



CANADA'S HEALTH WORKFORCE

An Assessment by the Canadian Academy of Health Sciences

Many Canadians are questioning where and how they and their families will receive the care they need today and in the future. Our health workforce cannot keep up with the growing need for health services across the country due to:

- inadequate and unsustainable staffing approaches and care models,
- inequities and territoriality,
- burnout and moral distress, and
- changing population needs.

These unrelenting demands, spurred on by more than two years of sustained pandemic-related 'surge capacity', are contributing to:

- high attrition, vacancies, and intention to leave,
- workplace violence and discrimination,
- ballooning costs,
- poorer health outcomes, and
- dissatisfied patients, caregivers, and healthcare practitioners.

Health Canada funded the Canadian Academy of Health Sciences to undertake an evidence-based assessment of possible pathways forward to ease the health workforce crisis. [*Canada's Health Workforce: Pathways Forward*](#) identifies 26 evidence-based, **leading policies and practices**. We offer five **priority pathways** for early implementation.

Priority pathways for early implementation



Supporting the development of **successful and fulfilled Indigenous healthcare learners and practitioners**.



Supporting community engagement as a foundation for **rural and remote recruitment and retention strategies**.



Creating **safe, healthy, just, and equitable workplaces** that have diverse and representative workforces.



Transforming care through **optimized scopes of practice** within **team-based models**, supported by appropriate technology and properly aligned incentives.



Embedding a **culture of health workforce planning** supported by enhanced data and decision-making tools.

This report covers the themes of support and retention, deployment and service delivery, and planning and development with particular consideration of Indigenous Peoples, rural and remote communities, and systemically disadvantaged populations.

We conclude the report by presenting a **pan-Canadian vision for the health workforce**, suggestions for **prioritized action**, and ways to maximize **impact**. Three **transformational drivers** are viewed as critical mechanisms in navigating this change:

- inspiring actions by leaders in federal, provincial, and territorial governments and pan-Canadian health organizations to **advance and implement a transformational vision** for our Canadian health workforce,
- leveraging the unique roles of the federal government and pan-Canadian organizations to **convene** health workforce partners, **scale up** leading evidence-informed practices and pockets of innovation across the country, and **invest in research and evaluation**, and
- developing a mechanism for leaders in federal, provincial, and territorial governments to publicly **report on the progress to date and barriers to collaborative action**.

Pre-pandemic, some solutions were deemed not feasible. However, we have since learned that they can now be implemented by shifting from:

- cost efficiencies to cost effectiveness,
- jurisdictional conflicts to jurisdictional partnerships, and
- professional territoriality to transdisciplinary collaboration.

Health Canada funded the Canadian Academy of Health Sciences to undertake this evidence-based assessment. This arms-length assessment involved reviewing more than 5,000 academic articles and 250 policy reports, and consulting

more than 800 individuals from 245 organizations across Canada within a year. It was guided by the shared expertise of a diverse group of more than 30 interdisciplinary clinical and academic health workforce experts.

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