HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

STANDING COMMITTEE

ON

HEALTH

Tuesday, March 8, 2022

LEGISLATIVE CHAMBER

Office of Health Care Professionals Recruitment

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HEALTH COMMITTEE

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[Hon. Zach Churchill was replaced by Braedon Clark.]
[Kendra Coombes was replaced by Lisa Lachance.]

In Attendance:

Judy Kavanagh
Legislative Committee Clerk

Gordon Hebb
Chief Legislative Counsel

WITNESSES

Office of Health Care Professionals Recruitment

Dr. Kevin Orrell, Deputy Minister and CEO
Suzanne Ley, Executive Director

HALIFAX, TUESDAY, MARCH 8, 2022

STANDING COMMITTEE ON HEALTH

1:00 P.M.

CHAIR
Trevor Boudreau

VICE CHAIR
Kent Smith

THE CHAIR: I will call this meeting to order. This is the Standing Committee on Health. I am Trevor Boudreau, the MLA for Richmond and Chair of this committee.

Today, we will be hearing from the Office of Healthcare Professionals Recruitment regarding the work of their office. I would ask everybody present to please turn off your phones or put them on silent, and please keep your mask on during the meeting unless you are speaking.

What we'll do now is introductions of the committee members and then move on to the witnesses.

[The committee members introduced themselves.]

THE CHAIR: Thank you, members. For the purpose of Hansard, I'll also recognize the presence of Legislative Counsel Gordon Hebb, and Legislative Committee Clerk Judy Kavanagh.

The topic for today is Office of Healthcare Professionals Recruitment, and we have two witnesses with us. I'll ask them to introduce themselves.

[The witnesses introduced themselves.]

THE CHAIR: We'll move on to the questioning period in a moment, but before we do, I believe you have some opening remarks, Dr. Orrell.

DR. KEVIN ORRELL: Good afternoon and thank you for inviting us to join you here today. While some of us have been here before the Public Accounts Committee on the topic of health care recruitment, this is our first opportunity to appear at the committee representing the new Office of Healthcare Professionals Recruitment.

As you know, government established this office in August 2021 to put a laser focus on the collective efforts of government and other organizations that help bring health care professionals to Nova Scotia and encourage them to put down roots in our community. The thousands of health care professionals serving in many different disciplines are a cornerstone of a strong health care system in this province. Recruiting and retaining the right mix of health care professionals to care for our residents is a key priority for government and our partners.

This work is significant in terms of both importance and scope. It is not work that can be achieved by any one organization. That is why the mandate of this office is to engage with communities, partners, and stakeholders - both within and outside of government - to understand what is working well, and to identify gaps, challenges, and opportunities to boost our recruitment and retention efforts. This collaborative approach is critical to our success.

Our partners include our colleagues in key government departments and offices, such as the Department of Health and Wellness; Department of Seniors and Long-Term Care; Department of Labour, Skills and Immigration; Department of Advanced Education; Department of Communities, Culture, Tourism and Heritage; the Office of Mental Health and Addictions; Department of Finance and Treasury Board; and the Department of Regulatory Affairs and Service Effectiveness.

Our partners also include the Nova Scotia Health Authority and its zones, the IWK, Doctors Nova Scotia, and numerous health profession regulatory bodies, as well as post-secondary institutions that educate and train health care professionals, and unions that represent these people. They also include physicians, nurses, and other health care professionals themselves who can help with the recruitment and retention of their peers.

We and our partners are also working directly with municipalities and community organizations. We're engaging with health professionals in training to learn more about how they want to practise, as well as those who've already established their careers in Nova Scotia. The Speak Up for Health Care tour is just one example of our efforts to connect, understand, and build relationships that will ultimately lead to better health care delivery in Nova Scotia.

Just as important as recruitment is retention. Through our collective efforts, we are working to keep our existing qualified and committed health care professionals in Nova Scotia. Those who have been working in health care and long-term care, especially during the pandemic, deserve our gratitude and respect for their devotion in caring for Nova Scotians. We certainly wish to respect their commitment to their work by doing what is necessary to encourage their continued service to Nova Scotians as we go forward.

We're also working to grow this workforce further with professionals who will share the values of our health care system, build a home and career around our east coast lifestyle, and support the health care needs of Nova Scotians for years to come.

We are seeking health care professionals not only from Nova Scotia and Canada but also from other parts of the world. Our work with immigration colleagues is key to this effort. Our work with the College of Physicians & Surgeons of Nova Scotia on licensing and programs such as a Clinical Assistant Program is also key to ensuring foreign physicians have opportunities to relocate and work here.

We know that recruitment is not all about remuneration. There are many factors and many advantages that Nova Scotia has to offer, but remuneration is part of the equation. We have just launched improved incentive programs. We are working to level the playing field when it comes to paying family doctors. We're establishing a retirement fund for full-time physicians who practise patient-facing services.

While we need professionals in many disciplines, our initial focus is on the those in highest demand: physicians, nurses, paramedics, and continuing care assistants. Government has already taken some key actions with a focus on these professionals. We've streamlined the incentive program for physicians. We've promised a job to every nurse graduate who wants to work in Nova Scotia. We've increased wages for continuing care assistants. We've launched a new temporary licence so that graduating paramedics can start to work sooner.

These are bold steps to propel our recruitment and retention work in the right direction. They are responsible for Nova Scotia getting recognition as a leader in taking fresh, innovative approaches to improving health care delivery. We'll continue this important work in collaboration with our partners, stakeholders, and communities, to develop innovative solutions to our challenges and comprehensive strategies and plans at both provincial and regional levels. Together we have confidence that we will secure the health care professionals we need to care for Nova Scotians now and into the future.

Thank you. We look forward to your questions.

THE CHAIR: Thank you, Dr. Orrell. Ms. Ley, do you have any comments or opening remarks? No? Perfect.

We'll get into the witness-questioning part of the agenda today. I just want to remind everybody to wait for me to recognize you before you start speaking. Just look for your light on your microphone as well - just trying to make sure that we get everything recorded appropriately.

We're going to have 20 minutes of questioning from each caucus, starting with the Liberal caucus and the NDP caucus, followed by the PC caucus. Then we'll have a second round of questioning depending on the time that we have left - upwards of 10 minutes each for questioning.

With that in mind, I will hand it over to the Liberal caucus. I see MLA DiCostanzo with her hand up. You may begin.

RAFAH DICOSTANZO: Welcome again. I would like to ask maybe to start with some numbers, if that's okay with you. Before Omicron, around October, the Office of Healthcare Professionals Recruitment reported 2,165 vacancies across the health care system. This number probably has grown by now. I have some numbers we received back in October. I will give them to you and hope that you can update those numbers for me after.

In October, it was reported that the Nova Scotia Health Authority had 172 physician vacancies that they were recruiting for, along with 1,086 registered nursing postings, 235 licensed practical nursing vacancies, and 12 unfilled nurse practitioner jobs, and an estimated 448 continuing care assistant jobs across the province. This does not include other numbers from the IWK, efforts for recruiting six physicians and 62 nursing positions at the IWK, plus 27 at EHS.

If possible, if you can go one by one, maybe we can start with the physicians. What is the updated number right now? Then nursing - if you could break them down for us. That would be wonderful. Then we'll go to the CCAs after that.

THE CHAIR: Dr. Orrell or Ms. Ley? Dr. Orrell.

KEVIN ORRELL: The numbers have been a bit varied in terms of timing and the exact person who's gathering the data. Those roughly represent the position we were in when we came together and started to work together to address deficiencies in the province.

If we take doctors - we've had the opportunity to develop a working physician resource plan. The Province has a very old resource plan that has been updated. The last time was 2016, which doesn't really reflect the current need and the current vacancies that exist. Our office did develop a working plan. We are going to dig deeper, and we're going to bring this up with more data and more evidence, but our working plan on physicians would suggest that there are 54 community clusters in the province, and 29 of those would

be short of physicians. In order to bring them to complement where they would need to be, that would require 51 full-time equivalents.

I use the term full-time equivalents because we can no longer talk about the number of doctors, because very few new graduates and people setting up practices for the first time will be working at a full-time equivalent of one. They will be in their office for a percentage of their workday, a percentage of their working time, and they will do other things that are important in their community, like emergency work, obstetrics, palliative care, long-term care work.

Fifty-one full-time positions would equate to about 100 doctors we would need to fill the current vacancy for physicians in the province. That would be about 100 family doctors we would need to put into place in the coming year. We estimate on the basis of our early working resource plan that over a 10-year period of time, we'd need about 450 family doctors, 450 specialists, so we'd be in the ballpark of about 900 doctors that we would require over a 10-year period.

On the nursing side, the registered nurses have been somewhere, again in different reports, between about 1,086 that you mentioned for October to about 1,150 across the province. There has been some significant improvement in nurses, given the Premier's announcement about graduate nurses, so that has certainly helped in terms of some new hires. The most recent graduating class came out of St. FX in December, and 40 nurses finished. Forty were offered jobs, and all 40 took the jobs with the Nova Scotia Health Authority.

There's a significant impetus now that other graduates who are coming towards their Spring graduation will be similarly able to accept jobs and improve that situation in the province.

LPNs are the same. We have a commitment that they will be able to obtain jobs within the system, and there's a large number of them who will graduate, so the 235 has been improved. Nurse practitioners, I think at the present time we have 21 posted positions for nurse practitioners in the province. The nurse practitioners have been significantly improved since about 2018. There are 293 who are registered with the Nova Scotia College of Nurses, and 282 are employed - 189 with Nova Scotia Health Authority, and 23 with the IWK.

There are 10 active postings now for the Nova Scotia Health Authority, all outside of HRM, and there's one active posting for a nurse practitioner at the IWK. There are 40 nurse practitioners being trained in each year of a two-year program. Many are committed to work in rural areas, so they will graduate and then give us their return of service commitment back.

RAFAH DICOSTANZO: I'm trying to figure out these numbers, because you're presenting them in a different sequence or a different way. Have the numbers grown, or have they not, since October? Are you able to tell me the demand for doctors?

[1:15 p.m.]

KEVIN ORRELL: We don't have the actual numbers at the moment. Based on our one-on-one encounters with people, my impression is that we've made some significant improvement in bringing individuals. The short-term work of the office has been to identify individuals who wish to come, and we've worked hard with those people. I'd have to get the current numbers to let you know exactly where we are balanced out.

RAFAH DICOSTANZO: Regarding the graduating nurses, we know there was a shortage, so of course they will find jobs here. Are we able to get nurses from other provinces to come to us? Are we trying to recruit from outside of this province as well?

KEVIN ORRELL: That's very pertinent to today. For example, in this graduating class that I referred to in December, not every student in those classes come from Nova Scotia. We did identify a number who were in New Brunswick who were offered jobs. I think they explored the opportunity to work in their home province - they live in New Brunswick - and investigated whether or not they would stay to work in that province. We had a better offer, and it was possible to begin work in a quicker fashion. One example would be a nurse who still lives in New Brunswick, but she's commuting to Amherst to work in the hospital there.

We have recruited from the graduating class for people that do come from other provinces. There are people here studying nursing from Ontario, Newfoundland and Labrador, and from other places, and they seem to be very willing to remain in Nova Scotia.

One of the more robust - and this gets us into some of the longer-term work of the office - is that we are currently planning for the internationally educated nurses and welcoming them to come to Nova Scotia. As I outlined in my opening remarks, none of this can be done in an isolated way. We're collaborating with the Nova Scotia Health Authority and the Health Innovation, Research, and Discovery Hub.

We're collaborating as well with federal elected members who are from this region, in terms of offering a program that will identify and bring nurses who have trained in the Philippines and India - two very significant populations that we'll be able to draw on. We will bring them and support them. We will have mentoring programs for them and bring them along education-wise so that they can improve their skills and ultimately qualify to work full time in Nova Scotia.

RAFAH DICOSTANZO: I'll pass on to my colleague right now to make sure that we both get a question, and if there's room I'll go again.

THE CHAIR: MLA Clark.

BRAEDON CLARK: I guess I'll stay on the numbers train for a little while. Dr. Orrell, the Need a Family Practice Registry is of course a well-known number for Nova Scotians. I believe the updated number should come out today. I think it's the fifth working day of every month.

The most recent number we have is about 86,000, which is up about 15,000 approximately since August-September. I'm just wondering in your estimation, why do you think the number is up 13 to14 per cent in the last six months?

KEVIN ORRELL: I think the important thing in terms of understanding a large number of people like that is to first of all qualify that in Nova Scotia, we have the highest number of physicians per capita in any province in the country. It isn't a question of numbers always - it's a question of how people are working.

We have come to realize that physicians now are not going to be like their predecessors, who worked with a very large panel of patients, worked 60 hours a week in their office, and did all of the other things that doctors do, like work in emergency, deliver babies, and those things, after hours. That's the old days, if you will.

The new physicians will come, and they will work a percentage of their time in their office. They've been educated and they've acquired skills that are very important for them to exercise and to develop. They do not want to give up those things after a very quality education. They're doing other things - they're present in the emergency rooms and things like that. What we have to do then is recognize that we need doctors who are willing to work like that and prepare to augment the numbers sufficiently and address it as I spoke about - the full-time equivalent position (FTE).

There are some older doctors, for example, who have panels of 5,000 patients. That's going to take three doctors - according to the way people are practising now - to fill that panel. Unfortunately, there has been a deficiency in numbers, so some of the doctors who have moved in to take over for someone who has retired have not been able to assume that number of people, and people then get placed on the Need a Family Practice list.

Also, as you're aware, we have increased the population of the province, and 31 per cent of that list are newcomers who arrive in Nova Scotia and are not able to find a family doctor. There are people who have come and been placed on the list as newcomers to the province. With time, we are very hopeful that we'll be able to address those needs and to improve that situation.

BRAEDON CLARK: Based on your answer, I would assume that it might be reasonable to expect that number will continue to rise for some period of time until some kind of natural equilibrium exists where the structure of work and the ways that doctors work catches up to what our societal expectations or assumptions are about it. Is that fair to say?

KEVIN ORRELL: That would be reasonable to consider. We are in the process of validating the list. We have identified that there are some people on the Need a Family Practice Registry who perhaps have acquired care by nurse practitioners and not been removed. There are some who placed themselves on the list, for example, to change doctors - they would rather go to somebody different.

We're working very hard to prevent the list from getting bigger. There are a number of older physicians - the type of people I've spoken about with a very large panel of patients - who are very near retirement and have given notice. There are some doctors who have carried large panels who are actually sick now, and we've had some leave to return back to the country where they came from because of illness.

We're trying to keep those practices intact by bringing in long-term locums - nurse practitioners, introducing virtual care as a temporary measure - so that those practices will remain intact and will be attractive to a group of doctors, perhaps, who will come in to assume them. Rather than have the practice break up and have those patients added to the list, we're trying to work very hard to find the necessary temporary care to look after the people and prevent the list from getting bigger.

BRAEDON CLARK: Dr. Orrell, you mentioned this in your opening comments, but there's a long laundry list of organizations that your office partners with across the board. That is great, but what I'm trying to understand is who's driving the ship? Who's driving the boat? Is it your office that is taking information from all these agencies and then making decisions on how to recruit, or are you providing input to NSHA or the department or other organizations that are then taking that and running with it? If you could just clarify that for me, that'd be great.

KEVIN ORRELL: In the past, there were many people involved with recruitment. The recruitment efforts, as you implied, took place through Doctors Nova Scotia, sometimes through the health authorities, through different organizations, through communities and municipal government. There were many entry points. Some people actually contacted individuals - doctors they knew were a little bit older or perhaps had a big panel of patients that they wanted to share with newcomers. There were many ways that people entered the process of finding jobs in Nova Scotia.

The office has been created with a mandate to lead this effort. It would be us, the Office of Healthcare Professionals Recruitment, that would be driving the ship. We have to rely on the experience of all these organizations who've been doing this - and doing it very

well in some respects. Further, we now need to bring all of this experience together and rely on the efforts that people have made in the past and develop it in a way that's going to improve it, make it more efficient, make it more consistent, and ultimately make it more successful.

THE CHAIR: MLA Clark, you have 24 seconds.

BRAEDON CLARK: Twenty-four seconds - an NBA shot clock. I don't want to cheat myself here. I appreciate that, and I think for all of us here and all of us who are members, we wish you success in that, of course. I have questions on targets and other things that you mentioned earlier, but I'll probably save that for our next round. Thank you.

THE CHAIR: The time for the Liberal caucus has expired. We'll move to the NDP caucus. MLA Leblanc, you're ready to roll?

SUSAN LEBLANC: Thank you, Dr. Orrell and Ms. Ley for coming. I just want to pick up on a couple of things that you've said so far before I go into my scripted questions. The first thing that is you were talking about community clusters and about the needs of community clusters. You also said later that none of this work can be done in an isolated way. I'm wondering if you can talk about the coordination between your office and, for instance, the Department of Municipal Affairs and Housing or the Department of Education and Early Childhood Development when it comes to recruitment and retention of health care professionals in community clusters that aren't in urban centres.

What I mean by that is if a physician's going to set up shop somewhere in rural Nova Scotia, they need to know that there's going to be a school that's nearby for their kids. They need to know that there's housing. Also, when you were talking about the nurses coming from India and the Philippines, especially when they're being trained, where are they going to live? This is a very serious question.

In HRM our vacancy rate for rental units is less than 1 per cent, and I know in CBRM it's almost as bad. Is there planning going on between your office and the Department of Municipal Affairs and Housing and the Department of Education and Early Childhood Development?

KEVIN ORRELL: That's hugely important. One of the first things that I did with other members of the office, when the office came together, was to travel the province and engage with the community groups that are present from one end of the province to the other. They are in various stages of development. If we look at some of the ones that are very well established, we would look to Yarmouth, Kentville, Pictou County, and Cape Breton South, which is becoming an up-and-running group of people.

Early on, we established a working theme that the office will recruit the doctor, and we're looking forward to the involvement of community groups to recruit the families. To

your point, to recruit a family you have to have things in place like housing and schools. There are a number of families who come whose children require special needs. That can be very different in different parts of Nova Scotia. Again, we try to support all of those interests of families who would be coming, who we hope would ultimately make Nova Scotia their home.

[1:30 p.m.]

The government departments that we're involved with are very receptive to this new office. So yes, we are very aware. I had a job previous to my time in Halifax with government, with the infrastructure development project in Cape Breton. I am very aware of the importance of infrastructure, of housing, and I still have the relationship with people who can help us out with that. We've dealt with a doctor, for example, a pediatrician, who came to the province and was interested in servicing an area where there were no pediatrics. He had seven children, so housing was hugely important for him.

There have been those connections. Early on, in the short term of the office, we dealt with these things individually. At this point though, I think we're established enough now that we have to get into policy and strategy as to how we move this forward on an ongoing basis.

We will be engaging with the Department of Municipal Affairs and Housing. The Department of Advanced Education has certainly been very helpful in identifying the need for increased training, education and improvement in the number of seats. There have been an additional 16 seats at the medical school. Just recently, there have been 70 seats added for nursing, and we work closely to support that. A large amount of what we do is very co-operative, and when we submit decision requests, they will be collaborative efforts.

The other thing about the family support is that we are trying to make the communities that are well established - like Pictou and Yarmouth - use them to encourage the other communities to build the same sort of community welcome and support for new families who come to work there.

SUSAN LEBLANC: I'm glad you finally got to the part where you were like, we are going to collaborate with those departments. I was going to summarize what you said and say, no, you haven't done that, but it sounds like that is in the plan.

I just want to reiterate, for mass recruitment efforts like nurses - especially with folks from out of country, to ask them to come to Canada and work - we need to be able to say: there is housing already set up for you, here it is, and it's actually affordable. It is a really big issue, the housing part.

What you've just said has segued nicely into my question about vacancies. In Dartmouth, for instance, where I represent Dartmouth North, a lot of folks go to the

downtown clinic on Portland Street. It is my understanding that there were a number of recruitments of physicians there from England in the last couple of years. Then in the last couple of months, I have heard from a number of constituents that a number of those doctors who came a couple of years ago are now leaving again.

Our numbers, according to the Nova Scotia Health Authority website, says that there are currently 84.6 family doctor vacancies - I don't know if that's FTEs or what that is, but it's 84.6. It was a jump from 74.75 vacancies. The question for you is: Why is the number of doctor vacancies increasing, and when will the trend reverse?

I know you've spoken about retirements, and I know you've spoken about other factors, but I'm particularly interested in this in the frame of doctors coming here, being recruited, and then leaving again. Is there something going on that they're not happy with? Have you got feedback about that?

Again, I'll reiterate my question: Why is the number of family doctor vacancies increasing, and when will the trend reverse?

KEVIN ORRELL: I think the numbers that you refer to are probably consistent. I was probably a little more pessimistic than you were. I think that 74 is a reference to doctors, and I suggested that we really need 100 doctors. Again, I'm addressing it based on the fact that doctors are going to be working differently than they have in the past.

The Dartmouth doctors who have left - there were several from the U.K. Unfortunately, one who was very active and very busy in Dartmouth became ill and she returned to the U.K. That's one of the practices I spoke about where we have put in support so that the practice can stay together and remain intact. We are working very hard to find doctors who will address the group of patients that this lady had before she left the province.

SUSAN LEBLANC: In rural emergency departments, we know that they are being routinely and unexpectedly closed. This has carry-on effects for the entire system, for paramedics and patients having to go farther and waiting longer for help. In September, there were 19.5 emergency medicine vacancies. I'm wondering how many emergency medicine vacancies there are today.

KEVIN ORRELL: I don't have an exact number. I think we could try our best to get you the most updated information on that. I practiced orthopedics for 32 years, and I don't recall any one of those years when we would ever say that we had enough emergency room physicians.

In some communities they're supported by the doctors who do other things. They're not full-time emergency physicians - they work as family doctors or in other capacities and do shifts in the emergency room. Regrettably, as this cohort of doctors got

older, they withdrew from doing as much work in the emergency to cover it. There will have to be some serious discussion about how to support rural emergency rooms. It will have to be policy and strategy formation by others.

From the point of view of our office, we have recognized that the people who are identifying themselves as emergency room physicians are quite clear that they don't wish to go and work in isolation. They don't wish to go to places where they don't have specialty support when somebody comes into the emergency and may require an internal medicine specialist or a cardiologist or somebody to address a gastrointestinal bleed. So there are some very significant considerations for the new group of emergency doctors. That's all part of the way that policy around these emergency rooms will be considered.

In the larger centres - for example, in Central Zone - we had people who have inquired of the office about their ability to work, and we are pretty robust in terms of emergency room physicians in Central Zone. We try to encourage their relocation to other parts of the province that would need somebody.

SUSAN LEBLANC: Are there incentives for them to go outside of the province in that case? I know there was an announcement about some pay bump, but how do you encourage them to go to other places?

KEVIN ORRELL: There is an interest in Nova Scotia. I think we've set a high standard in terms of lifestyle. We are addressing the needs of the newer group of physicians who are coming to the workforce, and we're trying to address the workforce balance that they're trying to achieve. I think Nova Scotia has set a very high example of its management of COVID. There's some interest in people that have lived in other parts of Canada, in places where COVID was not managed as well. They have some interest in coming, their individual interests.

We encourage them based on the fact that we can offer jobs that meet their requirements. In other words, if they want to go to a regional centre with other colleagues, with other support, we aren't identifying an isolated job in a rural community that's their only chance of work. I think we're welcoming, and I think we're trying to address exactly what they're asking. The current incentive programs which were announced yesterday don't address emergency room physicians.

SUSAN LEBLANC: Speaking of specialist vacancies, the NSHA website only lists current specialist vacancies, and it's not broken down by specialist type. That means it's difficult to tell what kind of progress we're making over time and which specialist areas are more popular and which are not, or which are doing well, and which are not.

I understand that we've published the recruitment numbers, which is not as helpful a metric to understand the full picture. I understand that there are some privacy reasons and that kind of thing - but I'm wondering if you think it would be helpful for Nova Scotians to

see our progress over time in addressing physician vacancies, and if you'd be willing to post that kind of information?

[1:45 p.m.]

KEVIN ORRELL: I don't think anything is secret enough that this is clandestine or anything. I think that part of the issue is that the specialty vacancy, if you will, is very fluid. We could identify that we need a community cardiologist to come to Central Zone. One person could fill that need, and that would be then a completed speciality. We have others, like general internal medicine specialists, who we need, perhaps in larger numbers. I think that identifying that would clearly give us a presence in terms of people who are looking to see if this is the right place for them to work. I don't think we're holding any of that secret.

I think that the Health Authority has to be able to identify jobs. Sometimes once one job is filled, that's the completion of that vacancy. How they report it, that's information that we will gather. We'll work with them, and if there's benefit for recruitment, then we will certainly encourage a more open approach to that.

SUSAN LEBLANC: Given that, I'm wondering if your office would be able to provide the vacancies. I just think that people want to know. Even if it is fluid, even if a job gets filled and then that's not a vacancy anymore, that's the point of publishing the numbers, so we can see progress. I'm wondering if your office would be able to provide the vacancies by specialist type so that the NSHA could publish them.

If I run out of time, I want to also say, yes please, it would be great if you could give the committee the numbers on those things that you said you don't have the numbers for. We'd love to have the numbers. That's emergency medicine, vacancies and there was something else that my colleague from the other party asked for.

My question is, would your office provide the specialist numbers for the NSHA to publish?

KEVIN ORRELL: My opening remarks dealt significantly with a need for us to be collaborative. Part of being collaborative is that we're not the boss all the time. I'm very much aware that we, as a brand-new office that has existed for six months, can't barge in at the Nova Scotia Health Authority level and say, this is the way you have to start doing things now. We can have the discussion with them. They may have reasons for the way they do some things that I am unaware of, and I should be receptive to their comments about that and be willing to adjust my thinking about what should be done.

I'd like to work with them. I don't want them to work for me, and I don't think they'd appreciate the attitude that they have to work for me. It's something we can explore with them, for sure.

SUSAN LEBLANC: You talked about collaborating with Housing Nova Scotia and that kind of thing. I'm wondering if you're thinking about future development in regions when you're looking at what we need where.

For instance, in my riding, I know that there are 2,500 development permits that are approved by the HRM for building new residential units, and if one other housing development happens, there will be 7,000 more. So all of a sudden, Dartmouth North turns into a place that has a very low ratio of physicians to people. I'm wondering if you're looking at those kinds of projections when you're doing your planning.

KEVIN ORRELL: Absolutely, and this is where we are going in terms of the long-term work of the office. We're going to investigate these needs. The workforce planning that we've put together as a working document now has to be embellished. It has to have more detail about chronicity of disease, about where people are living and where they're migrating to in the province. So yes, those are very important considerations for the future.

SUSAN LEBLANC: Paramedics have been sounding the alarm for years about their working conditions. We've heard a lot about paramedics lately at PAC and in other areas. It is routine for paramedics to work 12 hours or more without a break. We know that many have left the region to work elsewhere for more pay, and many are off on stress or injury leave. How many paramedic vacancies do we currently have?

KEVIN ORRELL: Again, the updated number on vacancies, I would put together as a document to deliver to the committee afterwards. It's been changing. There were a large number of paramedics who were off on compensation. They were vacant positions because people weren't able to work due to injury or stress. We've worked with others to improve that situation and provide ease-back and ways of introducing them back into the workforce.

Paramedics are a group that we heard loud and clear on the Speak Up for Health Care tour. We are making every effort to address their concerns, because they are very serious . . .

THE CHAIR: Order, the time for the NDP caucus has expired. Moving on to the PC caucus. You have 20 minutes. I believe MLA Smith is beginning.

KENT SMITH: Thank you, Ms. Ley and Dr. Orrell, for being here today. I can't tell you how excited I am for this topic and to have a conversation with you folks about the future - what our province is going to look like with the work that your office is doing, Dr. Orrell.

Obviously, my excitement isn't coming from the vacancies that my colleagues spoke about, but the excitement from what both our government and your department have

put in place in the last four, five, or six months to help CCAs, paramedics, and nurses - and then the significant announcement yesterday.

My initial question is: Can you give us a bit more detail? We'll take as much detail as you'd like to share on the announcement that was made yesterday, in terms of the doctor recruitment for rural and the website that was launched as well. If you want to share as much as you can with us about that, please, Dr. Orrell.

KEVIN ORRELL: The previous incentives that we had in the province - there were various uptakes on those. They didn't seem to be addressing what the new graduates from residency programs were interested in. There was confusion about - I spoke about the inconsistent way that information was dispersed to people based on who was relating what was possible. This way seemed to address all the things that we had heard from people that had previously investigated the old type of incentives. This simplifies it. Part of the issue for new graduates was that they're in debt, so debt relief was important.

Many were married, had families, and they were interested in establishing in a community, and wanted to put a down payment on a home or a property where they could install their family, settle in, and get to work. The $25,000 that is available at the signing of their contract allows them to do that. They can pay a chunk down on their debt and reduce interest, or they can consider a down payment on a home and set up a mortgage. The $20,000 thereafter for the next five years allows them, again, a sum of money given at one time that would address those things - their indebtedness, or something that they need to support their home and family. This way it simplifies it.

We've extended it. Incentives were available for tuition relief in the old system if you were within seven years of graduation. This has been extended now to 10 years, so it will envelope more people, and we anticipate more uptake. The payment early on was something we heard loud and clear, and the new residents were actually very demanding in that respect. They wanted something that they could use up front because to pay it off at the end when they're a higher income earner has tax implications. They are able to use it at a time that is most effective and least taxable for them. We're happy about that.

It is designed to put doctors in the office and to see patients. It is for people who will be in an office environment. For the specialists, they will be doing the duties of their specialty, taking a call and doing that.

One of the things that is very important is that we make sure that any of the new sign-ons for these incentives completely understand it. In the past, people were very anxious to get signed on and to get the incentive, but they didn't really have a very in-depth consideration for the implications of a return of service, for example. There was a lot of confusion about that at a time they had to deliver on their return of service.

We have asked that be a service Doctors Nova Scotia provides - and Doctors Nova Scotia has accepted - as support for their new members who wish to be mentored in terms of their contract and return of service commitment. We'd encourage every one of them to do that.

KENT SMITH: In the announcement yesterday, it talked about this incentive being eligible for doctors outside of the Central Zone. I represent the Eastern Shore riding that is all in the Central Zone, but it's a very rural aspect of Central. Does this incentive apply to anywhere in the Central Zone, or is it just outside of Central?

KEVIN ORRELL: We had a very significant discussion about that, and you're quite right. In Central Zone, there are some areas that are just as rural as other parts of the province. We have extended the incentive for people who are willing to go to places like Musquodoboit, Sheet Harbour, down along the - I'm not great on my Nova Scotia geography in Central Zone, being a Cape Bretoner - but there along that border area, that would actually be officially in Central Zone. They are places that are difficult to recruit to, so it's been extended to there. I think it's basically HRM - it's the Hants Corridor I'm referring to. They would be eligible for incentive there.

KENT SMITH: That's great. The Hants Corridor and the rural hospitals in Central. Perfect. Thank you. One final question: Do we have targets for this incentive program? Have we had preliminary conversations with any doctors saying that this incentive is coming? Do we expect to see a huge uptake initially in physicians who are going to take advantage of this, or are we expecting a slow, gradual, 10 to 15 doctors over the next year? What would your expectations be of how this program is going to play out?

KEVIN ORRELL: The first thing: We recognize that recruitment of people whom we train here in the province is perhaps our richest source of personnel. We - I and members of our office - have been out to meet with every group of residents across the province. We had meetings with them as a large group of residents, and then individually to each of the sites where they are currently training. There were a number who have expressed an interest in staying in Nova Scotia - quite a significant number actually - and these are new graduates with the potential for 35 years of service.

Then we've had the individual connects from people outside of the province who were interested in coming. The incentives were a large part of their consideration, so we held them off on the signing, if you will, until the incentives were officially announced, because that was part of their thinking as to why they wanted to remain in the province.

Now that the incentives have been announced, we're formalizing the contracts with the residents. In Sydney, I believe we're going to have about six of the nine or ten residents who are there so far, and similar uptake, even more uptake in other residency training across other parts of the province.

We didn't want to deceive anybody and have people sign before the incentive was available, so they were very happy to wait. Now that it is here, they're anxious to sign.

[2:00 p.m.]

KENT SMITH: I appreciate those answers, and hopefully you can encourage at least one or two of them to head to Sheet Harbour. I'm concluding my questions and passing along to MLA Barkhouse.

THE CHAIR: MLA Barkhouse.

DANIELLE BARKHOUSE: Thank you both for coming here today - I truly appreciate it. I know from experience with the hospitals on the South Shore - both in Lunenburg and Bridgewater - the excellent care that the health care profession provides to their communities. I know we simply need more. I've heard snippets of the answer to this question, but I'd like to round it up. Could you talk to us a little bit about the current staffing levels in rural areas and how they compare with urban settings? What will yesterday's announcement do for doctor recruitment in our rural areas such as the South Shore?

KEVIN ORRELL: The rural areas have suffered the same deficiency of staff that many other parts of the province, both rural and urban, have suffered.

I don't have a breakdown of a percentage in terms of is it more, is it less. I know that from the point of view of a news release from Doctors Nova Scotia, we still have the same percentage of doctors that are working in rural areas as urban areas. There doesn't appear to be a statistically significant difference in the way they've worked in the past. There is an uptake.

The problem is that many communities have very senior people who are working. For example, in this province there are 189 family doctors who are over the age of 65. That often is the case in rural communities.

Some of these doctors, as a devotion and a commitment they've had for years, continue to work until they can get a replacement. There have been some improvements in the way we attract people to rural communities. The Longitudinal Integrated Clerkship Program that Dalhousie University offers places some of their medical students into a rural environment to train for the last two years of their medical school training. As I stated, those who tend to train in an environment oftentimes remain in that environment.

There has been a large support for rural communities from doctors who come to Canada from other countries, and we are ramping up the Practice Ready Assessment that the doctors are able to undertake to become licensed. That has been a very strong support for communities that are smaller, that have had trouble getting physicians.

On the Speak Up for Healthcare Tour, we heard from many of these doctors who identified that they'd been in rural communities for very long times about some of the concerns they had. We heard some of the issues they raised about going forward and how they could sustain the group that was there and augmented with the necessary support.

We also heard from the nurses in rural environments. What they needed was support for the patients who become very sick - the patients they have to look after before they can be transported to a larger centre - and how they needed mentoring and support from the regional centres.

All of this became part of the way in which we're addressing some of the issues that we heard about. The mentoring program for nurses - we're working on a very significant way to support them in their early career and to support them when they feel isolated in the smaller community hospital. Those things are all encouraging, and I think they will address many of the problems.

Personally, I've been out after the tour to follow up with a number of these rural doctors. They have made very significant observations of things that they've witnessed over the years, and they have formulated ways in which those things can be addressed. With that information, we are going to be pulling together and planning to support them as best we can.

DANIELLE BARKHOUSE: Excellent. Thank you for that answer. I would like to know though, what is the response time when it comes to getting back to doctors who wish to practice in Nova Scotia? Is it 24 hours afterward that they get a call, or within a week or a month? For example, a doctor comes online and states that they're interested in practicing in Nova Scotia - how long of a wait time?

KEVIN ORRELL: The website was created to identify Nova Scotia as a welcoming place and somewhere, in an expedited way, you would hear back about opportunities, and we could foster the interest.

What we heard from many people on the tour when we went around the province - and often people who had come to Nova Scotia anyway - was that their process of actually getting here was very delayed. There seemed to be a lot of barriers, and they didn't find it - there were no deadlines met. It happened because it just evolved. It didn't happen because there were time frames set and appointments that were kept and met, and all those kinds of things.

We are now in a position - based on the website and the commitments that have been made by the Premier - that people will receive a call back. For those who are eligible, who are licensable and wish to come to Nova Scotia, we will expedite and very quickly arrange for contracts for them. Everyone should receive a call within 24 hours to thank them, to welcome them, and to explore their interests. Then we have a pathway that will be

followed as we transition through their credentials, evaluate their CV, look at their interests, and look at the type of practice that they're interested in and where they might like to go.

DANIELLE BARKHOUSE: I appreciate the hard work you're all doing, and your answers. I would like to share my time with my colleague, so I'm going to pass this on to MLA Palmer.

THE CHAIR: MLA Palmer, you have almost three minutes left.

CHRIS PALMER: I want to thank you, Dr. Orrell and Ms. Ley, for coming today. The work that you and your department is doing is well-recognized and appreciated in many of the health care practitioners that I work with and represent in my constituency.

Recently, there have been investment announcements to upgrade various hospitals to accommodate family medicine residents - one of which is in Kentville, close to the area that I represent. Could you tell us a bit more about how those investments to upgrade those hospitals for family medicine residents will help retain doctors in rural areas of Nova Scotia?

KEVIN ORRELL: Part of the problem with encouraging trainees to go elsewhere - - as MLA Leblanc outlined - is that there has to be support for them in terms of housing and school for their children, and things like that. The communities that are well established - Kentville just announced recently that they had a facility that could accommodate people, where they could live, and they could train. Not everybody who goes to Kentville or goes to Yarmouth, for example, wants to buy or is able to buy a house to support them for the two years that they're going to be training.

These communities have come forth and have put up buildings with apartments. They're able to support the need for housing for residents. Sometimes it's singles, residents who live together, or sometimes it's families that can be installed in one unit. That's a very important part of this in some of the smaller communities. I came from Sydney and witnessed the difficulty people had trying to find rentals in Sydney when the hospital or the Health Authority didn't have available facilities for that. I witnessed how difficult it was, and how they tried to do it from afar and ended up very remote from where they were working. Now these communities are supporting in terms of infrastructure.

We know that infrastructure is critical to the way the residents work. If they're on call, for example, one of the issues may be that they have to get on their computer and they need technology to . . .

THE CHAIR: Order. The time for the PC caucus has expired. Thank you. We have approximately 11 minutes per caucus for the second round of questioning. MLA DiCostanzo, do you want to go for the Liberals?

RAFAH DICOSTANZO: I'll start, and then pass it on to my colleague. Dr. Orrell, we all know that it's about productivity. We have per capita more doctors than other provinces. I was so excited a few years ago. It was three years ago when my colleague, Randy Delorey, announced that we are giving some of the scope of practice from family doctors to pharmacists or to nurses and nurse practitioners. To me, that was an achievement and a half. At the time, if I'm correct, we gave about four things - whether it was the UTI for females, whether it was the prescription renewal. I believe it was four things that we gave to pharmacists, but there was a list of 10 that Alberta was giving, B.C., and other provinces.

Where are you with that, increasing the scope of practice and giving allied health workers some of the pressure that is on our doctors? We've done three or four years now. How many of our patients or people are going to the pharmacist? You must have some data to know that this has worked and how well it has worked and how we can do more.

KEVIN ORRELL: The transition of some of those services to allied health professions always made sense to me. During my clinical years, I frequently engaged with pharmacists, for example. I'd order medications for my patients post-operatively, and I'd be called about the risk of drug interaction between something that they were taking regularly and something I might have ordered for pain or for nausea or whatever. These things were critically important to me as a busy surgeon to get the feedback from people who knew more about it than I did.

I think we have come a long way to recognize the skill of these individuals and how much they can actually contribute. Yes, pharmacists have been wonderful. These people have exquisite training in Nova Scotia. Nurse practitioners, it's a master's-level degree that gives them an expertise to be able to do more than their original job description describes. Now they're able to order more medication, they're able to make judgements about people for discharge. They can contribute in very significant ways, especially at a time when doctors are all so busy and can't always address things immediately. There are ways they can do that.

Physician assistants is a pilot that's taking place in Nova Scotia. I think the pilot has been enormously successful. I think that will be expanded based on the ways in which the physician assistants can do a great deal of care for patients in hospital and with other doctors in clinic environments and other venues.

There's a whole host of well-trained people, psychologists. I think the pandemic has clearly shown us that the value of recognizing their abilities is very real. They were very contributory to the management of COVID in terms of testing, in terms of vaccination, et cetera. To my mind, that is very positive. I think we've come a long way, and I think we have more potential.

RAFAH DICONSTANZO: I didn't hear that you are still having more negotiations to increase the number of items that those pharmacists can do and other allied workers. Are we going in that direction to increase from four to ten, if the other provinces have done that?

[2:15 p.m.]

KEVIN ORRELL: Most certainly, we are making more progress in terms of recognizing what else they can do, for sure. The nurse practitioners are a really good example, because we're having discussions about how they can manage people in long-term care facilities and contribute on virtual care. We've expanded a great deal of the allied health professional duties, but first we have to engage with their regulatory colleges and bodies to discuss all of that. Those discussions are taking place, yes.

RAFAH DICOSTANZO: I do have another one, but I'm going to let my colleague ask his. If there's time at the end, I'd love that, too.

THE CHAIR: MLA Clark.

BRAEDON CLARK: Dr. Orrell, I just quickly wanted to ask you a little bit about recruitment on the mental health side, which hasn't been touched on too much yet. I'm sure my PC colleagues will remember very well that the government ran on a promise of universal mental health care. I'm just curious as to how your office is managing that, thinking about that. Do you have targets, goals for all of the professionals who are involved in the provision of mental health to make this a reality?

KEVIN ORRELL: We're not actually making policy or formulating policy about mental health per se. What we are doing in our office is supporting the Office of Addictions and Mental Health. They will be the policy formers and they will address the mental health needs and the provision of care that's required. We will collaborate with them in terms of staffing and in terms of augmenting their workforce as best we can, so we will take direction from their evaluation of what they plan to do in the province to address those needs.

BRAEDON CLARK: Just so I'm clear, at this point, your office is not actively recruiting in the area of mental health until you are directed to do so by the Office of Mental Health and Addictions - is that right?

KEVIN ORRELL: No. I'm sorry if I gave you the wrong impression. We will not be addressing the policy formation of how mental health and addiction care will be delivered. What we will do is augment the workforce that is required based on the policies that will be coming forth from the office that is doing that.

Yes, we are supportive in so far as we will be actively recruiting and attempting to retain people in the province to do that work. The policy formation will rest with the office, and we will support them in terms of recruitment and retention. In fact, we've already had contact early on in the office with many individuals who have had mental health training, either as a psychiatrist or a psychologist, who were exploring the interest of coming to Nova Scotia.

BRAEDON CLARK: Thank you for that clarification, Dr. Orrell. I'm not sure how much time we have left. Mr. Chair?

THE CHAIR: You have three minutes.

BRAEDON CLARK: Okay, I'll throw it back to my colleague then for the last three minutes.

THE CHAIR: MLA DiCostanzo.

RAFAH DICOSTANZO: My colleague, Zach Churchill, was working with your department on blended capitation, which is a different format of paying doctors - the APP plus fee-for-service. Is that still on the table? What are you thinking about that? Is that continuing to help attract doctors if you give them the salary and incentivize them with a fee for service? Where are you going with that idea, if you don't mind?

KEVIN ORRELL: The last contract with Doctors Nova Scotia went from April 1, 2019 and will expire on March 31, 2023. That contract did provide funding for exploration of blended capitation as a method of remuneration of doctors. The doctors are paid in many different ways. Of course, fee-for-service addresses the doctors who work and receive a payment for each individual encounter, whereas an APP - an alternative payment plan - pays them a salary, and then there are deliverables on that.

The blended capitation would be a mix of both. It would encourage panel sizes in doctors' offices to be increased because they would receive base pay for the size of their panel. This is still very much an interest of the physician services branch of the Department of Health and Wellness. We will be collaborating and working with them to bring that forward. There will be an expression of interest posted very soon. We'll need somewhere between four to eight practices that will be engaged in a blended capitation funding model. We'll bring that forward as a pilot with the hope of that being expanded and being offered to family physicians across the province. The funding is in place for that.

RAFAH DICOSTANZO: I hope it goes forward, both items - the scope of practice, I hope we have a date that we can add to those four items to make it ten. I just hope that we've had time to prove that it works. You said how well it has worked, and financially, it helps us as well. I hope we will hear more scope of practice and capitation from you soon. Thank you again.

THE CHAIR: We will now move on to the NDP second round. MLA Lachance.

LISA LACHANCE: Thank you for joining us today. You know as well as we all do that you're working on an issue that's so important to Nova Scotians. All of us who were in an election six months ago were definitely hearing about this on the doorstep, and people's fears around access to health care.

In my riding as well, I have a lot of health care professionals - as I think we all do - who talked about the strain of the system. I think, Dr. Orrell, that's something you've been talking about. We're talking about whole communities.

We're talking about a very complex system - ER docs who, because of a lack of mental health and addictions programming and services, are constantly dealing with overdoses and mental health issues in the ER; folks who do diagnostic work, so radiologists - really upset, because they feel like in their own caseloads, they're not getting through things fast enough; folks who can't get their patients out to long-term care. Really, all of those pressure points - not just within specialities but also how they connect to others.

I'd like to keep asking a bit more about a couple of other areas that are important parts of the system. I actually really just wanted to clarify on the mental health file. You've been undertaking some recruitment as it comes forward, but when is the anticipation that you'll have a plan from the Office of Addictions and Mental Health to actually activate implementing that plan?

KEVIN ORRELL: All of these things are taking place. We are six months into the mandate that we've been given, and recognizing the complexity of the system, we've tried to address the very significant, very alarming things that people are concerned about. We've addressed a great deal of what we've done so far based on the information we received during the Speak Up for Health Care tour.

Yes, there was significant discussion about stress, about the influence of the pandemic on people's well-being. The Office of Addictions and Mental Health now has a clinician, Dr. Sam Hickcox, who is present. We've had preliminary discussions and we will be engaged at a higher level to formulate how we go forward in terms of what they are going to bring forth as policy and strategy and how we can align on the recruitment and retention side of that. There are many discussions across the different sectors that work in that field. We have social workers, we have psychologists, we have psychiatrists, and clinical assistants who contribute to the care of patients in need of mental health and addictions support.

All of that is in development. Regrettably, six months is just not enough time to bring everything to fruition based on the priorities that have been set, but we are undergoing those discussions.

LISA LACHANCE: You've also been talking about the community clusters and how those are part of the planning that's going on in terms of working with communities to understand both what is needed and how to support recruitment and retention. One of the long-standing asks from the Nova Scotia Association of Community Health Centres is for an infusion of operating funding. It would help them expand who they serve and how they serve folks. Is this under consideration?

KEVIN ORRELL: Within government, there are many considerations, of course. The office specifically is not addressing the financial requirements or requests from individual organizations, except that we have $2 million in our budget that was part of the election platform of this government to provide for supportive community groups. As we go forward, we will be using those funds in the most efficient way. Again, that's under development as to how best suited that will be for the different communities because the requirements in each community are very different. We will not be in charge of the distribution of support for various organizations other than that.

LISA LACHANCE: On another end, in terms of collaboration and stresses in the system, I'm wondering about the work that your office is doing with the Department of Seniors and Long-term Care. As we know, that's a major source of stress for movement within the health system: folks who are stuck in long-term beds or even in ERs as they wait for long-term care spaces. I've heard from a lot of health care professionals who are feeling the stress that their patients are under while they're not in an appropriate placement and it is not acceptable.

I know that there has been discussion about how we're going to increase support for CCAs in terms of training and recruitment. I'm wondering also if you've been working with that department to look at things like raising the minimum staffing standard to 4.1 hours of hands-on care per resident. Will we see anything brought forward in the near future on that issue?

KEVIN ORRELL: This is a very close association with the Department of Seniors and Long-term Care, most certainly, and you're quite right, this is a very significant part of our health care system. We've witnessed what takes place. I have the clinical experience while working as a surgeon as to how you can work in a hospital when access and flow come to a halt. This has been near and dear to me for many years when I was practicing surgery.

One of the things that I attempted to do during my stay as Deputy Minister of the Department of Health and Wellness was to elevate the reputation and the value of the CCAs who work and look after our most vulnerable citizens. Again, COVID demonstrated their absolute essential presence in this environment and how important they are for the health care system. The government has recently recognized that by a 23 per cent wage increase.

We heard from CCAs on the Speak Up for Health Care Tour as we travelled the province. They needed more morale. They needed to be recognized for the very significant work they do. They needed to be helped. There are other ways that we can have people who work in long-term care facilities support them.

[2:30 p.m.]

One of the projects that we are jointly doing with the Department of Seniors and Long-term Care is a pilot for daycares on site - daycares at two long-term care facilities in the province. Why that's important is because this workforce is a very young workforce. They're often very young families - very young mothers who require that service in order to be able to take on early morning shifts and be able to deliver the children before their work starts, and to perhaps accept a full-time position rather than a casual job without benefits and all of that consideration.

The recognition and trying to meet the special needs of that workforce is very important, and we have been engaged with that department as well.

LISA LACHANCE: How much time do I have?

THE CHAIR: Two minutes.

LISA LACHANCE: I want to ask about how your office is also evaluating your work. Earlier in the discussion, you talked about working with folks potentially recruited to Nova Scotia who previously had not felt that the process was going well, and now are reporting to you that it is going well. I'm wondering how you're capturing all this and how you're going to evaluate the difference that the office is making?

KEVIN ORRELL: We've had the individual successes. As I said, we have to look at the office as being an office that has evolved over the last six months dealing with short-term issues - recruitment of individuals. Then we have moved into a medium type of work in terms of engaging with people in training and engaging with somebody who may not be yet ready to work in Nova Scotia based on licensing, or who hasn't made the decision to actually come home - and follow through with those people on an ongoing basis.

In the long term, we have to direct policy and strategy. We have to align ourselves with all of the people who I've mentioned who we're going to collaborate with, in terms of long term, in terms of being able to do this on a permanent basis going forward.

Our initial successes were obviously - we heard from an individual who wanted to come to Nova Scotia, and they accepted a job. We're going to have some evaluation of our success with the current residents who are going to be finishing up. We will be able to

make an assessment of how many have agreed to stay, and what places that we can locate them.

Ultimately, the success will be based on the access Nova Scotians have to care. That's the underlying important . . .

THE CHAIR: Order. The NDP time has passed. We'll now move on to the last set of questions by the PC caucus. MLA White.

JOHN WHITE: Thank you for coming in, folks. You guys actually had me excited with the opportunities that are here and seeing that we're addressing some of the issues. Dr. Orrell, we know that staffing needs across the province vary, but when you consider particular specialties in those areas, have you had particular difficulty recruiting for certain specialties? If so, how will yesterday's announcement help address that?

KEVIN ORRELL: I think the areas that we've had the most difficulty for many years have been with family doctors, with emergency room doctors, with anesthesia, and with psychiatrists. Those are the areas that we would be very grateful to receive interest from, from those specialties. There are other specialties - for example, my own specialty, orthopedic surgery - where there's a large number of orthopedic surgeons in the province, and we wouldn't be in immediate need of those.

The incentives are very contributory to the new physicians who are going to come and express an interest in this province. I think that the difficulty that we have to recognize is that for those four specialists - and family doctors are certainly a specialist. They provide a care that's very unique and should be recognized as a specialty. For those four groups, we are in a situation across this country and in the world, actually, to compete for them. We, I think, will place ourselves in a much more competitive position by having something to offer.

Nova Scotia's ahead of the game on the incentives. Not every province has them, and we've come out of the gate early. We're hopeful that that will recognize us as a competitive place where people can come to work and establish themselves. I think it will be very significant.

JOHN WHITE: It's crazy to think about health care as a global market, but it truly is. Can you speak about the temporary licence approved by the College of Paramedics of Nova Scotia, and how it will support the shortages in emergency health services?

KEVIN ORRELL: There was a significant disconnect between the completion of training of paramedics and the national licensing exam that they had to write to be fully qualified. There were many months of lost time for the paramedics who were waiting to write the exam. It was recognized that they've achieved a significant level of skill. Their

training is very comprehensive, and they actually can do the work. With the appropriate supervision by senior colleagues, they're now able to enter the workforce.

This is huge, in terms of the numbers who will be able to begin work early and offset some of the deficiencies we've had on a day-by-day basis within that sector.

JOHN WHITE: I have one more question. Can you tell us what the $2.5-million Help Wanted recruitment campaign that was announced in December will do to attract health care professionals?

KEVIN ORRELL: The marketing for immigration that will permit, again, a removal of barriers and be able to address people to get into the province much faster than they have been able to do so in the past - we have had a very significant experience with international medical graduates. The ones who come and have been installed into our communities have been very productive. It was recognized that we have to encourage, we have to expedite, we have to provide the necessary support for the attraction of those people to come from other parts of the world.

JOHN WHITE: I believe I'm passing it on to MLA Smith.

THE CHAIR: MLA Smith.

KENT SMITH: A couple of quick questions based on some things that we've talked about already. In one of your statements - your opening statement or one of the answers to a question - you talked about collaboration with the federal government.

Very quickly, in my constituency I heard a lot on the doorsteps about a Canada student loan forgiveness program that is eligible for rural Nova Scotia, but by virtue of the extremities of my constituency being part of HRM, they don't qualify for being rural, which is silly. Has your office had any conversations with any of the federal representatives about that specific program?

KEVIN ORRELL: No, we have not.

KENT SMITH: In another one of your answers or in conversation, you talked about 40 nurse practitioners who are scheduled to graduate and enter the workforce, and you talked about a return of service. What's the length of the return of service for those nurse practitioners?

KEVIN ORRELL: For those who have received a salary during their length of time while they studied - the ongoing salary - the return of service to the communities they've agreed to go back to and support is five years.

KENT SMITH: That's great. That's very significant. Lastly, I'd like to wrap up with what I hope is a feel-good story. Dr. Orrell, we have you on record saying that your office talks to doctors who are from Nova Scotia and want to come back home and those who are looking for the kind of lifestyle that we have to offer here in this province. Do you have any feel-good stories that you'd like to share with us about doctors who have recently decided to make the move home?

KEVIN ORRELL: Well, I guess the best feel-good story would be my own daughter, who is training in Saskatchewan as a rehabilitation and physical medicine and rehabilitation specialist. She's actually writing her Royal College of Physicians and Surgeons of Canada exams today. During the last year, she's been negotiating with the Health Authority to return to Cape Breton to a job that's been vacant for eight years. That's very significant, insofar as the job will be filled. I get to have a daughter that can put me in a nursing home and enjoy grandchildren at some point in time. (Laughter) I'm very excited for her. I'm very excited for her return to Nova Scotia.

I have another daughter who's studying dermatology. Although I probably don't want a face lift, I'd be grateful if she could come and make me look a little bit younger after this job is done. (Laughter)

KENT SMITH: Thank you very much for those answers and the personal touch that you added there, Dr. Orrell. We'll end on that note, but on behalf of the PC caucus, I'd like to thank you both for being here, and thank you for the work that you're doing for our province.

THE CHAIR: That concludes our questioning for today. Before we let you go, do you have any closing remarks that you'd like to make, Dr. Orrell or Ms. Ley?

KEVIN ORRELL: I'd like to thank the committee again for the opportunity to share the early work of our office in bringing health care professionals to Nova Scotia and to engage them in rewarding careers. As I've noted, this is the work of many different organizations, so collaboration is absolutely essential to our success. I'd like to thank our partners, stakeholders, and community groups for working so closely with us, thinking creatively, and advancing new ways to ensure that we have the health care professionals we need in Nova Scotia.

This is not work that can happen overnight. There are many moving parts. Some of them will take longer than others to align so that everything is moving in the right direction. We have taken some decisive action and put some new measures in place that will bear fruit fairly quickly. We are hard at work with our partners developing the comprehensive strategies that will secure the health workforce we need now and into the future. Thank you.

THE CHAIR: On behalf of the committee, we really appreciate you coming in today and shedding some light on this important topic. At this time, we are concluded with our witness questioning, so you are free to go. To the committee, you're not free to go. We just have a few items on the agenda for business. Did people want to take a couple of minutes, or are we good to continue? We'll just take a two-minute recess for bathroom, and then we'll get right in.

[2:43 p.m. The committee recessed.]

[2:46 p.m. The committee reconvened.]

THE CHAIR: Order. Under committee business, we have correspondence. We have two letters and an email.

We have a letter dated February 24, 2022, from Deputy Minister Jeannine Lagasse for the invitation to appear at the April 12th meeting regarding access to birth control and sexual health services. She has proposed to send two staff members in her place.

As well, we have a letter from Karen Oldfield, the President and CEO of the Nova Scotia Health Authority - an invitation to appear. She's asked to be excused, and to propose to send two staff members in her place.

Finally, an email sent by Dr. Allison Holland from the IWK Emergency Department that was forwarded to members this morning cites her busy schedule and has said that Dr. Melissa Brooks would be a better person to appear. Although the clerk has not had direct contact with Dr. Brooks yet, the CEO's office at IWK has said Dr. Brooks would be able to take part.

Discussion from the committee? Are we comfortable with these changes as presented? MLA Leblanc.

SUSAN LEBLANC: I wasn't going to say anything because my understanding is that if we don't say anything, then we just ignore the letters and we go on with business as usual. If we're going to have a discussion, then I would say we in the NDP are supportive of Dr. Holland's request to have Dr. Brooks here instead.

In terms of Deputy Minister Jeannine Lagasse and Karen Oldfield, we feel that they should be appearing at the Health Committee. I believe this is the second or third time that there's been correspondence from both of those individuals asking to not appear in front of committees they've been summoned to. I just feel that they, as the deputy minister and as the CEO of the Nova Scotia Health Authority, are the best people to answer the questions. If they can't answer the questions, then that's a problem. I think we need to ask them - we don't have to do anything, as I said, but I think we shouldn't do anything and should ask them to appear.

THE CHAIR: Any further comments or discussion? MLA DiCostanzo.

RAFAH DICOSTANZO: We agree with Susan Leblanc, and we would like the deputy minister to show up if possible. Maybe we can send a letter and ask if that is a possibility. I'll leave it up to Susan if she wants to make motion or something. I'm not sure.

SUSAN LEBLANC: We can clarify with the clerk, but my understanding is that we don't need to send a letter because we've already approved as a committee that these individuals be the witnesses at that meeting. If we do nothing, then that will remain the same. Perhaps the clerk can clarify or correct me if I'm wrong.

JUDY KAVANAGH: I don't think you have to pass a motion right now, but I would certainly have to inform them of the committee's decision today, which is not to grant the request they've made.

KENT SMITH: I think our caucus is fine with the suggestion to keep the deputies, add the new witnesses, and carry on as normal.

THE CHAIR: You're comfortable with keeping the witnesses, but adding the extra staff?

KENT SMITH: Yes.

THE CHAIR: Is everybody okay with that? In agreement - accepting the other two staff members to be present, but basically say the expectation is they continue to attend? Is that consensus? I don't think we need a motion if we're all comfortable with that. Am I right with that?

JUDY KAVANAGH: For clarity, Dr. Holland's request - everybody's comfortable with that?

THE CHAIR: I should clarify that. We're okay with Dr. Holland's request, but in terms of the other two - okay. Everybody else is fine with that, as well? Perfect. Any other business?

RAFAH DICOSTANZO: For other business, we do have a motion, and it was sent to the clerk this morning. I'd like to read the motion.

I move that this committee formally request the Office of Healthcare Professionals Recruitment provide a quarterly report to the committee outlining recruitment and retention goals, progress against goals, vacancies, and the return on investment of incentives as it pertains to physicians (family doctors and specialists), nurses (nurse practitioners, registered nurses, and licensed practical nurses), continuing care assistants, paramedics, and medical laboratory technicians. I request this to be a recorded vote.

THE CHAIR: There is a motion on the floor. Is there any discussion on the motion?

KENT SMITH: Just as a point of order and clarification, are motions meant to be shared with the committee prior to them being put on the floor? If MLA DiCostanzo is saying that it was sent out this morning, I don't believe that I received it, and I don't think I've heard anything of it until Ms. DiCostanzo just mentioned it now.

JUDY KAVANAGH: The practice is that they're not required to send it, but it's considered a courtesy if you can. What happened today was that Ms. DiCostanzo's caucus sent me the motion just before the meeting, asked me to hold it back until she made the motion. As soon as she began to speak, I hit send, and you should have it now.

KENT SMITH: I'm wondering if we can ask and be respectful to try to send the motions out to everyone the morning of so that each caucus has a chance to reflect on it prior to the meeting.

RAFAH DICOSTANZO: The practice is to give it to the clerk so that she can hand it out at the time. Normally, motions come from things that - the witness today said he would provide us with this information. He actually mentioned that. We're trying to get it on a quarterly or have it on their website. This information should be shared, and this is the purpose of this request. It isn't something - we come up with these things. He said something, but we were thinking of that anyway. He was going to prepare some information and numbers for us, and this should be a regular thing. We should have access to it. We shouldn't have to dig from the media to get this information, right? That's the purpose of this motion.

DANIELLE BARKHOUSE: I'd like to call for a recess in order to review.

THE CHAIR: We have six minutes left. We can have a short, quick recess. Is there agreement to extend the meeting to go forward? No, okay. We'll have a three-minute recess, and then come back for the discussion on the motion.

[2:54 p.m. The committee recessed.]

[2:58 p.m. The committee reconvened.]

THE CHAIR: Order. MLA DiCostanzo.

RAFAH DICOSTANZO: We only have two minutes, so we would like to extend it by five, at least, in order to get this motion discussed. There's no way we can do it . . .

THE CHAIR: Is there a desire to extend the meeting? I don't see a desire to extend, so you're calling the vote. Any further discussion? The motion is on the floor and has been called. You wanted a recorded vote? We will conduct a recorded vote.

[The clerk calls the roll.]

[2:59 p.m.]

YEAS	**NAYS**
Susan Leblanc	Kent Smith
Braedon Clark	Chris Palmer
Rafah DiCostanzo	Danielle Barkhouse
Lisa Lachance	John White
	Trevor Boudreau

THE CLERK: For, 4. Against, 5.

THE CHAIR: The motion is defeated.

Any further business in the 13 seconds? Seeing none, the next meeting will be on Tuesday, April 12, 2022, from 9:00 a.m. to 11:00 a.m. We're meeting in the morning because we will be in the House sitting in the afternoon. The topic will be access to birth control and sexual health services. Witnesses are the Department of Health and Wellness, Nova Scotia Health Authority, and I believe IWK, but we have a different witness for that as well.

At this point, I'll call meeting adjourned.

[The committee adjourned at 3:00 p.m.]