Health Workforce Action Plan

2007 to 2016

Addressing Alberta's Health Workforce Shortages

Alberta

Message from the Minister of Health and Wellness

Addressing the challenges faced by Alberta's health workforce is a priority for the Alberta government. Taking action on health workforce issues involves getting more professionals and skilled workers into the system as well as valuing our current workforce to ensure an adequate supply of health professionals. To succeed, our health workforce strategy must be dexterous enough to provide Albertans interested in pursuing careers in the health care sector with the proper educational opportunities while also recruiting health workers from abroad to meet the needs of our growing population now.

Government recognizes the importance of ensuring that all health workers can go to work every day knowing that everything possible has been done to make certain that they practice in a safe environment and that they find fulfillment in their efforts. Nurturing the physical and mental health of our health care providers is the smartest way to guarantee an effective and productive workforce. I am confident that this comprehensive Health Workforce Action Plan will help us achieve a sustainable, accessible health system that will provide quality care for all Albertans today and in the years to come.

[Original Signed]
Health and Wellness Minister Dave Hancock

Message from the Minister of Advanced Education and Technology

Our government is committed to meeting the training and educational needs of Alberta's health workforce. We will continue increasing access to education and training, encouraging more Albertans to consider health careers and ensuring professionals educated elsewhere receive the training needed to work in Alberta's health care system. Through these efforts, we will ensure Albertans have greater accessibility to knowledgeable, highly skilled health professionals.

[Original Signed]
Advanced Education and Technology Minister Doug Horner

Message from the Minister of Employment, Immigration and Industry

Government's success is often measured by how well public sector services are delivered. Many Albertans would agree there is no more important priority than health care and its providers. As the minister for labour force recruitment, development and retention, I take this responsibility seriously. Government's Building and Educating Tomorrow's Workforce strategy, launched in 2006, is our guiding beacon to a brighter future where both public and private sector workforces are supported by strong provincial, national, and international programs and initiatives. EII's participation with actions specific to attracting health professionals working abroad, including repatriating Albertans and recruiting internationally-educated health professionals, will undoubtedly make an important contribution towards alleviating health sector shortages.

[Original Signed]
Employment, Immigration and Industry Minister Iris Evans

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Introduction

Alberta is a leader in economic growth in Canada and the world. The province's prosperity has created tremendous opportunity for Albertans and at the same time has created unique challenges. A labour shortage has become a critical concern in Alberta, with many employers finding it increasingly difficult to find the workers they need.

The solutions to these challenges must be multi-faceted. Although we need to increase education spaces and attract more foreign-trained practitioners, there is limited education capacity, demographics are changing and it is a competitive health workforce market around the world. So it has become clear that in order to meet the health service demands of Albertans, the system needs to change how health services are delivered and develop new approaches to utilizing, retaining and recruiting the health workforce. The health system, and most importantly the people who work in it, must change how they work together and how services are delivered.

In acknowledgement of this need to change, much work has begun. The Government of Alberta released Getting on with Better Health Care in August 2006. The document identified three priority areas for future system changes: Managing the Health System Better, Promoting Lifelong Health and Encouraging Innovation.

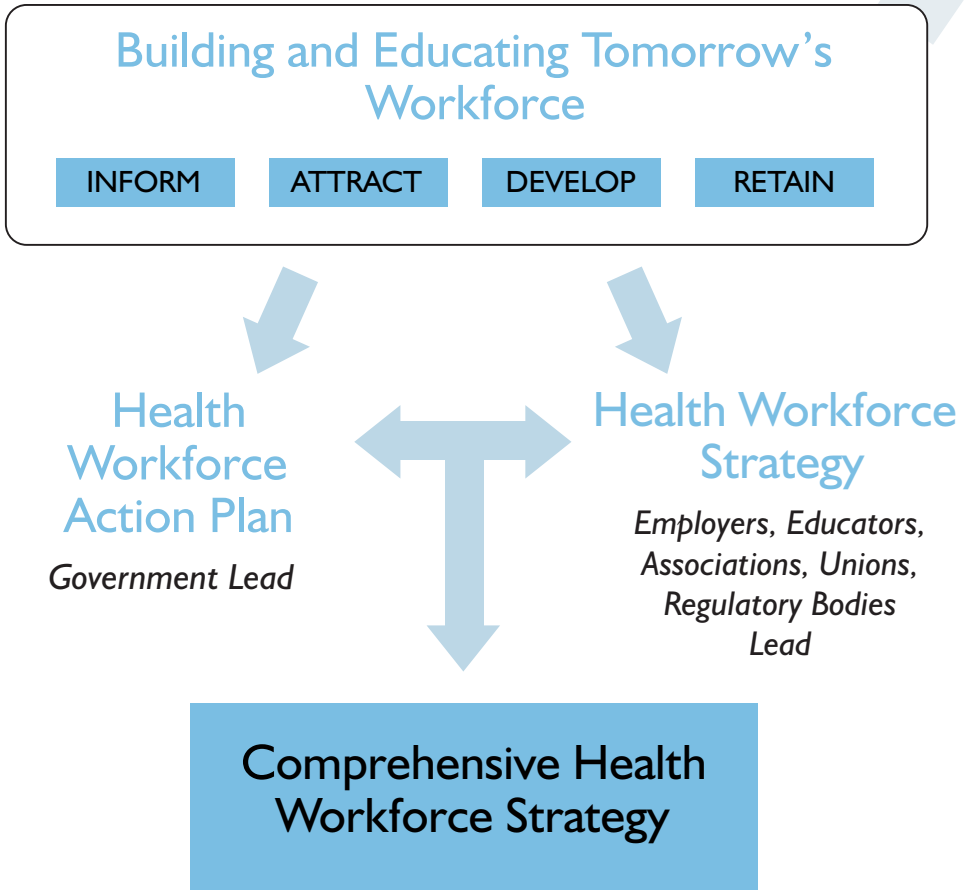
Managing the Health System Better is about the Alberta government ensuring the health system is fiscally sustainable and accountable, that it is flexible to allow for change and that all Albertans have equitable access to quality care. Promoting Lifelong Health is about focusing more on self-care and moving away from an acute care treatment model and instead toward a community-based prevention and wellness model. Finally, Encouraging Innovation is about encouraging biomedical and clinical research, introducing new service delivery models and moving toward patient and evidence-based care.

Health stakeholders at the Health Workforce Summit held in Edmonton on April 13, 2007 confirmed the need for change in these three areas. However, there was a clear message from stakeholders that the system does not have the capacity to make these changes because of a lack of health providers. So while government's priority is to promote change in the system and in the health workforce, government's first job is to make sure the health workforce has the capacity to make change happen.

The provincial government has set five priorities that address the challenges of today and build for the future: governing with integrity and transparency, managing growth pressures, improving Albertans' quality of life, building a stronger Alberta and providing safe and secure communities.

To meet these priorities, the Government of Alberta is collaborating with all industry sectors to address critical labour challenges through Building and Educating Tomorrow's Workforce (BETW), Alberta's 10-year labour force development strategy. This strategy identifies 17 government-led priority actions to ensure Alberta has more workers, better-trained people and innovative workplaces. In BETW, the Alberta government committed to play a leadership role over the next 10 years in building and educating our province's workforce.

The development of a comprehensive health workforce strategy is comprised of two parts: a *Health Workforce Action Plan* led by government and a *Health Workforce Strategy* led by health stakeholders. This *Health Workforce Action Plan* is a collaborative effort between Alberta Health and Wellness (AHW), Alberta Employment, Immigration and Industry (EII), and Alberta Advanced Education and Technology (AET). The *Health Workforce Strategy* will be developed by industry stakeholders by March 2008, with EII and AHW facilitating and supporting the process for development and implementation. The *Health Workforce Strategy* will identify priorities the health sector will take action on to help address workforce challenges on the frontlines.



Through a collaborative effort between AHW, EII, AET and health stakeholders, the actions proposed within this plan will address labour shortages and workforce distribution issues within the health sector. Addressing these issues will give the health system the capacity to make systemic changes.

Health Workforce Action Plan Overview

Vision

A supply and distribution of health providers that best meets the health service needs of Albertans.

Overview

The following document is a nine-year government action plan to promote systemic change and to support the health sector in addressing the immediate and future health workforce needs in Alberta. Although other departments have been involved as necessary, three government departments - AHW, EII and AET - collaborated to create this action plan.

The plan contains two sections. The first section is about changing the workforce to support changes in service delivery, while the second section is about expanding the capacity of the workforce to ensure an adequate supply of health workers. Within each section are policy directions with examples of both existing actions that government is taking, and recommendations for possible future government actions. In all, the action plan contains five strategic policy directions and 19 proposed action areas.

AHW will take the lead in implementing the government actions approved for funding in this plan, with support from EII and AET. EII is tasked with co-ordinating and ensuring a synergistic implementation approach between the three ministries. The three ministries will also collaboratively support the development of the health workforce strategy by the health sector.

Regular and ongoing evaluation mechanisms will be established to measure the impact of each action and to measure outcomes. Continuous evaluation will ensure that actions remain focused on evolving needs in order to make any necessary adjustments due to changes in health service delivery or due to an increased supply of health professionals.

Section One: Changing the Workforce

To achieve a sustainable, accessible health system that provides quality care for all Albertans, the health workforce must change. Changing the health workforce by redefining who can provide care as well as where and how they provide care is one of the best ways to support systemic changes in service delivery. This will require a flexible health workforce that can easily respond to change.

Strategy: Move to Client-centered, Evidence-based Services

Traditionally, health care involved health providers treating patients for trauma and disease through an acute-care, hospital-based treatment model. Through the years the health system has made great strides toward community-based care. To make the best use of available expertise in a way more easily accessible to the public, models of care must be further changed. Today's health-care system needs more client-based approaches where teams of professionals provide self-care information and services through a community-based prevention and wellness model.

Example of Existing Actions:

Primary Care Networks

Alberta's 21 Primary Care Networks (PCNs) demonstrate key attributes of a patient-centered approach to the provision of primary care services. Some PCNs are providing timely access to services with an increased availability for same-day appointments. Evidence indicates that patients who do not have to wait for services achieve healthier outcomes than those who are forced to wait. These PCNs are also using patient panels to assist family physicians in understanding their patient population and to match care with patient needs. PCNs use a collaborative, multi-disciplinary approach to primary care delivery.

Proposed Actions:

(1) Creating Community-based, Client-centered Teams

> *In the 2006 Health Quality Council of Alberta Survey of Satisfaction with Health Services, 70 per cent of Albertans reported that it was easy to access their family doctor but the number one concern in all areas was access to providers and services.*

In previous models of primary care, family physicians were the only entry point to the rest of the health system. Access to health services cannot be significantly improved without allowing other providers to help physicians in their duties as the entry point to the system.

To improve access to the health system, it is proposed that community-based teams complement existing models, such as Primary Care Networks. These teams must be centered on an individual's needs in order to allow increased access to all types of health-care providers and increased flexibility for health professionals in their scope of practice. Community-based, client-centered teams should offer a wide range of services that could include physiotherapy, rehabilitation services, physical activity management, nutrition consultations, addictions and substance abuse counselling and other wellness services. Funding obtained for these teams will be used for providers working at rural health and wellness centres (see proposed Action 2).

Expected outcomes from this proposed action include:

- **better health outcomes and continuity of care for Albertans;**
- **preventative services that enhance wellness;**
- **services and incentives based on health outcomes rather than the type of health-care provider; and**
- **the development and evaluation of new and innovative team-based care models.**

(2) Creating Rural Health and Wellness Centres

> *The Health Quality Council of Alberta's 2006 Survey of Satisfaction with Health Services reported that service satisfaction and access in the three northern rural health regions decreased while the two urban regions saw no change.*

Rural health and wellness service sites should be created and linked to rural post-secondary campuses or regional health facilities. Through this proposed action, facilities would expand existing and proposed initiatives at post-secondary institutions. Equipped with video/teleconferencing/e-learning technology, they would offer a more comprehensive range of health promotion and wellness programs. Existing infrastructure should be used wherever possible in order to minimize costs. This action aligns with the proposal in Action 1: Creating Community-based, Client-centered Teams.

Expected outcomes from this proposed action include:

- **better health outcomes and continuity of care for Albertans in rural communities;**
- **services and incentives based on health outcomes rather than the type of service provider;**
- **development and evaluation of new and innovative team-based care and education models in rural Alberta; and**
- **community involvement in the planning and development of services and programs.**

Strategy: Introduce New Service Delivery Models

Introducing new service delivery models incorporates three concepts: who can provide health services, how can these services be provided and where can they be provided? This strategy is about the role of providers, their scopes of practice and their relationships with each other. It is about making the most efficient use of individual provider skills and the workforce as a whole. This may mean different models for different settings or communities, as well as access to different levels of service throughout the province.

Examples of Existing Actions:

Ambulatory and Urgent Care Services

AHW and health stakeholders are working to develop and implement non-hospital facilities to meet the ambulatory and urgent medical care needs of patients not requiring hospital-level care.

Telemental Health

Psychiatry and other mental health services have been provided in Alberta through telehealth technology for approximately 10 years. A wide range of mental health services are provided in the health regions via telehealth, including psychiatric consultations, individual therapy, psychology consultations, forensic services, etc. Telemental health has increased capacity to deliver services in rural locations. For example, 85 per cent of participating rural family physicians reported an improved ability to manage patients locally simply by participating in the Alberta Mental Health Board's Telemental Health Service and by referring clients. Continued professional learning is also supported through regularly scheduled rounds, sessions and one-time events.

Proposed Actions:

(3) Introducing New and Expanded Provider Roles

> *In the United States (U.S.), approximately 59,000 physician assistants are licensed to perform physical exams, diagnose illnesses, develop and carry out treatment plans, order and interpret lab tests, suture wounds, assist in surgery and write prescriptions. The Canadian Military also uses physician assistants. Nurse anesthetists have been providing anesthesia care for about 125 years and today are providers of 65 per cent of all anesthetic services in the U.S.*

Some Albertans face limited access to some health services. A few examples include primary care, anesthetics and maternity services. This action proposes using existing providers differently and using new providers to increase access to health services in Alberta. Examples for consideration could include:

- physician assistants who work under the supervision of a physician, alleviating the workload created by physician shortages and opening another access point for Albertans into the health system;
- using advanced practice nurse anesthetists and advanced practice respiratory therapists with a focus on increasing access to anesthetic services in the province's rural areas; and
- expanded use of midwifery services to help relieve the pressure on family physicians and obstetricians in Alberta.

Expected outcomes from this proposed action include:

- **working with health regions to begin policy and culture changes that allow health providers to work to their full scope of practice; and**
- **evidence of the benefits of introducing new or expanded provider roles.**

(4) Implementing 'Common Courses' for Health Programs

To maximize efficiencies in clinical office practice and to further develop the team approach to health service delivery, health-care providers must be educated differently.

Post-secondary educational institutions must be encouraged to develop more common courses for health programs, with approval from regulatory bodies. These courses should be delivered to health students through classes within an institution to promote efficiencies and inter-professional teamwork. Common courses must be universally recognized for equivalence in Alberta and could include common first-year courses for longer-term degrees.

Expected outcomes from this proposed action include:

- **increased efficiencies; and**
- **improved education and care for Albertans through team-based approaches (proposed Action 1) and practice improvement (proposed Action 8).**

(5) Developing a Rural Health Workforce Strategy

> *Priority Action #42 of the Government of Alberta's Rural Development Strategy states that a rural health workforce action plan should be implemented.*

The Alberta Rural Physician Action Plan has been successful in recruiting physicians to rural areas in Alberta, in retaining existing physicians and in creating student and faculty interest in rural practice.

However, there is no equivalent program for other health professions. As a result, a Rural Health Workforce Strategy is being proposed to bring health regions, communities and ministries together to implement strategies that would increase the number of other health providers in rural Alberta to address non-physician rural workforce shortages.

It is recommended that a Rural Health Workforce Strategy consider strategies such as:

- increasing clinical training capacity in rural areas and support of ongoing instructor supervision of students during clinical placements;
- implementing bursary support to assist students with re-location costs to rural areas and living costs for clinical experiences; and
- developing targeted strategies for northern Alberta.

Expected outcomes from this proposed action include:

- **more appropriate distribution of health professionals in rural Alberta;**
- **improved access to health care in rural Alberta;**
- **improved quality of care; and**
- **increased access to educational training for rural health providers through the development and implementation of web-based, e-learning and in-service opportunities.**

(6) Creating a Virtual Campus and Rural Mentoring

The Faculties of Medicine at the University of Alberta and the University of Calgary are running out of space. They do not have the office or classroom space to expand much more. A "virtual campus" method would address this issue by delivering education in rural areas. It would also facilitate training, recruitment and retention in rural areas and delivery of classes and discussion groups via videoconferencing, online discussions and through a fully restructured electronic curriculum.

Expected outcomes from this proposed action include:

- **more educational opportunities in rural Alberta; and**
- **more graduates choosing to practice in rural Alberta due to frequent, early and ongoing exposure to rural practice and the rural environment.**

Rural mentoring would focus on distance mentoring to improve the quality of care that patients receive. These improvements would be achieved by supporting practicing physicians, rural specialists, clinical supervisors, third and fourth year medical students, international medical graduates and rural/regional centre surgeons.

Expected outcomes from this proposed action include:

- **better quality of care for rural Albertans; and**
- **better retention rates of rural physicians, due to increased support and a wider range of surgical procedures being performed in regional centres.**

Strategy: Ensure Flexibility for Change

The two previous strategies challenge government to change why, where and how health care is provided. Change, however, requires flexibility. Flexibility in the workforce can mean many things: alternate work schedules and location, mentoring by mature workers, or educational opportunities for providers to expand their skills or work in a different capacity. This strategy is about ensuring that providers who make up the health workforce have the supports they need to be flexible and responsive to these changes.

Examples of Existing Actions:

Alberta Registered Nurses Educational Trust (ARNET)

Registered nurses who are members of the College and Association of Registered Nurses of Alberta are eligible to apply for educational funding supports offered by ARNET. Educational activities must enhance an individual's professional nursing career and must meet established application guidelines. ARNET provides annual scholarships to Alberta registered nurses who are pursuing nursing studies at the post-basic baccalaureate, masters or doctoral levels. It also provides reimbursement assistance for nursing education activities in three categories: event funding, degree level funding and specialty nursing certification funding. Similar trusts are being established for licensed practical nurses and registered psychiatric nurses.

Health-care Aide (HCA) – Practical Nurse (PN) Bridge Program

Alberta Health and Wellness provided funding to Bow Valley College in 2006 to develop a HCA – PN Bridge Program. The aim of the bridge program is to decrease the amount of time it takes a HCA to complete a PN program by giving credit for prior learning and experience. Through the new program, practical nursing courses will be custom designed to build on content already covered in the HCA program. The clinical practicum will be shortened since learners should enter the program with knowledge and skills they have gathered while providing daily living activities in their workplaces. Emphasis will be placed on the development of critical thinking skills, professional identity and professional responsibility. Bridging the HCA program with the PN program could save learners up to 23 weeks of training time.

Proposed Actions:

(7) Upgrading Skills of Health-care Aides

> *There are about 16,000 health-care aides providing Albertans with personal care in institutions and in their homes.*

Many health-care aides do not have formal training. As a result, a skills assessment and upgrading process is underway. This process involves taking nurse assessors and health-care aides off the job to complete competency upgrading.

The Health Workforce Action Plan proposes that funding be provided to cover employers' costs of filling temporary labour vacancies while health-care aides are assessed and trained. This upgrading will ensure that Albertans' personal care is provided by competent providers and that Albertans have access to safe, quality health care.

Expected outcomes from this proposed action include:

- **an educated health-care aide workforce, resulting in better quality of care and better health outcomes for Albertans.**

(8) Making Practice Improvements

The current designs of many clinical office practices are not maximizing efficiency. Albertans are waiting months to get an appointment to see their family physician.

To change this reality, government must create and support a culture of continuous quality and service improvement that will improve access, reduce wait times and develop the right team of health providers to meet the needs of their clients. One way to achieve this goal is to provide supports for office practice redesign in various health-care settings. This action will complement work already underway through Primary Care Initiatives and the 'Towards Optimized Practice' component of the current Tri-Lateral Master Agreement between the Government of Alberta, the Alberta Medical Association and the Regional Health Authorities.

Expected outcomes from this proposed action include:

- **a significant improvement in the quality of care received by patients;**
- **a significant reduction in primary care wait times; and**
- **an overall increase in health system efficiency.**

(9) Providing Professional Development Bursaries

The rising costs of upgrading training for health professionals, or in some cases retraining, are creating barriers to professional development. As a result, two streams of new funding are being proposed for specific time periods.

The first funding stream would be used to: offset tuition costs for nurses to receive training in skill areas most needed in Alberta; to enhance a variety of credentials; and to assist individuals wishing to re-enter the nursing workforce.

The medical and nursing professions already have funding for continuous professional learning and upgrading. Therefore, the second stream of funding would be established to provide bursaries to support other health workers who are:

- wishing to re-enter a profession or upgrade training;
- internationally-educated and need to complete additional training in Alberta;
- undertaking continuing competency training;
- in need of support through scholarships and bursaries for targeted health disciplines; and
- preparing to become part-time faculty.

Expected outcomes from this proposed action include:

- **bursary supports for some of the 500 internationally educated health professionals participating in programs under Actions 16 and 17;**
- **more faculty available to expand training capacity; and**
- **better quality of care and better health outcomes for Albertans through continuous training for health professionals.**

Section Two: Expanding the Capacity of the Workforce

It is important that all facilities across Alberta have the right number, and the right type, of health-care providers to meet the needs of Albertans. An understanding of the factors contributing to recruitment and retention success needs to be increased, and the capacity of educational institutions and employers to train health-care providers needs to be expanded. Without expanding the capacity of the workforce, the health system cannot make the systemic changes necessary to ensure Albertans have equitable access to quality health care that is fiscally sustainable and accountable.

Strategy: Retain Existing Health Workforce

Employers must make the retention of the health providers already working in the health system a top priority. Government will not be able to improve efficiency, make changes to the roles of health professionals, or recruit new providers if the existing workforce is overburdened and leaving the system faster than they can be replaced.

Example of Existing Actions:

Amending Agreement for the Tri-Lateral Master Agreement

In the Amending Agreement to the Tri-Lateral Master Agreement between the Government of Alberta, the Alberta Medical Association and the Regional Health Authorities, new financial incentives were negotiated to support the retention and distribution of physicians throughout the province effective April 1, 2006. The goal is to help Alberta respond much more effectively to physician supply issues arising throughout the province.

The retention benefit is designed to provide Alberta physicians with an additional annual payment based on their years of service in the province. The Clinical Stabilization Initiative will provide funding to deal with three critical areas:

1) rising business costs for physicians;
2) under-serviced areas in specific locales and/or specialties that are dealing with ongoing physician shortages; and
3) a communities in crisis component that allows a fast response to locations in immediate need of resources to deal with physician shortages.

The framework and parameters regarding the Clinical Stabilization Initiative are in development.

Proposed Actions:

(10) Making Health-care Aide Wage Adjustments

> *Health-care aides working in non-unionized workplaces earn between $9 and $12.25 per hour with minimal benefits, while those working in unionized workplaces earn between $13.48 and $16.90 with benefits, pension and sick leave.*

Many health-care aides are choosing to work in other professions in order to obtain higher compensation. Unlike most private businesses that can react quickly to cost increases by raising prices, private long-term care providers hired by the health regions are limited in how quickly they can raise accommodation rates because of regulatory stipulations.

As a result, funding must be provided to these organizations to increase wages and help them recruit workers to address the critical shortage of health-care aides in the continuing care sector.

Expected outcomes from this proposed action include:

- **the retention of approximately 500 existing health-care aides in the sector.**

(11) Reducing and Avoiding Injury

> *A pilot project related to the use of ceiling lifts at a facility in British Columbia reduced the cost of claims for lift/transfer injuries by 82 per cent. The capital costs were paid back in 2.5 years.*

Providing health services can be a physically and mentally demanding job. The workforce is aging, the population is becoming more obese and the level of patient acuity is increasing. The 2006 Occupational Injuries and Diseases in Alberta report showed overexertion was the most common cause of lost-time claims in the health services industries (1,453). The most common injury was to the back and more than three-quarters of the claims (84.2 per cent) occurred in hospitals, acute care settings and long-term care facilities.

Funding is necessary to purchase equipment that reduces injury and subsequent absenteeism costs in acute care, long-term care and home care settings. Funding is needed to identify ways to prevent lost-time from accidents and some illnesses. This action would build on the funding for lift equipment that has already been provided to continuing care sectors by adding funding for other health settings.

Expected outcomes from this proposed action include:

- **an additional 2,100 health providers continuing to work rather than being on leave due to injury; and**
- **implementation of lift and transfer equipment alone would increase the pool of nurses able to work by 1,000, which is the approximate number of nurses off at any given time due to back injuries.**

(12) Using Technology to Increase Efficiency and Productivity

Technology used in other sectors can be applied to the health-care sector in order to improve productivity and decrease the workload on health providers. Funding made available for this action would be used to implement technology in the workplace that is proven to decrease the demand on the health workforce, provided it can be shown that it will continue to be used and maintained. Training in new technology can be supported by professional development bursaries.

Expected outcomes from this proposed action include:

- **increased productivity due to the implementation of new technology; and**
- **a workload decrease.**

Strategy: Recruit Health Workforce

The Government of Alberta must support and facilitate the recruitment efforts of health employers and post-secondary institutions by collaborating on provincial, national and international marketing campaigns and targeted trade missions. EII is already developing marketing strategies and material to support recruitment efforts by Alberta employers. In anticipation of more foreign-trained workers, government must make sure there is accessible, affordable and timely assessment, skills upgrading and English language training services available throughout the province.

Examples of Existing Actions:

Health Education Program Seats

Currently there are an estimated 15,000 spaces in the post-secondary education system for health programs across all training years. Since 2000, AET has expanded student spaces in health programs by more than 4,500. For example, Alberta created 30 new first-year medical school spaces in September 2006, bringing the total to 257 at Alberta's two medical schools.

Significant changes to the student assistance program - totaling $25 million - will be implemented by the Alberta government before students begin classes in fall 2007. This investment is available to students in health programs, but is not limited to them, and includes initiatives such as:

- increasing living allowances by 14 per cent;
- eliminating vehicle restrictions;
- increasing the annual student loan limit to $13,000 from $12,440;
- reducing parental contributions; and
- increasing the education tax credit by 26 per cent from $475 to $600 per month for full-time students and from $143 to $180 per month for part-time students.

Expedite Processing for Temporary Foreign Workers

Expediting processing for temporary foreign workers involves several provincial and federal departments. Actions underway include:

- establishing a Canada-Alberta working group to review and change processes where possible (for example, the group created regional occupation lists minimizing advertising efforts required under the Foreign Worker Program);
- delivering regional "how to hire foreign workers" seminars to industry-specific groups in six cities;
- developing a brochure for employers in conjunction with the federal government to explain the processes for bringing in foreign workers; and
- establishing an Alberta Temporary Foreign Worker Hotline to respond to inquiries from employers and foreign nationals.

Proposed Actions:

(13) Expanding Health Training Programs

> *Alberta will be short more than 15,000 health providers in 2016 despite the fact that in 2004-05 almost 15,000 students were enrolled in universities and colleges to study health programs.*

AET has expanded student spaces in health programs by more than 4,500 spaces since 2000. Despite the expansions, projections show that Alberta won't be able to produce the 15,000 health providers it needs by 2016.

As a result, health professions facing shortages by 2016 must be targeted for program expansions. Select health programs will undergo continued expansion in 2007-08.

Expected outcomes from this proposed action include:

- **increased training spaces in health programs, thereby allowing more Albertans to train and become health providers; and**
- **the targeted number of spaces would increase annually from 2007-08, reaching 7,000 spaces in all years of diploma and degree programs by 2010-11. Once enrolment reaches the 7,000 level, there would be approximately 1,700 additional graduates annually.**

(14) Increasing Clinical Training Capacity

The clinical or practical part of a student's education can limit how many students are able to be trained in health programs. Many of the medical, nursing and technical programs have difficulty today finding enough clinical or practical placements for students. This is due to inadequate remuneration for clinical instructors, inadequate exposure of students to procedures or problems during the placement, and the decrease a student's presence may have on service delivery efficiency.

Educators and employers must explore and adopt new models to more effectively share the responsibility for students' education. Funding should reflect the level of employer and educator involvement in instruction and clinical placements. Funding to expand laboratory and simulation training and to decrease the strain on clinical placements should be considered. The location of clinical training should also be expanded to allow post-secondary institutions to place students in rural centres.

Expected outcomes from this proposed action include:

- **enough clinical placements in various health disciplines' programs to accommodate additional training spaces expected under Action 13: Expanding Health Training Programs.**

(15) Increasing Aboriginal Albertans' Participation in the Health Workforce

> *In 2001, fewer than 6,000 aboriginal Albertans were employed in health care and social assistance fields in Alberta. This is about three per cent of total employment in Alberta in these occupations. [Source: Statistics Canada Census 2001.]*

Aboriginal Albertans are under-represented in Alberta's health workforce. This action proposes building partnerships between Alberta Education, EII, AET, federal ministries and the regional health authorities to identify ways to encourage aboriginal Albertans in pursuing health-related careers. Young aboriginals must be encouraged to stay in school, and in particular to be successful in sciences, in order to pursue a health-related vocation. The health status of rural aboriginals could be enhanced if their youth have opportunities to prepare for a health career. Accordingly, this action proposes learning-while-you-work options and ways to assist with transitions to learning and employment in health fields.

Expected outcomes from this proposed action include:

- **dedicated, tailored training spaces for 450 aboriginal Albertans in various health professions; and**
- **an increase in aboriginal youth interested and eligible to enter training in health programs.**

(16) Attracting Health Professionals Working Abroad to Alberta

This action plan proposes that AHW partner with EII and health employers on international marketing and recruitment campaigns. An international presence should be established that focuses on the recruitment of internationally-educated health professionals and the repatriation of Albertans now working abroad.

Alberta's ability to retain professionals wishing to immigrate is now secured with the recent expansion of the Provincial Nominee Program, operated by EII. The program is expanding not only in numbers - from 1,000 nominees last year to 2,500 nominees in 2007-08 and 8,000 in 2008-09 - but also in the types of workers eligible for nomination under the program.

Expected outcomes from this proposed short-term action would include:

- **attracting 500 health-care professionals to Alberta in the next three years.**

(17) Creating a Health Career and Skills Assessment Network

Competition between health employers in the absence of a co-ordinated provincial approach to recruiting, assessing and re-training health providers is counter-productive. This action proposes building on foreign-credential recognition work already underway by the three ministries. The intent is to increase opportunities for assessment, bridging and language training for health professionals educated outside Canada. It is important that these professionals are given clear, co-ordinated and accessible assistance to navigate the registration process to be eligible to work in Alberta.

It is proposed that EII build on existing career counselling services provided by its direct delivery offices. Career counsellor training should be enhanced to include health-care occupations. This would enable EII staff to provide detailed advice to health care workers wanting to transition from one health occupation to another, thus ensuring these workers are able to utilize existing skills and competencies.

Expected outcomes from this proposed action include:

- **a single contact point for internationally educated health professionals seeking opportunities in the Alberta health system;**
- **a resource centre for health providers looking for career counselling, re-training or assessment;**
- **bridging training opportunities for Albertans and 500 additional internationally educated health professionals;**
- **the retention of current health providers who wish to change careers; and**
- **the attraction of more high school students into health careers.**

(18) Expanding Clinical Assistant Training Programs

There are more than 400 International Medical Graduates (IMGs) in Alberta. Capital Health and the Calgary Health Region operate programs that train IMGs to be clinical and surgical assistants to physicians in their hospitals. It takes four to six months of on-the-job training to train IMGs as clinical and surgical assistants.

Many IMGs do not qualify for independent practice in Alberta. As clinical and surgical assistants, they fulfill specific and limited roles under the supervision of registered physicians. Capital Health and the Calgary Health Region train approximately 30 IMGs annually. It is proposed that 24 additional spots be added annually to these clinical assistant programs to help the health regions provide services and to make better use of the skills of IMGs in Alberta who cannot be licensed for independent practice. With the change, other health regions will also have the opportunity to benefit from this training capacity.

Expected outcomes from this proposed action include:

- **newly trained IMGs working as clinical or surgical assistants in acute care settings throughout Alberta within six months of starting their training; and**
- **a total of 178 IMGs are expected to be trained over the next nine years. In the past, a steady number have gone on to re-train and become independent physicians.**

(19) Increasing Access to Anesthetic Service

Alberta is currently short 16 anesthetists and will need an additional 39 by 2010 with increases expected to continue over time. Achieving the numbers that are needed is currently beyond the province's training capacity.

In order to address immediate pressures, government should provide funding for training capacity expansion and to offer additional anesthetic training for physicians. The possibility of using other professionals such as advanced practice nurse anesthetists and respiratory therapists to provide, or to support, the delivery of anesthetic services in Alberta would be considered concurrently with the work under Action 3: Introducing New and Expanded Provider Roles.

Expected outcomes from this proposed action include:

- **six additional positions across Alberta for family physicians to receive anesthesia training annually, resulting in 54 additional family physicians with the ability to practice in anesthesia predominantly in rural Alberta.**

Conclusion

Alberta, like the rest of Canada, has anticipated the need for more health providers. The number of retiring health professionals is increasing and the demand for health services is also growing as a result of an aging and increasing population.

Yet government cannot find the solutions to these challenges in isolation. Listening to, and working with, health stakeholders is crucial to meeting the need for more health providers and in ensuring Alberta's health workforce has the capacity to make change happen.

The ideas in this Health Workforce Action Plan will expand existing initiatives and create new actions to promote systemic change and support the health sector in addressing immediate and future health workforce needs.

AHW will take the lead in implementing the government actions approved for funding in this plan, with support from EII and AET.

Implementing these actions will be a significant move forward in addressing the need for more health providers and ensuring Alberta's health workforce has the capacity to make change happen in order to achieve a sustainable, accessible health system that provides quality care for all Albertans.

Appendix: Anticipated Health Workforce Shortages in 2016

Current and anticipated shortfall for occupations identified as "difficult to recruit to" by the Regional Health Authorities or identified in the 2004 Health Accord.

Occupation	Estimated Current Shortage	Anticipated Shortage by 2016	Current Shortage as a Percentage of Future Shortage
Nurses	1,400	6,200	23%
Pharmacists	400	1,000	40%
Speech Language Pathologists	30	100	30%
Medical Technologists	236	600	39%
Health Care Aides	2,000	5,000	40%
Physical Therapists	260	1,100	24%
Physicians	1,100	1,800	61%

Note: Data generated without information on private providers with the exception of private pharmacists and physical therapists.

Source: Government of Alberta 2006

For additional copies of this document, please visit www.health.alberta.ca or contact:

Alberta Health and Wellness Communications
22nd Floor, Telus Plaza North Tower
10025 Jasper Avenue
Edmonton, Alberta T5J 1S6

Phone: 310 0000 if you live outside the Edmonton area, or (780) 427 7164 if you live in the Edmonton area.
E-mail: ahinform@health.gov.ab.ca

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