



SUMMARY REPORT

CMA-CNA COVID-19 Health Care Worker Crisis Summit Part II

1. Context

Two years into the pandemic, organizations representing health workers across the country are sounding the alarm that Canada's health care system is collapsing. Without immediate action, there is little to hope for in the future. On top of severe exhaustion and burnout from working through two years of COVID-19, health care workers now face both massive system backlogs and a shortage of colleagues to cope with demands.

This summary report outlines key themes from the second virtual summit hosted on Mar. 9, 2022, by the Canadian Medical Association (CMA) and the Canadian Nurses Association (CNA). This summit engaged nearly 40 representatives from 34 health-related organizations at the national and provincial levels. Key subjects of discussion included the scope and trajectory of the health workforce crisis since the previous summit and actions that organizations, professions and institutions are taking now, and will take in the future, recognizing the need for long-term, sustainable solutions to the challenges the health workforce is facing.

These important discussions began at the first summit, which was held in October 2021. As a result of that meeting the participating organizations called on all levels of government and health system stakeholders to take decisive action to address staff burnout and shortages, including immediate and urgent actions and long-term solutions to address the crisis. Key themes from the first meeting included the following:

- Quick and decisive action is needed to address short-term staffing needs.
- A robust health human resources (HHR) plan must be developed.
- The lack of available data to support HHR planning needs to be addressed.
- Canada's reliance on overseas recruitment must be decreased.
- Mental health and wellness supports must be put in place for health care workers and patients.
- Government action is needed at all levels.
- An understanding of the pressures faced by health care workers must be built by refining terminology and language.
- Regulations that classify and categorize health care workers must be harmonized.

Progress since the October 2021 summit has included the following:

- There was recognition in the throne speech of the health workforce's efforts throughout the pandemic.
- The health minister's mandate highlighted the need to ensure health care workers are supported and recruited across the country and the need to advance a comprehensive patient-centric strategy.
- Bill C-3 responded to the threats and harassment that health care workers have faced by prioritizing new protections.

- The position of chief nursing officer was reinstated at the federal level to provide strategic advice on public policy from a nursing perspective.
- Parliamentary studies were initiated by the House of Commons Standing Committee on Health on Canada's health workforce and by the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities on labour shortages, working conditions and the care economy.
- Health Canada's 2022–23 Departmental Plan indicated that "Health Canada is committed to working with P/Ts, health system partners and stakeholders to address these challenges, including sustainable solutions to support and bolster the health care workforce."

2. What we heard: key themes

The state of the workforce crisis is not getting any better. In fact, many participants indicated that circumstances are worsening and that concrete commitments to address the health workforce crisis in a sustainable manner have been slow to come.

Participants communicated the challenges that their professions, institutions and organizations are facing two years into the pandemic. The following are a few examples:

- Physicians calling in to support lines are experiencing more burnout and are exceedingly distressed; the circumstances leading to this state of distress are often out of their control.
- Training has also been compromised to a degree for resident doctors because of the urgent need to tend to patients through pandemic redeployment.
- Approximately 40% of the members of the medical lab workforce across Canada report that they are prepared to change jobs but have not yet resigned.
- A significant increase in vacancies for medical radiation technologists has also been observed.
- Statistics out of Ontario highlight hospital vacancy rates growing from 4% in October 2020 to 8% in October 2021. Between March 2020 – September 2021, resignations went up from 5% to 8% across hospital staff. Rural and remote regions are also experiencing upwards of 30 to 40% vacancy rates of workers.

Although there has been a push for wage enhancements, regulation parity and recognition of personal support workers nationwide, little movement has occurred. Personal support workers are also faced with rising gas prices and little financial support to complete home care visits. Although free training has been offered in some provinces, less than 30% of graduates are staying in the sector because of the poor working conditions.

"Addiction is at an all-time high among personal support workers and they are leaving the sector in droves. I cannot stress that enough. We cannot keep them." — summit participant reflecting on the immediate need to address working conditions for personal support workers

Addressing the workforce crisis requires robust data collection. Canada continues to lack data on its health workforce, both in the public and private sectors. It is acknowledged that formulating a plan to improve data collection will take time, but the country cannot plan for its workforce without basic standardized and comparable data elements. Participants raised the concern that existing data sets may not accurately reflect all key elements or the number of "boots on the ground." To address the data challenge, the Canadian Health Workforce Network is accelerating its Canadian Institutes of Health Research (CIHR)-funded study on the creation of a health workforce minimum data standard, which is purpose built for planning, with the goal of enabling adoption by all health workforce stakeholder organizations.

Canada needs to decrease its reliance on foreign-trained professionals. This issue was raised at the first summit and reinforced at the second one. Participants highlighted the need to continually improve

Canadian-made solutions to increase the supply of health care workers across the country. Using immigration pathways to address Canada's health workforce crisis will not be a quick fix, nor is it responsible — countries across the globe have been managing the same challenges as Canada throughout the pandemic and will continue to do so in the recovery stages.

Scope-of-practice barriers continue to affect service provision. Several participants pointed out how either limitations or a lack of clarity on scope of practice can deeply affect a health care worker's ability to provide quality care for their patients and can increase workload and service inefficiencies. For example, issues related to scope of practice limit the ability of capable and qualified nurse practitioners to support the provision of primary care. Public health physicians also report that others have difficulty understanding their scope of practice and what their specialty entails, particularly given they do not typically work in clinics or hospitals.

Access to psychological supports continues to be a systemic challenge. Access to mental health supports remains a challenge because of public coverage limitations that make it difficult to recruit and retain psychologists within the public sector. The gaps in public and privately insured psychological services continue to perpetuate access issues, which is unfortunate given these services are much needed in community settings. Training concerns are an additional factor limiting the supply of psychologists. While didactic training falls within the responsibility of educational ministries, residency training can be limited by strict hospital budgets, which creates a challenge for psychologists looking to complete their training.

There continues to be general lack of action on creating robust supports for health care workers both during and after the pandemic, beyond providing access to mental health resources. Strategies must be put in place to institutionalize mechanisms such as implementing safe staff rotations so that workers have sufficient time off between long shifts and encouraging staff to take time away while ensuring appropriate resources are in place to adequately cover absences.

Ineffective use of resources is compounding workloads. Improving the challenges exposed by the HHR crisis in Canada is about people — health care workers — but it is also about what we are asking them to do. There is a need to frame conversations around how human resources can be used and deployed more effectively (e.g., what is appropriate work and what is not). Summit participants raised the point that the demand for COVID-19 testing is significantly outweighing the supply of lab workers, which has driven the need for expansion of non-traditional recruitment strategies to relieve bottlenecks. Given the increased demand for testing and use of resources (e.g., MRI, CT), partnerships with organizations such as Choosing Wisely Canada are critical to ensure requests for services such as laboratory testing and diagnostic imaging are addressed appropriately.

Organizations and professional associations across the country are working to address the health workforce crisis through advocacy. Decisive action is needed now on short-, medium- and long-term solutions to address Canada's health workforce crisis. Participants acknowledged the role each profession, institution and organization plays in supporting governments to determine the most effective and appropriate actions to recruit, retain, redeploy, and support health care workers. Governments at all levels are being engaged to understand the need for change.

Facilitating changes effectively, however, will require extensive collaboration among the federal, provincial and territorial governments, along with health system stakeholders, underpinned by the shared priority of supporting Canada's existing and future health workforce. It is recognized that much of the decision-making on care delivery is at the provincial/territorial level. This will ultimately result in improved access to and quality of patient care.

The CMA, CNA and the College of Family Physicians of Canada (CFPC) are developing recommendations to enhance supports and increase the complement of health care workers to relieve the pressures being experienced across the system. Additionally, multiple associations are engaging their members across the country to establish a collective voice on matters related to the health workforce



crisis, contributing to the growing outcry for necessary changes. Several professions are advocating for more training spots to ensure there is enough pan-Canadian capacity to meet demand in the future.

Action must be taken on implementing a multidisciplinary nationwide health human resource strategy. There was a shared understanding at the summit that new approaches to planning can no longer be siloed and that collaboration on meaningful solutions is the best path forward. Participants highlighted that now is the time to become tactical about the development and implementation of a nationwide strategy: we can no longer continue to simply acknowledge the problems. The next step is to create a list of priority items that all stakeholders can work on together in addition to driving forward initiatives on profession-specific issues.

A key element of this strategy would involve putting measures in place to optimize training. There are many health care workers who are involved in the day-to-day care of patients, and for this reason it is critical to optimize the use of the skills of all professionals. This will facilitate cooperation across professions in a manner that is optimized to best meet the needs of the patient and is aligned with the models of care we want to advance — a collective vision of a future where care is integrated, and team based.

“Part of the solution is bringing together various professionals under one umbrella to optimize service. This is something we should look at more closely.” — summit participant highlighting shared agreement among attendees on the need to break down silos to reimagine health workforce planning in Canada

Addressing the health workforce crisis means committing to health system transformation. There was also a shared recognition that the health system must be reimaged to respond to the needs of patients in an aging society and that health care environments must be transformed to be responsive to the workers within it. Without new thinking and a real commitment from political leaders across the country to rebuild health care, the crisis unfolding before us will simply not be resolved. There was acknowledgement of hope for change in the near future as there are indications from governments signalling a deeper political understanding of the crisis Canada is in and the broad actions that will need to be taken to address the issues at hand.

Discussed at the first summit at length, the health workforce crisis is a large, complex, and multidimensional problem, and a multifaceted, systemic approach will be required to address it. There is no magic bullet. Short-, medium- and long-term plans are needed to address the various issues that are arising from the impacts of the pandemic, many of which predated 2020.

“We cannot put more dollars and resources into something that is fundamentally flawed” — summit participant reflecting on the urgency to drive funding toward more sustainable and transformative health system solutions

3. Summary

The issues faced by the health workforce have gotten worse since the fall of 2021, and while there has been recognition of the work of the health workforce during the pandemic, concrete commitments to address the issues have been slow to come. Participants highlighted that now is the time to become tactical about the development and implementation of a nationwide strategy.

Key priorities identified include, but are not limited to, the following:

- creating a robust data source of health human resources
- implementing a multi-disciplinary nationwide health human resource strategy, and
- committing to transform Canada’s health care system for the future to meet the needs of patients while being responsive to the health care workers within it.