



## Recommendations

The EHPC recommends the federal government take the following immediate steps:

- **Recommendation 1:** We call upon the federal government to address the health human resources crisis by investing in short-term and long-term retention and recruitment strategies for all healthcare practitioners.
- **Recommendation 2:** To ensure the long-term resiliency of the healthcare sector, we call upon the federal government to facilitate the collection of pan-Canadian data about the workforce to identify and understand labour trends and challenges in both the public and private sectors.
- **Recommendation 3:** We call upon the federal government to establish a Primary Health Care Transition Fund to improve access to interdisciplinary community-based primary care, that includes the services provided by extended healthcare professionals.
- **Recommendation 4:** We call upon the federal government to explore models that would ensure Canadian employers provide employees with health and dental benefits for health and wellness needs not covered by Canada's public healthcare system.

## Contact

**Ondina Love**  
**Chair, Extended Health Professionals Coalition**  
CEO, The Canadian Dental Hygienists Association

[OLove@CDHA.ca](mailto:OLove@CDHA.ca)

613-224-5515

1122 Wellington St W, Ottawa, ON K1Y 2Y7

## Introduction

The EHPC membership consists of organizations that represent regulated health professions that make up Canada's healthcare landscape. We comprise over 100,000 of Canada's regulated healthcare professionals, and we speak with a singular voice to ensure that health services provided in the public and private sectors are fully recognized by stakeholders and decision-makers and are accessible to the Canadian public. The Extended Healthcare Professionals Coalition (EHPC) aims to improve the health and welfare of all Canadians; promote excellence and innovation in health research, education, and practice; and promote the advancement, development, dissemination, and application of knowledge that advances health, social services and well-being for Canadians.

### **Recommendation 1: We call upon the federal government to address the health human resources crisis by investing in short-term and long-term retention and recruitment strategies for all healthcare practitioners.**

Roughly one-third of healthcare in Canada is delivered in private settings, many of which are small businesses. In order to solve the issues of Canada's healthcare human resources crisis we must look at solutions that target the public system and these private settings. The EHPC recommends the government invest in the following initiatives:

#### **Broadening access to the list of professionals through the Canada student loan forgiveness program.**

The Ministerial mandate letters included a commitment to expanding the list of professions under the Canada Student Loan Forgiveness program. We urge the government to move forward with this commitment to include Audiologists, Chiropractors, Dental Hygienists, Dentists, Denturists, Dietitians, Occupational Therapists, Optometrists, Pharmacists, Physiotherapists, Psychologists, Speech-Language Pathologists, and Social Workers to ensure that a community's need for the full spectrum of health and social services providers is met. Expanding access to this broader set of professionals would support the government's stated commitment to better serve rural communities. Canadians should have access to collaborative primary care teams in communities across Canada which include the range of regulated health providers EHPC represents. Interdisciplinary care teams are especially important to the successful management and prevention of people's chronic and recurrent health conditions as well as to the physical, mental and social care needs experienced in the wake of the global pandemic.

#### **Direct funding to provinces to establish support services for professionals practicing in rural and remote areas.**

The 20 percent of Canadians living in rural and remote areas have long struggled to access timely and consistent care and the retention and recruitment of health professionals need to go beyond just financial incentives. Often healthcare professionals struggle with burn-out due to

higher caseload workload, lack of professional support systems, and the demand on them to provide a wider skillset due to lack of specialists. These issues plague not only physicians and nurses but health professionals across the spectrum. We recommend the federal government fund initiatives with the provinces and territories to help support health professionals practicing in rural and remote areas.

**Invest in the expansion of training programs in provinces lacking professional health programs to train and retain future health professionals in-province.**

We urge the federal government to support post-secondary institutions in establishing healthcare worker training programs in order to make them more accessible to rural or remote regions. Additionally, we recommend the federal government fund a gap analysis across Canada to identify which provinces lack training for health professionals and then direct funding to post-secondary institutions to establish those programs.

Many students who wish to study a health profession have to leave their home province to access training. This situation is more prominent at the master's level in the smaller populated provinces. For example, students who wish to study a masters of Audiology in Alberta or Saskatchewan have no option within their province and opt to either attend a program in the United States or provinces further away. This reduces the likelihood of returning to the home province as it is easier for a recent graduate to establish their professional career or find employment closer to their post-secondary institution.

**Recommendation 2: To ensure the long-term resiliency of the healthcare sector, we call upon the federal government to facilitate the collection of pan-Canadian data about the workforce to identify and understand labour trends and challenges in both the public and private sectors.**

Improved collection and analysis of healthcare workforce data is vital for the planning and coordination of health labor market functions such as training, management, recruitment, and retention. We recommend the government invests in the detailed collection of workforce data across health sectors and professions, especially professions whose services are not covered by Medicare and about whom much less is known. The current information collected by the Canadian Institute for Health Information only focuses on health professional per capita data. This data does not capture essential information that could support health systems hiring and recruitment such as:

- The amount per capita of professionals working in rural or remote settings
- The number and location of practice settings such as within a hospital or private practice
- The rate of professionals leaving their professions and the reasons for leaving, such as remuneration or caseloads, etc.
- The average age of healthcare professions and average age of retirement

- The average wait list of services in professions

Detailed data capturing the entire health system would allow provinces and territories to understand the gaps in care and develop the solutions to fix them.

**Recommendation 3: We call upon the federal government to establish a Primary Health Care Transition Fund to improve access to interdisciplinary community-based primary care, that includes the services provided by extended healthcare professionals.**

While health care systems across the country continue to face a series of daunting challenges and unrelenting pressures, one area that must be addressed, and is a prerequisite to having a high performing health system is effectively resourcing our primary health care delivery systems on a sustainable basis by leveraging the available expertise of extended health professionals.

Having a well-resourced and fully integrated primary health care delivery system is essential in managing the overall health of Canadians and its relationship to:

- The increasing amount of chronic disease and complexity of care presented
- Referrals to, and care from, our acute care system and specialist care
- The care of an aging population at home and in long-term care/residential facilities
- Ensuring access to mental health and physical health programs and services

In the past, most primary health care models often meant a solo or group of family physicians supported by a nurse, however, we know there is a need for a wider array of health care expertise that can practice in a team-based environment to its full scope of practice in providing timely care to a myriad of health care issues.

While some provinces have recognized this reality and are moving in this direction (e.g., Quebec [CLSCs], Ontario [Family Health Teams] and Alberta [Primary Care Networks]), we know much more needs to be done in terms of scaling up new, innovative and co-developed primary health care delivery models across the country. Depending on their structure, such models could include Audiologists, Chiropractors, Dental Hygienists, Dentists, Denturists, Dietitians, Occupational Therapists, Optometrists, Physiotherapists, Psychologists, Speech-Language Pathologists, and Social Workers.

By doing so, the system would expand capacity to treat those in need, when they need it; as opposed to growing wait times in a world where close to 5 million Canadians have no family physician. It could also serve to redirect care to more appropriate settings instead of placing a growing burden on hospitals and their emergency departments. Understanding the time that it takes to train a family physician, more must be done now with the current resource of health care professionals who are ready and trained to provide timely expert care.

In the past, others have called on the federal government to establish a Primary Health Care Transition Fund. EHPC would support this call with the understanding that a broader array of health care expertise must be part of how primary health care delivery models are structured to keep Canadians healthy and improve access to expert timely care.

**Recommendation 4: We call upon the federal government to explore models that would ensure Canadian employers provide employees with health and dental benefits for health and wellness needs not covered by Canada’s public healthcare system.**

Canada is fortunate to have a well-established public healthcare system that provides much in the way of medically necessary healthcare for Canadians. According to the Conference Board of Canada, 77% of Canadian workers have employer-provided health and dental benefits. However, many Canadians are still unable to afford the care required to achieve optimal health and wellness, particularly for care outside of Canada’s publicly-funded healthcare system (i.e. oral health care, rehabilitative care, vision care and prescription pharmaceuticals, etc.).

These barriers in accessing the routine, preventative, or early intervention care necessary to adequately manage their health - commonly delivered outside of hospitals - can lead to hospital visits for acute emergency medical care. The pandemic has demonstrated the importance of overall health to population resilience in the event of future public health emergencies. It has also demonstrated the degree to which Canada’s public healthcare system can be overrun when Canadians lose access to private-sector health care providers upon whom they rely.

While EHPC supports federal efforts to expand access to health care for Canadians through proposals like Pharmacare, the Canada Dental Benefit and a Canada Mental Health Transfer, we are concerned that such public-sector investments may encourage private sector employers to step back from providing employees with health and dental benefits. This would upload the responsibility and cost to federally-funded programs, straining allocated budget envelopes. The transition from one form of coverage to another could also disrupt ongoing and routine care received by patients. As the federal government pursues these measures, we encourage them to explore models that would preserve and promote employer-provided benefits.

While the ability to do this through federal legislation is limited, with responsibility for less than 10% of Canada’s private-sector workforce, it could look to other methods to preserve and promote employer-provided benefits. For example, provision of health and dental benefits to employees is already incentivized through the tax systems. The federal government could also look to international examples for inspiration. Under the Affordable Care Act in the United States, Employer Shared Responsibility Payments are required from certain large employers that do not provide health and benefits to their employees. Similarly, Germany has a system of statutory coverage for most private-sector workers through non-profit ‘sickness funds’.



In addition to including services covered by federally-funded proposals (dental care, pharmacare, mental health care, etc), the federal government could also extend the portfolio of services included in such a system to other essential health and wellness care provided by extended healthcare professionals. Expanding access to such services could reduce the burden placed on the public healthcare system in the long-run, leading to a healthier and more resilient Canada.

**Sources available upon request**