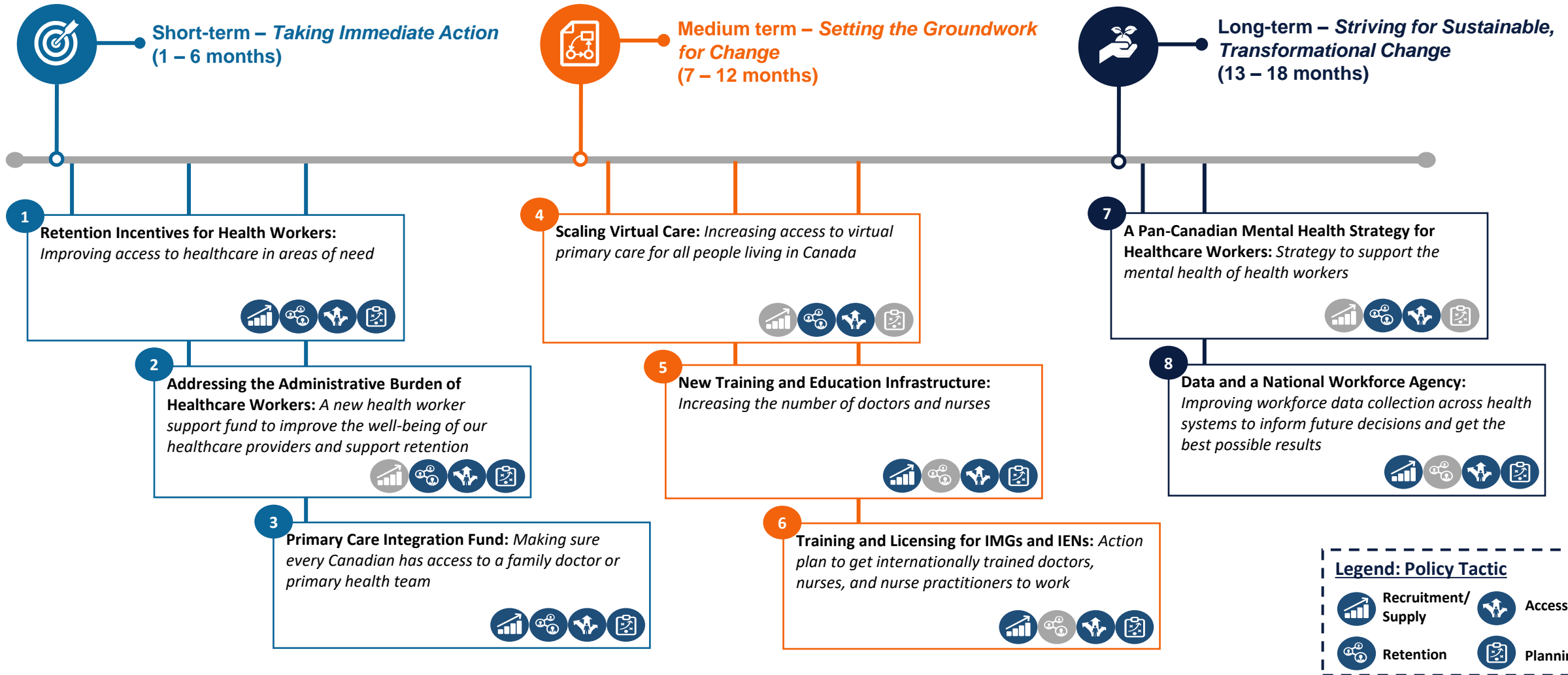# Joint Submission to the House of Commons Standing Committee on Health (HESA)

April 2022

The Canadian Medical Association, the Canadian Nurses Association and the College of Family Physicians of Canada are grateful for HESA's study on Canada's health workforce. We are proposing a suite of recommendations to mitigate the health human resources crisis in Canada.

We remain available to support and inform HESA during and following this all-important study. For more information, please contact Caroline Bouchard at Caroline.Bouchard@cma.ca.

Timeline of Recommendations

Short-term – *Taking Immediate Action* (1 – 6 months)

Medium term – *Setting the Groundwork for Change* (7 – 12 months)

Long-term – *Striving for Sustainable, Transformational Change* (13 – 18 months)

1 **Retention Incentives for Health Workers:** *Improving access to healthcare in areas of need*

2 **Addressing the Administrative Burden of Healthcare Workers:** *A new health worker support fund to improve the well-being of our healthcare providers and support retention*

3 **Primary Care Integration Fund:** *Making sure every Canadian has access to a family doctor or primary health team*

4 **Scaling Virtual Care:** *Increasing access to virtual primary care for all people living in Canada*

5 **New Training and Education Infrastructure:** *Increasing the number of doctors and nurses*

6 **Training and Licensing for IMGs and IENs:** *Action plan to get internationally trained doctors, nurses, and nurse practitioners to work*

7 **A Pan-Canadian Mental Health Strategy for Healthcare Workers:** *Strategy to support the mental health of health workers*

8 **Data and a National Workforce Agency:** *Improving workforce data collection across health systems to inform future decisions and get the best possible results*

Legend: Policy Tactic

- Recruitment/ Supply
- Access
- Retention
- Planning

Policy Recommendations (1/4)

① Retention Incentives for Health Workers

Announceable: *Improving access to healthcare in areas of need*

Recommendation: Commit $300 million over three years to PTs for debt relief and incentives supporting retention within healthcare professions for those in areas of urgent need (e.g., critical care, rural/remote, etc.).

Rationale: Healthcare workers in underserved communities and particular care settings are burned out and leaving the profession, creating resource constraints. Retention initiatives are desperately required to improve provider satisfaction/well-being and quality of patient care.

Examples of use of funds:

- As stated in the Liberal platform, expand the number of family doctors and primary health teams in rural communities (and other areas of need such as critical care settings), by increasing by 50% (from $40,000 up to $60,000 over 5 years), the maximum debt relief that family doctors, residents in family medicine, nurse practitioners, or nurses are eligible for the under Canada Student Loans forgiveness program for those relocating to rural areas or other areas of practice deemed to be in shortage (e.g., critical care)
- Expand the list of professionals eligible for forgiveness to include dentists, pharmacists, dental hygienists, midwives, social workers, psychologists, teachers, and early childhood educators so that rural communities have greater access to the full suite of health and social service providers they need
- Establish a Federal Nursing Graduate Transition into Practice Program to offer new nurses full-time employment opportunities
- Provide retention bonuses for senior nurses to remain in the profession
- Make offers to new health professionals setting up independent practice for a one-time income tax deduction of up to $15,000 over their first 3 years of practice to help with the costs

② Addressing the Administrative Burden of Healthcare Workers

Announceable: *A new health worker support fund to improve the well-being of our healthcare providers and support retention*

Recommendation: Commit $300 million over three years through a federal fund that P/Ts can access to improve the well-being of healthcare workers through access to administrative and mental health supports in primary and secondary care settings.

Rationale: Workload is often a gateway to provider burnout and worsening mental health across Canada. 59% of physicians indicate their mental health has worsened since the onset of the pandemic with 56% attributing to increased workload and lack of work-life integration.[1] In Ontario alone, more than 50% of RPNs coped poorly or extremely poorly during the pandemic, while 80% reported a significantly increased workload.[2]

Examples of use of funds:

- Funding for a rapid assessment of drivers of administrative burden, work, workload, and working conditions to understand pain points and develop actions from the evaluation for P/Ts to implement to mitigate workload challenges (i.e., scaling the assessment out of Nova Scotia)
- Support the advancement of staffing ratios in secondary care settings
- Support an increase in administrative/clerical and cleaning staff in nursing settings and family practices to unlock more time for direct patient care (e.g., nurse orderlies, reduced paperwork)
- Support for immediate no-cost, on-site, accessible mental health supports for healthcare workers

1. *Canadian Medical Association, (2021). National Physician Health Survey.*
2. *CUPE, (2021). Trauma, turmoil experienced by Ottawa, Kingston, Cornwall, eastern Ontario RPNs focus of poll | Canadian Union of Public Employees (cupe.ca)*

Policy Recommendations (2/4)

3 — Primary Care Integration Fund

Announceable: *Making sure every Canadian has access to a family doctor or primary health team*

Recommendation: Support the rapid expansion of access to high-quality primary care by leveraging the $3.2 billion commitment to PTs over four years in a one-time *Primary Care Integration Fund,* expanding the establishment of the Patient's Medical Home model.

Rationale: Many Canadians do not have access to a primary care provider or have trouble obtaining an appointment when necessary. This initiative aligns with the government's priority to invest in primary care while also driving downstream health system savings.

Examples of use of funds:
- Fund the establishment of the care models aligned with both the Patient's Medical Home vision and Indigenous values and traditions for Indigenous communities
- Support the integration of primary care with community and social services via funding to support partnerships
- Promote the implementation of the Patient's Medical Home model
- Support the administrative costs associated with team-based practice set-up
- Expand access to after-hours services in the primary care setting

4 — Scaling Virtual Care

Announceable: *Increasing access to virtual primary care for all people living in Canada*

Recommendation: Provide $400 million over four years to PTs in the primary care setting, expanding on the government's existing work through the FPT Virtual Care/Digital Table.

Rationale: Effective electronic record keeping and virtual care can support increased efficiency, reduced burnout, and enhanced care continuity. This recommendation aligns with the federal government's priority to accelerate the use of virtual tools and digital approaches to patients and providers.

Examples of use of funds:
- Support the development of robust national guidelines on appropriateness for use of virtual care to assist providers in delivering optimal care
- Support the implementation of team-based approaches to virtual care to ensure the its expansion does not place an undue workload on any given healthcare professional
- Initiating a Parliamentary review on the regulatory barriers to the mobility and deployment of Canada's health workforce under the Canadian Free Trade Agreement
- Invest $2 million in Budget 2022 for a comparative assessment of provincial and territorial licensing and certification requirements for regulated health professions
- Ensure integration of virtual care into public system rather than proliferation of for-profit episodic care solutions that disrupt continuity and exacerbate inequities

Policy Recommendations (3/4)

5   New Training and Education Infrastructure

Announceable: *Increasing the number of doctors and nurses*

Recommendation: Leverage the $3.2 billion commitment to PTs to increase the supply of family doctors, nurses, and nurse practitioners, which will also require investment in training and education infrastructure (e.g., faculty capacity, reimbursing teachers, training sites, etc.).

Rationale: The COVID-19 pandemic has exacerbated supply/retention challenges in the physician and nursing professions which will further increase in the years ahead due to growing demand. This recommendation directly aligns with the government's priority to hire 7,500 new family doctors, nurses, and nurse practitioners.

Examples of use of funds:

- Fund an increased number of seats in existing nursing schools and medical schools
- Create a new targeted and time-limited program that would be available to any jurisdiction seeking to expand existing nursing school and medical school capacity, building off of existing infrastructure
- Provide funding and incentives dedicated towards expansion of clinical faculty capacity to support increased training enrolment
- Facilitate the expansion of distributed community-engaged learning sites (including administration costs, stipends, distributed research, etc.) which additionally facilitates specialized training opportunities within underserved communities

6   Training and Licensing for IMGs and IENs

Announceable: *Action plan to get internationally trained doctors, nurses, and nurse practitioners to work*

Recommendation: Leverage the $3.2 billion commitment to PTs to increase the supply of family doctors, nurses, and nurse practitioners by supporting expedited pathways to licensure and practice for international medical graduates (IMGs) and internationally educated nurses (IENs) wishing to pursue careers in Canada.

Rationale: Canada has a high number of IMGs/IENs who face unemployment, despite existing labour shortages. IMGs/IENs experience significant challenges becoming licensed practitioners despite playing a significant role in augmenting the health workforce labour supply, which was highlighted during the COVID-19 pandemic.

Examples of use of funds:

- Support and expand opportunities for registration and deployment of IENs in order to provide immediate supply into the workforce as done in provinces such as Manitoba and Ontario
- Support PTs to 1) increase opportunities for experienced foreign-trained IMGs to complete Practice Ready Assessments (PRAs) and 2) expand PRA availability to all P/Ts (PRAs are currently only available in 7 jurisdictions) in order to accelerate the path to practice (sufficient resources must be dedicated to achieve this)
- Evaluate opportunities to remove systemic racism from education to practice for foreign-trained healthcare professionals

Policy Recommendations (4/4)

(7) A Pan-Canadian Mental Health Strategy for Healthcare Workers

Announceable: *Strategy to support the mental health of health workers*

Recommendation: Through the election commitment of $4.5 billion over five years in targeted mental health funding, support the establishment of a long-term Pan-Canadian Mental Health Strategy for Healthcare Workers. This strategy could be modelled on the federal government's 2019 Action Plan to support the mental wellness of Canada's public safety personnel.

Rationale: Healthcare worker mental health has been heavily impacted by the COVID-19 pandemic and long-term, sustainable supports are needed now. This recommendation is in alignment with the federal government's priority to support the mental health of Canadians.

Examples of use of funds:
- Fund access to tailored, high-quality mental health supports for healthcare workers and their immediate family members
- Fund to develop targeted training and curriculum programs for health care providers who specialize in treating health care workers
- Fund to support the implementation of national standards for physical, psychological and cultural safety in the healthcare workplaces, under development by CMA
- As part of the federal commitment to improving health data, invest in pan-Canadian monitoring and reporting on health care worker wellness at the regional level (e.g., embedding wellness as a quality indicator in hospital QIPs in support of the Quadruple Aim) and establish an accountability framework

(8) Data and a National Workforce Agency

Announceable: *Improving workforce data collection across health systems to inform future decisions and get the best possible results*

Recommendation: Commit $50 million over four years to first enhance health workforce data standardization and collection processes across P/Ts. Subsequently, support the establishment of a Centre of Excellence via an existing agency (such as CIHI) to centrally house the data and support jurisdictional planning efforts.

Rationale: Canada cannot plan for our workforce supply needs, mix, and distribution if we do not appropriately collect data on demographics, service activity, practice location, among other elements, to better inform needs-based planning. As stated on the November 2021 Throne Speech, we must improve data collection to get the best possible results.

Examples of use of funds:
- Identification of and action on removing gaps in health workforce data to support improved health workforce planning
- Support an evaluation of the current state to understand where all existing data is housed, how it can be accessed, used, standardized across jurisdictions, and effectively deployed to P/Ts to meet the needs of jurisdictional planning efforts
- Establishment of national standards (minimum data set) on collection, standardization, and use of health workforce data
- Capacity building in health workforce data analytics