

**Creating the Centre of Excellence for the Future of the Health
Workforce**

Health Workforce Canada

**Summary of Proceedings:
November 23, 2023 Advisory Forum**

Introduction

On November 23, 2023, Canadian Institute for Health Information (CIHI) hosted an Advisory Forum to gather input and advice regarding the development of an initial strategic framework for the Centre of Excellence for the Future of the Health Workforce - now Health Workforce Canada (HWC). Participants were drawn from a diverse group of stakeholders which included a range of health professions and healthcare leaders including community leaders, researchers, federal and some provincial Health Ministries. A list of Forum participants is provided in Appendix A.

In advance, participants were provided with a presentation that included background on work undertaken to launch HWC, its vision, principles, draft strategic objectives and proposed early initiatives. These components had been developed based on consultations with stakeholders held by CIHI over the summer, discussions with selected thought leaders, and a review of how other jurisdictions are tackling health workforce challenges. Input was also received from the Federal/Provincial/Territorial Committee on Health Workforce.

Participants were asked to engage in table discussions on the draft strategic objectives and on a small number of early initiatives which could start quickly and make a meaningful difference to Canada's key health workforce challenges. While not the focus of the forum, participants were also invited to comment on the draft HWC vision and principles.

It was noted at the Forum that HWC plans to work with First Nations, Inuit and Métis partners to develop a separate distinctions-based approach to address health workforce challenges affecting their peoples and communities. HWC will seek to build relationships and collaborate with First Nations, Inuit, and Métis partners to address these challenges, recognizing First Nations, Inuit and Métis rights as set out in the Constitution and respecting signed treaties and Indigenous data sovereignty.

The Advisory Forum was a first step in HWC's engagement process, with opportunities for more detailed consultations and continued engagement continuing to occur through the remainder of 2023 and in 2024 as HWC continues to develop its full Strategic Plan.

This report provides a summary of the proceedings at the Advisory Forum.

Background on Health Workforce Canada

The establishment of the Centre of Excellence for the Future of the Health Workforce - now Health Workforce Canada (HWC) - is an important commitment recently made by federal, provincial and territorial ministers as part of joint work to address health workforce challenges.¹ CIHI was asked by Health Canada to take the lead role in setting up HWC as an organization to convene and collaborate with health sector partners to advance approaches for current and future health workforce challenges.

¹ [Federal, provincial and territorial statement on supporting Canada's health workforce - Canada.ca](#)

HWC is expected to contribute to Canada’s health workforce strategic approach - in particular, to the “plan” pillar – *collect the right data to support long term work force planning and the ability to identify potential gaps before they become a crisis*. HWC will need to engage a broad range of people and organizations within health workforce networks to undertake its work.

A Steering Committee which includes senior representation from Health Canada, CIHI and health sector leaders was formed to guide the establishment of the organization (see Appendix B for a list of members). CIHI continues to support HWC as it is established and will be a key partner for the organization, providing data, information, and expertise.

HWC was incorporated as an independent not-for-profit organization in October 2023. A founding Board is in place. Its website is www.healthworkforce.ca. Its mandate was established in the incorporation process.

Health Workforce Canada Mandate

HWC convenes and collaborates with health sector partners to advance approaches for current and future health workforce challenges by:

- identifying the sector’s priority needs in support of perspectives and solutions , working in partnership with CIHI and others to facilitate access to data and information while respecting Indigenous data sovereignty
- providing insights and guidance to inform effective policy for supply and distribution of the workforce, health equity-based planning, health and mental health of the workforce, and innovations in retention and recruitment
- gathering and sharing information on practical solutions and innovative practices to address key gaps and implementation challenges

How the Day Unfolded

After Glenda Yeates, Chair of the Steering Committee, gave the Land Acknowledgement, Grandmother Irene, a First Nations Elder in the Ottawa community, set the stage for the Advisory Forum through a smudging ceremony, accompanied by a song to invite the ancestors in, with the message that participants were encouraged to stop, slow down, listen, become mindful and centred for the day.

Participants heard from the Honourable Mark Holland, Canada’s Minister of Health. He indicated that the work of HWC was critical to ensure that the workforce data needed to inform decisions that would enable transformation to solve workforce issues. He emphasized the importance of data, modelling and forecasting. He made the point that by improving the situation and capacity of the health workforce, the quality of the health system would also be improved. (On December 6, 2023, HWC was officially announced by Minister Holland. The news release can be found [here](#).)

Mark Cormack, former CEO of Health Workforce Australia, shared learnings from Australia’s experience. The video of Mark’s interview can be viewed [here](#) on YouTube.

Participants reviewed and commented on draft strategic objectives in the morning session. In the afternoon session, five draft early initiatives were reviewed, and comments provided. Comments were also received on the draft vision statement and draft principles.

Three key priorities for HWC emerged from the discussions:

- Releasing an early version of a dashboard to support planning, and early work on forecasting and modelling
- Action to tackle the challenges facing providers and impacting patients in rural and remote settings
- Moving on retention strategies and activities

Glenda Yeates closed the day, thanking participants for their engagement and thoughtful advice. She noted that:

- the term “our centre” was used frequently during the day, suggesting a solid foundation for working together was present
- HWC needs to stay connected and bring people together
- Canada’s health workforce needs to hear that HWC has heard challenges impacting them and action will be taken to help
- Participants wanted HWC to be “impatient” and action-oriented
- Canada’s healthy workforce is tied to a healthy workplace culture and retention which leads to good patient care.

General Highlights

The following general comments were provided to assist with the creation of HWC.

Be clear on why and how HWC fits into Canada’s health workforce strategy/plan. HWC strategic framework, initiatives and outcome metrics need to be aligned and connected with Health Canada’s overall strategy and the Federal/Provincial/Territorial Health Ministers’ five priorities (October 13, 2023²). There needs to be continued engagement of provinces and territories as decision makers for facilitating implementation.

Convey hope. Healthcare workers need hope and HWC has a role to play in addressing key workforce challenges which will help to give workers hope. Focusing on rural and remote areas, retention issues and considering workplace culture issues, safety and psychological issues will be key for workers.

Strong, bold and innovative leadership is needed. Participants expressed a desire to see HWC take a strong, bold leadership role in the health human resources space, and for it to be innovative and future-oriented.

Act quickly to address needs of health workforce sectors. HWC should:

- Develop concrete tools and provide access to data quickly to support top challenges in specific health workforce sectors to show value added.

² Health Ministers’ five priorities are: a focus on retention; examination of health care training and supply demand with a focus on Indigenous; reduction in training for IEHP; enhanced labour mobility for health care workers; improve sharing and availability of health workforce data and planning (through HWC).

- Focus on delivering tools, not on research or developing reports, and move beyond conversations and engagement.
- Tackle one topic in the first year, continually showing progress and addressing outcomes which address challenges.

Be clear on HWC's scope and its role – this will be important for stakeholders. Ensure early and ongoing involvement with stakeholders and partners - “get out there and be visible” and ask stakeholders what they think they most important issues are.

Partner with First Nations, Inuit and Métis groups. A specific suggestion was to include data about elders’ traditional healing which is not well documented or shared, that this could be useful for Indigenous health workforce wellness. (Note that HWC plans a separate Indigenous-focused relationship-building and engagement process.)

Build HWC for the future in a way which is sustainable. HWC should:

- Take advice from Health Workforce Australia which focused heavily on data, resulting in the organization winding-down following a change in government. A foundation for the future is needed.
- Be clear that these strategic objectives are foundational to get started on achieving the vision, moving beyond data coordination to broader objectives.
- Ensure HWC develops tools for all which could live beyond the organization; e.g., provide support for local levels, as well as national.

Emphasize importance of governance and shared accountability of the linked ecosystem. In developing a governance framework, HWC should:

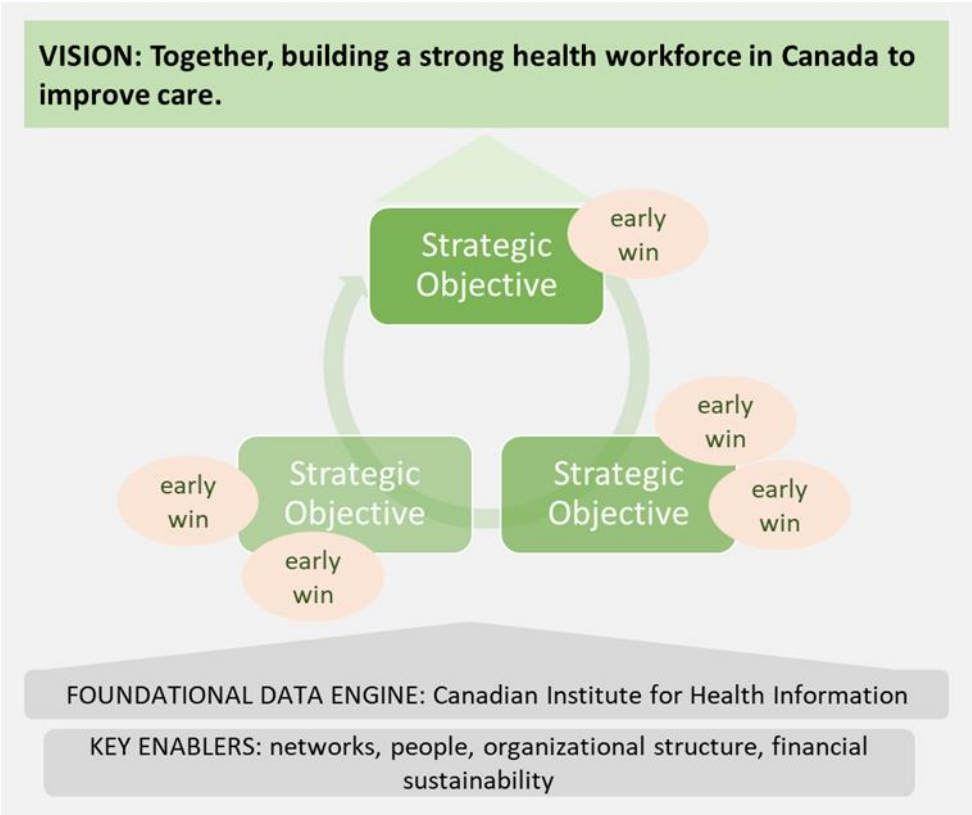
- Describe the governance and shared accountability framework clearly and include more detail on this in the strategic framework
- A good governance model and clear mandated accountability is needed to determine how the organization will work with those in the ecosystem (professions, data custodians etc.)
- Consider the Collective Impact Model, which joins people under common, principle-based approaches
- Adopt the Health Data Charter

Some participants noted that they did not think researchers had a recognized role in the linked ecosystem. It was suggested that HWC establish a table linking researchers, information users/policy developers and funders as a means of encouraging research targeted to high priority areas.

Costs of HWC initiatives and involvement of network participants need to be considered, particularly for those in rural and remote areas, and for equity-deserving groups, as examples.

Discussion on Strategic Framework Components: What We Heard

The following framework was presented to Forum participants as a guide to the discussion regarding strategic objectives and early wins.



Vision Statement

Draft Vision Statement: Together, building a strong health workforce in Canada to improve care

Comments provided on the draft vision statement included:

- Be bold, create a future-oriented statement
- “Care” does not reflect the important concept of improving health and wellbeing of Canadians
- Patients and community need to be explicitly mentioned
- “Strong health workforce” is better phrased as “health and wellness of the workforce”
- Equity and parity are important concepts missing from the vision
- First Nations, Inuit and Métis partnerships should be directly included in the vision
- Concept of planning is missing in the vision

Alternative phrasing suggested included: *“more data, better planning, healthier Canadians”* or *“Together planning for a healthy workforce for the health of Canadians”*.

Principles and Values

The following draft principles guiding HWC’s establishment were provided to Forum participants:

- Balance flexibility, innovation and accountability through sound governance while incorporating the interests of diverse stakeholders
- Be policy neutral, independent from politics and/or policy and decision making
- Build and lever relationships through networks to bring together experts and to maximize efficiency and effectiveness
- Be respectful of CIHI’s trusted position in the data ecosystem through a strong relationship with CIHI
- Acknowledge and respect Indigenous data sovereignty
- Ensure the needs of equity deserving populations are considered, including racialized groups, LGBTQIA2S+, Indigenous groups, rural and remote communities, and others

During the Advisory Forum, the following concepts were raised as appropriate for inclusion in the principles:

- The need for HWC to address enhancing wellness and the wellbeing of health workers.
- The need to collaborate, and the importance of working with partners to multiply HWC’s contribution to the workforce and in turn, to the health and wellbeing of people in Canada.

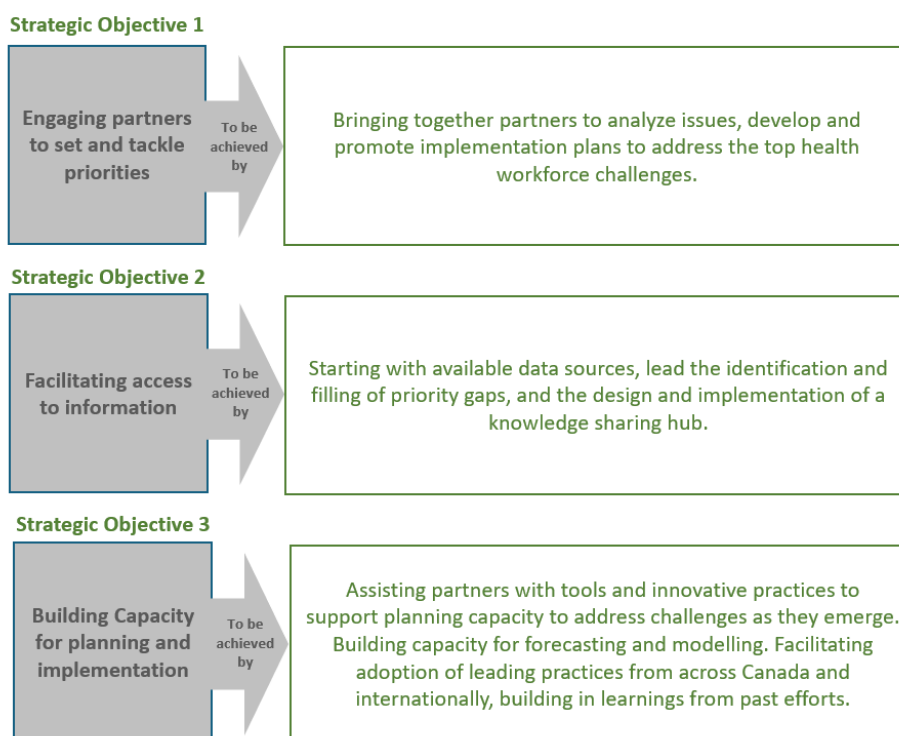
The assembled group felt strongly that HWC would not be able to be policy neutral and considered that its stance needed to be defined in its principles. The advice was that HWC could help serve its communities and would need to go far enough to be helpful, but stop short of advocacy.

While draft values were not presented, it is anticipated that full set of values will be developed at a later stage. Note was taken of potential value statements that emerged during the discussion of strategic objectives:

- Through collaboration we multiply our contribution
- Together, we are stronger and can contribute more
- Trust is important for collaboration.

Strategic Objectives

Participants were provided with the following three draft Strategic Objectives to consider:



Discussion of strategic objectives included many ideas for implementation tactics and initiatives which will be included in the draft strategic framework. Comments regarding strategic objectives included:

- **Use stronger, action-oriented language** for strategic objectives with reference to HWC as a leader, setting priorities, and outcomes and identifying which communities will be served.
- **Ensure strategic objectives encompass and cut across all health workforce professions beyond physicians and nurses:**
 - If not, 50 percent of the workforce is missing. Occupational therapists, physiotherapists, social workers, personal support workers, non-clinical staff (IT, Finance, Human Resources), analysts, formal and informal care providers need to be included.
 - Education sector, health workplace unions and associations are critical partners to address health workforce challenges, e.g. health workforce wellness, long-term supply.

- *Develop implementation plans with partners as to how to get from the strategic objectives to action items. Concrete tools are needed upfront for partners.*

The following specific comments were received regarding the three Strategic Objectives presented at the Advisory Forum.

Strategic Objective 1 - Engaging partners to set and tackle priorities.

Engaging partners was not seen by itself as enough. HWC needs to lead to bring the network together. HWC needs to set priorities and implement priorities with its partners actively involved in the process. HWC needs to ensure ongoing participation across all stakeholder groups including health workforce professions, associations, colleges, academic institutions, researchers, patients, and the public. It will be important to balance engagement to be helpful to and respectful of the roles of Provinces, Territories and others. HWC should leverage work of others where possible, avoiding duplicating their work.

Strategic Objective 2 - Facilitating access to information.

Participants thought that facilitating access to information was central to the organization. Data should be explicitly mentioned in this strategic objective. HWC should show leadership in providing access to data and information, and apply innovation, but “don’t let perfect get in the way of the good”. Data availability, quality, accessibility, and interoperability challenges vary. This needs to be addressed in the approach to accessing data. If interoperability and standardization cannot be achieved, data should be contextualized to explain differences and consider if data are comparable.

Consideration should be given to accessing broader sources of information, not just headcounts. In the longer term, HWC should strive to include data on attrition, leaves of absences, and data from non-traditional sources such as pension plans, education and training, labour market data and health workforce wellness surveys. A central workforce registry would be beneficial, although a longer-term effort.

Strategic Objective 3 - Building Capacity for planning and implementation

The concept of building capacity for planning should be moved up front, using stronger language such as catalyze capacity for planning, modelling, forecasting, and implementation across Canada through coordination. HWC should consider modelling and forecasting needs at both the national and local levels. HWC should lead the development of a health workforce planning, modelling, and forecasting framework which is client driven, and based on concepts from best practices. Data needs to be used to lead to actions. Models in the networks should be leveraged where possible. Stakeholders need to understand the value of sharing data and the benefits they will receive from doing so in order for them to be willing to participate. Early work for the Centre could include looking at existing models.

An Additional Strategic Objective – knowledge mobilization - was proposed at the Advisory Forum.

Proposed Strategic Objective 4 - Knowledge Mobilization. Participants recommended that HWC Include a fourth Strategic Objective to highlight the role of HWC in knowledge mobilization.

This objective should include sharing health workforce best practices and learnings, including practices for supporting and engaging the workforce. Participants would like to see success stories and emerging practices profiled. It would also be important to share information on initiatives that have not worked. Knowledge mobilization includes assembling data in formats that are concise and easy for people to use, and leveraging knowledge networks, e.g. Canadian Health Workforce Network.

Early Wins

As a general comment, some participants questioned whether “early wins” was an appropriate label versus early actions or initiatives.

Early Win #1 – Enhance retention for three healthcare sectors

Participants felt strongly that health workforce retention is a priority across all sectors, and actions can be developed or amplified build on existing evidence. Early areas of focus could include long term care, primary care, and hospitals. Some elements that could go into early wins include amplification of the Chief Nursing Officer-led nursing tool kit and Sunnybrook’s retention approach.

Possible early activities identified during the Forum included collating and sharing experiences, learnings, and practices. Participants thought that approaches profiled should be relevant to sectors and not onerous. There should be a feedback loop to support assessment of effectiveness of approaches. Data and information on retention should be a priority for the dashboard. A need for granular level data as an evidence base for retention was also identified.

Early Win #2 – Establish a system to link networks to HWC

Participants indicated that HWC needs to be a leader of the network, not just a hub. The organization needs to be nimble, agile and able to call on stakeholders as needed. Networks should be built on existing networks including knowledge producers, knowledge users, professional associations, faculties, and educational institutions, where possible. Researchers and educational institutions need to be more central to the network than they currently are.

Participants felt HWC could learn from other organizations when structuring networks. Networks should be grounded in decision-making, be purpose built and be accountable to clients. The whole community should be built into the networks. Network linkage structures could include a council of sector representatives comprised of people driven to get results and could consider time limited task forces as part of its network governance structure.

Early Win #3 - Launch a first iteration health human resources dashboard for Canada

The development of a dashboard was highlighted by participants as a key priority. Releasing a minimum viable dashboard was seen as a good early win. A micro early win could be the release of a data map. Data for rural and remote, equity-deserving populations and retention should be prioritized.

The dashboard should be a thoughtful tool for story telling. It needs to provide information that is contextualized and should not be seen as a report card. It should have a public face to engage people across the country. It should contain data at national, provincial, and local levels where possible and would be expected to grow over time. A plan should be developed to include both quantitative and qualitative data, and to capture data from all health workforce sectors, including public and private sectors. It should enable research, policy analysis, and be interactive and user friendly.

Early Win #4 – Seek solutions to the shortage of health care workers in rural and remote communities

Rural and remote community health workforce issues were seen as key areas of focus. Identifying specific initiatives at this stage was thought to be premature. Early actions could include the development of an ongoing rural and remote table. One-off consultations were not seen as helpful. The table may create sub tables or task-based groups to examine specific issues (virtual care, innovative models of care, addressing isolation and providing support for workers in remote areas as examples). Issues could be brought forward to the full table for review and study. A compendium of learnings which could be made available to communities so that they can see what has worked and what has not worked. A vehicle will be needed to get the message out to those who can make changes, such as educational institutions and employers. HWC should draw on and involve existing networks to help share learnings and broaden involvement.

Early Win #5 - Build a framework to evaluate team-based care models and create tools to centralize best practice and knowledge sharing

While there was general agreement that evaluation of team-based care models has merit, this proposal was not seen as a good candidate for an early win. However, work on ideal team models was seen as necessary and important knowledge to spread, as it affects forecasting and scenario planning.

Next Steps

Health Workforce Canada would like to thank workshop participants for their involvement and their insight and advice on standing up the organization and on where it should best focus its early activities.

HWC sees the Advisory Forum discussion as a valuable and insightful first step towards ongoing engagement with the broader health workforce community and will continue to connect and seek guidance from those who participated at the Forum and with the broader health workforce community.

HWC has begun to engage with First Nations, Inuit and Métis partners to build relationships and look at how the organization's work might contribute to addressing their distinct issues.

HWC is developing a draft strategic framework document based on the feedback from the Forum, and with the guidance of HWC's Steering Committee. The Strategic Framework document is being released in the coming weeks for further consultation. HWC's full strategic plan is expected to be completed by summer 2024, after benefiting from further consultation with the health workforce community.

Appendix A: List of Forum Participants

Updated November 21, 2023

Ewan Affleck, College of Physicians & Surgeons Alberta
Mary Bartram, Stepped Care Solutions
Alexandre Bourassa, Canadian Nurses Association
Ivy Bourgeault, University of Ottawa, Canadian Health Workforce Network
Sylvain Brousseau, Canadian Nurses Association
Leigh Chapman, Health Canada
François Couillard, Extended Healthcare Professionals Coalition
Patrick Cyr, Health Canada
Vincent Dale, Statistics Canada
Manon Dufresne, l'Ordre professionnel de la physiothérapie du Québec
Annette Elliot Rose, IWK Health Centre
Carole Estabrooks, University of Alberta
Gonzague Guéranger, The First Nations Information Governance Centre
Jodi Hall, Canadian Association for Long Term Care
Jeannine Herritt, Department of Health and Community Services
Laura Hillier, Government of Yukon
Alyssa Indar, Nova Scotia Health and Dalhousie University
Christine Kouri, National Newcomer Navigation Network (N4)
Sonia Kumar-Seguín, Patient Partner
Toni Leaman, Patient Partner
Stephen Lucas, Health Canada
Sheri McKinstry, Indigenous Dental Association of Canada
Genevieve Moineau, Health Canada
Jessica Nadigel, Canadian Institutes of Health Research
Viren Naik, Medical Council of Canada
Natasha Newman, Indigenous Dental Association of Canada
Erika Nicholson, Canadian Partnership Against Cancer
Mike Northcott, Saskatchewan Health Authority
Joss Reimer, Canadian Medical Association
Tamara Richter, LPN College of Alberta
Hélène Sabourin, Canadian Association of Occupational Therapists, and HEAL
Michael Sangster, National Association of Career Colleges
Karey Shuhendler, Canadian Medical Association
Linda Silas, Canadian Federation of Nurses Unions
Karima Velji, Ontario Ministry of Health
Jo Voisin, Health Canada
Kristin Winter, Sunnybrook Health Sciences Centre
Glenda Yeates, Health Workforce Canada
Jennifer Zelmer, Healthcare Excellence Canada

Appendix B: Steering Committee Members

Glenda Yeates, Chair, former Deputy Minister of Health Canada, former President and CEO of the Canadian Institute for Health Information (CIHI) and former Deputy Minister of Health for Saskatchewan. She is a member of the Order of Canada.

Janet Davidson, administrator of Nova Scotia Health since 2021. She is the former Chair of the board of the Nova Scotia's Health Authority and was Interim CEO of Nova Scotia Health System in 2019. Formerly, she served as Deputy Minister of Alberta Health. She has more than 40 years of combined experience in health care both in government and in voluntary, hospital and community sectors in several Canadian jurisdictions, as well as internationally.

Dr. Alika Lafontaine, is an anesthesiologist and health leader. He is Immediate Past President of the Canadian Medical Association and a recognized expert on health systems and health policy, with unique experience in Indigenous Health Systems. In 2023, he was named Maclean's top Health Care Innovator.

Dr. Stephen Lucas, is Deputy Minister at Health Canada and a member of the Canada Research Co-ordinating Committee. He is a member (ex officio) of the Governing Council at the Canadian Institutes of Health Research and a Board member at the Canadian Institute of Health Information (CIHI)

Dr. Linda McGillis Hall, is a Professor of Health Systems and Research at the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto. She is a leader in nursing health services and systems research, focused on health human resources and the nursing work environment.

Dr. Kimberlyn McGrail, is a researcher and Professor at the University of British Columbia. She is CEO and Scientific Director at the Health Data Research Network Canada and Scientific Director at Population Data B.C. She is a special advisor to the Canadian Institute for Health Information (CIHI).

David O'Toole, is President and CEO of the Canadian Institute for Health Information (CIHI). Prior to joining CIHI, he held several deputy minister and assistant deputy minister positions in the Ontario public service. He is past chair of the Kingston Health Sciences Centre and an Adjunct Professor in the School of Policy Studies at Queen's University.

Dr. Verna Yiu, is interim Provost and Vice-President Academic, University of Alberta. She is past President and CEO of Alberta Health Services, and a Board member at the Canadian Institute of Health Information (CIHI).