

# Primer for a Pan-Canadian Health Workforce Data Strategy: Current State

Prepared by Health Workforce Canada | May 2025



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### Purpose

This document summarizes the current state of health workforce data in Canada and presents the next steps to advance the development of a Pan-Canadian Health Workforce Data Strategy.

In the context of this document, health workforce data refers to publicly and privately held data related to the workforce providing health care in Canada. This includes but is not limited to regulated and unregulated health professionals, support staff, caregivers, patients, and families. Data on these groups may include socio-demographic factors, labour, education, immigration, supply, and employment information. This data should be considered in context of the needs of the population across the lifespan of a population to enable planning models of care that deliver quality outcomes for Canadians.

### What is a Health Workforce Data Strategy?

A Health Workforce Data Strategy is intended to offer the overarching visionary principles and recommendations for partners, organizations, and jurisdictions to advance the health workforce data foundation for Canada.

This strategy will identify data gaps based on priority information needed to support and advance policy and decision-making to achieve a strong, healthy health workforce for the future. Through engagement and co-design, partners will be involved in strategy creation, which will contribute to its successful implementation.

The Health Workforce Data Strategy is not intended to be a roadmap or workplan for any given organization. Rather, it will serve as a guide for partners, organizations, and jurisdictions to identify a collective health workforce data vision that can be used as an aspirational guide for Canada.

#### Why create one now?

Over the past year, Health Workforce Canada has engaged stakeholders across the health workforce ecosystem, and these engagements have highlighted that the current state of data on Canada's health workforce is impeding planning and operational efforts.

These engagements have reinforced that:

- there is a significant amount of health workforce data across the country;
- the data and its accessibility vary significantly across jurisdictions and professions; and,
- there remain persistent data gaps that need to be filled to enable health workforce planning needs, including facilitating the ability to model and forecast future health workforce needs for a growing and aging population.

Through listening sessions with a broad range of stakeholders, Health Workforce Canada has heard an emphasis on the need to improve the timeliness, comprehensiveness, and connectedness of health workforce data throughout the country. These areas will be advanced through the development of a coordinated Pan-Canadian Health Workforce Data Strategy that sets a vision and recommendations to address these challenges. Some known needs and gaps include, but are not limited to:

- access to comprehensive, timely data on an array of regulated and unregulated health professionals to enable planning team-based care and evaluating outcomes;
- an inability to monitor the migration of health professionals between provinces and territories;
- limited and inconsistent employment-relevant data (e.g., vacancy rates, recruitment and retention data);
- a lack of comprehensive health professional education data to facilitate planning efforts that include aspects such as modelling supply and demand of multiple professions;
- limited collection of regular and ongoing wellness information to support retention of health care workers;
- limited collection and reporting of data to support equity deserving populations (e.g., language, gender, Indigenous populations); for example, there is an increased need for data on rural and remote populations, however small cell counts often prevent that data from being shared publicly.
- a lack of service utilization data for professions other than physicians, making it difficult to measure specific workforce activities across the continuum of care; and,
- gaps in standardized definitions and value sets for data collection.

These needs and gaps have been voiced across various levels of policymakers and planners, researchers, healthcare professionals, employers, educators, patients and caregivers, and others.<sup>1</sup>

A need for a Health Workforce Data Strategy has been voiced in other forums. For example, in May 2022, Health Canada hosted a symposium where health workforce stakeholders across the provinces and territories were brought together.<sup>2</sup> Among many proposed solutions during this symposium, key solutions were to:

- create a Pan-Canadian Health Workforce Data Strategy centralizing accountability and include continued evolution of cross jurisdictional minimum data standards; and,
- include the collection of Indigenous data while respecting Indigenous data sovereignty.

<sup>&</sup>lt;sup>1</sup> These gaps in data have been outlined in various reports, including but not limited to: Caring for Canadians: Canada's Future Health Workforce – The Canadian Health Workforce Education, Training and Distribution Study - Canada.ca; Addressing Canada's Health Workforce Crisis; Reimagining Health Workforce Planning in Canada

<sup>&</sup>lt;sup>2</sup> Summary Report of the Health Human Resources Symposium - Canada.ca

Although this document and current work are focused on the development of a Health Workforce Data Strategy, it is recognized that to create effective and lasting policy change, data must be accompanied by strategic and cohesive health workforce planning.

It is recommended that the development of a Pan-Canadian Health Workforce Data Strategy is seen as a first step that should be followed by the development of a Pan-Canadian health workforce planning strategy. This work will continue to evolve as new data becomes available that supports improved planning.

**Current strategies:** Many provinces and territories have moved forward with data strategies. Most of these strategies are focused on the planning and implementation of specific programs and policies and do not explicitly include provisions related to workforce data. Similarly, many provinces and territories have developed health data strategies, which often do not include a focus on workforce related data.

This section of the document is focused specifically on existing and publicly available health workforce strategies across provinces and territories in Canada, as well as some examples internationally. There is a great deal of ongoing work related to the data in general that may not be publicly available information but will be considered as work progresses on developing the Pan-Canadian Health Workforce Data Strategy.

At the national level, the Pan-Canadian Health Data Strategy was developed, with the final expert advisory group report released in March 2022. Although the framework and several of the recommendations of this strategy will likely apply to a Health Workforce Data Strategy, health workforce data and its unique characteristics were not explicitly highlighted in the final strategy.

The primary focus of the Pan-Canadian Health Data Strategy was on patient data, making it linkable and interoperable across a distributed network of health systems in Canada. Specifically, health data in the context of the Pan-Canadian Health Data Strategy is defined as "observations, facts or measurements...which relate to the physical or mental health status of individuals, health system performance and socio-economic, community and health system characteristics". <sup>3</sup> This includes interoperability with health workforce data but isn't elaborated on in the Pan-Canadian Health Data Strategy.

The existing strategies at provincial, territorial, and Pan-Canadian levels can be used as foundational pieces in understanding the current HW data ecosystem in Canada, as well as examples of potential principles and strategies that could be applied to a Pan-Canadian HW data strategy.

<sup>&</sup>lt;sup>3</sup> expert-advisory-group-report-02-building-canada-health-data-foundation.pdf

#### Table 1: Provincial and Territorial Health Workforce Strategies

The following table outlines the publicly available health workforce strategies across the provinces and territories (as of January 2025). Strategies that focus on non-health workforce data, that are in progress, or that have not been published publicly are not included, and therefore this table may represent only a subset of all efforts related to provincial and territorial health workforce data and planning.

Despite the significant work that is underway across jurisdictions, few strategies exist to formally guide the work on health workforce data to date.

Province	Name of Strategy	Year published	Inclusion/consideration of HW data
BC	<u>BC Health Human</u> <u>Resources Strategy</u>	2022	Does not have an explicit focus on health workforce, however, does highlight that information systems used to manage and track human resources are disconnected and suggests an opportunity to develop a standardized approach for systems, which can provide greater standardization of data collected. Also considers data needed for performance monitoring and workforce evaluation.
Alberta	<u>Health workforce</u> <u>Strategy</u>	2023; updated in 2024	There are five pillars in the strategy, one of which is 'Strengthen'. Priorities include the creation of mechanisms to increase coordination for health workforce planning and improve data collection, management and analysis to support evidence- informed planning, management and decision-making.
Saskatchewan	Health Human Resources Action Plan	2022	Does not mention health workforce data.

Province	Name of Strategy	Year published	Inclusion/consideration of HW data
Manitoba	<u>Health Human</u> <u>Resource Action</u> <u>Plan</u>	2022	Does not mention health workforce data.
Ontario	Your Health: A Plan for Connected and Convenient Care	2023	Very little mention of health workforce data, however, did acknowledge that a health workforce plan is currently in development that will include a plan for prioritizing resources and will track how the workforce is expanding. Additionally, committed to supporting the federal government's call for national health care data reporting.
Quebec	<u>Plan Pour Mettre en</u> <u>Oeuvre les</u> <u>Changements</u> <u>Nécessaires en</u> <u>Santé</u>	2022	Proposes improving access to data for fair and equitable information. Proposes a modernization of the legislative framework governing access to health data to ensure integrated management of information, enabling full access to citizens' health information, and improving access to data by managers and researchers.
Nova Scotia	<u>Action for Health: A</u> <u>Strategic Plan</u>	2023	Outlines that health workforce data will be used to drive decisions, and that data collection should be enhanced to guide policy decisions, but no specific initiatives.
New Brunswick	Stabilizing Health Care: An Urgent Call to Action	2021	Does not explicitly mention initiatives related to health workforce data.

Province	Name of Strategy	Year published	Inclusion/consideration of HW data
Newfoundland and Labrador	<u>Newfoundland and</u> <u>Labrador Strategic</u> <u>Health Workforce</u> <u>Plan</u>	2015-2018	Nothing explicit about health workforce data, but the fifth strategic direction is to maintain robust planning and evidence. A contract was awarded in 2023 to update the Health Human Resources Plan; nothing yet available online.
PEI	People Strategy	2022-2025	Goal to implement systems to allow for the proper collection of human resources data while promoting the use of human resources metrics and analytics to make evidence-based people decisions.
Nunavut	Roadmap to Strengthen the Nunavut Nursing Workforce	2022	One of the nursing strategy pillars is focused on workforce planning and evaluation, which includes developing and implementing a standardized tool, policy, and procedure for regularly identifying nursing workforce needs.
Northwest Territories	Northwest Territories Health and Social Services System Human Resources Plan	2022	The first pillar is informed decision-making related to workforce planning, recruitment and retention. This includes reviewing vacancy data, position tracking, recruitment activity data, and an annual labour force review analysis.
Yukon	<u>The Yukon's Health</u> <u>Human Resources</u> <u>Strategy</u>	2023	There are five pillars, one of which is Plan. In this pillar, initiatives include gathering comparable health workforce data to create a strategy, establishing common definitions, consistent

Province	Name of Strategy	Year published	Inclusion/consideration of HW data
			methodologies and data governance and principles for data collection. Another initiative is to support evidence-based decision- making through the development of a comprehensive health workforce data strategy that focuses on using data to forecast and plan effectively.

Additionally, referring to international health workforce strategies provides additional examples of potential principles and considerations to include in our work.

Table 2: Exam	ples of Interna	ational Health	Workforce	<b>Strategies</b>
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Country	Name of Strategy	Year published	Inclusion/consideration of HW data
Australia	National Medical Workforce Strategy 2021-2031	Endorsed by Health Ministers in December 2021	Provides recommendations to address the issue of a lack of data, planning and coordination across governments.
			One priority of the strategy is to collaborate on planning and design. The strategy aims to collate, analyze, share, and use data regarding the medical workforce from all possible sources. Includes agreeing on terminology and definitions across multiple sources to allow for merging of information. Actions include the development of a workforce planning framework and a National Medical Workforce Data Strategy.

Country	Name of Strategy	Year published	Inclusion/consideration of HW data
			On August 7, 2024, it was announced that an advisory body had been formed to guide this work.
Australia	National Mental Health Workforce Strategy 2022- 2032	Endorsed by Health Ministers in November 2022	One strategic pillar of this strategy is focused on data, planning, evaluation, and technology. Acknowledges there is a lack of
			comprehensive, high-quality, and up- to-date data.
			Proposed actions include:
	National Nursing		<ol> <li>Reviewing data collection approaches to ensure data can appropriately inform mental health workforce planning.</li> <li>Make mental health workforce data publicly available to be used for workforce planning.</li> <li>Define what data is required, for what purpose, where data is currently held, and what additional collections are required to improve reliability, accessibility, and comprehensiveness.</li> <li>Support data collection and consolidation at all levels.</li> </ol>
Australia	Workforce Strategy	September 2024	<ol> <li>Findings noted:</li> <li>Limited nursing workforce data is available.</li> <li>Need for better data on the numbers of nurses working</li> </ol>
			across the workforce. Without this, it is difficult to plan for and train the right numbers of nurses in the areas of most need.

Country	Name of Strategy	Year published	Inclusion/consideration of HW data	
Australia	<b>In development:</b> a National Allied Health Workforce Strategy (currently conducting engagements, draft planned to be released in 2025).			
United Kingdom	<u>NHS Long-term</u> Workforce Plan	June 2023	Used modelling and projections throughout the plan, to provide the foundation for the plan. Projecting needs up to 15 years in the future.	
United States	Health Workforce Strategic Plan (U.S. Department of Health and Human Services)	2021	Goal 4 of the plan is to develop and apply data and evidence to strengthen the Health Care Workforce. This goal describes efforts to collect, analyze, and apply data, research and evaluation findings to understand opportunities to strengthen the nation's health workforce. Discusses the need to monitor health professions to match supply with demand. States that minimum data sets help ensure national databases use consistent core data elements in order to support policy and acknowledges that minimum data standards do not exist for many health occupations (like community health workers). Additionally, it states that the quality and granularity of data vary, and data definitions are inconsistent which leads to difficulty in analyzing data. A key objective of the strategy is to use data to monitor and forecast health workforce needs.	

Country	Name of Strategy	Year published	Inclusion/consideration of HW data
WHO	<u>Global strategy on</u> <u>human resources</u> <u>for health:</u> <u>Workforce 2030</u>	2016	One of the objectives includes the desire to strengthen data on human resources for health.
WHO	<u>Health Workforce</u> <u>Statistics</u> <u>Dashboard-</u> <u>National Health</u> <u>Workforce</u> <u>Accounts</u>	Updated December 2024	Includes a handbook and implementation guide (2023) with principles, data, data definitions, etc. WHO Resolution (WHA69.19) urges Member States to consolidate a core set of HRH data with annual reporting to Global Health.
WHO	<u>Towards a</u> <u>European Health</u> <u>Workforce Strategy</u>	2023	Call for the EU to develop a comprehensive health workforce strategy.

Key opportunities that have been identified to date through Health Workforce Canada's engagements and should be considered in the development of the Pan-Canadian Health Workforce Data Strategy include:

- 1) Connectedness
  - a) Interoperability
    - Leveraging the Pan-Canadian Health Data Content Framework and Interoperability Roadmap as base work
  - b) Components of safeguarding and accessibility
- 2) Comprehensiveness
  - a) Evolution of minimum data standards
  - b) Ensuring data availability meets data needs to support interdisciplinary planning and policy
  - c) Level of data collected on professions/professionals supports HW planning
- 3) Timeliness
  - a) Near real-time data processing for core data sets.
- 4) Indigenous data sovereignty
  - a) Respect and acknowledgement of Indigenous data and data sources

- b) Work in partnership with Indigenous organizations regarding the inclusion of Indigenous-specific data
- c) Commitment to the principles and practices of upholding Ownership, Control, Access, and Possession (OCAP) by First Nations people, Inuit, and Métis people by Health Workforce Canada and data partners where applicable
- d) Ethical use of data

It is believed that addressing these opportunities will improve health workforce planning and operations, which will ultimately lead to improved health outcomes for Canadians.

See <u>Appendix A</u> for a visual representation of the data types, sources, users and opportunities that will inform a path forward through the creation of a Pan-Canadian Health Workforce Data Strategy.

#### **Next steps**

Health Workforce Canada has begun advancing work on a Pan-Canadian Health Workforce Data Strategy and will facilitate this work in the following ways:

- 1) Serving as a convener, working closely with the Canadian Institute for Health Information, Statistics Canada, Employment and Social Development Canada, the provinces and territories, and other subject matter experts.
- 2) Convening an expert advisory group and supporting its establishment and administration. This expert advisory group will provide subject matter expertise for developing a Health Workforce Data Strategy.
- 3) Dedicating a one-year timeline to draft a Pan-Canadian Health Workforce Data Strategy.

### **Appendix A: Health Workforce Data in Canada Infographic**

