

Ensuring Older Canadians have Access to Care Providers that are Trained to Specifically Provide the Care They Need

Setting the Context:

While there are many personal and environmental factors which impact healthy aging, having available and appropriate health, social, and community care providers with the knowledge and expertise needed to care for older Canadians is essential to support us all as we age. Unfortunately, there still exist no mandatory training requirements around providing care for older adults for virtually all future health and social care professions in Canada. As a result, many of our current core and postgraduate training programs for health and social care professionals provide limited exposure towards understanding and managing the specific issues that are related to caring for an aging population.

Care providers represent a large variety of health and social care professionals that do not merely include doctors and nurses, but also occupational therapists, physiotherapists, pharmacists, social workers, recreational therapists, personal support workers and others. In a recent assessment conducted on behalf of the Council of Ontario Universities of the core training curricula of 76 training programs for health and social care professionals, only half indicated having, “a required seniors’ care, gerontology, or geriatrics course”.¹ The survey also demonstrated that only half of the programs reported offering, “a required clinical or practicum experience with a focus on seniors’ care, gerontology or geriatrics”.² Despite the Ontario-centricity, the report accurately reflect the variability and general lack of standardized training requirements related to the care of older adults that exists across Canada. Furthermore, these findings illustrate that training in the care of older adults in Canada is lacking across the spectrum of care professionals, and not merely limited to physicians and nurses.

Box 1. International Case Example – Access to Geriatricians in Iceland and Canada

Iceland

Population: 300,000

Individuals > 70: Approximately 30,000

Number of Practicing Geriatricians: 17

Geriatrician to > 70 Population Ratio: 1:1,700

Canada

Population: 35 million

Individuals > 70: Approximately 3.75 million

Number of Practicing Geriatricians: 242

Geriatrician to >70 Population Ratio: 1:15,495

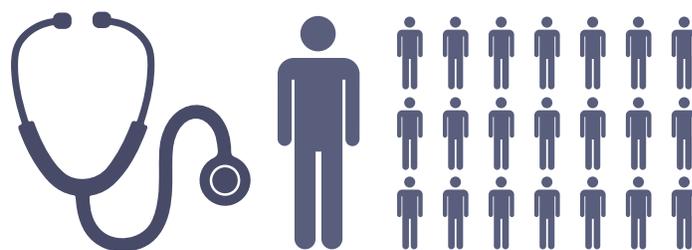
Most concerning, however, is the fundamental mismatch that exists between our current training provisions and the fact that older Canadians are becoming the greatest users of our health care system. Therefore, ensuring that Canada has a health human resources strategy to meet these and other demographic imperatives will be essential.

What are the Issues?

1. Canada Does Not Have a National Health and Social Care Human Resources Strategy to Meet the Needs of Our Ageing Population.

Current Canadian demographic trends estimate that the numbers of older Canadians 65 and better and those 85 and better will respectively double and quadruple over the next two decades. While we share similar demographic imperatives as others, compared to other countries around the world, Canada noticeably falls behind in both recognizing and preparing its health and social care professionals to meet the growing need for geriatrics expertise. When looking at the supply of physicians with training in geriatrics for example, both larger and smaller countries such as the United Kingdom and Iceland, also with universal health care systems have prioritized the training and hiring of geriatricians (see Box 1 for an Iceland vs Canada Comparison^{3,4,5}).

While Canada has 1 certified geriatrician for every 15,495 older Canadians, the disparity becomes even more pronounced at the provincial and territorial level – with 4 provinces and territories having either zero or one geriatrician to serve their entire population.⁶ Another way of illustrating the existing health human resources mismatch can be understood by looking at the ratio pediatricians



to geriatricians. For example, in 2013, there were approximately 129 geriatricians serving 2 million older adults in Ontario, while at the same time, 1,641 pediatricians served 2.2 million children.⁷ Despite whether this may or may not be the appropriate health human resource distribution, we know that the number of older adults will exceed the number of children in the coming decades and planning for this shift is essential. There is clear evidence that geriatricians play an extremely important role in supporting older adults to remain healthy and independent for as long as possible.

While caring for those with more complex and inter-related health and social care needs, geriatricians often provide more appropriate, often cost-effective care. The evidence suggests that geriatric assessments in hospital have the ability to, “reduce short-term mortality, increase the chances of living at home at one year and improve an older person’s physical and cognitive function”.⁸ With each of these benefits having real cost savings implications to the health system as a whole, there exist good reason to determine collectively what health human resources and training strategies need to be in place to meet our growing need for geriatrician services as we age.

Understanding why a shortage of geriatric specialists exists is multifactorial. While geriatricians have traditionally remained some of the lowest paid specialists until recently, the alarmingly anemic focus on geriatric medicine in medical school curriculums as well as residency training programs is more likely to blame. No Ontario medical school, for example, currently offers core training in geriatrics, but every school offers core training in pediatrics.

It is ironic that while the vast majority of graduates will enter fields predominantly serving older and not younger patients, pediatrics and not geriatrics remains a core part of current curriculums.⁹ Indeed, a lack of exposure to the care of older adults has likely contributed to the low number of medical graduates considering and thus entering formal geriatric medicine training programs. Given the increasingly recognized unique needs of older adults seeking medical care, this should be a major concern when most graduating physicians receive little or no exposure to geriatrics, and far fewer choose to practice this specialty.

A lack of geriatricians, however, is only part of the larger health human resources and training challenge related to meeting the future care needs of older Canadians. Across the health care system and within our communities, other health and social care professionals interact with older Canadians with a much higher frequency and regularity than specialized physicians such as geriatricians. However, as previously mentioned many professional training programs have no stated mandatory training requirements around care of the elderly. Table 1 illustrates this finding for occupational therapy, pharmacy, nursing and paramedicine; although, many others could have been included. In addition to all health and social care trainees being provided with limited exposure to geriatrics, they are also likely to receive limited exposure to care settings like long-term care, rehabilitation and home and community care settings, where older adults are the main recipients of care.

Table 1. Summary of Professional Accreditation Bodies, Competency Statements Sources and Requirements for Training Around the Care for Older Canadians

Profession & Accrediting Body	Competency Statements	Geriatric Training as a Requirement?
Occupational Therapists; Association of Canadian Occupational Therapy Regulatory Organizations	Essential Competencies of Practice for Occupational Therapists in Canada (3rd Ed.)	<ul style="list-style-type: none"> • Expectation for competency across the lifespan • No specific geriatrics competencies required
Pharmacists; National Association of Pharmacy Regulatory Authorities	Professional Competencies for Canadian Pharmacists at Entry to Practice: Second Revision	<ul style="list-style-type: none"> • No specific geriatrics competencies required • Across the lifespan not explicitly stated
Registered Nurses; Canadian Nurses Association	Framework for the Practice of Registered Nurses in Canada ¹⁰	<ul style="list-style-type: none"> • No specific geriatrics competencies required
Paramedics; Canadian Medical Association (CMA)	1) Guiding principles for national entry-level competency profiles used in the CMA conjoint accreditation process 2) Guidelines for paramedic programs on the use of the Paramedic Association of Canada’s 2011 National Occupational Competency Profile in the CMA conjoint accreditation process 3) Revised advisory to paramedic programs re: revision to competency profile	<ul style="list-style-type: none"> • No specific geriatrics competencies required • No specific geriatrics competencies required • No specific geriatrics competencies required

Adapted from McCleary, Boscart, Donahue & Harvey (2014)¹¹

As Table 1 illustrates, national accreditation standards, those that influence the curriculums delivered in our nation’s training programs for health and social care professionals, apparently do not adequately emphasize training in the care of older adults. Given this lack of emphasis in national accreditation standards, many of our publicly funded training programs have not prioritized this training in their curriculums. Nevertheless, developing an adequately trained workforce that will have the knowledge and skills needed to care for an aging population needs to become a national priority. Furthermore, encouraging and supporting the development of continuing educational opportunities for professionals that focus on developing further knowledge and skills in this area needs to occur as well. Indeed, improving the knowledge, skills, and confidence of our health and social care workforce to care for our aging population will further ensure that our aim of providing the right care, at the right time, in the right place will be achieved.

In conjunction with a lack of appropriately trained health care professionals, we have a general lack of sufficient workforce numbers to adequately meet the needs of our older population. Our health and social care sector is one with the largest number of occupations facing human resource shortages. Therefore, in addition to curricula changes, sufficient numbers of professionals will be required – in particular geriatricians, geriatric psychiatrists, family physicians, nurse practitioners, nurses, physician assistants, social workers, pharmacists, therapists, paramedics, and personal support workers. Continuing to support the development of team-based care environments will also be integral to promoting the interprofessional care that frail older adults particularly benefit from. And with an aging workforce¹², ensuring that barriers to training and adequately compensating specialists specifically trained in the care of the elderly will be just as important as ensuring that our nurses and personal support workers, upon whom much of the care for this population will depend, are valued and supported.¹³

Evidence-Based Policy Options to Consider

1. Develop a National Health Human Resources and Education Strategy to Meet the Needs of Our Ageing Population.

The planning and delivery of health and social care services is largely a provincial and territorial responsibility while the training curriculums for our regulated professionals are largely guided by national accreditation standards developed by professional colleges and societies. All told, there clearly exists a disconnect between health human resource training and employment strategies at both the regional and national levels. As a result, there clearly exists an opportunity for the provinces and territories to partner with the federal government to understand and collectively plan to address current and future health human resources issues. While our governments are also not in a position to create mandatory training requirements, they still should be welcomed to recommend the emphasis on appropriate geriatrics knowledge and skills acquisition in entry-to-practice and continuing professional development programs – especially when the training and employment of Canada’s health and social workforce is largely funded by the taxpayers.

Supporting Documents

- ¹ <http://cou.on.ca/policy-advocacy/health-education/pdfs/core-curricula-for-entry-to-practice-health-and-so>
- ² <http://cou.on.ca/policy-advocacy/health-education/pdfs/core-curricula-for-entry-to-practice-health-and-so>
- ³ <http://www.eugms.org/our-members/national-societies/iceland.html>
- ⁴ <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo10a-eng.htm>
- ⁵ <http://www.cgjonline.ca/index.php/cgj/article/view/89/157>
- ⁶ Hogan, D. et al. (2012). Specialist physicians in geriatrics – report of the Canadian Geriatrics Society physician resource work group. *Canadian Geriatrics Journal*, 15(3). Available at: <http://www.cgjonline.ca/index.php/cgj/article/view/41/85>
- ⁷ <http://healthydebate.ca/2013/08/topic/community-long-term-care/who-will-care-for-canadas-seniors>
- ⁸ Ellis, G. & Langhorne, P. (2004). Comprehensive geriatric assessment for older hospital patients. *British Medical Journal*. <http://bmb.oxfordjournals.org/content/71/1/45.full>
- ⁹ Monette, M. (2012). Arm-twisting Medical Schools for Core Geriatric Training. *Canadian Medical Association Journal*. 184(10), pp. 515-516
- ¹⁰ <https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/framework-for-the-practice-of-registered-nurses-in-canada.pdf?la=en>
- ¹¹ McCleary, L., Boscart, V., Donahue, P. & Harvey, K. (2014) Core Curricula for entry-to-practice health and social care worker education in Ontario: Needs assessment conducted for the Council of Ontario Universities. Available at: <http://cou.on.ca/policy-advocacy/health-education/pdfs/core-curricula-for-entry-to-practice-health-and-so>
- ¹² Government of Canada. (2009). Special Senate Committee on Aging - Canada's Aging Population: Seizing the Opportunity. Ottawa, Ontario.
- ¹³ Government of Ontario. (2011). Ministry of Health and Long-Term Care. Ontario Creating Registry For Personal Support Workers, McGuinty Government Working With PSWs To Deliver Quality Health Care. Toronto, Ontario.