

# Appearance before the House of Commons Standing Committee on Health:

## Study on Canada's Health Workforce

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Thank you Chair and Committee members for the opportunity to appear before you today.

I am Dr. Katharine Smart. I am speaking from the traditional territory of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council.

I'm a pediatrician based in the Yukon. As President of the Canadian Medical Association, it's an honour to represent physicians and medical learners from all jurisdictions. Every one of us have felt the impacts of a healthcare system stretched beyond its capacity.

For health workers, the pandemic has been unrelenting. We're burnt out, exhausted and demoralized. In caring for patients in an already broken system, we've been pushed to breaking and beyond. Each wave submerges us under deeper layers of backlogs and with even greater workforce and system impacts.

Our health workforce is in the biggest crisis we've ever seen.

Last fall, the CMA and the Canadian Nurses Association co-hosted an emergency summit to learn from nearly 40 health organizations representing nurses, physicians, respiratory therapists, personal support workers, psychologists and educational institutions. They all agree. It's an unprecedented crisis.

There's no question the CMA is grateful for the federal government's integral part in the pandemic response. But – it's not over. And even when it is, healthcare will feel the repercussions for many years. Healthcare workers are relying on the leadership of the federal government to support a way forward. By aiding medical professionals, you are helping every Canadian – now and in the future.

Chair, having this committee study Canada's health workforce is welcome. There is more to learn of the crisis. Let me tell you what's happening right now. Physician burnout is at an all-time high. More than half of physicians report high levels of burnout – nearly double pre-pandemic levels. And nearly half told us they are likely or very likely to reduce clinical hours in the next 24 months.

The repercussions of this could be devastating. Already, more than five million Canadians don't have a regular health care provider. Only 40% of them could get an appointment within 48 hours. Rural/remote communities and marginalized populations are even more disadvantaged.

Over time, we've also created barriers for doctors and nurses practicing in a new province or territory. It is why the current regulatory licensing frameworks need to move to a pan-Canadian licensure model. This would allow health professionals to work where they would like and where the needs are the greatest. It is time to remove these unnecessary regulatory obstacles.

Prior to this pandemic, our health care system was ailing. Today, it finds itself with more cracks than ever. Worse, those who work and care for Canadians are exhausted, burnt-out and leaving. The result will affect every single Canadian and put their health or their ability to access their health system at risk. This crisis has ballooned past what any jurisdiction can manage alone.

We know that the premiers are focused on an increase in unconditional federal dollars.

**We believe that more strategic federal investments are required now to support rebuilding health care delivery in Canada.**

- First, we need federal leadership for pan-Canadian, integrated health human resources planning. An intergovernmental approach, led by the federal government is now required.
- Second, it's time to deliver on the promise to increase patient access to family doctors and primary care teams by delivering on the \$3.2 billion commitment. As part of this commitment, the CMA recommends that \$1.2 billion over 4 years be dedicated to a Primary Care Access Fund and \$2 million to undertake an assessment of inter-professional training capacity of family physicians and other professionals in the area of primary health care. Scaling up collaborative, inter-professional primary care is central to increasing access to care.
- Third, we need to eliminate barriers for medical professionals by enabling the adoption of pan-Canadian licensure. Medical professionals need to be able to move from province to province to help deliver care where it's needed.

The past decades have witnessed remarkable advances in medical science. But we are still reliant on health workers. So, just as they have stood at the front lines, it is critical that the federal government create pathways that will stand for the protection of medical professionals. We need the federal government to finish this long shift with us.

Thank you, Chair.