

Health Human Resources for Cancer Control in Canada

ANDREW PADMOS

Cancer comprises a family of malignant diseases that places a heavy burden on patients, families, communities, and the health system. Cancer incidence continues to rise annually in Canada by two to three per cent, while prevalence is growing at least twice that rate. Because the prevalence is rising quickly, cancer control is evolving to a system of chronic disease management with attendant challenges of complexity, comprehensiveness, coordination of care and control of costs. In the meantime, patient awareness and expectations are rising, in large part, because of better communication and access to information.

Over the last twenty years, shortages of health human resources in the cancer workforce have been chronic, recurrent and widespread. While some of these shortages are the result of inadequate supply of cancer health professionals in the face of increased caseload, other shortages exist because of inter-provincial migration, retirement and technological change affecting service delivery models. The results of shortages in the cancer workforce include longer wait times for important and essential services to prevent, diagnose, treat and support cancer patients as well as frustration and disgruntlement on the part of cancer health professionals.

In 1999, a process to monitor and respond to workforce shortages and concerns began with the creation of the Human Resources Policy Advisory Committee (HRPAC) of the Canadian Association of Provincial Cancer Agencies (CAPCA).

Around the same time, the Canadian Strategy for Cancer Control (CSCC) was under development as a grassroots volunteer organization of several-hundred cancer care providers, consumers, and institutions led by the Canadian Cancer Society, the National Cancer Institute of Canada and CAPCA with support from Health Canada's Cancer Secretariat. In its initial organizational model instituted in 2000, the Canadian Strategy for Cancer Control identified Health Human Resources as a priority theme and created the Human Resources Action Group (HRAG) to manage this

component of the strategy development.

As initially drawn, the membership of the HRPAC for CAPCA generally followed geographic lines with individual representatives from each of the provincial cancer agencies and programs. In contrast, the membership of the HRAG for the CSCC generally represented professional disciplines and job categories in the cancer workforce. Soon it was apparent that it was more practical, efficient and cost effective to operate both committees as a single group sharing meetings, conferences, information, infrastructure and expertise.

The early work of the combined HRAG centered on snapshot surveys of key job categories in cancer treatment centers across Canada. The data collection was initially limited to the disciplines of (a) medical oncology, (b) radiation oncology (c) medical physics and (d) radiation therapy. These categories were chosen because the professional staff were identifiable and their data and opinions accessible, since all were appointees or usually employees of provincial cancer agencies and programs. The three national surveys completed all had the same weaknesses: incomplete data due to lack of response from some reporting centers; the short shelf life of the data, since changes to the work force in these job categories took place on an almost weekly basis; and the data were of limited use because decision makers and system managers viewed the information as suspect and self-serving.

Despite their weaknesses, these initial surveys were helpful to describe the problem set and create interest among cancer system managers. It was recognized, however that there was a clear need to shift the focus of the HRAG to develop a mechanism or tool for reliable, accurate, timely and comprehensive data collection, storage and analysis. This tool was called the Human Resources Planning Information System (HRPIS) and was intended to support functions of an HR 'observatory' and provide capabilities of modeling at local, provincial and national levels.

The value proposition for the HRPIS was the theoretical advantage that cancer, unlike other sectors of

There was general recognition that, at this rate of support and development, the Human Resources Planning Information System was unlikely to move beyond the prototype stage.

the Canadian health system, could provide the requisite data for true population needs-based planning for health human resources. This is because the Canadian Cancer Registry has long provided accurate, population level data about cancer incidence that, when linked to the available data about the HHR supply and service delivery models through the HRPIS, could create a unique tool to address needs; rather than the utilization or demand for services. Thus, the cancer control system would be in a position to proactively address the chronic HHR shortages that have long plagued the country.

The organizational model for the HRAG evolved to include four working groups or sub-committees each charged with a different aspect of cancer workforce planning, including HRPIS. The four working groups were assigned the following tasks: 1) to describe the nature and severity of cancer workforce challenges; 2) to investigate and document the supply chain of cancer health professionals from educational institutions, training programs and immigration; 3) to review, document and analyze different models of cancer service delivery; and 4) to develop the HRPIS as a workforce and service modeling tool and database.

The work of the Human Resources Action Group, particularly the project to create the HRPIS received considerable attention and support. CAPCA funded the work of a part-time project manager. The BC Cancer Agency provided technical support for the design of the HRPIS in an Access database as an in-kind contribution to CAPCA. Development milestones included a privacy impact assessment based on extensive work in collecting provider datasets from provincial cancer agencies and programs to populate the HRPIS.

There was general recognition that, at this rate of support and development, the HRPIS was unlikely to move beyond the prototype stage. Therefore a case for support was presented to the Health Human Resources sub-committee of the Federal Provincial Territorial (F/P/T/) Advisory Committee on Health Delivery and

Human Resources (ACHDHR). The presentation was well received, but the proposal for a labour market sector study for the cancer workforce and the development of a HRPIS was only partially successful. Ultimately, the funding enabled a “scoping study” or environmental scan, intended to determine if the cancer work force data could be obtained reliably and sufficiently collected to operate an information system. Members of the scoping study team intended to create a research plan to form the basis of an application for a labour market sector study for cancer. In late 2006, the scoping study team received approval and funding from the Public Health Agency of Canada, for implementation over eighteen months, with anticipated completion by mid 2008.

In the meantime, the Canadian Strategy for Cancer Control, slowly and often painfully accrued support and encouragement that culminated in November of 2006 with the announcement of the Canadian Partnership against Cancer (CPAC), by Prime Minister Stephen Harper. Envisioned as a bold new approach to health planning and system management, CPAC is a non-governmental organization operating as a pan-Canadian coordination mechanism based on the collaboration model that included significant volunteer, professional and institutional representation.

In 2007, CPAC established its corporate identity. Headquartered in Toronto, it has recruited both a governing board and an executive team. CPAC has established an advisory council on cancer control, which includes representation from the chairs of the nine action groups, each representing a different topic or theme in cancer control, including human resources. Most important has been the dedication of operating funds to support the work of the action groups, according to work plans and budgets approved by the CPAC leadership and board.

The creation of CPAC and provision of operating budget to action groups provides a stimulus to rethink, refocus and, where necessary, restructure the activities

of working groups including the HRAG. The overarching purpose and vision for the HRAG of CPAC, is to become a credible, leaderful, influential and impactful team in the domain of health human resources for the cancer workforce. To do this, we (the HRAG of CPAC) will channel the 2008 work plan to support the following objectives:

- Collaborate and partner with relevant provider and stakeholder groups for cancer health human resources (HHR).
- Create, sustain and enhance a network of committed individuals and institutions to advance the work and understanding of HHR in cancer control.
- Create, sustain and enhance a bibliography and body of work in cancer HHR and provide helpful and relevant information digests and data to partners and collaborators.
- Develop, maintain and enhance an inventory of cancer health professionals as an observatory to monitor the workforce, predict problems and shortages.
- Gather information, conduct expert analysis of cancer service delivery models, and assess technological change in cancer control to determine the effects on HHR and identify optimal approaches for service delivery models across the cancer continuum.
- Provide guidance, facilitation and support for relevant targeted research and development projects in cancer workforce management.
- Compile, analyze and disseminate solutions, best practices, guidelines and indicators to improve cancer control through optimization of health human resources and business process reengineering.

The tools at the disposal of the HRAG of CPAC include: travel and meetings to develop partnerships and promote collaboration resulting in stronger more active networks of stakeholders, researchers, managers, analysts and professionals; the organization of conferences and workshops to foster collaboration, stimulate research development and data analysis; and knowledge management and the transfer of expertise and technologies used to create bibliographies and bodies of work as repositories of knowledge and data. Ongoing communications will support the work of the HRAG, providing regular updates to its working groups and

With the direction, support and funding provided by CPAC, the Human Resources Action Group will make significant progress in the year ahead.

other action groups, in addition to forging a formal linkage between the HRAG and CPAC.

Current projects underway include the aforementioned cancer workforce scoping study, which is expected to be complete by July 2008. Another project is currently canvassing provincial cancer agencies, programs and centres; as well as professional associations and other cancer stakeholder organizations to determine the nature and number of existing health human resource shortages and concerns in the cancer system. Operating support for the HRAG is now provided by a project director and support staff based in Ottawa at the Royal College of Physicians and Surgeons of Canada.

While much of the work in monitoring and responding to cancer workforce shortages and concerns has until recently been thanks to the efforts of dedicated volunteers, we have now been funded to create a solid foundation on which to build. I am confident that with the direction, support and funding provided by CPAC, the HRAG will make significant progress in the year ahead. We will augment and strengthen our network, collaborate effectively with stakeholders and decision makers, develop and share a body of work in cancer HR; including service delivery models, develop an inventory as an observatory for cancer HHR, promote research and development projects and create a mechanism to compile, assess and disseminate leading practice solutions for cancer workforce shortages and problems.

The HRAG is committed to improving the country's capacity to reduce cancer cases, lengthen survival and lighten the burdens of cancer by ensuring that necessary and sufficient resources are in place. Canadians deserve no less.

Andrew Padmos, MD FRCPC is Chair of the Human Resources Action Group for the Canadian Partnership against Cancer and Chief Executive Officer of the Royal College of Physicians and Surgeons of Canada.

© 2008, Canadian Partnership Against Cancer. Used with the kind permission of the author.