

Health Human Resources: A Framework for Change

2024-2027



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Introduction

The Health Accord for Newfoundland and Labrador (Health Accord NL) sets a vision for the future of the health system in Newfoundland and Labrador over the coming decade. One of the key recommendations from the Health Accord was the development of a Provincial Health Human Resource Plan. This Framework fulfills this recommendation. The purpose of this Health Human Resources (HHR) Framework for Change (Framework) is to guide the implementation of key workforce strategies that will ensure the province meets the needs of our people, communities, and workforce.

This Framework supports the vision of the Department of Health and Community Services for individuals, families, and communities to achieve optimal health and well-being and with the vision of Newfoundland and Labrador Health Services (NL Health Services), “Health and Wellbeing. Every Person, Every Community.” A skilled, engaged, diverse workforce focused on the health and wellbeing of individuals, families and communities is an essential component of accessible and sustainable health and community services for the future.

The Framework will guide collaboration across the system between the Department of Health and Community Services (HCS), Newfoundland and Labrador Health Services (NL Health Services), Health Transformation, and the Department of Education and in partnership with education providers, regulatory bodies, unions, Indigenous partners, and other key stakeholders.

Case for Change

As outlined in the Health Accord NL, health outcomes, concerns about mental health and mental illness, demographic change, sustainability within the health system, the fiscal health of the province, the climate emergency, and the impact of the COVID-19 pandemic have come together to create the urgent basis for a thoughtful and far-reaching look at the health of the people of Newfoundland and Labrador.¹ The unique health care context of Newfoundland and Labrador includes the aging population based in rural communities over significant geography, which will be a key demand driver for health care services over the next decade. Implications for the health system are compounded when paired with the workforce instability. Many health professionals in the province are choosing to work in casual or part-time capacities to ensure they have the desired work-life balance. Sustainability of community and hospital services using current modalities and staffing profiles, particularly in rural areas is a concern. Other demographic challenges including low birth rates and historical out-migration are impacting the population of the province and therefore the health workforce.

Approximately, 43,700 people work in the health care and social assistance sector in Newfoundland and Labrador.² Of this total, NL Health Services employs about 21,000 people. The remaining people work in other health care areas including the Department of Health and Community Services and the private sector. The sustainability of health and community services is linked directly to the workforce providing those services. People are services.

The Health Accord NL notes recruitment and retention of health care providers is multi-faceted. Education is key to growing a sustainable supply of health care providers, strengthening capacity and collaborative practice within the health workforce. NL Health Services' Strategic Plan outlines its commitment to create a safe, engaged, and inclusive culture that unites employees, physicians, and volunteers from across the province and supports their physical, mental, and emotional well-being. A key component is also addressing the unique challenges in more remote areas, especially in Labrador, connected with living in the north and living in Indigenous communities.

Understanding the current environment and challenges facing the province is a vital component of building the Framework and was an integral part of the Health Accord. The world is experiencing a global shortage of health care professionals. Overall vacancy trends since 2013 show vacancies peaking at their highest level in 2023. Shortages have led to numerous challenges in the health system in Newfoundland and Labrador, including decreased access to primary care providers, longer wait times for specialists and surgeries, and emergency department diversions and closures.

¹ https://www.healthaccordnl.ca/wp-content/uploads/2022/02/HANL_Report_Document_Web_modFeb28-2022.pdf

² Statistics Canada, Labour Force Participation for Newfoundland and Labrador. (2021). Labour force characteristics by industry, annual (statcan.gc.ca).

This is also a time of immense change in the health care system. The provincial health authority, Newfoundland and Labrador Health Services was formed on April 1, 2023. There is ongoing transition and realignment within health services. This provides great opportunity to think about how we work, and how we can innovate and invest in technology.

Recently, the Federal Ministers of Health reaffirmed their commitment to their shared priority of supporting Canada's health workforce.³ They noted that concerted and collaborative efforts by federal, provincial, and territorial governments are needed to continue to address these challenges, and that strategies must address the needs facing all professions across our health workforce. They recommended, in particular, focusing attention on: Retention, Domestic Education Supply and Demand, Foreign Credential Recognition, Labour Mobility and Health Workforce and Data Planning, including a Centre of Excellence for the Future of the Health Workforce.

The need for sustainable health human resources is threaded throughout the health system and the Health Accord. This Framework will guide the change needed to ensure the sustainability of the health workforce. Change cannot happen within one department or program without affecting the entire organization. This Framework focuses on the Health Accord Calls to Action directly related to building and sustaining the health workforce.

³ [Federal, provincial, and territorial statement on supporting Canada's health workforce - Canada.ca](#)

Partners for Change

In order for change to happen it needs a coalition of committed people to guide it, coordinate it, and communicate its activities. Health human resources is the responsibility of the Department of Health and Community Service (HCS), Health Transformation, and NL Health Services. HCS provides a leadership role in health and community services programs and policy development for the province. NL Health Services is responsible for the delivery and administration of health services and community services in Newfoundland and Labrador. NL Health Services will play a key role in identifying areas where change or development of policy is required. NL Health Services has key accountability for implementation of many initiatives within the Framework. HCS and NL Health Services will guide the implementation of the framework together.

The Department of Education is a key stakeholder in ensuring health professional education is delivered in the province. The Department of Education is the main government department involved with funding and oversight for the post-secondary education system in the province. Education plays an integral role in guiding initiatives related to post-secondary education and ensuring effective collaboration with Memorial University, the College of North Atlantic and Private Training Institutions. Education is also responsible for the Student Financial Services Division who administer both the provincial and federal student grant and loan programs. It is essential that these stakeholders work together to ensure that the Framework is implemented in a focused, collaborative, and timely manner.

The Health Transformation – Health Human Resource (HHR) Sub-Table was formed with the following mandate:

- To ensure an integrated approach to implementation of Government policies that includes the capacity for implementers and operations to influence policy;
- To focus on the integration of policy and operations in the creation of processes for recruitment of a stable supply of health providers and retention of health human resources necessary to meet the needs of the NL health system; and
- To focus on the integration of policy and operations that ensure health education institutions are capable of educating an adequate supply of health providers to meet the needs of Newfoundland and Labrador.

The HHR Sub-Table is comprised of leaders from HCS, NL Health Services and the Department Education and provides an effective coalition to oversee the implementation of the Framework for the Province. The HHR Sub-Table will lead the change to ensure the Framework succeeds. As noted in the Health Accord, while leadership at every level is accountable for change management, evidence shows that having a guiding team (coalition) accountable for overseeing the change management process brings about greater success in achieving the desired outcome. Working groups may be formed at the direction of the HHR Sub-Table to complete specific pieces of work. HCS, NL Health Services and the Department of Education are responsible for implementing relevant actions and aligning service delivery in accordance with this Framework. The Health Workforce Planning Division within HCS plays a supportive and coordinating role with other government departments and key stakeholders.

Large-scale change can only occur when massive numbers of people rally around a common opportunity.⁴ The effective delivery of health services in Newfoundland and Labrador is contingent on the many partners that support the system. The Coalition will need all partners to actively participate and contribute to change to reach the goals of this Framework.

Key partners and their roles are outlined below:

Post-secondary Institutions (PSIs) – PSIs play a crucial role in HHR by providing specialist training and education for healthcare professions. PSIs include public and private training institutions both in the province and external to the province. PSIs are responsible for the delivery of programming for health professionals working in the health system. They equip individuals with the knowledge and skill necessary to meet the demands of the healthcare industry, ensuring a well-trained workforce. The availability, quality and relevance of post-secondary health education directly impacts the effectiveness and efficiency of health services delivery. PSIs in the province have autonomy in many areas but work with the government to help align with various labour market needs. The key public institutions for delivery of health education are Memorial University and College of the North Atlantic and their specific mandates are laid out in legislation. Private institutions include Keyin College, Eastern College, Academy Canada, and Western College. The province also depends on colleges and universities across the country that offer health education programs not available within the province for supply. PSIs have responsibility for inter professional education resulting in collaborative practice and team-based care as outlined in the Calls to Action 44 and 45 of the Health Accord.

Treasury Board Secretariat (TBS) – TBS is responsible for compensation and benefits services, and direction on the Financial Administration Act; leadership, strategic advice, and support for effective human resource management, policy development, and delivery of services to support the needs of employees, including collective bargaining; and leadership of government's commitment to enhanced accountability, evaluation, and continuous improvement. TBS partnership is essential in establishing responsible, flexible policies that ensure effective recruitment and retention of health professionals.

Regulatory Bodies – Regulatory bodies are created by statute and are responsible for protecting the public through the regulation of a health profession in accordance with its governing statute and regulations. Regulatory bodies register and license health professionals, develop scope of practice, set standards of practice, and uphold the standards through complaints and discipline processes. Regulatory body partnership is necessary to review the health professional legislative framework to remove unnecessary barriers to entry to practice where it is safe to do so and make the necessary legislative and policy changes to expand health professionals' scope of practice.

Indigenous Partners – Indigenous Partners play a vital role in HHR in fostering culturally competent and inclusive health care. Indigenous Partners are needed to actively participate in the design, development and implementation of healthcare policies and programs to ensure

⁴ [The 8-Step Process for Leading Change | Dr. John Kotter \(kotterinc.com\)](#)

health care services are respectful of diverse cultural perspectives and address the unique needs and preferences of Indigenous communities. Indigenous Partners are also needed to collaborate with PSIs to shape curriculum that incorporate Indigenous knowledge and practices and produce healthcare professionals who can better service Indigenous populations. Indigenous Partners are key for promoting health careers in their communities to increase the number of Indigenous students in health care programs.

Unions – Unions advocate on behalf of the healthcare workers for quality and safe workplaces, adequate compensation, and equitable policies. Unions play a role in the well-being of the health workforce. Unions are key communicators within the public forum and highlight challenges and opportunities in the health system. Unions are needed as key partners to support policy and health services change among their members. Unions play a key role in promoting healthcare careers.

Individual Healthcare Workers – Healthcare workers are essential to the functioning of the healthcare system. They contribute directly to patient care and participate in all aspects that shape healthcare delivery including clinical care, training and education, mentorship, advocacy, quality improvement, interprofessional collaboration, research and innovation, and community engagement. Change in the healthcare system is dependent on healthcare workers adapting and embracing new policies, processes, and technologies. Input and engagement with front-line healthcare workers is an important component to this Framework. Ongoing and consistent communication is most important with this stakeholder group.

Others – Other key partners include Health Professional Associations, private healthcare providers, advocacy groups, student associations, and community groups. Engagement with these groups is important to successful implementation of many aspects of the Framework.

A Framework for Change

The goal of the Framework is to integrate, and build upon all existing strategic plans, Frameworks and action plans including the [Health Accord](#); the [Strategic Plans of HCS](#), [NL Health Services](#) the [Department of Education](#); and others.

The Framework builds on the key themes highlighted in the Department of Health and Community Services [Strategic Health Workforce Plan 2015 - 2018](#). These key themes were established through extensive stakeholder consultation, and continue to be relevant for health human resources, providing a foundation for the pillars of the Framework.

The Government of Newfoundland and Labrador has contracted Deloitte to oversee the development of a ten-year plan with workforce projections on key professions and related recommendations. The outcome of that work will form a critical component of this Framework.

The Framework also supports NL Health Services Strategic Plan Strategic Issue Two: Our People. By March 2024, NL Health Services will have enhanced focus on recruitment and retention strategies to support a safe, engaged, and inclusive work culture.

Other key alignment considerations include both the [Hear Our Voices Report](#) – Missing and Murdered Indigenous Women and Girls (MMIWG) Policy Recommendations of the First Women of Newfoundland and Labrador and the [All Hands on Deck](#) – Responding to the Challenges of the 21st Century by Leveraging Public Post-Secondary Education Report.

The HHR Sub-Table has also invited presentations from various partners within HCS, NL Health Services, Health Transformation, Education as well as external groups that have a stake in the Framework. Engagement is ongoing and the Framework will continue to be updated to reflect the information provided and priorities identified in the engagement sessions.

These and other strategic documents informed the Framework shown in Figure 1:



Figure 1. Health Human Resources Framework for Change

The six pillars are the key focus areas for the Framework. Within the pillars, Quality Workplaces, Workforce Supply, and Workforce Capacity are the desired goals; Leadership and Management, Human Resources Planning, and Communication are enablers to reach those goals.

Health Accord NL outlined that multiple actions are required to improve the availability and retention of human resources in health, from the perspectives of (i) matching the number and mix of providers with the needs of the population, and (ii) improving workplace well-being. It also outlined actions on health provider education necessary to provide a high-performance health system with informed interprofessional team-based care in a Province with a geographically diverse and high rural population. These actions are reflected within the pillars of the Framework.

Pillars of the Framework

The pillars of the Framework cover critical aspects of the work completed, the work ongoing and the future priorities. They provide clear, comprehensive focus areas that align with the vision of the Framework. A diverse, equitable and inclusive workforce is dependent upon workplace culture. In order to achieve the vision of the Framework, these pillars must be driven by top leadership with strongly engaged lines of accountability.

Pillar 1: Quality Workplace

Quality workplaces that engage, stabilize, and retain the health workforce.

Retention of the current health workforce is essential to providing stable, effective health services in the province. Employees are our most valuable asset. Work-life balance and burnout issues have been at the forefront of health human resources, particularly in the last number of years. There continues to be significant workload and job demands on health professionals. Health professionals want to work in a healthy, supportive work environment that provides job satisfaction through meaningful work and a sustainable workload. The province has recently undergone a major health system transformation in establishing NL Health Services and giving NL Health Services the mandate to transform healthcare delivery in the province. This significant transition for the health workforce causes uncertainty and instability.

Quality workplaces focus on creating a work setting that takes a strategic and comprehensive approach to providing the physical, cultural, psychosocial, and work-job design conditions that maximize the health and well-being of health providers, continuous learning opportunities for employees, quality of patient and client outcomes and organizational performance. Quality workplaces engage, stabilize, and retain health professionals. As outlined in their Strategic Plan, by March 31, 2024, NL Health Services will have enhanced focus on recruitment and retention strategies to support a safe, engaged, and inclusive work culture. Existing tools such as [Health Canada's Nursing Retention Toolkit](#) will also be utilized to support ongoing work.

Barriers to quality workplaces include:

- Current vacancies add unsustainable job demands on existing employees and physicians;
- Focus on recruitment of health professionals has overshadowed retention issues in the system;
- Uncertainty and ongoing changes within the health system;
- Prevalence and impact of workplace violence and discrimination against health professionals;
- Compensation issues;
- Insufficient supports for leadership and management within the health system;
- Large spans of control for front-line managers;

- Lack of support for continuing education and career advancement opportunities; and
- Lack of resources and dedicated funding for initiatives including psychological health and safety.

Enablers to quality workplaces include:

- Support for workforce physical and psychological well-being and safety;
- Support for workforce transition of employees, physicians, and services through effective transition agreements;
- Ongoing training and development opportunities;
- Recognizing and rewarding achievements;
- Supporting, developing, and recognizing preceptors, mentors, and leaders;
- Fair and reasonable compensation levels and policies;
- Supportive managers;
- Identifying and addressing factors that contribute to burnout and turnover;
- A diverse, equitable and inclusive workforce;
- Team-based care integrating multiple levels of providers to ensure the right types of supports are available for patients while maximizing the scope of practice of the health workforce; and
- Health provider representation at decision making table.

Key Objectives:

1. Improve workforce well-being and safety.
2. Build diverse, equitable and inclusive workplaces.
3. Establish a culture of learning and professional growth and opportunity.
4. Build a cohesive labour environment.

Pillar 2: Workforce Supply

To ensure an appropriate supply of qualified health professionals to work in Newfoundland and Labrador through effective recruitment and education strategies.

Workforce Supply refers to having enough recruits to maintain and grow the workforce. The sources of health professional supply are new graduates from health professional programs within and outside the province, and experienced health professionals from Canada or other countries. Effective education and recruitment strategies are needed for a stable workforce.

As highlighted in the Health Accord, barriers to building appropriate supply include:

- training capacity issues such as filling available seats in health education programs; high attrition from health education programs; proximity, availability, and length of training programs; some programs only being available outside the Province and some in one

location provincially and/or nationally; lack of coordination with the system to support, develop and recognize preceptors; funding for accommodation and travel for those learning in rural and remote areas (an incentive for later recruitment to these areas);

- rural and remote nature of the province with some areas experiencing higher turnover and longer time to fill positions;
- low recruitment and retention success with new graduates to rural and remote communities;
- unique challenges in more remote areas, especially in Labrador, connected with living in the north, and living in Indigenous communities;
- increased turnover and retirements; and
- compensation issues such as competition nationally, internationally and from private industry; the current job evaluation system not accounting for market factors or equal pay for work for equal value among health professionals; and non-pensionable market adjustments.

The primary source of health professionals is from education programs within the Province. Ensuring there are an appropriate supply from the education programs to meet workforce needs requires collaboration between key partners. Memorial University and the College of the North Atlantic are the two public educational institutions providing health education in the province. Private institutions also offer a number of key programs. These institutions are also important for career development among existing health professionals. Developing the health workforce requires investment in flexible programming and innovative offerings.

Figure 2: Health Education Programs in Newfoundland and Labrador.



For several other health professions, many of which are small in number, education programs are only available outside of the province. Examples include specialty physicians, medical physicists, radiation therapists, dosimetrists, audiologists, speech-language pathologists, occupational therapists, and physiotherapists. For these groups, effective human resource planning requires strategies such as seat purchases, incentives, and clinical placement opportunities to attract these students to the province.

The province relies on attracting and retaining experienced health professionals from other parts of Canada and, more recently internationally. International recruitment provides a sustainable source of supply meaning assessment of high potential countries and their health education curriculum is required. The market for health care professionals has never been more competitive. Immigration will be essential to grow and maintain the health workforce as well as continued collaboration with regulatory bodies to remove barriers and develop pathways for licensure and credential recognition.

The key components to ensuring supply within the province include:

- Ensuring health education curriculum is reflective of changing the health care system;
- Establishing the right number of education seats in the right locations;
- Funding to support the seats;
- Filling seats, becoming “careers of choice” for students;
- Providing good clinical placement experiences to students;
- Ensuring education is developed and delivered with an integrated, inclusive, and collaborative care model so students learn and practice together;
- Providing meaningful work upon graduation;
- Offering workplace mentorship/training for career development/advancement;
- Effective recruitment provincially, nationally, and internationally; and
- Effective recruitment teams skilled in active recruitment.

A comprehensive provincial approach will be taken to address recruitment and retention challenges in the province through the development of a health professional recruitment and retention strategy.

Key Objectives:

1. Collaborate with stakeholders to achieve appropriate program capacity at post-secondary institutions in Newfoundland and Labrador.
2. Establish formal arrangements to secure a supply of health professionals from educational programs offered outside of Newfoundland and Labrador.
3. Provide competitive, flexible, and responsive compensation.
4. Maintain and strengthen recruitment incentives.
5. Provide clear pathways for internationally educated health professionals.

Pillar 3: Workforce Capacity

Productive health professionals working to their full scope of practice in an efficient health system designed to meet the health and community services needs of the population.

A health professional's scope of practice defines the work they are competent to undertake. Health professionals want to work to their scope of practice, and it increases satisfaction with their profession. The health system needs effective change for health professionals to work to their full scope of practice to ensure patients get the appropriate care and to ensure best value for compensation. Scope of practice is a vital component of implementing new transformational models of care. For example, as recommended in the Health Accord NL, Family Care Teams are an innovative approach to re-imagine and re-design the health system in Newfoundland and Labrador. Family Care Teams aim to improve access and continuity of primary health care (PHC) for individuals and families in their community. They represent a significant shift from solo based community practice and program-based models of service delivery to an inter-disciplinary team-based model. Family Care Teams offer seamless access to multiple health care professionals that focus on meeting the health and social needs of individuals and families.⁵ This is a clear example of how utilizing professionals to their full scope of practice in collaborative teams can build capacity in the health care system.

Building on the need for collaborative education for health care students, continuing education for health professionals must also use an integrated, inclusive, and collaborative care model where practitioners learn and practice together.

Learning health systems are health care systems in which knowledge generation processes are embedded in daily practice to produce continual improvement in care.⁶ A Learning Health and Social Service System (LHSS) was a key Call to Action within the Health Accord. A separate Framework is being developed to guide this work but the principles of the LHSS are important to improving workforce capacity.

Other work driven by Health Transformation to ensure the optimal use of resources includes a focus on the Quintuple Aim, Choosing Wisely, reduction of low value care, and the Value for Money Framework. Sustainability of services depends on the effective utilization of health human resources. Using information and data to identify problems, eliminate unnecessary waste, and employ supportive assistive technologies will help health professionals focus on needs of the population.

Key components of strengthening workforce capacity include:

- Health professionals educated and practicing to full scope;
- Team members educated in each other's role and scope and learning new ways of learning and working together;

⁵ <https://www.gov.nl.ca/hcs/files/2023-Family-Care-Teams-A-Health-Policy-Framework-for-NL.pdf>

⁶ [Our Province. Our Health. Our Future. A 10-Year Health Transformation: The Blueprint Summaries of Implementation Recommendations \(healthaccordnl.ca\)](#)

- Strong collaboration between regulators, government, health provider groups and employers to support scope of practice;
- Embracing innovation and assistive technologies that reduce duplication and administrative tasks for health professionals and change the way we deliver healthcare;
- Continuing education that keeps professionals up-to-day on emerging practice priorities, e.g., social determinants of health, care of elderly, health equity, etc.;
- Smart processes and policies focused on creating value and reducing waste;
- Interprofessional education resulting in strengthened team and collaborative practice; and
- Effective change management strategies to support a new way of working.

Strengthening workforce capacity means improving productivity. Healthcare inefficiencies and waste such as unnecessary testing, outdated processes, absence of technology and lack of targeted focus on efficiency are common challenges that impact quality of care and cost-effectiveness. Operations research can help analyze processes, identify inefficiencies, and implement evidence-based solutions to enhance efficiency and patient care. Rethinking how work is completed and automating processes where possible will lead to a more efficient and effective health workforce. The Integrated Capacity Management (ICM) system being implemented with NL Health Services is a leading innovation which will define future demand and capacity. It includes an acuity based human resource planning model that allows for precise scope to match demand.

Barriers impacting health professionals from working to their full scope of practice include:

- Required statutory or regulatory amendments;
- Organizational policies and historical practices;
- Composition of the team and awareness of team members roles;
- Outdated technology and poor process management pathways;
- Administrative burden;
- Availability of support staff; and
- Adequate workforce supply.

Key Objectives:

1. Enable health professionals work to their full scope of practice.
2. Enhance workforce capacity through use of assistive technologies and innovation.
3. Engage employees to identify opportunities and improve health system efficiency.
4. Enhance interprofessional education resulting in increased collaborative practice.

Pillar 4: Leadership and Management

Leaders with the skills to effectively manage, motivate, and support the health workforce.

Leaders exist within all levels of the health system. The Health Accord calls for an environment that values leadership and management and inspires those with potential to lead. Health professionals fill leadership roles on teams and committees; through preceptorship and mentorship of students and new hires; through research and ongoing education. The key challenge is providing health professionals with continuing education and opportunities to build and strengthen their leadership skills.

Within the more formal leadership structure, managers in the health system have many responsibilities and must balance competing priorities. Managers must balance patient and family priorities in clinical areas, and operational issues related to staffing and budgeting, in order to provide the necessary services to the public. Managers need to inspire an engaged workforce and create a supportive work environment for employees.

Managers must understand and support new legislation, accreditation requirements, the national patient safety movement, and accountability requirements, all of which require significant investments in time. Ongoing health services restructuring means managers have been reorganizing services and consolidating policies while simultaneously managing operational issues.

Barriers to fostering leadership in the health care system include:

- Ongoing change and instability in the health system;
- Recruitment challenges leading to extra workload and job demands for current staff including managers;
- Lack of a provincial approach and resources to leadership development and continuing education;
- Compensation and salary compression issues within the health system make leadership and management roles unattractive;
- Physician leadership payment scales are outdated and not attractive to incentivize physicians to take on these roles;
- Organizational structures with excessive spans of control;
- Leaders leaving the health workforce without appropriate pathways and succession planning for new leaders to fill their roles; and
- Insufficient or absent orientation and training on people management skills.

Enablers to strong leadership and effective management include:

- Education and support for leaders;
- Effective communication;

- Ability to inspire and motivate others;
- Strong decision-making skills;
- Fostering positive work culture; and
- Career and succession planning.

Leadership and management development requires immediate attention as effective leaders are needed to guide the ongoing transformation of the health system. Work is required to formalize a provincial leadership strategy.

Key Objectives

1. Strengthen leadership and management competencies and accountabilities.
2. Ensure competitive and fair compensation for management and physician leaders.

Pillar 5: Human Resource Planning

Robust planning and evidence to support effective decision making.

To support the HHR Framework, comprehensive evidence and collaborative planning are required. Much work has been completed to establish a reliable foundation of information, and several initiatives are underway to expand this knowledge base.

There are a number of barriers impacting effective planning:

- Limited standardized data;
- Inadequate data on workforce;
- Changing health services needs;
- Budget constraints;
- Challenges related to the fact that number of budgeted positions for physicians does not equal FTE contribution;
- Aligning education with health supply needs; and
- Lack of decision support tools and technologies.

Enablers to effective planning include:

- Strong collaboration between stakeholders;
- Access to established minimum data sets; and
- Access to decision support tools and technologies.

As noted, the Government of Canada is funding the creation of the Centre of Excellence for the Future of the Health Workforce, a partnership with the Canadian Institute for Health Information that will lead a collaborative pan-Canadian approach to improve data collection,

analysis, knowledge mobilization and policy advice. These efforts will enable access to more and better data on the health workforce and support evidence-based health workforce planning and capacity, improving Canada's health system as a whole and position Canada as a leader in health workforce and data planning.⁷

Provincially there is a need to capture standardized data on a variety of workforce topics from a variety of sources. NL Health Services, educational institutions, and regulators hold key data that support a range of planning and modeling activities. Efforts are underway to identify and regularly collect a core minimum dataset from these organizations.

Key Objectives:

1. Maintain adequate, timely and robust minimum data sets and key performance indicators.
2. Utilize key performance indicators and workforce modelling tool to inform policy decisions and strategies.

Pillar 6: Communications

Timely, effective communications.

While there is no Health Accord NL Call to Action specific to communication, communication is a key enabler in the change management process. Communication needs to be clear and with purpose, it should be frequent, transparent, and consistent. Leaders need to be actively engaged in communicating with employees and provide opportunities for two-way communications. Effective communication helps to anticipate and address challenges and celebrate achievements.

Dedicated time and resources need to be given to ensure effective and timely communication. As the health system continues to change and grow, and with the establishment of the provincial health authority, communication with health professionals, and the public is an integral part to implementing the HHR Framework and to support change.

Common barriers to effective communication include:

- Lack of clarity in messages and policies;
- Lack of timely communications;
- Ineffective communication tools;
- Physical, geographical, cultural, and generational barriers; and
- Workplace distractions and information overload.

Enablers to effective communication include:

- Clarity;
- Feedback mechanisms; and
- Fostering a culture of transparent communication.

⁷ [Federal, provincial, and territorial statement on supporting Canada's health workforce - Canada.ca](#)

Effective communications are needed to support all pillars of the Framework. Advancing the initiatives in the Framework with key partners including regulators, unions, education institutions, and Indigenous partners cannot happen without effective communications.

Key Objectives:

1. Partner with key stakeholders to ensure effective communication is an integral part of implementing the framework and initiatives.

Measuring Success

The HHR Sub-Table is responsible for measuring success within this Framework. A critical component of success is ensuring there is strong and visible executive leadership. Other components of success include engagement with physicians, front-line healthcare workers, effective and regular communication, building innovation into how we work and supporting change with dedicated resources.

Measuring success through both quantitative and qualitative methods is important. A workplan with actions to date, next steps and suggested key performance indicators is under development and will help guide the implementation of the framework. HCS, NL Health Services and the Department of Education will work together to build on these indicators through the Health Transformation HHR Sub-Table and align with the national work being conducted through Canadian Institute of Health Information CIHI. The HHR Sub-Table will review and update the Framework and workplan as required and provide status reports.

Conclusion

The HHR Framework provides a change management pathway to ensuring the vision of “A skilled, engaged workforce focused on health and well-being of individuals families and communities” is achieved. Just as healthcare is an ever-changing landscape, the Framework will change and grow to meet health service delivery needs. Implementing this Framework will require people to think and work differently and collaboratively. It will require a transformational shift in culture. All of that can be achieved with a strong and effective Coalition support by its key partners. As outlined in the Health Accord NL, implementation of this Framework should increase the availability, recruitment, and retention of health care providers; match the numbers and mix of providers with need, enhance interprofessional team functioning, improve work satisfaction and workplace happiness, decrease burnout, and improve overall quality of care.⁸

⁸ [Our Province. Our Health. Our Future. A 10-Year Health Transformation: The Blueprint Summaries of Implementation Recommendations \(healthaccordnl.ca\)](https://healthaccordnl.ca)

Annex A: Key Actions to Date

Pillar 1: Quality Workplaces

Key Actions to Date:

- Establishment of the Manager of Retention position with the Department of Health and Community Services to focus on retaining health care professionals
- Engagement with unions to foster an open dialogue on retention initiatives including the implementation of retention bonuses for existing employees through collective bargaining
- [Childcare options for health care workers announced](#)
- [NL Health Services Psychological Health and Safety Program action plan developed as part of Strategic Plan](#)
- Continued outreach efforts to collaborate with various stakeholders, including family practice networks, immigration authorities, municipalities, regulatory bodies, and community partners to enhance retention strategies
- Development of self-scheduling and 24-hour shift guidelines to empower employees in managing their work schedules effectively
- [Registered Nurse Think Tank initiatives to promote professional growth and innovation](#)
- Ongoing work within NL Health Services on recruitment and retention strategies that support a safe, engaged, and inclusive work culture
- Establishment of a Retention Task Force within NL Health Services
- Ongoing development of the “Grow Your Own” Initiative with NL Health Services focuses on providing career laddering opportunities for current staff
- Competitive collective agreements reached with NAPE, CUPE, RNUNL and AAHP
- Market adjustments in place for a number of professions including Medical Physicist, Radiation Therapists, Dosimetrists, Respiratory Therapists, Cardiovascular Perfusionists, Clinical Psychologists, Medical Flight Specialists, Cardiovascular Registered Nurse First Assists, Clinical Laboratory Scientists, Pharmacy Technicians (LGZ only), Power Engineers (LGZ only).
- MOU with Cancer Care professionals to make market adjustments part of pensionable salary
- MOU with CUPE and NAPE to address wage issues with LPNs, PCAs and Pharmacy Technicians
- MOU with NAPE to permit out-of-province Cardiovascular Perfusionists to provide temporary staffing relief
- Ongoing review of the Market Adjustment Policy
- Ongoing work to address compensation issues with physicians including the Blended Capitation Model for Family Physicians, Alternate Payment Plans and payment codes for services including virtual care
- NL Health Services adoption of a Just Culture Framework
- Shared Agenda for Family Medicine

Pillar 2: Workforce Supply

Key Actions to Date:

HR Planning

- Ongoing development of Health Human Resource Plan and modelling tool (Deloitte)
- Strategic Committees in place to support supply, recruitment and retention including Joint Health and Education Planning Committee, Provincial Clinical Psychologists Working Group and Cancer Care Western Steering Committee

Recruitment

- Establishment of Provincial Health Professional Recruitment and Retention Office
- Establishment of Physician Executive Recruitment Team within NL Health Services
- Various incentive programs for health professionals including [signing bonuses](#), [bursaries](#), [long-term care incentives](#) and [family care team incentives for Nurse Practitioners](#)
- [Come Home Incentive Program](#)
- [Extraordinary Everyday Campaign](#)
- [Participation in Domestic and International Recruitment Fairs](#)
- [Ukrainian Physician Licensure Support Program](#)
- Increased funding to Radiation Therapist Student Tuition Support
- Building Health Career Pathways for High School Student including recent high school visits across the province
- Ongoing development of a Community Toolkit in consultation with Municipalities NL
- Licensure reimbursement for returning retired RNs

Physician Recruitment

- [Family Practice Start-up Funding](#)
- [New Family Physician Income Guarantee](#)
- [Physician Signing Bonus Program](#)
- [Travelling Residency Program](#)
- Provincial Locum Recruitment Program (under development)
- [Expansion of Medical Resident Bursary Program](#)
- Incentives for emergency departments coverage
- Rural incentives for select geographic locations
- Removal of barriers and establishment of streamlined processes for hiring salaried physicians within NL Health Services
- New licensure categories for Physicians

- Recruitment missions to the United Kingdom, Ireland, and Dubai
- Partnership among Atlantic provinces to establish an Atlantic registry for physicians

International Initiatives

- Recruitment initiative with India to recruit Registered Nurses
- International personal care attendant program (IPCA) partnership Keyin College and NL Health Services
- Jamaica enrolled assistant nurse bridging initiative
- Funding from Health Canada to support the integration of Internationally Educated Health Professionals
- Partnerships with TalentLift and Work Global to recruit internationally
- Ongoing partnership with the Department of Immigration, Population Growth, and Skills on all initiatives related to the recruitment of internationally educated health professionals
- Collaboration amongst the four Atlantic Provinces on international recruitment
- Online Canadian Health Care transition program through Keyin College
- Clinical simulation training through Blue Drop
- Access to Achieve Canada online based platform to help prepare for RN NCLEX exam
- Brightside contracted to provide settlement services to IEHPs including pre-arrival, arrival, and integration stages.

Education and Supply

- Increased seats in multiple health professional educational programs including nursing and medicine
- Five seats dedicated for international medical graduates (IMGs) in the Family Medicine Residency Program
- Expansion of Internal Medicine residency program, including 2 seats for Canadian medical graduates (CMGs) and 2 seats for IMGs.
- Long-standing seat purchase arrangement for occupational therapy and physiotherapy programs at Dalhousie University
- Seats dedicated to Indigenous Students in medicine, pharmacy, and nursing programs
- Funding feasibility study on an Atlantic Midwifery Education Program
- Supported a study on the attrition of the Practical Nurse (PN) Program
- MUN CCHPE Interprofessional Education Research Study using HSPnet data to help establish collaborative health professional student clinical placements
- Joint Health-Education Committee with NL Health Services, HCS, College of the North Atlantic (CNA), Centre for Nursing Studies (CNS) and unions established
- Provincial funding provided for Health Science Placement Network (HSPnet) web-based system for managing practice education in the health sciences

- Established a part-time Provincial Practice Education Coordinator at the Department of Health and Community Services
- Study underway regarding seat expansion in the Memorial University Medical School
- Enhanced bursaries approved for students in clinical psychology programs
- Tuition relief approved for Practical Nurse program for September 2024 intake
- Practice Nurse Student Success positions established at College of the North Atlantic and Centre for Nursing Studies
- Tuition relief approved for Bachelor of Science in Nursing Satellite Sites for September 2024 intake
- Funding provided to develop a Pharmacy Technician Program at the College of the North Atlantic
- Funding provided to offer Practical Nursing program online in collaboration with the College of the North Atlantic and the Centre for Nursing Studies

Licensure Pathways and Foreign Credential Recognition

- Supervised Practice Experience Program (SPEP) for [RNs](#) and [LPNs](#)
- Funding provided for IENs to complete the Nursing Community Assessment Service (NCAS)
- Health Professional Licensure Navigation Support including a Health Professional Navigator Position to work directly with internationally trained health professionals working through the licensure process
- Changes to legislation of Physicians and RNs to increase pathways for licensure
- Practice Ready Assessment (PRA) program for Family Medicine International Medical Graduates
- Ongoing collaboration with Regulatory Bodies to create pathways for licensure, provide clear understanding of licensure requirements and remove barriers where possible

Pillar 3: Workforce Capacity

Key Actions to Date:

- Expanded the scope of practice of [registered nurses](#) and [pharmacists](#)
- New transformation models of care, such as Family Care Teams, implemented with focus on multidisciplinary care and increased service access
- Initiatives to increase the number of nurse practitioners in the health care system, including the introduction of nurse practitioner-led clinics under NL Health Services
- [Physician Assistants Pilot Program to address human resource challenges across the health system](#)
- Registered Nurse Locum Pilot Initiative in the Labrador-Grenfell Zone
- NL Health Services scope of practice project – expanding LPNs role on Acute Care Medicine Units
- [NL Health Services plan to reduce dependency on agency nurses. NL Health Services recently issued an RFP to standardize the use of agency nurses provincially.](#)
- NL Health Services is implementing Integrated Capacity Management (ICM) solutions which will enable self-scheduling, capacity management, acuity-based staffing, and more
- Adoption of ServiceNow software to support provincial recruitment processes
- [Introduction of new Health Information System \(HIS\)](#)
- [Launched Physician Geriatric Medicine Program and expanded Care for the Elderly Training Program](#)
- RN Core Staffing Review
- Working with the NL Centre for Applied Health Research to identify opportunities to de-implement low-value care and reduce administrative burden
- NL Health Service Innovation Summit with focus on productivity held October 2024
- NL Centre of Applied Health Research completed report on Reducing Physician Administrative Burden
- Rapid Evidence Report focusing on operational improvements that improve health care efficiency and productivity to answer the questions: Where are the biggest opportunities for reducing inefficiencies/wasteful practices and what is the most effective approach to realize these efficiencies?

Pillar 4: Leadership and Management

Key Actions to Date:

- Establishment of Health Transformation Division under the Executive Council – Cabinet Secretariat
- Establishment of the Health Human Resource Sub-Table under the Health Transformation Table

- NL Health Services key executive and senior director positions in place
- Financial recognition of mentors in recent Registered Nurse collective agreement
- NL Health Services Retention Task Force has leadership as one of its four pillars
- Adoption of the LEADS (Lead self, Engage others, Achieve results, Develop coalitions, and Systems transformation) in a Caring Environment Framework provincially
- Establishment of a provincial leadership working group within NL Health Services

Pillar 5: Human Resource Planning

Key Actions to Date:

- Working with Deloitte for the development of a Health Human Resource Plan and modelling tool
- Yearly review of vacant salaried physician positions within NL Health Services to monitor and evaluate workforce needs
- Ongoing collection and analysis of workforce data including budgeted position needs, vacancy and employee record-level data, health workforce key performance indicators (KPIs) and development of a new minimum data set with NL Health Services
- Completed a Social Worker Workforce Model Report projecting supply and demand to 2036 to support NAPE Working Groups
- NL Health Services 2023 [Innovation Summit](#)
- Health leadership participation in the Research Exchange Group on Health Human Resources (HHR)

Pillar 6: Communications

Key Actions to date:

- NATIONAL Public Relations is the Office of Health Professional Recruitment and Retention's strategic marketing partner with NL Health Services
- NATIONAL Public Relations is working with the Province and NL Health Services to develop Newfoundland and Labrador's recruitment value proposition, as well as a strategic marketing plan including identifying recruitment markets nationally and internationally
- NATIONAL Public Relations provides advice and support for marketing and recruitment campaigns, Extraordinary Everyday web page, as well as content and collateral creator
- NATIONAL Public Relations developing communications strategy focused on retention to promote and recognize the extraordinary workforce in the province
- The Province has established a [Health Care Actions](#) website to provide timely update on key health initiatives in the Province
- NL Health Services 5 to 1 employee newsletter published on a regular basis with focus on transition activities
- Regular NL Health Services all staff and all management meetings hosted by the CEO

