Medical Association General Council where a resolution was adopted that the association “work to maximize the added value that physicians bring to patient care by reducing physician involvement in services that can be more appropriately delegated to other members of the health-care team.” CNA also believes that some of the recommendations could easily be extended to other IEHPs.

CNA believes in self reliance and cautions against the active recruitment of IEHPs (including physicians).

Aboriginals as a Federal Client Group

Recommendations 17 to 20 focus on Aboriginal peoples as a federal client group. CNA supports the recommendations that suggest initiatives to support the recruitment and retention of aboriginal HHR as well as collaboration between relevant federal departments and associations.

Mental Health

HESA Recommendations	CNA’s Position
<i>Recommendation #21</i> – Ensure sufficient funds for the Federal Healthcare Partnership’s Mental Health Working Group to collaborate in addressing common HHR issues related to the provision of mental health-care treatment and support.	<ul style="list-style-type: none"> • The need for mental health services is ever increasing. • The recommendation should be broadened to go beyond federal client groups.
<i>Recommendation #22</i> – Ensure that the RCMP continues to enhance the mental health component of its workplace development and wellness strategy.	<ul style="list-style-type: none"> • Members of the RCMP may have mental health-care needs that are different from those of the general population. • Having access to mental health services that are tailored to the needs of this specific population is important.

Discussion

As stated in its position statement on mental health services, CNA believes that mental health services, including prevention, health promotion, detection, diagnosis, treatment, intervention and rehabilitation, must be an integral component of the health-care system.

Rural Health

HESA Recommendations	CNA's Position
<i>Recommendation #23</i> – Health Canada to host a national conference on rural health to discuss best practices and develop recommendations.	<ul style="list-style-type: none"> • Conference participants should come from diverse backgrounds to ensure a broad perspective. • The recommendation should be broadened from solely hosting a conference to include funding for implementing some of the recommendations.
<i>Recommendation #24</i> – Health Canada to provide targeted funding to support initiatives aimed at increasing the number of students pursuing careers in rural health.	<ul style="list-style-type: none"> • As reported by CIHI (2009), in 2008 only 4.7% of registered nurses worked in a rural location (relatively close to a city). (Another 6.2% worked in a remote location, not close to a city). It is therefore important that students be exposed and encouraged to pursue careers in rural health early in their training.
<i>Recommendation #25</i> - F/P/T Advisory Committee on Health Delivery and Human Resources consider establishing a working group dedicated to examining and responding to best practices in the recruitment and retention of HHR in rural and remote areas, including: the guidelines and recommendations presented by the WHO's expert panel at the World Health Assembly in May 2010	<ul style="list-style-type: none"> • Working group participants should come from diverse backgrounds to ensure a broad perspective. • Rural and remote areas face unique challenges associated with recruitment and retention of health-care professionals. Depending on the evidence available, there might be a need to further develop best practices pertaining to rural and remote HHR.

CNA has long advocated for the federal government to play a greater role in addressing the challenges associated with accessing health-care services when living in a rural setting. As such, CNA fully supports initiatives aimed at improving rural health.

Health Care Delivery in the North

CNA commends the committee for its recognition of many of the challenges faced with accessing health-care services when living in the north. As such, CNA fully supports recommendations #26 to #28 pertaining to initiatives aimed at improving health and access to health in the north.

CNA believes further research may be necessary to determine whether Inuit living in Nunavut have difficulty accessing spots in provincial faculties of health sciences other than medicine. Consideration should be given to broadening recommendation #29 to include bringing the issue to other associations in addition to the Association of Faculties of Medicine of Canada.