



THE POWER OF COLLABORATION



Pan-Canadian Health Human Resource Strategy

2004-2005 ANNUAL REPORT



Health
Canada

Santé
Canada

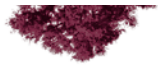
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Executive Summary

At the heart of any health care system are the people who deliver care - health human resources (HHR). The sustainability of Canada's HHR is an issue which has received significant attention in recent years. Canada's HHR are facing a constantly evolving health care landscape in which factors such as an aging population and workforce, new technologies, and health care reforms are all contributing to the need for change.

Through recent health care accords, First Ministers have repeatedly stressed the need for appropriate planning and management of HHR in order to ensure that Canadians have access to the health care providers they need. In response, the 2003 Budget provided \$85M to address pan-Canadian HHR needs. These funds have formed the basis for Health Canada's Pan-Canadian Health Human Resource Strategy (the Strategy), which was approved by the Treasury Board in 2004 with ongoing funding of \$20M annually.

The Strategy seeks to respond to Accord commitments by securing and maintaining a stable and optimal health workforce in Canada and supporting overall health care renewal. The Strategy is comprised of three initiatives:

- Pan-Canadian Health Human Resource Planning;
- Interprofessional Education for Collaborative Patient-Centred Practice; and
- Recruitment and Retention of Health Care Providers/Professionals

Fast Fact:

In 2004/05, a total of 33 projects received contribution funding under the Strategy

Over the past year, Health Canada has worked collaboratively with stakeholders such as provincial/territorial (P/T) governments, professional associations and other federal departments to advance the Strategy. In 2004/05 many collaborative activities occurred and numerous projects were approved for contribution funding under the Strategy. All activities undertaken in 2004/05 will contribute to the overall goal of improved HHR planning and management within Canada.

The exciting work undertaken during this year of the Strategy will form the foundation for continued success towards the realization of a more optimal health care workforce. This report describes the key initiatives of the Strategy and outlines progress to date.



Snapshot: the History of the Pan-Canadian Health Human Resource Strategy

September 2000

Accord 2000: First Ministers identify HHR as a P/T priority

February 2003

Accord 2003: First Ministers identify HHR as an F/P/T priority

Budget 2003: Federal Government allocates \$85M to HHR Renewal

August 2003

Treasury Board approves \$5M for developmental HHR work in 2003/04

August 2004

Treasury Board approves the Strategy for \$80M (2004/05 to 2007/08) and \$20M per year ongoing

September 2004

10-Year Plan: First Ministers commit \$5.5B over 10 years to wait time reduction including ongoing collaborative work on HHR and additional resources for work on Internationally Educated Health Care Providers

Contributions versus Complementary Activities

The Treasury Board of Canada Secretariat defines contribution agreements as “undertakings between a donor department and a prospective recipient of a contribution, which describe the obligations of each” (Policy on Transfer Payments).

Many projects described within this report are being implemented as contribution agreements between Health Canada and various recipients. This means that Health Canada is providing funding to recipients (i.e. external organizations) who have demonstrated that they intend to accomplish work which will further the objectives of the Strategy.

This report focuses primarily on projects funded through contribution agreements that were implemented in 2004/05. It should be noted, however, that, in addition to funding a wide variety of projects through contributions, Health Canada is also actively involved in managing and/or collaborating on numerous concurrent activities, which complement and further the Strategy. These activities are highlighted on pages 52 to 55.

Fast Fact:

In 2004/05, funding from the Pan-Canadian HHR Strategy was allocated to varying types of recipients including:

- Non-Governmental Organizations;
- Professional Organizations;
- Educational Institutions;
- Provincial/Territorial Governments; and
- Aboriginal Organizations

Health Human Resources in Canada

The term “HHR” encompasses all those involved in the delivery of health care such as physicians, nurses, technologists, therapists, and the wide spectrum of other health care providers.

These human resources are the health care system’s greatest asset. Canada’s ability to provide access to high quality, effective, patient-centred and safe health services depends on the right mix of health care providers with the right skills in the right place at the right time.

With respect to HHR, Canada faces a number of challenges in terms of supply, mix, distribution, retention, recruitment and training. In response to these issues, the Strategy seeks to secure and maintain a more optimal and stable health care workforce.

The Initiatives of the Pan-Canadian HHR Strategy

Health Canada and its stakeholders have begun work to address the many challenges our country faces with respect to HHR. Three key initiatives have been implemented under the Strategy: Pan-Canadian HHR Planning, Interprofessional Education for Collaborative Patient-Centred Practice, and Recruitment and Retention of Health Care Providers (work on these issues has also been initiated in the area of Aboriginal HHR).

Pan-Canadian HHR Planning

In 2003, the First Ministers requested that collaborative strategies be undertaken to strengthen the evidence base for pan-Canadian HHR planning. In recent years, it has become clear that there is a lack of appropriate data, forecasting models, and research on HHR.

In the case of existing data, there are gaps and a lack of consistency concerning how and what data is currently collected. In addition, the traditional method of HHR planning in Canada has limited collaboration between federal/provincial/territorial (F/P/T) governments with respect to addressing the supply and demand issues of Canada’s health care workforce. This has led to duplication of efforts, and overlapping objectives.

The Pan-Canadian HHR Planning Initiative seeks to address the above issues by achieving the following objectives:

- enhance and strengthen the evidence base and capacity for coordinated HHR planning to better support F/P/T, jurisdictional and nationwide activities; and
- create a culture in which key HHR issues of jurisdictional, inter-jurisdictional and pan-Canadian concern can be identified and addressed.



Projects funded under this arm of the Strategy are outlined on pages 11 to 13. These projects represent a critical step towards accomplishing the objectives of this initiative, such as collaborating with the Canadian Institute for Health Information on the development of a pan-Canadian supply-based minimum dataset and initiating the creation of five national HHR databases.

In addition to the contributions outlined within this report, Health Canada also initiated and/or collaborated on a number of complementary activities. For more information on this work, refer to pages 52 and 53.

Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP)

Recent trends towards interprofessional team-based care suggest that the roles and responsibilities of various health care providers are evolving. Changing the way we educate health care providers is key to achieving system change and to ensuring that health care providers have the necessary knowledge and skill to work effectively in interprofessional teams within

What's in a name?

The term *Interprofessional Education* has been described as learning together to promote collaborative care. It involves collaboration among several professions in the learning process, either in the education, or health care sectors.

The phrase *Patient-Centred Collaborative Practice* reflects the concept of promoting the active participation of patients and the various disciplines and professions that comprise a particular team. It enhances patient-, family-, and community-centred goals and values, provides mechanisms for continuous communications within and across disciplines and fosters respect for the contributions of all providers.

the evolving health care system. In the 2002 report, *Building on Values: The Future of Health Care in Canada*, Roy Romanow recommended a review of “current education and training programs for health care providers to focus more on integrated provider education approaches for preparing health care teams.” Furthermore, in the 2003 Accord, First Ministers agreed that among other HHR activities, collaborative strategies are to be undertaken to promote interprofessional provider education.

The IECPCP initiative seeks to enhance interprofessional patient-centred practice by accomplishing the following objectives:

- promote and demonstrate the benefits of interprofessional education for collaborative patient-centred practice;
- increase the number of educators prepared to teach from an interprofessional collaborative patient-centred perspective;
- increase the number of health professionals trained for patient-centred collaborative practice before, and after, entry-to-practice;
- stimulate networking and sharing of best educational approaches for collaborative patient-centred practice; and
- facilitate interprofessional collaborative care in both the education and practice settings.

Pages 15 to 19 outline a number of contribution agreements funded through the IECPCP initiative in 2004/05. Pages 53 and 54 highlight complementary IECPCP activities, which took place in 2004/05.

Recruitment and Retention (R&R)

There are current and impending imbalances in the supply of health care providers across a wide variety of disciplines. As the health workforce continues to age, demand for services increases, and the workplace becomes increasingly global, the need to appropriately recruit and retain HHR becomes progressively more essential. This need is often emphasized in more remote geographical areas of Canada where undersupply of providers is a significant challenge. This imbalance threatens the system's capacity to deliver health services to Canadians.

The R&R Initiative seeks to address these issues by accomplishing the following objectives:

- increase interest in health careers, both generally and in specific areas of shortage;
- increase diversity of health care providers to reflect the Canadian mosaic;
- increase the supply of health care providers to ensure availability, when and where needed;
- reduce barriers for internationally educated health care providers;
- improve utilization and distribution of existing health care providers; and
- make current workplace environments healthier for health care workers and in doing so, support the provision of high-quality care.

Pages 21 to 35 describe contributions continued or implemented in 2004/05 and include activities such as collaborating with the Canadian Medical Association on the development of career promotional materials, and working with P/T governments to enhance their capacity to assess international medical graduates.

For further information on additional R&R activities which Health Canada lead or collaborated on, please refer to page 54.

Provincial/Territorial/Regional (P/T/R) Projects

In order to work collaboratively with our jurisdictional partners, and to ensure that the Strategy objectives are accomplished on a pan-Canadian basis, Health Canada invited jurisdictions to submit P/T/R project proposals. From \$4M total, each P/T was allocated a base lump sum plus additional funds on a per-capita basis to be utilized between 2004/05 and 2005/06. In some cases, P/Ts chose to pool their allocated resources to collaborate regionally.

A number of these projects, which collectively address the priorities of all three Strategy initiatives, were implemented in 2004/05. Pages 37 to 42 outline these projects.

Aboriginal HHR Work

Health Canada has a unique relationship with First Nations and Inuit communities in working closely with them to enhance their health services and improve their health. This is an ongoing commitment of the federal government, resulting from a series of reports and commissions on Aboriginal health, including the 'Liberal Red Book'; 'Gathering Strength: Canada's Aboriginal Action' and the 'Royal Commission on Aboriginal Peoples; Romanow'. Health Canada's First Nations and Inuit Health Branch (FNIHB) works to ensure that First Nations and Inuit health care needs are addressed and, where possible, integrated into larger pan-Canadian strategies.

FNIHB is directly responsible for implementing the HHR Strategy from a First Nations and Inuit perspective and seeks to accomplish the following goals:

- ensure that the current and future supply, mix and distribution of First Nations and Inuit HHR are optimized and respond to the needs of First Nations and Inuit through a coordinated approach to HHR planning;



- achieve and maintain an adequate supply of qualified health care providers who are appropriately educated, distributed, deployed and supported, to ensure culturally appropriate and safe health care services are available to First Nations and Inuit;
- increase the number of First Nations and Inuit entering into health careers, and the number of health care providers working in First Nations and Inuit communities;
- ensure that First Nations and Inuit HHR data collection is ongoing, coordinated and systematic, and that the process involves First Nations and Inuit organizations; and
- promote interprofessional education for health care workers and collaborative patient-centred practice that addresses the holistic health care needs of First Nations and Inuit. This is intended to increase client satisfaction and ultimately, to improve patient outcomes.

Please refer to pages 43 to 51 for information on Aboriginal HHR projects, which were implemented in 2004/05. Page 55 describes complementary activities undertaken by FNIHB in 2004/05.

Delivering the Pan-Canadian HHR Strategy

The Strategy is a truly collaborative undertaking. In developing the Strategy, consultations took place with a wide variety of stakeholders including P/Ts, professional/regulatory/evidence based organizations, educational institutions, and other federal departments.

The delivery of the Strategy continues this spirit of collaboration. Although the Health Human Resource Strategies Division (HHRSD) of Health Canada leads the overall implementation of the Strategy, responsibility for many aspects of the Strategy lies with the department's Office of Nursing Policy (ONP) and the First Nations and Inuit Health Branch (FNIHB), in close collaboration with the

F/P/T Advisory Committee on Health Delivery and Human Resources. The F/P/T Conference of Deputy Ministers approved the three HHR initiatives/activities for the first five years of the Strategy in December 2003.

More specifically, ONP leads the development and implementation of the Healthy Workplace Initiative (HWI – a component of R&R) and, in partnership with HHRSD, leads the development and implementation of the IECPCP initiative. FNIHB leads the development and implementation of HHR activities targeted towards First Nations and Inuit populations.

This team approach to the development and implementation of Strategy activities has provided an opportunity to leverage on the wide variety of perspectives and expertise both internal and external to Health Canada. Collaboration and partnership are values, which have, and continue, to define the Strategy.

Need more information?

For up to date information on the status and activities of the Pan-Canadian HHR Strategy, please visit our Web site at:

www.health-human-resources.ca

Feel free to subscribe to our electronic notification system for automatic notice of the latest news and information on the Strategy.

Pan-Canadian Health
Human Resource
Planning Contributions
Initiated in 2004/2005



Health Human Resources Databases Development Project (HHR-DDP)

Amount/ Duration	\$7,940,000, 2004/05 to 2009/10
Recipient	The Canadian Institute for Health Information (CIHI)
Objectives	<p>Develop national, supply-based database and reporting systems for five regulated health professions: Pharmacists, Occupational Therapists, Physiotherapists, Medical Laboratory Technologists, and Medical Radiation Technologists.</p> <p>Enhance health information systems.</p>
Activities	<p>Assess information needs with stakeholders from each of the five groups to identify the level and type of information to be collected in the database.</p> <p>Develop necessary documentation to support this process, to be followed by the development of a system to capture the information (database development).</p> <p>Collect, process, analyze and publish data from professions during the production cycle.</p>
Anticipated Results	<p>The improvement of information (quantity, scope and quality) to support HHR management for the five professions at the F/P/T levels.</p> <p>The development of national, supply-based database and reporting systems for the five professions, which will enhance the capacity for evidence based HHR research and planning activities.</p> <p>The production and dissemination of five new annual reports, summarizing the data collected (in line with CIHI communications policies).</p>

Contact Information

Canadian Institute for Health Information | 495 Richmond Road, Suite 600 | Ottawa, ON | K2A 4H6



Health Cross-Jurisdictional Labour Relations Database (HCJDB)

Amount/ Duration	\$150,000, 2004/05 to 2005/06
Recipient	The Government of British Columbia, Ministry of Finance
Background	On January 25, 2002, P/T premiers agreed to support the development of a health cross-jurisdictional database. The HCJDB is a collaborative project between P/T governments and led by the British Columbia Public Sector Employer's Council Secretariat.
Objective	Permit partnering jurisdictions access to nationwide information regarding health sector labour agreements, including compensation.
Activities	Develop a reporting on-line tutorial. Create a CASE automated agreement update module. Convert PDF documents into Microsoft Word format. Add "Copy All" and "Copy Custom" functions. Add Web interface and automation function for adding/changing information to the administration module. Update the existing administrative interface to speed up administration. Select reporting groups for reports generated by the reporting module. Define parameters for data to be included in the database.
Anticipated Results	Will enable enhancements to the functionality and accuracy of the database as described above.

Contact Information

PO Box 9400 Stn Prov Govt, | Victoria, BC | V8W 9V1

Interprofessional Education
for Collaborative Patient-
Centred Practice (IECPCP)
Projects Initiated/Continued
in 2004/2005




Educating Future Physicians in Palliative and End-of-Life Care (EFPPEC)

Amount/ Duration	\$1,238,302, 2003/04 to 2007/08
Recipient	The Association of Faculties of Medicine of Canada (AFMC)
Objective	Ensure that all undergraduate medical students and clinical postgraduate trainees at Canada's medical schools receive education in palliative and end-of-life (EOL) care and graduate with competencies in these areas.
Activities	<p>Establish a national project team.</p> <p>Develop consensus-based palliative and EOL care core competencies for undergraduate trainees in medicine and for postgraduate trainees in each of the key clinical specialty areas.</p> <p>Develop an interdisciplinary team at each university to identify gaps/opportunities related to palliative and EOL care and strategies to address these gaps.</p> <p>Establish mentors and support local interdisciplinary curriculum change teams.</p> <p>Develop and implement faculty development programs for palliative and EOL care faculty and educators.</p> <p>Develop and conduct annual palliative and EOL care education symposia.</p> <p>Encourage the integration of palliative and EOL questions in licensing and certification examinations.</p> <p>Establish communication mechanisms to provide ongoing support to local teams, mentors and champions.</p>
Anticipated Results	<p>By 2008, all undergraduate medical students and clinical postgraduate trainees at Canada's medical schools will receive education in palliative and EOL care and graduate with competencies in these areas.</p> <p>A model will exist for incorporating palliative and EOL competencies in the training of other disciplines.</p> <p>Effective programs already in existence will be identified and promoted as models for adoption.</p>

Contact Information

Association of Faculties of Medicine of Canada | 774 Echo Drive | Ottawa, ON | K1S 5P2 | Telephone: (613) 730-0687



Action in Diversity: National Nursing Associations Meeting the Health Human Resource Challenges of the Global AIDS Pandemic

Amount/ Duration	\$200,000, 2004/05 to 2005/06
Recipient	The Canadian Nurses Association (CNA)
Objectives	Strengthen strategic collaborative practice interventions towards the mitigation of HIV and AIDS and address health human resource planning, retention and recruitment issues by identifying contextually specific and general realities impacting on nursing, health care and health outcomes.
Activities	<p>Identify key issues and interventions within the country-specific context with the aid of focus groups composed of nurses and other providers from Latin America, Asia, the Caribbean, Africa and Europe. This information will form an overview paper.</p> <p>Hold a forum at the International Council of Nurses Scientific Congress to identify lessons learned, innovative strategies and gaps for further research, strategic planning and policy development.</p> <p>Share and exchange results via a networking session following the forum.</p> <p>Form a global technical advisory committee to monitor dissemination of findings, report on progress and participate in planning for the conference.</p> <p>Gather and analyze information on nursing, health care and client health outcomes from various countries.</p> <p>Determine themes regarding intersections of HIV/AIDS and the HHR shortage.</p> <p>Identify opportunities for international collaboration from an interprofessional perspective.</p> <p>Position issues for the 2006 International AIDS Forum in Toronto.</p>
Anticipated Results	<p>Knowledge dissemination on the status of the workforce for HIV/AIDS care within different settings, and on best practices for managed migration and mitigation of HIV/AIDS.</p> <p>Development of a full report with recommendations and evaluation.</p> <p>A strategic vision for nursing leadership.</p>

Contact Information

Canadian Nurses Association | 50 Driveway | Ottawa, ON | K2P 1E2 | Telephone: 1(800)361-8404

Interprofessional Education and Collaborative Practice International Conference

Amount/ Duration	\$16,000, 2004/05 to 2005/06
Recipient	University of British Columbia, College of Health Disciplines
Objective	Disseminate current knowledge of interprofessional education and practice.
Activities	Publish a supplementary issue of the Journal of Interprofessional Care (JIC) based on a series of papers produced for the May 2004 event entitled All Together Better Health: Progress in Interprofessional Education and Collaborative Practice International Conference.
Anticipated Results	The publication and distribution of the supplementary issue of the JIC by November 1, 2005, in order to reach a wide Canadian and international audience with a primary focus on academics, practitioners in institutional and educational settings, and policy makers.

Contact Information

University of British Columbia | 400-2194 Health Sciences Mall, Instructional Resource Centre |
Vancouver, BC | V6T 1Z3 | Telephone: (604) 822-3804



Interprofessional Education (IPE) - Conference and Database Enhancements

Amount/ Duration	\$85,000, 2004/05 to 2005/06
Recipient	University of Toronto, Department of Family and Community Medicine
Objectives	<p>Update and maintain the IPE Literature Database, which houses literature on interprofessional education for collaborative patient-centred practice.</p> <p>Update and maintain the IPE Initiative Database, which houses information on health professional educational programs across Canada.</p> <p>Hold an Interprofessional Education Conference to further promote the development and knowledge of interprofessional education.</p>
Activities	<p>Implement proactive and automatic searches to scan key literature databases such as Medline and Educational Resources Information Center (ERIC).</p> <p>Populate the IPE Literature Database with all appropriate materials from the proactive searching.</p> <p>Review the database to ensure information is up to date and accurate.</p> <p>Continually scan to capture new information on initiatives and individuals involved in IPE to be added to the central database.</p> <p>Oversee all logistical arrangements and coordination of the conference.</p> <p>Distribute and coordinate a call for abstracts.</p> <p>Organize, plan, and distribute the final program.</p>
Anticipated Results	<p>An updated database and distribution of a literature alert to interested members.</p> <p>An updated database of ongoing IPE initiatives, key players involved in IPE and related tools across Canada.</p> <p>An IPE conference hosted May 26 and 27, 2005, in Toronto, Ontario.</p>

Contact Information

University of Toronto | Department of Family and Community Medicine |
399 Bathurst Street, 2nd Floor West Wing | Toronto, ON | M5T 3S1 | Telephone: (416) 603-5888 ext. 2

Recruitment and Retention:
Projects Initiated/Continued
in 2004/2005



Faculty Development Program for Teachers of Internationally Educated Health Care Professionals

Amount/ Duration \$324,460, 2003/04 to 2005/06

Recipient Association of Faculties of Medicine of Canada (AFMC)

Objective Design, in collaboration with faculty developers and educational administrators, a national Faculty Development Program for individuals involved in the education of International Health Care Professionals (IHCP) (e.g. teachers, clinical supervisors, program directors and educational administrators) in an attempt to enhance their teaching and learning experiences and facilitate their integration into the Canadian workforce.

Activities Implement an environmental scan and needs assessment regarding education and supervision of International Nursing Graduates.

Develop an orientation program for teachers of International Medical Graduates (IMGs).

Develop specific faculty development modules.

Develop a cultural diversity-training program for teachers of IHCPs.

Develop guidelines for site-specific programs.

Develop a dissemination plan.

Anticipated Results The creation of a full suite of tools to assist faculty development for IHCPs, which will facilitate their integration into the Canadian health workforce.

Contact Information

Association of Faculties of Medicine of Canada | 774 Echo Drive | Ottawa, ON | K1S 5P2 |
Telephone: (613) 730-0687



Enhancement of Physician Health Human Resources in Rural Canada

Amount/ Duration	\$153,895, 2004/05 to 2006/07
Recipient	Society of Rural Physicians of Canada (SRPC)
Objectives	Enhance strategies to recruit and retain rural physicians. Develop appropriate educational programs. Develop new models of access to rural surgical care.
Activities	Hold meetings of all provincial rural recruitment personnel and agencies. Hold a meeting of SRPC's education committee to discuss education program structure, levels of funding for programs, staffing and administration, and how to best work with medical schools. Update instructional material, and translate material to expand programs to include French-speaking physicians. Hold a meeting for the SRPC's endoscopy committee. Hold a pre-publication meeting for researchers and policy analysts involved in the "Access to Surgical Care for Rural Canadians" project.
Anticipated Results	The release of a report on ideas and strategies to enhance recruitment and retention of rural physicians. The enhancement of existing rural medical education programs and development of a flexible national approach to rural medical training. The national dissemination of a pilot bilingual "Rural Critical Care Manual" featuring updated workshops. The creation of a position paper on rural endoscopy. The development of a national curriculum and maintenance of competence programs for rural endoscopy. An evaluation of the success of the "Access to Surgical Care for Rural Canadians" project and determination of the best way to present conclusions to academics and public policy forums.

Contact Information

Society of Rural Physicians of Canada, | Box 893 | Shawville, QC | J0X 2Y0

Establish an Interactive Web-Based Learning Program on Cultural, Legal, Ethical, and Organizational (CLEO) Aspects of Medical Practice in Canada

Amount/ Duration	\$169,620, 2004/05 to 2005/06
Recipient	Medical Council of Canada (MCC)
Background	The MCC will partner with the Federation of Medical Regulatory Authorities of Canada in association with the College of Physicians and Surgeons of Ontario (CPSO) and several other key stakeholder partners.
Objectives	Establish learning and assessment tools that are portable across jurisdictions. Address communication skills and CLEO aspects of the practice of medicine in Canada.
Activities	The MCC and its partners will accomplish these objectives by activities occurring in two phases: Phase 1: create a board, review existing objectives for CLEO aspects of practice, survey and tally materials and sources/models addressing CLEO aspects of practice from the medical licensure and educational communities, develop a CLEO information source list, develop collaboration around a single Web-based information site, and develop an e-learning interactive Web-based system with CPSO. Phase 2: identify regional/provincial exceptions and special CLEO needs, develop an information base for special/regional CLEO "learning needs," and adapt information for the existing Web site format by use of hot buttons or other e-linkages.
Anticipated Results	The development of learning targets for cultural transition to Canada, legal aspects of medical practice in Canada, ethical principles as applied to medical practice in Canada, organizational aspects of medical practice in Canada and regional variations in the above.
Contact Information	Medical Council of Canada PO Box 8234 Station T Ottawa, ON K1G 3H7 Telephone: (613) 521-8787



Establishing a National Assessment Collaboration for International Medical Graduates (IMGs)

Amount/ Duration \$196,066, 2004/05 to 2005/06

Recipient Medical Council of Canada (MCC)

Objectives

Establish an acting steering group to fund the staffing (including clerical/coordinating staff and evaluation consultant) to work with the Collaboration.

Conduct literature reviews and data re-analysis or other feasibility studies on areas of methodological "gaps."

Report findings and recommendations.

Activities

Identify and recruit a staff coordinator and a chairperson.

Identify key supporting documents to establish key assumptions.

Review all available relevant documentation.

Review and grade evidence.

Conduct a "gaps" analysis.

Search for advice and information from outside Canada.

Review the language/communication assessment.

Prepare a summary document and recommendations.

Prepare a plan and recommendations to be submitted to the Advisory Committee on Health Delivery and Human Resources (ACHDHR).

Anticipated Results

The establishment of a functional working group to perform review, analysis, re-analysis and identification of external sources for data, expertise and evidence.

The creation of an evidence-based set of criteria for screening IMGs.

The identification and creation of an integrated approach to the assessment of IMGs that observes principles of fairness and transparency.

The recommendation of standards to be followed for the implementation of all assessment processes.

Contact Information


Medical Council of Canada | PO Box 8234 Station T | Ottawa, ON | K1G 3H7 | Telephone: (613) 521-8787

Increasing Support for Family Physicians in Primary Care and Promotional Strategies to Enhance the Image of Family Medicine to all Canadians

Amount/ Duration	\$1,031,575, 2004/05 to 2006/07
Recipient	College of Family Physicians of Canada (CFPC)
Objectives	<p>Increase support for family physicians in primary care.</p> <p>Develop and implement promotional strategies to enhance the image of family medicine to all Canadians in order to:</p> <ul style="list-style-type: none">● Increase the professional pride of family physicians (current and future); and● Enhance the value of the role of family physicians in the eyes of the public.
Activities	<p>Establish a Primary Care Advisory Committee to oversee the project, develop a Primary Health Care Renewal Change Management Tool Kit, develop a network of primary care leaders, and evaluate the initiative.</p> <p>Convene a forum for family physician primary health care experts to develop skills and recruit leaders to share the Tool Kit with family physicians in their region.</p> <p>Create and support Family Medicine interest groups at each medical school across Canada to stimulate and support interest in family practice careers.</p> <p>Develop bilingual promotional posters, and a declaration of commitment to emphasize the dedication of Canada’s family doctors to their patients.</p> <p>Launch Family Doctor Week in Canada, celebrate CFPC’s 50th Anniversary, and celebrate the history of family medicine in Canada.</p>
Anticipated Results	An enhanced image of family medicine to all Canadians and increased support for family physicians in Primary Care.

Contact Information

College of Family Physicians of Canada | 2630 Skymark Avenue | Mississauga, ON | L4W 5A4 |
Telephone: (800) 387-6197 ext. 302



Enhancing the Role of Family Medicine in the Undergraduate Medical School Curriculum and Strengthening Links between Primary and Specialty Care

Amount/ Duration	\$354,300, 2004/05 to 2005/06
Recipient	College of Family Physicians of Canada (CFPC)
Objectives	Enhance the role of family medicine in undergraduate medical school curriculum. Strengthen links between primary and specialty care.
Activities	Review and discuss the role and responsibilities of family medicine in the undergraduate curriculum of each medical school in Canada. Develop strategic recommendations and guidelines for medical schools to ensure optimal roles and responsibilities for the discipline of family medicine. Create action plans to disseminate recommendations. Develop evaluation tools to monitor the effectiveness of strategies at each school throughout the undergraduate curriculum. Carry out a review of literature and an environmental scan to help define the changing practice patterns of family physicians and other specialists. Plan and host an invitational colloquium on “The Changing Roles and Relationships of Family Physicians and Other Specialists in Canada.” Examine the referral/consultation process between family physicians and specialists, and produce guidelines for enhanced communication, and shared care models. Consider the changing roles and relationships of family physicians and specialists and their impact on the roles of other health care professionals. Explore strategies to present the Four Principles of Family Medicine and the CanMeds Roles for Specialists as cohesive and linked guides to the education and practices of both family physicians and other specialists.
Anticipated Results	An increase in the visibility, credibility, and importance of the discipline of family medicine, and increased enrolment into the family medicine program. An improved understanding and respect of family physicians and specialists for one another's roles and responsibilities.

Contact Information

College of Family Physicians of Canada | 2630 Skymark Avenue | Mississauga, ON | L4W 5A4 |
Telephone: (800) 387-6197 ext. 302

Mainstreaming Health Human Resources Innovations Conference, Proceedings, Fact Sheet and Video

Amount/ Duration	\$228,952, 2004/05 to 2005/06
Recipient	School of Public Administration, Dalhousie University
Objectives	<p>Allow for the sharing of information, discussion and analysis of strategies relating to innovative HHR deployment practices in Canada including examination of criteria for success and development of best practices as possible models for application.</p> <p>Promote the dynamic exchange of information and strategies on innovative HHR deployment across the country and stimulate interest and experimentation in non-traditional approaches.</p>
Activities	<p>Organize and coordinate a conference.</p> <p>Prepare proceedings and synopsis documents.</p> <p>Moderate proceedings.</p> <p>Design and implement dissemination/communication strategies.</p> <p>Develop a CD-Rom, a guide/fact sheets, a video, and a Web site on innovative HHR deployment strategies.</p> <p>Prepare a final report.</p>
Anticipated Results	<p>The dissemination of knowledge on innovative models.</p> <p>The uptake of new approaches, leading to new HHR deployment practices.</p>

Contact Information

Dalhousie University School of Public Administration | 6152 Coburg Road | Halifax, NS | B3H 3J5 |
Telephone: (902) 494-3742



Healthy Health Care Provider Advocacy Campaign

Amount/ Duration	\$2,000,000, 2004/05
Recipient	The Canadian Medical Association (CMA)
Background	The CMA is facilitating project activities in partnership with the Canadian Nurses Association (CNA) and the Canadian Medical Foundation (CMF). The CMA has made a financial commitment of \$470,000 and the CNA \$20,000 to this initiative.
Objectives	Develop a national multimedia advocacy campaign to heighten public awareness of the significant contribution of health care providers in improving the lives of Canadians. Highlighting these important contributions sets the stage to generate interest in health care careers, thus addressing two key issues that are critical to improving the system's overall sustainability and the health and well-being of health care providers: recruitment and retention.
Activities	Develop a national eight-week multimedia campaign in both English and French. Develop a campaign launch. Perform an evaluation of the campaign. Develop a final report.
Anticipated Results	A national multimedia campaign, aimed at Canada's 3 to 4 million key influencers with message spill-over to the general population and to health providers themselves who number 500,000, used to achieve the following: <ul style="list-style-type: none">● awareness of the significant contributions health care providers make to improve the lives of Canadians;● achieved positive impacts on the recruitment and retention of health care providers in Canada;● increased interest in health careers both generally and in specific areas of shortage by raising awareness of the contributions health care providers make in the daily lives of Canadians; and● improved working environments for health care providers as a result of improved morale that will contribute to general public support of our health care system.

Contact Information

Canadian Medical Association | 1867 Alta Vista Drive | Ottawa, ON | K1G 3Y6 |
Telephone: (613) 731-8610 ext. 2236

Toward 2020: A Proposal to Strengthen Canada's Health Human Resources

Amount/ Duration	\$750,000, 2004/05 to 2005/06
Recipient	The Canadian Nurses Association (CNA)
Objectives	<p>Improve participation rates, productivity and retention within the nursing workforce and broader health care workforce.</p> <p>Improve understanding of the dynamics of the nursing workforce and broader health workforce by expanding and disseminating knowledge in such areas as the economic impacts of nurses and nursing care.</p>
Activities	<p>Engage in face-to-face meetings and implement strategy sessions that will include representatives of all three regulated nursing groups, nursing specialty groups, nurse practitioners, the national testing/examination service, health service organizations (e.g. Canadian Council on Health Services Accreditation, Canadian College of Health Service Executives) and other health care providers (e.g. CMA, Canadian Pharmacists Association).</p> <p>Generate an economic framework, conduct analysis and describe impacts.</p> <p>Enhance national HHR reporting and planning through improved data collection and analysis.</p> <p>Explore national licensing and track mobility of health professionals.</p> <p>Implement technological advancements to streamline national testing for Canadian and international nursing graduates.</p> <p>Increase awareness of, and recruitment into, the health professions.</p> <p>Measure and improve access to health professionals.</p>
Anticipated Results	The completed projects will generate and disseminate significant knowledge to assist Health Canada, its P/T counterparts, employers, and health service organizations to plan HHR in a more informed way.

Contact Information

Canadian Nurses Association | 50 Driveway | Ottawa, ON | K2P 1E2 | Telephone: (613) 237-2133 ext. 357



Understanding the Costs and Outcomes of Nurses' Turnover in Canadian Hospitals

Amount/ Duration	\$200,000, 2004/05 to 2005/06
Recipient	Nursing Health Services Research Unit, Faculty of Nursing, University of Toronto
Background	Health Canada is a co-sponsor of this project, which forms the Canadian arm of an international study with Australia, New Zealand, the United Kingdom, and the United States. The Toronto site of the Nursing Health Services Research Unit has primary funding from the Canadian Health Services Research Foundation (CHSRF) and the Canadian Institutes of Health Research (CIHR) for a three-year study entitled <i>Understanding the Costs and Outcomes of Nurses' Turnover in Canadian Hospitals</i> . Health Canada is also contributing funding in the amount noted above.
Objective	Determine how the rate and intensity of nursing turnover (lost human capital as experienced nurses leave and lost productivity as new hires are trained) affect patient satisfaction and safety, nurse satisfaction, health and safety, and system outcomes.
Activities	Collect data in two waves (a year apart) on patients, nurses, units, and hospitals. Incorporate a multi-level longitudinal design to study the effects of turnover on nurse and patient outcomes, and simulations to estimate the effect of management interventions on system outcomes.
Anticipated Results	A tool to describe the costs of turnover. Enhanced understanding by decision makers regarding: turnover costs; how staffing decisions influence turnover; workplace changes which reduce turnover and improve nurses' health and satisfaction; and how these factors influence the quality of nursing care. Enhanced understanding of the costs of recruitment and retention and the need to develop and maintain databases.
Contact Information	Nursing Health Services Research Unit Faculty of Nursing University of Toronto 50 St. George Street Toronto, ON M5S 3H4 Telephone: (416) 978-1967

Quality Worklife – Quality Healthcare Collaborative: Linking Quality of Work Life, Human Resource Practices, and Health System Results

Amount/ Duration	\$349,000, 2004/05 to 2006/07
Recipient	The Canadian Council on Health Services Accreditation (CCHSA)
Background	<p>Quality Worklife – Quality Healthcare Collaborative will meet a significant need for an integrated approach that links quality of work life, human resource practices, and health system results including the quality of patient care and client services. It will comprise national health system organizations representing diverse stakeholders, from governance levels to patient care and client service providers.</p> <p>This project supports the objectives of the Healthy Workplace Initiative, a component of the Recruitment and Retention Initiative.</p>
Objectives	<p>Create and maintain healthy, safe, supportive, and positive work environments within Canada’s health care organizations.</p> <p>Build leadership commitment for action on excellence in people practices within Canada’s health care organizations.</p> <p>Develop employees and professional staff who are highly skilled, engaged, and satisfied within Canada’s health care organizations.</p> <p>Make a strategic link between work environments and organizational effectiveness including high-quality patient care and client services within Canada’s health care organizations.</p>
Activities	<p>Will include work of the Coordinating Secretariat (through CCHSA), Steering Committee and Working Groups as follows:</p> <ul style="list-style-type: none"> ● Hire a full-time coordinator. ● Develop Web site and provide ongoing communication. ● Create a virtual clearinghouse for innovative human resource practices. ● Organize and coordinate Steering Committee and Working Group meetings. ● Provide overall administration responsibilities.
Anticipated Results	<p>A link between high quality, healthy work environments and the people practices that support these environments.</p> <p>System outcomes, such as patient care, client service quality, and operational efficiency and effectiveness.</p>

Contact Information

Canadian Council on Health Services Accreditation | 1730 St. Laurent Boulevard, Suite 100 | Ottawa, ON | K1G 5L1 | Telephone: (613) 738-3800 ext. 236



Retaining and Valuing Experienced Nurses

Amount/ Duration	\$107,634, 2004/05 to 2005/06
Recipient	The Canadian Federation of Nurses Unions (CFNU)
Background	This project supports the objectives of the Healthy Workplace Initiative, a component of the Recruitment and Retention Initiative.
Objective	<p>Identify innovative and successful approaches in both current workplace practices and collective agreements that have resulted in healthier work environments and increased retention of experienced nurses (45+) in the workforce. Specifically identify:</p> <ul style="list-style-type: none">● source(s) of discontent and potential solutions;● views of employers;● organizations that have reduced or eliminated the loss of experienced nurses from the workplace;● examples of best practices reflected in collective agreements; and● measures for unions and employers to promote the retention of experienced nurses, mentoring knowledge transfer strategies from experienced senior nurses to recently graduated nurses, and barriers and opportunities for full-time employment for new nursing graduates.
Activities	<p>Undertake a literature review of recent research with emphasis on retention of experienced nurses, and the relationship to a healthy work environment.</p> <p>Interview individuals from P/T stakeholder organizations representing nurses, employer groups and government nursing offices from across Canada.</p> <p>Conduct a case study profile on four organizations or settings that have been successful in retaining their nursing workforces.</p> <p>Incorporate findings from these activities into a draft final report, which will be validated by two questionnaires and two focus groups.</p> <p>Develop a final report.</p>
Anticipated Results	<p>Development of solutions to retain experienced nurses, help frame future discussion with employers and support healthy work environment development.</p> <p>Dissemination of the report, directed to both unions and employers with the hope they would be incorporated into future collective agreements.</p> <p>Validation of results through the use of a questionnaire and focus groups.</p>

Contact Information

Canadian Federation of Nurses Unions | 2841 Riverside Drive | Ottawa, ON | K1V 8X7 | Telephone: (613) 526-4661

Provincial International Medical Graduates (IMGs) Clinical Assessment

Amount/ Duration	\$1,176,063, 2004/05
Recipient	The Ontario Ministry of Health and Long-Term Care (MOHLTC)
Background	This project supports the objectives of the Healthy Workplace Initiative, a component of the Recruitment and Retention Initiative.
Objectives	Provide a clinical assessment to eligible IMGs who wish to practise in Ontario. Conduct an analysis of the development, implementation and outcomes of this system.
Activities	For this project, MOHLTC relied on IMG-Ontario to conduct the provincial IMG Clinical Assessment. Funding from the Pan-Canadian HHR Strategy allowed IMG Ontario to expand its capacity to conduct a clinical assessment for the identified eligible group.
Anticipated Results	The determination of how many eligible IMGs who wish to practise in Ontario, are qualified for assessment and training positions. The identification of supports that IMGs need to be successful.

Contact Information

Diane McArthur | Director, Health Human Resources Policy Branch | Ontario Ministry of Health and Long-Term Care | 101 Bloor Street West, 9th Floor | Toronto, ON | M5S 2Z7 | Telephone: (416) 327-7483



Western Alliance for Assessment of International Medical Graduates (IMGs)

Amount/ Duration	\$1,100,000, 2004/05 to 2005/06
Recipient	British Columbia Ministry of Health
Background	<p>This project is facilitated under the umbrella of the Western and Northern Health Human Resources Planning Forum and includes an alliance of the health ministries, physician regulatory bodies and faculties of medicine of Alberta, British Columbia, Saskatchewan, Manitoba, Yukon, Northwest Territories and Nunavut.</p> <p>This project supports the objectives of the Healthy Workplace Initiative, a component of the Recruitment and Retention Initiative.</p>
Objective	Develop an assessment process that will increase the capacity of all jurisdictions in the western provinces and northern territories to evaluate "practice ready" IMGs for the western/northern physician workforce in platform specialties where there is an identified need.
Activities	<p>Develop an assessment template (led by a team of 5-8 experts from the University of Calgary) including tools and educational prescriptives that are robust and sufficiently flexible to meet the needs of diverse clients.</p> <p>Pilot and review the tools with results reported back to all participating partners.</p> <p>Build on the assessment work done by the Ontario IMG Program, the collaborative assessment process developed by the Royal College of Physicians and Surgeons of Canada and the Federal Medical Regulatory Authorities of Canada as well as the work under way by the National Assessment Consortium.</p>
Anticipated Results	Improved access for IMGs to assessments that will facilitate the potential for their integration into the western/northern physician workforce in areas where there is an identified need.

Contact Information

British Columbia Ministry of Health | 2-2, 1515 Blanshard Street | Victoria, BC | V8W 3C8 |
Telephone: (250) 952-3465

Provincial/Territorial/Regional
Projects Initiated in 2004/2005



Health Human Resource (HHR) Strategy - Western and Northern Canada

Amount/ Duration	\$1,038,858, 2004/05 to 2005/06
Recipient	British Columbia Ministry of Health
Background	The British Columbia Ministry of Health, on behalf of the Western and Northern Health Human Resources Planning Forum, is receiving the above amount of funding to undertake selected project activities related to priority HHR issues identified for Western and Northern Canada.
Objective	Respond to the broad objectives of the Pan-Canadian HHR Strategy under the Pan-Canadian HHR Planning Initiative, the Recruitment and Retention Initiative, and the Interprofessional Education for Collaborative Patient-Centred Practice Initiative.
Activities	<p>Undertake an environmental scan to identify best practices for clinical education in Canada.</p> <p>Establish a process for evaluating the impact of distributed medical education on the retention of physicians in rural and remote areas.</p> <p>Undertake a feasibility study for expanding Health Science Placement Network (HSPnet), a coordinated clinical placement system, across the Western provinces and Northern territories.</p> <p>Hold a workshop to engage stakeholders on the topic of vacancy survey opportunities.</p> <p>Complete a literature review and feasibility review for establishing a patient-centred demand model for health care.</p> <p>Hold a pan-Canadian meeting on physician compensation.</p> <p>Establish a Secretariat and improved capacity for the Western and Northern HHR Planning Forum.</p>

Contact Information

British Columbia Ministry of Health | 2-2, 1515 Blanshard Street | Victoria, BC | V8W 3C8 |
Telephone: (250) 952-3465



Standardization of the Description of Competencies of Western Canadian Licensed Practical Nurse (LPN) Practitioners

Amount/ Duration	\$203,580, 2004/05
Recipient	Alberta Health and Wellness
Background	Alberta Health and Wellness, in partnership with the College of Licensed Practical Nurses of Alberta, the College of Licensed Practical Nurses of Manitoba, the College of Licensed Practical Nurses of British Columbia, the Saskatchewan Association of Licensed Practical Nurses, and the Western and Northern Health Human Resources Planning Forum, is receiving the above amount of funding to undertake selected project activities related to priority HHR issues identified for Western Canada.
Objective	Support the Recruitment and Retention Initiative and its objective to improve the utilization and distribution of existing health care providers.
Activities	Standardize the description of competencies of Western Canadian Licensed Practical Nurse (LPN) Practitioners, leading to a common process for describing Competency Profiles for LPNs in the four Western provinces.
Anticipated Results	Enhanced planning and management of HHR in the Western and Northern Provinces and Territories. Establishment of validated competency documents for each of the partnering provinces based on the detailed Alberta platform, as well as a common core LPN competency document for all four WesternCanadian provinces. Facilitation of LPN labour force mobility.

Contact Information

Dr. Bill Du Perron | Director, Health Workforce Education and Immigration | Alberta Health and Wellness |
17th Floor, 10025 Jasper Avenue | Edmonton, AB | T5J 2N3 | Telephone: (780) 422-2528

Human Resource Strategy for Nova Scotia Department of Health

Amount/ Duration	\$342,030, 2004/05 to 2005/06
Recipient	Nova Scotia Department of Health
Background	The Nova Scotia Department of Health is receiving the above amount of funding to undertake selected project activities related to priority HHR issues identified for Nova Scotia.
Objectives	<p>Support the Pan-Canadian HHR Planning Initiative and its objectives to:</p> <ul style="list-style-type: none"> ● Continually enhance and strengthen the evidence base and capacity for coordinated HHR planning through enhanced data and forecasting models to better support jurisdictional, regional and nationwide activities. ● Create opportunities through which key HHR issues of jurisdictional, interjurisdictional, regional and pan-Canadian concern can be identified and addressed. <p>Support the Recruitment and Retention Initiative and its objectives to:</p> <ul style="list-style-type: none"> ● Increase the supply of health care providers to ensure availability when, and, where needed. ● Improve utilization and distribution of existing health care providers.
Activities	<p>Create a Dalhousie University and Faculty of Medicine funding review in the context of social accountability.</p> <p>Develop a health care provider registry.</p> <p>Develop a provincial clinical placement Web site to help coordinate and improve clinical placements of health sciences students.</p> <p>Create an Allied Health Care Career Counselling program for middle schools including aboriginal and francophone.</p>
Anticipated Results	<p>Increased social accountability.</p> <p>Program curricula aligned with health system needs.</p> <p>Improved planning and deployment of HHR.</p> <p>Improved coordination of clinical placements.</p> <p>Increase interest in allied health care fields from Nova Scotia youth.</p>

Contact Information

Nova Scotia Department of Health | 1690 Hollis Street, P.O. Box 488 | Halifax, NS | B3J 2R8 | Telephone:(902) 424-2900



Health Human Resource Strategy - Yukon Projects

Amount/ Duration	\$74,000, 2004/05 to 2005/06
Recipient	Department of Health and Social Services, Government of Yukon
Background	The Yukon Department of Health and Social Services is receiving the above amount of funding to undertake selected project activities related to priority HHR issues identified for the Yukon.
Objective	Support the Recruitment and Retention initiative and its objectives to increase the supply of health care providers to ensure the availability when, and, where needed.
Activities	<p>Nursing Mentorship Feasibility Study</p> <p>Perform an environmental scan, an interest/capacity assessment, and an analysis of costs, benefits, barriers and facilitators.</p> <p>Prepare recommendations.</p> <p>Healthy Workplace Indicators Study</p> <p>Identify indicators of healthy workplaces, assess existing capacity to measure indicators, identify tools to enable measurement and factors to be addressed to put tools in place.</p> <p>Prepare recommendations.</p>
Anticipated Results	<p>Informed decision-making about whether an entry-level program for nurses would be practical and useful in the Yukon.</p> <p>Provision of information to Yukon health care system employers to inform decisions about fostering healthy workplaces.</p>

Contact Information

Department of Health and Social Services | Government of Yukon | P.O. Box 2703, #2 Hospital Road | Whitehorse, YT | Y1A 2C6 | Telephone: (867) 667-5689

Service Provider System Replacement – New Brunswick Department of Health and Wellness

Amount/ Duration	\$233,643, 2004/05 to 2005/06
Recipient	New Brunswick Department of Health and Wellness
Background	The New Brunswick Department of Health and Wellness is receiving the above amount of funding to undertake selected project activities related to priority HHR issues identified for New Brunswick.
Objective	Supports the objectives of the Pan-Canadian Health Human Resource Planning Initiative to continually enhance and strengthen the evidence base and capacity for coordinated HHR planning through enhanced data and forecasting models to better support jurisdictional, regional and nationwide activities.
Activities	Develop a database application to collect data directly from the professional associations utilizing a Web-based interface.
Anticipated Results	Expanded data collection on health professions.

Contact Information

New Brunswick Health and Wellness | Carleton Place | 2nd floor | P.O. Box 5100 |
Fredericton, NB | E3B 5G8 | Telephone: (506) 453-2582

Aboriginal HHR Projects
Initiated in 2004/2005



Health Human Resources

Amount/ Duration	\$70,000, 2004/05
Recipient	National Indian and Inuit Community Health Representatives Organization (NIICHRO)
Objectives	<p>Consult with stakeholders to identify and assess the best means to develop competency-based occupational standards for Community Health Representatives (CHR's).</p> <p>Develop a five-year action plan under the Health Human Resource Strategy.</p> <p>Develop and initiate a communications strategy for a broad base of support with the CHRs and Aboriginal community for occupation standards and accreditation.</p> <p>Formulate and implement a data collection strategy to gather, organize and analyze the elements necessary for the development of occupation standards.</p> <p>Assess impact and use by CHRs of new technologies within the health field.</p> <p>Identify means to formalize the CHR job title and develop a National Occupation Code.</p>
Activities	<p>Compile and assess the various recommendations put forth from historical documents for presentation and guidance from stakeholders.</p> <p>Develop an organizational development plan covering 2005 to 2010.</p> <p>Facilitate a meeting and teleconference with stakeholders.</p> <p>Develop and initiate a print communication strategy to include posters, pamphlets, newsletters and Web site updates, as well as other promotional tools.</p> <p>Undertake a telephone campaign to inform CHRs of the initiative, conduct interviews from all regions to identify daily tasks, issues, concerns and prepare a tabulation of the duties of a CHR from all regions to support development of a core curriculum for CHR training, as well as the development of a national occupational code.</p>
Anticipated Results	A detailed activity report of the project containing a copy of the final report outlining the five-year development plan, the outcome of the meeting with stakeholders and the outcome of the telephone interviews for the development of a core curriculum for CHR training.

Contact Information

National Indian and Inuit Community Health Representatives Organization | P.O. Box 1019 | Kahnawake QC | J0L 1B0 | Telephone: (450)-632-0892 Ext. 24



Blueprint for the Future (BFF)

Amount/ Duration \$50,000, 2004/05

Recipient National Aboriginal Achievement Foundation (NAAF)

Background The BFF is a series of one-day career fairs held in two different major Canadian cities each year. These career fairs are focused on Aboriginal youth (aged 13-18) in grades 10 to 12.

Each BFF attracts roughly 1,000 Aboriginal youth. To date, the program has assisted approximately 25,000 youth who have attended career fairs in Vancouver, Edmonton, Calgary, Saskatoon, Winnipeg, Ottawa, Toronto and Halifax.

Objectives Provide Aboriginal youth with a forum where they are exposed to a variety of educational and employment-related information specific to health.

Increase awareness of employment opportunities and associated training requirements in the health sector of the Canadian workforce.

Activities Plan, organize and deliver two career fairs, in Saskatoon, in November 2004 and Ottawa, in February 2005, including, but not limited to:

- Finding suitable speakers to deliver presentations to the youth.
- Organizing Aboriginal youth from across the host cities and province to attend the career fairs.
- Coordinating the logistics for the career fairs.
- Developing and distributing information in order to promote the career fairs.
- Coordinating the registration of speakers, booth participants and speakers.

Anticipated Results Two career fairs held in November 2004 and February 2005.

Contact Information

National Aboriginal Achievement Foundation | Suite 33A, 70 Yorkville Avenue | Toronto, ON | M5R 1B9 |
Telephone: (800) 329-9780

Health in The Classroom

Amount/ Duration	\$300,000, 2004/05
Recipient	National Aboriginal Achievement Foundation (NAAF)
Background	Industry in the Classroom is an initiative comprised of interactive educational modules designed to encourage youth to stay in school and to educate them in the wide variety of career opportunities. Health in the Classroom is one module that highlights five health professions as well as showing other health careers that make up the teamwork in health care.
Objective	Develop the Health in the Classroom Module, which is comprised of a video and an interactive curriculum.
Activities	Produce a video highlighting five health careers: physicians, nurses, midwives, dieticians, and physiotherapists. Consult with experts to develop the curriculum related to these professions. Focus test the module.
Anticipated Results	A Health in the Classroom module that will be implemented in Aboriginal community schools and urban schools with a high Aboriginal population.

Contact Information

National Aboriginal Achievement Foundation | 70 Yorkville Avenue | Suite 33A | Toronto, ON | M5R 1B9 | Telephone: (416) 926-0775



Inuit HHR-Specific Initiative

Amount/ Duration	\$75,000, 2004/05
Recipient	Inuit Tapiriit Kanatami (ITK)
Objectives	<p>Engage Inuit in providing information on Inuit needs in HHR.</p> <p>Determine models of education that will provide relevant education to Inuit and allow them to succeed.</p> <p>Communicate with other Aboriginal organizations, Health Canada, professional health organizations and educational institutions to ensure a strong, multidisciplinary support system for health professionals of all ancestry serving the Inuit.</p> <p>Ensure the ongoing recruitment, training and support of health care providers serving Inuit.</p>
Activities	<p>Gather information from key stakeholders as identified by the National Inuit Committee on Health. Stakeholders will include the Land Claims Organizations, Pauktuutit, National Inuit Youth Council (NIYC), educational institutions and employers. Due to distance, the majority of discussions will occur by telephone.</p> <p>Update content on ITK Web site.</p> <p>Determine, through stakeholder discussion, what educational models Inuit support.</p> <p>Examine, with stakeholders, problems and possible solutions in recruitment and retention. Determine solutions that are supported by both service providers and Inuit.</p> <p>Perform ongoing communication and participation in meetings, working groups and conferences relevant to Inuit-specific HHR strategies (e.g. working with NAHO and Pauktuutit).</p> <p>Determine, with stakeholders, educational models that are more effective for Inuit.</p>
Anticipated Results	<p>Participation in national discussions on Aboriginal HHR priorities</p> <p>A final report on the findings from stakeholder consultations.</p>

Contact Information

Inuit Tapiriit Kanatami | 170 Laurier W | Suite 510 | Ottawa, ON | K1P 5V5 | Telephone: (613) 238-8181

First Nations Health Human Resources

Amount/ Duration	\$ 69,732, 2004/05
Recipient	Assembly of First Nations (AFN)
Objective	Initiate the development of a First Nations Health Human Resources Strategy that would be based on Federal/Provincial/Territorial/First Nations agreements and measurable targets to address issues of access, training, recruitment, and retention in order to increase the availability of culturally competent HHR for on- and off-reserve First Nations.
Activities	<p>Conduct a scan to inform the development of a strategy that includes a document review and a comparative analysis of national and international models in Aboriginal/indigenous HHR development.</p> <p>Consult with First Nations health technicians at the regional and national levels via the National First Nations Health Technicians Network (NFN HTN) and the National Policy Summit, as well as First Nations health professional organizations (e.g. Aboriginal Nurses Association of Canada, National Indian Community Health Representatives Organization) in order to:</p> <ul style="list-style-type: none">● obtain information on existing documentation and best practices;● propose a process for strategy development that would build on existing regional strategies for institutional access to training, professional licensing, and support of First Nations health professionals. <p>Complete a gap analysis based on the information collected.</p> <p>Further elaborate a proposal for the development of a First Nations Health Human Resources Strategy in alignment with the document review, comparative analysis, and gap analysis, and develop a process based on recommendations by national and regional First Nations health technicians.</p> <p>Validate the proposal with the NFNHTN and Chiefs Committee on Health.</p> <p>Participate in discussion with FNIHB on Aboriginal HHR issues.</p>
Anticipated Results	Final report including results of the gap analysis, consultations with First Nations Health Technicians, and a proposal for the development of a First Nations HHR Strategy.

Contact Information

Assembly of First Nations | 1 Nicholas Street, Suite 900 | Ottawa, ON | K1N 7B7 | Telephone: (613) 241-6789



Vision 20/20

Amount/ Duration	\$10,000, 2004/05
Recipient	Six Nations Grand River
Objectives	<p>Introduce the long-term goal of graduating a larger number of Aboriginal physicians over the next 15 years.</p> <p>Encourage participants to make commitments to forward the agenda of the 2020 Vision Strategy.</p> <p>Agree on steps needed to implement the 2020 Vision Strategy.</p> <p>Encourage partnership to advance First Nations health care needs.</p>
Activities	Host of the 2020 Vision Symposium.
Anticipated Results	A detailed annual program activity report including a full and final agenda of the 2020 Vision Symposium and a report outlining the objectives achieved through the 2020 Vision Symposium.
Contact Information	Six Nations 1695 Chiefswood Road P.O Box #5000 Ohsweken, ON N0A 1M0 Telephone: (519)445-2201

Promotion of Health Sciences to Aboriginal Youth

Amount/ Duration	\$3,000, 2004/05
Recipient	Canadian Aboriginal Science and Technology Society (CASTS)
Objective	To reach out to Aboriginal students and assist them in the pursuit of Science and Technology, including Health Studies and Careers.
Activities	Provide information to Aboriginal students on Science and Technology resources at the Canadian Aboriginal Festival. Provide a copy of the outcomes report to Health Canada.
Anticipated Results	A detailed activity report of the project including a copy of the outcomes report.

Contact Information

Canadian Aboriginal Science and Technology Society | 875 Bank Street, Suite 3 | Ottawa, ON | K1S 3W4 |
Telephone: (613) 233-2701



Aboriginal Health Task Group Meeting to Develop Recommendations for the Medical Schools Initiative

Amount/ Duration \$23,780, 2004/05

Recipient Association of Faculties of Medicine of Canada (AFMC)

Objectives

To form effective working relationships among Task Group members and the Social Accountability Initiative Steering Committee and the Association of Faculties of Medicine of Canada.

To share experience and expertise among faculty, student and community representatives, and between Aboriginal and non-Aboriginal members.

To finalize Terms of Reference and time line for the group's work.

To discuss issues and concerns related to Aboriginal medical education; health human resources, curriculum change and other relevant priorities and issues.

To begin to formulate an action framework and specific recommendations to the deans of medicine.

Activities

Coordinate travel, accommodations, booking of meeting room and equipment rental.

Hold a pre-meeting teleconference.

Develop the agenda, facilitation plan and meeting materials.

Draft minutes and framework to participants for comments.

Finalize working framework.

Anticipated Results A detailed activity report of the project containing the minutes of the meeting and the working framework.

Contact Information

Association of Faculties of Medicine of Canada | 773 Echo Drive | Ottawa, ON | K1S 5P2 | Telephone: (613) 730-0687

Complementary Activities

Health Canada provides leadership and financial support for numerous concurrent activities in order to facilitate national collaboration (e.g. the sharing of information and best practices) among the federal, provincial and territorial jurisdictions, and in order to advance the Strategy.

Pan-Canadian HHR Planning

Establishment of the Federal/Provincial/Territorial (F/P/T) HHR Modelling Working Group (2004/05 and ongoing)

This working group of the F/P/T Advisory Committee on Health Delivery and Human Resources (ACHDHR) was formed in 2004/05 to allow for collaboration on tasks to strengthen the evidence base for pan-Canadian HHR planning as outlined in the 2003 First Ministers' Accord. The objective of this group is to promote collaborative HHR modelling activities and networks that support F/P/T policy and planning requirements, sharing of knowledge and the formation of partnerships. The F/P/T modelling working group is an ongoing entity that, to date, has made a great deal of progress towards enhancing the coordination of HHR planning.

HHR Modelling Workshop, February 23, 2005 in Victoria B.C. (2004/05)

The overall objective of this workshop, convened by the F/P/T HHR Modelling Working Group, was to share modelling experiences among HHR modellers, policymakers, and researchers. The event provided a successful opportunity for attendees to:

- Share models and explain their applicability for policy development through presentations and hands-on sessions.

- Provide a forum for networking, learning opportunities, and information sharing on jurisdictions' modelling priorities, activities, methods, successes, difficulties, and challenges through plenary discussions.
- Discuss possibilities for addressing challenges, sharing models, and working collaboratively.

Pan-Canadian Inventory, Assessment and Gap Analysis of HHR Models and Forecasting Capacity (2004/05)

In collaboration with the ACHDHR, this research paper was commissioned in order to assess gaps in F/P/T HHR forecasting capacities. The report provides detailed information on the characteristics of existing HHR forecasting models across Canada and compares present capacity to an assessment of F/P/T forecasting needs in order to establish gaps. This report will provide a useful tool for future collaborative action in the area of HHR forecasting.

Monitoring the Educational Supply of Professionals in Health Occupations (\$1,870,000, 2004/05 to 2007/08)

Health Canada and Statistics Canada are collaborating to assess and report on the education indicators necessary to monitor the supply of health professionals. These reports will enable decision makers to better understand how health profession students determine their careers and will permit examination of the reasons for attrition and career change in various health professions. The collection of this data will assist in HHR planning. In keeping with this collaborative approach, Statistics Canada has consulted the F/P/T ministries of health and education, health provider organizations, the Canadian Institute for Health Information, HHR researchers, and other related organizations to determine the needs associated with education data.



Occupational Therapy Caseload Assignment and Management (2004/05)

Health Canada and the Canadian Association of Occupational Therapists (CAOT) collaborated on an examination of best practices in occupational therapy caseload assignment and management. The project involved a literature review, the development of a background paper, and the creation of a Power Point presentation to be used for strategic communication of findings. The findings from this study provide stakeholders with valuable information about current practices in caseload assignment and management to assist in HHR planning. Furthermore, the principles and recommendations will serve to guide future activities.

Framework for Collaborative Pan-Canadian HHR Planning (2004/05)

The Framework is currently under development in collaboration with the HHR Planning Subcommittee of the ACHDHR. The purpose of this work is to develop a collaborative approach to HHR planning based on successful examples of planning amongst jurisdictions. This document will help facilitate collaboration and avoid the risks and duplication associated with the current jurisdiction-by-jurisdiction approach to HHR planning. Next steps will include a consultation with key stakeholders.

Interprofessional Education for Collaborative Patient-Centred Practice

National Expert Committee (2003/04 and ongoing)

In 2003/04, 27 individuals, with expertise in the various facets of IECPCP, were recruited to form a National Expert Committee (NEC). The NEC continues to provide expert advice to Health Canada in shaping and implementing the IECPCP initiative. The NEC is co-chaired by Dr. Carol Herbert, from the University of Western Ontario

and Sandra Macdonald-Rencz, acting Executive Director of Health Canada's Office of Nursing Policy. Note: Judith Shamian, former Executive Director of ONP served as initial co-chair from November 2003 to June 2004, her departure date.

IECPCP Research (2003/04 and ongoing)

In 2003/04 Health Canada commissioned nine research papers on various aspects of IECPCP, as well as a literature review and environmental scan on promising practices in interprofessional education. This work resulted in a comprehensive research report and the development of a framework for IECPCP. This framework has since guided much of the work within the initiative and continues to be a valuable resource. The framework is available on line at www.health-human-resources.ca under the IECPCP page. Research activities on IECPCP will continue as the Strategy progresses.

Dialogue Sessions (2003/04 to 2004/05)

One national and nine jurisdictional "dialogue" sessions were also held during 2003/04 and 2004/05. These sessions served to increase awareness of IECPCP and promote networking and sharing of expertise. They also provided an opportunity to encourage participation in the major component of the IECPCP initiative – a two cycle "Call for Proposals" for interprofessional learning projects.

Call for Proposals – Cycle 1 and 2 (2003/04 to 2004/05)

Momentous efforts in 2003/04 and 2004/05 resulted in the development and posting of a distinctive "Call for Proposals" for interprofessional learning projects. Those participating in the call report that the "Call for Proposals" itself, contributed to, and resulted in, interprofessional collaboration on many levels. In preparing their projects and applications, applicants were required to collaborate and partner with patients, students, a practice setting and three or more different post-secondary health science faculties/

schools, including a faculty of medicine and a faculty/school of nursing. A National Review Committee critically reviewed projects meeting the articulated eligibility criteria. This National Review Committee recommended 11 projects, from across the country, for funding in the first cycle. Proposals for the second cycle of funding are due in September 2005. More information about these funded projects will be posted on the IECPCP page of the Strategy Web site (www.health-human-resources.ca)

Recruitment and Retention

R&R Research (2004/05)

In 2004/05 Health Canada commissioned a number of complementary projects in an effort to meet the objectives outlined for the Recruitment and Retention arm of the Strategy. Efforts included a literature review and an environmental scan of continuing education opportunities for health care providers in Canada. A number of other activities provided a foundation for the Healthy Health Care Providers Campaign, including an environmental scan of preferred practices for the deployment of health human resources and decision support tools were also commissioned. The final report of the literature review and environmental scan is available on the Recruitment and Retention page of the Strategy Web site (www.health-human-resources.ca).

International Medical Graduates (2003/04 and ongoing)

The Government of Canada has currently committed \$8.5M, largely from Health Canada and Human Resources and Skills Development Canada, to implement recommendations from the International Medical Graduate (IMG) Task Force. Most IMG activities are under way with an IMG steering committee overseeing their

implementation. The IMG Task Force recommendations are as follows:

- Increase capacity to assess/prepare IMGs
- Work towards standardization of licensure requirements
- Expand/develop programs to assist IMGs with licensure processes and requirements
- Develop orientation programs to support faculty and MDs working with IMGs
- Develop capacity to track and recruit IMGs
- Develop a national research program and evaluation of the IMG strategy

Health Canada is working collaboratively with P/Ts, professional bodies, HRSDC and Citizenship and Immigration Canada to ensure that the above recommendations are accomplished.

Healthy Workplace Initiative (HWI)

One of the objectives of the R&R initiative is a healthy work environment. A healthier work environment will contribute not only to recruitment and retention, but will also have the potential to enhance the overall effectiveness of health care organizations.

The main objective of the HWI is to support current actions by health care organizations to create and maintain healthy work environments. This is based on the fact that healthy work environments contribute to positive outcomes for workers and to improved health service quality, cost-effectiveness and workforce renewal.

Health Canada has worked collaboratively with P/Ts and various organizations to offer funding in support of innovation in the development of healthier workplaces.



Aboriginal HHR Work

Study of the Health Human Resources Needs of the First Nations and Inuit Home and Community Care (FNIHCC) Program (2004/05)

FNIHB provided funding and worked collaboratively with the Aboriginal Research Institute to research HHR needs in First Nations and Inuit home and community care. The study, which was completed in March 2005, provides labour market information for First Nations and Inuit home and community care program sector and identifies human resource challenges and issues specific to First Nations and Inuit communities. More specifically, the report:

- describes the home care environment and management practices to address both short- and longer-term requirements for formal (regulated and non-regulated) service providers and informal and voluntary caregivers;
- analyses the role informal and voluntary caregivers play and the barriers they face;
- assesses current and forecasted skill development and continuing educational needs and opportunities;
- contains a framework for action to respond to the human resource challenges and issues identified;
- provides an analysis, which considers how the required supports under the First Ministers' Accord (FMM Accord) might be delivered in innovative or alternative ways that fit the needs of First Nations and Inuit communities.

Baseline Survey of First Nations and Inuit Youth on Health Careers (2004/05)

FNIHB commissioned EKOS Research Associates to assess First Nations and Inuit youths' awareness and knowledge of health careers, including educational requirements in order to:

- determine First Nations and Inuit youths' educational preparedness for potential careers in health;
- determine First Nations and Inuit youths' attitudes toward health careers;
- determine the role of familial role models in selecting a career in health care;
- establish perceived and/or real barriers to pursuing careers in health care.

The report was completed in March 2005 and can be obtained by contacting Melissa Patey, Senior Program Officer with the Aboriginal Health Human Resources Initiative at (613) 941-8066 or melissa_patey@hc-sc.gc.ca.

Scan of Professional Health Education Programs for Aboriginal Peoples (2004/05)

In 2004/05 FNIHB commissioned Dr. Peter Nunoda to study and develop a report concerning professional health education programs for Aboriginal peoples. The document provides a comprehensive overview of existing programs in Canada as well as those for indigenous people in the United States, Australia and New Zealand. Based on a critical evaluation of all existing programs, recommendations are offered. The report was completed in March 2005 and can be obtained by contacting Simon Brascoupe, Associate Director of the Aboriginal Health Human Resources Initiative at (613) 941-7981 or simon_brascoupe@hc-sc.gc.ca.

Conclusion

The years 2004/05 were crucial for the Pan-Canadian Health Human Resource Strategy. The projects and activities detailed within this report have laid the groundwork for continued success in health care renewal through the enhanced planning and management of HHR. Furthermore, successful collaboration between Health Canada, other federal departments, provinces, territories and stakeholder organizations has set the stage for an ongoing and united approach to addressing Canada's challenges with respect to HHR.

This first annual report has provided an opportunity to share our successes with all Canadians. Up to date information on the Strategy can also be obtained online at:
www.health-human-resources.ca

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