

The canadian healthcare system health and social care essay



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The Canadian healthcare system is highly labour intensive and for a long time has been dealing with the issue of the right number and mix of healthcare professionals in the Canadian healthcare system. The demand more than the supply of human resources has created an imbalance in the healthcare workforce leading to a health human resource shortage. In 2003 the First Minister Accord on Health Care Renewal identified Health Human Resource as a critical issue for Canadians and again in 2004 reinforced this issue in their 10 year Plan to Strengthen Healthcare. The development of Pan Canadian Health Human Resource Strategy (PCHHRS) (2004/2005) by the Advisory Committee on Health Delivery and Human Resources (ACHDHR) proved to be a landmark in the history of the Canadian health care system. The PCHHRS was a result of the commitment made to health human resource by the First Minister's Accord 2003 and 2004 and the recommendation made in the various reports on the health care system (i. e. Romanov, Kirby, Fyke, Clair and Mazankowski). The new Pan Canadian approach differs in many aspects from the traditional Health Human Resource (HHR) policy, as it provide provincial governments with independent autonomy to develop its own health care system, delivery models and HHR policies according to the need and demographic requirements of the population. The PCHHRS also emphasised development of an efficient information sharing framework within different provincial jurisdictions in order to develop an optimum mix and number of health care professionals (Health Canada, 2007). The PCHHRS vision is to plan strategies towards coordinating the human resources and providing the Canadian healthcare with a collaborative and multidisciplinary approach towards health human resource planning (Health Canada, 2007)The PCHHRS has <https://assignbuster.com/the-canadian-healthcare-system-health-and-social-care-essay/>

emphasised increasing the supply of healthcare professionals via integrating International Health Professionals(IHP) into the Canadian health care system and providing them with a common provincial and federal platform for assessment of their credentials in order to practice in the field of their expertise (Health Canada, 2007). Looking at the growing Pan Canadian network and commitment made in the UNESCO convention on the recognition of Studies, Diplomas and Degrees concerning Higher Education in the States belonging to the Europe Region, in 1967 The Council of Minister of Education, Canada (CMEC) founded The Canadian Information Centre for International Credentials (CICIC), an internet based approach to provide help to individuals and organizations for the recognition of their educational credentials in order to qualify to work within Canada. Human Resource and Skills Development Canada (HRSDC) also contributed in the credential recognition initiative by the developing Foreign Credential Recognition Program (FCRP) (CICIC, 2013). In continuation of this effort the Foreign Credential Referral Office (FCRO) has developed an International Qualification Network (IQN) website, the purpose of this approach is to develop a virtual internet based platform to target user across the world to provide them with clear view of the Canadian labour market and credential assessment services(FCRO, 2012)The Canadian federal government recognized the role of international health professionals in the Canadian health care system and supported there integration, assessment and training (Advisory Committee on Health Delivery and Human Resources (ACHDHR), 2009). In 2010 Canadian government has established service guidelines among different priority occupations to help international professionals to get credentials assess in a time period of one year anywhere in Canada. To <https://assignbuster.com/the-canadian-healthcare-system-health-and-social-care-essay/>

support integration of newcomer into the labour market Canadian government announced in the 2011 budget that Citizenship and Immigration Canada (CIC) and Human Resource Skills Development Canada (HRSDC) will develop different strategies to cover the cost associated with the credential assessment. In order to provide flexibility and to increase the skill set of the Health Care workforce, First Minister's announced the Pan Canadian Framework for Assessment and Recognition of Foreign Qualification (PCFARFQ) (2009). This step proved to be a milestone in the life of all Foreign Medical Professional including physicians, pharmacists and nurses as it provided an opportunity for every foreign educated person with appropriate skills and education to evaluate their credentials and work as an essential part of the Canadian Workforce. This step made by the government of Canada made Canada as the most favourite destination for all the immigrants especially among those having education and experience in the field of healthcare (Austin. Z, 2003). According to Citizen and Immigration Canada Facts and Figures (2011) 46.9% of the total immigrant population came from Pacific and Asian region countries and the majority of them come under economy class of visa specification i. e. the class of skilled worker who will help in developing the economy of the country by directly contributing into the particular occupational skills of Canadian workforce. As a part PCHRS different bridging programs have developed across Canada in order to help the international health professional to meet the standard of practice within Canada. Currently there are nine such programs running across Canada for International Pharmacy Graduates (IPG). Bridging programs(Pharmacy) within Canada are offered by University of Toronto, University of British Columbia and in Alberta, Manitoba and Nova Scotia <https://assignbuster.com/the-canadian-healthcare-system-health-and-social-care-essay/>

these programs are offered through private trainers and in rest of the Provinces these programs are not been offered currently including Saskatchewan. As these programs are offered mainly in the selected cities accessibility has always been a problem for the IPG living far from the cities. Generally Bridging programs are publicized through provincial pharmacy regulatory authorities, provincial pharmacy associations, immigrant settlement services, Pharmacy Education Board of Canada (PEBC) and employers. According to the Moving Forward Report the success rate of clearing the pharmacy qualification examination is quiet high among the candidates opting for Bridging programs. But still large proportion of IPG believe that high cost of the programs, accessibility and lack of programs awareness has made it difficult for them to enrol into these program (Moving Forward Report, 2008). Canadian Government's vision towards providing its every citizen with quality of care and to immediately deal with the problem of shortage of health care professional has encouraged them to focus on Foreign Healthcare Professional (FHP) and provide adequate help for them to integrate into the health care system. As stated in Progress Report 2012 (Health Care Renewal in Canada) the commitment made by First Minister's Accord on Health Care Renewal (2003) has helped FHP to integrate into the health system and provide their services at federal and provincial level. The government commitment towards strengthening the Health Care Workforce has resulted in an increase of 8% in the Active Physician Number between 2004-2008 (CIHI, 2009), 19. 8% increase was recorded in the pharmacist number(CIHI, 2011). Role of ImmigrationCanada's multiculturalism and ethnic diversity is the result of the country's broad immigration policy. There has been a population growth of 5.

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9% between 2006 and 2011 has been noticed as the fastest growth among G8 nations (Statistics Canada Census 2011). Since the 70'S, The Immigrants population has played a vital role in the country's population growth. In 1978 the conversation of the immigration act into an immigration law brought new dimensions in Canadian immigrant history, as this act established clear national objectives in immigration and refugee policy and encouraged immigrants to come and settle in Canada (Freda Hawkins, 1988). In 2002 the Canadian government replaced the Immigration Law of 1978 with the Immigration and Refugee Protection Act (IRPA) and made a significant effort in order to streamline the flow of immigrants and also encourage immigrants from all over the world to come to Canada to look for a better future and standard of living for themselves and their families (Citizenship and Immigration Canada 2002). According to Statistics Canada (2006) there are 3.6 million immigrants currently residing in Canada and on an average one immigrant is added every two min and one sec into the total Canadian population. By 2031, projections are that the proportion of foreign born citizen will reach between 25-28% of the total population (Statistics Canada, 2010). Canada's liberal attitude towards the inflow of immigrants has made him the 'land of immigrants' among other neighbouring countries (Reitz. J; 2004). Canada allows permanent immigrants to enter their country under three major categories Family, Economic, Reunification, and Refugee (Reitz. J; 2004). Entering under these categories allows immigrants to an immediate access to most of the government institution of society except the right to vote which they will exercise after getting full Canadian Citizenship Rights. According to the International Migration Outlook (2012) Citizenship and Immigration Canada (CIC) admitted about 281000 permanent migrants and <https://assignbuster.com/the-canadian-healthcare-system-health-and-social-care-essay/>

384000 temporary workers in 2010. The immigrant population makes significant contribution to the Canadian labour market with their skills and qualifications which they have acquired in their home country. Immigrants with experience and skills in healthcare profession play a major role dealing with the current and projected skill shortages among the western countries. (Austin, 2003). According to Human Resource and Skills Development (HRSDC) annual population growth rate of 1. 1% was recorded between 2000-2010 and further it is expected to decline to 0. 9% between 2010-2060 further accelerating the demand of immigrants in the Canadian population. As the demand and supply for immigrant's increases, Government of Canada has proven to be successful in providing them with the adequate employment opportunities. A study about the Canadian Immigrant labour Market (2008-2011) states that employment rate of the immigrant population aged between 25-54 years (Core age Group) has increased by 4. 3% since 2010. The study also stated that in 2011, the employment rate among the Core age group of immigrants is 75. 6% as compared to 82. 9% of their Canadian counterparts. In 2010-2011 the immigrant population employment in the Canadian Healthcare System has grown by 4. 3% (Study: Canadian Immigrant Labour market; 2008-2011). The immigrant employment rate has doubled in province of Saskatchewan between 2008-2011 and reached the second highest within Canada after Manitoba. According to Stats Canada the education level among the immigrant population have increased in the recent times. 42% of the landed immigrants who entered into Canada since 2001 had university degree and majority of them had work experience in there related field of work. It has been seen that maximum number of immigrants got employed in the healthcare system <https://assignbuster.com/the-canadian-healthcare-system-health-and-social-care-essay/>

from which majority of them belong to Philippines (Stats Canada: The Immigrant Labour Force Analysis Series, 2008-2011). With the ageing of the Baby Boomer population Canadian Labour Market has experienced various shortage specially in the class of Pharmacist and other Health care profession (Zietsma. D; 2010). But with the government vision and strategies towards providing quality of health to its citizens has significantly improved the condition. In the past 10 years time period, the condition of the pharmacist population has significantly improved. According to CIHI Canada has witnessed an increase of 33% in the total pharmacist workforce within the last 10 years. There has also been consist increase in the per population supply within Canada since 2006 (CIHI). New Found land has witnessed the highest supply of pharmacist (127. 1/100000) followed by the lowest at (43. 7/100000) in Northwest Territories. Immigrant population played an important role in pharmacist profession. Around 27. 4% of the total pharmacist population is internationally educated (CIHI) in Ontario, British Columbia (BC), Alberta and Yukon. According to the National Occupational Classification (NOC) the profession of pharmacist is been classified under Federal Skill Worker (Skill- A) category which means the profession is classified as high skills profession and is in high demand in the Canadian labour market. Citizenship and immigration Canada has developed a capping system on the number of application received under the Federal Skilled Category in order to prevent the backlog in processing time and also to prevent the Canadian Labour Market from skill saturation. Health care workforceCanadian health care system is largely publically funded. The geographical design of Canada which comprises of ten provinces and three territories has help to develop a decentralized health care system with <https://assignbuster.com/the-canadian-healthcare-system-health-and-social-care-essay/>

Canada. Provincial and Territorial governments are mainly responsible for the development of a strong Health Workforce. In order to provide every Canadian citizen with high standard of care Government of Canada spends 11.3% of its GDP on healthcare (CIHI, National Health Expenditure Trends, 1975 to 2012). Majority of the health care expenditure utilized in the development of health workforce. Health workers are backbone of the Canadian Healthcare system. According to CIHI more than one million workers across Canada works directly within the Canadian Health Care system and maximum number of immigrants are employed within this sector. According to Immigrant Labour Force Analysis in 2008-2009 a major decline in the immigrant employment has been witnessed in the goods sector. 42% of the early immigrants (those who have been in the country for less than five years) population got effected by the downturn in the manufacturing sectors but no major effect was noticed in the rate of employment in the healthcare sectors. Moreover a steady increase was noticed in the healthcare and social assistance sectors and major beneficiaries of this increase were immigrants residing in the country for more than 10 years. Employment among immigrants increased by 1.0% in 2010 proving Health care profession to be an evergreen profession within Canada. Females play an important role in the Canadian Health Workforce. In the recent years, feminization of the health workforce has been witnessed. According to CIHI, 77% of the health Canadian Health Workforce corresponds of women workers. In 2011 36% of the Canadian physician population were females as compared to 27% in 2007 and more than half (59.7%) of the pharmacist population are female as compared to 57.2% in 2006. Highest number of female pharmacist has been noticed in Nova Scotia (71.4%) and <https://assignbuster.com/the-canadian-healthcare-system-health-and-social-care-essay/>

the lowest in North West Territories (36.8%) (CIHI, 2011). The changing gender trend in the health workforce has led to a decline in the working hours of the female health professional due to their participation in the child rearing ages (Dumont, J, Zurn, P et al). The loss in the working hour or shifting to a part time schedule will lead to an additional burden on the supply side of the Canadian Healthcare Workforce increasing the demand in the near future. In the past decade little change has been witnessed in the retirement patterns of the Canadian Workforce (P. Jungwee 2010) but High Rate of Early retirement within the Canadian workforce has developed various challenges for the Policy Makers and with the fast growing aging population early retirement can be associated with the future labour shortages(P. Jungwee 2010). According to Stats Canada (2010) job strain has been considered as a dominant factor behind the early retirement from the Canadian Workforce. Female gender group with high strain jobs is more likely to exist early from the job as compared to their counterparts with low Job strain profiles (Stats Canada 2010). With the increasing number of females in the health workforce the rate of early retirement is expected to increase in correspondence to the Job Strain levels and may have additional pressure on the Publicly Funded Programs in Canadian health care due to shortage of workforce. Canadian Healthcare system is also dealing with the problem of aging workforce. Nearly one in every four in the current labor force is projected to be 55 years or above by 2021 (Statistics Canada, 2011). Aging population and impact of Baby Boomer generation puts an extra burden on the supply side of the Canadian health human resource. According to Stats Canada Census 2011 all baby boomer will reach an age of 65 by 2031 and 23% of the total population will be counted as senior as compared

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to 15% by 2011. With the increasing number of retiring baby boomers the Canadian workforce will experience a huge setback on the education side as Baby Boomers possess high education level and professional experience as compared to their processors (P. Racheal, 2012). This will result to put an extra burden on the Health Human Resource (HHR) to find a suitable match for the retiring Baby Boomer position with same educational levels and professional experience. According to Statistics Canada there has been a decrease in the young working age group in the Canadian workforce. In addition because many Canadian couples have children at older ages, this lead to an increased responsibility on their part as they have to take care of elderly grandparents and young children at the same time (Sandwich Population) (Cara Williams, 2005). Female tend to share more household responsibilities as compared to their male counterparts in home care activities (Silver. C, 2005). The dual role played by the Sandwich Population has increased the stress levels in their lives and also effected there working patterns (part time or full time) and hours. According to statistics Canada (2002), 15% of the sandwich worker has reduced there working hours, 20% have changed there working schedule decreasing their contribution in the Canadian workforce. According to Human Resource and Skills Development Canada (HRSDC) population of seniors (65 years or above) is on a continuous increase and they tend to make a large group in the coming years. In 2011 there were 5 million seniors in the Canadian population and this number is expected to double in next 25 years. According to HRSDC expectation one in four Canadian is expected to in the senior's category by 2051. It has been estimated by Canadian Institute of Health Information (CIHI) that by 2015 the population of seniors will outnumber youth (age 14 or younger). It could

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become a cause of concern for the Canadian government in the coming years as per capita expenditure on seniors is four times more than the non senior population (20-64 years) and every year it increases the Canadian Healthcare expenditure by 1 % (CIHI, 2011). This continuous increase in the life expectancy of the senior's population will put extra burden on the healthcare services as seniors relatively use more health services as compared to the non senior population (CIHI, 2011). The majority (93%) of senior prefer to live in private households (CIHI, 2011). Due to their independent living lifestyle 8 out of 10 seniors receive home care at any given time of their life putting an extra pressure on the health human resource of the Canadian Healthcare (CIHI, 2011). Moreover the majority of seniors have high user ability of prescription drugs (CIHI, 2011). According to CIHI (2011) two third of the seniors population have more than 5 drug claims over their drug plan for different class of drugs and one third of the population have more than 10. In order to maintain a healthily lifestyle and to take care of the complexity of the disease the high prescription use may increase the pharmacist workload. And with the female pharmacist in the Canadian workforce and their trend to shift to part time hours of work due to excessive workload may encourage the Canadian health human resource to look beyond the borders into other countries for IPG to come and fulfill the healthcare needs of the Canadian healthcare population in the near future. Looking at the age trend in population, the demand of the healthcare professional will tend to increase in the near future in order to provide quality of care to the Canadian Population. Another reason behind the increased future demand of healthcare professional is increasing rate Life Expectancy. According to The Globe and Mail (2012) 5825 Canadians were <https://assignbuster.com/the-canadian-healthcare-system-health-and-social-care-essay/>

aged 100 or above in 2011 and this number is expected to reach 80000 by 2061 leading to an increase demand of health professionals in the near future.