

# Appearance before the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

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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 health care system stretched beyond its capacity.

For health workers, the pandemic has been unrelenting. Two years in, organizations representing health workers across the country are sounding the alarm – Canada's health care system is collapsing. As the national organization representing physicians, we too are calling for action. Doctors are experiencing severe exhaustion. Over 50% of physicians and medical learners reported high levels of burnout. That is up from 30% in pre-pandemic times. Moreover, nearly half of physicians reported they would likely reduce clinical hours. The shortage of colleagues to cope with current and future demands is nationwide.

As many Canadians are feeling that loosening health measures are signaling an emergence from the pandemic, the same cannot be said for health workers. Our health workforce is in the biggest crisis we've ever seen. And because of it, Canada's health system is on life support.

There's no question the CMA is grateful for the federal government's integral role in the pandemic response. But – it's not over. Health care 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.

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. We knew then that we were collectively experiencing a health human resources, or HHR, crisis. We recently met again with close to 40 organizations representing health workers. What we heard is disheartening. Health workers are depleted and distressed. They're facing harassment and leaving their careers and professions entirely.

The repercussions of this could be devastating in a country where more than five million Canadians presently have no regular health care provider. Of those with a doctor, only 40% of patients could get an appointment within 48 hours. And 46% of physicians are considering reducing clinical hours over the next two years. What we're learning is more than alarming. It's potentially catastrophic.

Time is of the essence. More than a quarter of practising physicians claim low rates of overall mental health. Recent figures show that 20% of front-line health care workers have thought about suicide. A crushing 6% have planned an attempt.

To worsen matters, the barriers we've created over time for doctors and nurses practising in a new province or territory isn't helping fill the 118,200 job vacancies in health care and social assistance across the country.

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.

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 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 four 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 a pan-Canadian licensure model that supports access to care especially for rural and remote communities; continuity of care, including cross-border virtual care; the mobility of patients and providers; and overall creates more streamlined licensure processes.

The past decades have witnessed remarkable advances in medicine. But we're still reliant on health workers. So, just as it has 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.