McMaster University | HEALTH FORUM

Living Dialogue Summary v4

Addressing the Politics of the Health Human Resources Crisis in Canada

15-16 May 2023

Background

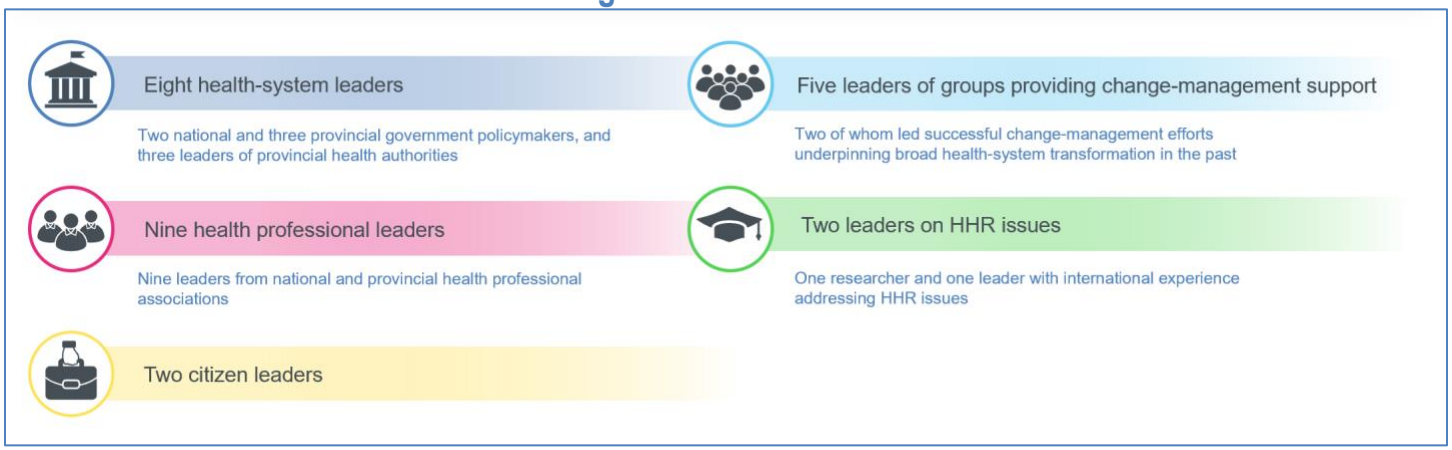
We convened the fourth and final stakeholder dialogue interaction – in a 'living' stakeholder dialogue and panel process focused on addressing the politics of the health human resources (HHR) crisis in Canada – on 15 and 16 May 2023. Below we provide an overview of the participants who attended, and in Box 1 on the next page we provide additional details about the background to the fourth dialogue interaction.

As the timeline below illustrates, the framing of the issue evolved over time:

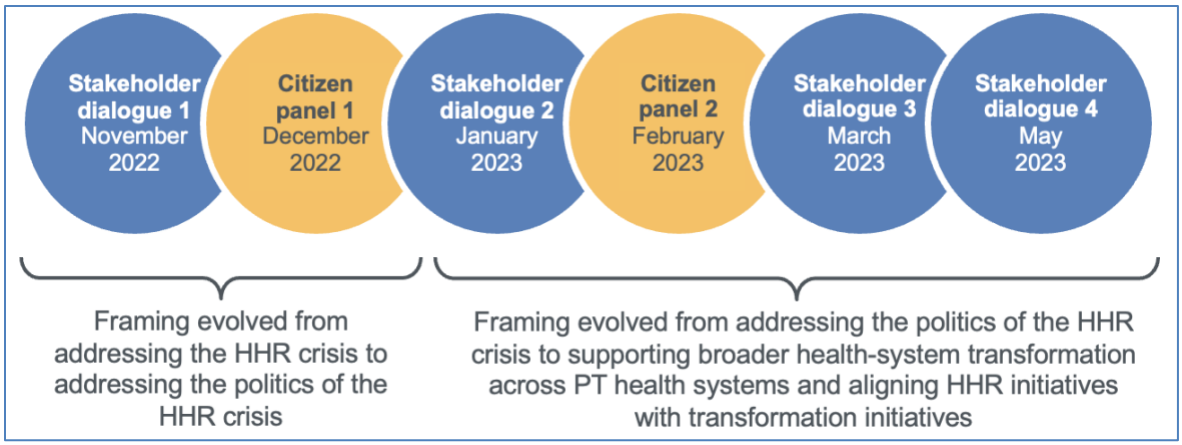
- from a focus on addressing the HHR crisis to addressing the politics of the HHR crisis during the first dialogue and panel interactions
- from a focus on addressing the politics of the HHR crisis to supporting broader health-system transformation across provincial/territorial (PT) health systems and aligning HHR initiatives to these transformation initiatives in the remaining interactions.

A separate complementary document was prepared to summarize this evolution over the course of the living dialogue and panel process, with a focus on how it unfolded with respect to the problem (and its causes), elements of a potentially comprehensive approach for addressing the problem, implementation considerations and next steps. The summary document also details the many 'ways in' to the various outputs that have been prepared as part of the process.

Attendees at the fourth stakeholder dialogue interaction



How the framing of the issue evolved over the course of the living dialogue and panel discussion



Box 1: Background to the living stakeholder dialogue

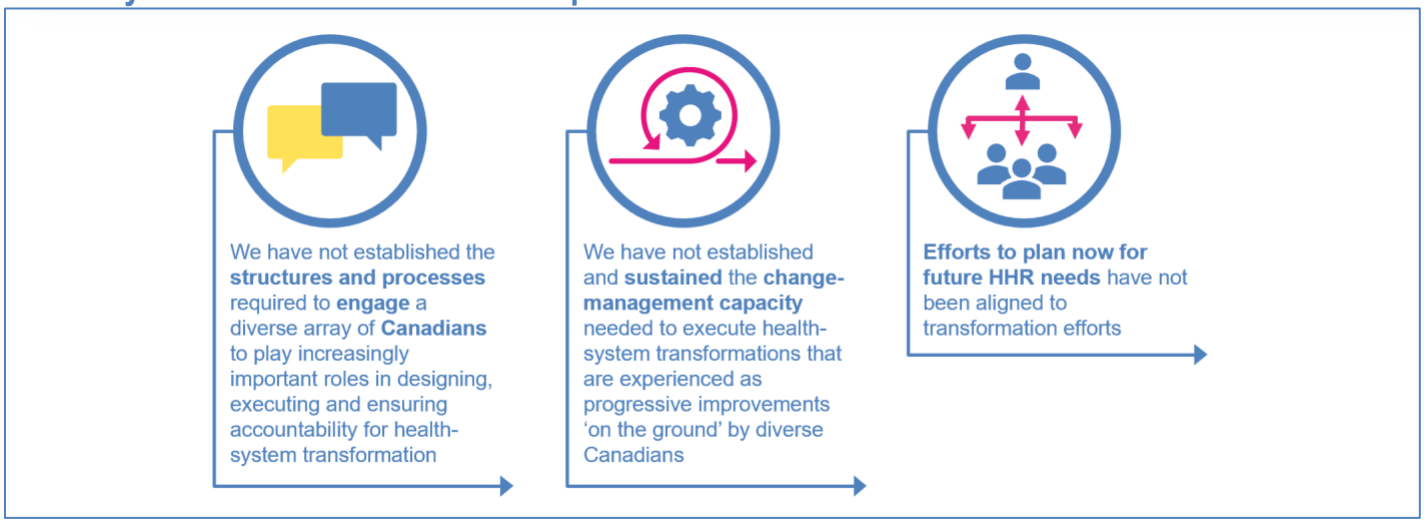
The stakeholder dialogue was the final of four planned interactions that were part of a 'living' stakeholder dialogue that supports a full and evolving discussion of relevant considerations (including research evidence and citizens' insights) about a high-priority issue, in order to inform action. Key features of the dialogue were:

1) it addressed an issue currently being faced in Canada
2) it focused on different features of the problem, including (where possible) how it affects particular groups
3) it focused on three elements of a potentially comprehensive approach for addressing the policy issue
4) it was informed by a pre-circulated evidence brief that mobilized both global and local research evidence about the problem, three approach elements, and key implementation considerations, as well as the insights gathered from the first dialogue interaction and a living citizen panel
5) it was informed by a discussion about the full range of factors that can influence how to approach the problem and possible elements of that approach
6) it brought together many parties who would be involved in or affected by future decisions related to the issue, including two citizen representatives who brought their own unique perspectives, as well as those surfaced by participants at the living citizen panel on the same issue
7) it ensured fair representation among policymakers, stakeholders and researchers
8) it engaged a facilitator to assist with the deliberations
9) it allowed for frank, off-the-record deliberations by following the Chatham House rule: "Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed"
10) it did not aim for consensus.

We did not aim for consensus because coming to an agreement about a particular way forward can preclude identifying broad areas of agreement and understanding the reasons for and implications of specific points of disagreement, and because even senior health-system leaders typically need to engage elected officials, boards of directors and others about detailed commitments.

Participants' views and experiences and the tacit knowledge they brought to the issues at hand were key inputs to the dialogue. The dialogue was designed to spark insights – insights that can only come about when all of those who will be involved in or affected by future decisions about the issue can work through it together. The dialogue was also designed to generate action by those who participate in the dialogue, and by those who review the dialogue summary.

Summary of the deliberation about the problem



Participants raised three points during discussions about the first component of the problem**:**

- citizens aren't engaged in overseeing execution or ensuring accountability, yet many have a strong desire to be regularly engaged
- getting input from 'citizens off the street' is hard, in part because of their diverse views, but possible
- robust engagement approaches have been developed but are rarely used.

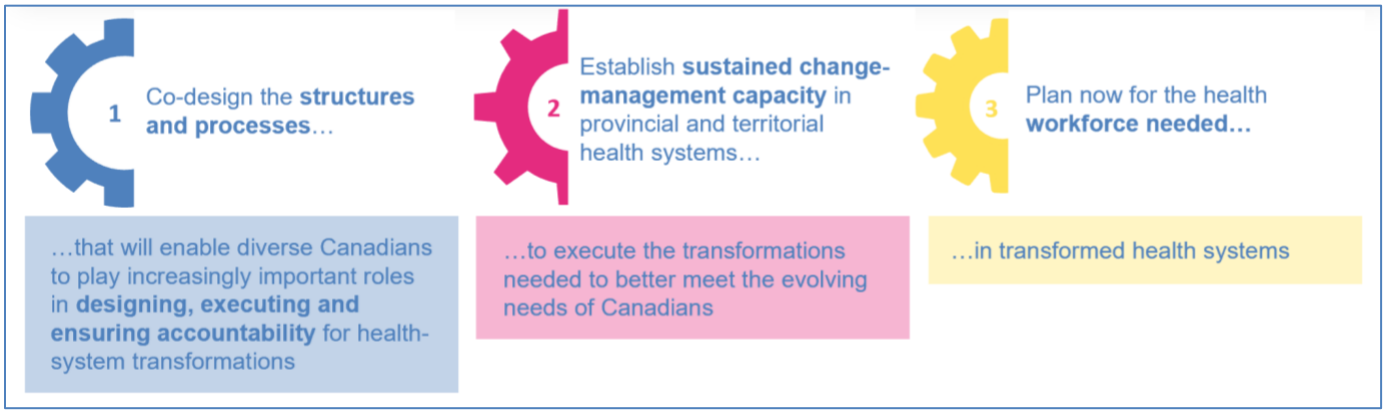
They also raised three main points during discussions about the second component of the problem:

- change-management capacity established during COVID-19 has not been sustained or redirected to transformation priorities
- there is no clarity about the 'what' of health-system transformation or who should be held accountable
- there is ongoing opposition to change in provincial and territorial health systems among many provider groups.

Two points were raised by participants during discussions about the third component of the problem:

- PT leaders focus on the issue of the day ('bouncing balls') and addressing each in isolation ('whack-a-mole')
- there is no urgency and no attempt to tie transformation to crises like HHR.

Summary of the deliberation about elements of a potentially comprehensive approach to address the problem



During discussions about element 1, participants raised five points:

- this element is essential to pursue, and citizens are taking us in this direction whether leaders want it or not
- pursuing this element requires better information (about how we're doing and where the problems and their drivers are) that is better presented (so it's understandable and actionable) and that is presented alongside other inputs (e.g., how things work now and what we know about what might improve how things work), and in ways that support deliberation among citizens (and others) that follow best practices (e.g., safe and welcoming spaces without fear of criticism)
- pursuing this element requires a focus on 'trade-offs'
- there is a need to learn from social movements and from efforts in other countries (e.g., Brazil)
- some PT governments are pulling back control from independent boards of directors and appointing administrators instead of pushing further into meaningful citizen roles in designing, executing and ensuring accountability for health-system transformation.

An additional two main points were raised by participants during discussions about element 2:

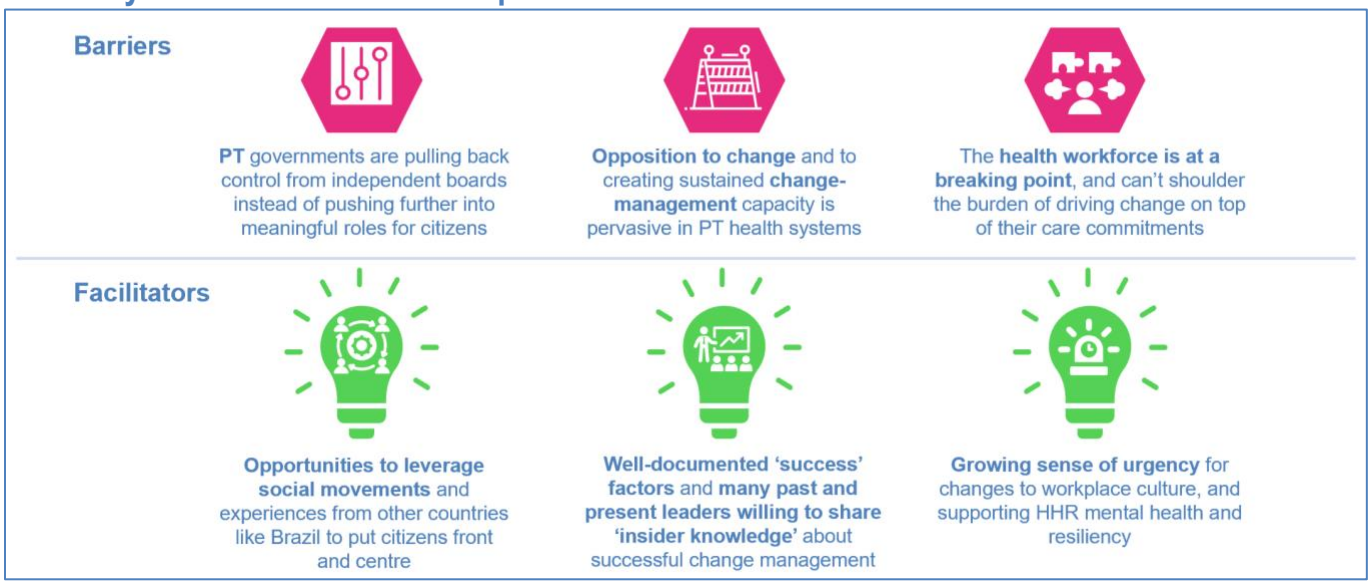
- this element is essential to pursue, with past examples showing the value of arms-length initiatives for execution and accountability (e.g., Health Council of Canada nationally, Cancer Care Ontario and the Health Services Restructuring Commission provincially, 'command tables' and 'science tables' during COVID-19), and the importance of leaders putting their social and political capital on the line while pursuing every lever available to them (e.g., sharing performance data, using funding as a lever)
- the approach needs to be 'loose on the how' but 'tight on the what' of transformation and 'tight on the why' in terms of accountability measures to be used.

When discussing the element 3, participants raised three main points:

- significant progress is being made at the PT level in three areas (education and innovation, scope of practice, and expedited pathways for internationally educated health workers), sometimes with a 'beggar thy neighbour' approach
- more focus is needed on the fourth area of recruitment, retention and distribution (by emphasizing competitive compensation, workplace culture and wage disparities across sectors)

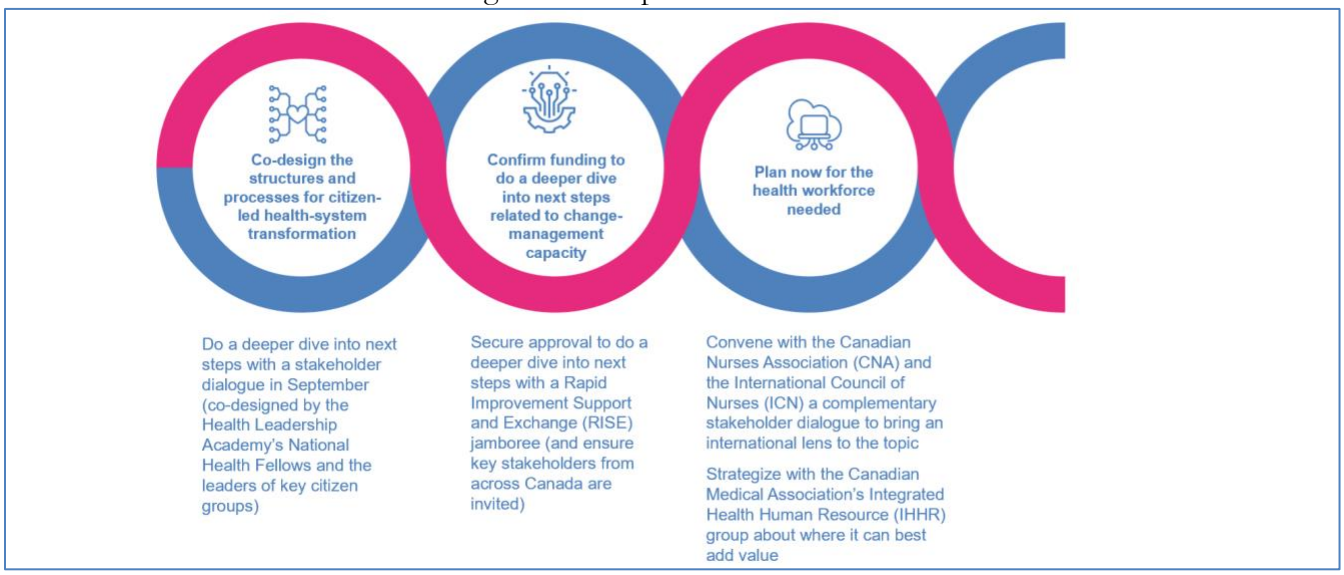
- there is a need to continue focusing on planning now for the future for all categories of health workers (not just nurses, physicians and select others).

Summary of deliberation about implementation considerations



Summary of the deliberation about next steps

While several next steps were suggested across the dialogue and panel interactions (captured in the dialogue summaries posted on the main project page), the nature of how the issue evolved and where it 'landed' after the final interaction indicated that there might be three priorities.



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