MODULE 4

Community Health Workforce Planning

Key Highlights

- Rural Alberta faces significant healthcare professional shortages as part of a broader national and international problem. The current environment is a "seller's market" with more positions than qualified professionals.
- Communities that understand their healthcare workforce needs within the larger regional and provincial context are better positioned to develop effective attraction, integration and retention strategies.
- To help gain a more comprehensive understanding of your healthcare needs, the Assets-Based Community Development (ABCD) tool can be used, which focuses on community strengths rather than deficits.
- Committees should be realistic about the current healthcare workforce limitations and consider alternatives that recruiters put forward, such as Nurse Practitioners, internationally trained professionals, multi-disciplinary teams, and innovative approaches like prescribing pharmacists.

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There are many reasons why a rural community may choose to set up a Committee. It may be to respond to an impending shortage of healthcare professionals in the community (e.g., sudden retirement of a physician), or a more proactive strategy to ensure the community is ready to help attract, integrate and retain healthcare professionals when needed to sustain local health services.

Either way, it is important for Committees to have a good handle on their local healthcare needs. These needs will help inform the demand for healthcare professionals and, more importantly, enable the Committee to focus its efforts appropriately and develop effective attraction, integration and retention strategies and action plans.

This work isn't only for brand new Committees! The needs of the community for healthcare services and the need for people to provide those services can change over time, and, for that reason, existing Committees are also strongly encouraged to undertake ongoing understanding of healthcare needs to help you set your priorities and target your work.

In this module, we will discuss how the Alberta (and Canadian) healthcare workforce continues to change and evolve and what that might mean for your community.

The Current State of the Healthcare Workforce

The shortage of healthcare professionals in rural Alberta reflects a broader national and international problem. It's important for a committee to gain a strong understanding of the different factors that influence healthcare workforce employment as you begin your work to assess your community's needs and develop strategies and action plans to attract, integrate and retain healthcare professionals.

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An important starting point is recognizing that a shortage of healthcare professionals in your community or region is not the result of health employers or the government not working hard or doing something wrong. There are a lot of system-level, regulatory, educational, professional and personal factors that go into a healthcare professional's decision to live and work in a rural community. In addition, the current nation-wide shortage of healthcare professionals means that it's a *seller's* market. There are simply way more jobs available than there are people to fill them.

The recently released *Caring for Canadians – Canada's Future Healthcare Workforce* report notes that the country will require over 20,000 family physicians in the coming decade.[28] And the situation in rural Canada is even more dire: the needs of rural and remote communities are higher, the supply is lower, and the gaps will likely increase over time. In Alberta, it's estimated that the province needs about 3,000 additional Family Physicians today to serve the health needs of its growing population.[29]

In fact, Canada's 17 medical schools only train and license about 1,600 new family physician residents per year. And it is well known that only a small number of those graduates are currently attracted to rural practice. What this could mean is, without significant changes in how and where physicians are trained, it will take more than 12 years to fill the gap in the Canadian family physician workforce.

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[28] https://www.canada.ca/en/health-canada/services/health-care-system/health-human-resources/workforce-education-training-distribution-study.html

[29] Government of Alberta. (2023). *Health Workforce Strategy.* Government of Alberta. https://open.alberta.ca/dataset/212201d6-7780-4111-ae2d-da4c487bfef9/resource/20f3f48b-1bec-4fab-a6b8-d5b24bdf6fef/download/hlth-health-workforce-strategy-2023.pdf

The *Caring for Canadians* report also notes that fewer family physicians are choosing traditional clinic-based practices and instead moving into specialized or hospital-based work in cities. The reasons for this are many including the perception of better compensation and more manageable workloads and lifestyle considerations. Moreover, healthcare graduates choosing to practise in an urban centre after 10 years of largely urban training is a predictable outcome.

Like many jurisdictions, Alberta also suffers from what's called a maldistribution of healthcare professionals. Simply put, there are more physicians per capita in the large and regional cities[30] compared to rural and remote communities. For example, while 32% of Albertans live in rural and remote communities and regions, just over 7% of family physicians practice rurally.[31] And this number has continued to drop in recent years. As a result, it will no doubt become even more difficult in coming years to attract (and retain) healthcare professionals to rural and remote communities unless fundamental changes are made to *the kinds of people* seeking careers in healthcare.

Creating more opportunities for rural Albertans to seek careers as physicians was behind the Government of Alberta's $225 million dollar investment in two new rural medical education sites in Lethbridge and Grande Prairie and the expansion of medical school training spots in Calgary and Edmonton. The new Lethbridge and Grande Prairie campuses will enable an additional 100 new rural doctors a year to join Alberta's healthcare workforce.[32]

The creation of the rural medical education training sites in Lethbridge and Grande Prairie is aligned with significant research that shows that intentionally attracting people with rural backgrounds and training them in rural and remote communities with engaged rural preceptors greatly increases the likelihood that these individuals will choose to live and practice in rural and remote communities.[33,34,35]

Deepening Your Knowledge of the Health Workforce

Ensuring that all members of your committee gain a good understanding of the current and future health workforce needs of their community, region and province can be an important piece of the initial and ongoing work of the committee. This understanding includes having a deeper appreciation of challenges affecting the healthcare workforce along with how these challenges impact the ability of rural communities to attract, integrate and, most importantly, retain healthcare professionals.

Some of your committee members, like your local healthcare employer (e.g., Acute Services Alberta, Primary Care Alberta, Alberta Health Shared Services, etc.), are going to have a greater knowledge of healthcare services and workforce. Working collaboratively with them, and tapping into their knowledge and resources, will make understanding the health workforce environment and the needs assessment work a lot easier.

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[30] Large cities are Edmonton and Calgary, while regional centres include Lethbridge, Medicine Hat, Red Deer, Grande Prairie and Fort McMurray.

[31] Canadian Institute for Health Information. (2023). *Supply, Distribution and Migration of Physicians in Canada.*

[32] https://www.cbc.ca/news/canada/calgary/rural-alberta-doctor-training-centres-budget-1.7163114

[33] Myhre, D., Bajaa, S., & Woloschuk, W. (2016). Practice locations of longitudinal integrated clerkship graduates: a matched-cohort study. *Canadian Journal of Rural Medicine*, 21(1):13-6.

[34] Farmer, J., Kenny, A., McKinstry, C., & Huysman, R.D. (2015). A scoping review of the association between rural medical education and rural practice location. *Human Resources for Health*, 13(27), pp. 1-15.

[35] Roshan, A., Gowans, M., & Scott, I. (2025). Predictors of sustained rural practice. *Canadian Journal of Rural Practice*, 30:7-16.

Gaining a deeper understanding of the health workforce strengthens what researchers at the University of Nova Scotia call the community's *health workforce literacy*. This research concluded that communities that understand the needs of their health workforce *in the larger context of their region and province* are better placed to make informed decisions and develop effective attraction and retention strategies.[36] Key to strengthening your committee's *health workforce literacy* is understanding the seven interconnected factors that influence the rural healthcare workforce, which include the following:

Geography	Rural and remote communities are often far from major urban centres, making it challenging for healthcare workers to access professional development, specialist support, and social/cultural amenities they may desire.
Workload	Rural healthcare providers typically handle a broader scope of practice with fewer resources and support staff. They often work longer hours and are frequently on call. While this type of practice may be an attractive proposition for some, increasingly the changing generational demographics are seeing professionals being less willing to work in challenging, low-resource communities.
Training	Most medical and nursing schools are in urban areas, and students who train in cities tend to stay there. Recent expansion of health professional training to regional and rural centres in Alberta may, over time, lead to more professionals choosing rural practice. Bridging programs are also aimed at increasing rural healthcare practitioners.
Demographics	Many rural healthcare providers are approaching retirement age, and there aren't enough new graduates choosing rural settings to replace them.
Resources	Rural facilities can sometimes have older equipment and fewer diagnostic tools, making it harder to provide comprehensive care making rural practice potentially less attractive for practitioners.
Family	Healthcare professionals may hesitate to relocate to rural areas due to limited job opportunities for spouses, fewer amenities and reduced educational options for children.
Financial	While Alberta offers some incentives for rural practice, the higher operational and personal costs, and potentially lower patient volumes associated with rural practice, can impact earning potential, especially for specialists.

In addition to enhancing health workforce literacy, researchers at the University of Nova Scotia strongly recommend that communities gain a holistic understanding of their health workforce. This understanding will illuminate the capacity and resources available within the community, guiding health employers in the region to focus their strategies for attraction, integration, and retention.

[36] Martiniuk, A., Colbran, R., Ramsden, R., Karlson, D., O'Callaghan, E., Lowe, E., Edwards, M., Bagnulo, S., Rothnie, I., Hardaker, L., Gotch, B., & Wotherspoon, A. (2019). Hypothesis: improving literacy about health workforce will improve rural health workforce recruitment, retention and capability. *Human Resources for Health*, 17:105, pp. 1-6.

Getting to Understand Your Community Healthcare Needs

Attracting, integrating and retaining healthcare professionals to your community can be complicated, high profile and, at times, high risk. There are many factors that come into play with this work at the community, employer and personal level.

Developing a good understanding of your community's healthcare needs will help you better understand the kinds of healthcare professionals that are needed. This understanding requires an open and collaborative dialogue between the Committee and your community's healthcare employers (e.g., Acute Care Alberta, Primary Care Alberta, local pharmacy, etc.) to better recognize the current and future state of community needs.

There's a chance that some healthcare employers may be initially reluctant share this information. While healthcare employers are responsible for getting new professionals set up for success at their job site, the benefit of this dialogue may not be immediately evident and there may be perceived risks to sharing this information. Demonstrating how the Committee is taking a big-picture perspective on health workforce planning can help demonstrate the value of participation to employers.

The kinds of healthcare professionals needed in your community is going to be a balance between community needs and the job market. You may need a new physician, but if there aren't any interested in coming to your community, you need to consider alternatives. A good grounding in health workforce literacy offers an understanding of potential alternatives that can be considered, like a Nurse Practitioner who can effectively diagnose and treat many of the day-to-day healthcare issues of patients in a rural community.

Committee members need to be realistic about the current healthcare professional training programs in Alberta (and Canada); they cannot currently meet future rural workforce needs. Many of these needs, therefore, will be met by being flexible and thinking outside of the box and considering the following opportunities:

- **healthcare professionals born and trained outside of Canada**
- **health professions such as Nurse Practitioners**
- **multi-disciplinary Committees to support routine medical needs**
- **innovations such as prescribing pharmacists**
- **various technological advances in delivering healthcare supports**

Assets-Based Community Development (ABCD) - A Tool to Help You Understand

Committees can use the ABCD approach to gain a better understanding of their community's healthcare strengths, assets and resources and, by extension, insight into its health workforce needs.

This approach flips the usual perspective of looking at what's wrong with the community to identifying what's right. In simple terms, it's about seeing your community's healthcare resources as being "half full" instead of the traditional "half empty" view. This approach may require adopting a new mindset for some Committee and community members. You're encouraged to persevere because, in the end, an appreciative, *assets-based* approach will yield a much better understanding of your community and help inform your attraction, integration and retention planning.

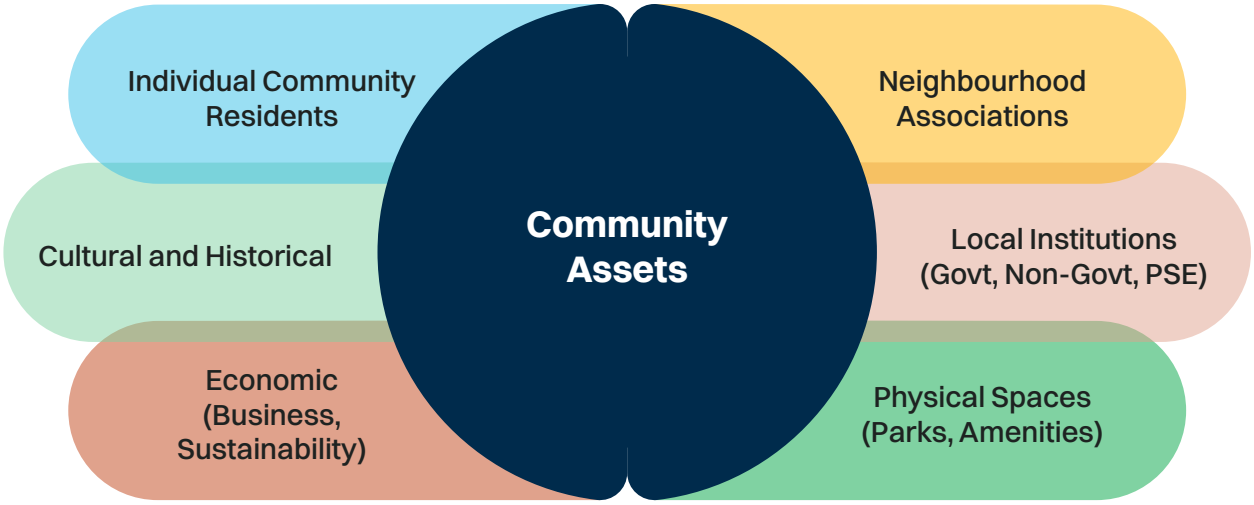
John McKnight from Northwestern University in Chicago first devised the assets-based community development (ABCD) approach to encourage a focus on what is currently present in the community and the different skills and capacities of its residents, associations and institutions, instead of dwelling on its shortages, weaknesses and problems.

The underlying principle of ABCD stresses the importance of bottom-up approaches whereby the community itself defines and controls the process. By its nature, this kind of community development is based on strong, collaborative relationships between the different partners focused on the development work – much like your Committee!

An ABCD approach begins with a wide definition of healthcare starting with constructive conversations with your community's healthcare professionals, health service employers, and health and social service non-profit organizations, in addition to seniors' organizations, parks and recreation, business and industry, faith-based organizations and cultural associations. This broader approach helps you to understand the larger context of the healthcare services system in your community, and how those combined services represent the community healthcare assets that can be strengthened.

For example, while the physician's clinic and health centre offer direct healthcare services, other community assets such as a walking club, seniors' square dancing or children's gymnastics also play an important part in the health of your community. Your inventory and understanding of the healthcare services (assets) in town can include both the traditional medical services, as well as the community-based organizations which all contribute to keeping people healthy and living fulfilling lives.

These different community resources and assets identified can be mapped to present a visual representation of the unique and beneficial healthcare services that the community has at present, and opportunities to strengthen those services going forward.



Beginning with what you have and what is possible (instead of shortages and barriers) makes it easier to understand what you may need to strengthen and build *as a community* to sustain and grow healthcare services and programs and overall community and population health.

Developing a Committee Workplan

Once you have defined your community and Committee scope, combined with a good understanding of the community's healthcare and health workforce needs, you can start building your initial workplan.

A workplan is a practical tool to start organizing your work as a Committee, defining accountabilities and timelines. A typical workplan includes:

1. **Committee Information** - Captures essential details about membership, meeting frequency, and reporting structure
2. **Mission and Scope** - Clarifies the Committee's purpose and how it aligns with broader organizational goals
3. **Priority Objectives** - Structured sections for each priority that include:
    a. Description and strategic importance
    b. Specific tasks with assigned responsibilities
    c. Timeline expectations
    d. Success metrics to measure progress
    e. Anticipated challenges
4. **Timeline Overview** - Quarter-by-quarter breakdown of activities for at-a-glance planning
5. **Resource Requirements** - Budget, personnel, and other resources needed to accomplish objectives
6. **Accountability and Reporting** - Clear mechanisms for the following:
    a. Tracking progress
    b. Regular reporting to stakeholders
    c. Measuring success through key performance indicators (KPIs)
    d. Evaluating the Committee's effectiveness
7. **Stakeholder Engagement** - Identifies key stakeholders and communication strategies
8. **Approval and Revisions** - Documentation of approvals and a change log to track modifications in the information laid out above

Your RHPAP Rural Community Consultant is an excellent resource to help you start building your Committee's first work plan with advice on best practices.