

**Workforce Planning Board of Waterloo Wellington
Dufferin**



**Health Care Workforce Forum#2
Final Report**

June 25th, 2009
Bingemans, Kitchener, Ontario

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The Workforce Planning Board of Waterloo Wellington Dufferin (WPB) is a community directed, non-profit corporation leading Waterloo Region, Wellington and Dufferin County in their approach to workforce development and labour market planning. WPB functions as a neutral broker of research, disseminator of information, and facilitator of collaborative partnership development.

Operating as part of the Local Boards Network of Ontario, it is one of twenty-five (25) local planning board areas funded by the Ministry of Training, Colleges and Universities to conduct and distribute local labour market research and engage community stakeholders in a planning process that supports local solutions to local issues.

The WPB mandate is to provide guidance regarding important workforce and employment challenges facing Waterloo, Wellington and Dufferin.



Workforce Planning Board
of Waterloo Wellington Dufferin

The views expressed in this document do not necessarily reflect those of Employment Ontario.

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The Workforce Planning Board of Waterloo Wellington Dufferin (WPB) invited representatives from many areas of the local health care sector to discuss what actions could be undertaken locally to address the health care workforce issues specific to the area. This meeting was a follow up to a first consultation of the sector around health care workforce issues which was held in November 2008.

The luncheon agenda included time for the group to engage in facilitated dialogue followed by a presentation from Sandra Hanmer, CEO Waterloo Wellington Local Health Integration Network, around the Health Human Resources Council Strategic Plan.

The specific objective of this follow up dialogue was to review topics put forward as priorities from the previous consultation and to develop several realistic action steps that could be implemented in the community. These actions would address the future human resources crisis in the health care sector and determine which community stakeholders should be involved in which actions.

Almost 50 people attended the facilitated session and were divided into small groups representing diverse experiences and interests of the sector. Participants were asked to consider and discuss the following topics:

- ▶ Develop Partnerships with Ministry of Training, Colleges and Universities (MTCU), Educators and Health Care Employers
- ▶ Develop a Marketing Plan to Create Awareness of the Needs and Opportunities
- ▶ Working in Health Care

From there, participants were to identify 3 – 5 realistic action steps that could be implemented and the groups that should be involved in the action. Where possible, participants were encouraged to identify a potential lead organization.

The following documentation highlights the proposed actions that emerged from the groups around these topics and, where possible, identifies organizations the group felt should be involved in the process. WPB will follow up with all listed organizations to determine their interest, however being listed in this report in no way obligates them to participate. Some or all of the initiatives from this report may be incorporated into WPB's next Trends, Opportunities and Priorities (TOP) planning report.

Action Steps

Developing Partnerships with MTCU, Educators and Employers

Bringing Key Players Together

The discussion identified that the decision makers of these key groups need to come together on a regular basis. Organizations could include MTCU, Public/private health agencies, Conestoga College, Universities and School Boards

Partnerships need to be developed between these groups.

Actions

- Bring together representatives from hospitals, long-term care, educational stakeholders to talk about developing partnership initiatives
 - identifying key contact people within long-term care, hospitals, chambers, schools who can talk about developing the partnerships
- Work with Health Force Ontario to solve the freedom of information issue and perhaps create a framework and portal for information, employer registry.
 - Potential lead: St. Josephs Health Centre Guelph
- Identify key people in the health care sectors to come together and establish a Recruitment and Retention Committee for Health Care.
 - Potential lead: Grand River Hospital
 - Suggested Organizations: Hospitals, CCAC, long-term care, public health
- Need for all levels of educators to meet to discuss experiential learning continuum from high school to postsecondary with industry parts to develop a better understanding of experiential learning in the sector.
 - Potential leads: Wellington Catholic District School Board and Wilfrid Laurier University
 - Organizations: School boards, Conestoga College, Universities
- Better partnerships between high schools and colleges to help students (more co-ops, more field trips, more volunteers, more training). Need to ensure that the frontline workers are aware of these events, have the resources to handle students and are fully involved with these experiential experiences.
 - Organizations: School boards, Conestoga, Health care facilities
- Need to utilize the labour market and inform students of the jobs that are on the rise within the next 5 – 10 years so that they have a grasp of what is available.
 - Organizations: WPB, School boards

- Business and Education Partnership to build a list of health care speakers for the Speakers Bureau using health care organizations to identify staff who would make good student speakers
- Frontline workers and representation from the medical unions, colleges and associations need to be present at future meetings and consultations.

As part of the discussion regarding partnerships, a number of funding suggestions were raised. It was suggested that MTCU dedicate funds and resources to address the needs of the health care sector:

- Using the model they have for the skilled trades (Ontario Youth Apprenticeship Program),
- Can some occupations be considered as apprenticeable to enhance their intake?
- Additional Second Career opportunities
- Assisting underemployed and undereducated to upgrade their skills
- to talk through strategy to give people to access funding
 - Organizations: MTCU, Minister's office, School Boards, Conestoga College, Fairview Mennonite Homes

Develop a Marketing Plan to Create Awareness of the Needs and Opportunities

The key discussion points here were the need for the health care sector to pool resources and work together to create a marketing strategy for this area.

Actions

- Develop stakeholder committee that has the authority to move things forward. Regional health care/ government needs to give the committee the authority to act. The committee must show the general public what is happening now and in the near and distant future
- Engage a neutral party such as a marketing company to put together the regional marketing plan.
 - More awareness of careers than stereotypical jobs (doctor nurse, paramedic)
 - Marketing to males re nursing opportunities
 - Dire need for workers
 - Marketing to Guidance Teachers
 - Potential lead: Committee
- Draw from the regional Human Resources plan being developed by the LHIN to ensure the recruitment matches the marketing plan.
 - Potential lead: Committee
- Need to look at the education process to see what is there now and what needs to be there in the future.
 - Potential lead: Committee

Working in Health Care

A number of proposed actions were put forward regarding this topic.

Actions

- Need for a one stop health care website which may mean a link to the Health Force Ontario website.
- Establish a College and Universities joint committee to find out how they can better support:
 - second career individuals
 - support/redirect students who may have to change medical education mid-stream (e.g. not doing well in Nursing, perhaps could be redirected to another training stream)
 - Easier access to/movement between programming
- Repeat Career Day
 - Potential lead: WPB

Additional Opportunities

Some additional ideas which were discussed but not directly put forward as action items included the following:

- Using other undergrad studies to shorten # of years required to obtain nursing degree
- Provide longer 2-3 day work experiences in health care establishments
- Mandatory Coop and providing more volunteer opportunities
- Developing shorter and more focused career paths
- Addressing discrepancies in pay
- Expanded direct links to school programs by individual employers
- Hiring incentives
- Focus on younger students Grade 7/8
- Provide more upgrading opportunities in rural/underserved areas
- Expanded bridging programs
- Cost sharing and training subsidies/changes to bursary and scholarship structures
- Job shadowing programs
- Address burnout issues/work life balance
- Job mobility within the sector



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