HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

STANDING COMMITTEE

ON

HEALTH

Tuesday, March 19, 2024

RED CHAMBER

Impacts of the Labour Shortage on the Health Care System

Printed and Published by Nova Scotia Hansard Reporting Services

HEALTH COMMITTEE

John A. MacDonald (Chair)
Danielle Barkhouse (Vice Chair)
Chris Palmer
John White
Nolan Young
Hon. Kelly Regan
Rafah DiCostanzo
Gary Burrill
Susan Leblanc

[Danielle Barkhouse was replaced by Hon. Trevor Boudreau.]

In Attendance:

Judy Kavanagh
Legislative Committee Clerk

Gordon Hebb
Chief Legislative Counsel

WITNESSES

Office of Healthcare Professionals Recruitment
Craig Beaton
Associate Deputy Minister
Department of Health and Wellness

Nova Scotia Health Authority
Dr. Annette Elliott Rose
Chief Nurse Executive and Vice-President of Clinical
Performance and Professional Practice

Doctors Nova Scotia
Dr. Leisha Hawker
Past President

Nova Scotia Paramedics Union (IUOE Local 727)
Kevin MacMullin
Business Manager

Nova Scotia Nurses' Union
Janet Hazelton
President

House of Assembly
Nova Scotia

HALIFAX, TUESDAY, MARCH 19, 2024

STANDING COMMITTEE ON HEALTH

9:00 A.M.

CHAIR
John A. MacDonald

VICE CHAIR
Danielle Barkhouse

THE CHAIR: Order. I call this meeting to order. This is the Standing Committee on Health. I'm John A. MacDonald, the MLA for Hants East and the Chair of this committee.

Today we'll hear from the Office of Healthcare Professionals Recruitment, the Nova Scotia Health Authority, Doctors Nova Scotia, the Nova Scotia Paramedics Union, and the Nova Scotia Nurses' Union regarding Impacts of the Labour Shortage on the Health Care System.

Just a reminder to put all your phones on silent. I'll now ask each committee member to introduce themselves by stating their name and constituency. This time, I'll start with MLA Boudreau.

[The committee members introduced themselves.]

THE CHAIR: For the purposes of Hansard, I will recognize the presence of Chief Legislative Counsel Gordon Hebb to my left and Legislative Committee Clerk Judy Kavanagh to my right.

MLA Leblanc.

SUSAN LEBLANC: I'm sorry to interrupt your introductions, but before we begin, I have a quick motion to make, please.

THE CHAIR: Has the motion been sent to the clerk?

SUSAN LEBLANC: Yes.

THE CHAIR: It hasn't been distributed yet, so I guess we'll get it distributed right now, if you could please send that along.

If it's okay with you, can I do the introductions of them while that's emailed, and people are able to read it?

I'm going to welcome witnesses, and I'm going to have you introduce just your name and position and how you'd like to be referred to, going from - I'll start with Associate Deputy Minister Beaton.

[The witnesses introduced themselves.]

THE CHAIR: Now we'll get back to the motion.

MLA Leblanc.

SUSAN LEBLANC: Including all of our honoured guests today, we also have in the audience, as it were, members of the Nova Scotia Government and General Employees Union, including President Sandra Mullen.

NSGEU represents 14,000 members throughout the health care system. I'd like to make a motion that this committee amend our witness list for today's meeting so that we can add NSGEU and Ms. Mullen to the witness list so that we're able to hear from the representatives on behalf of the NSGEU members in the province.

THE CHAIR: Is there any debate?

I'm just going to ask a question of the clerk. MLA Palmer.

CHRIS PALMER: If we could take a minute; we just received the motion. I heard the member, but if we could just read through the motion - take a minute to read the motion?

THE CHAIR: That's fine.

MLA Palmer.

CHRIS PALMER: I appreciate the motion put forward by the member. It's important that Nova Scotians have an opportunity to hear from all voices - as many as we can get - on different topics.

Just, I guess, a reminder to the committee and to those present that at the agenda-setting meeting for this particular committee meeting this morning, when the topic was selected, the witnesses were presented, and unfortunately, NSGEU was not included in that list.

In preparation for meetings, it's always important that all parties have an opportunity to prepare as witnesses when they come before us to prepare for questioning and hopefully have insight into what could be said. I'm going to maybe put another motion - or how do we proceed on that, Chair?

THE CHAIR: Depending on what you'll be asking - if the intent on what you're about to move is to nullify theirs, I'd have to call that out of order. You'd have to vote against the motion. If that was your intent, then I'd call it out of order. If voting nay does what you're going to do, that's how you have to deal with it.

Any other discussion? MLA Burrill.

GARY BURRILL: Just to speak to Mr. Palmer's point, since that agenda-setting was done, the NSGEU has released a number of important figures at the tail end of January that speak very directly to the subject that's before us. It really would seem missing an awfully important opportunity to discuss this subject of shortages in health care without having the advantage of that research and the union that is the author of it.

THE CHAIR: MLA Young.

NOLAN YOUNG: With respect to the process of this, when we do agenda setting, we select witnesses and stuff for the meetings. I just think that it's not a good precedent to set to have at any time witnesses come that we would add them to the meeting. I mean, through the agenda-setting process is typically where we have discussions and find the witnesses who are selected amongst the group. I just find this highly unusual.

THE CHAIR: MLA DiCostanzo.

RAFAH DICOSTANZO: We would like to support the motion from our colleagues in the NDP.

THE CHAIR: MLA Leblanc, did I see your hand up?

SUSAN LEBLANC: I know how this is going to probably end up, Chair, but I will say that even though something is highly unusual does not necessarily mean it's not a good

idea. My colleague Mr. Burrill has explained the reasoning why we've brought this to the table this morning, and I urge the government to support the motion so that we can get as much information on this very important topic as we can. I'll leave it there.

THE CHAIR: MLA White.

JOHN WHITE: This was a Liberal topic, as I recall. Did the Liberals not think through to come up with the witnesses? All witnesses you suggested, we accepted to this topic. That's my recollection of it. I don't think it's fair that NSGEU was missed. I really don't. I think you have a lot to add to the topic. But I don't think it's fair that we're to be sitting here and trying to think of a question we're going to ask them now.

I don't know about you folks, but there are weeks of research (inaudible), if not months. I do not want to have a witness sitting here that I don't have a question prepared for. That's even a bigger insult - to have a witness sitting here and not have questions for them.

THE CHAIR: MLA Regan.

HON. KELLY REGAN: Chair, we are now eating into the time that we would be using to question our witnesses. I suggest that we vote now. We can pretty much see how this is going to go.

THE CHAIR: As soon as I'm sure everybody's done debating, MLA Regan, the same as when you're in the Chair.

Any others? I only needed one.

There has been a request for a recorded vote.

[The Clerk calls the roll.]

[9:10 a.m.]

YEAS	**NAYS**
Hon. Kelly Regan	Hon. Trevor Boudreau
Rafah DiCostanzo	Chris Palmer
Gary Burrill	John White
Susan Leblanc	Nolan Young
	John A. MacDonald

THE CLERK: For, 4. Against, 5.

THE CHAIR: The motion is defeated.

We'll start with opening comments.

Associate Deputy Minister Beaton.

CRAIG BEATON: Good morning, everyone, and thanks for the opportunity to join you here today.

There's no question we are in a challenging situation when it comes to our health workforce in the province. Nova Scotia isn't alone in this. We are seeing the same play out across Canada and around the world. The demands on our health system continue to grow. It is true that we have seen unprecedented growth, but its not just more people. It's more people with more complex needs, whether that's due to age or chronic illness or something else.

We need more health care workers across the system: doctors, nurses, paramedics, continuing care assistants, pharmacists, lab technicians, dieticians, respiratory therapists, psychologists, and many more. We know there are vacancies in our system, and we know that those vacancies are having an impact on the health care system and on Nova Scotia. That is why workforce development is such a priority. It is so important to our work to transform the system that it is, in fact, Solution One in Action for Health.

As a government, we play an important role, but we are not alone in doing this work. We are working with our health system partners, including Annette and her team at the Nova Scotia Health Authority. We're working with labour organizations, including the other witnesses here today. We're working with colleges, regulators, and professional associations; with other levels of government; with other provincial departments; with our post-secondary sector; with the private sector, which is where you'll find paramedics, pharmacists, psychologists, and many others; and with communities. We are doing a ton of work to recruit and retain health care workers all over the province.

It's a big table, but it's one that has done some pretty incredible work over the last few years. That work falls into four main categories: training and education, recruitment, retention, and system redesign.

I'll start with training and education. We've added more seats in health care programs, which means training more doctors, nurses, continuing care assistants, paramedics, and more. We're creating brand-new programs to help meet the challenging needs of our population, our workforce, and our health system in roles like physician assistants and emergency medical responders, to name a few. These roles didn't exist in our health system two years ago, and today, we are not just recruiting to fill these roles but we're actually training people to do them and making sure there is a clear pathway from our post-secondary schools to our health care system.

The second category of work is recruitment. We are looking outside of Canada to fill crucial health care roles. We just got back from a recruitment mission in Australia, where we made hundreds of connections with health care workers of all kinds. Those connections are already working for us. We've already had 16 paramedics accept job offers to come to Nova Scotia, and the team is still matching candidates with jobs. Because of the work to streamline licensing with a number of countries, including Australia, once they arrive in the province, they can get to work even faster.

The third bucket is retention. This is so important because it's much easier to keep someone than to replace them. Communities play a significant role in this, which is why we created the Office of Healthcare Professionals Recruitment Community Fund. In the last two years, we've invested over $3 million in community-led retention and recruitment initiatives. We've negotiated new contracts for doctors, nurses, and paramedics. We're using retention incentives and return-of-service agreements to get people back into our public health care system.

[9:15 a.m.]

We're doing our part to ensure health care workers are able to do what they can do best, which is deliver health care services. That means expanding scopes of practice, creating collaborative care teams where everyone works together, and getting rid of as much non-health care work as we can, like the 250,000 hours of red tape cut for physicians so far.

That is all part of our work to transform the system, which is the fourth category: system redesign. We're investing in new infrastructure, adopting new technologies, and testing new approaches, all with one goal in mind: connecting more Nova Scotians to care.

This is complex work, for sure. None of these things happen in isolation. We need to make sure that the pieces fit together - that our training programs prepare students for the realities of the job; that we are recruiting from places with similar licensing requirements; and that we understand how changes in one part of the system have an impact somewhere else, so we can plan for that.

The view from 20,000 feet is important, but equally important is the view from right here on the ground. At the end of the day, we are talking about people - their livelihoods, their families, and the Nova Scotians who rely on them every day.

The changes we're facing today have been many years in the making. We are focused on the many exciting things happening in this space, and I look forward to answering your questions.

THE CHAIR: Dr. Elliott Rose.

ANNETTE ELLIOTT ROSE: Good morning and thank you. In addition to introducing myself, I wanted to also add that I'm a registered nurse. I've been a registered nurse for about 24 years. I've had the pleasure of working in primary care, emergency care, and perinatal care, as well as in educating our new nurses, and most recently, of course, in leadership. Thank you for having me here today.

Everyone working in health - those caring for Nova Scotians and those making care happen for Nova Scotians - are the heart of our health care system. We need more of them right now, today. That's why the Nova Scotia Health Authority is here at the table with government and with partners to work on solutions together.

While I've seen a lot of change during my 24 years as a registered nurse, it's not until recently that I've seen a commitment to coordinated response and change with all system partners. It's good to be here with all of you today.

Health care needs change, progress, and transformation to provide the care that Nova Scotians need now and into the future. Do we have vacancies at the Nova Scotia Health Authority? Yes, of course we do. Are we doing everything we can to fill them as quickly as possible? Yes, of course we are, and there's much more to do.

We are adding new people at this time - all the time - and focused on keeping the talented people we have. Since September 2021, we've seen a net gain of 204 physicians and almost 900 nurses. Our overall turnover rate - the rate of people leaving the Nova Scotia Health Authority - is well below the target of less than 1 per cent and has held steady for more than two years. This means that for the most part, people are staying and working in health care in Nova Scotia.

We continue to fill vacancies by bringing on new graduates and recruiting people from Nova Scotia to return home, by welcoming internationally educated health workers, and by recruiting retirees to return to work and share their expertise and mentorship with the next generation. We continue to prevent vacancies by keeping people working in health care with incentives, by supporting them to work to full and expanded scope, by focusing on wellness and recognition, by creating flexibility in scheduling and ways of working, and continuing to work with system partners to respond to challenges and advance innovation.

We are focused on fostering inclusion, diversity, and equitable workplaces, and by supporting the provincial Health Equity Framework.

We continue to recruit and retain talent by redesigning how services happen. We're using the best available evidence and technology; ensuring that people have the space, supplies, and equipment they need to do the good care that they're doing to meet the needs of Nova Scotians - and doing that in a sensible, efficient way. All of this is making a difference in care.

I'm looking forward to sharing some specific initiatives that are happening on the ground to make this transformation happen. There's more to do, so we also keep listening - listening to Nova Scotians when they talk about their experiences at the Nova Scotia Health Authority, listening to those working in health, listening to our partners when they bring forward issues and ideas and innovation, and listening to our employees when they tell us: Hey, we have a problem here. We need to work on some things.

We acknowledge that challenges persist. We continue to address the challenges head on. We have many good things under way, and I look forward to sharing some of those with you today. I look forward to hearing from partners, as well.

THE CHAIR: Dr. Hawker.

DR. LEISHA HAWKER: Good morning and thank you. It's my pleasure to speak to you today. I'm Dr. Leisha Hawker. I'm past president of Doctors Nova Scotia. I've been a family physician in Halifax for about a decade. In my first few years of practice, I actually split my time between Nova Scotia and locum-ing in the Northwest Territories, providing acute and emergency services and primary care services in remote fly-in communities.

I'm very lucky to practise at the North End Community Health Centre along many allied health professionals. I'm one of the founding physicians of the Newcomer Health Clinic, which serves refugees in Nova Scotia. Most recently, I work one week a month at the Recovery Support Centre in Dartmouth, providing outpatient withdrawal management. I've also recently been appointed the Chief Medical Officer for Hockey Nova Scotia, and I'm one of the physician leads of One Person One Record. (Laughter) I know. I have too many jobs.

My colleague, Dr. Colin Audain, the current president - you'll notice he's not here today. Although he would have loved to have been here today to speak to you, he would have had to cancel an OR to be able to be here today, so I'm your replacement today. Although he's in the operating room, it's due to the exact challenge of labour shortages that he's not able to be here today.

It's important that we begin today's discussion by acknowledging that physician stress and burnout really is at an all-time high, while physician wellness is at an all-time low. I believe this is equally the case for most of our other health care providers as well, including our nursing, paramedic, and other allied health care provider colleagues.

It should come as no surprise that Nova Scotia's health care system is under significant strain. The aging health human resources and aging patient populations are part of that problem. Nova Scotia also struggles with long wait-lists for services in many areas. As a result of the primary care shortage, our province has many people without a family doctor. As of March 1st, almost 16 per cent of Nova Scotians and over 156,000 people are

on the Need a Family Practice Registry.

Just as patients have aged, so too have our physicians. Almost a quarter of our physicians are 60 years old and older and looking at retirement in the next few years. Despite the fact that the health authorities are working hard to recruit physicians, on March 4th, there were 213 physician vacancies posted online, and 129 of them were in family medicine. In response, the Nova Scotia government has undertaken some innovative solutions to fill the service gaps, such as mobile clinics and incentives for after-hours surgical services.

While appreciated, these measures are stopgap measures until our province is able to recruit more physicians. It's why Doctors Nova Scotia believes we must also focus on making our province a place where physicians want to practise, so that we keep those currently working here as long as they wish to, and in a sustainable way. While Doctors Nova Scotia is not involved in service delivery, we've been using our influence in ways that will support physician recruitment and retention. One of our key goals is stabilizing primary care so that Nova Scotians have their own family doctor.

The 2023 physician contracts focused both on incentives to support our current complement of family physicians and initiatives to attract new physicians to the province. Over the next four years, all physicians in Nova Scotia will benefit from improved compensation, with an across-the-board increase of 10 per cent spread out over the life of that contract. In addition, some specific measures were put in place to stabilize primary care and reduce pressure on emergency departments, such as the introduction of the new longitudinal family medicine payment model. This new model provides stable and equitable funding for family physicians who provide longitudinal office-based family medicine with a particular focus on improving access and attachment.

New fee codes were created for some of the invisible unpaid work that family doctors do, so that these services can be both measured and remunerated appropriately, such as complex patient visits, new-patient intake visits, patient-specific consults, and telephone prescription renewals. We also have been supporting mentorship and practice supports so that physicians are supported to practise in their province. We've been working with our government colleagues to reduce unnecessary physician administrative burden to improve their work-life balance. Nova Scotia has been leading the way in this work.

We are making strides to stabilize the system, and there is important work still to be done. Together we must continue to ensure meaningful improvements are made that will lead to better access to primary and specialty care for all Nova Scotians and a vibrant and healthy work environment for Nova Scotia's physicians, which is essential to recruiting and retaining much-needed physicians in Nova Scotia.

THE CHAIR: Mr. MacMullin.

KEVIN MACMULLIN: Thank you, Chair John A. MacDonald, MLAs, witnesses, and members of the public. Good morning, everyone, and thank you for the invitation to participate in today's discussion regarding the Impacts of the Labour Shortage on the Health Care System.

As we are all aware, the health care system has been in decline for a period of years, and increased demand for service continues to rise due to a number of factors. An aging population, longer lifespans, an increase in our population, onset of new illness such as COVID-19, and more retirements, combined with decreases in births over the years are all part of the issue.

Our lifestyles have changed with each generation. An explosion of social media has resulted in younger generations being more aware of opportunities, and they are mobile and willing to travel for work combined with exploration of other regions. Many years ago, if you were lucky enough to obtain a job where you grew up, it would be a lifetime career of keeping that job position. That has changed today, whereby our younger workforce is willing to travel for better opportunities and a chance to see other cultures and countries. Plus, today there are many occupations that are competing for an increase in their workforce to keep pace with demand, making the job market very lucrative for employment opportunities.

Health care, policing, firefighting, and teaching are experiencing challenges in retaining and recruiting employees, and will face that for the near future as demands for service increase and we lose employees to retirements and other jobs. The question is: How do we in health care compete with the other sectors for these valuable employees and retain our current experienced workforce?

That is a complex, challenging situation that will require retooling of resources and equipment to meet the demands and expectations of the workforce. New technology, training, and mentorship in the workplace are the benchmarks that health care needs to set in order to be competitive. The workforce has to have an opportunity to be involved in decision making from the front lines to the boardroom, as well as a path of advancement in their career expectations. Wages and benefits are always part of the solution, but challenging the workforce in bringing forth new ideas and advancements with due recognition will be the answer.

No matter what your occupation is, from being a nurse, paramedic, physician, medical technician, and many others in the health care environment, they all want to be part of the solution to our current crisis. Let them be heard, encouraged, and rewarded for their contributions to solving issues, and the workforce will be a better place for growth and appreciation.

We have to look at how the workplace can be better, more flexible to the demands on service and employees' life/work balance - and notice that I have put "life" first. Our

health care workforce has been under tremendous strain these past few years, and has taken a toll on the mental and physical health of many workers. Recognition of this has to be in the forefront for the present and future workforce, and we must develop strategies to foster an environment of safety for our workers.

Thank you for listening. I encourage everyone to work on these initiatives.

THE CHAIR: Ms. Hazelton.

JANET HAZELTON: Thank you to the members of the Standing Committee on Health for the invitation to appear before you to discuss - for me, specifically - the work life of the nurses in Nova Scotia and the shortage. My name is Janet Hazelton, and I've been the president of the Nova Scotia Nurses' Union since 2002. This May, I will have been a registered nurse for 40 years, and in all of those 40 years, I've worked in Nova Scotia as a nurse.

[9:30 a.m.]

We represent 8,000 nurses in this province. Our nurses work in long-term care. They work in VON Canada. They work, of course, in acute care. We represent registered nurses, licensed practical nurses, and nurse practitioners. We are the largest occupation in the health care system - the nursing profession. We are there 24 hours a day, seven days a week, and some would say we are the glue that holds the system together.

Recently, that glue is not as tight and as secure as we would like it to be. Our health care system is currently grappling with over 1,000 vacant nursing positions within the Nova Scotia Health Authority alone. That does not include our community, our long-term care, or the IWK Health Centre. This is reflecting a vacancy rate of 16.5 per cent.

The situation is exacerbated by our population growth rate, which is outpacing the growth of our direct care - our registered nurses. Though the growth in the number of LPNs and NPs employed in direct care may be higher than RNs, it's not enough to meet the surging demand for the health care system. The proportion of direct care nurses working in hospital-based and long-term based care is also decreasing - a troubling sign of the working conditions this group faces.

Despite Nova Scotia having higher per capita numbers of registered nurses, licensed practical nurses, and nurse practitioners than the Canadian average, our system clocked 496,000 overtime hours in our in-patient services in 2021-22. This overtime is a testament to the dedication of our nurses, but also highlights the unsustainable pressure on our workforce. Significantly, one in five new nurses in 2022 was internationally educated, yet the inflow of nurses from all sources is not keeping pace with the demand, as evidenced by the alarming 75 per cent growth in vacancies for registered nurses and 62 per cent for licensed practical nurses in 2021-22. The gap between nursing supply and the nursing

workforce, for RNs at 6 per cent and LPNs at 5 per cent, signals the potential for bringing nurses back into the system, provided we offer them compelling reasons for them to return.

Further, we need to ensure that the next generation of workforce see nursing as a viable career. We risk further erosion of our enrolment numbers if we do not improve the working conditions that we expect these young men and women to work in. Some of our nurses recently participated in a poll by the Canadian Federation of Nurses Unions exploring the work life of Canadian nurses. One in five nurses indicated that they were dissatisfied with their choice of nursing as a career. The top reasons given for that dissatisfaction was insufficient staffing, lack of work-life balance, and very high, unsustainable workloads.

Beyond the professional toll that nursing shortage is exacting, the financial implications are stark. The Province has spent a staggering $126 million on private agencies for temporary nurses in acute and long-term care in 2023-24. Our entire collective agreement that we recently negotiated for all nurses in the nursing council had a cost of $294 million. That's the wage increases - all of the increases that were in that collective agreement were $294 million, yet we spent another $126 million on agency nurses.

The disparity underscores a fundamental misallocation of resources that should instead be directed toward improving working conditions and benefits for our nurses, rather than enriching private corporations. We must re-evaluate our reliance on private agencies, as discussed at previous Health Committee meetings and included in our newly negotiated collective agreement. The Province needs to explore a publicly employed pool of nurses that would operate much the same as agency nurses, with nurses benefiting from flexibility that the role would afford, rather than corporations benefiting financially from the physical and emotional labour of nurses. There is no reason why a nurse from Truro could not go and work in Parrsboro or Pugwash if they so choose.

Another recently negotiated initiative that we are hopeful will improve retention and recruitment of nurses is our guaranteed minimum number of nurses - a flexible nurse-informed version of nurse-patient ratios. We hope that work toward formalizing that guaranteed minimum will be under way soon. To ensure the efficiency of our nursing workforce, it is crucial to place nurses in settings that maximize their skills and expertise, and ensure that they are properly resourced. Additionally, focusing on areas of growth, such as nurse practitioners, can significantly address gaps in our primary care coverage.

In conclusion, if we are willing to spend millions on nursing care, these funds should be invested in improving the working conditions of our nurses, and by extension, the health care services provided to Nova Scotians. This is not merely a financial issue but a moral imperative to ensure the sustainability and resilience of our health care system. We need to ensure that we maximize every dollar spent on the system and invest in the people who keep it functional. Thanks, and I look forward to answering any of your questions.

THE CHAIR: Just a reminder, try not to speak until you're recognized. Each caucus gets 20 minutes to speak and ask questions. At the end of that, I'll figure out - divide by three. I'm expecting we'll be done at 10:45 a.m.

The first caucus will be the Liberals. MLA Regan.

HON. KELLY REGAN: My first question is to the office of recruitment. We recently received a FOIPOP back that indicates there were already 31 physician departures in the first six weeks of this year here in Nova Scotia. That means we're well beyond halfway to last year's number of 50 departures. Could we get a regional breakdown of where those physician losses were?

CRAIG BEATON: I don't have the breakdown of that with me here today, but it's something we could provide back to the committee.

KELLY REGAN: We'll look forward to that. Any idea - whether it's Doctors Nova Scotia or ADM Beaton - why were so many physicians leaving in the first six weeks of this year?

CRAIG BEATON: I'm happy to start. Physicians have multiple reasons for leaving their practice. I would suggest that - I wouldn't know the numbers of actual influx. I would have to look at that as well. We have added a net gain. As Dr. Elliott Rose has said, over the last two years there has been a net gain of 204 physicians. While we do have some who leave, I think on the flip side we have actually retained more, and we brought more in, which is positive.

Dr. Hawker had talked a bit about the contract and the new compensation model that we have with the longitudinal family medicine. That has been a significant benefit in terms of bringing new physicians on. It's certainly a model that younger physicians are attracted to. It's a bit of a blended model where there's an opportunity to earn fee-for-service based on your service encounters, but there's also a guaranteed salary income, which many new physicians are looking to be able to enter into. We have seen an increase in physicians actually joining that compensation model. There's been over - I believe it's around 260 of our former alternative payment plan physicians who have entered into the new contract model. We have seen a number of fee-for-service physicians as well that have moved over to longitudinal family medicine because it's a good compensation model for the work that they're doing and also ability to manage their patients, their roster, and balance their work lives.

I guess to close on that, I don't have the breakdown for the first six weeks of what we have done from a recruitment perspective. I can tell you that even the latest mission that we had in Australia, which the College of Physicians and Surgeons of Nova Scotia participated in - they met over 300 students, they had over 200 practising physicians. There's a real opportunity there for physicians who are interested in joining. I think it has

been a positive overall net gain of 204 in the last two years.

LEISHA HAWKER: I also don't have the data on the specific breakdown, but I will say from talking to colleagues who have either left the province or closed their practice, most of the losses are related to retirements or related to our aging physician workforce. There are also some physicians whom I have worked for who have gone home mainly because they came here for residency, and we just were unable to retain them. A lot of times, they're early-career physicians, and they're just returning home to their home province for further supports around starting a family. Although, saying that, the current contract that was negotiated over the Summer has really strong parental leave supports. There's a lot of talk about that amongst physicians across Canada, and also the longitudinal family medicine payment model.

At the North End Community Health Centre, we have had two physicians retire over the last few years, and they had quite large practices. It has been a real struggle for us too. We haven't had anyone leave the practice. We're trying to absorb them the best we can amongst our physicians and nurse practitioners whom we have, but it has been a real struggle. In the next week or two, we actually have a physician from Australia coming to tour our practice, so I have my fingers crossed for that.

KELLY REGAN: Thank you, Dr. Hawker. I really didn't hear an answer from Mr. Beaton about why physicians are leaving, so your insight was most helpful.

I will just note that when we do have physicians coming in, they're not taking the vast numbers of patients that we saw in the past with doctors, and we also have an increase in population. So now we have 156,000 people on the doctor wait-list, which has more than doubled since this government took office vowing to fix the health care system.

I just want to make those particular points, because I do think that where there are some successes, we have to do more faster to recruit more doctors or nurse practitioners, because quite frankly, we are seeing people falling through the cracks. All of us, as MLAs, when we have constituents reaching out to us, they are not getting what they need.

It's good to have the one-offs where you can go into a clinic and have your strep throat dealt with, but people need to be followed by a nurse practitioner or a family physician. Just simply saying, Well, people are going to retire - this needs to improve, and it's not improving fast enough.

Do we know how many physicians are projected to stop practising this year?

CRAIG BEATON: Again, it's a complex question in terms of how many are set to retire. We don't actually have a set number, because really it's an individual physician choice about when they wrap up their practice.

We have added additional supports to provide support to those who are looking to stay in practice longer. I referenced the longitudinal family medicine contract. We do know there are some who have indicated that that new compensation model is going to enable them to be able to practise longer.

We have a physician hotline that the team has been working on diligently over the last number of years, and I believe since last May, while there have been additions to the Need a Family Practice Registry, that hotline actually reduces the number that go on there by supporting physicians. There have been over 30,000 people that have been mitigated from entering onto that list because of the supports that have been provided, whether that's providing a billing clerk, or providing nurse supports within the clinic to be able to support the physicians.

I would just say it is complex in terms of being able to support primary care and attachment. While there have been increases in physician demand, particularly from the perspective that you've outlined, that newer physicians are not taking on the same numbers of people as previous practising physicians, which is why one of the reasons that we've looked at the system redesign is a key pillar in that, and looking how we add additional appointments.

I know that people have heard this number before, but I think I would just reiterate: 60,000 new appointments in the health care system is a significant number per month. When you capitalize and you add that up, that's 720,000 appointments per year, which is providing access to patients.

The focus we're trying to get is to make sure the patients actually have access to care, whether that's through whatever primary provider best suits them at the right time and the right place. It alleviates pressure on the physician workforce as well by doing that, by adding additional supports, which is really the concept that we're driving towards: collaborative care, and the idea of having health homes and health neighbourhoods that support an individual, not necessarily just one single provider.

KELLY REGAN: Over to NSNU and NSHA, how much has been spent on travel nurses this past fiscal year, and where are we spending the most on travel nurses? Is it ERs, rural ERs, long-term care?

ANNETTE ELLIOTT ROSE: Thank you for the question. As of the end of the calendar year, approximately $78 million at the Nova Scotia Health Authority on travel nurses. That varies with the areas there travel nurses are working. In specialty areas, where we need critical care and emergency services, and in rural areas as well, there are a number of travel nurses working there.

[9:45 a.m.]

THE CHAIR: MLA Regan, who was the other person? I forgot.

KELLY REGAN: Ms. Hazelton.

JANET HAZELTON: She would know the numbers better than I, in the Nova Scotia Health Authority. We also have a significant number in long-term care, which is a huge concern for the Nurses' Union because often those individuals - the residents in long-term care often have dementia and there is a language barrier that's real, which is very concerning for our residents. They get confused.

Now they have permanent bracelets on because the agency - agents, I don't call them travel nurses, it sounds too glamourous - the agency nurses don't know the residents. They're in, they're out. So, they don't develop a relationship. It's not like the home it used to be, where everyone - the CCAs, the licensed staff - all knew the residents. It's very concerning, the prevalence of them in our long-term care.

At least in our acute care systems, there are other nurses there to support them. There are other nurses to help them. That's not the case in long-term care. So, we're very, very concerned. There are no agency nurses at the IWK Health Centre. They have never, ever had any; and VON, our community nursing, does not have. So, it's mostly the Nova Scotia Health Authority and long-term care facilities.

KELLY REGAN: To the Nova Scotia Paramedics Union: Can you provide the number of paramedics who have both exited and entered the profession in the past year?

KEVIN MACMULLIN: That's difficult to entertain because some of the people who have left in the past year have also come back as a casual paramedic. Sometimes work-life balance, as I said before, is difficult when you're on a schedule, and your schedule requires you sometimes to work excessive hours because there are shift overruns, long delays at hospitals due to delays for off-load of patients.

The travelling that paramedics do in the run of a shift can sometimes run into about 700 to 800 kilometres a shift, which is a lot of travel. That weighs on people. They leave the system and maybe come back on a part-time basis, come back on a casual basis. So, it's kind of difficult to narrow down the exact numbers.

KELLY REGAN: If you have the opportunity when you go back to the office to take a look and see if you can give us some numbers, that would be most helpful. Thank you very much.

KEVIN MACMULLIN: We can do that. We can get some better numbers for you right off the top. Over the past number of years though, we have lost a significant number

of paramedics due to the fact of retirements, the wage gaps that - wages were much higher in other jurisdictions, and as a result, people felt the need to leave Nova Scotia to travel to other provinces, much like travel nurses.

It did weigh heavily on us, but we've now opened up a couple of new schools too to supplement this. With the new recent contract that we've negotiated with the employer and with the Province, we have significantly better wage increases; we have better benefits now for paramedics; and we've seen an uptick in the last couple of months of paramedics who were off on disability coming back to work, others who were on a casual basis who are now willing to come back to work on a full-time basis, and some people have indicated that they are going to return to the workforce from away.

THE CHAIR: MLA Regan, just so you're aware, ADM Beaton might have a comment.

KELLY REGAN: I'm good.

THE CHAIR: Okay.

KELLY REGAN: My final question before I pass it over to my colleague. We're hearing from constituents who are being taken off the doctor's list. They get a new doctor, the doctor leaves in a year and they're back on the list, and this is happening to people repeatedly. I'm just wondering, Dr. Hawker: Could you provide any insight into why that kind of thing is happening, where we have doctors coming here and they're practising for a year?

LEISHA HAWKER: Thank you for the question. In terms of the data around that, I think Dr. Elliott Rose might be able to speak to that a little bit better. She did mention that we are retaining more than we are losing in our recruitment efforts from outside of Canada.

I do know one physician whom I worked with at the Regency Park Family Practice. He probably was here around one year before closing his practice, and unfortunately, he had taken on about 2,000 patients, I think, rather quickly. I think some of it speaks to the need to provide more mentorship and support for onboarding physicians, especially physicians who are international medical graduates. We are working quite closely with international medical graduates now with a mentorship program with Doctors Nova Scotia to really help make sure they have the supports they need so they are successful and stay in that practice.

Luckily, that physician who did leave Regency Park - we have started a practice with a new physician. Dr. Jaswinder Singh is practising there now, so some of my patients at my addictions clinic who - I was very happy when they finally got a family doctor and then quickly lost a family doctor - luckily in that scenario they have a new family doctor again.

We just need to really focus on supporting those, especially internationally trained physicians, so they really set down roots and have a long practice and career here.

THE CHAIR: MLA DiCostanzo.

RAFAH DICOSTANZO: How long do I have?

THE CHAIR: Just over four minutes.

RAFAH DICOSTANZO: Perfect. My question is to the Office of Healthcare Professionals Recruitment. When the government decided to axe the HRM family doctor incentive - and I've been very outspoken about this, it really angers me to watch what happened.

When I was first elected in 2017, I remember thinking: I hear of other areas where they are short on doctors, I had very little, maybe one or two emails a month. It went from that to maybe 10 a week. The incentive made a huge difference to doctors in Halifax. Come and see the walk-in clinics and the lineups in my constituency. It's sad what this incentive did.

I would like to know - and we know that in the HRM the wait-list went from 18,000 to 77,000 - that's a 400 to 500 per cent increase, so it was very obvious. It just boils my blood and now we hear that it has been reinstated. Is this an admission that incentives shouldn't have been cut? Who made that decision? If somebody could answer me on that, please.

CRAIG BEATON: So, the incentive - we consistently look at how incentives work to make sure that there's movement within the province. The previous decision was around trying to ensure that we were having mobility into the rural part of the province, which was really difficult to try to get physicians to set up shop in rural parts of the province. They incentivized that by putting an incentive.

We didn't have at that time, as I understand, difficulty retaining physicians into the Central Zone, except for the rural parts of the Central Zone which were still included in that previous incentive. So, if you were in a rural part of the HRM, you could still qualify for that.

Reinstituting the new incentive, as you mentioned, was announced just last week or the week before. We are happy to have that incentive put in place. As you know, there has been significant population growth; the majority of that has been in the HRM. We know from the Need a Family Practice Registry that over 30 per cent of the people who are on there are actually new to the province, many of whom are residing in the HRM. Therefore, looking at what other jurisdictions are doing, as part of our analysis, neighbouring cities like Moncton and Fredericton, they had incentives. When we were reviewing the analysis,

we felt it was time to at least put a recommendation forward, which government supported, to put the incentive back in for the Central Zone.

RAFAH DICOSTANZO: I'm sorry, I just find it really difficult how Halifax was punished, truly, punished for having enough doctors to go into five times the numbers without attached doctors. It was a terrible decision, honestly and truly. As you said, it's a lot of immigrants.

I would love to know how many of the new immigrants are on the unattached list. We're setting up, our schools are over-populated. They're coming to this country and have nothing set up for them here and you knew that. You knew immigrants came and settled in Halifax, or the majority of them, 90 per cent, and we take away something that was of a benefit to them; a benefit to everybody, not just to them. I feel Halifax was punished, and I'm really upset. I see what's happening in my constituency, and it makes me sad. And we just opened up Bayers Lake Community Outpatient Centre - zero. Zero new patients can be taken there.

There's a clinic - a family doctor or a primary clinic with zero patients for my constituency, or any of the Halifax West riding. Why was that? And how - you had two years or three years to prepare for that. Not one doctor was hired there.

Then they move a clinic from Parkland, they called it Kearney Lake Primary Care Clinic, with full capacity of patients - they don't take one new patient - and move them and put it in Bayers Lake Community Outpatient Centre to show that it was filled.

THE CHAIR: Order. The Liberal time has elapsed. It will be the NDP.

MLA Leblanc.

SUSAN LEBLANC: I just wanted to go to the travel nursing - agency, sorry. Travel is quite glamorous, as you say. So, there are other provinces that have been exploring this idea of an internal, provincial agency - not agency in this case, travel nursing - locum nursing program.

You've mentioned it here. I know that other provinces are thinking about it. What would it take to get that to happen here?

THE CHAIR: Ms. Hazelton. I expect that's who you were asking the question to, MLA Leblanc?

SUSAN LEBLANC: Yes.

JANET HAZELTON: We've had several conversations. All it's going to take is a conversation - literally. Manitoba recently initiated the program within Manitoba. They

have 400 nurses from Manitoba who have applied to be agents - no, they won't be. They'll be employees of the health authority within Manitoba, but they'll be dispersed throughout Manitoba. They're going to make a larger salary, but that's because - they won't be making what an agency nurse makes.

Newfoundland has it in Labrador only, but they're now expanding it to the rest of the province. So, it's very, very do-able. All it's going to take is for the unions and the employers to sit down and actually negotiate the terms of this, which we have discussed. It's not that anyone is saying, No, we're not interested. It's just that we have to get to it.

SUSAN LEBLANC: Well, here we are at this table. We've got the employer; we've got the nurses. May I suggest, possibly to the employer, that we get to it? Because $126 million on private nurses, and I think the amount that you said for NSHA alone was $76 million - is that right? Seventy-something million is a lot of money. It doesn't make any sense. I know that we will be continuing to ask questions about this to the minister in Estimates, but let's get it done.

So, even if we had that program, we still have some retention issues and we have some recruiting issues, I would say, based on what we've heard today. So, I want to ask about the retention bonus. And I want to ask both Ms. Hazelton and the employers, the NSHA: I get the idea of the retention bonus, and I think that anyone who has it or has received it has definitely deserved it.

But it seems to me, from the many, many pieces of correspondence I have received, that there has been a sort of dividing and conquering with this bonus. People are working on the same floor, in the same units, in the same clinics; some people are getting an extra 10 grand and some aren't. And it's for these seemingly arbitrary reasons.

I just got an email the other day from a woman who in 2023 was working for NSHA but working casual. So now, they're working permanent for NSHA. They are willing to sign a two-year agreement. They're not allowed to get the $10,000 bonus, and so they're literally working across a bed from somebody who's making $10,000 more for exactly the same thing.

These kinds of arbitrary - and maybe they're not arbitrary, so I'd like to hear about it, but it seems to me that there needs to be a re-think on this. Because what's happening is, some people are super angry and not feeling at all thanked, or not feeling at all that Nova Scotia wants them to stay in the province to work. Other people do. Dr. Elliott Rose, can you explain that to me and tell me - what I'd like you to say, actually, is that you're rethinking it and that more people are going to get that retention bonus.

ANNETTE ELLIOTT ROSE: I would say that we look at every individual and have a conversation and assess their situation based on the parameters of the retention bonus. It is a system-wide bonus, so the Nova Scotia Health Authority is an employer - part

of the system. There are other nurses across the system involved in that. We work in partnership with the Office of Healthcare Professionals Recruitment and others to see what the parameters are that make sense. I would encourage anyone who has reached out to you to send information to us, and we will work through that with them. I can't say that we'll change the specific parameters of the retention bonus, but there's a commitment to work through individual cases.

[10:00 a.m.]

SUSAN LEBLANC: I would love to hear Ms. Hazelton's thoughts on the $10,000 bonus.

JANET HAZELTON: Unfortunately, we had no part - we weren't party to whatever the parameters are. I'm getting the same emails you're getting, with a lot of people who are very dissatisfied. My understanding is, if you didn't receive it the first time, you can't receive it the second. That is my understanding. But we did not participate in negotiating - we will be participating in the negotiation of the two years' return of service, because they are our members. The parameters had nothing to do with any of the unions, not just the Nova Scotia Nurses' Union.

SUSAN LEBLANC: Continuing on with nursing, we know that we're doing a lot of recruiting of international nurses or students. People are coming in. They're doing the training. I guess that's the licensing training, the 10-month training, or the 10-month recertification - if someone could clarify that. Anyway, they're getting paid, they're getting it, and then they're going to go into the workforce - great idea. But then there are local people who have trained in Nova Scotia or in Canada who want to upgrade - want to go from being an LPN to an RN, those kinds of transitions - who are struggling, because they need to pay for their own education, and they need to work while they're doing it.

Is anyone looking at people who want to further their education, going from an LPN to an RN, doing that in a way that's sustainable so that they can take some time off to do their education but also get paid for it, or continue working but - anyway, the education part, the tuition, being covered by the Province?

ANNETTE ELLIOTT ROSE: I can speak to the Nova Scotia Health Authority. We do have a number of bridging programs that you're speaking about for LPN to RN and RN to NP. There are a number of different funding opportunities - not fully funding, necessarily. Some of it is, where people will have funding while they're away doing school. Some of it is bursary-focused. I'm happy to share those details from the Nova Scotia Health Authority.

I don't know if you want me to comment on internationally educated nurses as well.

SUSAN LEBLANC: That's okay. Thank you.

I will just be very clear and say that I have no problem with making sure that internationally educated nurses coming in are getting paid to do their - that is great. I'm saying: Do it for everybody. Listen, we should just have free tuition in Nova Scotia in general, so that would cover off all of these issues.

I want to ask about the health homes. Mr. Beaton, you and the minister and everyone is talking about health homes. I've been talking about health homes for many, many years. I love the idea of health homes. That being said, we hear a lot about them every time we ask about what's happening with access to family care, yet we're not seeing any new health homes opening. Last year in the budget - last year - Dartmouth North, the area that I represent, there was a pseudo-announcement. Anyway, it seemed like there was money in the budget, and it seems like things are going forward, but it's taking a long time. As we hear about 60,000 new appointments opening in virtual care or pharmacies or whatever, we still do need this overarching attachment place, even if it's not with a doctor. A place that someone can go to for their care. It only makes sense.

What is the holdup? Are we spending all kinds of - you know, I'm hearing a lot of great things about the 60,000-plus appointments, and I hear a lot of great things about the health homes, but then I'm not actually seeing anything changing. Can you please speak to that? What is the timeline? What is the plan? When are we going to have people on that doctors wait-list attached to health homes?

CRAIG BEATON: Health homes have been talked about nationally, obviously. And the Canadian Medical Association has been talking about health homes. It's certainly one of the key drivers for primary care that we're looking at here in the province.

The attachment piece, I don't have the number off the top of my head, but we can get this in terms of strengthening. The focus this year has really been around strengthening health homes and providing additional supports to not only the primary care provider, whether it's the physician, but adding additional components within that, whether it's a social worker, a family practice nurse or an LPN. We've seen success in a number of those areas. I know the Dalhousie Family Medicine Clinics have been mentioned many times before. I think the number is around 45 strengthened collaborative family practice teams that we've been moving forward with this year.

It's even broader than that in terms of looking at health homes. And then this concept of health neighbourhoods in terms of how do we bring in the support that the pharmacy is providing? They may not actually be in the same building but providing care to that community, as an example. There's some work under way there in terms of interoperability with health records, the exchange of patient information, that type of thing. It's fairly complex in terms of making sure the patient is at the centre of all that care.

I don't have a timeline other than the fact that it's a clear focus for the work that we're doing in terms of adding people in. In the new contract we negotiated with Doctors

Nova Scotia, there's a new program for allied health care professionals, actually, where if you're a physician and you're not a part of a collaborative care team, you can apply. There's a pot of money there if you want to bring in somebody to support your practice who will, therefore, support your patients, whether it's a nurse, a dietician or some other allied health professional. There's an opportunity. There's a pilot under way now with Doctors Nova Scotia that goes even beyond that, maybe not necessarily a health home but moving towards that collaborative model.

SUSAN LEBLANC: I just want to be clear that you do not have timelines on standing up health homes in Nova Scotia and getting people from - the 150,000 people who are on the Need a Family Practice Registry - getting them connected to a health home? You do not have timelines for that?

CRAIG BEATON: I think there's context there. I'm not saying that we have a definitive timeline for when we're going to stand up X number of family practice teams. What I'm saying is that it's ongoing work as part of our primary care strategy, that we're moving towards trying to develop as many collaborative care and health homes as we can. There's individual work that's done in each of those health homes or health neighbourhoods that NSHA would work with, a number of those groups to establish them. Of course, the Central Zone, Western Zone - the primary care directors would have a number of areas that they're working on. I don't have the timelines that would be for those specific sites, but what I'm saying is that it's a clear focus, that it's ongoing work.

SUSAN LEBLANC: Great. I mean, listen. I'm not trying to be combative at all. I started this by saying that I think this is where we need to be in Nova Scotia. But I have to say that for the people who have been waiting for primary care who end up getting their primary care with a text message from a doctor in Calgary or standing in line for three hours at a walk-in clinic or going to a mobile clinic and hoping to God that they're going to get there in time, it's not good enough. For a government that's been elected to fix health care to not be able to say, By the next election, this is going to be what we've done, or This is where we want to be, and then you can vote to tell us if you think we did a good job or not, I just find it unreal, actually.

It's not good enough. I know that everyone is working so hard, but it feels to the people who aren't attached or don't have - you know, when someone feels sick that they make a choice not to contact, not to try to get an appointment, because they know they're going to be waiting for hours and hours and hours or whatever, Oh well, I just see how I feel tomorrow. That is not a good state. Anyway, I'm sorry. I'm getting a little flustered.

Back to Ms. Hazelton, we've heard that the shortages in nursing are resulting in nurses working more hours with less support. Can you talk a little bit about what it looks like in practice for your members? What are you hearing from your members about what that's like because of the nursing shortages?

JANET HAZELTON: I think for the first time - and I've been doing this job since 2002 - for the first time, I'm hearing the word "burnout." I've never heard nurses describe themselves as "burnt out." We have more nurses who are admitting that they are struggling with burnout, they're struggling with mental health. You need time off. You need to be with your families and your loved ones, and many, many are not getting that.

A lot of our younger nurses don't get vacation. They just don't, and they can't. There's no ability to replace them. That's not sustainable, and young people today, thank heavens, have options. They have choices, and they're not going to be like us older nurses who work every shift God sends them just because they want to help out. Our newer, younger generation are saying, I need this for my mental health, and they're taking it.

So, I'm very concerned. I think there's a lot of effort going in, for sure, but things have to happen quicker. To your point about any LPN who wants to become an RN, I agree: fully financed. They should be just fully financed. If they say they want it, all they have to do is guarantee to be an RN in this province, because we have more RN vacancies than LPN vacancies. If they express an interest, it should just happen. It's not happening.

We need to do something, because nurses, they are leaving. For the first time ever, ever, ever, we have vacant seats in our universities for enrolment. That has never happened. Normally there are three, four, five hundred people on a wait-list to get into nursing. That says to me that the appeal of being a nurse is disappearing, and that's because they are hearing what's going on and they're saying, I want no part of this.

SUSAN LEBLANC: Just quickly, I'm wondering if someone from NSHA or the department can talk about how many beds might be closed right now in hospitals across the province because of nursing shortages. Are there any beds closed right now, or wings closed because of nursing shortages?

ANNETTE ELLIOTT ROSE: I don't have that data with me, but I don't think there are any beds closed. In fact, I think it's the opposite. We are actually over capacity in many units, and the beds are filled, and people are waiting for beds. We have a number of wonderful people working in health care to support the services for Nova Scotians, and it's actually that we have folks who need beds in different units, so things are busy.

SUSAN LEBLANC: Great. Sorry. Mr. MacMullin, last year's Auditor General's report on ground ambulance services made clear that we're losing paramedics faster than we're training new ones, and there are now about 200 vacant positions for fully trained paramedics. What is the deal on the ground right now for your members? How is this impacting their day-to-day?

KEVIN MACMULLIN: Their day-to-day routine is very stressful. They realize that the call volume has increased over the past number of years. A decrease in our employment levels has resulted in fewer trucks being available, and when there are fewer

trucks available, that means there's a backup in the system. Being tied up in off-load delay, sometimes in regional ERs, causes our members who aren't in off-load delay to have to work harder, because now they have to respond to greater distances for calls. They have to cover off in other areas.

[10:15 a.m.]

We've been working with the employer and with the government in trying to offset that. We've been introducing a new SPEAR unit, which is a single-paramedic unit that can attend to low-acuity calls. That paramedic unit can go in and do an assessment on a low-acuity call and make a decision in conjunction with our EHS Medical Communications Centre with the physician, the community paramedic, and the nurse, who are all in the Communications Centre, on pathways for that patient, which may include transport to an ER or maybe a follow-up visit with their physician. So, that's taking a little bit off it.

But still, we are under-staffed. That is hard, because of the great losses we've had over the last number of years.

THE CHAIR: Order. Sorry, I should have reminded that - I apologize, when I have to say Order, the 20 minutes are up. The PC Caucus.

MLA Palmer.

CHRIS PALMER: Thank you all again for being here. It's definitely a great conversation. We need to have this conversation. We're discussing some of the challenges. I think we're also getting a chance to hear some of the initiatives and some of the opportunities that are out there for our province.

Obviously, Nova Scotia is not isolated as a jurisdiction facing a lot of these issues. I think what I'd like to ask Associate Deputy Minister Beaton is: because we're facing a competitive market for recruitment and retention for health care professionals - not just doctors and nurses, that's been the focus of a lot of the conversation, but many health care professionals, whether they be lab technicians, diagnostic imaging - could you please, Associate Deputy Minister Beaton, talk about how Nova Scotia is trying to stand out in its recruitment and retention opportunities, and the messaging and incentives and strategy that we are trying to put out there to make Nova Scotia stand out in this competitive market we're in.

CRAIG BEATON: It's no doubt that we're competing not only nationally but globally for health human resources. I will say that we have fantastic teams of recruiters, both within the employers, NSHA, the Department of Seniors and Long-term Care, through the work with the Health Association Nova Scotia, as well as some of our private providers.

We tried our best to do a coordinated approach to marketing and recruiting. We have a significant brand that's recognized internationally called More Than Medicine. We utilize that. But predominantly, one of the main things is, we promote the province. We promote the quality of the work-life balance where possible.

We know that there are challenges in the workplace, but we do offer incentives and a number of other things to be able to attract folks to the province. It's a tough decision when you're trying to recruit people, not only nationally but internationally. I've had this conversation with colleagues and with others, and somebody said to me one day, Some people will hem and haw about getting a gym membership for a couple of months, and yet we're asking people to make quick decisions to travel across the globe and set up shop in a new part of the country or a new part of the world.

It's a significant decision, so we try to put as many resources - there's a lot of time and energy spent with individual candidates. We have immigration consultants who work with them to help streamline, and we work with our regulators around streamlined pathways. There are a number of levers that are being invested in to try and coordinate the best recruitment experience for candidates as possible.

CHRIS PALMER: You had mentioned - I think I might have taken this right - from a trip you went on to Australia, 16 new paramedics will be coming to Nova Scotia from that trip alone? Or is that - did I understand that correctly?

CRAIG BEATON: That is correct, yes. Did you want - okay.

CHRIS PALMER: I'm not sure if it was the Associate Deputy Minister or Dr. Elliott Rose, but someone mentioned in their opening comments the importance of long-term workforce planning. I think I heard that there. I'm not sure if this has really been addressed a lot in Nova Scotia up to now. Could you please expand on what that means for outcomes, and explain the benefits of long-term workforce planning?

CRAIG BEATON: Sure. I'm happy to start. Fortunately, we have an expert here beside me on health workforce planning. Dr. Elliott Rose has spent a considerable amount of her career on that, and that's why I'm happy to pass it over to her.

System-level planning is extremely important in terms of understanding the needs of the workforce and the future forecast. We're lucky to have some incredibly smart and bright people - a few of them who are sitting behind me here today - who work in this space, in terms of looking at what the forecasted need is going to be going forward, not only from population projections but also from service delivery.

Employers have done workforce planning for years. The difference - as part of what we're trying to do in terms of transforming the system - is trying to look at that as a whole-of-system approach and looking at what the impacts will be when you make a

change in one area. An example of that would be pharmacy. It has been widely talked about - the expanded scope of practice and what that means. It means more work for the pharmacist. To be able to plan for that and looking at the 20,000-foot view - How do you backfill some of that support? Will that work? - continues to need to be done in pharmacies across the province. That work then falls to pharmacy technicians and pharmacy assistants.

We work with the college and the association, as well as the employers, in building bridging programs to try to enhance and to look at international recruitment opportunities to bring in technicians and assistants, and then career pathway advancements as part of their overall path for career development. I don't know if Dr. Elliott Rose wants to add more to that.

ANNETTE ELLIOTT ROSE: Thanks for the opportunity to share some of the work around long-term workforce planning. In Nova Scotia, we've agreed that we are going to focus on a model called integrated needs-based planning. That means we understand - with the data that we have - to the best of our abilities the health needs of Nova Scotians. Then we plan our people and our services based on that.

Once we understand the services and the best evidence and level of support that Nova Scotians need, then we can look at the skills and competencies of the people working in health and build our service models accordingly.

As ADM Beaton shared, what we haven't done in Nova Scotia is optimized and maximized the scope of people working in our system. People are educated in a particular way, but there has been a gap between how they are educated and how they work. We are starting to close that gap significantly in Nova Scotia.

When we look at the workforce gap - who we have and the talent we have, and the people we need and the talent we need - there are lots of levers that we pull and different interventions that we have. Everyone here today actually mentioned those, and ADM Beaton referenced them, as well: recruiting and educating more people, retention - many aspects to retention - I'm happy to share some of the things under way but also in development.

Then redesign - we need a more efficient system. We need technology to help us, and people need supplies, equipment, and spaces, so we need to do all those things in a prioritized, coordinated way to close that gap in the workforce, and it has to have a cumulative effect. That's why you're hearing about all the good things today and more to come, because all those things are required to close that gap in the workforce.

CHRIS PALMER: I have one last question for ADM Beaton. Nova Scotia was acknowledged by the Canadian Federation of Independent Business recently for the creation of the Atlantic Registry of physicians. Could you talk just briefly about how the registry and other initiatives to reduce barriers for licensure are making a difference in

attracting health care professionals to Nova Scotia?

CRAIG BEATON: I think I can talk about the registry first and then maybe a quick statement around the streamlining pathways. The registry really is about increasing labour mobility of physicians across Atlantic Canada. You would have heard Dr. Hawker talk about her time as a locum up north. That is one of the benefits of the registry. For the remaining physicians who like to provide support in rural or remote communities for a variety of reasons, this registry has enabled mobility within the Atlantic provinces for things like locum coverage, which certainly enables quick supports and levers to be able to have physicians brought in quickly when they are licensed across four provinces. There is a licensing fee of $500 with the registry, and once that's done, it's maintained across.

Previously, if you wanted to practise in New Brunswick and do a locum, you would have to take out a licensing fee for that, but you couldn't practise in Newfoundland and Labrador. It does increase the ability for labour mobility across. It has been fairly effective. I think it's around 140 who have registered so far within Atlantic Canada.

In terms of streamlining pathways, obviously, if you are looking at jurisdictions that you want to recruit people from, if you are working there and you understand that the ability to get into the workplace is going to be quicker from a licensing perspective, that is going to be a more sought-after destination. Working with colleges and regulators around streamlining pathways has been extremely effective in opening doors for attracting people from other countries.

CHRIS PALMER: Thank you. I will pass it on to my colleague, MLA White.

THE CHAIR: MLA White, with just over 10 minutes.

JOHN WHITE: I am going to continue with the same two witnesses because they are kind of in the same line. I just want to lead with this: Governing is planned. It is methodical in nature, I would say, unlike the knee-jerk reactions we see from the opposition members quite often, by the way. Our government is moving forward with a purpose. When you speak about what's going on with resources such as Cape Breton University, we talk about burnout.

We are talking about things that haven't been done for a long time. We are playing a lot of catch-up here. And the rural communities - underserved areas - have been dealing with this since years, years before it came to the city, to be honest with you. CBU shows a perfect example of how we are planning for a growing population in the future. I think of the Centre for Discovery and Innovation. I think of the ability to do research in rural Nova Scotia. That is a big issue with attracting doctors, I can only imagine.

I think about the Cape Breton Medical Campus and all that it's going to offer. I believe we are going to have a da Vinci surgical system there - the robot. I am just

wondering if you could speak a little bit about the partnership with our post-secondary institutions and how these seats will help create sustainable health professional numbers in the future.

THE CHAIR: MLA White, is that to ADM Beaton or Dr. Elliott Rose?

JOHN WHITE: Both.

CRAIG BEATON: Yes, sure. Well, I think we are extremely fortunate to have the number of post-secondary institutions that we have in the province to be able to partner with, not only universities but also the NSCC; and there are also private career colleges. I think one of the biggest benefits, and I know there has been a lot of focus around retention - sorry, recruitment but also retention. Training, as Dr. Elliott Rose has talked about, is a significant component of that. When we look at planning for the system and what the future needs are going to be, recruitment of individuals, whether it is internationally or domestically, is not going to be the only lever that is going to be able to support the growth that we are going to need in the health system. We are going to need to see things like increased training capacity.

One indication would be that there have been over 400 nursing seats that have been added to the system. We have doubled our capacity for medical imaging and radiology technology. We've seen CBU open up not only a new opportunity for a medical campus there with an additional 30 seats, but also a Bachelor of Social Work program. All of those pieces are going to be key elements to be able to provide the right provider for the right patient at the right time.

Having these institutions working collaboratively, whether it is through our Department of Advanced Education that hosts academic partnership tables that we participate in or looking at how we can support the forecasted future demand of the workforce, is extremely important.

I don't know if Dr. Elliott Rose wants to add any more to that.

ANNETTE ELLIOTT ROSE: I think it is important to share maybe a blush of successes. ADM Beaton and I were saying this morning that we were actually forgetting some of the things that have happened because things have happened so quickly. I will just read off a few important successes, I would say, around education and training.

We opened the 21-seat nursing program at Acadia University - then a recent announcement around a new build at Acadia to support that program, and it will be expanding, as well - 180 practical nursing seats at NSCC; the 24-seat Master of Physician Assistant Studies program at Dalhousie University - full. It started in January, and we are going to see output from that in two years. And that is a fabulous success. Looking at an expanded program at Dalhousie University for 12 additional seats for X-ray technology; 13

for respiratory therapy; and 8 new seats for ultrasound; a number of new residency seats for Ph.D. psychologists. We talked about paramedic training earlier, free tuition, books, and other programs related to continuing care assistants, and now we have a condensed program for CCAs. There's more. We have a long list of fabulous partnerships with our education colleagues to advance this very quickly. We know that the output is going to take a few years to really see the full success of that, but that's really transforming the system at an accelerated rate.

[10:30 a.m.]

JOHN WHITE: I heard you talk about how we move so fast. That's one of the things we hear: hurry up, and slow down. Hurry up, and slow down - you can't do both. And it's been neglected for a long, long time. I think about my region, Glace Bay. Glace Bay's emergency department was last open in 2019 for four days. It's now open three days a week, and I hear how people appreciate that so much. Not just that it's open - of course they want it open longer - but they know it's open Monday, Tuesday, and Wednesday every week. We know that, and we can depend on that. That matters.

I think about the medical school. I think that's going to offer 10,000 appointments, I believe it is? Something to that effect. But more importantly, graduating 30 doctors a year - what is that going to do to help us address the critical shortage in rural communities?

CRAIG BEATON: I think any time you're going to add additional capacity, it's going to have a significant impact on the ability to attach additional patients. Adding 30 additional seats and 10 more residency seats for internationally educated physicians as well at Dalhousie University will have a significant impact. Right now, our retention rates of our residents are hovering around 75 per cent - might be 80 per cent. Which is pretty effective, considering that not every resident who goes to Dalhousie will be from Nova Scotia. We try to retain as many as possible.

At Cape Breton University, the difference there is that we have return-of-service agreements associated with that school. So, those new 30 physicians will be guaranteed to practise in a rural part of Nova Scotia for five years following their graduation. That will have a real impact on service delivery in rural parts of the province, which is going to be a significant benefit for patients who are needing care.

JOHN WHITE: I understand we're going to graduate 30 doctors a year, and they're mandated to five years' service. Basically, that's 150 doctors in the system before any can consider even leaving. Is that correct? And if it is, can you tell us what that's going to do? What are 150 doctors in rural Nova Scotia going to do? What's that like?

THE CHAIR: MLA White, are you asking ADM Beaton, or are you asking Dr. Elliott Rose?

JOHN WHITE: Whoever has an answer for me. I just want to know the impact.

CRAIG BEATON: You're challenging me on my math, but I think you're right on 150 by the time the last ones leave - end their return-of-service - and the first ones begin, in terms of practice. I think it'll have a significant impact, but also there will be an opportunity for physicians who are in those rural communities to be able to see the opportunity for them to maybe also exit their practice. We've negotiated with Doctors Nova Scotia a new program called transition in, transition out, which supports them in terms of a new physician coming in and taking over a practice, because it can be pretty daunting. We're having these new physicians come in and then train potentially with a rural provider who then sees the light of day of being able to transition. They care about their patients, and they want to make sure they have continuity of care. I think the continuity of care in certain parts of the province, with the potential to expand, hopefully will be the desired outcome.

THE CHAIR: MLA Young.

NOLAN YOUNG: I'll be quick. What is the department doing to recruit health care workers into the rural communities?

CRAIG BEATON: I think what I've outlined before - we have a number of recruitment strategies for rural Nova Scotia. Particularly when it comes to physicians, we have the incentive programs.

One of the other key pieces that I wouldn't want to miss on saying is the community fund, in terms of - communities play a significant role in recruitment, and I don't want to understate that $3 million of community-led initiatives with the number of providers that we work with. There's an annual conference for community groups that do recruitment and retention. This year it's happening in Truro.

What we've heard from them is that they really value the support because they are the ones who can tailor what is needed within those specific communities. We've had some great initiatives, whether it's supporting not only the incoming health care provider but also their families. Those are beyond just the individual recruitment of the provider, whether it's a physician, a nurse, et cetera. There's a number of areas that the community fund supports, in terms of retention and getting those newcomers involved in our communities.

THE CHAIR: The next round will be for three minutes each. MLA DiCostanzo.

RAFAH DICOSTANZO: I would love to give time to Mr. Beaton to answer my first question - hopefully I have. I have two important questions to Janet Hazelton, if I may. The first one is regarding nurse practitioners. We know how valuable they are. Can you tell us more about: Where are they in the province? Are they being used to their capacity? Are

we training enough of them?

I heard Dr. Elliott Rose in her successes - I didn't hear nurse practitioners as part of her successes in education, so where are they practising? How can we recruit more? What do you think is happening?

I know that my family doctor begged for one three years ago, when there were three doctors. They were told they can't have a nurse practitioner because there needs to be at least five doctors. Now we are down to one doctor, and they never got the nurse practitioner. If you can talk about that policy as well.

JANET HAZELTON: The nurse practitioner education is probably one of our biggest success stories. Now we have a program that was negotiated. A registered nurse in Inverness can apply to become a nurse practitioner, get into the Dalhousie University program, and then they are paid their full salary and benefits while they are educated to become a nurse practitioner, sign a return of service in Inverness.

We know that's successful because they've already practised in Inverness. So, they often will have a family and a home, so they are not as likely to just go do the return of service and get out of Dodge. They are committed to that community; they are members of that community. I think that has been a very valuable program.

The growth of nurse practitioners is unreal what they can do. The five physicians is not a thing. They don't have to have five physicians in an office in order to work as a nurse practitioner in an office. It may have, but it's not.

Nurse practitioners are independent practitioners who are able to consult now with specialists, they are able to write any prescriptions, they are able to do predominantly what a GP can do - not all but a lot of.

We need to utilize them more, though. We need them in the community. We need them in long-term care facilities. We don't need residents in long-term care facilities to get an ambulance, go to some emergency department at 90 years old, to get a prescription for a bladder infection. We need nurse practitioners, because when they go into long-term care, they often lose their primary care practitioner, whomever that is. We do have some in long-term care but not enough.

THE CHAIR: Order. The time for the Liberals - MLA Gary Burrill with three minutes.

GARY BURRILL: I wanted to ask you, Mr. Beaton, I'm thinking that this data the NSGEU brought out about six weeks ago really shone a light on the number of health care shortages that have to do with other than doctors and nurses, with all those highly-skilled health care people. I think they documented 12 areas.

We don't have time to talk about all 12, but I do want to ask about medical radiation technology. Recently the association of those technologists has spoken about how burnout in the profession could be really addressed if the government would do a couple of things: one, finance the additional training for MRI technologists; and, two, see that training for the profession is available in the region. I wonder if these things are being addressed and if you could say a few things about them.

CRAIG BEATON: In terms of the training in the region, we certainly would be working and looking - part of what I talked about earlier is around some of the forecasting that we're doing, and how we present that to our academic health partners whom we would want to work with to advance on opportunities to create those educational seats. We are working with the Department of Advanced Education. We presented data to the deputy minister yesterday, actually, on these topics, which would include medical radiation technology. Work is certainly under way, considering what the opportunities for advanced training would be in those areas.

GARY BURRILL: I wanted to ask you, Mr. MacMullin, a question about the paramedic assistants initiative. From the point of view of your union, is this initiative the best way to address the shortage?

KEVIN MACMULLIN: I think you're talking about the Emergency Medical Responder program. It's a supplement program that hopefully will lead them into the paramedic profession. Right now, we currently have the best paramedics perhaps in the world in Nova Scotia who do a variety of skills. We're expanding all the time. We're into community paramedicine. We do extended-care paramedics. We have single-response paramedics in SUVs. Our practice is unlimited now with our paramedics. They do a lot of calls every day. In those calls, they are helping the communities - whether it be in nursing homes, whether it be in their homes, emergencies, whatever. We're very fortunate with the skilled workers we have, and we will continue on with that.

THE CHAIR: MLA Boudreau.

HON. TREVOR BOUDREAU: It's a pleasure to be here. I'm not normally a participant in the Health Committee. I'm a former Chair. I never got to sit and ask questions. I actually was directing people, so this is really my first opportunity to kind of speak at Health Committee.

As a health care professional who has been in practice for 15 years, and my wife similarly, who is a pharmacist and has been practising for 15 years here in the province, we have a perspective as well in terms of health care, and how it's run and how it has been run for many years in the province. My wife and I both took our schooling in Ontario. I was a locum chiropractor for a year and a half while I waited for her so we could move back to Nova Scotia. We're like other practitioners who maybe train here and move away after they're finished. Our job and our goal is to attract and retain them. There are initiatives for

students here in Nova Scotia for that purpose. That's what we're working on.

Coming home was interesting. When I was in Ontario, I had the ability to take my own X-rays, read my own X-rays. I had access in Ontario to getting X-rays. When I moved home to rural Nova Scotia, one of the first things I did was meet with the hospitals - the doctors, the physicians, the nurses, and the community - and talked about my skill set and what I could do. I convinced the local health authority at the time to get X-ray privileges. I was the only chiropractor in rural Nova Scotia to have that - negotiated it myself.

When the NDP government was in power at that time, one of the things they did was say we're cutting 3 per cent across health care. I got a letter from the health authority at the time saying you're no longer able to write prescriptions for X-rays. I said, this doesn't make sense. How is this saving money in the health care system now? Now they have to go to their physician, get a request, go to the X-ray department, get the X-ray, go back to the physician, get the report, and then come back to me. I was told that's not our worry. MSI is a different silo. We don't care about that.

[10:45 a.m.]

This government has changed that. This government recently announced that physiotherapists are going to be able to order X-rays. Chiropractors are able to order X-rays. This is a government that is looking at solutions. We're looking at opportunities to provide, whether it's nurse practitioners with bigger scope, or my wife who's a pharmacist with larger scope, or chiropractors being able to take pressure off that system. We're all working together on this. Kudos to departments that are looking at things outside the box in terms of trying to support people - patients and residents here in Nova Scotia.

I want to talk a little bit about . . .

THE CHAIR: Order. You'll have to ask to fill in next time.

That's the end of the questions. What we'll do is - if anybody has closing statements, I'll start to my right and go left.

JANET HAZELTON: The only thing that I have to say is that we really need to talk about what's happening in our health care system. We need to make this a non-partisan issue, honestly. Everyone needs - because at some point, everyone's going to need health care in this province. At some point, everyone's going to need to go to an emergency department and not wait 10 hours. They're going to have to have primary care physicians or nurse practitioners to look after them.

This is a Nova Scotia problem. This is not anything but that. We all need to work together to attract people. Nova Scotia is a beautiful place to live. We all love it, or we wouldn't be here. But we need to make health care professionals want to come live and

work here. It's very important.

One of the things we have to look at is violence in our workplaces. It's unacceptable. We need to stop it. We have lockdowns now in hospitals. That's ridiculous. People getting into our hospitals with weapons - that's ridiculous. We need to look at that. Some nurses are scared to go to work in emergency departments because they're scared that something bad could happen - not with patients, but with people who could attack them.

We need to look at these issues. We need to take them seriously. I'm tired of talking to this about these shortages, about these work-life balances. I'm getting tired of it. Every time I get hope, it gets dashed. We need to stop talking about it and start doing it. We have a collective agreement with lots of initiatives in it. We just need to get behind those initiatives and make sure we take them over the line.

KEVIN MACMULLIN: Yes, we are in a health care crisis. We've been in that for several years now due to lack of planning over a number of years by all kinds of governments that we've had in power.

As my colleague has said, we have to collectively, as a group here, today and going forward, work on how we are going to solve this health care crisis. It will get better. It's going to take time. It means that we all have to work together in unison in order to solve the problem. It's going to tale collaboration from your unions, from your employers, and from government in order to make this a success.

We need to hear from our frontline workers - the people who are out there every day experiencing the violent scenes that Janet is talking about. We see it all the time in paramedicine, where our members are arriving at a home where they've had an extended wait for paramedics to arrive. Now they're angry and they're taking out that frustration on our paramedics, verbally and sometimes physically. That has to stop. The federal government is bringing in legislation in the health care industry to stop that, but we also have to do that in the province of Nova Scotia.

We also have to work together, like I said. We have to listen to the frontline people who are out there on the front lines, who are experiencing this, and take into consideration their ideas. They're there. They know what's going on, and they can provide solutions.

LEISHA HAWKER: Thank you again for the opportunity to participate today. We are making strides toward stabilizing primary care and improving access to acute care in our province, but we need to build on that momentum. It will take considerable time to see results, of course.

It's vital that all health care providers continue to work together to improve access to care, focus on retention and recruitment of physicians, patient attachment to family

physicians, and to build a positive and healthy work environment for all health care providers.

We need to ensure that our province remains a desired location for talented physicians. Doctors Nova Scotia remains committed to working with our partners to address the challenges facing our health care system so that all Nova Scotians have access to the care they need, when and where they need it.

ANNETTE ELLIOTT ROSE: Thank you for the invitation today, and the opportunity to share some of the ongoing work at the Nova Scotia Health Authority. We know there is more to do, and I echo everyone's comments that we need to do that together, and we need to build communities and workplaces where people feel they can do the work they were educated to do and do it well. We want people to build their health careers in Nova Scotia, build their lives in Nova Scotia. We are committed to supporting everyone working in health and providing care to Nova Scotians, everyone working in health who supports that care for Nova Scotians, so that they stay here with us all long term, so thank you.

CRAIG BEATON: Transforming the health care system is still a significant - well, it's the number one priority we have in our department and we're committed to that. We understand that people want to see results quicker.

The front line's dedication is incredible and the work they are doing cannot be understated in terms of advancing patient care. There are also other folks working behind the front lines who are doing everything they can to advance transformation as quickly as possible so that people do see those results. I would be remiss if I didn't outline that those people are working incredibly hard in support of the health system, so thank you to them.

I also want to thank my colleagues here at the table, many of whom have participated not only in contract negotiations but also working groups. I think Mr. MacMullin said that collectively we're better trying to advance these solutions together, and we've seen success doing that with our colleagues across the table here. I'd like to thank the committee for the opportunity to present today, so thank you.

THE CHAIR: Thank you. All the witnesses are excused. We have a little bit of business. There are only nine minutes left, so we'll deal with the business and let them head out.

For the correspondence, we have February 23, 2024, an email from the Nova Scotia Health Authority in response to a request for additional information made from the February 13th meeting, following up on a reply for a request from the December 12th meeting on ER closures and doctor retention.

Is there any discussion?

No. Okay.

We also received a letter from the deputy minister of Seniors and Long-term Care in response to two requests for information made at the February 13th meeting on long-term care bills, impact and approach.

Any discussion on that?

No.

March 13, 2024, I have the letter from Sandra Mullins, president of the NSGEU, regarding the witness list for today's meeting. MLA Leblanc.

SUSAN LEBLANC: I just wanted to point out that this is why I made the motion this morning at the beginning of the meeting - because Ms. Mullin rightly points out that they should have been at the table. I just wanted to make that point, and hopefully we'll see them next time.

THE CHAIR: MLA Regan.

HON. KELLY REGAN: Did I see a motion go around about this particular letter that we would write a response back?

THE CHAIR: I believe we received one. I'm going to check to see if they are still . . .

KELLY REGAN: Okay, because I do have a response to that.

THE CHAIR: MLA Palmer.

CHRIS PALMER: This side of the table, we withdraw the motion.

THE CHAIR: So you're not going to put it on the table?

CHRIS PALMER: We're not going to put that motion on the table. Maybe I could respond just a little bit about what has been said this morning here. We know that through the topic selection process, which was done a fair time ago, that the people bringing the topics forward have a chance to bring forward witnesses they want to see at that committee meeting.

I think this is the second or third time this may have happened. I think if this letter was sent a week ago - I guess from the committee perspective, hopefully we can have a bit of an understanding that a motion at the last minute - I don't want to call it a stunt but it's a bit of an issue - Chair. I think for us as a committee, if the government side with its majority

brought a witness in who wasn't on the topic selection, and wanted to add them with our majority at that meeting - it sets a bad precedent, and I don't think the Opposition across the table would think that's a good idea.

That was why we basically decided that, for the precedent's sake, it was not a good idea at the time to do that. We do withdraw the motion that I sent around earlier.

THE CHAIR: The motion was never actually moved. You're just not going to move it forward. There would have been an email sent out this morning that the PC caucus had a motion on it. You would have received it.

KELLY REGAN: I do think we should respond to the NSGEU. I actually think it would be valuable for them to understand what happens when we're doing that. I don't think we want them thinking that they were excluded or that there was anything nefarious.

In fact, I would actually take the PC motion but just add that we take the last couple - I think the previous agenda-setting meeting. We could send a link to the April 11, 2023 Hansard as well, so they can see what happens, and that it's not anything nefarious going on - just so they have a full answer.

I would move that an explanation of the agenda-setting process and the witness selection practice of the committee be included, as well as a link to the January 9th Hansard report and the April 11, 2023 Hansard report highlighting the motion related to the topics that affected them, and that the Chair write a letter with those elements involved.

THE CHAIR: We have a motion on the floor. Any debate?

CHRIS PALMER: I understand - the reason why I withdrew - our side withdrew the motion is because we had a conversation basically with the NSGEU representatives here in the room highlighting the reasons why we didn't think it was a good idea or even explaining the process of how topics were selected. I'm not sure a letter at this point is really going to do anything except - whatever, but . . .

KELLY REGAN: I just feel that we really need to put this on the record for NSGEU. They were here. I don't think they heard a full explanation. I don't think they could see what happened. I just feel that it's important to make sure that they understand that there was no intent to exclude them. We did have quite a cast of thousands here today. I just want them to understand that there is no ill intent, I guess is what I would say.

THE CHAIR: Any other discussion? Sorry, MLA White. I apologize. You were being a gentleman.

JOHN WHITE: It's a long morning already.

This is a sore spot right now. I do feel that it was brought forward in a friendly meeting with them here in front of us to make us look bad and put us on record voting against it.

Honestly, I spoke on it, and I believe I said it was a Liberal topic brought forward and we supported all witnesses who were presented. Not to start an argument, but I do feel like we gave them a fair explanation. I really do.

THE CHAIR: MLA Burrill, what's your point of order?

GARY BURRILL: The motion has already been dispensed with. Discussion on the motion is out of order.

[11:00 a.m.]

THE CHAIR: The motion hasn't been voted on yet.

GARY BURRILL: The motion with which the meeting began, which is what MLA White is addressing. That motion was dispensed with at the time of the meeting's beginning, and further debate on it is not now in order.

THE CHAIR: I'm going to talk to . . . I'll be honest, it's interesting when we agree. But because MLA Regan used the same words that were in it for the motion forward, Legislative Counsel has given advice that it's not out of order.

However, it is now 11:00 p.m., which is the time of adjournment. (Interruption) Sorry, 11:00 a.m. It will be 11:00 p.m. soon, I'm sure. The next meeting will be Tuesday, April 9, 2024, from 1:00 p.m. to 3:00 p.m. If the House is still sitting, it will be 9:00 a.m. to 11:00 a.m. The topic is Withdrawal Management Services. Witnesses are the Nova Scotia Health Authority, Office of Addictions and Mental Health, Ally Centre of Cape Breton, and Direction 180.

This meeting is adjourned.

[The committee adjourned at 11:00 a.m.]