

Barriers and Facilitators to Evidence Based Health Workforce Policies



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Data & IT Context in Canada

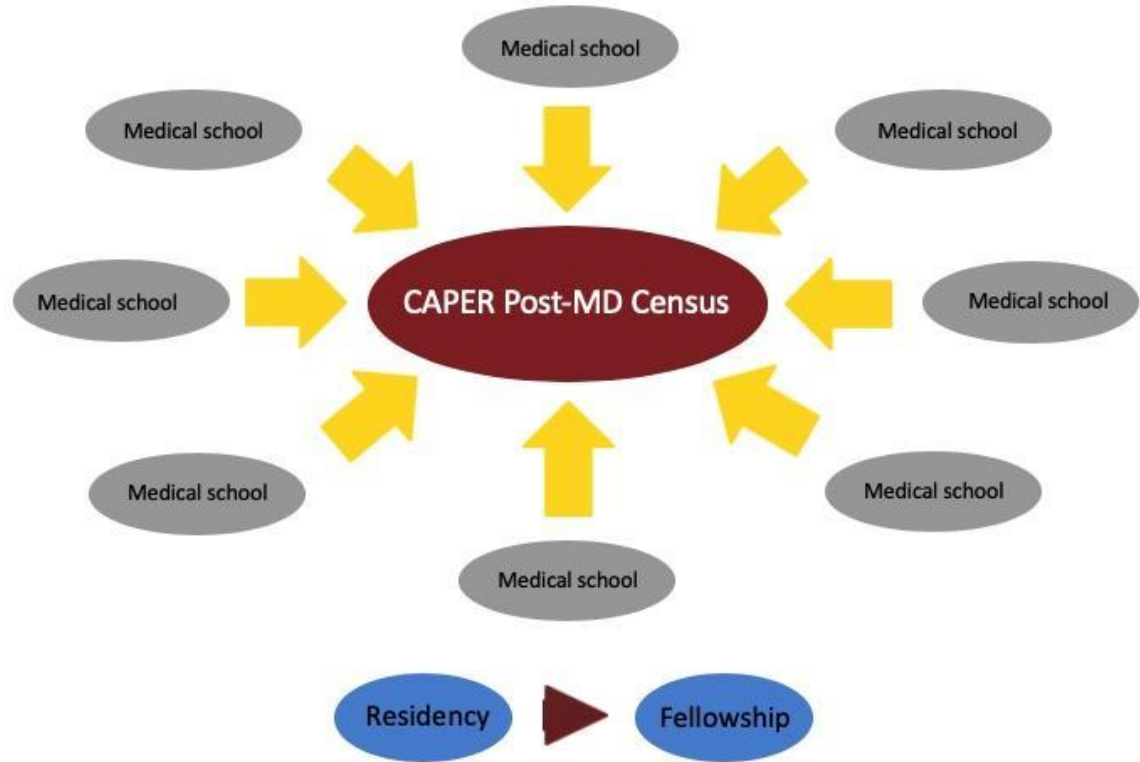
- Health workforce training is provincial responsibility
 - Impacts felt beyond single province
- Many different organizations contribute to the training, credentialing, and licensing of each regulated profession
 - Mix of pan-Canadian and provincial organization, limited federal role

Key Data Infrastructure Challenge

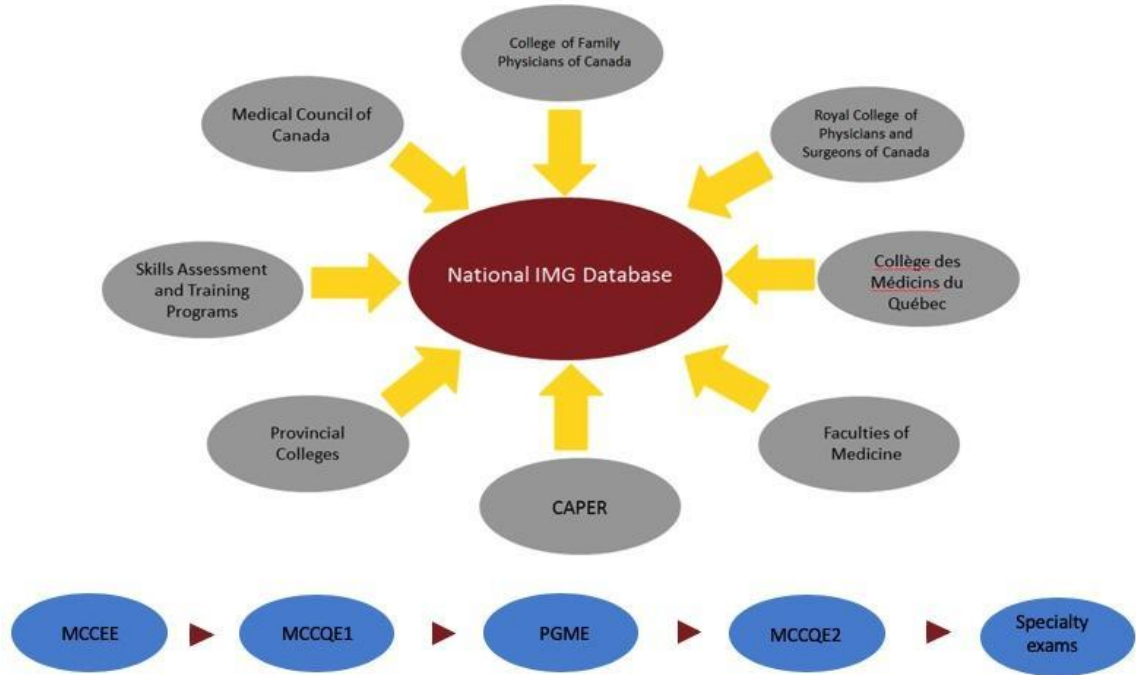
- Lots of data but
 - Lack of evidence to plan, manage, and evaluate health workforce
 - Inability to link training, policy, and practice
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Promising Practice

Canadian Post-MD Education Registry



Promising Practice *National IMG Database*



Promising Practice

Ontario Physician Registry



Barriers to Implementation

- Lack of linked data sets
 - Limited data on non-physician
 - Limited research capacity
 - Limited funding
 - Data infrastructure
 - Research
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Enablers for Implementation

- Long-term vision for data
 - Stable funding
 - Use of data
 - Trust and co-operation among workforce organizations
 - Trusted third party repositories
 - Interdisciplinary approach
 - Data access to researchers
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Next Steps

- Development of minimum datasets
 - Unique identifiers, common coding
 - Location data
 - Across health professions
 - Development of third party repository
 - Data sharing and access agreements
 - Increased funding for health workforce research
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Key Messages

1

Lack of linked datasets, research capacity, and research funding are barriers to evidence based health workforce policy

2

Long-term vision, inter-agency and inter-disciplinary cooperation, and researcher access to data facilitate evidence based health workforce policy