

Intelligence MEMOS



From: Don Drummond and Duncan Sinclair
To: Canada's Ministers of Health
Date: May 27, 2022
Re: **CALLING THE SHOTS ON HEALTH WORKFORCE PLANNING**

We need a governance model to call the shots on Health Human Resource Planning (HHRP) in Canada's provinces and territories, and where it counts most, in the communities and regions where health services are delivered.

There's no body now with such responsibility. There are many players with big stakes in the outcomes, as we outlined [yesterday](#), but nobody in charge.

If HHRP is left undone or fails to ensure the right number and mix of health/healthcare workers to meet people's future needs, Canada's provincial and territorial governments will bear the bulk of the blame, although some will undoubtedly be shared with Ottawa. Somebody has to govern the process as we outline further [elsewhere](#).

Doing so will involve centrally the keepers of data and analysts of supply-demand projections. The Canadian Institute for Health Information (CIHI) and Statistics Canada are the two most experienced federal bodies while Ontario's Institute of Clinical Evaluative Science (ICES) and Manitoba's Population Research Data Repository (PRDR) are two examples of provincial expertise. Work need not await creation of a governance to strengthen methods of collecting data and information essential to planning. That mandate and the resources required to discharge it should be given straightaway to the keepers and analysts of data and information by their respective governments.

Governance of HHRP

This would best be set up in three hierarchical tiers, national, provincial/territorial, and local/regional.

The national tier would focus on health human resource policies to achieve high standards of health and healthcare services throughout the country. It should be an independent body of experienced appointees, supported by resources sufficient to:

- consult meaningfully with the many stakeholders in HHRP and
- utilize available data and information to support well-informed policy- and decision-making.

It would make most sense for this body and its staff to be established either under the aegis of the Council of the Federation acting together with the federal government or that of the existing federal-provincial Committee on Health Workforce (CHW) made up of the Deputy Ministers of Health.

The provincial/territorial tier would be made up, as now, of 13 separate bodies, one in each province and territory. Each would provide policy direction related to HHRP to the government concerned and to the collected providers of support and care responsible for actually giving health and healthcare services to the people they serve.

The local/community/regional tier would be what are referred to as Accountable Care Organizations (Ontario Health Teams in that province), teams of providers, their organizations, and institutions accountable for meeting all the health and health care needs of the people of the community or region each serves. It is at this level that the relevant data and information are generated. Their analysis would inform the provincial/territorial and national tiers on the country's aggregate need for and utilization of health services personnel in their many categories, their relative leakage/retention rates from urban, rural and remote ACOs, their productivity, and all other factors bearing on HHRP including those on which budgets are struck.

What's Doable Now

The National Tier is not in place or play. Realistically, HHRP will have to proceed provincially and territorially first with ministries of health or the equivalent in the broad policy-making and funding role. The on-the-ground planning role to be discharged by the ACOs will require four major changes to be made:

- active development of ACOs throughout each province and territory with every Canadian registered/rostered as a member of one or another of them
- each funded with resources equivalent to the current aggregate cost of providing the health/healthcare services consumed by its members, plus
- the administrative resources needed to document the health of the population it serves, secure the data and information to plan its current and future need for health human resources, and to discharge its accountability to the province or territory concerned
- the provincial/territorial governance must confine its focus to the policy goals and objectives of the health/healthcare system (the what is to be achieved) and delegate to the ACO teams the operational decisions on how to achieve them.

In effect, effective governance of the processes and functions of health human resource planning, now basically absent, should become bottom-up. Grounded on a comprehensive data and information collection and analysis system coordinated centrally, calling the shots should lie, together with other governance responsibilities, primarily with the governance of each ACO, subject to the policy direction role of and funding by the Ministry of Health or the equivalent of each of Canada's 13 provinces and territories.

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