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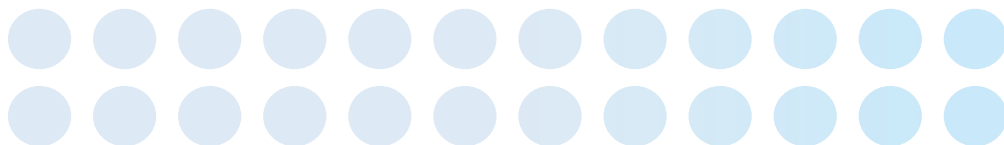
2013–2016

Health Canada's Human Resources Strategic Plan

Building a Workforce of the Future



HR Planning, Analysis & Systems



Canada

Health Canada is the federal department responsible for helping the people of Canada maintain and improve their health. *We assess the safety of drugs and many consumer products, help improve the safety of food, and provide information to Canadians to help them make healthy decisions. We provide health services to First Nations people and to Inuit communities. We work with the provinces to ensure our health care system serves the needs of Canadians.*

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Deputy Ministers' Message

Health Canada has a strong reputation for professionalism and service that has been cultivated over the years by the many dedicated people in the department.

The characteristics of a successful and engaged organization are well known and accepted—we need to be adaptable, collaborative, creative, diverse and comfortable with emerging technology. As the workplace around us changes, we must adapt so that, as a team, we may continue to meet our business objectives.

Over the past months, we have been working hard to ensure our workforce is positioned for current and future success. Now, in the midst of a government-wide dialogue on the future of the public service, we are pleased to share our first Human Resources Strategic Plan—“Building a Workforce of the Future”.

In this three-year plan, we take an in-depth look at our operating environment and our human resources management priorities for creating workplace conditions that meet current and future organisational needs.

Through effective planning, we are building a workforce of the right size with the right skills to fulfill Health Canada’s mandate. This includes an overarching commitment to ensuring that our workplace continues to be healthy, productive, inclusive, respectful and, above all, a workplace of choice.

We already enjoy a strong culture and workplace at Health Canada, and this plan builds on that solid foundation with new strategies for training and development, enhanced employee engagement, modernization of human resources services, and increased focus on specialized healthcare and scientific professionals.

We are confident that this plan will effectively address our top priorities for people management over the next three years. We encourage you to take some time to read it and learn more about the future of human resources at Health Canada.

Sincerely,

George Da Pont
Deputy Minister

Paul Glover
Associate Deputy Minister



EXECUTIVE SUMMARY

The Health Canada 2013–2016 Human Resources Strategic Plan (Strategic Plan) describes the Department's operating environment and the human resources (HR) issues that it will face over the next three (3) years. It also identifies the five (5) priorities and enabling strategies needed to address these issues. This document is not a workplan or staffing plan. Each priority will have its own workplan, within branches or in the Human Resources Services Directorate, as they are operationalized.

The Strategic Plan was developed to support Health Canada's business objectives as presented in Health Canada's Report on Plans and Priorities (RPP). It also takes into consideration the current operating environment which includes, among other factors:

- A need to define Health Canada's workforce of the future in a fiscally restrained environment
- Health Canada's 2011 Public Service Employee Survey (2011 PSES) results and management's commitment to address underlying issues
- New government-wide initiatives to consolidate and standardize back-office infrastructure in corporate service functions such as Human Resources, Finance, and Information Technology (IT)

Considering the current and emerging operating environment, Health Canada identified five (5) Human Resources Management (HRM) priorities to be addressed over the next three (3) years:

1. Building a Workforce for Current and Future Needs

Health Canada must build and sustain a workforce that will be smaller, more flexible and better aligned with its mandate. This transition presents workforce management challenges including maintaining employee engagement, productivity, and guarding against loss of corporate knowledge. To ensure its mandate and business priorities are met, Health Canada will continue implementing targeted recruitment initiatives in key occupations. The Department will focus on identifying the mix of competencies needed to meet future needs, and adapting the mix of indeterminate and determinate employees and contracted services to address those needs. The Department is taking a leadership role on employee wellness with a proactive approach to informal conflict resolution, harassment prevention, absenteeism and performance management.

2. Strengthening the workforce through targeted training and development

The 2011 PSES indicated low and declining employee satisfaction with training and career development opportunities. If not addressed, this could lead to a decrease in employee engagement, competency gaps, and ultimately, retention issues. The Department will support employees to ensure they have the capacity to perform their duties at the expected level of competency to deliver on Health Canada's mandate. Recognizing that learning is not limited to formal courses, Health Canada will encourage employees to pursue other learning and professional development opportunities such as but not limited to assignments, interchange with other sectors and networking with professional associations.

3. Employee engagement through leadership at all levels

Health Canada's 2011 PSES results revealed declining levels of trust and confidence in senior management. In response, the Department is committed to support managers at all levels to strengthen leadership competencies, communication, and engage employees in moving the Department forward in its mandate.

4. Increased focus on specialized healthcare and science professionals

To deliver on its mandate, Health Canada employs many professionals in specialized healthcare and scientific roles. These professionals are difficult to find and difficult to retain. Health Canada continues to face significant shortages of nurses and other health care professionals willing and able to work in remote and isolated First Nations communities. Nurses and Medical Doctors (MDs) delivering other areas of our mandate, such as occupational health and community medicine also pose recruitment and retention challenges, as do specialized scientists and MDs in regulatory roles.

5. Improve infrastructure and HR services to support modernized people management

As part of the Human Resources Services Modernization (HRSM) initiative, the Treasury Board Secretariat (TBS) established new objectives to standardize processes and systems for human resources (HR) services delivery. Health Canada will align its HRM infrastructure to these common processes and systems to ensure Public Service modernization objectives are met.





INTRODUCTION

Creating a sustainable workforce to meet current and future needs for Health Canada requires effective planning. Establishing a workforce of the right size with the right skills to fulfill the Department's mandate in a healthy, productive, inclusive and respectful workplace requires a shared, concerted effort at all levels.

The Strategic Plan focuses on the human resources priorities and strategies needed to advance the core business of the Department, as described in the Report on Plans and Priorities, the annual Departmental Operational Plan (DOP) and Corporate Risk Profile. In fact, the 3-year horizon of this Human Resources Strategic Plan matches that of the Departmental Report on Plans and Priorities.

The priorities and strategies identified in this plan were distilled from extensive consultation and review of existing documents and information sources:

- First and foremost, this plan was developed based on priorities approved by Health Canada's Executive Committee. It was refined through dialogue with senior executives and ADMs at branch and departmental executive committees, with branch business, financial, and HR planning specialists as well as the managers they serve, and with HR professionals responsible for managing specific functional areas and client portfolios. These consultations were fundamental to adding richness to the plan, validating its content, and ensuring alignment of the key priorities throughout the organization.

- The 2011 PSES results and the action plans that emerged from branch consultations and employee engagement provided an understanding of how employees feel about the organization.
- The Departmental strategic objectives and business priorities as identified in the Report on Plans and Priorities were essential in understanding Health Canada's current and future focus.
- External information as found in the Economic Action Plan 2012, various Treasury Board Secretariat (TBS) initiatives transforming public administration, and labour market analysis helped frame the current and upcoming internal and external factors that could affect the delivery of Health Canada's business and its HRM strategy.
- The Corporate Risk Management Priority Areas identified in the Corporate Risk Profile provided insight to the current and future environment, and the potential threats and opportunities that could impact our work, including those from an HRM perspective.
- Branches' HRM issues and actions identified through the Departmental Integrated Operational Planning Process (DIOPP) and branch strategic plans helped in understanding the HRM issues that branches face in their day-to-day operations.
- Finally, review of HRM initiatives currently underway in the organization provided insight on the current activities within each HR policy and functional area and the current challenges from that perspective.

Way Forward

This strategic plan provides the reader with an overview of Health Canada's human resources as well as the operating environment drivers that have impact on the current and future workforce. The Plan focuses on key HR priorities and strategies needed to build a healthy, creative and productive workplace and workforce that is aligned with the Department's needs.

This is an evergreen plan that will be reviewed and updated as needed to reflect progress and ensure its relevance in a constantly changing environment. This document will be used as guidance for Human Resources Services and by Senior Management to enable strategic business planning.

To keep this plan at the forefront in the Department, the Director General—Human Resources (DG-HR) will report as required to Executive Committee on progress made and results achieved. The DG-HR will, from time to time, also communicate progress to employees through the DG-HR updates.



CURRENT AND FUTURE NEEDS

Many of the trends and issues outlined in this document indicate the need to shape the workforce so it is equipped to meet Health Canada's mandate and operational requirements. Like many other organizations, Health Canada's workforce of the future will increasingly need to have, and benefit from, the following attributes:¹

- **Adaptive and Scalable**—Employees contribute on a variety of initiatives rather than only in specific, narrowly defined roles. The workforce will be able to quickly rally to support emerging priorities and be scalable to provide surge capacity in times of high workload.
- **Collaborative**—Employees embrace more collaborative ways of working together and tap into the collective intelligence inside and outside the institution to deliver better results for Canadians.
- **Creative and Innovative**—Employees envision new ways of working and solving problems and have the opportunity to implement these changes.
- **Leverages Diversity**—The workforce is more inclusive and benefits from its diversity, not just in terms of legislated employment equity groups, but in a broader sense, for people with varied sexual orientations, points of view, age and family status.
- **Social Media and Technology Savvy**—Employees will be equipped to take full advantage of these new ways of working to effectively engage each other and the Canadian population.

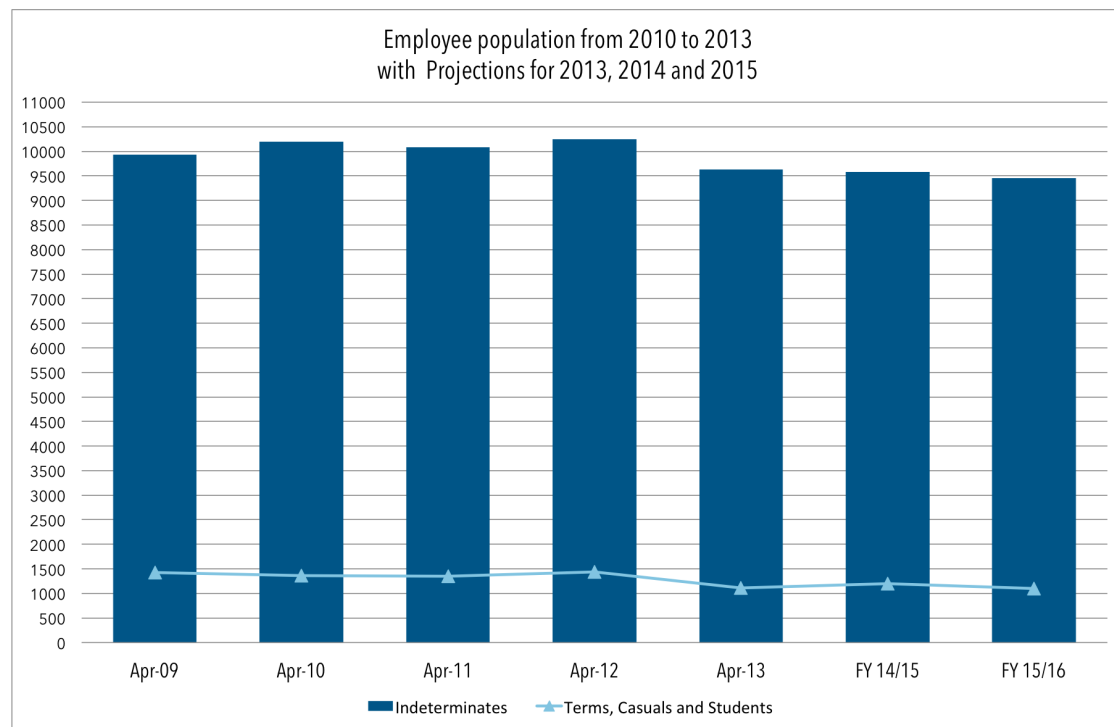
It should be noted that those in charge of leading the workforce will be especially called upon to model these attributes and engage employees to ensure progress and success will be sustainable over the long term.

¹ Based on the results of Roundtable Discussions on the Role of the Canadian Public Service in 2015 and research from Taggart Leadership Consulting and the Institute for the Future at the University of Phoenix Research Institute.



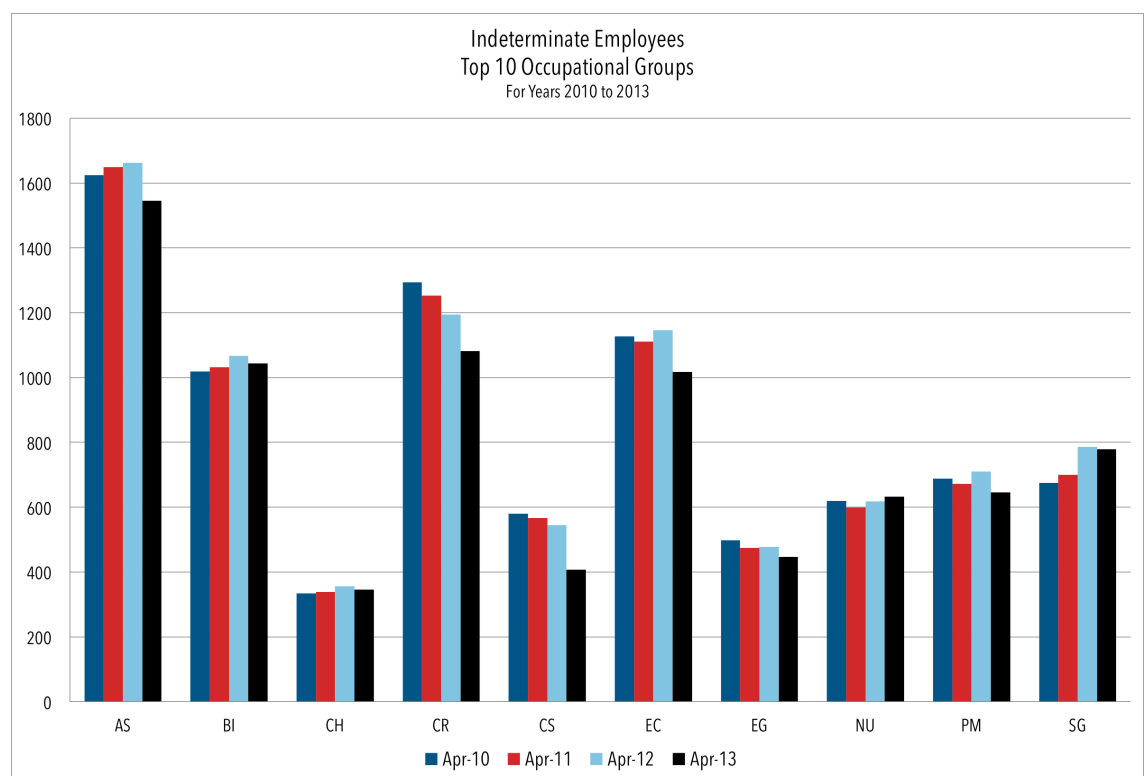
HEALTH CANADA'S WORKFORCE AT A GLANCE²

Between 2009 and 2012, Health Canada's indeterminate employee population has fluctuated around 10,000 and its term, casual and student population around 1,400. Taking into account the recent movement of employees between the Public Health Agency of Canada (PHAC), Public Works and Government Services Canada (PWGSC) as part of the Shared Service Initiative, and reductions following budget 2012, Health Canada's total indeterminate employee population is projected to stabilize at approximately 9500 in FY 2015–2016.



² To ensure data integrity and consistency with the HP_All data file, the 2009 to 2013 data years were used.

The population of indeterminate employees in six (6) of Health Canada's top ten (10) occupational groups grew in 2010–2012; and eight (8) out of ten (10) declined in 2012–2013. Recent reductions have decreased the total workforce by approximately 10%.



Finally, the distribution of Health Canada's employee population is 65% in the National Capital Region and 35% in the Regions (Please see [ANNEX 1](#) for more details).



HEALTH CANADA'S OPERATING ENVIRONMENT

Health Canada constantly evolves in response to external, Public Service-wide and departmental factors impacting our core business and shaping our operating environment.

While it is not possible to outline all of these factors, internal or external, that might affect the work of Health Canada over the next three (3) years, it is possible to highlight some of the most important drivers that will continue to shape the Department's future.

External drivers

Labour Force Demographics:

The rapid aging of the working-age population combined with the decrease of the population entering the workforce and the competition between employers to attract scarce resources point to potential recruitment challenges and loss of corporate memory due to increasing mobility between the public and the private sectors. This raises the need for more robust succession planning and more targeted employee training.

Health Status of Canadians:

Modern lifestyles and changing demographics are posing health challenges such as obesity, diabetes, and mental illness. This leads to the development of new therapies and medications which are placing additional stress on the regulatory capacity of the Department and on the Canadian health care system as a whole.

Health status of First Nations and Inuit communities:

First Nations and Inuit people face serious health-related challenges, such as high rates of chronic and contagious diseases and shorter life expectancy. As such, Health Canada needs to continue working with First Nations and Inuit communities to improve health outcomes and ensure availability and access to quality health services in a labour market where health care professionals are already scarce.

Economic realities: Canada is emerging from a global economic recession but economic unpredictability remains. As such, the country needs to continue addressing its own fiscal challenges to ensure the economy remains strong. Health Canada will continue to operate in a fiscally restrained environment and is expected to remain smaller after the implementation of the Economic Action Plan 2012.

Societal realities: Younger people, particularly, are bringing new expectations, values, and technical skills to the workplace; a reality that poses challenges and opportunities to the business of retention, engagement and professional development.

Political realities: The increasingly globalized world and the calls to become more transparent, open, and accountable are changing the way governments are interacting with one another and conducting their operations.

Potential health crises: SARS, H1N1, listeriosis, and the isotope crisis, among others, have all had an impact on human resources management in the Department, and it is probable that similar events will continue to do so into the future. Health Canada must retain a competent, flexible workforce prepared for these inevitable yet unpredictable occurrences.

Scientific and technological change: As scientific methods change over time, along with their associated technologies, it can be difficult for organizations like Health Canada to keep pace, both in terms of infrastructures, competencies and skills of the workforce.



Public Service-wide drivers

Improving Efficiency and Effectiveness of Government Operations: The Government has recently created a Priorities and Planning Sub-Committee on Government Administration to consider proposals on whole-of-government opportunities for improved efficiency and effectiveness. As part of the commitment to improve services to Canadians, the federal Public Service is standardizing its processes and systems to reduce cost and increase productivity. The following is a sample of initiatives that are underway to fulfill this goal:

- *Consolidation and Standardization of Administrative Systems and Services:* The Public Service is currently operating highly decentralized administrative systems and processes, lacking enterprise-wide integration and standardization. Addressing these deficiencies could lead to significant savings; standardizing business processes is a top priority, including those of HR, Finance and IM/IT.
- *Red Tape Reduction:* In January 2011, the Government launched the Red Tape Reduction Commission which identified irritants from federal regulatory requirements and provided recommendations to reduce the compliance burden. To address the concerns raised by the commission, an action plan aimed at reducing burden on business, making it easier to do business with regulators and improving service and predictability is being implemented. The vast majority of changes from this initiative will unfold over the next three (3) years and will have an impact on Health Canada's regulatory activities.
- *HR Services Modernization:* This initiative was developed to support a more effective and efficient government-wide approach to people management by establishing the Common Human Resources and Business Process (CHRBP) for HR services in all departments and agencies. This initiative will also see all departments move to a common HR Information System platform, PeopleSoft 9.1, by 2015.
- *Consolidation of Pay Services:* The Government is consolidating pay services in Miramichi, New Brunswick. Health Canada is part of the second wave of departments slated to join this new centralized model starting September 2013.
- *Shared Services Canada:* This organization was established on August 4, 2011, to centralize and streamline existing email, data centres and networks functions and associated personnel delivering these services. This effort is transforming information technology across government by reducing duplication in departments and agencies.



Public Service Renewal: Introduced in 2006, **Public Service Renewal** is an internal initiative within the Public Service to improve the management of human resources. It's most recent formulation focuses on *Implementing the Economic Action Plan and Blueprint 2020*.

Management Accountability Framework: The **Management Accountability Framework** (MAF) is a performance measurement tool aimed at improving management practices across departments and agencies. Departmental performance in various areas of management, including People Management, is assessed annually, and forms part of Deputy Head accountability. Of note, Health Canada received 'acceptable' ratings in HRM for the last several MAF rounds. The Department received a strong rating for its approach to Workforce Adjustment and for its 2011 PSES follow-up actions.

Economic Action Plan 2012: As detailed in the federal budget tabled on March 29, 2012, the Government expects to return to a balanced budget by implementing measures that will achieve ongoing savings of \$5.2 billion. The Department had to find savings and implement decisions that impacted both operations as well as the workforce.

Workforce Management Initiatives

- *Performance Management:* There is an increasing focus on improving employee performance management throughout the Public Service. Recommendations from at least three (3) committees (Public Service Management Advisory Committee, DM Public Service Renewal Committee and the Prime Minister's Advisory Committee on the Public Service) have all identified this as a priority.
- *Disability Management Initiative:* The Disability Management Initiative (DMI) is an interdepartmental collaboration, facilitated by the Office of the Chief Human Resources Officer (OCHRO) at the Treasury Board Secretariat (TBS). The goals of the DMI are to support Deputies and their senior management teams in proactive management of disability and absenteeism, and improve the fiscal sustainability of group benefits and insurance plans with a more effective, fair and sustainable model. Improving and sustaining employee health and wellness is a cornerstone of the DMI.



Departmental Factors

Corporate Risk Profile: Health Canada's Corporate Risk Profile (CRP) describes the key risks, including both threats and opportunities. It is intended to support senior management's decision making related to priority setting and resource allocation, and provide staff, external partners, and advisors with a clear snapshot of the organization's risks. As part of the annual renewal of the CRP, this year the Integrated Risk Management Office (IRMO) articulated a risk taxonomy that identified dynamic priority areas for risk management as well as stable risks within the Department.

The Health Canada Risk Taxonomy includes 11 categories of risk to the organization, one of which is Human Resources Management. Key HRM risks are related to:

- Threats and opportunities associated with staff/management turnover
- Employment/work culture
- Recruitment, retention and staffing processes and practices
- Succession planning and talent management
- Employee development, training and capacity building

BC Tripartite Agreement: This Agreement will result in Health Canada transferring of program and service responsibilities currently carried out by Health Canada's First Nations and Inuit Health in the BC Region to the First Nations Health Authority; a non-governmental authority. This transfer is scheduled to take place in 2013–2014. This means that BC regional employees who work directly or indirectly on BC First Nations health programs and services will have an opportunity to work for the new First Nations Health Authority.

Shared Services Partnership: In 2012 the Public Health Agency of Canada (PHAC) and Health Canada implemented a shared services model for delivering many internal corporate services to the two organizations. This initiative is focused on harmonizing and integrating its policies and operations over the 2013–2014 fiscal year.

A Regulatory Roadmap: Health Canada is modernizing nearly a dozen current frameworks for food and health products that are of various ages and regulatory approaches. This transformation is meant to protect the Canadian public from the sale and advertising of unsafe food and health products, and to support the safest consumption of food and use of health products. This will require a move to a streamlined, more efficient and transparent system that reduces regulatory burden, enhances consumer safety, fosters innovation and accountability, and helps deliver quickly the widest variety of health options and benefits to Canadian families.

Continued Recruitment and Retention Pressures in Key Occupations

Health Canada, like many other Public Service departments and agencies, experiences difficulties retaining employees in highly mobile groups in internal services roles (i.e. functions common to most departments and agencies and for which skills are easily transferable from one organization to the other) and in specialist roles where skills and talent are scarce in the national labour market, and both recruitment *and* retention pose a challenge.

- Excess mobility in internal service and policy roles—While employee movement within the Public Service slowed significantly in 2012–2013, there are now signs of mobility increasing. Health Canada can expect to see a return of retention issues for these occupations. For example, prior to significant workforce restructuring and reduction, in 2009–2010, Health Canada lost 13.8% of its Personnel Administration (PE), 8.3% of its Purchasing and Supply (PG), 11.2% of its Financial Management (FI), 11.2% of its Information Services (IS) and 9.1% of its Administrative Services (AS) to other departments whereas the rate of transfer out for all remaining occupational groups was 4.4%.

A similar problem exists with policy analysts in the EC classification. In 2009–2010, 9.9% of Health Canada's policy professionals in the EC classification departed to other departments. Although the Department has recently undertaken significant reductions in its EC workforce, as the Public Service stabilizes it is expected that this occupational group will once again trend to high mobility, resulting in retention challenges.

The overall impact of this pattern is excess instability within the organization and a decrease in efficiency in delivering the organization's core mandate. Health Canada will monitor this situation, and intervene as needed to achieve a healthy, sustainable level of mobility for these occupational groups.

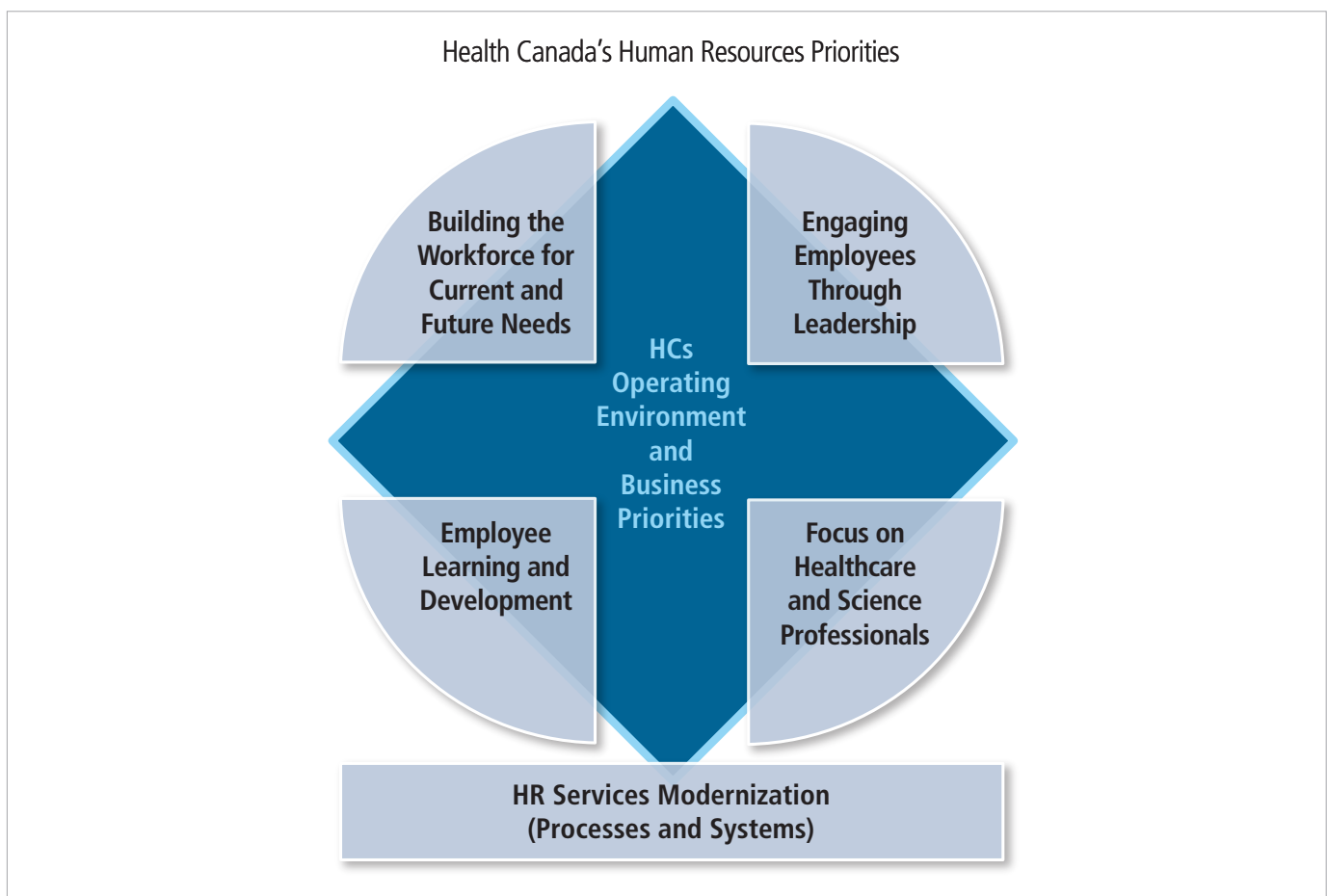


- *Science Professionals*—Health Canada still faces difficulties recruiting specialized scientific talent, particularly in the areas of medical doctors, biotechnologists, toxicologists, environmental health officers and those in emerging scientific fields like nanotechnology. Among other factors, recruitment difficulties arise from length of staffing processes in the Public Service versus the private sector, compensation packages that are not always competitive, labour market availability and competition among employers to recruit qualified talent. Recruitment challenges may have an impact on the organization's ability to achieve operational priorities or strategic outcomes related to the modernization of health protection legislation and programs. In the current operating context, Health Canada will be focusing on realigning, reallocating and retraining human resources to address this challenge. However, these efforts are not expected to be enough to meet the needs for highly specialized roles, as resources are not likely available within Health Canada, or the Public Service.
- *Health Professionals*—Health Canada is facing a significant shortage of nurses willing and able to work in remote and isolated First Nations communities. Vacancy rates are as high as 46% in some regions. The Department has been contracting nurses through agencies at a higher cost than employing nurses. In 2010–2011 the First Nations and Inuit Branch spent approximately 32 million dollars on contracting nursing services. To improve the situation Health Canada is updating and implementing the Northern Nursing Recruitment and Retention Strategy. Health Canada also has difficulty recruiting health professionals for its specialized occupational health and community medicine programs. On a positive note, according to the Canadian Institute of Health Information (CIHI), physician supply increased by 14% from 2007 to 2011. A steady influx of new graduates and the rise in internationally trained doctors is expected to continue over the next few years and could improve the availability of doctors for the Department.
- *Information Management and Information Technology (IM/IT)*—Health Canada is experiencing difficulties recruiting talent with state of the art Web knowledge. Another challenge for this function is building a service model and capacity with the right mix of employees and contract resources to achieve a flexible and adaptable workforce. Getting the right mix is crucial to accessing expertise, and adjusting resource levels based on investment decisions while maintaining the right capacity. It is expected that, going forward, HC will establish long-term contracting vehicles that will improve this situation.
- *Access to Information (ATI) officers*—ATI officers have been identified as a hard-to-hire occupation. Part of the solution to ensure hiring needs are met will be to use specialized recruitment processes such as talent search firms. Health Canada may also consider implementing a retention and capacity development strategy for this profession.



HUMAN RESOURCES PRIORITIES AND STRATEGIES 2013–2016

Considering all the factors outlined in the previous pages, the priorities, expected outcomes, and strategies below represent the HRM issues that Health Canada will need to focus attention and efforts on over the next three (3) years. The priorities on the following pages will be further detailed in the Departmental and Branch operation plans; as more concrete initiatives are identified to fulfill the priorities.



PRIORITY #1

Building a Workforce for Current and Future Needs

With Economic Action Plan 2012 implementation, Health Canada has an obligation to sustain a workforce that is smaller and better aligned with the mandate of the organization.

Expected Outcomes

- Sustainable and affordable workforce
- Shared understanding of desired future workforce characteristics
- Clearer knowledge of workforce gaps against future needs
- Targeted, timely and effective recruitment
- Right mix of employees and contractors
- An engaged and inclusive workforce

Strategies to Address this Priority

- Engage Health Canada's management to further define current and future needs and the desired workforce characteristics
- Enhance employee selection and performance management tools as needed to ensure the right fit for the job
- Bolster integrated planning and establish rigorous FTE controls
- Monitor turnover in high-mobility groups
- Continue recruitment initiatives in key occupations
- Re-establish links with universities and professional associations as a recruitment source

Progress to Date

- The Department has:
 - ✓ Met the Economic Action Plan commitments announced in Budget 2012
 - ✓ Enhanced Human Resources Planning and introduced FTE control mechanisms as part of its management practices
 - ✓ Improved practices on disability management and committed to employee wellness
 - ✓ Provided enhanced workforce data and dashboards that are available to management and all employees on a regular basis

PRIORITY #2

Develop employees through targeted learning

Health Canada must ensure employees have the capacity to perform their duties at the expected level of competency. The 2011 PSES indicated low and declining employee satisfaction with training and career development opportunities.

Expected Outcomes

- Competent, versatile workforce that is able to adapt to changing circumstances
- Cost effective learning and development programs
- Increased employee engagement

Strategies to Address this Priority

- Identify core and specialized competencies in key functions
- Continue increasing the number of e-learning activities to enhance capacity and flexibility of learning options
- Increase support for under-used development programs such as Interchange Canada

Progress to Date

- Consolidated regional and NCR learning programs under the CSB Shared Human Resources Services Directorate
- Launched PeopleSoft Enterprise Learning as a prerequisite to replacing fragmented and obsolete learning applications
- Invested in eLearning:
 - ✓ Established a 3 year, \$1.5M standing offer for eLearning development
 - ✓ Deployed a Departmental Learning Delivery System and launched 33 customized eLearning courses
 - ✓ Enhanced its virtual classroom capabilities to further support a blended approach to learning

PRIORITY #3

Engage employees through leadership at all levels

The 2011 PSES results revealed low trust and confidence in senior management. EC has recently committed to support *all managers* in developing stronger leadership competencies to lead and engage employees.

Expected Outcomes

- Improved trust and confidence in management
- Increased employee engagement

Strategies to Address this Priority

- Senior Executive models the change it wants to see in the organization
- Branches take the lead on engaging employees and improving communications at the local level
- CSB Executive Group Services delivers learning events and team-based workshops to further develop leadership capacity and foster engagement
- Leverage employee networks
- Emphasize People Management skills in selection and performance management for all managers

Progress to Date

- ✓ Employee Engagement action plan approved by EC in response to 2011 PSES results
- ✓ Branches have taken the lead to implement local engagement activities
- ✓ Executive Group Services has introduced an innovative learning program for Executives and Managers
- ✓ Executive selection process improved to increase emphasis on People Management

PRIORITY #4

Focus attention on HR Management for healthcare and science professionals

Health Canada continues to face challenges for this highly specialized segment of its workforce. Pressures including recruitment and retention of healthcare professionals serving First Nations communities, regulatory roles, and workplace health and safety roles, and scientists in regulatory roles, particularly in toxicology and emerging nanotechnologies.

Expected Outcomes

- Improved retention of healthcare professionals delivering services to First Nations
- Viable mix of contractors and employees supporting First Nations Healthcare
- Improved access to “hard to find” science and healthcare talent

Strategies to Address this Priority

- Update and implement the First Nations Nursing Recruitment and Retention Strategy
- Reinvigorate relations with universities, colleges, and professional associations as an important talent source
- Identify key positions and functions in health care and science roles

Progress to Date

- FNIHB has launched a new Health Services Delivery Model for Remote and Isolated First Nations Communities (RIFNC) in 2012
- CSB is currently working with FNIHB to update the Nursing Recruitment and Retention Strategy by incorporating elements of the Health Services Delivery Model
- CSB HRSD launched a project to identify key positions to focus succession, recruitment, and retention efforts
- Improved HR Planning, where all branches are required to identify their intended mix of contractors and employees

PRIORITY #5

Support Human Resource Service Modernization

As part of the Human Resources Services Modernization (HRSM) initiative, the Treasury Board Secretariat established new processes and systems for HR services delivery, including the Common Human Resources Business Process (CHRBP), which all departments are required to adopt.

Expected Outcomes

- HR Services provided in a standardized, efficient and effective manner benefitting employees and managers
- Streamlined and interoperable systems and data across the Public Service provide greater management control of HRM/Finance

Strategies to Address this Priority

- Implement the TBS Common HR Business Processes
- Apply existing Business Intelligence tools to allow an integrated view of SAP and PeopleSoft data
- Reduce the number of legacy "one-off" HR applications and migrate to existing PeopleSoft 8.9
- Upgrade to Government Standard PeopleSoft version 9.1 as TBS releases full functionality

Progress to Date

- Launched PeopleSoft 8.9. in November 2011 and added new functionality for HR Specialists and employees
- Health Canada is prepared for PeopleSoft 9.1 to be implemented in all departments by 2015
- Launched the Public Service Common HR Business Processes (CHRBP) project for completion by 2014



CONCLUSION

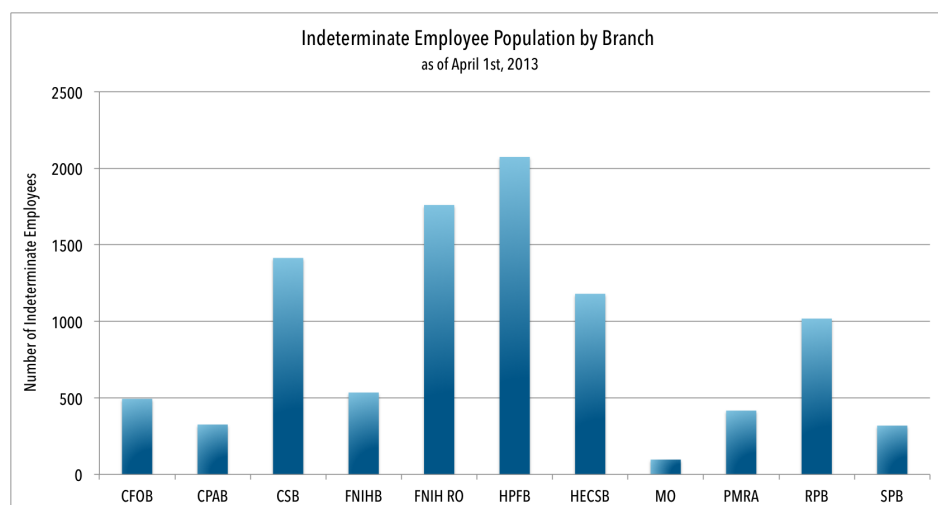
The Health Canada Human Resources Strategic Plan brings focus to the Department's key HR issues, priorities, and strategies over the next several years. This evergreen document will be updated as required as part of the departmental planning process; taking into account emerging factors in our operating environment and changes in the Department's business priorities.

By raising awareness of human resources management issues to a strategic level, Health Canada can better focus its efforts on important issues that are critical to success, and plan its way forward to create and sustain a workforce prepared for current and future challenges. Every single employee, manager, and executive in the Department has an important contribution to create and sustain the engaged, competent, respectful and professional workforce that Canadians expect and deserve.

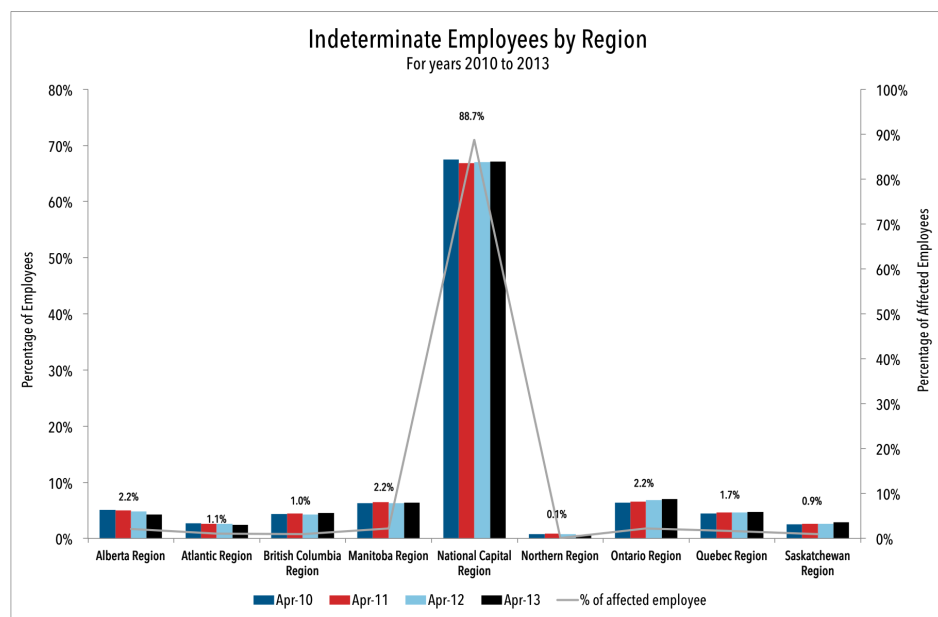


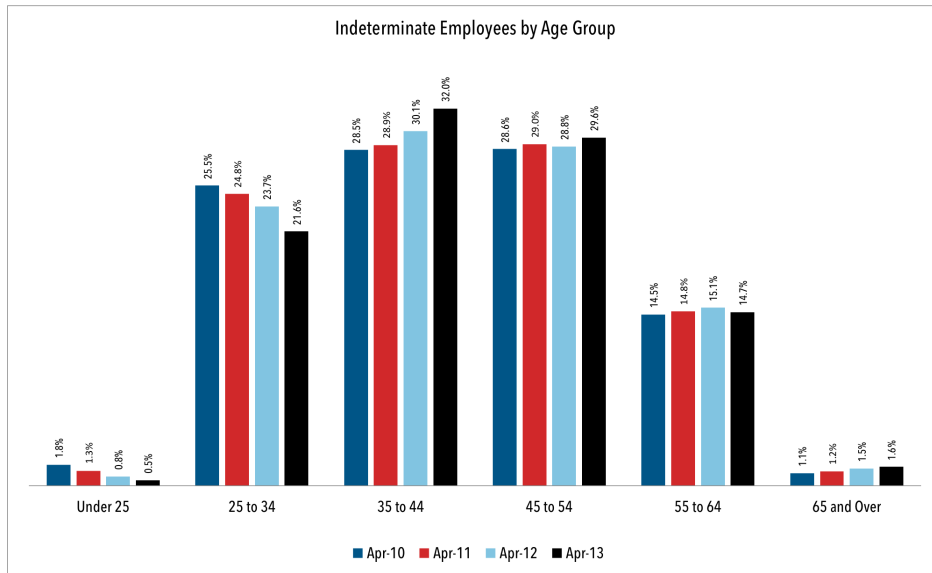
ANNEX 1 – DETAILED WORKFORCE ANALYSIS

This graphic displays the current population distribution by branch reflecting the OIC (Order in Council) transfers between PHAC and HC, restructuring in HC and workforce reductions achieved to date.

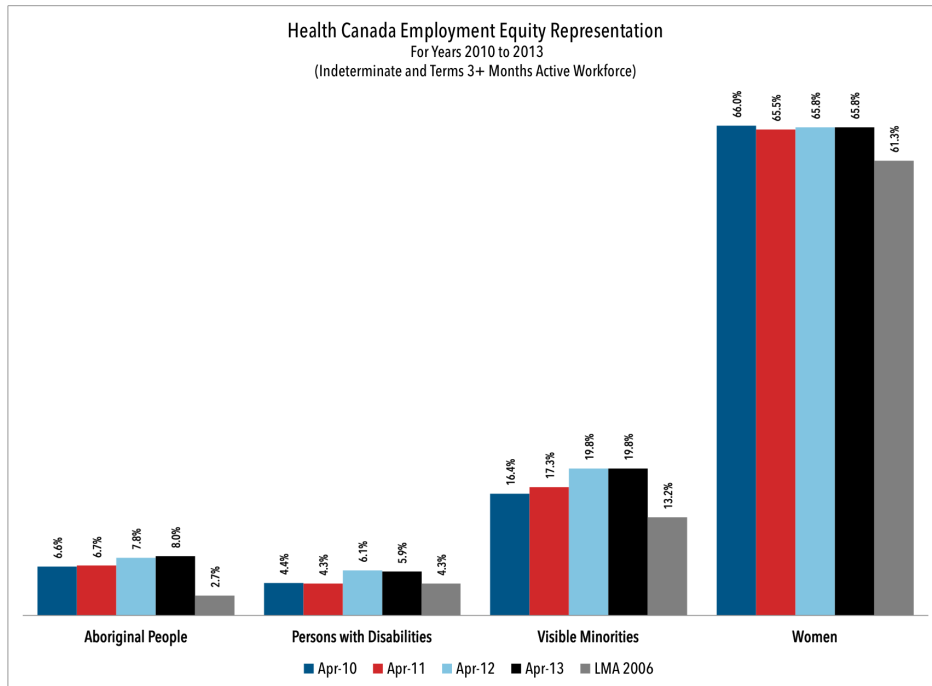


This chart indicates that the regional distribution of Health Canada's employees has remained relatively stable since 2010. The regional distribution should not change significantly following workforce reductions.





Despite an aging baby boomer generation, and due to recruitment efforts since 2010, the average age of the Health Canada's population has remained stable at 43 years. However, the growing percentage of employees within the 55 and over age groups suggests that the rate of retirement will most likely increase.



Health Canada's Employment Equity representation is above labour market availability. Between April 2010 and April 2013 Health Canada has experienced an increase in representation for all groups with the exception of women where representation has remained stable.