

# Interprofessional Learning and Health Human Resource Planning: The Canadian Context

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## Overview

- Interprofessional learning and collaborative practice defined.
- The Pan Canadian Health Human resource Strategy.
- Health Human Resource planning trends.
- The connection between inter-professional learning and health human resource planning.
- A vision linking IPE and HHR.

## Interprofessional learning defined

- Occasions when two or more professions learn with, from and about each other to improve collaboration and quality of care. (CAIPE, 2002)
- the *process* we use to educate collaborative health providers
- *changes* how health care providers view themselves
- requires us to look at learning differently

## Collaborative practice defined

- A *process* through which parties who see different aspects of a *problem* can constructively explore their differences and search for *solutions* that go well beyond their own vision of what is possible. (Gray, 1989)
- Collaboration implies interdependence among stakeholders, constructive handling of differences, joint ownership of decisions and collective responsibility for outcomes. (Hartman et al, 1999)

## The Pan Canadian Health Human Resource Strategy

Kirby Senate Committee report: 1999-2002

Romanow Commission: 2001-2002

First Minister's Accord on Health Care

Renewal: 2003

Health Council of Canada - many reports

Health Canada - reports and funding

## The Pan Canadian Health Human Resource Strategy

- World Health Organization report: *Preparing a Health Care Workforce for the 21st Century: The Challenge of Chronic Conditions 2005* The publication presents a new, expanded training model, based on a set of core competencies that apply to all members of the workforce. First, the workforce needs to organize care around the patient or in other words, to adopt a patient-centred approach. Second, providers need communication skills that enable them to collaborate with others. They need not only to partner with patients, but to work closely with other providers, and to join with communities to improve outcomes for patients with chronic conditions. Third, the workforce needs skills to ensure that the safety and quality of patient care is continuously improved. Fourth, the workforce needs competencies in information and communication technology which can assist them in monitoring patients across time, in using and sharing information. Finally, the workforce needs to adopt a public health perspective in their daily work, including the provision of population-based care that is centred around primary health care systems.

## The Pan Canadian Health Human Resource Strategy

- “Faced with a potential health human resources crisis, it is time to rethink how we plan for and deliver health care services. It is time to design health service delivery models that encourage health care providers to work collaboratively and to their full scope of practice.”

## The Pan Canadian Health Human Resource Strategy

- [Health Human Resource Planning](#) - ensuring we have enough of the right types of health-care providers to meet the needs of Canadians;
- [Recruitment and Retention](#) - encouraging more people to enter the health-care field and improving working conditions to keep them there; and
- [Interprofessional Education for Collaborative Patient-Centred Practice](#) - changing the way we educate health providers so Canadians will have better and faster access to the health-care provider they need when they need it, ultimately boosting the satisfaction of both patients and health-care providers.
- \$20 million devoted to IPE to date and new funding priorities and processes are under development for another 5 year cycle which will support further interprofessional education for collaborative patient centred practice, possibly with a regional focus.

## Health human resource planning trends

### Examples:

- Collaborative practice models (clinical learning units, IP teams, PHC clinics etc.).
- Population health approaches.
- Job re-design.
- Tele-health / e-health.

## The connection between inter- professional learning and health human resource planning

- Future health providers, patients/families, policy makers....) must value collaborative practice.
- All health providers must learn to practice collaboratively (pre and post licensure).
- Future estimates of health resources must capitalize on collaborative practice models to ensure safe, timely, and appropriate care of the highest quality.
- Education and service delivery and health human resource planning must be aligned.

## Challenges and possibilities

- Scheduling logistics
- Change management
- Strategic priority placement
- Time
- Attitude
- Reward system
- Training
- Financial support

## Changes

- Accreditation standards (education and service provider)
- Training in post secondary education and health and human service delivery
- Policy changes in support of IPE and CP
- Tangible and intangible reward systems
- More evidence of effectiveness through research
- Development of champions
- Ongoing development of links between education and practice
- Clear competency definitions, learning outcomes and performance indicators

## The vision for IP and HHR

An affordable and sustainable health and human service delivery system based on interdependence and in which all involved, including patients and families, feel valued and connected. A system that uses each provider to full scope and that embraces differences as enablers of greater possibilities and improved health outcomes. A system that fosters shared ownership, decision-making and responsibility through respect, accountability, communication and expertise. A system in which patients and providers work together toward a common goal.