Living Panel Summary

Addressing the Politics of the Health Human Resources Crisis in Canada

17 February 2023

Version 2

McMaster University | HEALTH FORUM

EVIDENCE >> INSIGHT >> ACTION

McMaster Health Forum

The McMaster Health Forum's goal is to generate action on the pressing health and social issues of our time. We do this based on the best-available research evidence, as well as experiences and insights from citizens, professionals, organizational leaders, and government policymakers. We undertake some of our work under the Forum banner, and other work in our role as secretariat for Rapid-Improvement Support and Exchange, COVID-19 Evidence Network to support Decision-making (COVID-END), and Global Commission on Evidence to Address Societal Challenges.

Citizen panels

A citizen panel is an innovative way to seek public input on high-priority issues. Each panel involves 14 to 16 citizens from all walks of life. Citizens share their ideas and experiences on a particular issue, and learn from research evidence and from the views of others. A citizen panel helps us to understand the values that citizens think are important when making decisions about the issue, and reveals new understandings about the issue and how it should be addressed.

This panel summary

On 17 February 2023, we convened for the second and last time the citizen panel on addressing the politics of the health human resources crisis in Canada. This summary highlights the views of panellists about:
- the challenges of addressing the politics of the health human resources crisis in Canada
- possible solutions to address these challenges
- potential barriers and windows of opportunity to move forward.

The citizen panel did not aim for consensus. However, the summary describes areas of common ground and differences of opinions among panellists and (where possible) identifies the values underlying different positions.

Exploring the problem   Discussing solutions   Identifying barriers and windows of opportunity to moving forward

Summary of the panels

A citizen panel was convened virtually with a group of diverse citizens – in terms of age, gender, ethnocultural background and socio-economic status – from across Canada. The panel first met on 9 December 2022 and then met again (for the last time) on 17 February 2023. All participants were provided with a plain-language citizen brief prior to each meeting, which helped to inform and guide the deliberations.

Exploring the problem

The revised citizen brief highlighted three key aspects of the problem that warrant particular attention: 1) health-system leaders have been unable to build the health 'systems' that Canadians want; 2) little attention has been given to defining and putting into practice a shared set of values that can form the basis for how we support health workers; and 3) there is a lack of mechanisms to enable citizens to hold health-system leaders accountable.

The reframing of the problem in the citizen brief resonated with panellists, but they emphasized five key aspects of the problem:
- we don't have yet a 'pan-Canadian model' of the health systems we want and Canadians are increasingly growing frustrated
- the health human resources crisis threatens the universality of health systems in Canada
- the dominant narrative about the health human resources crisis is focused on 'shortages' and not on a broader framing
- there is uncertainty about who to hold accountable and how in such complex health systems
- skilled health workers are overburdened by administrative work.

Discussing solutions

After discussing the challenges, panellists were invited to reflect on three solutions to address the politics of the health human resources crisis in Canada: 1) start building now the future health systems we want; 2) operationalize the values that should form the basis for how we support health human resources now and in future health systems; and 3) enable citizens to hold health-system leaders accountable for 1 and 2.

The first solution resonated with panellists. To achieve this, they emphasized the need for meaningful and ongoing engagement from citizens (especially patients, families and caregivers) and health workers. By meaningful, they indicated the need for engagement mechanisms that have 'teeth' (thus closer to collaboration and empowerment). By ongoing, they indicated that engagement should foster continuous learning and improvement.

When reflecting on key structural changes needed (as part of solution 1), two critical components emerged: 1) the need to create 'hubs' (whether primary-care 'medical homes' or local integrated health systems); and 2) the need to provide wide access to patient medical records.

Panellists generally agreed about the core values identified in solution 2. Most of the deliberation focused on 'ethical recruitment' and how to operationalize this value. They pointed out that ethical recruitment should prevent 'brain drains' via agreements between host/home countries and provinces, should foster the establishment of pan-Canadian wage standards adjusted for cost of living, and should remove complexities to licensure (especially for international graduates). While panellists generally agreed that core values could help to foster conducive politics to address the health human resources crisis, one panellist expressed that, beyond the values, it is ultimately about increasing the numbers of health workers that we will be able to resolve the crisis.

Summary of the panels

When turning to solution 3, panellists supported accountability mechanisms that can increase transparency and citizen engagement. They also proposed the creation of an auditor general-type person to oversee, monitor and evaluate how we are achieving solutions 1 and 2. The idea of the health system-focused auditor general would help fill current gaps in public reporting and health-system performance assessment, which tends to be piecemeal and inconsistent from year to year. This auditor general would be a high-profile, independent person who is able to speak truth to power about what is going well and what is going poorly. Lastly, panellists emphasized that we must ensure that existing accountability mechanisms are working optimally (for example, professional regulatory bodies should be serving the public) and are able to hold health-system leaders accountable for solutions 1 and 2.

Identifying barriers and windows of opportunity
After discussing the three solutions, panellists examined potential barriers and facilitators for moving forward. The discussion generally focused on three key barriers: 1) the difficulty of fostering conducive politics to bring about change; 2) the perceived disconnect between elected officials, health-system leaders and citizens; and 3) the challenge of getting citizens to take ownership of how health systems are designed.

Panellists identified four windows of opportunity to move forward: 1) many Canadians are frustrated and more aware than ever about how health systems are failing them, which may create an impetus for them to take action; 2) some stakeholders are trying to change the narrative about the health human resources crisis which could help to create a window of opportunity (for example, it is more than a shortage of health workers); 3) public forums (like this citizen panel) can help to raise awareness and create a public dialogue about the crisis; and 4) new and emerging technologies (including artificial intelligence and virtual care) could be harnessed to support health workers.

Exploring the problem

Why is it challenging to address the politics of the health human resources crisis in Canada?

The revised citizen brief highlighted three key aspects of the problem that warrant particular attention: 1) health-system leaders have been unable to build the health 'systems' that Canadians want; 2) little attention has been given to defining and putting into practice a shared set of values that can form the basis for how we support health workers; and 3) there is a lack of mechanisms to enable citizens to hold health-system leaders accountable.

The reframing of the problem in the citizen brief resonated with panellists, but they emphasized five key aspects of the problem that must me considered. These aspects are further discussed in Table 1 below.

Table 1. Five additional aspects of the problem to consider

Challenges	Description
We don't have yet a 'pan-Canadian model' of the health systems we want and Canadians are increasingly growing frustrated	• Panellists generally agreed about the need to start building the health systems that Canadians want • However, it still appears unclear if there was a 'pan-Canadian model' emerging and what structural changes would be required to achieve this model
The health human resources crisis threatens the universality of health systems in Canada	• As the health human resources crisis persists, it threatens the universality of health systems in Canada (a core value that is held dear by Canadians) • Universality is already difficult to implement in Canada, especially in rural and remote areas
The dominant narrative about the health human resources crisis is focused on "shortages" and not on a broader framing	• Elected officials, representatives of professional groups (like professional associations and unions), and the media have often framed the crisis as a problem of 'shortages' (in other words, the answer to the crisis is more health workers) • Some panellists noted that it is the case that this is the way they most experience the health human resources crisis ("I can't get a doctor") • This focus on 'shortages' may create challenges in fostering more fundamental transformative changes (as one panellist said: "We can talk all we want about values but if we don't have the people we will continue to be in trouble.")
There is uncertainty about who to hold accountable and how in such complex health systems	• Panellists generally agreed that it was difficult to hold anyone accountable in health systems in Canada • This challenge is exacerbated by the complexity of these systems and the multiple levels of accountability ○ Holding the leaders accountable at the 'big P' politics level is challenging and even more challenging at the 'small p' politics level ("I don't even know who to talk to.") • Some panellists expressed that professional regulatory bodies are not optimally carrying out their primary duty to protect the public • This lack of accountability highlighted the need to democratize the systems and the need to have oversight bodies at the provincial level (oversee all the results, statistics, how much is spent on each patient)
Skilled health workers are overburdened by administrative work	• Many panellists indicated that many skilled health workers (including doctors and nurses) are overburdened by administrative work ○ Therefore, many skilled workers are less available to provide patient care • They hoped that health systems could rely on skilled administrators to deal with the administrative challenges, while having skilled health workers focusing on the delivery of optimal care

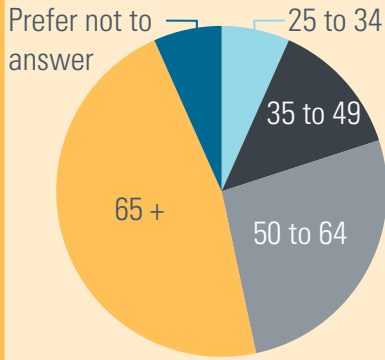## Box 1: Key features of the citizen panels

The second virtual citizen panel about addressing the politics of the health human resources crisis had the following 11 features:
- it addressed a high-priority issue in Canada
- it provided an opportunity to discuss different features of the problem
- it provided an opportunity to discuss solutions for addressing the problem
- it provided an opportunity to discuss key barriers and windows of opportunity to move forward
- it provided an opportunity to talk about who might do what differently
- it was informed by a pre-circulated, plain-language brief
- it involved a facilitator to assist with the discussions
- it brought together citizens affected by the problem or by future decisions related to the problem
- it aimed for fair representation among the diversity of citizens involved in or affected by the problem
- it aimed for open and frank discussions that preserved the anonymity of participants
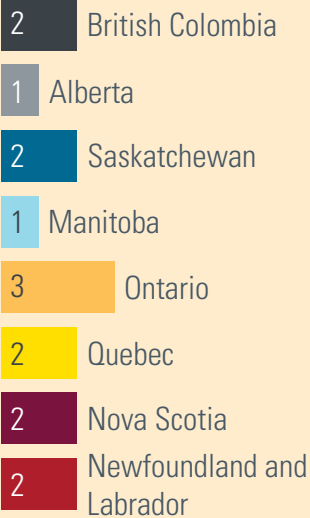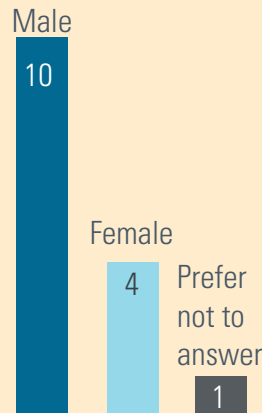- it aimed to find both common ground and differences of opinions.

Box 2: Profile of panellists

The second virtual panel engaged a diverse group of **15 citizens** – in terms of age, gender, ethnocultural background and socio-economic status – from across Canada. More specifically:
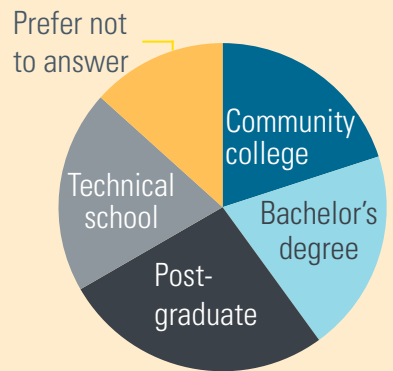
Age group

Prefer not to answer

25 to 34

35 to 49

65 +

50 to 64

There were no 18 to 24 year olds in this panel

Gender

Male — 10

Female — 4

Prefer not to answer — 1

Racial and ethnic identity

7	White
3	Asian, East or South-East
1	African/Caribbean/Black
1	Indigenous
1	Latin American
1	Asian, South
1	Prefer not to answer

Provinces/territories

2	British Colombia
1	Alberta
2	Saskatchewan
1	Manitoba
3	Ontario
2	Quebec
2	Nova Scotia
2	Newfoundland and Labrador

There were no participants from New Brunswick or Prince Edward Island

Highest level of education completed

Prefer not to answer

Community college

Technical school

Bachelor's degree

Post-graduate

Work status

Retired — 6

Working for pay full time — 4

Self-employed — 2

Working for pay part time — 1

Student — 1

Prefer not to answer — 1
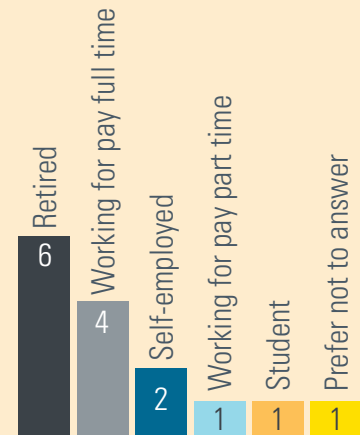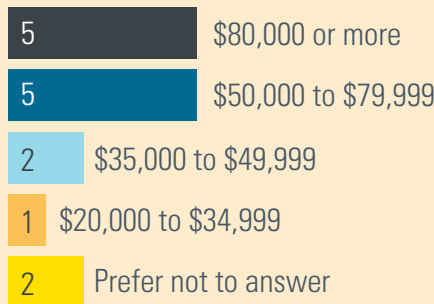
Income categories (before taxes and deductions)

5	$80,000 or more
5	$50,000 to $79,999
2	$35,000 to $49,999
1	$20,000 to $34,999
2	Prefer not to answer

**Note that the graphs are not connected, and thus each graph is colored independently.

Discussing solutions

After discussing the challenges, panellists were invited to reflect on three solutions to address the politics of the health human resources crisis in Canada. Based on the first citizen panel and second stakeholder dialogue, we had selected the following three solutions:

Start building now the future health systems we want

Operationalize the values that should form the basis for how we support health human resources now and in future health systems

Enable citizens to hold health-system leaders accountable for 1 and 2.

We describe below areas of common ground and differences of opinions among panellists and (where possible) identify the values underlying different positions.

Solution 1. Start building now the future health systems we want

This solution aimed to help citizens, health workers and health-system leaders work together to start building now the future health systems we want.

The first solution resonated with panellists. To achieve this, they emphasized the need for meaningful and ongoing engagement from citizens (including patients, families and caregivers) and health workers. By meaningful, they indicated the need for engagement mechanisms that have 'teeth' (in other words, we need mechanisms that can foster collaboration and empower citizens). By 'ongoing', they indicated that engagement should foster rapid learning and improvement. Thus, the engagement should not be a one-off event. It should be rapid cycles of engagement where citizens can regularly provide feedback and improvements are being made.

Lastly, when reflecting on key structural changes needed, two critical components emerged: 1) the need to create 'hubs' (whether primary-care 'medical homes' or local integrated health systems); and 2) the need to provide wide access to patient medical records.

Solution 2. Operationalize the values that should form the basis for how we support health human resources now and in future health systems

This solution aimed to identify the values that health-system leaders must follow to support health workers and propose concrete actions that could be taken to operationalize these values.

Panellists generally agreed with the four core values identified in the citizen brief: 1) make workplaces 'excellent' for health workers and hold employers accountable for this; 2) recruit ethically; 3) share more and better health human resources data; and 4) build on provincial and territorial wins for the benefit of all Canadians.

Most of the deliberation focused on 'recruit ethically' and how to operationalize this value. They pointed out that ethical recruitment should:
- prevent 'brain drains' via agreements between host/home countries and provinces
- foster the establishment of pan-Canadian wage standards adjusted for cost of living
- remove complexities to licensure (especially for international graduates).

Most panellists agreed that core values could help to foster conducive politics to address the health human resources crisis. However, one panellist expressed that this may not be sufficient. According to this panellist, in the end, the crisis still appears to him as a 'shortage' crisis. Therefore, the solution is ultimately about cracking the numbers of health workers and the crisis should work itself out.

Solution 3. Enable citizens to hold health-system leaders accountable for 1 and 2

This solution aims to find ways to hold health-system leaders accountable to start building now the future health systems we want (solution 1) and to operationalize the values to support health human resources now and in future health systems (solution 2).

As expressed during the previous citizen panel, participants supported two types of accountability mechanisms: 1) those that could increase transparency (to ensure that citizens know about policy decisions and their impact); and 2) those that could support greater citizen engagement (to ensure citizens' values and insights shape policy decisions).

They also proposed the creation of an auditor general-type person to oversee, monitor and evaluate how we are achieving solutions 1 and 2. The idea of the health system-focused auditor general would help fill current gaps in public reporting and health-system performance assessment which tends to be piecemeal and inconsistent from year to year. This auditor general would be a high-profile, independent person who is able to speak truth to power about what is going well and what is going poorly. Some panellists also emphasized that such a person would have to be non-partisan, independent, and morally irreproachable.

Lastly, panellists emphasized that we must ensure that existing accountability mechanisms are working optimally (for example, professional regulatory bodies serving the public) and are able to hold health-system leaders accountable for solutions 1 and 2.

# Identifying barriers and windows of opportunity to moving forward

After discussing the three solutions, panellists examined potential barriers and facilitators for moving forward. The discussion generally focused on three key barriers:
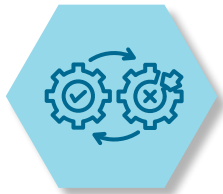
The difficulty of fostering conducive politics to bring about change
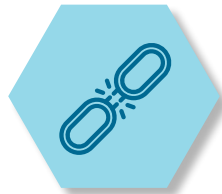
The perceived disconnect between elected officials, health-system leaders and citizens (as one panellist said: "Citizens' interests are not taken into account and solutions are imposed without meaningful influence from citizens.")
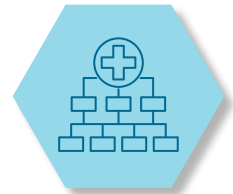
The challenge of getting citizens to take ownership in the design of health systems

When turning to potential windows of opportunities to moving forward, panellists identified four windows of opportunity:

Many Canadians are frustrated and more aware than ever about how health systems are failing them, which may create an impetus for them to take action (as one panellist said: "People are really starting to complain now and it's about time.")

Some stakeholders are trying to change the narrative about the health human resources crisis which could help to create a window of opportunity (for example, more stakeholders are acknowledging that it is not only about a shortage of health workers)

Public forums (like this citizen panel) can help to raise awareness and foster a public dialogue about the crisis

New and emerging technologies (including artificial intelligence and virtual care) could be harnessed to support health workers

Acknowledgments