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Romanow Report Brief

Health Human Resources

When the subject of shortages in the Canadian health care system comes up, it's generally assumed to be a shortage of money that's being discussed. But there are other crucial resources lacking in the system, most notably people — we don't have enough health care workers, or in some cases we don't have them in the right places — to meet the needs of the country. In his report on the Royal Commission on the Future of Health Care in Canada, Roy Romanow called for provinces and territories to work together on solutions to health workforce challenges to ensure Canada has an adequate, well-educated and effective health workforce in the future.

Nurses, Romanow says, are in particularly short supply and doctors are poorly distributed outside major urban centres. But the solution is not merely a question of increasing the number of care providers produced in Canada to reverse the decline of the 1990s. Instead, new money should go to changing the way the health care system works, not just paying more people or topping up salaries. Romanow calls for dedicating money to establish a new type of care, where the mix of the health care providers we already have is better integrated. Professionals — from doctors to physiotherapists, from nurses to pharmacists — would work together in a new way that allows different professionals to use the full scope of their skills and training, which often doesn't happen now. Romanow also suggests looking at altering those traditional scopes of practice. However, he warns against solving worker shortages with fresh efforts to recruit from developing countries. Instead, we should focus on finding more health care professionals in Canada while simplifying the licensing of immigrant health care professionals.

One of Romanow's recommendations is to set up five funds to deal with access issues, and he says four of those funds (the rural and remote access fund, the diagnostic services fund, the primary health care transfer and the home care transfer) could be drawn on to deal with health human resource problems. Much work, for instance, could be done to broaden the scope of training for nurses in remote areas; some of the money for diagnostic services could go to training new technicians to keep machines running longer hours; and some of the primary health care transfer could help train people for working in integrated health teams.

Another of Romanow's recommended creations, the health council of Canada — made up of public, provider and government representatives — would have a role in managing health human resources. Romanow proposes that in the beginning the council's job would be to measure where the health system stands now and use that information to monitor and report to the public on variations and developments. But longer term, two important tasks will be added to its mandate — co-ordinating primary health care reform and developing a national health human resources strategy.

With the Canadian Institute for Health Information acting as its foundation, joined by the Canadian Coordinating Office for Health Technology Assessment, the council would lead the changes needed in primary health care, including heading a national primary health care summit to look at altering traditional scopes of practice, including new roles for nurses, family doctors, pharmacists, case managers and other health professionals.

The council, again working with the Canadian Institute for Health Information, would systemically collect, analyze and report on workforce information, including recruitment, distribution and remuneration of health care providers. It would report trends in supply and distribution of health care providers, and issue progress reports on health human resources issues, outcomes and best practices. With that information in place, the council would develop national strategies for Canada's health workforce and provide advice on national health workforce issues. This advice would be given independent of government or providers' influence.

Romanow suggests the health council could also review training programs and provide recommendations to provinces and territories on more integrated education programs so that health providers could be educated to work together in teams and spend more training time in remote areas, which has been shown to be an important factor in getting health professionals to work outside of urban centres.

Romanow calls for the creation of four research centres, two of which will address workforce challenges: the centre for rural and remote health issues and the centre for interprofessional collaboration and learning, which would study teamwork across disciplines and professions.

Romanow also believes there's a need for more Aboriginal health care workers. He'd like to see federal, provincial and territorial funding for Aboriginal health care consolidated into one fund, some of which could be used to improve access to all levels of Aboriginal health care services. Part of this strategy would be to recruit new aboriginal health care providers and increase training for non-aboriginal health care providers so that they can better meet the particular needs of Aboriginal communities.