
Health Workforce Strategy

2023



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Minister's Message

Alberta's dedicated health care workers are the backbone of care delivery. I am proud to say Alberta has the best front-line health care workers in the world. Yet it is a critical time, with many staffing challenges facing the health system. While Alberta isn't unique in this situation and much work is already underway to tackle these challenges, we know there is more to do. The time is right for a comprehensive health workforce strategy.

The unprecedented time of change in recent years has caused service backlogs and increased demands for services. The health workforce is strained and depleted after three years of going above and beyond. Many health workers are retiring or opting for changes to their work arrangements, and some are leaving their professions altogether. And at the same time, Alberta's population continues to age and grow, which will put additional pressures on the health system in the future.

While Alberta's overall numbers of health care professionals are on par with other Canadian provinces and we've seen supply gains, the workforce isn't equally distributed across all areas of the province. This has resulted in many Albertans experiencing challenges in accessing the services they need, when and where they need them.

We must take steps to address our health workforce challenges and that is what we're doing through this Health Workforce Strategy. It is a co-ordinated, forward-looking path to ensuring every Albertan has access to a health home and that we have the workforce in place to deliver the services Albertans need today and in the future. It is part of our commitment to have the right supports in place so Albertans get the care they need when and where they need it.

The strategy's actions focus around five main pillars: retaining and supporting the current workforce; attracting new care providers to Alberta; growing the workforce through education and expanding opportunities for career growth; strengthening our capacity for long-term planning; and evolving the workforce to better utilize the workers we have and innovative care delivery.

The Health Workforce Strategy builds on the tremendous work that is already underway and reflects input from across the Alberta government and Alberta Health Services. The strategy is the foundation for longer-term actions to be developed in consultation with workers, employers, educators, and others.

On behalf of Alberta's government and all Albertans, I thank each health-care worker for all they've done and what they continue doing to provide expert care to improve the lives of Albertans. As we work together to implement this strategy, we will build a more resilient and sustainable health care system where its workers are supported to succeed.

I look forward to providing updates on the progress of the actions identified within these pages.

Jason Copping, Minister of Alberta Health

Introduction

Alberta's government is committed to building a more resilient and sustainable health care system that can support Albertans getting the care they need when and where they need it. This plan represents a commitment to Albertans that:

- *Government has a comprehensive plan in place to make sure every Albertan has access to a “health home,” and*
- *The steps required are being taken to have the workforce in place to deliver the services required.*

As with all Canadian jurisdictions, Alberta is experiencing challenges with its health care system that can be attributed to a worldwide deficit in health workforce supply, as well as challenges with how the existing workforce is utilized. While Alberta remains favourably positioned relative to other jurisdictions in terms of accessing and retaining health professionals, advances and improvements are being initiated and pursued to ensure an appropriate health workforce supply into the future to serve the health care needs of all Albertans. To effectively and comprehensively communicate the context, progress and components of the government's collective efforts in this regard, Alberta Health (AH) has prepared a Health Workforce Strategy, with input from other applicable Government of Alberta (GOA) ministries, as well as Alberta Health Services (AHS). This strategy highlights Alberta's health workforce strengths, what is currently being done to further efforts, and what is planned going forward.

Alberta's Health Workforce Strategy sets out a framework for supporting current health care workers and building the future workforce that will be critical to achieving this commitment. The objectives and strategies in this document are designed to:

- Create a safe, engaging, and supportive work environment for current health care workers
- Attract new, skilled health care workers from across Canada and around the world
- Build capacity to educate the future workforce at home in the province
- Strengthen the tools and approaches used to understand and prepare for the long-term health care needs of Albertans
- Evolve and adapt the ways that health care workers deliver care, to enable more sustainable models

There has never been a greater need for a co-ordinated, forward-looking provincial health workforce strategy. The COVID-19 pandemic has placed the health care system under significant strain, and no one has felt that as acutely as the clinical and non-clinical workforce. At the same time, even as Alberta emerges from the pandemic, the demands on the system are only increasing – Alberta's population is growing and its health needs are evolving as Albertans age, opioid and substance use is on the rise, and three years of the pandemic response has had profound impacts on Albertans' mental and physical health.

This strategy is intended to provide a path forward through these challenges, as well as build on the following strengths highlighted over the last few years:

- Renewed collaborative relationships with physicians, nurses, and other health professionals
- A strong, growing economy with opportunities to invest in the workforce
- An affordable, accessible, co-ordinated and comprehensive post-secondary system
- A proven track record of attracting and retaining internationally educated health care professionals

Executive Summary

Alberta's health system is in a period of unprecedented change. The demands of the COVID-19 pandemic have not only increased the day-to-day pressure on the system, but they've also led to growing waitlists and a care deficit that will take time and focused effort to recover from. At the same time, the pre-pandemic trends haven't slowed down – the province's population continues to increase, and health care needs are increasing in complexity as citizens age.

These challenges cannot be met without a healthy, sustainable, engaged, and efficient health care workforce. There is no more important component of the health care system than the clinical and non-clinical workers who provide tireless effort to care for Albertans. The initiatives and actions outlined in this provincial health workforce strategy are the first step in addressing these challenges.

Alberta's Minister of Health has established a vision of ensuring that every Albertan has access to a health home that can deliver the care they need when and where they need it. A healthy, sustainable workforce is essential to achieving this vision. This provincial health workforce strategy provides a framework and outlines the path being taken to retain, recruit, train, and support the people that are at the core of delivering this vision.

Vision

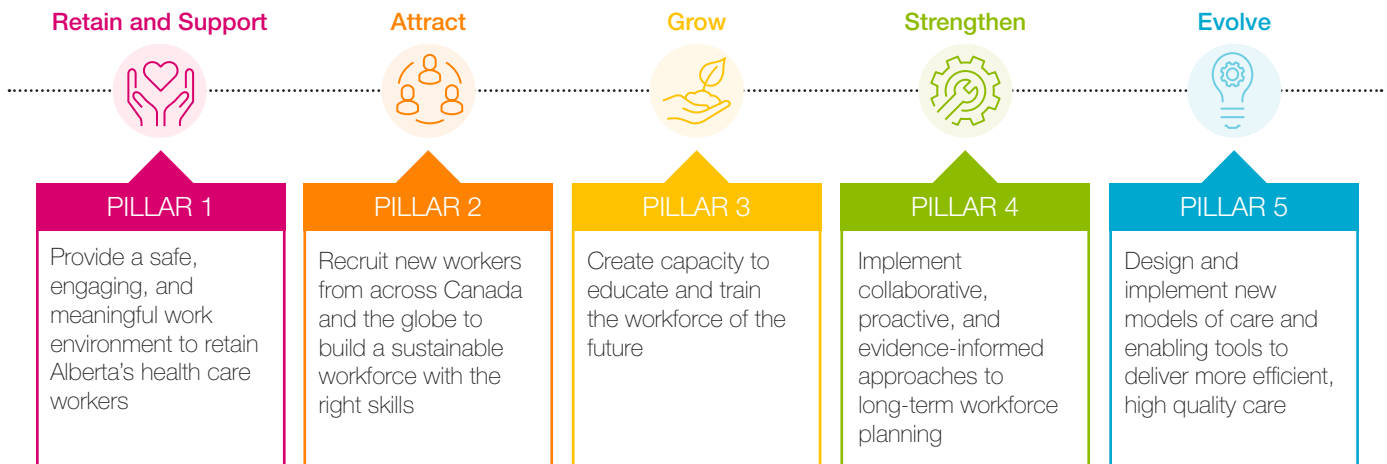
A resilient and sustainable health care system that can provide every Albertan with access to a "health home" that can deliver the care they need when and where they need it

Guiding Principles

In order to connect the workforce strategy with the vision for the health system, a set of principles has been established that defines what is truly important and serves as a guide for developing and evaluating actions:

- **Building a person-centred health system:** Foster a safe and healthy workforce, create meaningful career experiences, and support growth.
- **Delivering accessible, quality care:** Improve access to care in high needs and rural areas.
- **Addressing inequities:** Support diversity and inclusion initiatives to address inequities and build an inclusive workforce.
- **Strengthening proactive workforce planning:** Develop workforce planning mechanisms that anticipate system needs and continuously align ongoing and future initiatives to those needs.
- **Making evidence-informed decisions:** Leverage data science, decision support tools, and frameworks for evidence-informed workforce planning and decision-making.
- **Supporting innovation and continuous improvement:** Seek to advance new ways of delivering care and spread proven models with a focus on collaborative care.

This strategy needs to consider a dual pathway of change – managing the immediate operational challenges facing the workforce and its ability to deliver services, while proactively understanding and preparing to meet future needs. To manage these two pathways, a strategic framework has been designed around five critical pillars.



This strategy defines a set of objectives and actions under each pillar.

	Retain and Support	Attract	Grow	Strengthen	Evolve
Aim	Providing the health workforce with a safe, supportive, healthy, and engaging workplace that lets them focus on providing quality health care	Attracting new workers into critical areas by optimizing recruitment strategies, creating new pathways for internationally trained professionals, and reducing barriers to entry into the workforce	Expanding the size and capabilities of the health workforce through education and by providing opportunities for the existing workforce to enhance their skills	Building capacity and tools to allow for improved provincial health workforce planning and informed decision-making around resource allocation and prioritization	Innovating health care delivery by supporting health care professionals in working to their full scopes of practice, implementing new care models, and leveraging new tools and technology
Key Objectives	<ol style="list-style-type: none"> 1. Improve support for workforce well-being and safety 2. Support independent physician practices 3. Build a more diverse, equitable, and inclusive workforce 4. Create environments that help retain a skilled workforce 	<ol style="list-style-type: none"> 1. Increase opportunities for internationally educated health care workers 2. Attract and recruit health care workers to rural, remote, and underserved areas 3. Provide fair and competitive compensation 	<ol style="list-style-type: none"> 1. Grow the province's post-secondary capacity to educate future health care workers 2. Expand opportunities for existing health care workers to gain new education, skills, and credentials 	<ol style="list-style-type: none"> 1. Refine roles, responsibilities, and processes for proactive health workforce planning 2. Better leverage data and analytics to make evidence-informed workforce planning decisions 	<ol style="list-style-type: none"> 1. Support and enable innovative, more sustainable models of care 2. Implement tools and processes to optimize the use of staff 3. Leverage digital tools to increase access to care

Just as the integrity of a building is dependent on the support from its pillars, the balance of efforts and action across each of the strategic pillars is critical. Together, actions taken across each of these pillars will support providing Albertans with access to a "health home," ensure there is the health workforce in place to deliver the needed services and provide the workforce with long and meaningful careers in Alberta's health care system.

Case for Change

Evolving population health demands

The demands on the system are only continuing to increase. As a result, the capacity of the health workforce to respond to these trends must also increase.

As Alberta's population ages, the level of care that its citizens require will grow. To ensure Albertans have the right care at the right time, models of care and the skills of workers will need to be reconsidered

Today there are more than 725,000 Albertans over the age of 65 and this number is forecasted to become greater than 1 million by 2035.¹ As the population ages, health needs increase:

- Since 2018, Alberta has seen an increase in the prevalence of hypertension and ischaemic heart disease which indicate an increasing incidence of complex health conditions.²
- The demand for sub-acute care is also growing. A 2021 review of continuing care in Alberta projected demand for continuing care services to increase by 62% by 2030, indicating there will need to be an expansion of the nursing and health care aide (HCA) workforce in the community.³



1M seniors 65+ by 2035
(currently 725k)

With a rapidly aging population and increase in prevalence of chronic diseases, care models need to be established that prioritize prevention. To support prevention, Albertans must be empowered to manage their care from the comfort of their home and in their community, where safe and appropriate to do so. No one wants to spend more time in hospital than needed, so care delivery model development must be supported that reduces reliance on acute settings and enables new models and virtual services that bring care closer to home.

The growing population is driving demand for services across the continuum

Overall, Alberta's population is forecasted to grow significantly over the coming decades. While the COVID-19 pandemic understandably reduced the number of people moving in and out of the province, Alberta's growth has fully rebounded – the population grew by 2.2% last year, the largest growth since 2014.⁴ Alberta is expected to surpass 5 million by 2030.⁵

The province is also expected to become significantly more urban over time, which will only increase the challenges with delivering care to rural and remote parts of the province. Between 2016 and 2021, the province's rural population decreased by 2.7%, while its urban population increased by 6.3%.⁶

¹ Source: Statistics Canada

² Source: Alberta Health Indicator Summary

³ Source: Alberta Health – Improving Quality of Life for Residents in Facility-Based Continuing Care

⁴ Source: Alberta Treasury Board and Finance

⁵ Source: Alberta Department of Treasury Board and Finance - Population Projects: Alberta and Census Divisions, 2021–2046

⁶ Source: Statistics Canada



Service disruptions during the pandemic have led to backlogs that need to be addressed

The COVID-19 pandemic put health systems across the globe under periods of intense strain, and Alberta's health system was no exception. The need to redirect resources and reprioritize activities to respond to the virus's waves over the past three years has led to significant pent-up demand in key areas.

- Alberta's surgical waitlist grew to more than 80,000 people during the pandemic, with more than 50% waiting longer than clinically recommended. Progress is being made — the waitlist has now been reduced to 73,000 — but there is more to be done. The Alberta Surgery Initiative (ASI) is a comprehensive strategy and investment plan intended to address this backlog and will be supported by this workforce strategy.
- There were 3.3 million fewer in-person visits to primary care physicians in 2020 than in 2019. While this reduction was offset by 3.1 million virtual visits, more than 300,000 Albertans who had accessed primary care at least once in each of the previous three years did not access primary care in 2020.⁷

COVID-19 has accelerated growing demands for addiction and mental health services

Jurisdictions across Canada and around the world have seen growing demand for mental health and addiction services. The COVID-19 pandemic has undoubtedly accelerated this growth, but pre-existing factors such as the opioid crisis and longer-term trends in anxiety, mood disorders, and eating disorders, have contributed to the strain.

- During the pandemic, Alberta saw a 23% increase in Albertans experiencing "fair" or "poor" mental health in 2020 compared to 2019.⁸
- According to the Canadian Mental Health Association, by age 40 about 50% of people will have been diagnosed with or have experienced a mental illness.⁹
- One in five older adults reported experiencing worse depression or sadness, and 28% reported worse anxiety or worry, since the start of the pandemic.¹⁰
- From 2018 to 2021, Alberta hospitals experienced increased demand on emergency departments to manage mental health and behavioural disorders, due to limited capacity in psychiatry units.
- During the first four months of 2021, there was "a substantial increase in self-harm visits to emergency rooms among females aged 12-17," and the Kids Help Phone saw 38% more calls in 2020-2021 compared to 2019, with ages 14-17 making up the highest proportion of help seekers.¹¹

⁷ Source: International Journal of Integrated Care - Impact of Covid-19 Pandemic on Primary Health Care Utilization in Alberta

⁸ Source: Statistics Canada

⁹ Source: Canadian Mental Health Association – Making Mental Health in Alberta Matter 2019

¹⁰ Source: Mental Health Among Older Adults Before and During the COVID-19 Pandemic 2021

¹¹ Source: [Child and Youth Well-being Review report \(alberta.ca\)](https://www.alberta.ca/child-and-youth-well-being-review-report.aspx)



- Drug poisoning deaths involving opioids have increased at the greatest rate since 2019.¹² Additionally, 42% of Albertans reported isolation throughout the pandemic to be the top mental health concern for themselves and their community.¹³
- Alberta's indigenous peoples represent 6.5% of the overall population¹⁴ but experience significantly higher rates of addiction and mental health illness. In Alberta, First Nations and Métis individuals are twice as likely to be prescribed opioids and have a suicide rate that is three times higher than non-indigenous peoples.¹⁵

To provide care to all Albertans experiencing mental illness and addiction, the health system needs to have the right distribution of health care workers with the right trauma-informed expertise and skills.

Challenges with retaining and growing the workforce supply

Workers are the backbone of the health care system, and three years of the COVID-19 pandemic, in addition to naturally growing population health needs has placed them under incredible strain and pressure. Staffing shortages have grown over the pandemic, and workers have experienced more stress and fatigue as their workload increased. A safe and supportive environment for current workers to be created, while educating and recruiting the right workers to meet future needs.

The workforce is depleted and living with the stress of responding to the pandemic

Three years of going above and beyond have left the health workforce strained and depleted. An increasing number of health providers are leaving their profession from the cumulative effects of high-stress working environments, which increases the pressure on those who remain. Exhaustion and isolation experienced from longer workdays and time away from family and friends have left many in the health sector feeling burned out and in need of time to recover.

- In December 2021, Mental Health Research Canada released a study on Psychological Health & Safety in Canadian Workplaces, indicating that 66% of nurses of who participated in the survey experienced burnout.¹⁶

¹² Source: Opioid- and Stimulant-related Harms in Canada - Public Health Infobase | Public Health Agency of Canada

¹³ Source: Mental Health Impact of COVID-19 in Alberta (cmha.ca)

¹⁴ <https://www.sac-isc.gc.ca/eng/16476147114525/1647614742912>

¹⁵ [Indigenous Health Transformation Roadmap \(albertahealthservices.ca\)](https://www.albertahealthservices.ca/indigenous-health-transformation-roadmap)

¹⁶ Source: Mental Health Research Canada. Psychological and Health Safety in Canadian Workplaces 2022.



- The rate of employees voluntarily leaving AHS has grown during the pandemic, from 3.2% in 2018 to 4.8% in 2022.¹⁷ The number of vacant clinical positions at AHS has also risen correspondingly, from 9.9% in 2018 to 16.8% in 2022.¹⁸
- Over the same time, AHS overtime rates increased from 1.5% to 2.9% of hours, and clinical workers are using more sick time — growing from 4.4% of all hours before the pandemic to 5.3% this year.¹⁹ AHS has also seen a significant number of RNs move from regular to casual positions.
- Statistics Canada completed a survey of the experiences of health care workers during the COVID-19 pandemic. Results indicate high percentages of the health workforce are more stressed at work and managing an increased workload. Reported stress was highest among nurses (92%), physicians (83.4%) and care aides (83%).²⁰
- During the pandemic, the care home leaders²¹ and health care aides (HCAs) working in continuing care settings²² experienced increased workloads, distress, and burnout.^{23,24}

With more people leaving the health workforce or working fewer hours, the pressure on remaining providers only continues to grow. This pressure is felt even more strongly in the province's rural and remote areas where small changes to the workforce can result in significant impacts to the availability of services. There is an urgent need to build supports and space for the workforce to balance their workloads and provide time to rest and care for themselves.

A stronger workforce supply must be established by attracting and educating new talent

As critical as supporting the existing workforce is, it is not enough to ensure the long-term sustainability of the health care system. Aggressive recruitment of new workers is needed, but will be done in an increasingly competitive environment. Alberta is not alone in Canada or internationally in facing workforce challenges. Like all provinces, Alberta needs to remain competitive

¹⁷ Source: AHS Payroll (ePeople) November 2022

¹⁸ Source: AHS Payroll (ePeople) November 2022

¹⁹ Source: AHS Payroll (ePeople) November 2022

²⁰ Source: Statistics Canada

²¹ Savage, A., Young, S., Tittley, H.K., Thorne, T., Spiers, J., & Estabrooks, C.A. (2022). *This was my Crimean War: COVID-19 and the toll on nursing home leaders*. Journal of the American Medical Directors Association. [https://www.jamda.com/article/S1525-8610\(22\)00635-1/fulltext](https://www.jamda.com/article/S1525-8610(22)00635-1/fulltext)

²² Estabrooks C.A., Straus S., Flood, C.M., Keefe, J., Armstrong, P., Donner, G., Boscart, V., Ducharme, F., Silviu, J., & Wolfson, M. (2020). *Restoring trust: COVID-19 and the future of long-term care*. Royal Society of Canada.

²³ Tittley, H.K., Young, S., Savage, A., Thorne, T., Spiers, J., & Estabrooks, C.A. (2022). *Cracks in the foundation: The experience of care aides in long-term care homes during the COVID-19 pandemic*. Journal of the American Geriatrics Society.

²⁴ Savage, A., Young, S., Tittley, H.K., Thorne, T., Spiers, J., & Estabrooks, C.A. (2022). *This was my Crimean War: COVID-19 and the toll on nursing home leaders*. Journal of the American Medical Directors Association. [https://www.jamda.com/article/S1525-8610\(22\)00635-1/fulltext](https://www.jamda.com/article/S1525-8610(22)00635-1/fulltext)
Internationally-trained physician statistic source: Source: CIHI: Supply, Distribution and Migration of Physicians in Canada, 2021 — Historical Data

in the global demand for health workforce talent. Maintaining competitiveness will require focused recruitment strategies across high-demand health disciplines, like rural family medicine and nursing, to attract internationally trained workers and support them in achieving long and fulfilling careers in Alberta.

There is a need to train and educate new workers here in Alberta, both by expanding the capacity of post-secondary institutions, as well as increasing the availability of employer-led career pathways and opportunities for upskilling. To build a strong workforce pipeline, clear pathways for education are needed that both attract and retain the next generation of new workers, as well as fully utilize the skills and abilities of existing experienced care providers.



34% of physicians are internationally trained

Impacting access to services

Strategies need to address the challenges in access to care in rural communities

Albertans living in rural and remote parts of the province often face the largest impact from shortages of health care workers, and the health care workers who do work and live in these communities carry the significant burden of meeting the complex care needs of residents who are often older or part of underserved Indigenous communities. Access to primary care is a particularly critical challenge for these communities – Alberta’s largely rural central zone has 107 physicians per 100,000 people, versus Calgary with 137. The uneven distribution of physicians and other primary care providers means focused efforts need to be taken to strengthen access.



4,737 family physicians
5,568 specialists
in urban areas



676 family physicians
77 specialists
in rural communities

Strategies must be established to build reserve capacity and enable flexible deployment of the health workforce across the system

Throughout the pandemic, the health workforce was redeployed and allocated across the system to manage critical care and public health needs. As a result, many clinical services suffered resource shortages and service delays. Impacts of reallocation of health and human resources include delays to scheduled services, like surgery, as reserve capacity was limited to manage the COVID-19 demands.

Redeployment efforts during the pandemic have highlighted the importance of optimizing the workforce, including providing access to education in areas such as intensive care, to enable health providers to work in new environments. COVID-19 will be with us for a long time, and even as Alberta moves into an “endemic” phase, new waves will continue to create periods of pressure on the health care system, and the workforce needs to be supported in building new skills and enabling more flexibility in models of care. Doing so will build a more resilient system and help minimize the future disruption of services.

Building a stronger and more resilient health care system, together

Alberta is already paving the way forward to a stronger health care system and a brighter future for the health workforce. Several key investments will transform the health sector in Alberta and, consequently, impact the experiences of both Albertans and the health workforce. Some of these transformative changes require additional capacity, particularly to support prevention and effective care delivery to meet both current and future demand. Many investments will also introduce efficiencies and enable the system-wide scale and spread of technology and innovative practices. These changes will support greater collaboration across care settings and health provider groups, ultimately building a model where the workforce can sustainably manage population health demands while still taking care of one another. Fundamentally, these investments will all influence the number of health care workers needed in the province, the skills those workers will possess, and the models of care they use to meet the needs of Albertans. Key investments in Alberta include the following:

Modernizing Alberta's Primary Care System

- Launch of Primary Care Networks (PCNs) initiated a transformation of Alberta's primary care sector. Currently, PCNs serve more than 3.8 million Albertans (approximately 85% of the population). These networks are critical to keeping our communities healthy through prevention of disease and timely access to care.
- To continue building on this momentum, Alberta is delivering the next stage of transformation by Modernizing Alberta's Primary Health Care System (MAPS) initiative.
- MAPS has been established to strengthen primary care in Alberta and ensure all Albertans have access to timely, appropriate primary care services.

New Addiction Recovery Communities

- The Alberta government is committed to building more capacity to address growing unmet demand for mental health and addiction services. In 2020, Alberta took steps to improve access to mental health care through amendments to *The Mental Health Act* (Bill 17).
- As part of the focus on mental health and addiction, Alberta is investing \$13.5 million annually to operate recovery communities across the province. These communities support the province's shift towards a recovery-oriented system of care by providing long-term residential addiction treatment that focuses on the whole person and overall lifestyle changes.

New Intensive Care Capacity

- COVID-19 has created a new baseline for the critical care capacity required in the province. Alberta Health is investing \$300 million over three years to build new critical care capacity within AHS, enabling more sustainable delivery of care.
- This investment includes supporting recruitment and infrastructure required to add up to 50 fully staffed intensive care beds to the provincial health system.

Alberta Surgical Initiative

- AHS, in partnership with AH, is implementing the Alberta Surgical Initiative (ASI), the Government of Alberta's plan to ensurethat all Albertans receive their scheduled surgeries within clinically appropriate targets.
- The initiative is focused on improving the patient's surgical journey, from the time patients seek advice from their family doctor, to when they are referred to a specialist, to undergoing surgery and their subsequent rehabilitation.

Connect Care

- Alberta is making significant transformations to the provincial e-health environment, driven in large part by the implementation of the Connect Care electronic health records system. Along with other initiatives such as Netcare, Connect Care will transform care delivery for the health workforce.
- Alberta is investing more than \$1.45 billion to implement Connect Care, which will give health providers at AHS and its partners a central access point for more complete, up-to-date patient information and support delivery of evidence-informed care.
- The program centralizes clinical information and supports the shift towards more integrated care team models. Connect Care uses the best evidence to reduce variability through the use of decision support tools and provincial standards.
- Connect Care improves accessibility to patient information for both the patient and the provider, making it easier for the health workforce to communicate with patients and each other.

Emergency Medical Services (EMS)

- Alberta is committed to addressing the challenges facing the EMS workforce across the province, including closing service gaps, addressing staffing challenges, and improving hours of work.
- To support system-wide action, the province established the Alberta EMS Provincial Advisory Committee.
- Following an assessment of EMS services, the committee released a final report with detailed recommendations to improve EMS capacity. Further work to establish a 5-year EMS Service Plan is underway in partnership with AHS.

Alberta Innovates

- Alberta is a forward-looking province with a strong history in innovation and early adoption of new care models.
- Alberta Innovates is a research and innovation corporation established in 2017 through the *Alberta Research and Innovation Act* and supports research and innovation activities aligned with GOA priorities.
- Alberta Innovates offers programs focused on enhancing the effectiveness and efficiency of the health system to improve health outcomes. These programs enable the advancement and translation of technologies, tools, and policies for better health.

Continuing Care

- Alberta passed the new *Continuing Care Act*. The act establishes clear and consistent authority and oversight for licensing, accommodations, and the delivery of publicly funded health care in the continuing care system.
- The 2022 provincial budget increased funding for community care, continuing care, and home care by \$219 million, or 6.3%.
- Alberta is also providing \$204 million in funding over three years to modernize existing continuing care facilities and create additional continuing care spaces in Alberta, primarily through the Continuing Care Capital Program.
- Through the recommendations outlined in the Facility-Based Continuing Care Review report, government is initiating a multi-year transformation of the continuing care system. The pillars of this transformation include:
 - Expanding home care in order to increase the number of Albertans receiving care in their own homes and communities and reduce pressures on acute care and continuing care homes (which includes designated supportive living and long-term care).
 - Improving workforce capacity and supports to ensure that an adequate and appropriate workforce is available to meet client/resident needs.
 - Prioritizing quality across the continuing care system in order to improve the lives of clients, residents, and those working in continuing care.

There is a long road ahead to achieve the vision for health care in Alberta, but Alberta's government is committed to leading this journey and providing the supports and investments required. These transformative initiatives, along with this workforce strategy, will help everyone work together to build a health system for all.



The Path Forward

The actions defined in this strategy will support the achievement of the goal to ensure every Albertan has access to a “health home,” and that the health workforce is in place to deliver the services required.



PILLAR 1 Retain and Support

The existing health care workers have been the backbone of the response to COVID-19 and are the most essential component of the health system. Responding to the pandemic has placed existing workers under strain, which has led many workers to leave the health system altogether. This pressure has also accelerated trends towards workers choosing to work on a part-time and casual basis rather than full-time. To continue providing high quality care to Albertans now and in the future, workers must be protected and provided with a safe, supportive, healthy, respectful, and engaging work environment. The actions in this pillar are focused on creating a balanced work environment that allows health care workers to focus on the care they provide and supports them to continue to work in the province’s health system.

Objective 1.1: Improve support for workforce well-being and safety

Supporting the health and well-being of workers is essential to maintaining a stable and sustainable health care system. Increased incidence of staff working overtime during the COVID-19 pandemic and reports of burnout across the health workforce signals a need for increased well-being and mental health support. AHS also saw a significant increase in workplace violence over the course of the pandemic – incidents increased by 37% between 2019 and 2021. To relieve workload pressures, team-based care models and integration of alternative provider options are being explored for services traditionally delivered by physicians independently.

Objective 1.2: Support independent physician practices

Community-based physician practices are a critical component of the health care system – the vast majority of Albertans’ interactions with health care providers are through their primary care physician. As part of the newly implemented agreement between the government and the Alberta Medical Association (AMA), AH will provide financial support to key physician specialties to help them maintain their practices and continue to provide care to the people in their communities.

Objective 1.3: Build a more diverse, equitable, and inclusive workforce

Alberta is committed to building a diverse, equitable, and inclusive (DE&I) health workforce that reflects the qualities and differences of the population it serves. As the largest employer of health care workers in Alberta, AHS will lead the way in establishing best practice initiatives that welcome and celebrate diversity in the workforce, but it will also be important that all employers in the province are supported and give consideration to diversity, equity, and inclusion. To improve cultural sensitivity and engagement in the workplace, this strategy supports committees and councils that represent the needs of equity-deserving peoples, embedding DE&I training in workplace education practices to support allyship and cultural sensitivity in health care, and improving representation of equity-deserving groups in the workforce.

Objective 1.4: Create environments that help retain a skilled workforce

It is critical that supportive, engaging work environments are created to help retain existing care providers and workers. Every worker who leaves the health care system represents a loss of skill and capacity that needs to be regained just to continue delivering today’s services, let alone meet the demands of the future. It is essential that workers are provided with a competitive and meaningful career path that encourages them to deliver care and services to Albertans over the long-term course of their careers.

Pillar 1: Retain and Support - Actions and Commitments

Actions to date

- **New workforce wellness supports:** Without addressing the strain that workers are facing and providing needed health and wellness supports, workers may continue to choose to leave the health system at higher rates than pre-pandemic, while those who stay continue to take more sick time and report greater dissatisfaction. To provide these critical supports, AHS is implementing several new workforce wellness, engagement, and safety initiatives to care for the existing workforce and keep workers engaged with a strong sense of belonging and purpose. New integrated alternative provider models are also being expanded to support physician workloads. AHS is working with the College of Physicians & Surgeons of Alberta to explore safe and effective ways to provide opportunities for International Medical Graduates. Enhanced recruitment efforts, including the use of third-party recruiters and recruitment incentives, are providing more options to fill current physician vacancies. Prioritization of training positions in Alberta will ensure that the newly qualified physicians will better match anticipated medical workforce gaps.
- **Financial support for physician practices:** As part of the new agreement between the Alberta government and the AMA, the government has made significant new investments to help physicians operate their practices, including:
 - A \$20 million increase in the Business Costs Program, which offsets physician business costs. This funding is in addition to about \$80 million the government currently invests in the program each year and it will mean an extra \$2,300 annually for each physician, on average.
 - The Continuing Medical Education program reimburses physicians for their costs to meet continuous professional development. The government is investing \$1.4 million annually to increase the amount to \$2,200 from \$2,100 for each eligible physician.
 - Investing \$9 million annually to help offset the costs to physicians of their medical liability protection fees.
- **Targeted support for EMS workers:** AHS is implementing strategies to support paramedics and other EMS professionals, including expanding access to mental health resources and working to reduce the stigma related to accessing mental health care. Other initiatives include adjusting shifts to reduce mental health impacts, eliminating extended on-call shifts, improving front-line staff's ability to take breaks, and enhancing organizational capacity to identify signs of burnout in staff proactively.
- **Diversity, Equity, & Inclusion (DE&I) initiatives:** To support representation of the unique needs of equity-deserving groups, including Indigenous health care workers, AHS has established site-based DE&I committees that enable grass-roots networking, learning, and collaboration.

Future commitments

- **Enhanced AHS workforce retention initiatives:** Aligned with its broader comprehensive health workforce strategy, AHS is developing dedicated health workforce retention initiatives that will identify, prioritize, and effectively implement actions that closely align with the needs of the existing workforce. Specific strategies to support and retain Indigenous employees are also being developed.
- **Expanded rural physician retention and support:** Recognizing the need for incentives and further supports for physicians working in rural and remote areas, the government and the AMA will continue work to improve the existing Rural Remote Northern Program, which provides financial incentives to physicians who live and practice in underserved communities.
- **Strengthened employee safety and increased DE&I:** AHS will explore options to increase protective services in place to provide safe workplaces, as well as organization-wide commitments, policies, and strategies to improve DE&I.



PILLAR 2 Attract

Health systems across Canada and around the world are struggling to find enough workers to meet their short- and long-term needs. AHS alone predicts that it will need to hire more than 5,000 registered nurses (RNs) over the next three years, based on current projections – more than the anticipated number of new graduates from Alberta’s post-secondary institutions’ existing programs. The market for health care workers will be extremely competitive, and Alberta needs to remain a destination of choice for workers from other parts of Canada and around the world. In order to build and maintain a sustainable health care system in the future, the province will make focused efforts to maintain Alberta’s competitiveness, including wage and tax advantages, to attract and recruit the right health care workers, from Canada and abroad, into the parts of Alberta where they are needed the most.

Objective 2.1: Increase opportunities for internationally educated health care workers

Alberta’s short- and medium-term recruitment needs cannot be met through local and national recruitment alone. In order to stabilize the workforce and build longer-term sustainability, it will be critical to tap into the global pool of qualified health care workers. To do so successfully, this strategy will strengthen immigration pathways, streamlining the process for recognizing credentials earned outside of Canada, providing access to bridging programs for international graduates who require some additional education to practice here, and ensuring Alberta remains competitive as a destination of choice.

Objective 2.2: Attract and recruit health care workers to rural, remote, and underserved areas

The rural and remote parts of Alberta are most impacted by workforce shortages and other pressures on the health care system. Creative strategies are required to attract new workers to these communities, including targeted recruitment initiatives from international jurisdictions as well as encouraging rural practices through incentive programs.

Objective 2.3: Provide fair and competitive compensation

The province is making significant investments to provide fair and competitive compensation for the health workforce, including through recent agreements with the AMA, the United Nurses of Alberta (UNA), the Health Sciences Association of Alberta (HSAA), and the Alberta Union of Public Employees General Support Services (AUPE GSS). Providing fair and competitive compensation is critical to attracting new health care workers.

Pillar 2: Attract - Actions and Commitments

Actions to date

- **Increasing compensation for essential clinical workers:** Alberta’s government has announced significant increases in compensation for key workers including:
 - The new agreement between AH and the AMA includes a sliding scale of rate increases for physicians, averaging 4.3% over three years. The agreement puts a strong priority on primary health care, with family physicians seeing the largest overall increase of 5.2%. Physicians will also receive a one-time 1% recognition payment.
 - Under the UNA collective agreement, nurses will see a 4.25% pay increase over four years. This maintains Alberta nurses as the highest paid in Canada.
 - The new collective agreement with the Health Sciences Association of Alberta includes pay increases of 4.25% over four years.
 - AH is investing \$22 million to support standardization and improved compensation of certified HCAs. The funding will provide a pay increase by \$2 per hour for HCAs working in home care and continuing care homes contracted by AHS

- **Recruitment incentives for in-demand physicians:** AHS has increased physician recruitment incentives to up to \$100,000 for critical positions. These incentives are tied to a 4+ year return of services agreement to ensure these communities can count on a long-term commitment from the recruited physicians.
- **Career pathways for international medical graduates:** The province implemented the Alberta Clinical and Surgical Assistant Program. This program, offered by AHS, provides an alternative career path that allows international medical graduates (IMGs) to practice as clinical or surgical assistants under a limited practice permit from the College of Physicians & Surgeons of Alberta.
- **Targeted international recruitment campaigns:** AHS has an active and ongoing international recruitment campaign through social media and various professional networks targeting health care workers from the US, UK, Jamaica, Philippines, India, South Africa, and Australia.
- **Rural Capacity Investment Funds:** As part of the most recent collective agreements, Rural Capacity Investment Funds (RCIFs) were established for UNA, HSAA, and AUPE-ANC. These funds have a mandate to support retention, recruitment, and relocation initiatives that will grow capacity and increase the number of clinical staff at rural sites in the North, Central, and South Zones. Sites within these zones are encouraged to develop initiatives, which will be funded through the RCIFs to help achieve this mandate. Initiatives can be site-specific or joint collaborations with others. RCIF funding is provided by the government, and the annual amount is defined in each collective agreement: \$7.5 million for UNA, \$5.7 million for HSAA, and \$4.2 million for AUPE-ANC.
- **Streamlined credential recognition:** Alberta brought in the *Fair Registration Practices Act* (FRPA) to collaboratively work with Alberta's regulatory bodies to improve upon and speed up registration and assessment practices for all qualified applicants. These changes apply to applicants trained domestically or internationally who are seeking first-time licensure. Under FRPA, the Ministry of Skilled Trades and Professions is developing processes to review the registration and assessment practices of Alberta's regulatory bodies. The province and the College of Physicians & Surgeons of Alberta is also piloting an alternative assessment pathway for IMGs from select countries. This new pathway reduces the amount of time it takes to go through the assessment processes, helping to attract more physicians to Alberta and shortening the delay before they can begin caring for patients.
- **Nurse navigators and consolidated information portal for internationally educated nurses (IENs):** The government is working to develop the Nurse Navigator Program. The program will include an online platform that will consolidate information on licensure pathways, links to regulatory colleges, bridging programs and English proficiency courses, information on available financial support, and other resources. This program will also provide funding for "nurse navigators" to provide nurses immigrating to Alberta with access to dedicated personnel who will help them navigate the assessment, education, and licensure processes.
- **Nurse practitioner collective bargaining:** AHS is working with the Alberta Union of Nurse Practitioners (AUNP) to establish a collective agreement that will provide more stability and competitive compensation, as well as enable more effective use of these highly-skilled clinicians. AHS and the AUNP are currently in the bargaining process but have reached agreement on an interim Letter of Understanding (LOU) to address compensation issues and provide stability to the NP workforce while a final agreement is being negotiated. This LOU implements a new five-step wage grid (from 11 steps) with retroactive recognition of service with AHS, a 1.25% wage increase effective September 1, 2022 and the 1% COVID recognition payment for hours worked between January 1 – December 31, 2021.
- **Bridging programs for internationally educated nurses:** The Ministry of Advanced Education will spend \$3.5 million in 2022-23 to expand educational opportunities for IENs. The ministry is collaborating with post-secondary institutions to expand the number of seats in existing bridging programs. New bridging programs and a bursary (including a return in service component) to assist with the cost of becoming a nurse in Alberta are also under development.
- **Agreement with the Philippines to streamline nurse recruitment:** In October 2022, the Alberta government signed a memorandum of understanding (MOU) with the Philippines to streamline the process for recruiting RNs and LPNs trained in that country to Alberta. This agreement means that the Philippines will encourage nurses to choose Alberta when seeking international opportunities. In return, the Alberta government will provide financial, educational, and licensing assistance to help make transition to Alberta easier.
- **EMS staffing changes to meet service demands:** The province provided a one-year exemption from current staffing requirements to allow emergency medical responders – a level of EMS practitioner – to staff more ambulances to transfer stable patients, in addition to working alongside other paramedics to respond to more types of calls.

Future commitments

- **Dedicated immigration pathways:** While it is known that a robust system that educates health care professionals in close alignment with the demands of Alberta's health system is critical for long-term sustainability, it is also known that there will always be international workers who wish to come to Alberta. Alberta will continue to recruit and retain health care professionals who have been trained elsewhere to supplement its workforce needs. To do so, it will be critical to strengthen immigration pathways and ensure that individuals who choose to come to Alberta can easily work in areas aligned to their training and professional experience. To support this objective, Alberta will explore options for developing a dedicated and simplified pathway within the Alberta Advantage Immigration Program for international in-demand health care workers.
- **AHS provincial recruitment initiatives:** As part of its comprehensive AHS health workforce strategy, AHS will build on existing work to implement recruitment-specific actions that will increase the number of RNs and physicians, primarily in acute care and in rural Alberta. AHS will build on existing work to develop and implement recruitment-specific actions to help grow the number of workers in the province. It is imperative that Alberta continue to attract qualified candidates through active "headhunting," as well as aligning workforce plans to focus on building the talent pipeline of clinical professionals that are needed.
- **Focused EMS recruitment strategies:** The AHS provincial workforce strategy will also have focused actions to enhance its approach to recruiting new EMS workers. These actions will have a specific emphasis on ensuring there are consistent recruitment and hiring practices across the province to minimize geographic disparities and will also explore mechanisms to support distribution of EMS workforce to areas of need. For example, the work will include encouraging EMS practitioners to work and upgrade their skills in rural and remote communities.
- **Targeted rural physician recruitment support:** In order to meet the goal of every Albertan having access to a "health home," Albertans need to be able to reasonably access services where they live. On a per capita basis, Alberta has the medical professionals needed, but there are sometimes geographic disparities. AH and the AMA will work together to identify additional strategies to support the recruitment and retention of physicians who practice full-time in underserved and rural areas to increase access, including options to expand existing incentive programs.
- **Reduced barriers for recognition of credentials from other provinces:** While provisions under the Canadian Free Trade Agreement stipulate labour mobility for regulated professions, more can be done to ensure that Alberta's current practices support labour mobility and allow for transparent and timely recognition of the credentials and training for out-of-province certified professional workers, including regulated health professionals. The province will proclaim and implement regulations for the *Labour Mobility Act*, which will standardize and streamline registration processes to recognize the credentials and training of out-of-province certified professional workers, including regulated health professionals.
- **Streamlined process for assessing international medical graduates:** As noted, there will always be a need for health care professionals who have been trained outside of Alberta, and individuals will continue to choose Alberta as a destination of choice because of our competitive advantages. It is important that process improvements continue in the way medical graduates are licensed and registered. AH will work with the College of Physicians & Surgeons of Alberta to explore new routes to licensure for eligible IMGs, to ensure qualified international graduates can seamlessly gain licensure and registration to practice in Alberta, while upholding the quality standards Albertans have come to expect. AHS will continue to aggressively recruit IMGs, including providing temporary work permit support and recruitment incentives and working with targeted third-party recruiting firms, and will also work with AH to explore expanding opportunities for other organizations to sponsor international medical graduates.

- **Reduced barriers to entry for nurses from other countries:** The Ministry of Skilled Trades and Professions is working with the College of Registered Nurses of Alberta to fund and pilot a new approach for assessing the qualifications of internationally educated nurses. By using a “triple track” assessment approach, internationally educated nurses will simultaneously be assessed against the practice standards required for LPNs and RNs, as well as HCAs. This will allow IENs to begin providing care at an appropriate scope of practice more quickly, subject to meeting other requirements of Alberta’s nursing regulators. Government will continue to work with the National Nursing Assessment Service on the new approaches necessary to streamline and centralize the application processes.
- **Improved recruitment and screening for internationally educated nurses:** Competition for internationally trained health care professionals has increased. While Alberta has historically been successful with recruitment and attraction initiatives, it cannot rely on its past success. The province needs to continue to be deliberate in its recruitment activities to ensure it remains competitive and continues to attract high-quality professionals who can seamlessly join the health workforce and contribute to key areas where needed. The province needs to look for opportunities to prioritize recruitment and pre-screening for candidates from countries with substantially equivalent competencies, as well as support new educational programs and approaches that will allow for internationally educated nurses to deliver patient care. Alberta Health will work with AHS to ensure the mechanisms and tools are in place to be deliberate, targeted, and successful in international recruitment efforts, with a specific focus on internationally educated nurses to meet short- to medium-term needs as training programs continue to grow in Alberta.
- **Building community capacity:** The province will provide funding to communities through the Alberta Settlement and Integration program to build their capacity to welcome and retain newcomers, including health professionals.



PILLAR 3 **Grow**

Alberta’s long-term health needs are heavily dependent on two pressures that are increasing in parallel: the size of its population and the health care needs of its residents. The provincial health system will not be able to meet these long-term needs without growing and transforming the workforce it has today. The province is making significant investments in training and education, to ensure it can add new health workers to the health system over time, as well as to provide opportunities for existing workers to increase their skills and progress in their careers.

Objective 3.1: Grow the province’s post-secondary capacity to educate future health care workers

The most important source of future health care workers is the Albertans we have today. There is no more important way to build a workforce with ties to our communities and the skills the province needs than to educate new health care workers here at home. Alberta’s world class post-secondary institutions are already creating remarkably skilled graduates – expanding their capacity while also creating new programs – which is a valuable investment in the future of the health system.

Objective 3.2: Expand opportunities for existing health care workers to gain new education, skills, and credentials

Health care is constantly evolving. Providing learning and development opportunities for existing workers is fundamental to creating a workforce that can meet the health needs of Albertans over time. Ensuring that workers have access to educational opportunities and on-the-job training not only allows them to grow within their current roles, but also allows them to build the skills and knowledge to move into new roles with higher scopes of practice.

Pillar 3: Grow - Actions and Commitments

Actions to date

- **New educational capacity for nurses, health care aides, and allied health professionals:** Advanced Education's Targeted Enrollment Expansion Program is already providing funding for an additional 1,090 new HCA seats and 1,338 new nursing seats in Alberta's post-secondary institutions. This program is also providing funding for an additional 75 social work, 46 paramedicine, and 64 lab assistant seats over three years, starting in 2022-23, over and above previous capacity.
- **Health care aide educational financial support:** Alberta Health has established a health care aide tuition bursary program which will provide up to \$9,000 in financial support to eligible HCA students in exchange for a commitment to work for an Alberta continuing care provider for a period of time after completing their education. The Alberta HCA Workplace Tutor Program funds eligible operators (with up to \$9,400) to hire regulated nurses to educate HCAs based on the certification requirements. Operators can choose to hire future HCAs without any prior education, and then deliver the HCA certificate program while the students work at their facilities. AHS also offers an in-house 12-month training program for HCAs. AHS covers the cost of tuition for students in this program if they commit to working in their position for 24 months.
- **Expansion of the New Beginnings Bursary for low-income nursing students:** An additional \$8.5 million is being invested to expand the program to 1,700 low-income nursing students. This additional funding in 2022-23 will help address the high demand for nurses in the province and support the Healthcare Action Plan. Students do not need to apply directly for the bursary; bursary recipients are automatically selected from student loan applicants who met program and financial eligibility criteria.
- **New training approaches for mental health and addiction care:** Alberta's new Ministry of Mental Health and Addiction is implementing a new Recovery Training Institute (RTI). This institute is being created as part of the Gunn Recovery Community. The RTI will serve as a centralized, province-wide hub of highly trained personnel who deliver a training program for all health care workers involved in Alberta's Recovery Communities. Participants in the RTI program will learn how to deliver recovery-oriented addiction support and bring that knowledge back to their own Recovery Communities.

Future commitments

- **New medical school seats with a rural focus:** With a growing and aging population, Alberta needs to be proactively planning for future needs, as well as taking steps to address our current challenges. The Ministries of Health and Advanced Education are working with Alberta's post-secondary institutions to explore options to expand the number of undergraduate medicine seats and post-graduate medical residency seats in Alberta's medical schools, including expanding the number of post-graduate residency seats reserved for international medical graduates who are required to complete residency training to practice in Canada. New approaches need to be considered that attract rural students to train as medical graduates and provide them with opportunities to stay in their communities. Opportunities will be developed for existing medical schools in Alberta to partner with northern and southern institutions that serve rural communities, to consider new models of recruiting and training medical graduates with a focus on retaining those individuals in their communities.
- **Furthering educational capacity for health professions:** In addition to creating new medical school seats with a rural focus, the Ministry of Advanced Education will continue to work with Alberta's post-secondary institutions to create additional capacity in health care related programs that correspond with high workforce demand. This capacity creation includes additional investment through the Targeted Enrollment Expansion program to increase the number of seats and programs available to educate and train health care professionals.
- **New AHS RN and LPN training:** While the number of individuals being trained as health care professionals in the province grow and expand, there is also a need to make sure the current workforce is fully utilized and opportunities are provided for individuals to expand their skills and education. Alberta Health will work with AHS and the regulatory colleges to expand programs that enable nurses to work in specialized settings. Specific areas of focus include peri-operative training for RNs and LPNs and condensed emergency department training for LPNs.

- **Expanded access to primary care mental health training:** Increasing the ability of Alberta's primary-care providers, particularly in rural areas, to identify, assess, and address mental health issues is critical. Alberta will work with primary care providers to provide increased access to pediatric mental health education to support physicians in rural and remote areas to increase access to mental health services.
- **New strategies to align EMS resources to provincial demands:** AH will work with the Health Quality Council of Alberta to determine whether there are enough EMS resources in the province to meet the demand. This work will inform future efforts to train and recruit EMS personnel to meet the health needs of Albertans.



PILLAR 4 Strengthen

The health care system is growing in complexity and the population health needs and care delivery expectations of Albertans are also constantly evolving. To date, workforce planning has been largely done by individual organizations who have focused on their own specific needs, or, at the profession level, without broader consideration of how all the parts of the provincial health workforce need to work together. To meet these changing needs, stability and resilience needs to be established through dedicated and integrated capacity for system-wide health workforce planning, including assessing the tools to monitor and evaluate workforce needs.

Objective 4.1: Develop clear roles, responsibilities, and processes for proactive health workforce planning

Creating long-term plans and strategies for developing the workforce needs to be done in a co-ordinated and proactive way. Effective workforce planning requires collaboration between AH, AHS, other health care providers, post-secondary institutions, colleges, and other parts of government. This needs to be done in such a way that all parts of the system are working together under the same direction and towards the same goals.

Objective 4.2: Better leverage data and analytics to make evidence-informed workforce planning decisions

Many key workforce planning decisions need to be made well in advance of when they will impact the system. Decisions such as how many and what types of health care workers to train and educate, where in the province investments are needed in expanding services, and what health services need to be offered in the future all require a good understanding of what the health care needs of residents are today, as well as how those needs will evolve over time. Alignment between these needs and the workforce supply is essential to developing strategies that target the right areas to achieve Alberta's objectives. Building alignment and understanding of workforce needs relies on using data, analytical tools, and expertise to gather evidence and support informed decision-making. Much of the needed data and capability already exists across different parts of the health system, but it will be key to bring those data sources and the professionals who can interpret and analyze them together into an integrated model and approach.

Pillar 4: Retain and Support - Actions and Commitments

Actions to date

- **System-wide strategic workforce planning model and approach:** Alberta Health is identifying opportunities and potential models to enable and deliver ongoing strategic workforce planning, including establishing clear roles, responsibilities, and approaches. This model will identify where existing knowledge, skill, capacity, and data exist in the system now, as well as where there are gaps that need to be closed and will propose an approach to enable all the needed parts to come together.

- **AHS Integrated workforce plan:** AHS is in the process of creating an integrated approach to workforce planning that complements the system-wide model. Their work will align many of the AHS-specific actions and commitments outlined in this strategy document into an actionable plan that provides a roadmap for workforce sustainability in Canada's largest health authority.

Future commitments

- **New capacity for provincial workforce forecasting:** To ensure that the right capacity is in place to support ongoing and strategic long-term workforce planning, AHS and Alberta Health will work collaboratively to develop and implement tools and approaches to incorporate workforce forecasting and performance measures in planning and decision-making. Workforce forecasting and reporting will be a core ongoing component of future workforce planning approaches and will be integrated into the overall provincial workforce planning model and structures.
- **New long-term provincial health workforce planning:** Strategic workforce planning needs to be actionable and collectively acted upon. Through the models and approaches that are under development, the health system will work collaboratively to develop and update a comprehensive rolling three- to five-year workforce plan that is informed by the provincial Health Workforce Strategy and supported by a system-wide forecasting model. This workforce plan will contain specific tactics and measures to guide decision-making and inform future initiatives, as well as to hold the system accountable for achieving objectives.
- **Continuing care health human resource (HHR) strategy:** In response to recommendations in the 2021 Facility-Based Continuing Care Review, the Alberta government is developing a sector-specific workforce strategy for continuing care. The HHR strategy is expected to align with the strategic direction set by this provincial strategy and will work to address specific continuing care sector challenges that were exacerbated by the COVID-19 pandemic.
- **New workforce planning committee:** Addressing the province's workforce challenges needs to be a collective and co-ordinated effort. To enable collaboration and promote progress and action, Alberta's government will create a new provincial workforce planning committee that will bring key organizations together, including government, AHS, Covenant Health, and other employers, as well as unions, colleges, and post-secondary institutions. This committee will help to develop and deliver longer-term strategies, as well as provide a forum to work through more urgent issues and challenges as they arise.



PILLAR 5 Evolve

The demands on the health care system are growing more quickly than the workforce is growing. The status-quo approach to delivering care is not sustainable, and in order to continue to meet the needs and expectations of Albertans, it will be critical to develop new and innovative models of care that make the best use of the finite health care workers. The pressures of the pandemic also highlighted the critical importance of optimizing how workers are utilized and empowered within those models – to ensure that tools and processes are in place to respond to surges in demand without consistently overburdening individual workers. Local decision-making needs to be enabled so that workers and managers at the front lines have the flexibility to respond to their local needs. As Albertans' needs continue to rapidly evolve, it's essential that the way the health workforce is deployed also evolves, both to ensure the best possible care is delivered, and health care workers are used to their maximum potential in all parts of the province.

Objective 5.1: Support and enable innovative, sustainable models of care

In the longer-term, the health care workforce will not be able to scale up to meet the ongoing needs of the population if new models of care are not identified and implemented that allow for more effective use of clinical workers. By creating new, high-quality approaches to care delivery that better leverage multidisciplinary care teams and other staffing models, the system will be able to continue to deliver the right care, at the right time, in the right place.

Objective 5.2: Implement tools and processes to better leverage contingent workers

A key element of building a resilient health care workforce is ensuring the workforce has the flexibility to better address short-term pressures as they arise. Building an effective contingent workforce allows the health system to bring in workers in periods of staffing shortages, reducing the burden on the non-contingent workers, and address barriers to their involvement or return to work. This consideration is particularly critical in rural and remote areas, where staffing shortages can lead to service delivery gaps.

Objective 5.3: Leverage digital tools to increase access to care

The COVID-19 pandemic has accelerated the development, sophistication, and adoption of digital tools to support improved care delivery. The use of these tools allows for the delivery of better care closer to patient homes, in many cases by providers located hundreds of kilometres away. Even as focused steps are taken to increase recruitment in rural and remote areas, the reality is that not every service can be delivered in-person in every part of the province. Increasing the use and adoption of virtual care tools allows physicians and other clinicians to care for patients in underserved areas without needing to be physically present. Digital and artificial intelligence tools can also help clinicians spend more time providing care by reducing the time spent on administrative tasks and creating opportunities for more collaborative and accessible delivery of care.

Pillar 5: Evolve - Actions and Commitments

Actions to date

- **Investments in team-based primary care:** As part of the recent agreement with the AMA, Alberta Health is investing \$40 million over two years to provide incremental supports to PCNs in need or to provide improved service delivery for Albertans who may be underserved. This can include initiatives directed at improving team-based care in areas of highest need, especially in rural Alberta. This is a temporary investment until more appropriate funding models are developed to support PCNs.
- **Pharmacist-led primary care clinics:** Pharmacists in Alberta have the largest scope of practice across Canada. Alberta recognizes that pharmacists have the knowledge and expertise to contribute more to primary care teams and is exploring new ways to leverage their abilities. In 2022, an Alberta university partnered with a large retail chain to launch a pharmacist walk-in clinic pilot project in Lethbridge. The clinic leverages the skills and capacity of community pharmacy teams to improve access to primary care. The clinic is a place where people can come to get help quickly and easily for minor health problems and monitoring of chronic conditions. Meant to supplement primary care services in certain areas, the pilot will be evaluated for expansion across the province.
- **New anesthesia models of care:** In order to help address shortages of anesthesiologists in some communities, AHS has implemented a new team-based Anesthesia Care Team (ACT) model. This innovative model allows anesthesiologists to work in teams including respiratory therapists, physician assistants, international medical graduates, registered nurses, nurse practitioners, and anesthesiology assistants to provide specific anesthesia services under their guidance. The ACT model allows anesthesiologists to help deliver a greater number of surgeries, which in turn helps to improve access to procedures in rural areas and reduce surgical wait times for all Albertans.
- **Care hubs to support team-based care:** AHS developed and implemented Care Hubs, part of the CoACT Collaborative Care approach to care. These hubs leverage team-based care and innovative clinical processes to support safe patient care. The design of Care Hubs allows for flexibility in staffing to meet patient population needs based on the local context (acuity level, staffing skill mix, etc.) of the practice setting.

- **Piloted nurse practitioner (NP) locum pool:** AHS piloted a locum pool of NPs across the province as a flexible solution to fill service gaps, particularly in chronically underserved rural regions. Five NPs were hired with plans to add 23 more across primary and acute care sites.
- **Centralized scheduling for integrated planning:** To support more connected and integrated workforce operational planning, as well as more efficient and sustainable deployment of critical workers, AHS is continuing roll-out of a centralized provincial staff scheduling system. This system is providing greater visibility into staffing needs and supporting more flexible scheduling and use of casual and relief workers.
- **New allied health career opportunities:** AHS developed a new strategy to support engaging, optimizing and retaining allied health professionals. The strategy highlights opportunities to engage allied health in new career pathways that address changing population health needs as well as supporting movement across career streams to enhance retention and workforce flexibility.
- **Contingent workforce expansion:** Using contingent workers is an important strategy for addressing short-term workforce staffing shortages and providing relief to care teams in high-demand care settings. Recently, AHS has taken action to expand its use of contingent workers, including engagement of casual staff that have been inactive for six to 12 months and exploring new opportunities to use regularized relief in local emergency department, intensive care unit, and operating room settings. AHS also continues to collaborate with the Alberta Medical Association to deliver the AMA's physician locum services program.

Future commitments

- **New approaches to rural and remote care delivery:** Nurse practitioners (NPs) are registered nurses who have additional education and nursing experience that enables them to autonomously diagnose and treat illnesses, order and interpret tests, prescribe medication, and perform medical procedures. Currently, NPs do not have access to funding that supports them to work independently in a community practice. To help address critical primary care gaps, particularly in rural and remote areas, AH has developed a proposed funding framework to enable NPs to work independently in local communities. Government is providing this funding to allow NPs to work to their full scope of practice and deliver the primary care that Albertans need, in those parts of the province where access to care is most challenging. Key stakeholders will have an opportunity to provide feedback on the draft funding framework to reduce implementation barriers. AH and AHS will also work to expand access to virtual care tools and services for Albertans, particularly those in underserved areas.
- **Continued modernization of primary care services:** Alberta's primary care system is built on a strong foundation of independent physician practices, primary care networks, community health centers, and family care clinics. At the same time, many people in the province continue to face challenges with equitable access to primary health care, particularly Indigenous Albertans and those living in rural and remote areas. To address these challenges, there is a need to identify and implement a strategic roadmap that will outline innovative solutions to maximize how scarce primary care providers are used to close gaps and improve care. The MAPS initiative's panels of strategic advisors, international experts, and Indigenous leaders will deliver recommendations in spring 2023 that will strengthen primary health care services in Alberta and ensure all Albertans have access to timely, appropriate primary care services. The report is expected to include recommendations for leveraging the health workforce to deliver safe, high-quality, culturally sensitive care to Albertans.
- **Regulatory support for flexible continuing care staffing models:** The Alberta government has passed a new, streamlined *Continuing Care Act*. The accompanying continuing care regulations, currently under development, will support and enable more flexible and innovative staffing models in the continuing care sector by removing regulatory barriers.
- **New approaches to surgical staffing:** Even prior to the pandemic, the province recognized that significant action needed to be taken to address a growing surgical backlog and increasing numbers of Albertans who were waiting beyond the clinically recommended wait times for surgical procedures. To address this critical issue, Alberta established the Alberta Surgical Initiative (ASI), an ambitious strategy to reduce wait times for critical surgical procedures. ASI initiatives have begun to make significant improvements to surgical wait times, but there is still more work to be done. A critical element of achieving the ASI goals will be to ensure the workforce is being used as effectively and efficiently as possible. AHS will implement a number of new approaches to support the delivery of surgeries in the province, including new staffing models and additional training.

- **Additional support for ICUs and emergency departments:** The pandemic had serious impacts to intensive care units, emergency departments, and other high-acuity settings. In order to ensure that these critical parts of the health system can sustainably meet the care needs of Albertans, AHS will evaluate and implement opportunities to improve staffing by using new staffing models, training programs, and deploying dedicated allied health and NPs to emergency departments.
- **Expanded support for physician and acute-care services:** Growing the number of physicians in key specialties will not happen overnight. In order to address pressures in the short- and medium-term, AHS will implement new strategies to provide support to physicians and improve the sustainable delivery of acute care services, including expanding the use of physician assistants and clinical assistants.
- **Improved EMS coverage and efficiency:** In many cases, firefighters are the first responders to a medical emergency, arriving before EMS paramedics. Alberta's integrated fire-EMS agencies have highly trained personnel in fire trucks who can assess care needs and determine if an EMS paramedic is required to respond as well, or if the medical issue could be addressed by the professionals already present. To reduce the burden on critical EMS workers, Alberta is undertaking a number of operational redesign initiatives to better utilize cross-trained firefighters, including reviewing the types of automatic requests for EMS standby for fire calls to free ambulances when not needed, and launching a pilot to allow cross-trained firefighters-paramedics functioning as medical first responders to cancel inbound ambulances when not required. The province is also launching a pilot to deploy community response units as part of the contracted EMS services provided by Strathcona County Emergency Services. These units will stay within the county and can improve service capacity and response times to urgent calls that require advanced care.
- **Virtual care billing codes:** Physician billing codes have historically been based on the delivery of care through in-person visits. As part of the new AMA Agreement, AH and the AMA have committed to a review of virtual care billing codes with the goal of increasing the availability of virtual care services for Albertans and more effectively leveraging the in-demand physician workforce.
- **Improved regulatory support for team-based care:** Care delivery is becoming more and more complex, and in order to develop and implement models of care that can sustainably respond to this complexity, it will be important to put in place approaches to regulation that remove barriers to team-based care and support clinical workers with delivering their full scopes of practice. The government will implement amendments to the *Health Professions Act* that will create improved governance and accountability and help ensure the health care system and health professionals can meet the health needs of Albertans.

Measuring Success

Building a health workforce that can support achieving the vision of providing every Albertan with the opportunity to access a health home will be challenging. Alberta Health will need to work collaboratively with its partners across the health sector to deliver the actions and commitments in this strategy and hold itself accountable as progress is made toward this vision.

As this strategy is implemented, Alberta Health will develop a framework and specific metrics across each of the pillars to measure progress and monitor the impact on building a more resilient workforce. To ascertain that the strategy is successful, changes will be monitored in areas such as:

- Access to key services in underserved areas and wait times for critical procedures
- The overall number of nurses, doctors, health care aides, EMS workers, allied health professionals, and other workers providing care to Albertans, and the distribution of health care professionals across rural, remote, and urban regions
- The levels of engagement, satisfaction, and retention of existing health care workers
- The number of new care providers graduating from educational programs, as well as how many choose to continue to live and work in the province
- The volume of workers coming to Alberta from other parts of Canada and around the world, as well as the time it takes for their credentials to be assessed and recognized

While there is not currently a single reliable method for determining how many Albertans have access to a health home, measuring progress towards the vision is a key priority for the government. In addition to monitoring the key items above, the Ministry of Health will develop a methodology to determine more precisely how many Albertans have access to a health home in order to transparently measure and communicate progress towards the vision of this strategy.

These changes will not happen overnight, but progress will be monitored, communicated transparently with Albertans, and adapted when needed to make sure consistent progress is being made toward the goals.

Next Steps

This health workforce strategy supports the government's commitment to move towards a more resilient and sustainable health care system that can provide every Albertan with the opportunity to access a "health home", while responding to system-wide health challenges, improving health outcomes, and maintaining fiscal responsibility. It also supports the commitment to provide a safe, supportive, and engaging work environment to the workers who strive to make that vision a reality.

A set of bold objectives and strategies have been outlined, focused on retaining and supporting the current workforce, attracting new care providers to Alberta, expanding opportunities for career growth, strengthening capacity to plan and implement system-wide changes, and encouraging innovation to support the evolving health care system.

Alberta's Ministry of Health is ultimately accountable for these outcomes, but it will take the combined effort of people and organizations from all parts of the system working together to achieve them. These initiatives and investments are a strong start down the path, but they are just the beginning. This strategy document is the basis for longer-term action plans, developed in consultation with workers, employers, educators, and others.

Alberta Health will build new capacity within government to engage with workers and stakeholders, guide workforce policies, and provide co-ordination, oversight, and delivery support of current and future actions and initiatives. Governance mechanisms and approaches will be established to enable implementation of this strategy, and most critically the tools, data, and skills will be in place to measure, monitor, and communicate progress towards achieving these outcomes for Alberta's workers and for Albertans.

Appendix: The Health Workforce

Alberta's health workforce can be broadly categorized into four groups: physicians, nurses and midwives, allied health workers, and unregulated health workers. Physicians, nurses and midwives, and allied health workers are all registered with provincial colleges that govern their roles and responsibilities. Unregulated health workers represent the rest of the health workforce by providing services that are not scope-limited by a regulatory body.

Categories of health care workers

Regulated			Unregulated
Physicians	Nurses and Midwives	Allied Health Workers	Unregulated Health Workers
Medical professionals registered to the College of Physicians and Surgeons of Alberta (CPSA)	Clinical professionals registered with role-specific nursing colleges in Alberta and the College of Midwives of Alberta	Clinical professionals registered with other licensed regulatory college	Clinical professionals not registered to a medical college
Includes general physicians and specialists	Includes nurse practitioners (NPs), registered nurses (RNs), registered psychiatric nurses (RPNs) and licensed practical nurses (LPNs), along with midwives	Includes roles such as physiotherapists, pharmacists, radiologists, and many other registered professionals who are not doctors or nurses	Includes roles such as kinesiologists, massage therapists and many more

There are 29 different professions of registered health care workers (types of physicians, nurses and midwives, and allied health providers) who are regulated by the provincial college they are registered with (e.g. College of Midwives of Alberta). The college in question defines the scope of work for that profession, outlining the ethical and safety bounds of their professional services.

Although unregulated health workers are not governed by a college, they are a critical component of Alberta's health workforce providing services such as counselling therapy and diagnostic imaging amongst many others, making up a large proportion of the workforce, especially in primary and continuing care.

As of 2021, Alberta had a total supply of 122,072 regulated health workers. The table below shows their categorization into the groups of physicians, nurses and midwives and allied health workers.

Supply of health care workers

Regulated Health Provider Category	Supply of Providers in Alberta in 2021	Providers per 100,000 population in Alberta	Providers per 100,000 population in Canada ²⁵
Physicians	11,085	Allied Health Workers	Unregulated Health Workers
Nurses and (Midwives)	54,783 (+146)	1,233.1 (+3.3)	1,235.2 (+4.7)
Allied health workers	56,058	1,261.8	1,153.6
Total	122,072	2,747.7	2,639.3

²⁵ Source: CIHI: Health Workforce in Canada, 2017 to 2021: Overview — Data Tables

Physicians

As of 2021, Alberta had 11,085 physicians registered with the College of Physicians & Surgeons of Alberta, including both family physicians and specialists. This is a 3.8% increase since 2017, lower than the population increase of 4.8% in the same period.

General demographics:

- **Growing gender parity** - The percentage of female physicians has increased over the last few years to a high of 41% in 2021, compared to 35% in 2011.²⁶
- **Aging workforce** - The average age of physicians is 48 years with about 77% of physicians falling between the ages of 30 and 59. Only 3% of physicians are younger than 30.²⁷

Specialization per capita:

- **Increasing specialist count** – The number of specialist physicians of 127 per 100,000 population in Alberta is slightly higher than the Canadian rate of 122. The rate in Alberta grew by 9.8% between 2017 and 2021.²⁸
- **Declining family physician count** – In contrast, Alberta's rate of family physicians per 100,000 population decreased by 1.8% to 122 from 2017 to 2021, a rate slightly lower than the Canadian rate of 123.8 in 2021.²⁹
- **Overall strong total supply of physicians in the province** – Despite the decline in family physicians per capita, Alberta's overall physician count of 250 per 100,000 population was still higher than the national average of 246 in 2021.³⁰

Education:

- **Growing proportion of international medical graduates** – International medical graduates made up 34.3% of Alberta's physician workforce in 2021 with over 3,807 physicians having received their medical degrees from outside Canada, a statistic that has slowly grown from 32% in 2011.³¹

Rural physicians:

- **Geographic disparity in specialists** – As of 2017, 8.2% of rural physicians were specialists, compared to 51.4% of urban physicians. This trend continued in 2021 with 10.2% specialists in rural areas compared to 54% in urban areas. This was accompanied by a drop in the total number of rural physicians in the same period.
- **More urban physicians than rural physicians** – As of 2021, there were 10,305 urban physicians in Alberta with 753 rural physicians making up 6.7% of the total physician count.
- **Rural areas are relatively underserved** – While 16.9% of Albertans lived in rural areas in 2021, only 6.7% of all physicians served in these areas.³²
- **Strong growth among urban physicians compared to those practising in rural settings** – While the number of urban physicians in Alberta grew by 35.8% from 2011 to 2021 (as the population grew by 17.3%), the number of rural physicians grew by only 12.6% in the same period.³³
- **Zone disparity in physician count per capita** – The number of family physicians per 100,000 population in the Calgary Zone was 137, which is substantially higher than the provincial average of 122. Edmonton Zone had 120 while South Zone had 112. The zones with the lowest physician supply per 100,000 population were Central Zone at 107 and the North Zone at 91.³⁴

²⁶ Source: CIHI: Health Workforce in Canada, 2017 to 2021: Overview — Data Tables

²⁷ Source: CIHI: Health Workforce in Canada, 2017 to 2021: Overview — Data Tables

²⁸ Source: CIHI: Health Workforce in Canada, 2017 to 2021: Overview — Data Tables

²⁹ Source: CIHI: Health Workforce in Canada, 2017 to 2021: Overview — Data Tables

³⁰ Source: CIHI: Supply, Distribution and Migration of Physicians in Canada, 2021 — Historical Data

³¹ Source: CIHI: Supply, Distribution and Migration of Physicians in Canada, 2021 — Historical Data

³² Source: AHS Doc: Alberta Workforce Strategy_PW input

³³ Source: CIHI: Supply, Distribution and Migration of Physicians in Canada, 2021 — Historical Data

³⁴ Source: AHS Doc: Alberta Workforce Strategy_PW input

Nurses and midwives

Nurses make up the majority of health care providers at 45% of the total health workforce. As of 2021, there were 54,783 nurses in Alberta falling into one of four categories shown in the table below along with a per capita supply comparison to the Canadian average. Midwives (146 in the province) are essential medical staff who provide medical services during pregnancy, labour, and birth and are also able to provide some obstetrics and gynecology services.

Supply of nurses

Type of Provider	Supply of Nurses in Alberta in 2021	Nurses per 100,000 Albertans	Nurses per 100,000 people in Canada ³⁵
Licensed Practical Nurses (LPNs)	16,498	371.3	347.4
Nurse Practitioners (NPs)	633	14.2	19.3
Registered Nurses (RNs)	36,288	816.8	816.8
Registered Psychiatric Nurses (RPNs)	1,364	30.7	51.7
Total	54,929	1,236.4	1,239.9

Relative size and growth:³⁶

- **Growing LPN workforce** – Alberta’s LPN workforce grew by 18.2% between 2017 and 2021, with a rate of 371.3 per 100,000 population, above the Canadian rate of 347.4.
- **Limited supply of NPs** – While the number of NPs per 100,000 Albertans has grown 31% from 2017 to 2021, the rate of 14.2 is still below the Canadian average of 19.3.
- **Strong but stable supply of RNs** – Alberta’s RN workforce shrank by 0.3% for the first time from 2020 to 2021. However, Alberta’s rate of RNs per 100,000 of 816.8 is on par with the Canadian rate of 816.8.
- **RNs working in hospitals** – Alberta experienced a decline of 1.88% in RNs working in hospital settings with many of them moving to nursing homes/long term care settings and/or choosing to decrease their hours from full time/part time status to casual status.
- **Overall steady growth** – The overall regulated nursing workforce grew by 7% between 2017 and 2021, averaging around 2% per year, with lower growth of 1% in 2021. Alberta’s population grew by just 5% in the same period.
- **Stable share of national nursing pool** – Alberta has 11.9% of the regulated nursing workforce in Canada and only 11.6% of the total population.

Education and background:

- **Albertan graduates migrating to other provinces** - In 2021, 9,085 nurses (including all four types) graduated and registered in Alberta, accounting for 89% of the total number of graduates in Alberta. 5.9% of them graduated in Alberta but registered in BC, with the remaining 5.1% registering in other provinces.
- **Contribution from international graduates** – A small portion of the nursing workforce comprises international graduates:
 - 9.9% of RNs are international graduates
 - 6.5% of LPNs are international graduates
 - 3.6% of NPs are international graduates
- **Aging RN workforce** – In 2021, 11.7% of Alberta’s RN workforce was aged 60+, compared to 5.6% of LPNs. At the younger end of the spectrum, 21.4% of LPNs are under 30 years old, compared to only 14.6% of RNs.

³⁵ Source: CIHI: Health Workforce in Canada, 2017 to 2021: Overview — Data Tables

³⁶ Source: CIHI: Health Workforce in Canada, 2017 to 2021: Overview — Data Tables

Allied health care workers

As of 2021, Alberta had 56,204 allied health workers. Allied health providers are trained in specific disciplines, allowing them to perform specialized functions that complement the delivery of health care by physicians and nurses. Allied health providers are also registered with their respective provincial colleges, which govern their professions and scopes of practice.

There are 29 colleges in Alberta that govern various professions. The top five allied health professions with the most providers are paramedics, social workers, dental assistants, pharmacists, and psychologists. The longer list of allied health professions delivers a wide range of clinical services.

Selected allied health care workers per capita

Allied health provider	Providers per 100,000 population (Alberta)	Providers per 100,000 population (Canada)
Physiotherapists	147.0	78.9
Occupational Therapists	51.8	52.5
Respiratory Therapists	43.5	32.0
Dieticians	31.4	33.4
Speech - Language Pathologists	33.6	29.3

Unregulated health workers

Health workers who are not registered with a governing provincial college are categorized as unregulated health workers. They support medical professionals such as nurses in providing care by performing functions that do not require oversight through a regulatory college. Unregulated health care workers such as health care aides, addiction counsellors, continuing care support staff and many more professionals form a vital part of Alberta's health workforce.

Health care aides (HCAs) are the largest group of unregulated health workers in Alberta. HCAs work under the supervision of a regulated health professional in settings such as home care, assisted living facilities or continuing care facilities. As of 2020, there were approximately 16,861 HCAs working in facility-based continuing care in Alberta.³⁷ Proposed legislative changes will place HCAs under the College of Licensed Practical Nurses of Alberta for regulatory purposes with the intent of making HCAs a regulated health profession in the future.

³⁷ Source: Alberta facility-based continuing care review

Acronyms

Term	Acronym
Alberta Health	AH
Alberta Health Services	AHS
Alberta Medical Association	AMA
Alberta Surgical Initiative	ASI
Alberta Union of Public Employees General Support Services	AUPE GSS
Anesthesia Care Team	ACT
College of Physicians & Surgeons of Alberta	CPSA
Diverse, equitable, and inclusive	DE&I
Emergency Medical Services	EMS
Fair Registration Practices Act	FRPA
Government of Alberta	GOA
Health care aide	HCA
Health Sciences Association of Alberta	HSAA
International medical graduate	IMG
Internationally educated nurse	IEN
Licensed practical nurse	LPN
Memorandum of Understanding	MOU
Modernizing Alberta's Primary Care System	MAPS
Nurse practitioner	NP
Primary Care Network	PCN
Recovery Training Institute	RTI
Registered nurse	RN
Registered psychiatric nurse	RPN
United Nurses of Alberta	UNA