

Laying the Foundation for Change

A Progress Report on Ontario's
Health Human Resources Initiatives

December 2005

Table of Contents

2	Preface
3	The Right People, the Right Care
4	1. Coordinating the Education System with the Health System
6	2. Gathering Data on Current and Future Needs
8	3. Improving Access to Doctors, Nurses and Other Health Care Providers
12	4. Supporting Providers to Work Collaboratively
14	5. Using Innovative Technologies
16	6. Supporting Providers in the Workplace
18	Next Steps: A Comprehensive HHR Strategy

Preface

In September 2004, at the federal/provincial/territorial First Ministers' Meeting on the Future of Health Care, all jurisdictions agreed to:

- accelerate initiatives to ensure an adequate supply and appropriate mix of health care providers
- foster closer collaboration among health, post-secondary education and labour market sectors
- produce public plans, including targets for the education, recruitment and retention of professionals.

This progress report developed jointly by the Ministry of Health and Long-Term Care and the Ministry of Training, Colleges and Universities, describes the key health human resources (HHR) initiatives now underway in Ontario, our targets and our progress in meeting those targets. It also sets out the challenges we will face over the next 10 to 15 years, and the direction Ontario will move towards in 2006.

The Right People, the Right Care

“The health care system is fundamentally about people. Its focus is on people. Every aspect of the health care system is driven by, and dependent on, people.”

Building on Values: The Future of Health Care in Canada
Commission on the Future of Health Care in Canada
November 2002

Ontario has a strong, highly skilled health workforce. The more than 350,000¹ people who work in the province’s health system are its greatest strength and asset. They are the face, hands, mind and heart of health care in Ontario. They are the people who promote health and prevent disease, who provide the day-to-day care, who do the tests, who conduct research, who teach the next generation of health care providers, and who keep the health system running 24 hours a day seven days a week. Their knowledge, skills, experience and attitudes shape our health services and how they are delivered.

Ontario’s Vision for Health Care

A health care system that helps people stay healthy, delivers good care when people need it, and will be there for our children and grandchildren.

Ontario’s HHR Goal

Ontario will have the right number and mix of appropriately prepared health care providers where and when they are needed.

Ontario is currently involved in an ambitious transformation of the health care system. Ten years ago, most care – including complex continuing care, end of life care, rehabilitation and psychiatric care – was provided in acute care hospitals. That is changing.

We have established Local Health Integration Networks to plan and coordinate health services in their geographic area of the province, and we are working hard to make the system more responsive to the needs of Ontarians. We are refocusing acute care hospitals on people with acute illness – such as heart attacks or strokes – or who require major surgery: people who need the constant surveillance and intensive, high tech care that can only be provided in a hospital. We are also strengthening primary health care, home care, long-term care services and public health.

The changes are designed to help Ontarians stay healthy, to reduce wait times, and to make the most effective use of all the system’s resources – including health care providers.

The transformation of the health care system affects the health workforce. To meet the population’s health needs, we need the right people in the right place at the right time – with the right tools and equipment. We also need people with the right mix of knowledge and skills who are able to work together in new ways to provide more patient-centred, needs-based care.

¹ Includes regulated and unregulated providers

Ontario is undertaking several initiatives to strengthen our health workforce and make sure we have the right people providing the right care. This progress report is organized around six key themes:

- coordinating the education system with the health system
- gathering better data about current and future needs
- improving access to doctors, nurses and other health care providers
- supporting providers to work collaboratively
- using innovative technologies
- supporting providers in the workplace.

1. Coordinating the Education System with the Health System

“... the Ministry of Health and Long-Term Care will work with the Ministry of Training, Colleges and Universities to implement a comprehensive health human resource development strategy designed to increase the supply of highly trained health care professionals.”

2004 Budget

“Through Reaching Higher, we are investing \$6.2 billion in Ontario’s postsecondary system – that’s the single largest, multi-year investment in 40 years. Strengthening our health care professions is a key component of our plan to increase access to a high quality postsecondary education.”

Chris Bentley,
Minister of Training, Colleges and Universities

In the past, Ontario’s ability to develop the right people has been limited by lack of coordination between the education system that prepares health care providers and the health care system that employs them. For example, at a time when Ontario has a shortage of family physicians, general surgeons and general internists, the medical education system continues to prepare an increasing number of subspecialists. In some cases there are not enough jobs for new graduates who have to leave the country to find work. To develop a health workforce with the knowledge and skills to meet the population’s health needs, Ontario’s education and health systems must collaborate.

Ontario has 19 universities and 24 colleges of applied arts and technology. Ninety per cent of these publicly-funded postsecondary institutions prepare people for health careers.

Approximately 34,000 students are enrolled in the province’s health science programs annually.

In September 2005, Ontario appointed an Assistant Deputy Minister (ADM) for Health Human Resources Strategy who reports to both the Deputy Minister of Health and Long-Term Care and the Deputy Minister of Training, Colleges and Universities. The government has made a commitment to address the human resource challenges that threaten the sustainability of our health care system, and to strengthen the health workforce.

To prepare the health workforce of tomorrow, Ontario will build on existing health human resources initiatives of the Ministry of Training, Colleges and Universities.

Our Targets

- In 2006, Ontario will develop a new tuition framework for post-secondary education that will ensure the system is sustainable and education is affordable.
- In 2006, the two ministries will develop a comprehensive integrated health human resources strategy.
- By 2009/10, Ontario will have invested an additional \$65 million a year in undergraduate and postgraduate medical education.
- By 2009/10, Ontario will have invested an additional \$30 million in other health science programs.

Our Progress

“We’re working with our medical schools to train more medical professionals and to ensure our students are better prepared to meet the future health care needs of Ontarians, where and when they need them.”

Chris Bentley,
Minister of Training, Colleges and Universities

The 2005 Provincial Budget announced *Reaching Higher: The McGuinty Government Plan for Postsecondary Education* with \$6.2 billion in new investments for colleges and universities by 2009/10, the most significant multi-year investment in Ontario’s higher education system in 40 years. This investment will increase the quality, affordability and accessibility of postsecondary education in Ontario.

The health human resources component of *Reaching Higher* provides \$20 million in new funding in 2005/06, increasing to \$95 million by 2009/10. This funding will be used to increase the capacity and quality of medical schools in Ontario, support an innovative nursing education program, and support clinical education in health science programs, which will allow programs to increase enrollment and ensure graduates receive high quality clinical experience before joining the workforce.

These investments have positioned Ontario’s colleges and universities to ensure that health care professionals are prepared to meet the complex and diverse needs of the health care system and to be key partners in the Ontario government’s health human resources strategy.

The Ministries of Health and Long-Term Care and Training, Colleges and Universities have worked closely together to establish the Northern Ontario School of Medicine, the first new medical school in Canada in more than 35 years. Ontario has also established collaborative baccalaureate degree nursing programs, which are offered by 22 colleges and 11 universities across the province.

The two ministries are actively collaborating to develop a provincial health human resources strategy, and address health human resource issues.

Ontario universities offer a wide range of health programs, such as medicine, dentistry, optometry, pharmacy, nursing, midwifery, physiotherapy and occupational therapy.

Ontario Colleges of Applied Arts and Technology play a key role in preparing both regulated and unregulated health care providers. In 2003, colleges delivered education and training to almost 20,000 students in 277 health programs.

2. Gathering Data on Current and Future Needs

“We will plan ahead to make sure shortsighted decisions do not leave us short of health care professionals.”

George Smitherman
Minister of Health and Long-Term Care

How many doctors, nurses, physiotherapists, medical laboratory technologists, mental health workers, and other regulated and unregulated health care providers does Ontario need now? How many will we need in the future?

Because of the length of time it takes to educate health care providers, planners must be able to anticipate changing population health needs and changing treatments, and forecast into the future.

In the past, we lacked information about both population health needs (e.g., how many people are likely to need cardiac or cancer services) and the health workforce (e.g., how many health care providers we have, their age, what they do, where they work and how much they work). We planned for the future by looking backwards (i.e., at past utilization) rather than forward to the emerging trends in the population’s health, the workforce, and health care delivery.

To close the information gap, Ontario is changing the way we collect, analyze and use information about the population’s health needs and the health workforce.

Time in post secondary education to prepare health care providers:	
Provider	Training Time
family physician	9-10 years
specialist physician	12+ years
sub-specialist physician	13+ years
registered nurse	4 years
advanced practice nurse (including primary care NPs)	6 years
registered practical nurse	2 years
physiotherapist	4 to 6 years
medical imaging technologist	3 to 4 years
medical laboratory technologist	3 to 4 years

Our Targets

- By 2006/07, Ontario will have comprehensive pilot demographic databases on nine regulated allied health professions.
- By 2006/07, Ontario will expand and enhance its capability to forecast the optimal number and mix of providers required to meet population health needs.
- By 2006/07, Ontario will identify gaps and strengths in public health human resources, and develop an HHR strategy to revitalize the public health workforce.

Our Progress

Physicians

Ontario has a well-developed physician database that provides information on the number of physicians in practice, their age and gender, where they practise, the types of services they provide, and the number of hours they work each week. These data are used to help identify possible shortages. The province used the database and evidence-based forecasting models to help inform the recent decision to expand medical school enrollments and to determine the proportion of training positions to be allocated to family medicine.

Nurses

Ontario has enhanced its employment information on nurses to collect information for health human resource planning, such as: the number of nurses who have retired, vacancy rates, and the number of new graduates hired. Hospitals provide this information, as well as nursing plans that indicate the number of nurses in certain roles and positions in the hospital (e.g., nurse managers, advanced practice nurses, nurse educators). Over the next few years, other sectors will also provide regular nursing plans.

Allied Health Providers

We are currently developing a pilot database for nine allied professions – including physiotherapists, occupational therapists, pharmacists and respiratory therapists.

We are working closely with the federal government, national organizations and with other provinces and territories to develop databases and forecasting techniques that will help assess the impact of various factors – such as an aging population, a new drug treatment, more funding for a particular type of service (e.g., hip and knee replacements) or an increase in entry to practice requirements for a particular profession – on health human resources.

Public Health Professionals

As part of Operation Health Protection (Ontario's plan to revitalize the public health system), all public health units were surveyed in the fall of 2005 about their existing staff complement and future HHR needs. The results will be used to develop recommendations to strengthen the public health workforce.

Health Services

We are also working to improve information about the health services we provide. As part of its transformation agenda, the ministry is embarking on an aggressive strategy to change the way information is managed in the health system, including health human resources information. Key activities include: producing better data; measuring performance; and supporting evidence based decisions. The outcomes of this strategy will include greater accountability, improved efficiency and effectiveness and the increased use of scientific evidence to support decisions. Improvements in HHR data are fully integrated within the overall information management strategy.

All these data and information initiatives will help the province make evidence-based decisions about the number and mix of health care providers we will need, and the education programs required to prepare them for practice.

3. Improving Access to Doctors, Nurses and Other Health Care Providers

Over the past few years, Ontario – like all jurisdictions in Canada and many other countries - has experienced shortages of certain health professionals (e.g., family physicians, medical laboratory technologists) and shortages of certain skills (e.g., critical care nurses, operating room nurses).

The province also continues to have problems with the distribution of health care providers. The vast majority of the health workforce is clustered in large urban centres. It is difficult to find enough health care professionals to work in rural and remote parts of the province: approximately 15 per cent of the population lives in rural or remote areas while only 5 per cent of the physician workforce practises in rural areas.

The uneven distribution of health human resources is not simply a geographic problem. It is an issue in certain health sectors, such as long-term care, home care, community mental health, and public health. These sectors have more difficulty attracting and keeping workers. Aboriginal and Francophone communities also encounter problems finding enough providers.

At the same time that many organizations struggle to find enough skilled people to work, about 1,600 immigrants with health training arrive in Ontario each year. Many could play an important role in helping to improve access to care.

Ontario is committed to improving access to health care providers. To do that, we are using a mix of strategies: increasing the number of health care providers, removing barriers to internationally educated health professionals, providing more attractive job opportunities for nurses, and supporting providers to practise in rural and remote communities.

Our Targets

Preparing More Doctors, Nurses and Other Health Care Providers

Doctors

- By 2007/08, as a result of a 70 per cent increase in post-graduate family medicine training positions, Ontario will graduate 337 more family physicians, giving 400,000 more Ontarians access to primary care.
- By 2008/09, Ontario will increase first year places in medical school by 160 (23 per cent) over 2004/05 levels, including the 56 new positions at the Northern Ontario School of Medicine. This will increase the total number of first-year medical school positions from 692 to 852.

Nurses

- Since 2004/05, Ontario has been providing annual funding to support an intake of up to 4,000 new first year baccalaureate nursing students. By 2007/08, Ontario will:
 - fund “second entry” programs for 650 students with prior postsecondary study who want to enter nursing.
 - be preparing 150 primary health care nurse practitioners each year – up from 75 in 2005.
 - provide up to \$4 million annually in increased operating grants and tuition waivers to double the number of nurses entering doctoral programs.

Other Health Care Providers

- By 2004/05, Ontario had:
 - almost doubled the number of training positions in midwifery programs, training 60 people a year (up from 33) and increased access to maternal care.
 - increased the number of entry level training positions in medical laboratory science from 70 in 2000 to over 200.
 - expanded training programs, increasing entry level positions in magnetic resonance imaging from 12 to 43 and medical physicists from 10 to 15.
- In December 2005, Ontario introduced legislation to regulate the profession of traditional Chinese medicine.
- In 2006, Ontario will double the number of pharmacists prepared each year in the province.
- By 2006/07, Ontario will develop a website to help community mental health providers recruit and retain staff and promote community mental health as a career option.
- By 2006/07, a new pharmacy program will be established at the University of Waterloo, in collaboration with the existing pharmacy program at the University of Toronto.
- By 2009/10, Ontario will provide \$30 million annually to increase access to clinical placements, to help give health science students high-quality clinical experience before they join the workforce.

Removing barriers to internationally educated health professionals

- Since 2001, Ontario has provided a one-year bridging program for about 17 internationally educated midwives each year.
- Since 2002, Ontario has more than doubled the number of training and assessment positions for international medical graduates each year: from 90 to 200 per year.
- Since 2002, Ontario has invested \$4 million a year in bridging programs for internationally educated nurses to help them gain knowledge and understanding of the Ontario health care system.

Providing more attractive job opportunities for nurses

- As of 2005, long-term care homes in Ontario are required to have a registered nurse on duty 24 hours a day. This requirement improves quality of care and gives residents more access to nursing care.
- By 2006, Ontario will create Clinical Centres of Excellence for key nursing priorities, including critical care, northern nursing, Aboriginal nursing and rural nursing.

Encouraging providers to practise in rural and remote communities, and with underserved populations

- By 2005/06, Ontario will establish a community-based nursing degree program in northern Ontario.
- By 2007/08, the province will provide \$20 million in new funding to increase access to high-quality community college programs – including health science programs – in rural and small communities.
- By 2007/08, Ontario will open 22 new community health centres (CHCs) and 17 satellites to improve access to primary health care.

Our Progress

Preparing More Doctors, Nurses and Other Health Care Providers

In 2005/06, Ontario added 88 new first-year medical school places: 56 of these seats are at the new Northern Ontario School of Medicine, which specializes in northern and rural practice, and will develop physicians who will choose to practice in northern and rural communities. Priority for admission to the school is given to those from rural, northern and Aboriginal communities. The remaining 32 new medical school seats added in 2005/06 represent the first allocation of the planned 15 per cent increase in medical school enrollment (104 seats) by 2008. In 2004, the College of Physicians and Surgeons of Ontario issued the highest number of medical licenses in almost 20 years.

In 2004/05, 3,117 students entered the province's baccalaureate nursing programs. Colleges and universities have experienced difficulty in increasing their enrollments in baccalaureate nursing programs due to a shortage of available nursing faculty and appropriate clinical placements for students. To help increase nursing faculty, between 2001 and 2008, the Graduate Nursing Expansion Program will provide \$12.6 million to expand enrollment in the Master of Science in Nursing program, and the recently announced Nursing Faculty Fund will provide up to \$4 million in 2007/08 and future years in operating grants and tuition waivers for nurses studying at the doctoral level. This will allow universities to double the intake of doctoral students from 13 to 26. With this investment in nursing faculty, combined with the increase in clinical placements, Ontario expects to achieve its enrollment targets for the baccalaureate nursing programs in 2007/08.

Ontario has achieved its targets for new training positions for medical laboratory science and diagnostic imaging, and is on track to reach its target for nurse practitioners. In 2005, 240 first-year students entered the pharmacy program at the University of Toronto – up from 120 in 1999. The new pharmacy program at the University of Waterloo will enroll a partial class in September 2006 and a full class in September 2007. The larger number of new graduates from all these programs will help reduce wait times for health services.

In December 2005, Ontario introduced legislation (Bill 50) to regulate the profession of traditional Chinese medicine. If the bill is passed, it will give the people of the province confidence that this group of providers will meet the standards for safe practice and will be accountable to a governing body.

Removing barriers to internationally educated health professionals

There were 200 spots available in 2004/05 for international medical graduates in Ontario. In 2004, for the first time, the College of Physicians and Surgeons of Ontario issued more certificates to international medical graduates than Ontario graduates, and more doctors moved to Ontario from abroad than left Ontario to work elsewhere.

The province has also developed other supports for international medical graduates, including the new IMG Ontario office, which opened in June 2004, and provides a one-stop gateway for information, training, assessment and registration. We are committed to increasing the support services available for IMGs. In September 2005, the ministry published a new brochure called "How to Become a Doctor in Ontario," and a support web site and video series are being developed. The government is also investing \$1.7 million over three years in two other programs to assist IMGs: the Communications and Cultural Competence project, a one-year pilot project led by the College of Physicians and Surgeons of Ontario (CPSO), which will provide new web-based assessment and training tools to help IMGs increase their awareness of patient communication and the medical regulatory, legal and ethical issues related to the practice of medicine in Ontario; and the Sector Specific Employment Services for Alternative Health Sector Employment project, led by the Association of Internationally Trained Physicians and Surgeons of Ontario, which will help IMGs who are not working as physicians explore alternative employment opportunities in other areas of the health sector.

CARE for Nurses, one of the bridging programs funded by the Government of Ontario, has more than doubled the success rate for nurses taking the College of Nurses of Ontario licensing exam, from 32 per cent to 70 per cent. The International Midwifery Pre-Registration Project has increased the proportion of internationally educated midwives who pass the Ontario licensing exam from 33 per cent to 100 per cent. As a result of the successful International Pharmacy Graduate (IPG) Program, 221 new licensed pharmacists are now practising in their field in Ontario, and the proportion passing the licensing exam has increased from 20 per cent to over 80 per cent.

Providing more attractive job opportunities for nurses

The College of Nurses of Ontario reports that as of 2005, 59% of nurses were employed full-time, up from just over 50% reported in 2004.

The Nursing Enhancement Funding is designed to help hospitals provide and maintain full-time jobs for nurses, which leads to a more stable workforce and better patient care. In 2003/04, large hospitals received \$25 million and created 664 new positions; in 2004/05, small hospitals received \$25 million and created 538 new positions. The province has also increased funding to home care, long-term care, community mental health agencies, community health centres, and Family Health Teams so they can hire more nurses and other health care providers. As of September 2005, nursing initiatives in hospitals, long-term care homes and home care have resulted in the creation of 3,062 new nursing positions.

As of November 2005, 550 (or 93 per cent) of long-term care homes in Ontario now have a registered nurse on duty 24 hours a day.

In the fall of 2005, the government issued a call for applications for the development of Clinical Centres of Excellence in nursing, which will help develop nurses with the specialized skills to fill gaps in care in the province.

Encouraging providers to practise in rural and remote communities, and with underserved populations

Eighty per cent of the first 56 students accepted into the Northern Ontario School of Medicine came from northern and rural communities.

In 2005/06, Ontario invested more than \$10 million to support clinical education opportunities in rural and Northern communities for medical students and residents at Ontario's other five medical schools.

Ontario funds a "fast-track" program to train new practical nurses at Confederation College's regional campuses in northern Ontario. Mohawk College in Hamilton, in collaboration with Six Nations Polytechnic, offers a unique two-year Practical Nursing Program designed to address the shortage of health care providers in Aboriginal communities. Ontario has also developed an education program for radiation therapists at Laurentian University, which is designed to attract students from the north and increase recruitment and retention of radiation therapists in northern Ontario.

In addition, the province is now providing \$2.4 million over four years to Confederation College and Lakehead University for community-based nursing degree programs in four communities in northern Ontario: Dryden, Fort Frances, Kenora, and Sioux Lookout. With these programs, students will not have to leave their communities to study nursing and will be more likely to remain in the region to practise.

Seventeen of the province's 22 new community health centres will be established in communities that are designated as being underserved in family doctors. They will increase access to primary care in those communities. In addition, Ontario's 2004 agreement with the Ontario Medical Association provides incentives for physicians to work in underserved communities.

4. Supporting Providers to Work Collaboratively

“Our vision is of a system where all providers speak to one another in the same language, where there are no longer impenetrable and artificial walls between stakeholders and services; a system driven by the needs of patients.”

George Smitherman,
Minister of Health and Long-Term Care

Like any organization or industry, the health care system must strive to make the best possible use of existing people, knowledge and skills. Across Canada, there is a growing consensus that interprofessional collaboration will improve access to health care, patient outcomes, and patient satisfaction, and lead to more efficient and effective use of health care providers’ skills.

Ontario is committed to developing new models of practice that encourage health care providers to work collaboratively. This will lead to better care for Ontarians, greater job satisfaction for health care providers, and greater efficiency for the health care system.

In a March 2005 public survey conducted for the Ministry of Health and Long-Term Care:

- 71 per cent of people surveyed think Family Health Teams will improve the health care system in Ontario
- 70 per cent would be interested in using the services of a Family Health Team
- More than eight in 10 feel that Family Health Teams will improve access to care and quality of care

In the national “Health Care Survey in Canada 2005”:

- 76 per cent of the public, 81 per cent of nurses and 52 per cent of doctors support the notion of health professionals working in teams.

Our Targets

- Ontario will continue to support interprofessional education for all providers.
- In 2006, the first 30 registered nurses and respiratory therapists will enter a formal 22-week training program to prepare them to work as anaesthesia assistants.
- By 2007/08, Ontario will have established 150 Family Health Teams across the province. Over 2.5 million Ontarians will receive care from these 150 Family Health Teams once they are fully operational.
- By 2007/08, Ontario will establish 22 new community health centres (CHCs) and 17 new satellite CHCs. The interdisciplinary CHC teams will provide primary health care for an additional 200,000 people and bring the total number of CHCs in the province to 76, many of which operate satellite locations.

Our Progress

In Education

Ontario's colleges and universities are introducing models of interprofessional health education, in some cases supported by federal funding. For example, the research team at the University of Toronto Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) has explored best practices in interprofessional education and collaborative practice initiatives in health care practice settings and academic institutions.

The Queen's University Inter-Professional Patient-Centred Education Direction (QUIPPED) is creating an interprofessional educational environment that enhances the ability of learners and faculty to provide patient-centred care. The Council of Ontario Universities (COU) Institute of Interprofessional Health Science Education (IHSE) is using web-based and team-based learning activities to promote the knowledge, skills, attitudes and culture that facilitate interprofessional collaboration in education and practice. The Northern Ontario Medical Education Corporation (NOMECE) Interprofessional Education Program (IPEP) uses a variety of learning strategies to help teams of students from different health sciences disciplines develop collaborative approaches.

In November 2005, Toronto-based George Brown College formally opened an Interprofessional Learning Clinic and is creating an environment where health sciences students develop both competency in their own discipline and in collaborative approaches to primary health care, public health, health promotion, illness prevention, and multicultural health.

In Practice

As of December 2005, 100 Family Health Teams, have been approved. Of these, 27 are currently hiring providers from various professions. Over 900 family physicians will work in these teams. Family Health Teams will provide comprehensive primary health care, including health promotion and education programs, mental health services, palliative care, and prevention and disease management services for people with chronic illnesses like diabetes and heart disease. They will also help increase access to primary care: doctors working as part of a team with other health care professionals can provide care for up to 52 per cent more patients than doctors working alone.

Health organizations across the province are also identifying effective ways to use existing knowledge and skills. For example, St. Michael's Hospital actively recruits immigrants with some health training (i.e., outside Canada) into a surgical assistants' program. Successful applicants participate in an education program paid for by the hospital and provided by the Toronto-based Michener Institute.

This initiative has been highly successful. Retention rates are high and those who do leave the program use it as a ladder to working in their own profession.

As of the end of 2005, 54 CHCs were in operation. The CHC interdisciplinary teams – doctors, nurses, social workers, dietitians, physiotherapists and other health care providers – are located in underserved areas to help reach people who have difficult health problems, help them improve their health, and link them to other services they may need, such as housing, settlement services and income support.

The Institute for Healthy Aging at Fleming College in Peterborough uses its new state-of-the-art long-term care facility to provide training for a variety of providers in geriatric care and develop new models of care.

Over the past year, the province's cataract surgery centres have been using registered nurses and respiratory therapists working within their scope of practice to supervise sedation of patients having cataract surgery. This use of existing personnel has helped increase the number of cataract surgeries done in the province by 14,000 or 13 per cent per year.

A number of professions are making increasing use of assistants in order to make better use of professional skills. For example, both physiotherapists and pharmacists are now working collaboratively with assistants in order to provide care for more people. In these models, physiotherapists focus on assessing individuals' needs and developing care plans, while assistants work with patients during their physiotherapy sessions. In pharmacy, assistants focus on measuring out and packaging prescriptions, giving pharmacists more time to assess potential drug interactions, educate patients and work with other providers to ensure the most effective use of drug treatments.

Advanced practice roles are also being developed for radiation therapists that will encourage them to work to the full scope of their practice and improve access to radiation treatment.

5. Using Innovative Technologies

Innovative technologies can help the health care system make better use of limited health human resources. They can be used to enhance education for health care providers, and to help them provide care. For example, clinical simulators can help prepare professionals for practice. Health technologies such as telemedicine link providers and patients in rural and remote areas with specialists in urban areas, and can help deliver decentralized education. Telehealth Ontario is providing a quick, easy point of contact with the health care system, and helping Ontarians make better use of the health care system by directing them to the most appropriate health care resource.

Information technologies will give health providers improved access to timely and comprehensive patient information, helping to reduce duplication, improve diagnoses and care, and save valuable time.

Ontario is committed to making effective use of technology to develop and support the health workforce.

Our Targets

- In 2004 and 2005, Ontario provided a total of \$20 million to purchase clinical simulation equipment for nursing education programs. All nursing programs in Ontario now have clinical simulators.
- Ontario will continue to use telemedicine in innovative ways to improve patient access to care, enable the efficient introduction of health care services to rural, remote, and under-served communities in Ontario, and support health care professionals' development, skills transfer, recruitment, and retention.
- By 2006/07, Ontario will introduce a standard automated intake assessment for all Community Care Access Centres.

Our Progress

In 2004 and 2005, Ontario provided a total of \$20 million to purchase clinical simulation equipment for nursing education programs. This technology is being used to enhance clinical education, put more emphasis on team learning, and reduce the burden on nursing faculty. Simulators are also now in use in some medical surgical programs, and an MRI simulator is currently being used to help train new and experienced technologists. According to evaluation of these programs, students participating in education using simulators are better prepared for clinical practice.

For 2005/06, an estimated total of 30,000 videoconferencing sessions will be delivered by telemedicine. This includes nearly 20,000 clinical consultations and 5,000 educational sessions. A projected annual growth of 64% in clinical consultations from 2004/05 to 2005/06 is anticipated, with over 70 clinical subspecialties. The number of telemedicine sites in the province has grown from 276 in 2004/05 to 313 targeted for 2005/06.

The province's Community Care Access Centres currently do about 250,000 intake assessments a year. The government has introduced an electronic assessment which, in initial testing, reduced assessment time.

6. Supporting Providers in the Workplace

“Health care is an extremely demanding business. It requires a level of skills most people can’t master, a level of commitment most people can’t sustain, and a level of compassion many people don’t have.”

George Smitherman
Minister of Health and Long-Term Care

To attract and keep skilled workers, the health system must provide healthy, supportive work environments. According to a 2002 study conducted for the Canadian Nursing Advisory Committee, injuries and illnesses cost the health care system \$335 to \$440 million a year in wage costs and \$325 to \$660 million in replacement costs. They also lead to high rates of turnover, as people seek out safer, more satisfying places to work.

Ontario has developed a number of initiatives designed to create healthier workplaces, keep people in the health workforce and increase job satisfaction.

Our Targets

- Ontario will provide \$10 million a year to support professional development activities for practising nurses.
- In 2004/05, Ontario provided \$11.6 million to help hospitals convert to safer medical equipment, including safety-engineered sharps devices.
- In 2004/05, Ontario established nurse mentorship programs in 45 health care organizations across the province.
- In 2004/05, Ontario provided funds to support late career nurses in less physically demanding roles.
- In 2004/05, Ontario provided 1,000 temporary full-time positions for new nursing graduates to help them make a successful transition to the workforce.
- In 2006, Ontario will have provided \$89 million in funding for hospitals, long-term care homes and rehabilitation centres to purchase bedlifts and develop education programs that will reduce workplace injuries.

Our Progress

The Nursing Mentorship/Preceptorship Initiative provides support for new nursing graduates, nurses changing roles or sectors and newly registered internationally educated nurses. It provides funding for experienced workers in health organizations to mentor new nurses. In 2004/05, the government provided a total of \$1.4 million to seven public health organizations, seven home care agencies, and 31 long-term care homes to support mentorships. The program was extended to hospitals in 2005/06.

Ontario’s New Graduate Initiative creates temporary full time positions for new graduates, so they can gain work experience and consolidate their knowledge and skills. To date, the ministry has provided funding to create 1,000 positions. This initiative helps keep new nursing graduates in Ontario and gives them the skills they need to compete for permanent full-time positions.

The Nursing Education Initiative provides grants to nurses for fellowships and continuing education. Thousands of nurses have benefited from education grants and participated in programs that enhance skills, job satisfaction and retention.

The Late Career Initiative is designed to support nurses in the latter part of their career. It allows nurses age 55 and older to spend a portion of their working time in activities, such as mentoring or teaching, that are less physically demanding. This allows them to remain in the workforce, instead of taking early retirement. In the first year of the program, the government provided funding to support 980 late career nurses.

To date, Ontario has provided funding for more than 13,000 bedlifts in hospitals, long-term care homes, and rehabilitation centres to help prevent injuries.

Next Steps: A Comprehensive HHR Strategy

“It’s been almost 50 years since medicare was introduced in Saskatchewan. That was an event that helped define that generation in this country. When people look back on the first decade of this new century, I want them to remember it as one in which Ontario took up the challenge of saving medicare, of renewing it in the face of rising costs and increasing demands and enormous complexity... and succeeded in doing just that.”

George Smitherman
Minister of Health and Long-Term Care

Ontario has made significant progress over the past few years in health human resources. We have taken concrete steps to increase the number of doctors, nurses and other health care providers. We have made investments in colleges and universities that will help ensure that health care providers are prepared to meet the complex needs of the health care system. We have also tested some new approaches to planning for, educating and employing health human resources. While we have made some progress, our past efforts to manage health human resources have tended to be reactive and uncoordinated. Most have been profession-specific programs designed to address urgent short-term needs.

The initiatives described in this progress report lay the foundation for a more comprehensive HHR strategy. Over the next few months, the health system and the education system will work collaboratively to develop more comprehensive, coherent strategies that will address short, medium and long-term HHR needs. We will also work closely with education institutions and health care organizations, building on their innovative approaches to preparing and employing the health workforce.

Challenges Facing the Health Care System

Over the next 10 years, the health care system will face dramatic changes and challenges.

Our population will continue to grow, and much of that growth will come from new immigrants. Our population will also continue to age, and older people are the major users of health services. Our health system will also be under intense pressure to provide more effective services for groups within the population with urgent unmet needs, such as Aboriginal people, our Francophone population, people in rural and remote communities, recent immigrants and people with mental health problems.

Changes in health services will mean that more care is provided in the community, and new knowledge and technologies will change how health care is taught and delivered. Ontario will need more people who are able to work in interprofessional teams, and more people who want to work in public health, home care, long-term care and community mental health services.

These changes in health needs and service delivery are occurring at a time when the health workforce is aging. More than one-third of physicians in Ontario are over age 55. Given that the average retirement age for nurses is under 60, over half the nursing workforce could retire in the next 10 years.

In our efforts to attract people to health careers in Ontario, we are encountering fierce competition from other health care systems and other industries, which are facing the same human resource challenges. Young people entering college or university over the next 10 years will have their pick of careers. They will be looking for safe, supportive, stimulating work environments, more work-life balance, opportunities for ongoing education and career development, and more flexibility and choice.

A New Approach to Building a Stable Health Workforce

Faced with these pressures and challenges, the status quo is not good enough. We must take a new approach to building a stable health workforce.

Over the next few months, Ontario will develop a comprehensive, proactive health human resources strategy. Together, the Ministry of Health and Long-Term Care and the Ministry of Training, Colleges and Universities will:

- set out key strategic directions and new targets for building a strong, stable health workforce
- engage with stakeholders – including the Local Integrated Health Networks (LHINs) – to identify and promote initiatives that will help achieve our health human resource goals, support the transformation of the health care system, and build on successes achieved in communities across the province
- develop forecasting models based on population health needs and interprofessional team practice to guide education expansions
- develop innovative flexible ways to educate health care providers throughout their careers
- develop specific HHR plans to meet the needs of the public health sector, the mental health sector, the long-term care sector, the home care sector as well as underserved communities and populations – particularly Aboriginal people, our Francophone population, people in rural and remote communities, and recent immigrants
- develop new roles and interprofessional models of practice that will help meet population health needs and make the best use of existing health providers' knowledge and skills
- create healthier workplaces that will help recruit and retain health care providers
- make health care the career of choice, and Ontario the place to work.

