



Newfoundland and Labrador Strategic Health Workforce Plan 2015 – 2018

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Message from the Minister of Health and Community Services



I am pleased to release the Newfoundland and Labrador **Strategic Health Workforce Plan 2015 – 2018**. The vision of the plan is a skilled workforce focused on the health and well-being of individuals, families and communities. This document provides a comprehensive and fiscally responsible approach to addressing priority issues facing the provincial health workforce. It also aligns with and supports the provincial **Population Growth Strategy** and **Workforce Development Action Plan**.

Over the course of the past decade, the Provincial Government has steadily improved its knowledge and understanding of issues facing the health workforce and has made significant investments to bring stability to the workforce and the services they provide. There is, however, always room for improvement.

Current and future generations of the health workforce have different employment expectations than their predecessors. They also have a world of opportunity available to them. We must provide similar opportunities for them to use the full range of their skills and feel productive and safe in their work; opportunities for quality work environments, including access to professional development and healthy work/life balance; and opportunities to be supported by their peers and managers in the complex environment in which they work.

This plan was informed by working with stakeholders to identify priority issues and potential solutions. This was followed by consultations to validate the findings and confirm the five strategic directions, which include:

1. Build quality workplaces;
2. Establish appropriate workforce supply;
3. Strengthen workforce capacity;
4. Enhance leadership and management; and,
5. Maintain robust planning and evidence.

The health workforce costs 24 cents of every dollar spent by the Provincial Government. Without appropriate planning we could possibly experience labour shortages or impact service delivery. This plan is needed to be the framework against which progress is measured and reported. We have accomplished a lot already and this plan helps set the stage for continued improvements.

This plan supports the vision of the Department of Health and Community Services for individuals, families and communities to achieve optimal health and well-being. A skilled workforce focused on the health and well-being of individuals, families and communities is an essential component of accessible and sustainable health and community services for the future. I look forward to providing regular updates on the progress of this plan.

A handwritten signature in black ink, appearing to be 'S. Kent', written in a cursive style.

Sincerely
Steve Kent, M.H.A.
District of Mount Pearl North

Deputy Premier and Minister of Health and Community Services
Government of Newfoundland and Labrador



Long-Term Care, Labrador-Grenfell Health

Executive Summary

The Newfoundland and Labrador **Strategic Health Workforce Plan 2015 – 2018** provides a comprehensive approach to addressing priority issues facing the provincial health workforce.

Approximately 31,400 people work in the health and community services sector in Newfoundland and Labrador. This represents almost 14 per cent of the entire provincial workforce of 228,000 people. Of this total, the four regional health authorities employ about 19,000 people. The remaining 12,400 people work in other health care areas including approximately 200 in the Department of Health and Community Services, and 12,200 primarily in the private sector. The sustainability of health and community services is linked directly to the workforce providing those services.

This plan is provincial in scope, but focuses primarily on the health workforce in the four regional health authorities. The vision for Newfoundland and Labrador's health workforce is as follows:

A skilled workforce focused on the health and well-being of individuals, families and communities.

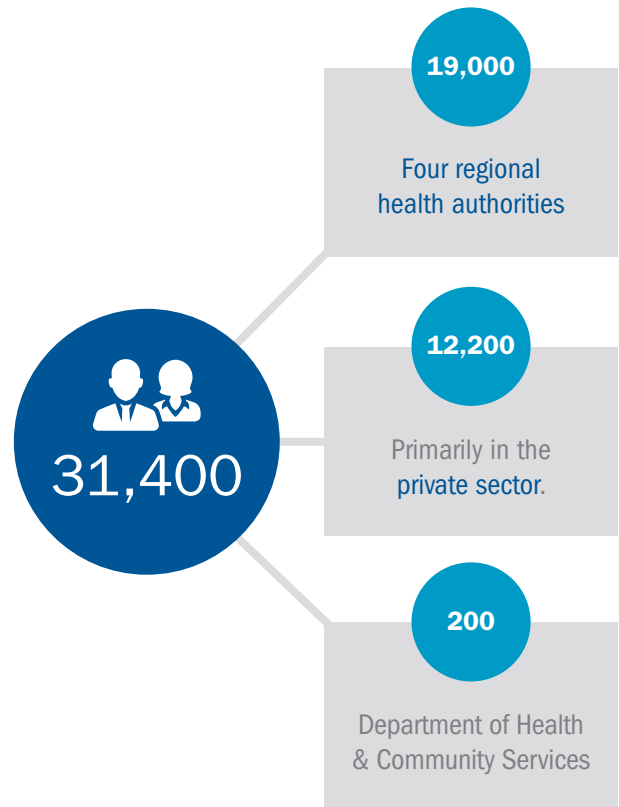
Several factors contribute to this vision including:

- Workplaces that are safe, respectful, and supportive of learning and career development;
- Efficient delivery systems;
- Environments with quality leadership;
- A healthy and fit workforce for their job; and,
- Employees in positions that optimize the use of their education and experience (commonly referred to as their scope of practice).

There are several key challenges facing the health system and the health workforce:

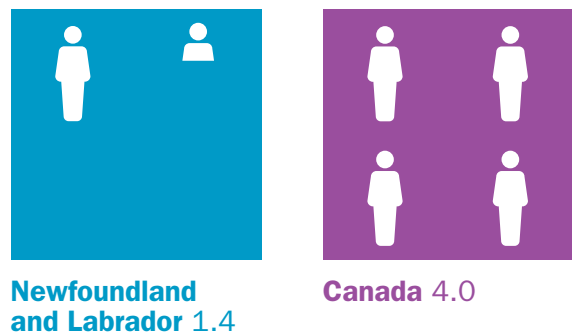
- Spending on health care has more than doubled in the last 14 years and currently accounts for approximately 37.5 per cent of the entire Provincial Government budget. On-going budget pressures and system sustainability issues are important considerations for the health and community services sector, and by association, health workforce planning.
- Demographic issues such as population aging and regional population shifts will be confronting the province in the coming years. This is changing demands placed on the health and community services system as well as the future labour supply of the province, especially in rural and remote areas.
- The workforce is aging. For example, registered nurse retirements are expected to continue to increase until the year 2022 as the last remaining members of the baby boom generation exit the system.
- Residents have among the highest rates of circulatory disease, cancer, and diabetes in the country. Residents rank high on the risk factors of smoking, obesity, alcohol consumption, and inactivity, and eat fewer fruits and vegetables than the Canadian average. Aboriginal people rank higher for risk factors and have poorer health status than the general population.
- Newfoundland and Labrador’s population density is the lowest among all provinces. Newfoundland and Labrador averages 1.4 persons per square kilometre, compared to Canada at 4.0. Rural and northern factors create challenges for recruitment and retention, core staffing requirements, quality of work life, and areas of sole practice.
- Many health occupations are educated in Newfoundland and Labrador such as registered nurses, licensed practical nurses, physicians, and medical laboratory technologists; however, several health education programs are not available in the province such as those for occupational therapists, physiotherapists, and speech-language pathologists.
- Health and community services system restructuring and advancing technologies have improved the way services are organized and delivered.

Fig. 1 People working in the Health and Community Services Sector in Newfoundland and Labrador



Approximately 31,400 people work in the health and community services sector in Newfoundland and Labrador. This represents almost 14 per cent of the entire provincial workforce of 228,000 people. The sustainability of health and community services is linked directly to the workforce providing those services.

Fig. 2 Average Number of Persons per Square Kilometre, Newfoundland and Labrador vs. Canada



Newfoundland and Labrador averages 1.4 persons per square kilometre, compared to Canada at 4.0. Our lower population density creates challenges for recruitment and retention; core staffing requirements; quality of work life; and areas of sole practice.



Rehabilitation, Eastern Health

To meet these and other challenges, the need for a strategic health workforce plan was identified. To create this plan, a Workforce Planning Steering Committee worked with stakeholders representing nursing, allied health, and diagnostic professionals. Extensive consultations were undertaken to ensure the proposed strategic directions and associated goals would bring long-term stability to the health workforce and would address stakeholder priorities. These five strategic directions and associated goals include:

Strategic Direction 1: Build Quality Workplaces

A work setting that takes a strategic and comprehensive approach to providing the physical, cultural, psychosocial and work-job design conditions that maximize health and well-being of health providers, quality of patient/client outcomes and organizational performance.¹⁵ The goals of this strategic direction include:

1. Improve employee engagement rates.
2. Develop and implement formal quality workplace frameworks in regional health authorities.
3. Build a healthier workforce.
4. Establish a culture of learning.

Strategic Direction 2: Establish Appropriate Workforce Supply

Ensure an appropriate supply of qualified health professionals to work in Newfoundland and Labrador, and implement effective recruitment and retention strategies. The goals of this strategic direction include:

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. Strengthen recruitment strategies.

Strategic Direction 3: Strengthen Workforce Capacity

Productive health professionals working to their full scope of practice in an efficient health and community services system designed to meet the health needs of the population. The goals of this strategic direction include:

1. Enhance workforce capacity.



Laboratory Services, Eastern Health

2. Ensure health professionals work to their full scope of practice.

Strategic Direction 4: Enhance Leadership and Management

Leaders with the skills to effectively manage, motivate, and support the health workforce. The goals of this strategic direction include:

1. Establish succession and mentorship strategies for leadership positions.
2. Strengthen leadership and management competencies and accountabilities.

Strategic Direction 5: Maintain Robust Planning and Evidence

Robust planning and evidence to support effective decision making. The goals of this strategic direction include:

1. Maintain adequate, timely, and robust evidence.
2. Initiate a workforce planning research agenda.
3. Establish and regularly update strategic workforce plans.
4. Collaborate on workforce planning.

The Department of Health and Community Services will take the lead role in working closely with stakeholders to move the plan forward. Next steps include re-establishing the steering committee, the development of an implementation framework, establishing working groups as required to focus on specific goals and actions, and careful measurement and evaluation of the plan's progress. The plan will serve as a framework to guide annual prioritization of specific actions and initiatives, and the development of new actions to meet the stated goals.

The Department of Health and Community Services is confident that through the consultation process undertaken in the development of the plan, it will continue to build a solid foundation to ensure a skilled health workforce focused on the health and well-being of individuals, families, and communities. The goal is to ensure accessible and sustainable health and community services for the future.

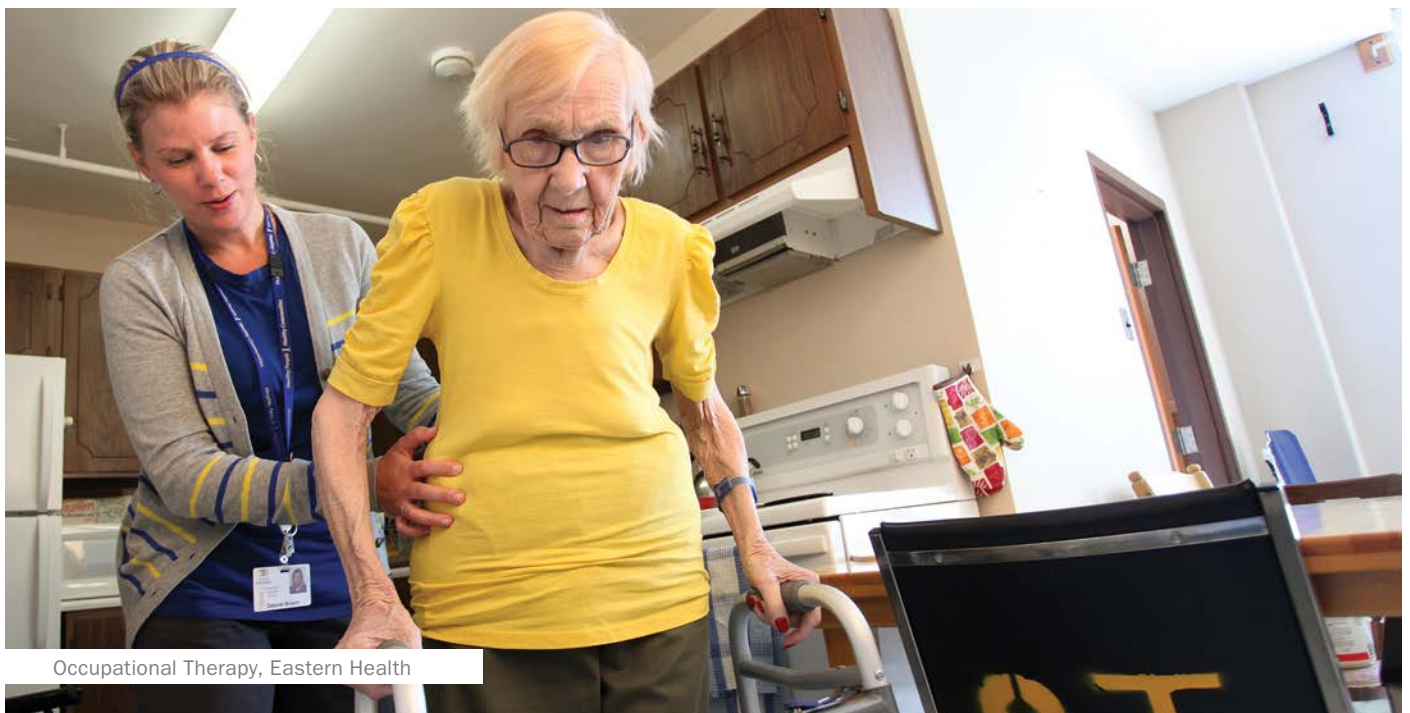


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1 Vision

The quality and sustainability of health and community services is directly linked to the workforce providing those services. Given the wide variety of health professionals and support staff, their demographics, their extensive distribution throughout the province, the complexity and length of health education programs, and several other factors, it was necessary to develop the **Strategic Health Workforce Plan 2015 – 2018** to meet future challenges.

The **Department of Health and Community Services Strategic Plan 2014 – 2017** states:

The vision of the Department of Health and Community Services is for individuals, families and communities to achieve optimal health and well-being.

The **Strategic Health Workforce Plan 2015 – 2018** presents a complementary vision for Newfoundland and Labrador's health workforce:

A skilled workforce focused on the health and well-being of individuals, families and communities.

Several factors contribute to having a skilled workforce focused on the health and well-being of individuals, families, and communities including:

- Work places that are safe, respectful, and supportive of learning and career development;
- Efficient delivery systems;
- Environments with quality leadership;
- A workforce that is healthy and fit for their job; and,
- Employees in positions that optimize the use of their education and experience (commonly referred to as their scope of practice).






The five strategic directions described in this plan support the achievement of the vision for Newfoundland and Labrador's health workforce.

2 The Health Workforce

In 2014, approximately 31,400 people worked in the health and community services sector in Newfoundland and Labrador.¹ This represents almost 14 per cent of the entire provincial workforce of 228,000 people.² Of this total, the four regional health authorities employ about 19,000 people. The remaining 12,400 people work in other health care areas including approximately 200 in the Department of Health and Community Services, and 12,200 primarily in the private sector.

This plan is provincial in scope, but focuses primarily on the health workforce in the four regional health authorities. Detail by regional health authority is provided in Appendix A, Table 1 and Table 2.

Fig. 3 The Regional Health Authority Workforce in Newfoundland and Labrador

-  Approximately half of the health workforce in the four regional health authorities is regulated.
-  More than 90 per cent is unionized.
-  About 83 per cent of the workforce is female.
-  Registered nurses and licensed practical nurses together constitute 40 per cent of the entire regional health authority workforce, or about 7,200 individuals.
-  The average age of the regional health authority workforce is 42.4 years.



Laboratory Services, Eastern Health

As of March 31, 2014, there were 1,183 physicians practicing in this province. About 33 per cent were employees of regional health authorities, while 63 per cent were paid through fee-for-service arrangements. The remaining four per cent were on alternate payment plans. The number of physicians in each specialty is provided in Appendix A, Table 3.

On a health professional per capita basis in 2012, the workforce in Newfoundland and Labrador differed significantly from the Canadian average. For example, Newfoundland and Labrador had more registered nurses, licensed practical nurses, social workers, pharmacists, paramedics, dietitians, and physicians per population than the Canadian average. By the same measure, the province was below the Canadian average for audiologists, speech-language pathologists, occupational therapists, physiotherapists, respiratory therapists, and dentists. A more complete list is shown in Appendix A, Table 4.

As with the general population, the workforce is aging. For example, annual registered nurse retirements are expected to continue to increase until the year 2022 as the last remaining members of the baby boom generation exit the system.³

3 Environment

Understanding the current environment and challenges facing the province makes the need for a health workforce plan evident.

Demographic Trends

High levels of net out-migration, particularly among youth, combined with trends in births and deaths, reduced the provincial population from a peak of 580,000 in 1992 to 527,000 today. The population is aging, with the median age increasing from 21 years in 1971 to 42 years in 2007. As of July 1, 2014, Newfoundland and Labrador had the highest median age in the country at 44.6 years; the median age in Canada is 40.4 years.⁴

The two most significant demographic challenges confronting the province in the coming years are aging and regional population shifts.⁵ The **Provincial Healthy Aging Policy Framework** outlines key issues and strategic directions for meeting seniors' needs.⁶

Population Health

Residents have among the highest rates of circulatory disease, cancer, and diabetes in the country. Residents rank high on the risk factors of smoking, obesity, alcohol consumption, and inactivity, and eat fewer fruits and vegetables than the Canadian average.⁷ The Government of Newfoundland and Labrador has been working and investing significantly to achieve health and wellness for the people of this province with the development and implementation of the **Provincial Wellness Plan**.⁸ As well, the **Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador** provides a comprehensive and coordinated approach to guide the prevention and management of chronic diseases in this province.⁹

Geography

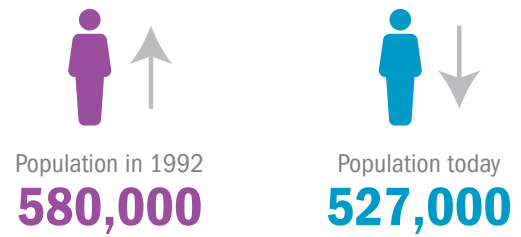
Newfoundland and Labrador's population density is the lowest among all provinces. The province averages 1.4 persons per square kilometre, compared to Canada at 4.0 and the Maritime Provinces at 13.8. Rural and northern factors create challenges for recruitment and retention, core staffing requirements, quality of worklife, and areas of sole practice.

Fiscal

In Newfoundland and Labrador, spending on health care in fiscal year 1999-00 was \$1.16 billion.¹⁰ Fifteen years later, spending increased two and a half times to almost \$3 billion in fiscal year 2015-16.¹¹ Increases in spending are primarily due to the provision of new services; growth in wages; increased cost of goods and services; and increased demand for health and community services. Health spending accounts for approximately 37.5 per cent of the Provincial Government budget. Approximately 65 per cent of health expenditures are labour costs; therefore, 24 cents of every dollar spent by the Provincial Government is health workforce-related.¹² On-going budget pressures and system sustainability issues are important considerations for the health and community services sector, and by association, health workforce planning.

In March 2013, the Provincial Government released **A 10-Year Sustainability Plan for Newfoundland and Labrador: Securing the Future** which identified 12 key areas of focus including an operational review of health care.¹³

Fig. 4 Demographic Shifts in the Population of Newfoundland and Labrador



Newfoundland and Labrador
Median Age in:

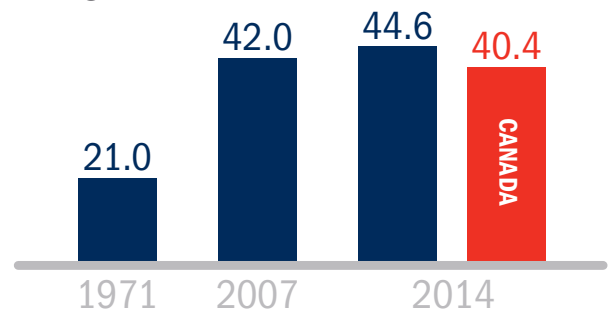
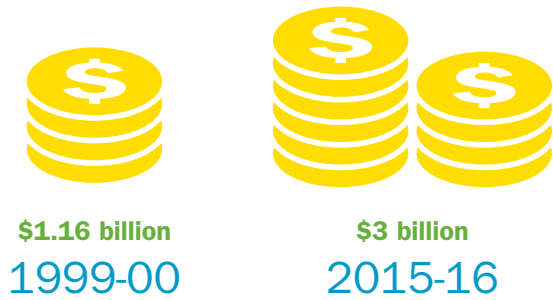


Fig. 5 Health and Community Services Spending



In Newfoundland and Labrador, spending on health care in fiscal year 1999-00 was \$1.16 billion. Fifteen years later the budget **increased two and a half times** to almost \$3 billion in fiscal year 2015-16.



Spending on health care accounts for approximately **37.5 per cent** of the Provincial Government budget.



24 cents of every dollar spent by the Provincial Government is health workforce-related.

Health Education Programs

Many health occupations are educated through programs offered in Newfoundland and Labrador, such as registered nurses, licensed practical nurses, physicians, and medical laboratory technologists; however, several health education programs are not available in the province, such as education programs for occupational therapists, physiotherapists, and speech-language pathologists. This presents unique recruitment and retention challenges.

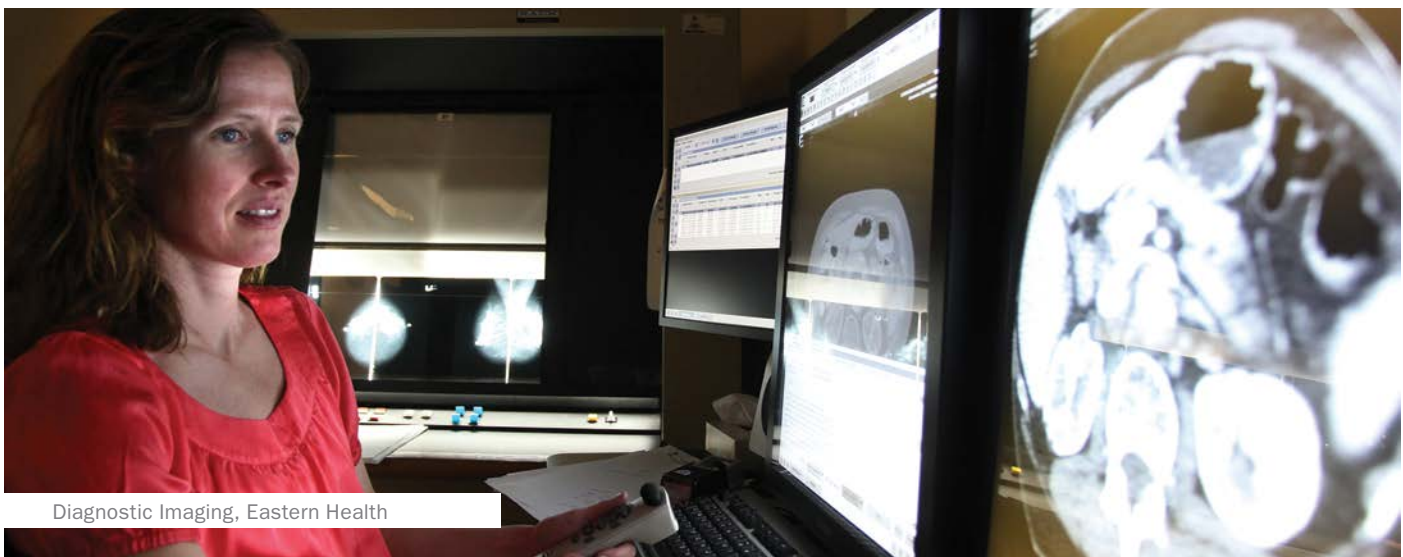
Technology

Technology includes new devices, tests, software systems, procedures, and therapies. All new technology requires specialized workforce competencies and strategic approaches to professional development and employee recruitment. Examples include Positron Emission Tomography (PET) scanners, advanced cancer detection and treatment methods, and drug therapies. Just as importantly, expertise is needed to assess the benefit and cost of new technologies to ensure their acceptance is based on evidence and need.

Labour Market Outlook

The Department of Advanced Education and Skills has identified demand for several health occupations. Employers will need to actively compete to attract and retain workers with strategies that extend beyond traditional methods for occupations such as pharmacists; dietitians; medical technologists and technicians (except dental health); physicians; dentists; therapy and assessment professionals; assisting occupations in support of health and community services; and other health occupations.

For some occupations including nurse supervisors, registered nurses, and some technical occupations, excess labour demands are anticipated, and recruitment challenges in these occupations are expected as a result of new jobs and job openings from retirements, high skill requirements and competition from other jurisdictions.



Diagnostic Imaging, Eastern Health



Nursing Care, Western Health

Strategies for Better Health

Over the last several years, the Provincial Government has put comprehensive strategies in place to improve the delivery of health and community services throughout the province, and strengthened workforce capacity is an important component of moving forward with these enhancements:

- **Close to Home: A Strategy for Long-Term Care and Community Support Services;**
- **Provincial Wellness Plan;**
- **Provincial Healthy Aging Policy Framework;**
- **Working Together for Mental Health;**
- **Gaining Ground: A Provincial Cancer Control Policy Framework for Newfoundland and Labrador;**
- **Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador** (includes **Provincial Integrated Stroke Strategy** and **Provincial Kidney Program**);
- **A Strategy to Reduce Emergency Department Wait Times;** and,
- **A Strategy to Reduce Hip and Knee Joint Replacement Surgery Wait Times.**

Provincial Strategies

The **Strategic Health Workforce Plan** aligns with and supports the **Population Growth Strategy** and **Workforce Development Action Plan**.

4 Creating This Plan

Under the leadership of the Health and Community Services Workforce Planning Steering Committee, the plan was developed through extensive stakeholder involvement. The steering committee was composed of representatives from the Department of Health and Community Services; regional health authorities; education institutions; and three networks described next.

The steering committee solicited feedback from all areas of the health and communities services system through networks representing nursing, allied health, and diagnostic professionals in both public and private sectors in the province. These networks were comprised of many frontline health care professionals who identified priority areas and proposed solutions. The steering committee analyzed all submissions, identified common themes, and determined priorities. Extensive consultations were conducted on the results through 19 presentations throughout the province, reaching a stakeholder audience of more than 150 people.¹⁴ Feedback was summarized and informed the plan.

5 Strategic Directions

Based on the consultations, five strategic directions were established to support the achievement of the vision for the province's health workforce. Within each strategic direction, a number of goals and actions have been identified to guide the plan and associated work over the next three years.

5.1 Strategic Direction 1: Build Quality Workplaces

This strategic direction is based on the definition of a quality workplace from Dr. Graham Lowe, professor emeritus at the University of Alberta, and an expert on creating higher quality and more productive workplaces:

A work setting that takes a strategic and comprehensive approach to providing the physical, cultural, psychosocial and work/job design conditions that maximize health and wellbeing of health providers, quality of patient/client outcomes and organizational performance.¹⁵

Having quality workplaces in regional health authorities is important because it improves employee health and safety, reduces sick and injury leave, reduces turnover, increases productivity, and most importantly, results in better patient care.

In Newfoundland and Labrador, much effort has been made to improve workplace quality and workforce health. Programs for employee assistance, mentoring, violence prevention, continuing education, employee recognition, performance management, and respectful workplaces are ongoing, but there remains more to do. Specific examples of initiatives, partnerships, and ongoing collaboration that build quality workplaces include:

- Accreditation Canada is the national organization responsible for accrediting health care facilities in Canada. Its standards are recognized nationally and internationally as providing leadership in the area of quality workplaces. Consistent and continuous implementation of these standards serves to improve workplace quality. Meeting these standards is a mandatory condition for accreditation. All four regional health authorities in Newfoundland and Labrador maintain accreditation with this organization.
- The Quality Professional Practice Environments (QPPE) project is a joint initiative of the Association of Registered Nurses of Newfoundland and Labrador and the College of Licensed Practical Nurses of Newfoundland and Labrador, in partnership with the regional health authorities. The program was developed in 2005 in response to nurses' concerns about their ability to provide quality client care in challenging practice environments. Almost 700 nurses have used the program to problem solve, influence change, and create quality workplaces.
- In early 2010, the Department of Health and Community Services commenced funding for provincial implementation of the Ottawa Hospital Model of Nursing Clinical Practice. The Ottawa Hospital realized positive outcomes from the implementation of their model, including improved patient care, organizational climate (safety and equity), nurse satisfaction, interest in continuing education, and leadership. It also realized decreased vacancy rates, turnover rates, nurse burnout, and nurse absenteeism. Implementation of the model is on-going in all regional health authorities. Preliminary results indicate many benefits have been realized including improved patient care, increased job satisfaction, and enhanced communications. A formal evaluation is anticipated in 2015-16.
- Excellence Canada (formerly the National Quality Institute) is a Canadian not-for-profit organization founded in 1992 that is committed to improving organizational performance through its Progressive Excellence Program (PEP). Companies that have participated in the PEP program have reported lower attrition rates; reductions in sickness and absenteeism; lower payments to Workers' Compensation; reduction in employee grievances and staff turnover; savings in operating costs through increased productivity; and many other benefits.¹⁶ The program includes a variety of assessment tools such as self-assessment, employee focus groups and site visits from Excellence Canada. Eastern Health has adopted this framework and is currently working through the certification process.



Establishing respectful and safe workplaces are key considerations for quality workplaces. From the 2006 report **Creating Healthy Health Care Workplaces in BC: Evidence for Action:**

There is extensive research showing that health care workplaces in general pose a wide range of health and safety risks to workers. Musculoskeletal injuries are well above the national average. Front-line care providers, especially nurses, are subject to violence from patients, clients or residents. Workers in health care occupations, compared with other occupational groups, have the highest incidence of stress from too many demands or hours, risk of accident or injury, and poor interpersonal relations. These elevated stress levels are associated with higher health care and disability costs, absenteeism, turnover, and reduced productivity. Health professionals, compared with other occupations, have lower levels of trust, commitment, communication and decision making influence; their job satisfaction is below the national average and they are least likely of all occupations to describe their work environment as healthy.¹⁷

Employee Engagement

Employee engagement is an appropriate measure of many of the issues discussed in this strategic direction. The definition of employee engagement used by AON Hewitt, an international human resources and risk management consulting firm, to conduct the Best Employers in Canada Study is as follows:

Employees are engaged when they ‘say, stay and strive’: they speak positively about the organization to others, are committed to remaining with their current employer, and are motivated by their organizations’ leaders, managers, culture and values to go “above and beyond” to contribute to business success.¹⁸



Pharmacy, Labrador-Grenfell Health

Related research identifies the following benefits of a highly engaged workforce:¹⁹

- Lower turnover;
- Less absenteeism including fewer lost-time accidents and sick days;
- Larger pool of talent from which to select employees;
- Greater employee productivity;
- Increased customer satisfaction;
- Higher revenue growth and economic returns; and,
- Greater sustainability in the face of business challenges.

AON Hewitt identifies 21 key drivers of engagement.²⁰ Some of these relate to an organization’s workforce, including:

- Senior leadership and co-workers;
- The nature of the work itself;
- Opportunities for learning, development and career advancement;
- Work/life balance and the reputation of the organization;
- Employee health; and,
- Policies and processes.

Strategic Direction 1, Goal 1: Improve employee engagement rates

Actions:

- ▶ Regional health authorities conduct employee surveys regularly as required to measure employee engagement and to identify areas to improve employee engagement.
- ▶ Regional health authorities use the survey results and other tools to develop targeted employee engagement plans.

Workforce Health

Measures of quality of worklife issues include attendance management indicators. Within the regional health authorities, significant sick leave and injury-related lost time is incurred annually.

- In fiscal year 2013-14, regional health authorities reported a total of 1,221 full time equivalents (FTEs) of lost time due to illness and injury, at a cost of \$57.5 million.
- The additional cost of replacement is considerable, with 690 FTEs (\$32.6 million) providing illness and injury-related relief.
- Absenteeism can be associated with a minimum of 1,911 FTEs, and \$90.1 million annually.
- A further 337 FTEs of overtime was incurred (\$39.2 million), in part for the provision of sick relief. Detail by regional health authority and earning type is shown in Appendix A, Table 7.

Fig. 6 Full Time Equivalents (FTEs) and Cost (millions) of Lost Time, 2013-14

2013-14 Fiscal Year		
1,221 FTEs	\$57.5 M	Illness/injury
690 FTEs	\$32.6 M	Relief
1,911 FTEs	\$90.1 M	Total absenteeism



9.8/100

Licensed practical nurses in long-term care experienced **9.8 lost time injuries/100 LPNs** or nearly 5.5 times the provincial average.



Operating Room, Central Health



Professional Development, Central Health

Provincial Injury Prevention Pilot Program in Long-term Care

A Provincial Injury Prevention Pilot Program in Long-term Care in regional health authorities is ongoing. The objectives of the pilot project are to:

1. Reduce lost-time incidents;
2. Improve quality of the workplace;
3. Improve resident care;
4. Meet legislative requirements; and
5. Reduce lost-time incident related costs.

Ten pilot sites were chosen, representing 1,313 employees (about one-third of 3,935 employees in 22 long-term care sites). The pilot project includes a robust evaluation component for the consideration of potential expansion of the approach to other areas within regional health authorities. The evaluation will be completed in 2015.

The injury rate in regional health authorities in 2013 was 4.0 lost-time injuries per 100 employees. This is more than twice the average injury rate for the entire provincial workforce of 1.6 lost-time injuries per 100 employees. Trends are shown in Appendix A, Figure 2.

Within regional health authorities, licensed practical nurses in long-term care experienced 9.8 lost time injuries per 100 licensed practical nurses, or nearly 5.5 times the provincial average. Injury rates for personal care attendants in long-term care are similar to those for licensed practical nurses.

Key focus areas for future work within the regional health authorities include: working alone, hazardous medications, musculoskeletal injury prevention, and violence prevention. Having healthy workplaces and a good work-life balance is particularly important because about 83 per cent of the health workforce is female and women form the majority of unpaid caregivers.²¹ Therefore, work-related illness, injury, and stress can have a negative effect outside of the workplace on the health of families and individuals.

Strategic Direction 1, Goal 2: Develop and implement formal quality workplace frameworks in regional health authorities

Actions:

- ▶ Regional health authorities adopt formal quality workplace frameworks that serve as a roadmap to establishing a quality workplace, including but not limited to best practices to promote and improve the health of the health workforce, and move to systematically implement these frameworks.

Strategic Direction 1, Goal 3: Build a healthier workforce

Actions:

- ▶ Establish provincial benchmarks for illness and injury rate improvement.
- ▶ Identify and, where possible, implement best practices to achieve provincial benchmarks for illness and injury rates.
- ▶ Incorporate safety and ergonomic best practices when planning renovations or new construction projects.



Long-Term Care, Labrador-Grenfell Health

- ▶ Expand and enhance strategies for respectful workplaces, violence prevention, working alone, mental health, and diversity-related issues in the workplace.

Culture of Learning

Continuing education and professional development are important considerations for quality workplaces and the delivery of quality services. Rapid advances in technology, research, products, procedures, and pharmaceuticals require professionals to remain informed. Licensure requirements often mandate such learning.

In addition to individual learning, it is important that the organization as a whole learns and grows to avoid recurring issues and to continually improve its services. Interprofessional learning has been identified as a strategy to strengthen quality of care through teamwork and to facilitate the full use of people skills.

Individuals, regulators, employers and the Provincial Government have a shared responsibility to develop a culture of learning.

Strategic Direction 1, Goal 4: Establish a culture of learning

Actions:

- ▶ Provincial Government and regional health authorities support learning by identifying and moving towards a reasonable benchmark for training and professional development.
- ▶ Regional health authorities develop a learning needs framework to identify critical competencies, priority learning needs, inventory of current initiatives, and areas for enhancement.
- ▶ Building on the success of Memorial University's Centre for Collaborative Health Professional Education, examine ways to foster and increase capacity for interprofessional learning.

Memorial University's Centre for Collaborative Health Professional Education

Memorial University's Centre for Collaborative Health Professional Education (CCHPE) was established in September 1999 by the Directors of the Schools of Nursing, Pharmacy, Social Work and the Deans of the Faculties of Education and Medicine. The goal of the Centre is to develop, implement and evaluate interprofessional education programs designed to increase collaborative practice in the province. CCHPE provides interprofessional education at all levels across the continuum of health professional training from in-class activities, through practice setting initiatives, to continuing interprofessional education for practicing professionals. The CCHPE has been awarded three international awards for curricular innovation and has provided many interprofessional education opportunities for health professional students and practicing health professionals in the province. CCHPE has partnered with Eastern Health to develop a strategy for improving team effectiveness and increase the level of interprofessional mentoring in practice settings. Evaluations of interprofessional education activities at all levels have been positive and have been disseminated widely through conference presentations and articles in peer-reviewed journals.

5.2. Strategic Direction 2: Establish Appropriate Workforce Supply

Ensure an appropriate supply of qualified health professionals to work in Newfoundland and Labrador, and implement effective recruitment and retention strategies.

Our primary source of health professionals is education programs within the province. For several other health occupations, many of which are small in number, education programs are only available outside of the province. The province relies on attracting and retaining experienced health professionals from other parts of Canada and, in some cases, from abroad. Actions are needed to ensure the province has an appropriate workforce supply of qualified professionals that supports the ability of regional health authorities to deliver quality health and community services.

Provincial Sources of Health Professionals

The province relies heavily on its own supply of professionals for both the public and private sectors. Adequate seat capacity in health education programs is a key factor for a stable workforce. Significant program expansions have been implemented in recent years. For example:

- Memorial University Bachelor of Social Work: 33 per cent increase in seats since 2009 (45 to 60) and a fast-track program;
- Memorial University Bachelor of Nursing (Collaborative): 14 per cent increase in seats in 2008 (255 to 291);
- College of the North Atlantic Medical Laboratory Sciences: There was a one-time offering of 15 enrollments in Grand Falls-Windsor in September 2011 and an increase of 15 enrollments in St. John's in September 2013, 2014, and 2015. A permanent Medical Laboratory Sciences training facility is planned for Grand Falls-Windsor. It is anticipated that 16 students will be accepted into the program annually when the facility opens. Additionally, the College has been changing entrance methods and is planning to modify application requirements to reduce attrition from the program;
- Memorial University Undergraduate Medical Degree: 25 per cent increase in seats in 2013 (64 to 80); and,
- Memorial University Doctorate of Clinical Psychology: Commenced in 2009 with an ongoing capacity of six seats.



College of the North Atlantic Students



School of Nursing Student

Fig. 7 Health Professional Education Program Expansion Since 2008



Memorial University Bachelor of Social Work: 33 per cent increase in seats since 2009 (45 to 60) and a fast-track program



Memorial University Bachelor of Nursing (Collaborative): 14 per cent increase in seats in 2008 (255 to 291)



Memorial University Undergraduate Medical Degree: 25 per cent increase in seats in 2013 (64 to 80)



College of the North Atlantic Medical Laboratory Sciences: There was a one-time offering of 15 enrollments in Grand Falls-Windsor in September 2011 and an increase of 15 enrollments in St. John's in September 2013, 2014, and 2015.



A permanent Medical Laboratory Sciences training facility is planned for Grand Falls-Windsor. It is anticipated that 16 students will be accepted into the program annually when the facility opens.



Memorial University Doctorate of Clinical Psychology: Commenced in 2009 with an ongoing capacity of six seats.

Some key considerations regarding the province's supply of health professionals include:

- Increasing faculty retirements and the availability of replacement teaching staff must be considered for maintaining and growing educational program capacity; and,
- Close partnerships between post-secondary educational institutions, employers and industry are key for health workforce planning to meet labour market demand. At the College of the North Atlantic, all programs have a program advisory committee to ensure strong linkages with system stakeholders. These committees are particularly useful for working through practical issues such as clinical placements.

In 2014, the Department of Advanced Education and Skills canvassed all government departments to determine their labour market needs, and shared the results with the College of the North Atlantic. This is an example of a collaborative approach that helps match educational capacity to demand.

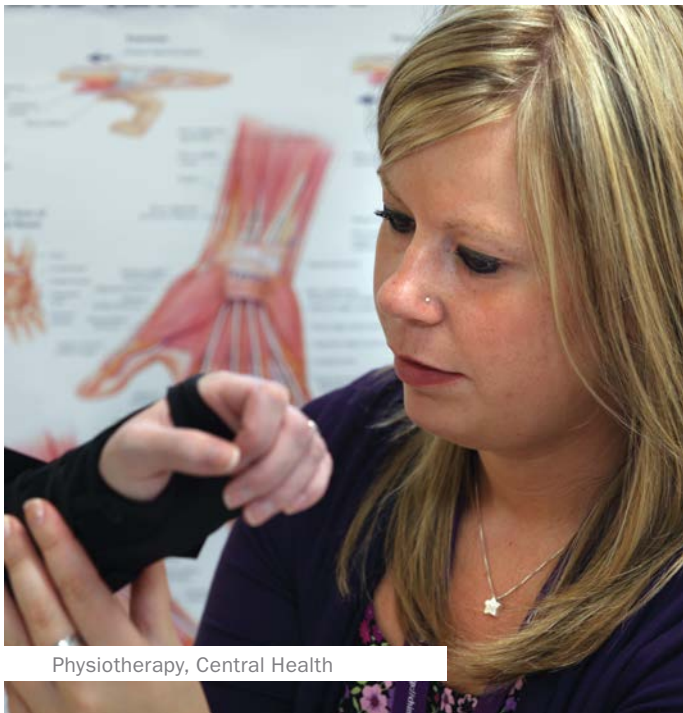
Strategic Direction 2, Goal 1: Collaborate with stakeholders to achieve appropriate program capacity at post-secondary institutions in Newfoundland and Labrador

Actions:

- ▶ Ensure collaborative decision-making between employers, educational institutions, government departments, professional associations, and regulators on program availability and capacity.
- ▶ Establish sufficient and appropriate student placements and supports, especially in rural areas.
- ▶ Work with stakeholders to build diversity in the workplace by targeting and supporting groups that are currently underrepresented in health program enrollment to pursue health careers. Groups may include rural populations, Aboriginal groups, and Francophones.
- ▶ Investigate establishing new educational programs (and/or growing existing ones) in Newfoundland and Labrador to serve a wider market by partnering with industry, other provinces, or other countries, to enter into formal seat purchase arrangements to educate health professionals. This will help sustain needed educational programs in the province.

Radiation Therapists

Since 1999, Eastern Health has supported more than a dozen individuals from Newfoundland and Labrador to complete the Radiation Therapy Program. The large majority of these individuals remain employed with Eastern Health. The bursary program serves as a recruitment tool and an effective retention strategy. Supporting students from Newfoundland and Labrador has helped stabilize this workforce and improved Eastern Health's ability to maintain essential cancer treatment services. Recruitment of these and other cancer treatment professionals is a key consideration as the province further expands cancer care services. A committee has been established to oversee the recruitment of radiation therapists and other health professionals for the new cancer care program currently under development for Western Health.



Physiotherapy, Central Health

External Supply of Health Professionals

Dedicated seat purchases for selected occupations have been essential for securing graduates from programs external to the province. For example, the Government of Newfoundland and Labrador purchases seats for training occupational therapists and physiotherapists at Dalhousie University. Clinical education coordinators are in place to facilitate student placements throughout the province.

Newfoundland and Labrador has not relied heavily on the recruitment of health professionals from other countries, with the exception of physicians. Newfoundland and Labrador is second only to Saskatchewan in having the largest percentage of its physician workforce comprised of international medical graduates (IMGs). IMGs as a proportion of Canada's physician workforce have declined from more than 33 per cent in the 1970s to 25 per cent in 2012, largely due to aging and retirements. In the last decade, physician recruitment efforts in Newfoundland and Labrador have been concentrating less on international recruitment and more on retaining graduates from the province. In 2012, IMGs represented 38 per cent of the total physician workforce in Newfoundland and Labrador, down from 44 per cent in 2000. The trend has continued since 1980 when IMGs represented 58 per cent of the physician workforce in Newfoundland and Labrador.²²

Vacant Positions

The Department of Health and Community Services collects vacancy data from regional health authorities twice annually in April and October. This point-in-time data are collected for a wide range of health occupations. Data are shown in Appendix A, Table 5.

The number of selected health professional vacant positions being recruited external to regional health authorities decreased from 401 on April 1, 2008 to a low of just 129 on October 1, 2012. As of April 1, 2014 it had risen to 491.

External recruitment postings for registered nurses showed a similar pattern. Appendix A, Table 5 shows that external recruitment postings for registered nurses decreased from a high of 351 on April 1, 2009 to a low

of 36 on October 1, 2012, with subsequent increases in the last three surveys to 197 on April 1, 2014. The downward trend prior to April 1, 2013 may have been due to pay raises in the last collective agreement, strong recruitment initiatives, and fewer positions available outside of the province.

Several health occupations continue to experience concerning vacancy rates including combined laboratory/x-ray technologists, audiologists, clinical psychologists and prosthetists/orthotists. It is important to note that a single vacancy for an occupational group with a small number of workers can have an impact on services. Examples include radiation therapists, medical physicists, audiologists, and cardiovascular perfusionists.



Physician Retention in Labrador-Grenfell Health

Dr. Michael Jong, Vice President of Medical Services, Labrador-Grenfell Health (pictured below), spends time introducing staff and special invited guests to the unique lifestyle that Labrador has to offer. According to Dr. Jong, this type of relationship building has a positive influence on retention. Some activities include snowshoeing, winter camping, and meeting with Innu Elders.²³



Diagnostic Imaging, Labrador-Grenfell Health

Recruitment Incentives

The Provincial Government has established numerous programs and initiatives to improve the recruitment of various health professionals. These include student bursaries, grants, traveling fellowships, signing bonuses, and seat purchases in health sciences programs outside of the province. The total budget for recruitment-related programs in fiscal year 2015-16 exceeds \$4 million.

Strategic Direction 2, Goal 2: Establish formal arrangements to secure a supply of health professionals from educational programs offered outside of Newfoundland and Labrador

Actions:

- ▶ Identify and prioritize health professional supply that is most efficiently met by health education programs external to the province.
- ▶ Explore negotiating formal seat purchase arrangements or other strategies as required, to secure the necessary supply to meet provincial health and community services needs.
- ▶ Develop strategies to encourage Newfoundlanders and Labradorians to enroll in programs offered outside the province and support them in their studies in areas where provincial vacancies exist.

Recruitment and Retention

Effective recruitment is about building relationships with students, new graduates, and experienced professionals, regardless of whether they originate from within the province or elsewhere. The province currently offers a variety of recruitment and retention initiatives for students and experienced health professionals. Bursaries are effective for student recruitment, while signing bonuses are valuable for attracting experienced health professionals. Both incentives entice individuals to accept difficult-to-fill positions. Specific incentives include but are not limited to:

- Signing bonuses for difficult-to-fill health professional positions including registered nurse positions;
- Bursaries for difficult-to-fill health professional positions;
- Nursing, practical nurse, and personal care attendant bursaries;
- Rural nursing student incentives;
- Grants for nursing practice courses;
- Nurse practitioner grants;
- Dental bursaries;
- Physician bursaries; and
- Physician signing bonuses.

Finally, employees providing support services are also key for maintaining quality care. For example, journeyman-level trades, information management, biomedical engineering and health records often incur recruitment challenges due to limited supply and increasing competition from other sectors. Recruitment of journeyman-level trades can be impacted by a strong economy and increasing wage levels in other sectors.



Strategic Direction 2, Goal 3: Strengthen recruitment strategies

Actions:

- ▶ Support targeted recruitment strategies for difficult-to-fill positions.
- ▶ Strive for provincial self-sufficiency where possible. Undertake international recruitment when necessary and always within an ethical framework.
- ▶ Employers meet with students regularly throughout their program of study to ensure they are fully aware of employment opportunities upon graduation.
- ▶ Employers ensure employment opportunities reasonably reflect the expectations of prospective employees.
- ▶ Employers ensure new hires are properly oriented and integrated into the workplace, especially internationally educated health professionals.

5.3. Strategic Direction 3: Strengthen 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 **10-Year Sustainability Plan for Newfoundland and Labrador: Securing the Future** indicated that in fiscal year 2012-13:

“On a per capita spending basis, Newfoundland and Labrador’s gross program expenses are above the Canadian average by \$4,910” (all program expenses, including healthcare) and “Considering the aging population and the potential for growth in health care expenses if historical trends continue, the ability to moderate health care expenses presents a significant sustainability challenge for government.”¹³

Operational improvement initiatives were implemented by regional health authorities in the fall of 2012. To identify opportunities for improvements, regional health authorities compared their performance to similar health organizations in Canada. Significant improvements have been achieved to date, while maintaining quality health and community services. The Provincial Government continues to work with regional health authorities to seek operational improvements.

Strengthening workforce capacity means improving productivity. Improving productivity will increase the health and community services system’s ability to improve services and meet new demand, while remaining sustainable.

Working Efficiently

Working efficiently means getting the job done well, with the minimum expenditure of time and resources. In health and community services, it means people use their full scope of practice in a well-functioning workplace.



Laboratory Services, Labrador-Grenfell Health

The term “operations research” describes the pursuit of such efficiency and is widely recognized across many sectors. Operations research is an approach to determine the most efficient way to do something. It is an interdisciplinary field that, for over 50 years, has been applied to problems in diverse industries such as education, finance, manufacturing, military, sports, telecommunications, and transportation. Health and community services is particularly suited to operations research techniques in that the industry is comprised of complex processes characterized by waitlists, limited capacity, and unpredictable demand.

“Lean” is one example of an approach to improving efficiency that is gaining interest in health care organizations:

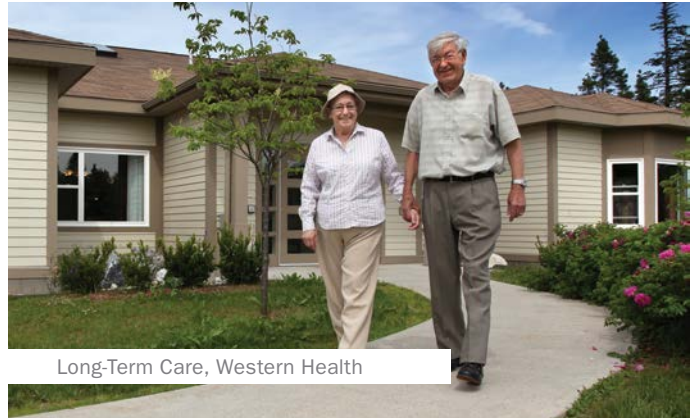
Canadian health care organizations are increasingly asked to do more with less, and too often this has resulted in demands on staff to simply work harder and longer. Lean methodologies, originating from Japanese industrial organizations and most notably Toyota, offer an alternative—tried and tested approaches to working smarter. Lean, with its systematic approaches to reducing waste, has found its way to Canadian health care organizations, with promising results.²⁴

The Lean approach has been gaining interest for several years within the province and has been presented to the Newfoundland and Labrador Chapter of the Canadian College of Health Leaders (CCHL). Lean principles are being utilized to assist in provincial wait time management; Eastern Health has recently employed Lean consultants in laboratory medicine.

The province is also undertaking a review of clinical laboratory services. This work involves the development of a medical laboratory formulary that will ensure appropriateness of all laboratory testing and will improve the quality of patient care and system efficiency.

Significant effort and commitment are needed to undertake such initiatives, but the rewards are equally significant. Gains realized from improved productivity could be reinvested, increasing the scope and quality of services.

Workforce planning cannot be separated from what the workforce is tasked to do or how it carries out its mandate. Safety, quality, and the sustainability of the health and community services system depend on improving the capacity of the health workforce.



Long-Term Care, Western Health

Strategic Direction 3, Goal 1: Enhance workforce capacity

Actions:

- ▶ Seek improved employee scheduling, staffing models, work processes and supporting technology.
- ▶ Employ operations research and Lean techniques to improve workforce productivity.

Scope of Practice

A health professional's scope of practice defines the work they are competent to undertake. For example, the Association of Registered Nurses of Newfoundland and Labrador indicates "The scope of nursing practice is defined as the range of roles, functions, responsibilities, and activities which registered nurses are educated and authorized to perform."²⁵

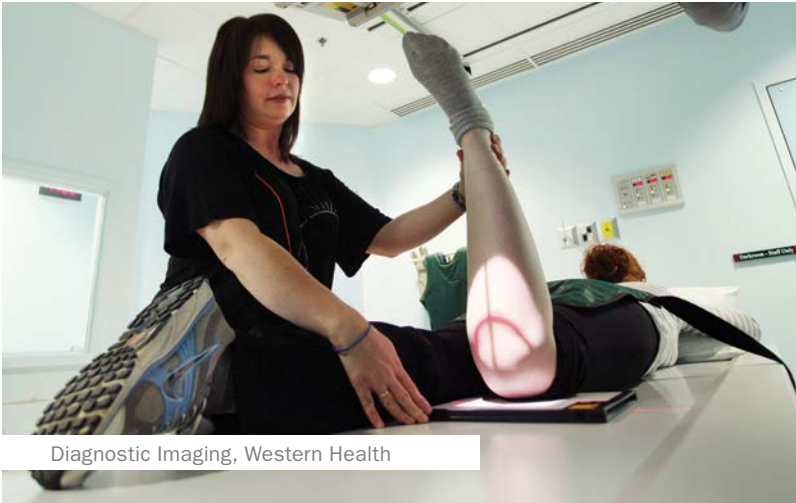
Licensed Practical Nurse Scope of Practice

The scope of practice for licensed practical nurses in Newfoundland and Labrador includes performance of health assessments and medication administration, including infusion therapy, blood and blood products. The performance of health assessments has been considered an entry-level competency for licensed practical nurses in Newfoundland and Labrador since 2002, while medication administration has been so considered since 1997. As of April 1, 2012, all licensed practical nurses in Newfoundland and Labrador were required to have completed education in these two areas as a condition of licensure. These efforts have led to improved utilization of licensed practical nurse skills.

Organizational policies, composition of the team, and availability of support staff, are examples of factors that affect the ability of a health professional to fully use their scope of practice. The inability to practice to one's full scope of practice is inefficient and can cause frustration for the workforce.

An opportunity to improve registered nurse utilization was recognized in the collective agreement with the Newfoundland and Labrador Nurses' Union (now named the Registered Nurses' Union of Newfoundland and Labrador) of June 30, 2009. The agreement initiated the creation of a tri-partite committee called the Senior Joint Quality Worklife Committee (SJQWL Committee) to address provincial, system wide nursing practice and patient care issues.

The SJQWL Committee established the Provincial Nursing Duties Working Group (working group). The working group examined duties performed by registered nurses that could detract from patient/resident/client care. The working group provided six recommendations for better alignment of registered nurse skills with patient/resident/client needs.



Diagnostic Imaging, Western Health

In December 2013, Eastern Health reported further progress in this area including a time study tool that had been piloted in five areas. Eastern Health has developed a nursing duties toolkit for frontline staff and managers, which has been shared with the other regional health authorities.

Recently, new regulations under the **Pharmacy Act, 2012** have come into force that expand the scope of practice for pharmacists such as allowing them to administer medication by inhalation and injection.

Strategic Direction 3, Goal 2: Ensure health professionals work to their full scope of practice

Actions:

- ▶ Identify and move towards best practices and work processes that ensure health professions can use all their competencies and work to their full scope of practice.
- ▶ Identify and move towards optimal health team composition to meet the health needs of the population served, recognizing that support staff are an important part of that team.

5.4. Strategic Direction 4: Enhance Leadership and Management

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

Regional health authorities are complex corporate entities inclusive of the full continuum of care, tasked with addressing the health and community services needs of the population and ever-increasing public expectations. The continuum of care includes acute care, long-term care and community programming.

Approximately \$2 billion is allocated to regional health authorities each year by the Provincial Government. Given about 1,000 individuals are paid on management scales, and assuming all these managers have some budgetary influence, this equates, on average, to more than \$2 million per manager annually (\$2 billion divided by 1,000). For counts of managers by regional health authority see Appendix A, Table 2. At senior management levels, individuals are accountable for significant expenditures of public funds. The crucial role of leadership, including physician leadership, in today's health care environment is clear, as stated in Graham Dickson's report: **Transformations in Canadian Health Systems Leadership: An Analytical Perspective:**

Health service delivery in Canada is under significant pressure to change. Budget cuts, escalating costs resulting from demographic shifts, and dramatic technological advances are all driving health toward a major transformation. This circumstance has created a demand for more and higher quality leadership.²⁶

Physician Leadership

A Physician Management and Leadership Program is available through Memorial University's Gardiner Centre. It was developed through collaboration between Memorial University (Professional Development and Conferencing Services, Faculty of Medicine, Gardiner Centre, and Faculty of Business), the regional health authorities, and the Department of Health and Community Services.

Besides a primary responsibility for fiscal leadership and system sustainability, managers have many responsibilities and must balance competing priorities. For example:

- 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;
- New legislation, accreditation requirements, the national patient safety movement, and accountability requirements require significant investments in time; and,
- Health and community services restructuring in recent years has meant that managers have been reorganizing services and consolidating policies while simultaneously managing operational issues.

Turnover and Vacant Positions

Past analysis of turnover (inclusive of retirements) showed:

- An average of nine per cent²⁷ turnover annually for management staff in regional health authorities;
- An estimated 45 per cent of the management workforce, or 474 individuals, will turnover in the next five years;
- Retirements account for the majority of turnover; and,
- 26 per cent of managers in regional health authorities are eligible for retirement from January 1, 2015 to March 31, 2019.

Detail by regional health authority is provided in Appendix A, Table 6. It is noted that these data, as well as other key evidence, will be updated as part of Strategic Direction 5: Maintain Robust Planning and Evidence, as this plan moves forward. Departure of regional health authority management expertise in five years will result in considerable loss of leadership experience, creating gaps in organizational memory and loss of expertise in a dynamic environment focused on cost containment and efficient delivery of quality health and community services.

Potential candidates for leadership positions should be drawn from a wider pool of health occupations and not necessarily limited to specific clinical backgrounds. Effective succession planning would include these considerations.

Strategic Direction 4, Goal 1: Establish succession and mentorship strategies for leadership positions

Actions:

- ▶ Develop and implement effective succession and mentorship strategies for the preparation and recruitment of candidates for leadership positions.

Leadership versus management

“So what qualities distinguish leadership from other words i.e., management, administration — and that give it a unique conceptualization? By definition, leaders go “first”. A leader takes on the responsibility of acting to shape the future. Therefore, leaders are explorers who break new ground and set direction in a confusing and unclear landscape. Managers and administrators are the engineers who build the paths that follow in the footsteps of the leader. Given this function leaders are always caught halfway between the known and the unknown, between reality and creativity, and between safety and risk.”²⁶



Leadership Development

Leadership development strategies compare current competencies to required competencies, and provide a framework to close the gaps. Leadership development should reflect the continuum from potential manager (often drawn from clinical staff) to senior manager, and provide the appropriate learning opportunities. Skills include the ability to effectively communicate with and lead employees toward a common vision, manage budgets, and seek efficiencies.

Management training would also assist union members in current supervisory roles, and encourage a move into management positions.

Strategic Direction 4, Goal 2: Strengthen leadership and management competencies and accountabilities, now and in the future

Actions:

- ▶ Develop and implement strategies, including management and leadership development opportunities, to address gaps between existing and required competencies and accountabilities.

The ability to develop strategic directions to meet the health and community services needs of the population, steer organizations through times of change, effectively manage and support the workforce, and be fiscally responsible for budget allocations, depends on recruiting, retaining, and developing effective leadership throughout the system.

The Council of the Federation comprises Canada's 13 provincial and territorial premiers. The council created the Health Care Innovation Working Group in 2012, and their first report: From Innovation to Action: The First Report of the Health Care Innovation Working Group of July 26, 2012 made it clear that "Provincial and territorial leaders want to create a new approach that provides better health, better care, and better value to our citizens."²⁸ This triple aim cannot be achieved without effective leadership.

5.5. Strategic Direction 5: Maintain Robust Planning and Evidence

Robust planning and evidence to support effective decision making.

To move forward with the strategic directions presented in this plan, 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.

Evidence

The Provincial Government has provided significant funding to implement a Health Human Resource Information System in regional health authorities, building on work completed in Eastern Health. This tool will improve all regional health authorities' ability to manage their workforce, and provide accurate, timely data both regionally and provincially. This data will also improve capacity for policy development, collective bargaining, financial monitoring, and performance management. This software will be extended throughout the province, standardizing the way in which regional health authorities collect and report workforce data.

Provincially there is a need to capture standardized data on a variety of workforce topics from a variety of sources. Regional health authorities, 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.

Regional health authorities have recently increased their participation on the National Human Resource Benchmarking Network annual survey. This has improved the availability and comparability of numerous core



Rehabilitation, Eastern Health

workforce indicators. Regional health authorities have committed to increase the amount and type of data submitted annually to the survey.

Information related to the movement of employees into and out of regional health authorities provides important insight on opportunities for improvement. Standardized recruitment, hiring, and orientation processes and policies, including benchmarks regarding appropriate contact and follow-up timelines would be beneficial. Similarly, exit surveys would identify why an employee left. Focus could be placed on factors within the employer's control.

Workforce models for several health occupations have been developed in collaboration with key stakeholders. Regulatory bodies and professional associations have been important partners in providing data and advice. Some of the practical work related to workforce modeling typically includes:

- Building a profile of the current workforce;
- Projecting trends in turnover, workforce growth, and workforce deployment;
- Translating these trends into workforce requirements;
- Comparing these requirements to existing supply;
- Identifying gaps; and,
- Developing strategies to close those gaps.

Building models often reveals several alternatives for balancing supply and demand other than seat increases in education programs. Small improvements in program attrition and/or new graduate retention are two examples of outcomes that greatly improve supply. Reduced turnover and improved workforce deployment decreases workforce demand.

Workforce modeling efforts to date have focused on health occupations employed, to a large extent, by regional health authorities. There are opportunities to extend workforce modeling efforts to other health occupations. For example, a better understanding of workforce dynamics for home support workers is important for ensuring sustainable community services for the population of the province. Research will be required to build this understanding. This will require working closely with home support agencies, regulatory bodies, professional associations, and others, as required.

Opportunities exist to build a comprehensive health workforce research agenda. Provincial research resources



Community Health, Western Health



Long-Term Care, Labrador-Grenfell Health

should be focused on gaps in evidence and key policy questions. Robust research requires adequate time to complete and present. Priorities presented in this plan provide a natural starting point and should be further examined using a research lens. Conferences and pilot projects are examples of useful mechanisms to achieve knowledge transfer and initiate change. Evaluation of pilot projects or permanent system change must also be included in all initiatives.

Strategic Direction 5, Goal 1: Maintain adequate, timely, and robust evidence

Actions:

- ▶ Implement a standardized Provincial Health Human Resource Information System.
- ▶ Regional health authorities further expand their participation in the Human Resource Benchmarking Network Annual Benchmarking Survey.
- ▶ Regional health authorities, educational institutions, and regulators regularly submit minimum data sets and key indicators to support a range of planning and modeling activities.
- ▶ Regional health authorities implement and enforce standardized policies and benchmarks regarding appropriate contact and follow-up timelines, for processes including, but not limited to, recruitment, hiring, orientation, and exit interviews.

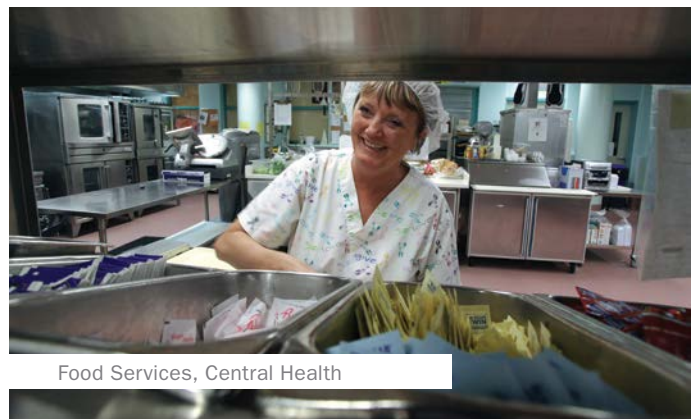
Planning

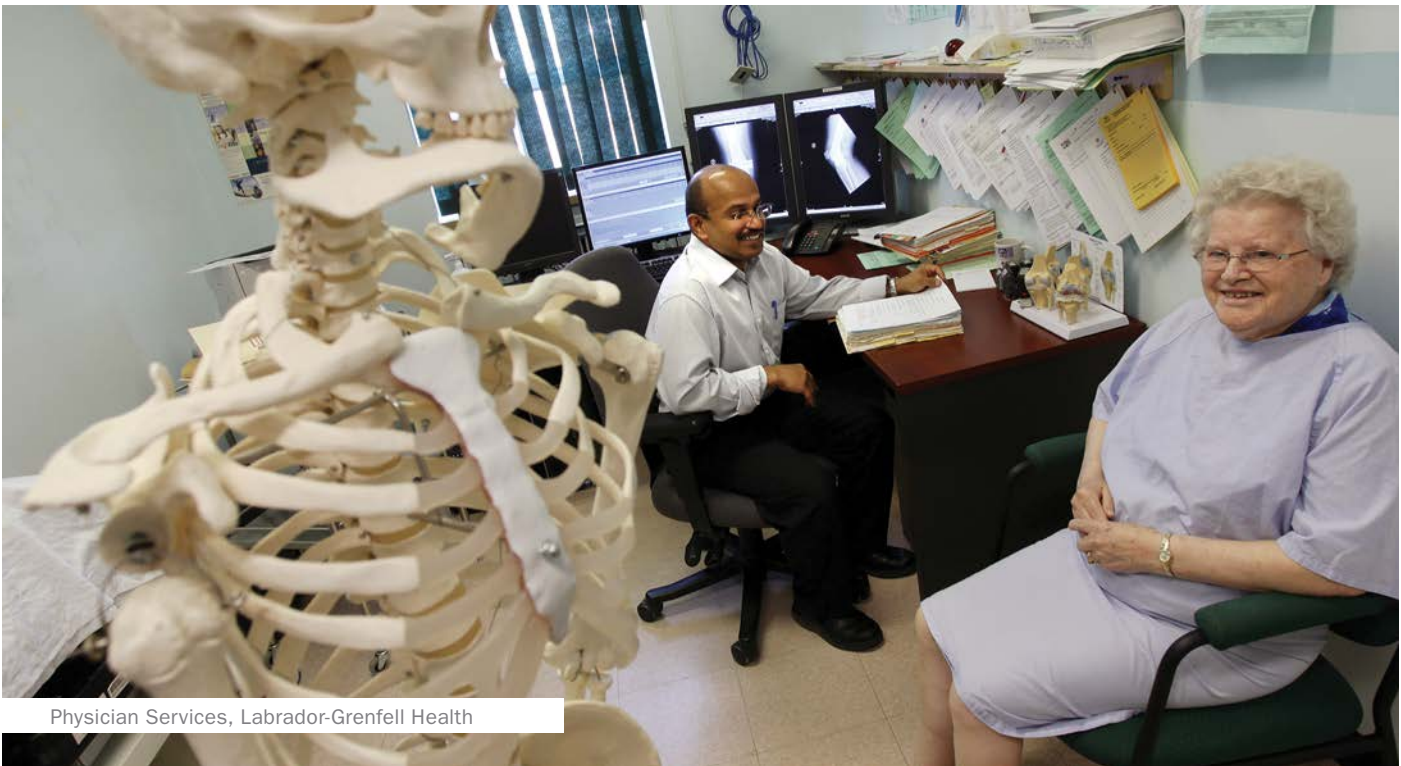
As described earlier, the stakeholder network structure was established to identify stakeholder priorities and provide advice to the steering committee. Though this work has been completed, the network is an important mechanism for regular communications and sharing of information, especially between educational institutions and employers. Open sharing of information on workforce issues leads to natural collaboration and problem solving.

Finally, each regional health authority has recognized the importance of workforce issues in their 2014 – 2017 strategic plans, with a strategic direction for: “Improved performance and efficiency in the health and community services system to provide quality services that are affordable and sustainable”. Each regional health authority has a focus on health workforce planning. Goals presented throughout this plan support that focus.

Health Workforce Models

Health workforce model reports for registered nurses, licensed practical nurses, medical laboratory technologists, and dietitians are available at: <http://www.health.gov.nl.ca/health/publications/#1prov>





Physician Services, Labrador-Grenfell Health

Strategic Direction 5, Goal 2: Initiate a workforce planning research agenda

Actions:

- ▶ Partner with stakeholders, including researchers, to document areas for improvement in evidence collection and key policy questions requiring investigation.
- ▶ Identify research initiatives on priority topics, with commitment to ensure knowledge transfer upon completion, through presentations, conferences, pilots, and other mechanisms.

Strategic Direction 5, Goal 3: Establish and regularly update strategic workforce plans

Actions:

- ▶ The Department of Health and Community Services and regional health authorities establish and implement strategic workforce plans within an agreed-upon framework.

Strategic Direction 5, Goal 4: Collaborate on workforce planning

Actions:

- ▶ Health workforce planning considerations become an integral part of all future strategic health and community services planning initiatives, both provincially and regionally.
- ▶ Mechanisms developed and maintained for stakeholder input including input from potentially underrepresented groups.
- ▶ The Department of Health and Community Services expand their partnerships with other employers, regulatory bodies, professional associations and others as required, to build workforce models for priority occupations including home support workers.



Operating Room, Eastern Health

6 Moving Forward

The Department of Health and Community Services, in collaboration with its partners, is focused on enhancing the health care system through building and maintaining a dynamic health workforce. The department will take the lead role in working closely with the regional health authorities, education institutions, regulatory bodies, government departments, and other relevant stakeholders to move forward the strategic directions and goals contained in the plan.

Implementation Framework

The Department of Health and Community Services will have primary responsibility to move this plan forward and oversight will be provided by the steering committee. The steering committee will be re-established to undertake a prioritization exercise with the Department of Health and Community Services to identify actions and initiatives. This will be repeated annually, to maximize what would be achievable within the approved budget for that year. This approach will provide the flexibility needed to address the most pressing health workforce issues while retaining a strategic outlook. Working groups will be formed as required to focus on specific goals. Working groups will include content experts and others as required.

Role of Department of Health and Community Services

The Department of Health and Community Services is responsible for ensuring that the strategic directions identified in this plan are used to guide initiatives over the 2015 – 2018 timeframe. While several goals are the responsibility of regional health authorities, the Department of Health and Community Services will monitor their progress.

Department of Health and Community Services representatives will also meet with stakeholders periodically to review accomplishments arising from this plan. This vehicle will additionally serve to gain further feedback to build the plan for the future as new issues arise. A planning process will be undertaken in 2017 to establish a new plan for the 2018 – 2021 period, building on accomplishments, new challenges, and new priorities.



Sir Wilfred Grenfell statue, Labrador-Grenfell Health

Accountability Framework

An accountability framework has been developed to describe how the impact of the plan will be measured, evaluated and reported. This framework establishes reasonable links between proposed activities and results, and identifies all pertinent roles and responsibilities.

Through the consultation process undertaken in the development of this plan, the Department of Health and Community Services is confident that it is building a solid foundation to ensure a stronger health workforce for Newfoundland and Labrador. Working to address the strategic directions and goals identified in this plan will require dedicated commitment, resources, and cooperation from all stakeholders such as regional health authorities, education institutions, regulatory bodies, and government departments. A skilled workforce focused on the health and well-being of individuals, families and communities is an essential component of accessible and sustainable health and community services for the future.

The Department of Health and Community Services will provide an annual update regarding progress made on prioritized actions.

Endnotes

1. <http://www.statcan.gc.ca/tables-tableaux/sum-som/I01/cst01/health22-eng.htm> downloaded May 15, 2015. The health sector comprises establishments primarily engaged in providing health care by diagnosis and treatment, providing residential care for medical and social reasons, and providing social assistance, such as counselling, welfare, child protection, community housing and food services, vocational rehabilitation and child care, to those requiring such assistance.
2. <http://www.stats.gov.nl.ca/> downloaded December 9, 2014.
3. Registered Nurse Workforce Model Report Newfoundland and Labrador http://www.health.gov.nl.ca/health/publications/Registered_Nurse_Workforce_Model_Report.pdf downloaded December 9, 2014.
4. <http://www.statcan.gc.ca/pub/91-215-x/2014000/t593-eng.htm> downloaded July 8, 2015.
5. <http://www.economics.gov.nl.ca/pdf2006/demographyupdate.pdf> downloaded December 9, 2014.
6. http://www.health.gov.nl.ca/health/publications/ha_policy_framework.pdf downloaded December 9, 2014.
7. <http://www.health.gov.nl.ca/health/publications/healthreflections.pdf> downloaded December 9, 2014.
8. <http://www.health.gov.nl.ca/health/wellnesshealthyliving/index.html> downloaded December 9, 2014.
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14. Key themes arising from these consultations, which have been incorporated into this plan, include:
 - The need for effective management and leadership in the system;
 - Redesign of services is needed to focus on the changing health needs of the population including the need for fortified rehabilitation services;
 - Quality of the workplace including prevalence of violence, injury, bullying, excessive workloads, and poor engagement of staff;
 - Student placements and support are vital, especially in rural areas;
 - Learning and development opportunities must be improved;
 - Better planning is needed for vital occupations with small numbers, including specialized laboratory staff, journey-person-level trades, and others;
 - Rural issues compound most workforce issues and must be addressed with targeted measures; and,
 - Cooperative planning is important, especially with educational institutions.
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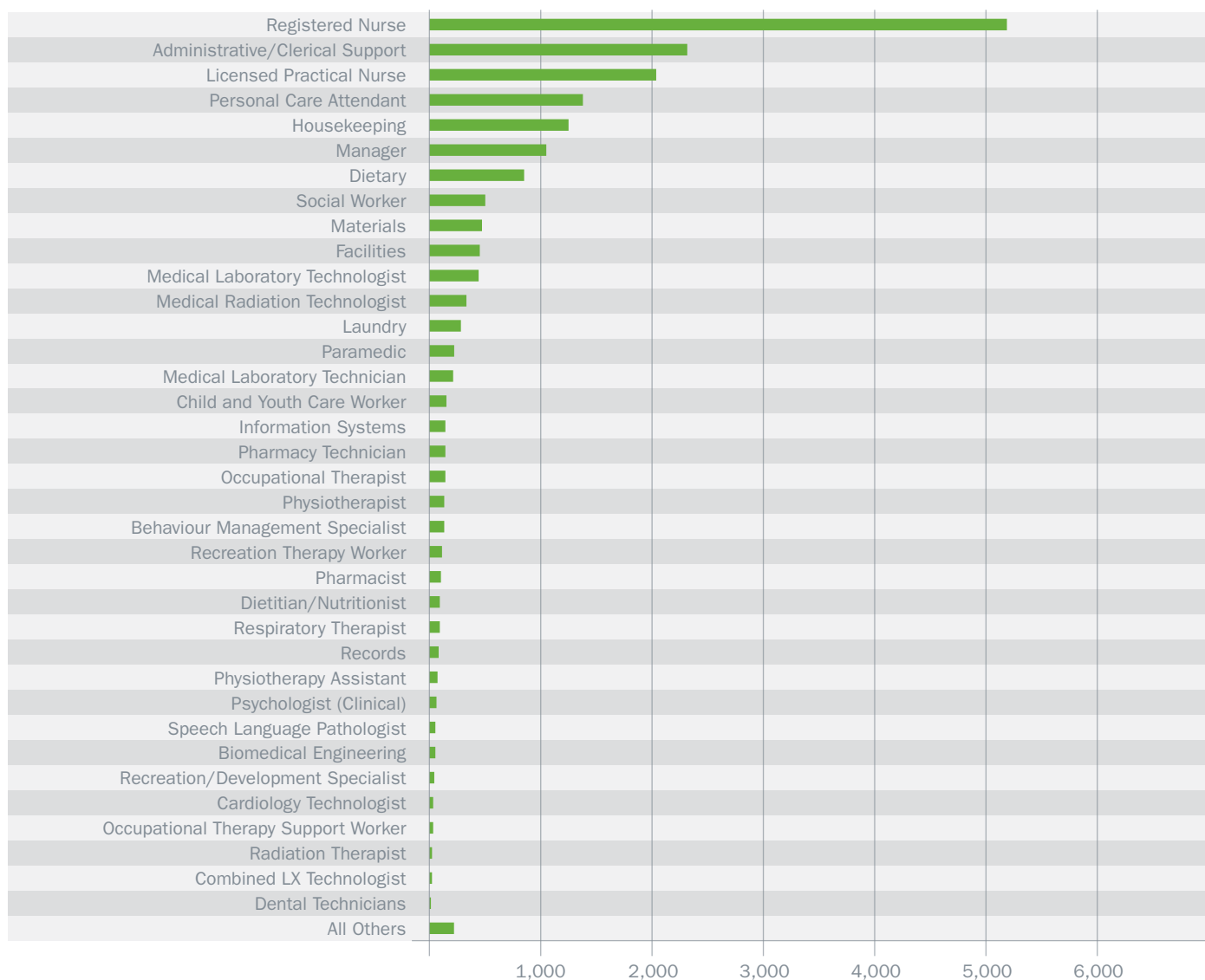
Appendix A: Additional Tables and Figures

Table 1. Workforce by Regional Health Authority

Regional Health Authority	Workforce (December 2014)	Per Cent of Total
Eastern Health	11,610	60.9%
Central Health	3,131	16.4%
Western Health	2,973	15.6%
Labrador-Grenfell Health	1,358	7.1%
Total	19,072	100%

Source: Regional Health Authorities.

Figure 8. Regional Health Authority Employee Counts Excluding Physicians, December 2014



Source: Regional Health Authorities.

**Table 2. Regional Health Authority Employee Counts
Excluding Physicians, December 2014**

Health Professionals					
Occupation	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health	Total
Audiologist	12	3	3	1	19
Behaviour Management Specialist	74	26	24	10	134
Cardiology Technologist	23	5	8	3	39
Cardio-Pulmonary Technologist	1				1
Combined LX Technologist	11	6	6	1	24
Dentist				4	4
Dietitian/Nutritionist	66	14	14	5	99
Dosimetrist	5				5
Electroneurophysiology Technol.	9	3	1		13
Genetic Counsellor	8				8
Licensed Practical Nurse	1,029	472	382	159	2,042
Manager	630	163	182	78	1,053
Medical Laboratory Technologist	273	74	59	37	443
Medical Flight Specialists (Eastern Health only)	19				19
Medical Physicist	5				5
Medical Radiation Technologist	199	58	48	27	332
Nuclear Medicine Technologist	14	3	3		20
Occupational Therapist	108	14	19	3	144
Orthopedic Technologist	6	3	1		10
Pharmacist	70	16	15	6	107
Physiotherapist	99	16	12	7	134
Prosthetist-Orthotist	7				7
Psychologist (Clinical)	48	7	9	1	65
Radiation Therapist	28				28
Recreation/Develop. Specialist	34	6	3	2	45
Registered Nurse	3,328	721	773	365	5,187
Respiratory Therapist	70	13	7	3	93
Social Worker	294	81	82	50	507
Speech Language Pathologist	34	8	9	5	56
Other (Primary)	27			4	31
Sub Total	6,531	1,712	1,660	771	10,674

Chart continued on page 32

Ancillary - Clinical					
Occupation	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health	Total
Audiology Technician	1		1		2
Cardiology Technician	1	2	1	2	6
Combined LX Technician	4	5	1	3	13
Dental Technicians	4			17	21
Medical Laboratory Technician	131	33	31	19	214
Medical Radiation Technician		3			3
Nuclear Medicine Technician	2				2
Occup. Therapy Support Worker	27	2	3	1	33
Paramedic	109	59	27	29	224
Personal Care Attendant	844	219	235	86	1,384
Pharmacy Technician	82	30	23	10	145
Physiotherapy Assistant	50	13	12	5	80
Prosthetist-Orthotist Technician	8				8
Psychology Assistant	7				7
Recreation Therapy Worker	77	18	19	2	116
Child and Youth Care Worker	94	36	22		152
Other (Ancillary Clinical)	16	5	14	3	38
Sub Total	1,457	425	389	177	2,448
Ancillary - System					
Occupation	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health	Total
Administrative/Clerical Support	1,438	374	340	165	2,317
Biomedical Engineering	31	10	7	6	54
Dietary	527	157	139	28	851
Facilities	256	88	51	64	459
Housekeeping	660	243	261	93	1,257
Information systems	90	23	19	15	147
Laundry	210	39	30	12	291
Materials	347	52	63	17	479
Records	63	8	13	3	87
Other (Ancillary System)			1	7	8
Sub Total	3,622	994	924	410	5,950
Total	11,610	3,131	2,973	1,358	19,072

Source: Regional Health Authorities.

Table 3. Physician Workforce by Specialty, March 2014

Specialty	Physician Count (March 31, 2014)	Specialty	Physician Count (March 31, 2014)
General Practice	579	Otolaryngology	13
Internal Medicine	108	Dermatology	10
Psychiatry	71	Urology	10
Paediatrics	63	Radiation Oncologist	8
Anaesthesia	61	Neuro Surgery	4
Radiology	57	Plastic Surgery	5
General Surgery	47	Cardiac Surgery	3
Obstetrics and Gynaecology	39	Emergency Medicine	3
Pathology	39	Palliative Care	2
Orthopaedics	24	Physical Medicine	3
Ophthalmology	20	Medical Genetics	2
Neurology	12	Total	1,183

Source: Department of Health and Community Services, Professional Services Branch.

Table 4. Professionals per 100,000 Population, Canada and Newfoundland and Labrador, 2012

Occupation	See Note	Number per 100,000 Population		Per Cent More (+) or Less (-) NL compared to Canada	
		NL	Canada		
Nurse Practitioners	3	23	9	+156%	MORE IN NL (-)
Social Workers	2	286	119	+140%	
Medical Laboratory Technologists (2011 data)	4	99	57	+74%	
Licensed Practical Nurses	4	434	252	+72%	
Registered Nurses	4	1,190	775	+54%	
Paramedics	2	155	109	+42%	
Pharmacists	4	128	95	+35%	
Dietitians	2	34	30	+13%	
Physicians (excludes residents)	3,4,5	240	214	+12%	
Family Medicine		126	109	+16%	
Specialists		114	106	+8%	
Audiologists	2	5	5	0%	ON PAR
Speech-Language Pathologists	2	23	25	-8%	LESS IN NL (-)
Occupational Therapists	4	35	39	-10%	
Opticians	2	18	21	-14%	
Physiotherapists	4	44	53	-17%	
Respiratory Therapists	2	25	31	-19%	
Psychologists (Clinical or otherwise)	3	38	48	-21%	
Optometrists	3	11	15	-27%	
Dentists	3	36	61	-41%	
Chiropractors	2	12	24	-50%	
Dental Assistants	2	36	75	-52%	
Dental Hygienists	2	35	79	-56%	

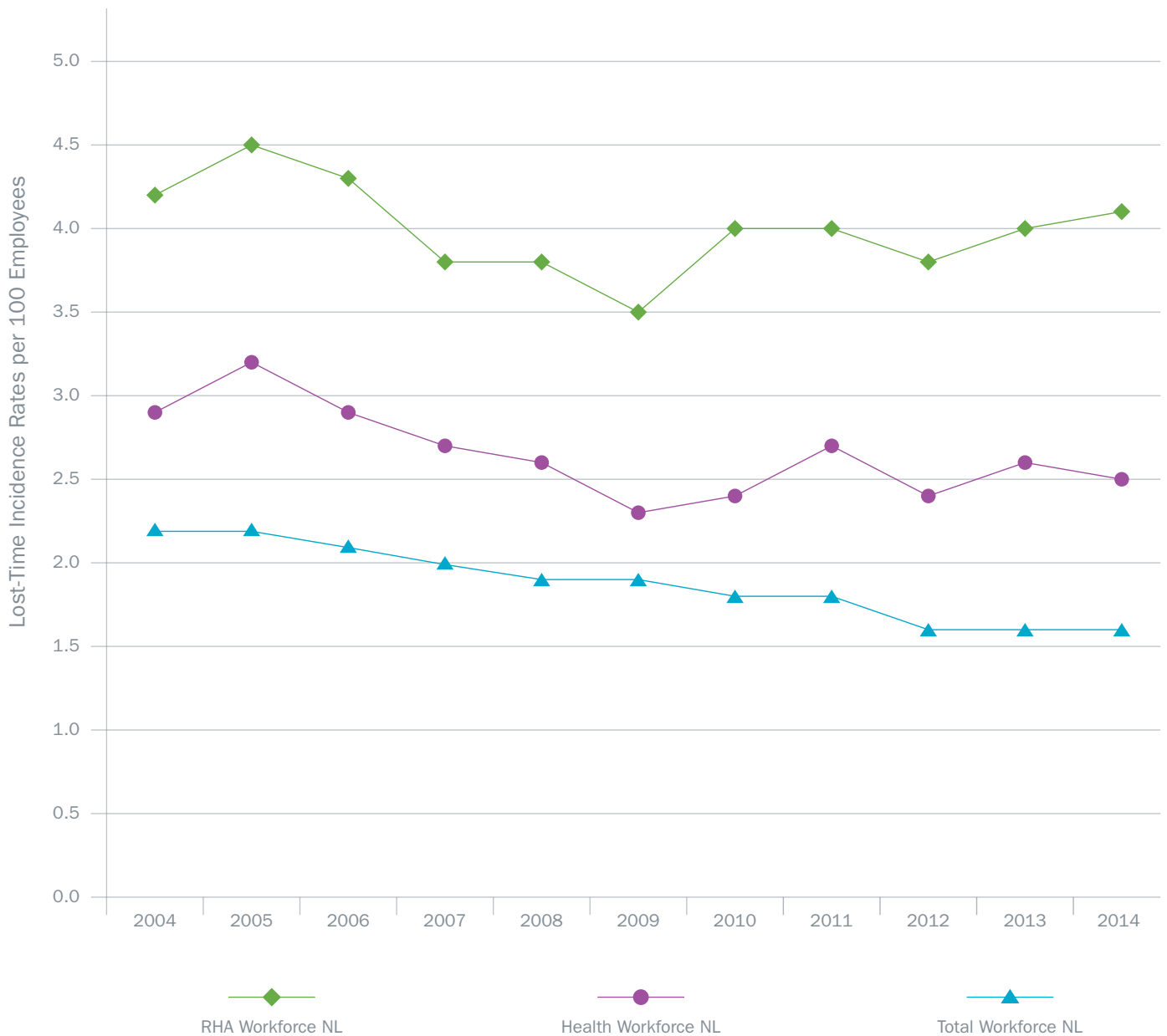
Notes:

1. Source: Canadian Institute for Health Information (CIHI). "Canada's Health Care Providers: Provincial Profiles 2012". Underlined words that follow in notes 2, 3, and 4 are CIHI categorizations.
2. Registered: Represents all individuals who are registered with an organization. The count may include individuals in all registration categories (active, inactive, honorary, and others)
3. Active Registered: Represents all registered / licensed individuals who are legally able to work under the title of the specified health profession. Individuals may or may not be currently employed in the profession.

Notes continued on page 37

4. Employed Active Registered: Represents individuals who are registered / licensed with an organization and currently working in the specified health profession.
5. Note when interpreting figures that the methodology used by CIHI to count and categorize physicians differs from that used in Newfoundland and Labrador.
6. Health professional per capita ratios must be interpreted cautiously. Health professional data do not account for differences in the availability or utilization of health professionals in other jurisdictions, minimum staffing levels, composition of the health team, availability of support staff, and other factors. Population data do not account for differences in the characteristics of a population, including its health status, and geographic distribution.

Figure 9. Lost-time Incident Rate per 100 Employees, Newfoundland and Labrador



Source: Workplace Health Safety and Compensation Commission, Newfoundland and Labrador.

Table 5. Vacant Health Professional Positions, Regional Health Authorities

Occupation	2008		2009		2010		2011	
	Apr.	Oct.	Apr.	Oct.	Apr.	Oct.	Apr.	Oct.
Clinical Psychologist	4	4	4	6	11	10	9	12
Combined LX Technologist	0	3	2	4	5	5	4	4
Audiologist	6	4	4	1	3	1	2	2
Prosthetist-Orthotist	1	1	2	1	1	1	2	1
Electroneurophysiology Technologist	0	1	2	1	1	0	0	0
Cardiology Technologist	2	1	2	0	0	0	3	2
Recreation/Development Specialist	3	1	3	1	3	0	1	0
Medical Laboratory Technologist	8	23	9	19	9	7	27	17
Pharmacist	3	11	6	4	3	6	1	0
Registered Nurse	223	313	351	259	231	202	144	70
Speech Language Pathologist	7	5	1	1	1	0	1	2
Physiotherapist	2	10	8	10	4	0	3	3
Occupational Therapist	8	10	5	8	4	0	6	1
Medical Radiation Technologist	20	7	7	11	4	12	12	13
Social Worker	78	8	21	8	6	5	4	9
Manager	18	26	38	41	34	27	24	20
Behaviour Management Specialist	2	4	0	0	3	9	3	6
Dietitian/Nutritionist	0	3	3	2	0	0	1	5
Licensed Practical Nurse	14	66	21	54	8	26	39	16
Radiation Therapist	0	1	2	2	0	0	0	0
Nuclear Medicine Technologist	1	2	0	0	0	0	0	0
Respiratory Therapist	1	0	0	1	1	1	0	2
Total	401	504	491	434	332	312	286	185

Notes:

1. Data include externally-posted vacancies only.
2. The number of vacant positions is a point-in-time statistic. Significant variation occurs over time.
3. Source: Department of Health and Community Services, Professional Services Branch.

2012		2013		2014	Average	Employee Count Dec. 2014	Average Vacancy Rate
Apr.	Oct.	Apr.	Oct.	Apr.			
13	13	13	8	7	9	65	13.5%
5	3	3	2	5	3	24	14.4%
0	0	0	0	3	2	19	10.5%
0	0	0	0	1	1	7	12.1%
1	0	1	4	3	1	13	8.3%
2	3	1	2	2	2	39	3.9%
3	1	2	0	2	2	45	3.4%
10	16	22	14	29	16	443	3.6%
6	2	0	1	2	3	107	3.2%
62	36	51	115	197	173	5,187	3.3%
1	0	3	1	2	2	56	3.4%
2	3	4	3	12	5	134	3.7%
9	1	4	1	9	5	144	3.5%
7	10	12	3	9	10	332	2.9%
6	4	14	7	9	14	507	2.7%
12	18	20	27	64	28	1,053	2.7%
2	2	1	3	6	3	134	2.4%
3	2	4	0	0	2	99	1.8%
1	13	59	88	127	41	2,042	2.0%
1	0	0	0	0	0	28	1.6%
0	0	0	0	1	0	20	1.5%
1	2	2	2	1	1	93	1.2%
147	129	216	281	491	324	10,591	3.6%

Table 6. Management Eligible for Retirement Between 2015 and 2019

Retirements	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health	Average
Eligible for retirement 2015-2019	26%	29%	27%	23%	26%

Notes:

1. Estimates are for January 1, 2015 to March 31, 2019.
2. Within regional health authorities only.

Table 7. Regional Health Authorities Selected Earnings, Fiscal Year 2013-14

Expenses and FTEs	Eastern Health		Western Health	
Category	Expense	FTE	Expense	FTE
Overtime	\$23,794,973	214	\$3,688,173	36
Sick Benefit	\$31,566,828	569	\$7,229,986	135
Sick Relief	\$17,814,640	368	\$3,782,278	79
Injury Benefit	\$5,123,566	198	\$1,637,668	66
Injury Relief	\$3,962,226	89	\$1,253,536	27
All Other Earnings	\$686,394,027	8,967	\$172,184,802	2,314
Total	\$768,656,260	10,405	\$189,776,443	2,657

As Per Cent of Column	Eastern Health		Western Health	
Category	Expense	FTE	Expense	FTE
Overtime	3.1%	2.1%	1.9%	1.4%
Sick Benefit	4.1%	5.5%	3.8%	5.1%
Sick Relief	2.3%	3.5%	2.0%	3.0%
Injury Benefit	0.7%	1.9%	0.9%	2.5%
Injury Relief	0.5%	0.9%	0.7%	1.0%
All Other Earnings	89.3%	86.2%	90.7%	87.1%
Total	100.0%	100.0%	100.0%	100.0%

Notes:

1. Data includes all employees of regional health authorities except physicians, dentists, students, interns, and residents.
2. Full Time Equivalent (FTE) calculated by dividing all earned hours (worked plus benefit) by the number of hours one would expect to earn in full-time employment in one year. For example, most Registered Nurses would earn 1950 hours annually under normal circumstances, while Medical Laboratory Technologists earn 1825 hours. Considering part-time employment, casual staff, overtime, and other factors, every 1000 people produce approximately 800 FTEs, on average.
3. "Overtime" includes all overtime incurred for callback, constant observation, meal time coverage, extra workload, sick leave relief, vacation leave relief, and other reasons.

Central Health		Labrador-Grenfell Health		Total	
Expense	FTE	Expense	FTE	Expense	FTE
\$6,391,919	58	\$5,302,054	29	\$39,177,118	337
\$7,244,723	134	\$2,965,567	53	\$49,007,104	891
\$3,566,879	78	\$1,297,672	27	\$26,461,469	552
\$1,340,092	51	\$432,234	14	\$8,533,563	330
\$787,937	19	\$123,155	3	\$6,126,853	138
\$172,505,052	2,336	\$84,214,129	1,022	\$1,115,298,011	14,640
\$191,836,602	2,676	\$94,334,811	1,148	\$1,244,604,118	16,888

Central Health		Labrador-Grenfell Health		Total	
Expense	FTE	Expense	FTE	Expense	FTE
3.3%	2.2%	5.6%	2.5%	3.2%	2.0%
3.8%	5.0%	3.1%	4.6%	3.9%	5.3%
1.9%	2.9%	1.4%	2.4%	2.1%	3.3%
0.7%	1.9%	0.5%	1.2%	0.7%	2.0%
0.4%	0.7%	0.1%	0.3%	0.5%	0.8%
89.9%	87.3%	89.3%	89.0%	89.6%	86.7%
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

4. "All Other Earnings" includes regular earnings, and several other worked and benefit earning types.
5. Casual staff do not earn sick leave.
6. Source: Department of Health and Community Service, Corporate Services Branch.



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