



Good morning.

I would like to thank you all for being here today for the release of the Health Council of Canada's report on health human resources.

Before I start, I would like to make some introductions. My name is Michael Decter. I am chair of the Health Council of Canada. Prior to coming on board for the start-up of the Council in 2003, I was chair of the Canadian Institute for Health Information. I also served as Deputy Minister of Health in Ontario and as Cabinet Secretary in the Government of Manitoba.

Jeanne Besner is the vice-chair of the Council. She chairs the Council's working group on health human resources. In her other working life she is the Director of Research Initiatives in Nursing and Health with the Calgary Health Region and has done a great deal of work in researching ways to optimize the role of nurses in the health care work place. As well, Jeanne has graciously offered to answer any of your questions in French.

Dr. Ian Bowmer is also with us. Dr. Bowmer is a Councillor with the Health Council of Canada and is professor of medicine (infectious diseases) at Memorial University here in Newfoundland and was dean of the faculty until December 2003. Dr. Bowmer obviously has a lot to offer on the topic of education and training of health care professionals, which is an important theme in the report we wish to present today.

In January, 2005, the Health Council of Canada released its first report to Canadians, entitled *Health Care Renewal in Canada: Accelerating Change*.



That report asserted that there is no more urgent issue facing the future of our health care system than the need to ensure the appropriate health care workforce to care for our aging, changing population.

If we don't address that challenge appropriately, all our other efforts at renewing health care are in jeopardy.

In response to that concern, the Health Council promised to convene a Summit on the issue.

In June 2005, 150 front-line workers, representatives of professional associations, academics and policy makers from the worlds of health care and education met with the Council at Toronto's George Brown College for an intense day of discussion and sharing and learning.

What we saw and heard that day informed the report we are releasing today.

The report should be viewed as the Council's own assessment of the issue, informed by that consultation process, rather than a consensus of everyone who participated in the summit.

1. We heard that if health care professionals are expected to work as a team, they should train as a team.

Imagine a hockey team where the goalie learned to play exclusively with other goalies.

The center trained with other centers, the defense went to defense school.

And then when they all finished their training, we sent them out on the ice and told them to play as a team. I think we know what the results would be.

In some ways, our health care professionals find themselves in a similar situation. They are kept apart and trained independently – doctors train with doctors, technicians train with technicians, nurses with nurses. But they are graduating into a world where we need them to understand and be comfortable with teamwork.

Our health care professionals do a tremendous job in a very demanding environment. But our needs are changing, and the health of Canadians requires a team based approach to care. And collaborative care requires collaborative training.

To achieve that goal:

- We must expand inter-professional training to promote multi-disciplinary teams to deliver care. A properly-trained team of doctors, nurses, nurse practitioners and others can provide better, more comprehensive primary care to more Canadians.
- We must create more interim training and certification steps to improve opportunities for advancement. A graduated program can bring health care professionals into service sooner.



- We must expand training and hiring of First Nations, Inuit and Métis health care professionals. Care to remote communities must be provided closer to home in a manner consistent with the local culture and language.
- And there should be national coordination in recruitment and certification of foreign-trained health care professionals. Having jurisdictions competing for international graduates, and having inconsistent certification standards is counterproductive.

2. The Council also heard we must re-examine the who-does-what organization of the health care work force for the best use of people's skills.

To do that:

- We need to create opportunities through regulatory change and work organization, to better match worker skills with patient needs. We can do that by revisiting what health care professionals call scopes of practice.
- We need to accelerate the shift to new payment methods that encourage inter-disciplinary teams.
- We need to resolve issues of liability in collaborative practice.



3. The Summit also heard that we need to make the health care setting a better place to work so that our health workers provide more years of high-quality service to Canadians.

To achieve that:

- We should invest in people using financial and non-financial incentives to improve recruitment and retention, professional development and quality of work life.
- Mentoring, flexible hours and health and safety innovations can make a positive difference to improve job satisfaction and reduce days or years lost to strain or injury.

4. We also heard that health human resources planning must reflect future needs.

- We must use a broader, pan-Canadian, future-oriented approach to planning based on health needs of Canadians instead of based on the needs of individual jurisdictions, professions or institutions.
- Some of the policy decisions that contributed to our current work force shortages were made because of a lack of foresight and it has taken us a long time to climb out of that hole. Better planning would go a long way to preventing future missteps into the same trap.



And now the good news!

The Council found that for many of these challenges, there are places in Canada where smart people have rolled up their shirt sleeves and got to work making a dent at solving some of these problems. We want to share some of these outstanding programs in the hope that they become the rule rather than the exception.

Rather than simply tell you about it, I want to show you what we are talking about. This first video demonstrates how a fresh approach to collaborative care can get the most out of our current workforce, improve job satisfaction and deliver better care for Canadians.

(ROLL VIDEO)

Video 1: Critical Care Team in the Kootenay Region of BC

Main messages:

- This is an example of real collaboration between the government and the unions to put the patient at the centre of care.
- The specific initiative is something other jurisdictions should consider. More importantly, what needs to be imitated and replicated is the principal of rethinking the way our health care system and our health care workers are organized.
- The spirit of cooperation and collaboration that made this initiative possible should also be emulated more broadly.

The next video is a little closer to home for people here in Newfoundland. It describes Memorial University's inter-professional training program and speaks to our report's focus on education.

(ROLL VIDEO)

Video 2: Inter-professional training at Memorial University in St. John's

Main message:

- Canadian primary health care can be delivered more effectively and efficiently by a team of doctors, nurses, nurse practitioners and others.
- A great example of breaking down the silos of training. Here we saw young professionals paving the way to the future of care in this country. Once again we learn that if we train them together, they'll understand how to work together.

I was struck by Dr. Susan MacDonald's comment that when you don't understand what somebody else does or how they do their job, then you don't necessarily give them the proper respect and authority. Those are crucial requirements as we move to modernize primary care delivery.

It is the main reason why the Health Council of Canada has called for an expansion of multidisciplinary training.

(CLOSING)

I've said in the past that our media does a very good job of describing many of the things that can go wrong in our health care system. Today we have highlighted some aspects of Canadian health care which we think need to be corrected.

But for many of the challenges our system faces, where things go wrong, someone, somewhere has figured it out and made things better. Good ideas can and do come from anywhere, and we should not feel shy about imitating success.

We hope some of these good examples will served as models for governments, educators, health care policy makers, professional organizations, unions and front-line workers.

And we hope Canadians – who are both the principal investor and beneficiary of our health care system – come to better understand the challenges facing our system and the innovative ideas that are being successfully implemented within Canadian.

Thank you very much.