

# Health Human Resource Discussion Paper

## Health Human Resource Priorities for 2021 Federal Election

(Sept 1, 2021)

### Introduction

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Despite the heroic and innovative efforts across our healthcare system in response to the COVID-19 pandemic, Canada and each province stand at the brink of a major health human resources crisis. Without a coordinated, national strategy to replenish and sustain the supply, skills, commitment, and resilience of our workforce, this crisis threatens the sustainability of our health system and all those who depend upon it.

Having the right supply of qualified, resilient, and engaged healthcare workers (HCWs) is critical to ensuring the sustainability and continued evolution of our Canadian healthcare system. Physicians, nurses, other clinical professionals, administrative and support staff, volunteers, researchers, and learners are all vital to Canadians being able to access high-quality care and services. This has been especially true through COVID.

Early in the pandemic, governments and industry worldwide focused resources and extensive budgets to address infrastructure and supply challenges such as personal protective equipment (PPE), medical equipment, and facility requirements with unprecedented speed. Throughout the pandemic's progression, however, it was our HCWs who sustained the response, often at a cost to their own personal health and wellness.

Many HCWs delayed retirement plans, students stepped in, and thousands of retirees returned to the workforce to support their colleagues. This has caused a temporary increase in our workforce numbers as seen in CIHI's recent report [Health workforce in Canada: Highlights of the impact of COVID-19](#). However, as workers move (or return) to retirement, and others choose to leave healthcare, we will be relying on a diminished, beleaguered workforce that is facing increased public demands, risking an exponential rise in burnout, mental illness, and even death.

Unfortunately, there are no quick fixes. The timeline to replenish the system with new doctors, nurses and other professionals is years long and requires extensive education and experience. At the same time, barriers remain to recruiting new immigrants and internationally trained health professionals to Canada. Similarly, systemic and cultural barriers continue to undermine recruiting from diverse communities across Canada who have been underrepresented in our healthcare workforce for too long.

The system was already under stress and cracks were showing in many of our organizations and our workforces. The pandemic exacerbated and expanded these cracks system-wide and we are now facing a major national health human resource (HHR) crisis. We already see the impact on access, quality, and efficiency of patient care. We also fear a corresponding impact on patient safety and health outcomes. However, we also see hope: the pandemic has brought incredible innovations and process improvements that can further transform our system. The pandemic has also demonstrated what can be accomplished if we have energetic and engaged health professionals working toward common goals.

We do not yet know the long-term effects of COVID on the health of our workforce. With better mental health awareness, reduction in stigma and the introduction of presumptive legislation<sup>1</sup> in many provinces, we anticipate an increase in claims for healthcare workers and first responders. While this is more than concerning, we believe that ensuring workers are both supported to seek care and have access to appropriate care is critical to their mental health and resilience and ultimately the sustainability of our workforce. Fundamentally, if we have learned anything from this crisis, it is that more needs to be done to ensure our people have access to these services.

We know that today's workforce is seeking careers and employers who can offer greater flexibility and work-life balance. Our unique COVID experience has shown what healthcare organizations can do in the face of relentless adversity. We have the opportunity to implement the lessons learned and advance our workplace practices and policies to support the evolving needs of today's workforce. By doing so, we can prepare for the emerging competition for talent with other industries – and global healthcare – and position publicly funded healthcare as a workplace where those who want to make a difference can grow and flourish.

### **The Health Human Resources Advisory Committee**

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Anticipating this emerging crisis and need, HealthCareCAN has worked with an influential group of senior HHR leaders from healthcare organizations across Canada to form the Health Human Resources Advisory Committee (HHRAC) in 2021. With the support of HealthCareCAN's Board of Directors and CEO, HHRAC is working to strengthen ties between health employers, policy makers, educators, and researchers to develop pragmatic, focused and cohesive pan-Canadian strategies to provide insight and solutions to current and pending issues.

Accurate and up-to-date data and forecasts will be critical as we analyze the after-effects of the pandemic experience on HCWs, as we consider effective responses to the repercussions for our workforce and system and, ultimately, as we serve the Canadian public who relies on these workers for their health and wellness.

### **Recommendations**

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In consultation with our HHR partners across Canada, we have identified the top three priorities we believe the next Federal Government should engage in as a partner:

**(A) Ensuring an adequate supply of HHR with the competencies, skills, and diversity required to sustain and evolve our healthcare system and equitably serve the diverse population and needs of Canada.**

- Provincial and federal collaboration to identify, prioritize and establish a national strategy to address systemic shortages (e.g., data gathering, benchmarking, funding HHR research, inter-provincial coordination of education & licensing) is critical, including collaboration on scopes of practice, models of care and credentialing to contain costs and make it easier for talent to enter the workforce.

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<sup>1</sup> **Presumptive Legislation:** “presumptive legislation facilitates workers' compensation coverage by presuming, in the absence of evidence to the contrary, that the injury or illness is work related. Presumptive legislation may be limited to PTSD and a narrow group of occupations (e.g., police, firefighter, paramedic) and/or may be more broadly applicable to mental illnesses beyond PTSD and to a broader scope of occupations, or all occupations.” (reference: [Federal Framework on Posttraumatic Stress Disorder: Recognition, collaboration and support](#))

- HCW supply and retention strategies, especially for rural and remote communities.
- International recruitment, immigration, and recognition of internationally educated health professionals.
- More mental health professionals to support growing needs in Canadian population and increased competition with private practice/employers.
- Digital transformation to support, promote and sustain virtual care, including training and other investments for staff and physicians.
- Infrastructure and technology support for redesigning workspaces in healthcare to advance 'future of work' and new collaborative work models.

**(B) Support the health, wellness, safety, and resilience of our workforce with a pan-Canadian mental health strategy, tools, and resources for HCWs.**

- Facilitate research and reporting on the impact of psychological safety, physical illness and injury, PTSD and burnout, sick time, absenteeism, presenteeism, attrition, retirements, workers compensation, and long-term disability claims duration.
- Develop programs and best practices that promote staff/physician health, safety, wellness, and resiliency, including self-care, peer support, employee and family assistance programs, trauma informed care, claims management and benefits.
- Continue policy development and investments through Wave 4 of COVID to ensure the health and safety of our workforce and the populations we serve, including vaccination and public health guidelines.

**(C) Promote equity, diversity, inclusion, and reconciliation in our health system by addressing systemic discrimination, removing barriers, and developing talent within equity-seeking and underserved communities so that we reflect and serve all communities in Canada.**

- Act on the Truth and Reconciliation Committee Report and Recommendations related to healthcare education and careers.
- Address system barriers affecting racialized and other equity-seeking communities, including recommendations emerging from BIPOC, 2SLGBTQI+, persons with disabilities and other under-represented populations.
- Invest strategically in our communities to promote, mentor, support and increase participation in health care programs.
- Support education and leadership development that advances our workplaces and cultures to be welcoming and culturally informed.

## **Next Steps**

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The issues and recommendations laid out above highlight the looming crisis – as well as the unique opportunities for healthcare – and present the compelling and immediate need for a collaborative, national strategy to address challenges facing our health sector workforce. Without a forward-looking, proactive, and focused *national* strategy, we put our health system – and the health of Canadians – at immediate and long-term risk.

With a federal election underway, [we call on the future government to engage with us on these issues](#) and partner on a national strategy that supports our healthcare workers and addresses this crisis.

In the meantime, HealthCareCAN and HHRAC will continue to collaborate with provincial and national colleagues, partner organizations and communities to gather additional data, evidence, and best practices to support the above recommendations and advocate for change and innovation.

We look forward to open dialogue, feedback, questions, or additional context as HealthCareCAN engages with the political parties on healthcare priorities.

### **Share Your Voice**

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Still in its early formation, HHRAC is actively recruiting to its membership strategic HR leaders from across Canada who reflect the diversity and scope of our Canadian health, to in turn advance research, insight, and actions that support the long-term health, engagement, and sustainability of our workforce. To join or get involved contact [membership@healthcarecan.ca](mailto:membership@healthcarecan.ca).