

Saskatchewan's Health Human Resources Plan



December 2011



Saskatchewan
Ministry of
Health



Thanks to the following health regions for generously sharing their photos:
Cypress, Kelsey Trail, Regina Qu'Appelle, and Saskatoon.

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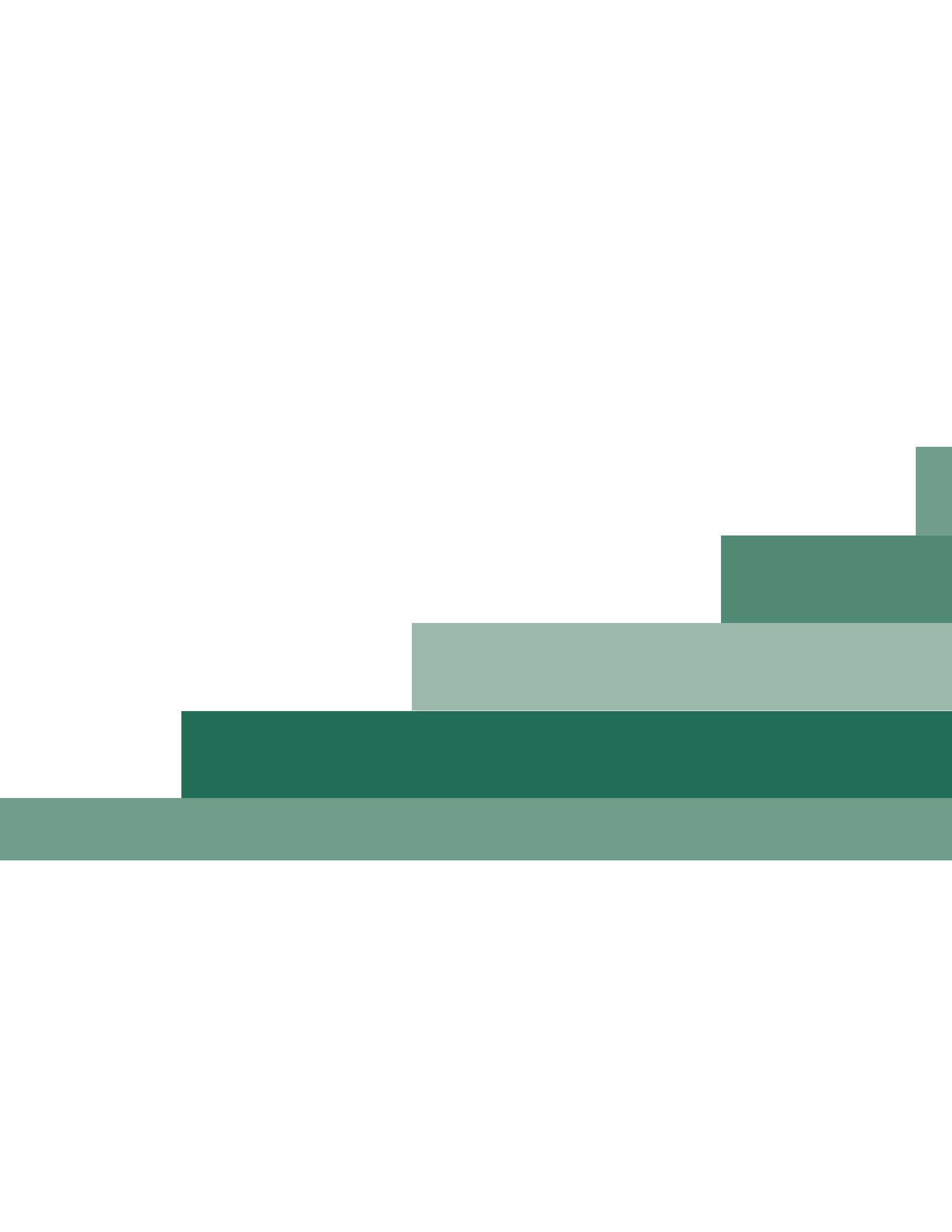
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(available online at www.health.gov.sk.ca/hhr-plan)

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A Message from the Minister of Health



As impressive as the science and technology of 21st century health care may be, it would amount to nothing without the people who are educated, trained, and competent to apply it. When we find ourselves in need of the health system, it is the people we encounter who determine what kind of experience we remember. A highly skilled nurse with a sensitive listening ear can help us enormously through a difficult health issue. Medication may be of limited value – and even harmful – without the pharmacist who ensures we understand its safe and proper usage. The dietician whom we meet after a diabetes diagnosis can give us renewed hope and confidence in managing the condition.

Saskatchewan's Health Human Resources Plan is all about the people whose commitment, compassion, and competence are the lifeblood of Saskatchewan's health system. The heart, of course, is patients and their families, for whom the system exists. Beginning with the Patient First Review in 2009, our government made a commitment to a patient- and family-centred health system that is founded on and designed for the benefit of the patients and families whose tax dollars fund it.

Such a system will also offer profound benefits to health care providers. Empowered and supported in providing excellent care, they will be encouraged to use all of their education and competencies as part of a team delivering outstanding patient care. Patient- and family-centred health care is not just the right thing to do; it's also a sensible strategy for recruiting health professionals and making Saskatchewan a desirable base for their careers.

This plan outlines our government's vision for a health workforce that takes progressive, collaborative approaches to patient care. It also provides a comprehensive, long-term assessment of our province's health care human resources needs. This plan will inform and provide a framework for Saskatchewan health care educators and employers responsible for educating, training, recruiting, and retaining health care providers.

Finally, *Saskatchewan's Health Human Resources Plan* identifies several key actions and enablers that will strengthen our ability to develop and sustain the health workforce.

This document is the result of ongoing planning sessions and discussions between the Ministry of Health, health regions, the Saskatchewan Cancer Agency, First Nations and Métis representatives, and numerous provider associations. It is a collective vision for a Saskatchewan in which health care practitioners can pursue fulfilling and rewarding careers while delivering patient- and family-centred care that is a model for health services in Canada and around the world.

A handwritten signature in black ink, reading "Don McMorris". The signature is written in a cursive, flowing style.

Honourable Don McMorris
Saskatchewan Minister of Health

Executive Summary

Saskatchewan's Health Human Resources Plan provides Saskatchewan with a common vision and broad policy guidelines that will inform the health human resources strategies, policies, programs and priorities of government, health regions, the Saskatchewan Cancer Agency, educational institutes, and other health organizations. The plan is not a service delivery plan for the health system; however, knowing the potential availability and demand for health human resources, it can help these organizations in planning and developing future service delivery options that meet the health needs of our population with an adequate supply and mix of care providers.

The plan is founded on four key goals for Saskatchewan's health workforce:

1. Patient- and Family-Centred Care Providers

Our Goal: That all health care professionals in Saskatchewan understand patient- and family-centred care and apply it in practice.

2. Collaborative, Interprofessional Practices

Our Goal: That the province receives the full benefit of its health care providers by utilizing them to their full and appropriate scopes of practice and working in collaborative teams supporting the continuum of care.

3. Positive, Productive, and Safe Workplaces

Our Goal: That health care workplaces are productive, safe, and enable excellence in care.

4. A Sufficient Number and Mix of Health Care Professionals

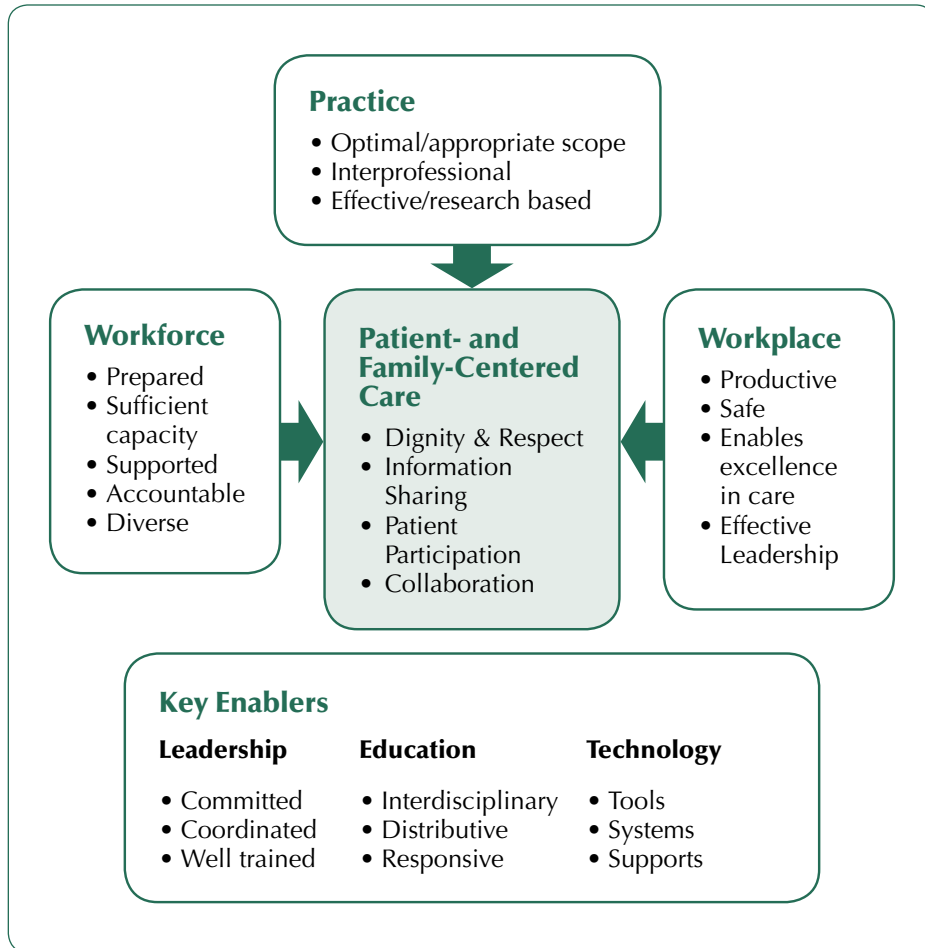
Our Goal: That Saskatchewan's health care system anticipates its future and recruits, prepares, and retains its workforce accordingly.

In the next 10 years, Saskatchewan's health workforce will:

- *Centre its efforts around patients and their families.* This will have implications for how medical and health care students are educated and trained, and for how services are planned, structured, and delivered.
- *Feature a growing number of collaborative care models and practices.* When health care practitioners and providers work closely in teams, communication and information-sharing is improved, workplace environments are enhanced, and patients experience higher quality, safer, better coordinated care.
- *Enable providers to work to their full scope of practice.* This will optimize their benefit to patients and lead to a more satisfying workplace environment.

The diagram below illustrates the vision for Saskatchewan’s health workforce.

Saskatchewan's Health Human Resources Plan



Key Enablers and Actions

A number of key enablers and actions can help Saskatchewan accomplish its health human resources goals. Listed below are some options that were raised during the development of the plan and from various reports and research concerning planning for health human resources.

- Establish a common, system-wide understanding of patient- and family-centred care – its definition, core values, application, and framework.
- Clarify stakeholders’ future roles, responsibilities, and accountabilities for health human resources planning. Improve processes/forums that allow the government and other impacted organizations to better establish priorities and investments regarding the education and utilization of health providers.
- Create capacity within Saskatchewan to become a leader in Canada for training a health workforce to provide health services for First Nations/Métis peoples.

The Saskatchewan Registered Nurses’ Association applauds the Ministry of Health for articulating these four important goals. We support these goals and look forward to working with our partners to create a healthy Saskatchewan.

Karen Eisler
(Executive Director, SRNA)

- Create capacity within Saskatchewan to be a leader in training a health care workforce to provide health services in rural, remote and northern communities.
- Educate and train the workforce on interprofessional practice and collaborative care team development.
- Develop a process to optimize competencies and scopes of practice of health care providers while focusing on quality assurance.
- Implement evidence-based quality workplace strategies and create a culture where leadership is a shared responsibility.
- Improve the relationship between health employers and unions by working together in a more collaborative way.
- Enhance productivity and management capacity by improving scheduling, health human resources planning, and human resources information systems.
- Refine and improve upon the human resources forecasting tools to anticipate supply and link demand with population needs.

Appendices to *Saskatchewan's Health Human Resources Plan*

Appendix A

Appendix A offers a more detailed list of options for moving forward.

Appendix B

Appendix B summarizes the planning and demographic assumptions that were used to guide the development of *Saskatchewan's Health Human Resources Plan* over the next 10 years. This appendix provides a summary of the size of the health workforce and demographic breakdowns of different health care provider groups. The forecasting methodology and planning assumptions utilized by the Ministry is described and projects the potential need for various health providers over the next 10 years assuming care is still delivered and managed in the same manner in 10 years as it is today. Changes to the delivery of care will impact the number of providers projected in the future and will require ongoing forecasting. An assessment process is provided to help the province and health employers determine if there is a need to add new health care professionals to our system. Appendix B also contains additional information related to the Northern Health Sector Training Sub-Committee.

Appendix C

Appendix C provides profiles of various health care occupations regarding the number of providers in the occupation, the educational requirements to enter the occupation, as well as a breakdown by age and gender of each provider group (where the information is available).

To view the appendices, please visit our website at:

www.health.gov.sk.ca/hhr-plan



Introduction

Health care in the 21st century is a highly complex undertaking. Rapidly shifting economics and demographics lead to ever-evolving demands on the health system. New and expensive technologies are continually appearing while research and new discoveries lead to continual re-evaluation of clinical and medical practices. Individual practitioners are challenged to keep up with the newest developments in their field, and the system as a whole is often pressed to meet the needs and expectations of a changing populace.

In a sector subject to such dynamic change, planning must be guided by a clear vision of the kind of health system we want. This vision must be based on principles that will apply as well in 2021 as they do today. The resulting plan must be flexible and general enough to guide us through the inevitable changes of the coming years, yet directive and specific enough to lead us toward an adequate supply and mix of health care providers for years to come.

In his 2009 report to the Minister of Health, Patient First Review commissioner Tony Dagnone recommended that the Ministry of Health “assume more of a strategist-integrator-steward role for the health system” and “concentrate on setting strategy, priorities, and standards of performance” (*Patient First Review Commissioner’s Report*, p. 52).

In keeping with this approach, *Saskatchewan’s Health Human Resources Plan* is not a service delivery plan for the health system. It does not prescribe specific approaches and details as to how health regions, the Saskatchewan Cancer Agency, educational institutes, and other health organizations will develop and maintain an optimum supply and mix of care providers. This document can, however, assist these organizations in planning and developing future service delivery options. It provides a common vision and broad policy guidelines that will inform their health human resources strategies, policies, programs and priorities.

This plan complements and enhances current government initiatives and commitments regarding Saskatchewan’s health system and human resources. More specifically, the plan attempts to align with the recommendations arising out of the Patient First Review. It also incorporates the health human resources recommendations developed under the recent *Memorandum of Understanding on First Nations Health and Well-Being*. The plan considers the province’s physician recruitment strategy and builds upon the partnership agreement signed by the government and the Saskatchewan Union of Nurses.

Saskatchewan’s Health Human Resources Plan is comprised of four sections describing the desired future state for Saskatchewan’s health workforce. Following a section of concluding thoughts, the document’s first appendix identifies a number of actions and observations as to how we can move to our desired future state.

The plan’s appendices provide more detailed current-state analysis and forecast our workforce based on a number of assumptions and variables. As this plan is implemented, these assumptions and projections will require regular review, adjustment and updating.



I. The Heart of Our Health System: Patient- and Family-Centred Care

The Government of Saskatchewan has made a commitment to a publicly funded, publicly administered health system that is centred around the interests and needs of patients and families. From the planning and administration to the delivery and evaluation of health services, patients and their families are to be the first priority.

In keeping with this foundational principle, Saskatchewan's Health Human Resources Plan is based upon a clear expectation that Saskatchewan's health care professionals will function in a patient- and family-centred manner.

The Vision:

- 1. By 2021, all health care providers in Saskatchewan understand patient- and family-centred care (PFCC) and apply it consistently in their practices and professions.**

According to the Institute for Patient- and Family-Centred Care, PFCC is guided by four principles:

Dignity and Respect. Health care practitioners listen to and honour patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

Information Sharing. Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.

Participation. Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

Collaboration. Patients, families, health care practitioners, and hospital leaders collaborate in policy and program development, implementation and evaluation, in health care facility design, in professional education, and in the delivery of care.

- 2. By 2021, Saskatchewan has made significant progress in training health professionals to provide care for First Nations and Métis peoples, and is recognized nationally as a leader in this regard.**

During the Patient First Review, First Nations and Métis individuals and communities expressed a desire for more culturally appropriate care. The commissioner's report noted that First Nations and Métis patients consistently ranked their quality of care lower in such categories as overall care, overall doctor care, trust in nurses and overall pain control. The report recommended that the health system, in collaboration with First Nations and Métis elders and patient and family advisors, develop a safe and competent health system that better serves First Nations and Métis citizens. It is also noted from other reports that efforts to build a representative workforce should lead to more culturally appropriate care.

By 2021, we should see an increase in the number of First Nations and Métis health professionals in Saskatchewan, approaching a ratio that is representative of their overall population. This will contribute to culturally appropriate, patient- and family-centred care.

To increase workforce representation, First Nations and Métis peoples will be active participants in developing and implementing health human resources and mental health strategies. Their communities will be engaged and have a role in guiding and directing health services. Elders, traditional teachers and healers will be a part of the patient's journey within all health care systems.



3. By 2021, Saskatchewan's health workforce is better prepared to provide care in rural, remote and northern communities.

We envision a health system in which every Saskatchewan resident has equitable access to patient- and family-centred health services, no matter who they are or where they live. While medical and communications technologies help to overcome the barriers of geography, a diverse and well-trained health workforce understands the challenges of working with rural and remote populations.

4. By 2021, Saskatchewan's health workforce supports self-management and aging in place.

We favour initiatives that support keeping patients at home and within their communities, and give patients and their families a greater role in their own care.

Greater emphasis will be placed on supporting self-management, continued enhancements to telehealth, and a more flexible approach to specialist outreach. This will require a cultural shift among health care providers and patients and their families. There will also need to be a shift in the training and continuing professional development of health care providers and the resources made available to patients and their families to support self-management (education, self-monitoring tools, and peer support groups).

**A Current Example of the Vision in Practice:
All Nations Health Centre, Fort Qu'Appelle**

Within the All Nations Healing Hospital in Fort Qu'Appelle is the Women's Health Centre, a holistic, culturally responsive collaborative of primary health care providers.

Led by nurse practitioners, a midwife in collaboration with community physicians, and administrative support, the Women's Health Centre is accessed by women and children of all ages and integrates Western maternal and child health care with traditional First Nations healing approaches.

Since opening its doors in August 2007, the Women's Health Centre has focused on promotion of health and prevention of disease, helping clients to manage or avoid chronic conditions, reducing the need for more costly interventions and therapies later.

To learn more, visit http://www.fortquappelle.com/anh_h_prg.html.



II. Working Together: Collaborative, Interprofessional Practices

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Interprofessional collaboration is the process of developing and maintaining effective working relationships with other practitioners, patients/clients/families, learners, and communities, to enable optimal health outcomes. Collaboration means respect, trust, shared decisions, and partnerships.

The Vision:

- 1. By 2021, all health care providers are enabled and encouraged to work within an optimal and appropriate scope of practice – to bring to their work the full range of competencies and skills that are a part of their profession.**

Pharmacists, nurses, and other professionals have seen their roles expanded appropriately and within their scopes of practice. Advanced practice roles are more common within Saskatchewan care models. Infrastructure will be in place to support interprofessional collaborative care models.

II. Working Together: Collaborative, Interprofessional Practices

This not only makes Saskatchewan a more attractive and fulfilling place in which to build a health care career; it also means the health system is getting full value for its investment in a provider and has more options for ensuring that communities have access to the services they need. Most importantly, patients benefit greatly when providers are working to their full scope of practice. They will often enjoy greater continuity of care, with fewer “handoffs” between providers.

2. **By 2021, providers work interprofessionally and collaboratively as a matter of course.**

Providers who value collaboration and interprofessionalism will lead a culture change within Saskatchewan’s health system. They understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and achieve patient/client/family and community goals. With an understanding of the principles of teamwork, team processes, and leadership, they communicate in a collaborative, responsive, and responsible manner with other providers and with patients and families. Conflicts and disagreements are addressed constructively and professionally, and collaborative care models and interprofessional practices in Saskatchewan have served as models for others.

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A Current Example of the Vision in Practice: The Wall Street Spinal Assessment Service (WSSAS), Saskatoon

Operational since 2003, the Wall Street Spinal Assessment Service is a collaborative practice model involving three orthopaedic surgeons and physiotherapists at a Saskatoon-based rehabilitation clinic.

The program was initiated to address an excessive number of orthopaedic referrals for patients with lower-back-related conditions, the majority of whom did not require surgery. Physiotherapists perform the assessments, consult with the surgeons, and provide client-centred recommendations to the appropriate care provider (i.e. family physicians, nurse practitioners, chiropractors, physiotherapists).

Since its inception, the WSSAS has dramatically reduced the participating surgeons’ caseloads for lower-back-related conditions, contributing to reduced wait times for those who do require surgery.

3. **By 2021, collaborative and interprofessional care is taught and modeled as part of health sciences curricula; as well, education and training is available for practitioners and care teams wishing to pursue interprofessional and collaborative models of practice.**

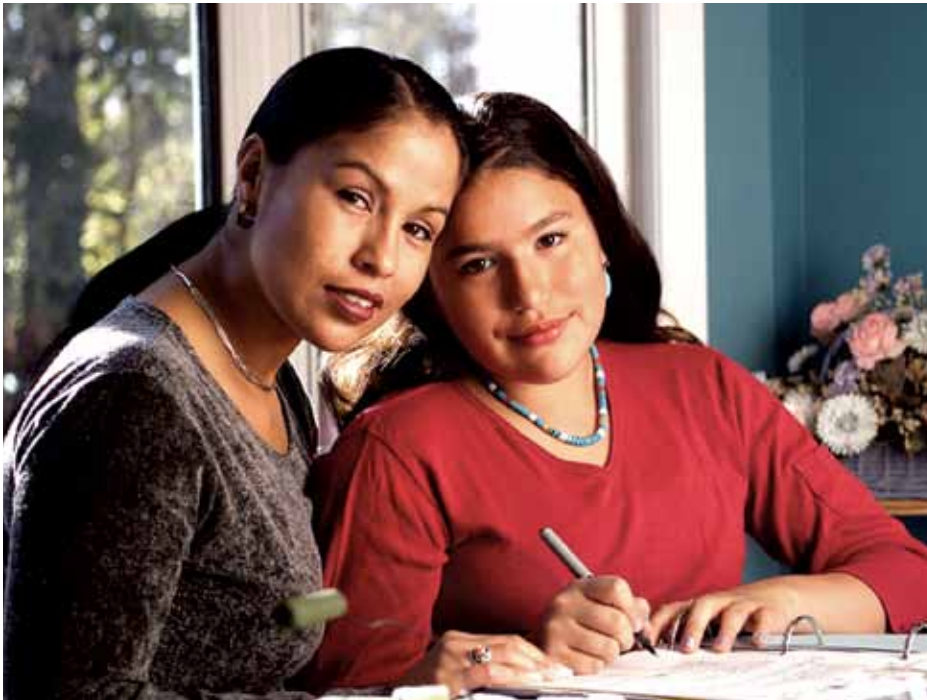
Interprofessional education will have created a health workforce that is ready for collaborative practice. The benefits we will see include:

- Students with real-world experience and insight, staff from a range of professions providing input into program development, and students learning about the work of other practitioners;



- Improved workplace practices and productivity, improved patient outcomes, heightened staff morale, improved patient safety and better access to health care;
 - Better access to and coordination of health services, appropriate use of specialty clinical resources, better health outcomes for people with chronic diseases, improved patient care and safety; and
 - A reduction in patient complications, length of hospital stay, tension and conflict among caregivers, staff turnover, hospital admissions and clinical error rates.
4. **By 2021, working in collaboration includes recognition of and respect for culturally responsive models and modes of care.**

Respectful consultation has been undertaken with traditional healers and First Nation elders, so that when desired by patients and families, spiritual and traditional healers are included in patients' care journeys.



Thanks for the opportunity to provide high-level comments. I am hopeful that our joint work at different levels will bring goals together that can then align with funding.

Liz Harrison
(Associate Dean, School of Physical Therapy, University of Saskatchewan)



III. Positive, Productive, Safe: Saskatchewan's Health Workplaces

Numerous studies suggest that healthy workplace environments in health care tend to contribute to higher quality services and positive work experiences for providers. The Quality Worklife-Quality Healthcare Collaborative (QWQHC) defines a healthy health care workplace as “a work setting that takes a strategic and comprehensive approach to providing the physical, cultural, psychosocial and work/job design conditions that maximize health and well-being of health providers, quality of patient/client outcomes and organizational performance.”

To deliver excellent health care, providers must be supported by workplace environments that are positive, productive, and safe.

According to Statistics Canada's Labour Force Survey, health care workers are more likely than those in other sectors to miss work due to illness or disability. Absenteeism is one of the indicators identified by the QWQHC for managing healthy health care workplaces. Absence from scheduled work as a result of illness (sick leave) or injury is often used as a proxy measure for a healthy workplace, a “lagging” indicator. It is a measure of the quality of worklife and the well-being of providers. It may reflect the cumulative impact of a wide range of workplace problems, including psychological stress, low staff morale, and employee dissatisfaction.

Absenteeism diverts essential resources away from patient/client care. Health care employers are often required to replace absent workers to ensure safe care. It follows, then, that a reduction in sick leave should improve the quality of care and lower the cost of providing health services.

Overtime, like absenteeism, may also indicate a wide range of workplace problems. Overtime hours tend to increase during periods of peak utilization and can be closely correlated with sick time being recorded by organizations – as sick time goes up and the available pool of employees diminishes, managers are forced to bring staff in and keep staff on in overtime situations. Overtime hours may also be associated with understaffed areas of professions and positions that have typically been hard to recruit or retain employees. Overtime, like absenteeism and high levels of WCB claims may be indicative of other workplace problems.

Businesses that take the initiative to build safe, quality workplaces understand that superior health and safety reduces costs and leads to improvements in safety outcomes, employee relations, public image, productivity, protection from business interruption, and an overall increase in organizational capability.

The Vision:

1. By 2021, effective leadership is demonstrated at every level in the workplace.

Leadership – both formal and informal – is present at all levels of the health system and is marked by effective two-way communication and an emphasis on team-building.

Behaviours are guided by people-centred values and supported by human resources management best practices. Providers are recognized for their efforts. Workplace relationships are based on mutual respect.

Health regions, the Saskatchewan Cancer Agency, community-based organizations and affiliates use mentorship and succession planning programs in an integrated, systematic way to identify, develop, and retain talent for key positions and functions.

2. By 2021, organizations and providers create positive work environments that retain experienced health professionals and attract young adults into health professions.

They demonstrate that employees are valued assets, essential to ensuring quality patient outcomes. Senior leaders collaborate with front-line management, health providers and other stakeholders, working together for the good of the patient and family.

Providers are working with clear accountabilities and responsibilities and a better understanding of one another's roles.

Professional development and continuing education are a part of the workplace culture.

3. By 2021, Saskatchewan health employers continually strive for a target of zero workplace injuries within the health system.

Health employers are seeing success in eliminating workplace injuries in Saskatchewan. Health and safety are integrated into business strategies,





processes and performance measures. Boards, senior management and staff all recognize that good health and safety practices support good business results. Health employers have the leadership and internal capacity to strive for continuous improvement in health and safety. Health and safety risks are effectively managed by eliminating, minimizing or controlling hazards. All employees participate and work collaboratively in developing, promoting and improving health and safety at work. The health sector demonstrates its leadership in a health and safety learning community by providing and receiving information about best practices.

4. By 2021, the health system supports diversity in the workplace.

The term “diversity” includes race, gender, age, language, ethnicity, national origin, sexual orientation, disability and religious belief. It may also refer to other ways in which people differ, such as educational level, life experience, work experience, socio-economic background, physical appearance, values, beliefs, personality, marital status, lifestyle and family responsibilities. Workforce diversity lends an organization a broader range of ideas and insights on which to draw, especially when making decisions and developing policies.

A diverse health workforce better understands its clients/patients and service areas, leading to improved service. Diversity enhances patient care by ensuring that health care providers are representative of the population base of the community. A more diverse workforce will result in better care of under-represented persons because these health environments value and utilize the contributions of people with different backgrounds, experiences, and perspectives. Leaders in the health system encourage and foster greater shared understanding and mutual respect throughout the workforce. Satisfied workers remain with the organization, lowering training costs as professional expertise and corporate organizational knowledge are maintained. Productivity is enhanced when employees interact more effectively with one another.

First Nations and Métis peoples in the health workforce

One important aspect of historical partnership agreements between health regions and First Nations and Métis peoples has been the creation of Aboriginal awareness training in the workplace, which involves an understanding, acceptance and respect for First Nations and Métis people. The training was designed to bring about a better understanding of the basic cultural differences, similarities and history of First Nations and Métis cultures and the people to whom health care staff deliver services.

A model *First Nations & Métis Employment Development Representative Workforce Reference Guide and Policy Document* was developed to assist health employers with implementing their partnership agreement and representative workforce strategy. Requests for the guide have also come from universities, crown corporations, and government departments across the province and Canada.



IV. Sufficient Numbers and Mix: Saskatchewan's Health Workforce

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Numerous factors drive the need for health human resources in Saskatchewan and Canada. These include scientific and technological developments and advances, the interests and needs of the population, demographic changes, and national and international health care trends.

How Many are Enough?

Governments and educational institutes are challenged by a general assumption that in order to improve health care, they must increase the number of health professionals in the system.

It is unlikely, however, that improved health care access and quality lie simply in a larger health care workforce. The health system must also make more effective use of its existing workforce by enabling health professionals to concentrate more fully on what they can do within their current competencies and scopes of practice.

Individuals needing a family physician, for example, may be served by another member of the primary care team to deal with their non-urgent health issues, manage their chronic health conditions and offer preventive health care. Much of this routine care – vaccinations, blood tests, wound care, dietary

IV. Sufficient Numbers and Mix: Saskatchewan's Health Workforce

counselling, etc. – can be provided by a professional other than a doctor. A patient won't always need to see the family practitioner, but should be attached to one that oversees their care plan. The flexibility of a primary care team allows for variations that best suit the different contextual needs of care providers and patients. Under the team approach, care is provided by the most appropriate team member working to the full scope of their competence and capability.

Traditionally, health human resources planning has been defined almost exclusively in terms of numbers of health employees and the capacity to produce or recruit enough new health care providers each year to compensate for attrition (retirements, turnover, out-migration) and keep pace with population growth. We typically evaluate the supply of each health profession as a proportion of the population (i.e. physician-to-population ratio, nurse-to-population ratio). For example, the Canadian Institute of Health Information (CIHI) uses provider-to-population ratios to report on provider supply. While this information is useful, CIHI's reports are not intended to draw conclusions as to the ideal number of providers in any jurisdiction. Health human resources planning must also take into account other factors such as:

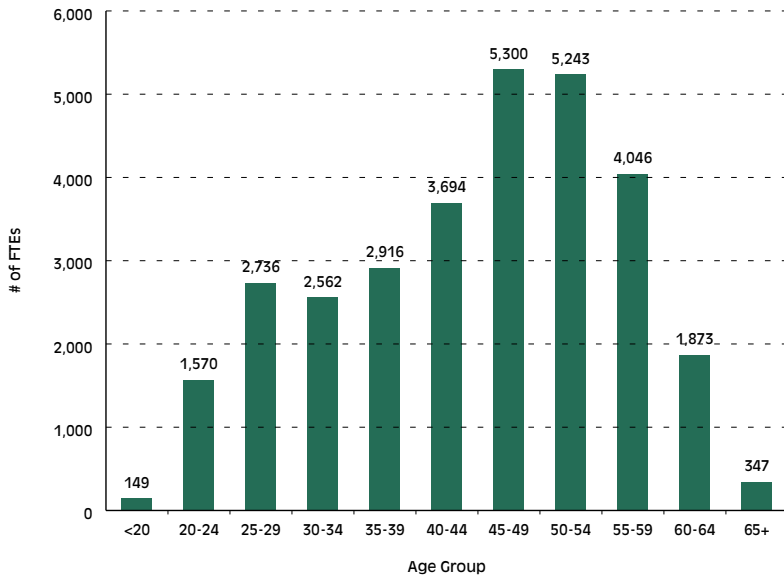
- Changing health needs in the population;
- Productivity, practice patterns or variances in specialty mix;
- Increased investment in health promotion and chronic disease management and the resulting need for different skills and deployment;
- Advances in treatment and technology that may change the type and amount of treatment patients need;
- New service delivery models (e.g., use of interprofessional teams);
- Expanded scopes of practice and new deployment models/roles; and
- The distribution of the workforce.

Saskatchewan's distinctive supply and mix of health care professionals is based on how we have used and organized health care service in the province. This mix has evolved over time for a variety of reasons.

In 2009-10, the health regions and Saskatchewan Cancer Agency employed 30,435 full-time equivalent (FTE) staff. This workforce was 87% female and the largest number of FTEs was in the 45-49 age group.



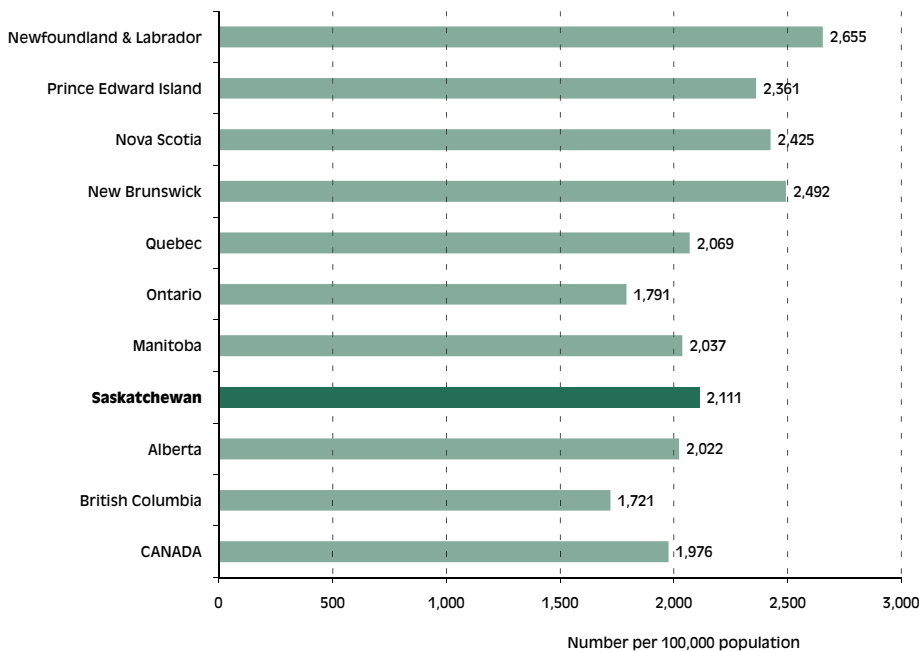
Workforce By Age Group – March 2010



Source: Saskatchewan Association of Health Organizations (SAHO), March 2010.

The 2009 CIHI report of selected health professions by province shows the various supply and mixes of health care providers across Canada. In total, of the 24 selected professions measured, Saskatchewan has more providers per 100,000 population than the other western provinces.

Total Number of Selected Health Care Providers Per 100,000 Population by Provinces, 2009



Source: *Canada's Health Care Providers – 2009 Provincial Profiles: A Look at 24 Health Occupations*; Canadian Institute For Health Information (CIHI) 2010.

IV. Sufficient Numbers and Mix: Saskatchewan's Health Workforce

The following charts show that Saskatchewan has a higher ratio of some providers and a lower ratio of others.

2008 CIHI Profession Data Ratios of Selected Groups, Saskatchewan Compared to Canada and Other Provinces				
Jurisdiction	Profession			
	Diagnostics (includes: MLTs and MRTs)	Nursing (LPNs, RNs, RPNs, NPs)	Therapies (Audiologists, Respiratory Therapists, SLPs, OTs and PTs)	Social Workers and Psychologists
SK to CAN	145:106	1,213:1,065	117:141	163:142*
SK to AB	145:105	1,213:1,007	117:163	163:226
SK to MB	145:137	1,213:1,200	117:149	163:74

*Does not include Quebec.

Source: *Canada's Health Care Providers – 2008 Provincial Profiles: A Look at 24 Health Occupations*: Canadian Institute For Health Information (CIHI) 2010.

2008 CIHI Physicians by Province, Number of Providers Per 100 000 of Population	
Province	Physicians*
Nova Scotia	233
Quebec	220
Ontario	178
Manitoba	184
Saskatchewan	163
Alberta	203
British Columbia	207
Canada	196

*Does not include medical residents.

Source: *Canada's Health Care providers – 2008 Provincial Profiles: A Look at 24 Health Occupations*: Canadian Institute For Health Information (CIHI) 2010.

Matching the number and mix of health professionals to our future health service needs is no small task. It requires close collaboration among health care organizations, education systems, professions and their associations, and government. All stakeholders must work together to build a stable workforce.

Physician Supply

Historically, Saskatchewan has depended upon internationally educated physicians to meet its medical human resources needs. In 2010-11, 53% of the family physicians in Saskatchewan graduated from medical school in Africa or Asia, while 30.1% graduated from the University of Saskatchewan, according to the 2010-11 Annual Statistical Report, Ministry of Health, Medical Services Branch. We rely more heavily on foreign-trained doctors than any other jurisdiction in Canada. As a result, close to 66% of family physicians practicing in the province are graduates of foreign medical schools. In rural areas, 75% of family physicians were trained in other countries. Of all

The evolution of a collaborative framework is grounded in the local needs and realities of communities. Providers need to work together to develop collaborative relationships and look ahead at longer-term societal benefits for their communities.

the physicians in Saskatchewan (family physicians and specialists) almost 55% graduated from foreign medical schools while the remaining 45% graduated from the University of Saskatchewan or in another Canadian province.

Canada's domestic medical educational capacity has increased 70% over the past decade. In Saskatchewan, the College of Medicine has increased its undergraduate seats from 60 to 100 seats. While it will take some time for this increased capacity to be reflected in the workforce, Canada is moving toward a position of greater self-sufficiency in its supply of medical graduates. This increase in capacity requires an investment by the taxpayers. We expect this investment will bring a more stable supply of physicians to both large and small communities. However, communities, health regions, physician practices and the province will also need to look at the design of health care service arrangements to ensure practices are attractive to medical graduates. Saskatchewan is competing with an international market for physicians and we will need to be competitive with the rest of the world.

Issues such as work-life balance are playing an ever increasing role in determining where physicians will practice. In the past, a hospital was considered to be an important recruitment incentive to attract a physician to a community. Today, however, unless the population can support multiple physicians (where five or more are willing to share on-call responsibility), a hospital is often a deterrent to physicians because their on-call burden does not allow time for family, vacation and professional development. Health regions and communities looking to recruit and retain physicians (Canadian and internationally trained) need to foster attractive practice opportunities for prospective physicians.

Forecasting our Workforce

The table on page 24 shows a forecasting model for a variety of health occupations. This model was initially developed in British Columbia (BC) by the BC Health Employers Association. The Ministry of Health and the Saskatchewan Association of Health Organizations (SAHO) modified it in order to use the SAHO payroll data to help us estimate our provincial workforce needs over the next 10 years. These forecasts are limited by our assumptions and will require ongoing review and monitoring; however, it can serve as a helpful tool for planning purposes.

This table shows the health professions in Saskatchewan that will be most impacted by turnover and retirements in the next 10 years, assuming we continue to deliver services in the same manner as we do today. We have applied a demand factor to each of these professions showing a potential increase in demand. The projected retirements and turnover is based on the last four-year average. This in turn gives us the anticipated number of FTEs we will need to recruit over the next 10 years.

If we have applied the correct demand factor and are successful in moving forward the four goals in the plan, implementing Releasing Time to Care, 'Lean,' and redesigning the primary health care model, these forecasts may be on the high side by 2021. It will be necessary to evaluate and update these forecasts regularly. Forecasts for the number of family physicians and nurse practitioners have not been specified pending further work on the primary health care service delivery model which will assist in determining future demand. In addition, more in-depth work needs to be done with physician leaders, health regions and the Ministry in forecasting for specialists.



Occupations Most Impacted by Forecast Retirements and Turnover in the Next 10 Years

Profession	Current FTE Workforce April 09-March 10	Demand Factor	Increased Demand in 10 Years	Projected Workforce Size in 2020	Projected # of FTE Retirements and Losses by 2020	Projected # of FTEs to be Recruited Over 10 Years
Nursing	6,842	See note 6	822	7,664	2,548	3,370
Home Care/SCA	5,651	See note 7	387	6,038	2,133	2,520
LPN	1,865	See note 7	180	2,045	751	931
Medical Lab Tech	540	Population growth (7.44%)	62	602	191	253
Addictions Counsellor	233	Population growth	17	250	132	149
Occupational Therapist	146	Growth in surgery (15.6%)	23	169	37	60
Respiratory Therapist	103	Hospital days (11.4%)	12	115	49	61
Audiologist & SLP	87	0-19 population growth (4.02%)	9	96	34	43
Public Health Inspector	72	Population growth	5	77	32	37

Notes:

1. The current number of FTEs in the MLT, audiologists and SLP workforce was less than the budgeted workforce. The difference between the budgeted and the current FTEs has been added to the increased demand in 10 years to reflect the current shortfall and the need to recruit additional FTEs for these 2 groups over the time period of the plan.
2. Projections are based on FTE totals in the SAHO payroll system, providers outside of this system are not included in the forecast.
3. Projections are based on historical exit and retirement rates for each provider group.
4. Demand growth is based on population projections or other proxies.
5. Current FTE workforce is from the SAHO payroll system for the fiscal year April 2009 to March 2010.
6. This summary shows the total nursing workforce projections. For a detailed forecast of nursing by classification (A, B, C) and nurse managers see the nursing forecast table in the appendix. The demand factors for nursing were based on facility type: home care, acute care, integrated facility, long-term care and/or other combined facilities. The total number shown in this table is the sum of the individual forecasts for nurses by classification and facility type.
7. The forecast for home care/SCA and LPNs was done by facility type with a different demand factor for each facility type i.e. acute care vs. long-term care. The total in this table reflects the demand factors used for the 5 facility types (home, acute, integrated, long-term and/or other combined facilities). See the appendix for a detailed breakdown of the HCA/SCA and LPN forecasts.

All numbers may not add up exactly due to rounding.

Please refer to appendix B for more details on the workforce and the forecasted projections.



The Vision:

- 1. By 2021, Saskatchewan has anticipated its communities' health care needs and has trained, recruited, and retained a sufficient supply and mix of providers.**

Past cycles of over-supply and under-supply have levelled out. Government ministries (Health, Advanced Education Employment and Immigration, First Nations and Métis Relations and Finance), health employers, educational institutions and health professionals are able to agree on priorities and allocate resources where they are required to ensure we have sufficient health professionals.

Saskatchewan's health care education programs are aligned with health human resources priorities. Technology-enabled education supports providers' continued professional development and learning. Supportive technology is used to assist in forecasting and monitoring health human resources needs, projecting retirements, and identifying risk areas.

- 2. By 2021, Saskatchewan's government, health regions and affiliates, communities, educational institutions, and health care associations work together to identify and address our province's health human resources needs.**

Communities have been engaged in developing care models and in recruiting and retaining a suitable and sustainable workforce to meet their current and projected needs. Service gaps are addressed through evidence-based alternatives that could involve recruitment of providers or expanded roles for existing providers (e.g. registered nurse in an advanced clinical practice, pharmacists prescribing, occupational therapist working with children with autism, new providers such as nurse practitioners, physician assistants, pharmacy technicians and midwives) using an assessment process (see appendix B). Communities and primary care providers, along with other health professionals, work to ensure patients have access to needed medical services. Primary health care teams coordinate their work to allow themselves time off for vacations, medical education leaves and the sharing of emergency on-call coverage.

Living and working in rural Saskatchewan offers the preferred work-life balance for all health care professionals. A rural medical education structure addresses accommodation and travel, engages communities, and provides preceptor development and support. Health professionals and communities recognize that rural areas have important demographic and geographic differences from urban areas, particularly as applied to the social determinants of health, health status, disease and illness patterns. Opportunities for rural learning experiences are provided for health professionals.

The health workforce scan and projections provide an excellent opportunity for short- and long-term planning and assessment. We look forward to continued collaboration in order to mitigate any potential gaps in the delivery of high-quality health care services.

Saskatchewan Union of Nurses

A Current Example of the Vision in Practice: The Northern Health Human Resources Strategy and Training Initiative

The Northern Health Sector Training Sub-Committee's strategy was developed by northern stakeholders who agreed upon a mission, values, principles, approaches and objectives. In developing the strategy, it became obvious to the northern stakeholders that health human resources and training needed to be addressed.

Through consensus, the Northern Health Sector Training Sub-Committee commissioned *A Report on Northern Health Human Resources Data Collection*. This report outlined the current situation in the north, identified priorities and provided a clear starting point and direction.

The partners agreed upon the goals and priorities for the strategy. The strategy is based on partnerships, community input, flexible methodologies and culturally enhanced training. The long-term vision for the strategy is for northern Saskatchewan to supply most of its own labour market. The northern health-wellness model will be staffed by skilled workers from the community who are role models and can provide a more cultural context to their work. New roles and occupational hybrids will be established to allow more transferability between sectors and northern communities. To learn more, visit <http://www.healthnorth.ca/>



V. Conclusion

Saskatchewan's future health workforce will be centred around patients and their families. This has implications for how health providers interact with patients and their families, how services are delivered, and how medical and health care students are educated.

Health human resources planning is enhanced by bringing together the many individuals and organizations that play a role in maintaining a stable workforce. These include government, communities, employers, educational institutions, professional associations, unions, and others that represent patients and the public. The benefit is a better mutual understanding of the issues affecting the patient and our workforce.

Developing and maintaining a stable health workforce, and avoiding past cycles of under-supply and over-supply, will require a range of strategies, balancing the education of sufficient health care providers with the integration of skilled immigrants into the workforce. Ongoing professional development and continuous learning will help the workforce adapt to evolving population health needs, new treatments and technologies, and new models of service delivery. It is not necessarily enough to simply add more providers to the mix.

Saskatchewan's Health Human Resources Plan calls for an increased presence of collaborative care models and innovative practices in Saskatchewan. When practitioners and providers work in teams, communication and information-sharing is improved, workplace environments are enhanced, and patients experience higher quality, safer, better coordinated care. While we need to pay attention to producing the workforce of tomorrow, we also need to

optimize the skills of our existing human resources. This will enhance their benefit to Saskatchewan patients and families and lead to a more satisfying work environment for the provider.

Saskatchewan's Health Human Resources Plan has introduced forecasting and projection models that estimate the numbers of health care providers needed in a variety of disciplines. This forecast examines the current workforce, projects a future demand and estimates retirements and attrition in the near and intermediate future. As with any forecast, its assumptions and variables will require adjustments over time.

Over the next 10 years approximately half of health's workforce will need to be replenished if the demand for providers, retirement rates and the historical turnover of staff continues. Saskatchewan's Aboriginal population is expected to continue to grow. As a result, there is an opportunity to create capacity within Saskatchewan to become a leader in Canada for training a health workforce to provide health services for First Nations/Métis peoples by creating a diverse workforce that is representative of the people it serves, supporting the health strategy of the Northern Health Sector Training Sub-Committee, targeting Aboriginal students for admittance in health science programs, and developing a Saskatchewan Cultural Responsive Framework, to mention a few.

The health professions that will be impacted the most by increased demand, retirements and attrition are nurses (RNs, RPNs, NPs and LPNs), home care/special-care aides, medical laboratory technologists (MLTs), addiction counsellors, occupational therapists, respiratory therapists, speech language pathologists and audiologists, and public health inspectors. Saskatchewan is reasonably well-positioned to replenish these occupations with the current supply of education seats, although Saskatchewan will have difficulty maintaining the current number of MLTs in the health system if we rely on the current number of education seats. As the MLT program is only two years in length, there is time to consider options to manage this issue. If nurses maintain the current retirement rate, new nursing grads will be able to replenish them. However, if there is a significant spike in retirements when the current collective agreement ends on March 31, 2012, the province may need to bridge a short-term supply gap.

Saskatchewan has relied on other jurisdictions to provide education seats for some of our health professionals, especially for those more specialized programs that require a small number of providers, such as perfusionists and MRI technicians. SLPs/audiologists and occupational therapists are the two largest health professions in Saskatchewan that do not have training programs within the province. There is a potential market to expand the occupational therapist profession in Saskatchewan, when comparing their numbers to the other provinces. Saskatchewan's provincial health system currently employs 146 FTE occupational therapists and 92 FTE SLP/audiologists, but our forecast predicts 40 per cent of that workforce will need to be replaced in the next 10 years. It should also be noted that the health system is not the only employer for these occupations. The Ministries of Health, Advanced Education Employment and Immigration, employers, and the University of Saskatchewan need to consider options and discuss the opportunities, risks and costs of implementing an OT or SLP program in the province.



Saskatchewan is highly reliant on foreign-trained physicians. A number of steps are being taken to address this situation. Education seats for medical students are being increased in Saskatchewan. The newly established Saskatchewan Physician Recruitment Agency is developing and implementing strategies to recruit physicians and retain Canadian medical graduates.

In developing *Saskatchewan's Health Human Resources Plan*, it became obvious how challenging it is to develop a plan for physicians based on hospital facilities. Saskatchewan has a number of hospitals providing service to small populations. These small populations make it challenging to support a group of physicians large enough to provide a reasonable work-life balance.

The Ministry of Health forecasted the number of family physician services required over the next 10 years. The forecasted need for family physician services is based upon the expectation that our projected population in 10 years will use general practitioner (GP) services at a similar rate as our current population. Further work needs to be done by physician leaders, the Ministry of Health, health regions, and the Saskatchewan Physician Recruitment Agency on a planning process for specialists.

All jurisdictions in Canada are facing challenges in recruiting and retaining health providers. Saskatchewan is competing in an international market for these highly sought-after professionals. Health professionals are mobile and have many options when deciding on the ideal location for their career and families. Health regions, communities and physician practices need to design their health care service arrangements to make the practice attractive. Issues such as work-life balance are playing an ever increasing role in determining where people will pursue their careers. An increasing proportion of health science students are being educated in environments in which they expect opportunities for inter-disciplinary collaboration. They want to practice in collaboration with physicians, nurses, social workers, pharmacists, and other health care professionals. They prefer to work in a setting that provides professional support and time for family and professional development.

It is our vision that by 2021, Saskatchewan's supply and mix of health professionals ensures ready access for all Saskatchewan residents to the health care services they need, no matter where they live. When accessing those services, patients and families encounter teams of professionals who understand each other's roles and responsibilities as well as their own and are adept at helping patients navigate the system and get the help they need, when they need it. Health care facilities and sites are welcoming and positive places where diverse groups of providers communicate effectively with each other and with patients and families, and are united by their commitment to patient- and family-centred care.

My team and I think you guys ROCKED this plan. We love it and our regional plan is completely in alignment.

Bonnie Blakley
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