

HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

STANDING COMMITTEE

ON

HUMAN RESOURCES

Tuesday, May 2, 2023

Committee Room

**Training and Educational Partnerships:
Training Initiatives for Physicians, Nurses and CCAs**

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HUMAN RESOURCES COMMITTEE

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[Dave Ritcey was replaced by Tom Taggart.]

[Nolan Young was replaced by Kent Smith.]

[Ali Duale was replaced by Lorelei Nicoll.]

[Kendra Coombes was replaced by Susan Leblanc.]

In Attendance:

Gordon Hebb
Chief Legislative Counsel

Judy Kavanagh
Legislative Committee Clerk

WITNESSES

Department of Advanced Education

Gregory Ells, Senior Executive Director, Higher Education
Cheryl To, Executive Director for Universities and Colleges

Department of Health and Wellness

Suzanne Ley, Senior Executive Director, Office of Healthcare Professionals Recruitment

Department of Seniors and Long-term Care

Tracey Barbrick, Associate Deputy Minister
Sarah Melanson, Project Executive

Nova Scotia Community College

Don Bureaux, President
Jill Provoe, Vice-President, Academic and Equity

Health Association Nova Scotia

Mary Lee, President and CEO
Heather Jussup, Senior Human Resources Specialist



House of Assembly
Nova Scotia

HALIFAX, TUESDAY, MAY 2, 2023

STANDING COMMITTEE ON HUMAN RESOURCES

1:00 P.M.

CHAIR
Chris Palmer

Vice Chair
Melissa Sheehy-Richard

THE CHAIR: Order. I call this meeting to order. This is the Standing Committee on Human Resources. I am Chris Palmer, MLA for Kings West and Chair of this committee. Today, in addition to reviewing appointments to agencies, boards, and commissions, we will hear from witnesses from the Department of Advanced Education, the Department of Health and Wellness, the Department of Seniors and Long-term Care, Nova Scotia Community College, and Health Association Nova Scotia regarding training and educational partnerships: training initiatives for physicians, nurses, and CCAs.

At this point, I would like to ask everyone in the room to please set your phones to silent. I would ask all committee members to introduce themselves to the room. I will begin with MLA Sheehy-Richard.

[The committee members introduced themselves.]

THE CHAIR: For the purposes of Hansard, I would also like to recognize the presence of Chief Legislative Counsel Gordon Hebb to my right, and Legislative Committee Clerk Judy Kavanagh, who definitely earned her pay this morning. I appreciate all of the committee members and your prompt responses to our communications this morning.

At this time, we will proceed with our committee business, which is the appointments to agencies, boards, and commissions. Could I ask MLA MacDonald to begin with those?

JOHN A. MACDONALD: Thank you, Grampy Chair.

For the Department of Health and Wellness, I move to recommend that Dr. Monica Behl and Eric Poon be appointed Directors, Public Representatives of the Nova Scotia Prescription Monitoring Board.

THE CHAIR: There's a motion on the table. Is there any discussion?

All those in favour? Contrary minded? Thank you.

The motion is carried.

Thank you, MLA MacDonald. We'll talk later.

Before we move on to our witnesses, I'd just like to ask if there is any other business that our committee will be addressing by the end of the meeting today? If there's no other committee business, that just allows me to know when we need to end our question and answer period. At this point, we will now move on to our topic, the training and educational partnerships: training initiatives for physicians, nurses, and CCAs. We'd like to welcome all of our witnesses here today who will be answering questions from our committee members.

At this time, I would like to ask all our guests at the table to introduce yourselves. After you introduce yourselves, I will call out the names of those who are sitting behind, and ask you to stand if you could when I do that. We'll begin with Ms. Lee.

[The witnesses introduced themselves.]

THE CHAIR: We'd also like to recognize today Cheryl To, Executive Director for Universities and Colleges at the Department of Advanced Education; Sarah Melanson, Project Executive for the Department of Seniors and Long-term Care; Jill Provoe, Vice President, Academic and Equity for Nova Scotia Community College; and Heather Jussup, Senior Human Resources Specialist for Health Association Nova Scotia. Thank you all for being here.

At this point, we'd like to ask those who would like to give an opening statement to do that. We'll begin with Ms. Lee, if you would like to do that.

MARY LEE: My name is Mary Lee. I am the President and CEO of Health Association Nova Scotia and our subsidiary company, igility. I am joined by Heather

Jussup, our Senior Human Resources Specialist with HANS and igility. Thank you for the opportunity to be here today to discuss our association's role in supporting CCA training, and provincial recruitment and retention efforts in Nova Scotia's continuing care sector.

Health Association Nova Scotia, or HANS, as we call ourselves, is a membership-based association representing health providers along the full continuum of care. We provide our members with human resources shared services, such as labour relations and compensation analysis, and the administration of a range of employee benefit plans. We are the co-sponsor of the Nova Scotia Health Employees' Pension Plan. We offer innovative clinical engineering solutions that promote resident and staff safety. Through our subsidiary, igility, we deliver services such as the Continuing Care and Disability Support Program recruitment and retention programs that benefit the entire sector, irrespective of association membership.

Additionally, under the umbrella of our member and partner engagement service, we have a team that is responsible for the administration of the Continuing Care Assistant Program, and delivery of the Recognition of Prior Learning program. We are also the administrator of the mandatory CCA registry.

HANS has played an important role in administering the CCA program for the past 23 years. Under the direction and guidance of the Department of Seniors and Long-term Care, and the Continuing Care Assistant Provider Advisory Committee, our dedicated team oversees the delivery of this program across the province.

There are three main pillars of focus of the work that we do. First, the CCA's scope of practice and competency framework serves as the backbone of the CCA program. It allows us consistency of education delivery using the curriculum to meet entry level expectations to the CCA certification exam, and provides the foundation for program licensing process, also known as the Standards Compliance Assessment.

The CCA program staff have been pleased to respond to increasing demands for services arising from the Department of Seniors and Long-term Care initiatives, aimed at increasing student enrollment, such as the CCA free tuition. The same holds true for investments made to cover the cost of individuals with experience in health care settings who wish to pursue the CCA certification through the Recognition of Prior Learning program, which is our second pillar. This has resulted in an increase in enrolments of almost over 300 per cent over the past three years.

The third pillar of the provincial support we provide is serving as the administrator for the mandatory CCA registry. This provides a list of all CCAs and counterparts working in continuing care in Nova Scotia, which provides important data to support provincial workforce planning.

Our collaboration with the Department of Seniors and Long-term Care in the administration of the Continuing Care Recruitment and Retention Program is another example of our efforts to work together in supporting the sector.

Specific to continuing care, there are four human resource consultants who assist long-term care and home care employers to increase their recruitment of CCAs and other health care workers. In addition, there are also four immigration specialists who support our international recruitment efforts. In fact, we have staff who just returned from an international recruitment mission in Europe this weekend.

Attracting new staff to a sector that has endured long-standing staffing shortages will take some time. However, I'm pleased to share that we are making headway. Since the program was established, we have recruited over 171 new hires, which include 90 job offers through our international recruitment efforts. We are partnering with schools and settlement providers to provide employment opportunities in continuing care, as well as facilitating co-operative solutions among groups of employers in similar areas of the province. These are just a few examples of the way we are working together.

Finally, as I believe we would all agree, having a centralized team in place that is dedicated to attracting new talent to these important fields is only one part of the comprehensive recruitment and retention strategy.

In addition to sustained efforts to increase the size of the workforce, we need to focus our attention on retention of our valuable employees through opportunities for continuous growth, development, and the ability to envision a future career path. This is certainly one of our focuses of today's discussion.

We are very pleased that the recruitment and retention support that we provide includes the administration of innovative, training and professional development funds. We need to adopt new and innovative approaches to training, and recruitment and retention, including increasing access to training and educational opportunities.

Thank you for this invitation to be here today. We look forward to continuing to work diligently to support our continuing care employers, the Department of Seniors and Long-term Care, and other partners to help ensure a sustainable, skilled workforce to Nova Scotia's continuing care sector in the years to come.

THE CHAIR: Thank you very much.

Our clerk just reminded me that we have two guests whose last names are pronounced "Lee," so for Legislative TV to know whose microphone to turn on, I will reference you as either "Ms. Mary Lee" or "Ms. Suzanne Ley" when I recognize you.

We will now move on to Mr. Bureaux.

DON BUREAUX: Good afternoon and thank you, Mr. Chair, and to all the committee members, for the invitation to appear here today. As was mentioned, joining me this afternoon is our Vice President for Academic and Equity, Jill Provoe. We are really pleased to be here to discuss this very important topic of Training and Educational Partnerships: Training Initiatives for Physicians, Nurses and CCAs.

As we all know, we are in a perfect storm. This perfect storm is driving shortages of human capital in all sectors, but especially health care. We know that an aging workforce, a falling unemployment rate, growing employment opportunities, and expanding needs within our health care sector have increased the demand for labour. It's vital for us to find solutions to tackle these challenges by simply working better and more together across all government departments and with health sector associations like HANS, with input and ideas coming in from the broader community.

We know that with challenges like these, and opportunities, we need to be innovative. We need to try new delivery methods, offer more flexibility, and work more strategically in how we enhance the diversity in our classrooms in taking this disruptive moment in time to do things very differently and do them better - all with the aim of encouraging and preparing more individuals to serve in the health care field to enhance care for our population.

We know that by strengthening our current collaborative efforts - including supporting underrepresented communities, upskilling, or creating pathways from one occupation to the other and augmenting current resources - we can more quickly reach the goals that we hold for our province, our health care system, and the communities that we serve.

Over the past number of months, and in fact years, we've been working on a number of projects to increase the capacity and the number of graduates in the critical health care professions. Just to name a few, we've expanded the number of seats in our Practical Nursing program in 2022-23, and are having wonderful conversations to have even more possible expansion in the future. We've also expanded the CCA program seats and supports, including the addition of two new CCA offerings - one in metro and one in the Annapolis Valley - just this Spring.

As was mentioned, the government tuition support for more than 2,000 CCA students over two years, aimed at domestic applicants, has been a tremendous boost to the interest in this program.

I also want to comment on unique offerings like the work-and-learn CCA program. It's one more example of flexible thinking and innovation in terms of addressing the CCA shortage. This program was offered in Sheet Harbour with great success.

It's incumbent upon post-secondary institutions to offer shorter, sharper credentials to make sure that we are addressing the emerging needs - and we are doing just that.

[1:15 p.m.]

A couple more: we are working very closely with our Mi'kmaq communities to make sure that we are able to provide cohorts of practical nursing students to help them provide culturally responsive health care and develop the skills that they need to impact the health and well-being of their communities. We know that diversity of knowledge, worldview, and experience are all key as drivers of success in advancing innovation, creativity, excellence, and learning.

Finally - again, as was mentioned - we're exploring ways to work with our partners to support CCA and practical nursing pathways for internationally educated health care professionals.

The discussions that are under way with our partners and the focus on additional initiatives to help infuse the needed talent in our health care system and across all sectors are something that will continue into the future. We're very pleased that at the Nova Scotia Community College, our graduates from the School of Health and Human Services enjoy, in fact, the highest employment rates of any one of our schools, at 94 per cent. This school also has the highest percentage of individuals working in their specific areas of study, which is approximately 90 per cent. Ninety-three per cent of all employed graduates in their field of study are living and working right here in Nova Scotia.

I look forward to continuing these positive collaborations to spur further training initiatives.

Mr. Chair, once again, I want to thank you for the opportunity to come here today to speak with you and your colleagues.

THE CHAIR: Ms. Barbrick.

TRACEY BARBRICK: Thank you for the invitation to be here today. I think this group together has some unique offerings on the conversation at hand. Joining me today is Sarah Melanson. She's our project executive responsible for workforce development. I'm also pleased to be here with our partners, all of whom work closely together to ensure the delivery of training and incentives to recruit and retain our essential staff.

Nova Scotians deserve to know that they can get the care and support they need, when they need it, and where they need it, as they age. Recruiting and retaining high-quality, trained staff is critical in this equation.

Our department is working to train and hire the staff needed to provide this care, to support and take care of the dedicated people who work in this sector, to provide older Nova Scotians with the care and support they need to live in their homes and communities longer, to build more long-term care rooms, and to improve the quality of care for Nova Scotians who need continuing care.

This includes delivering on government's commitment to provide an average of 4.1 hours of care per day to all nursing home residents. This is a significant commitment that is obviously directly tied to our ability to staff those positions. Efforts to establish this standard are well under way. In the last quarterly report, 35 per cent of our nursing homes are now staffed to deliver 4.1 hours of care per person. Nova Scotia will be one of the first provinces in Canada to meet this standard of care.

I always welcome the opportunity to not only speak to the work we are doing, but also the impact it's having but on the workforce itself. The people who work in continuing care are extremely hard-working and compassionate. They are the heart of the system, and we are beyond grateful for all they do.

In fact, much of the department's focus and significant government investment has been directed to better supporting those who work in continuing care and to addressing long-standing issues related to workforce that we've heard from the sector over the years. Continuing care staff have been chronically under-invested in for years, which has led to a workforce that was understaffed and overstressed. Staff have felt unappreciated for a long time. Our goal is, and has been, to work with the sector to not only address these issues, but to also make continuing care a career path of choice in Nova Scotia.

This means having the right supports in place to attract people to the sector, and better supporting them in their professional development, and with workplace safety initiatives, so that they have the opportunity to stay and grow careers and be able to work safely.

Last year, we were seeing hundreds of beds shut down due to workforce pressures. Through strategic near-, medium-, and long-term investments, government has been able to work with facilities to open all beds that were closed due to staffing pressures, while also recruiting the workforce of tomorrow that we know we will need as we continue to build more capacity in our nursing homes. But we're not done.

This year's budget included funding for a new pathway for continuing care assistants to become licenced practical nurses. More details will be shared on this program as it's developed and rolled out. This is yet another way we are helping to provide life-long career options for people working in the continuing care sector.

Our workforce-related investments are designed to make home care and long-term care great places to work, with opportunities for career growth, and to ensure we have the

staff needed to provide care and support to seniors now and into the future. So far, these have included free tuition and books, an innovative work and learn model, a targeted investment in CCA wages to address specific shortages in that area, national and international recruitment, recognition of prior learning and skills, and opportunities for more training for staff.

Our efforts are paying off and we're seeing results. Northwood recently informed us that, for the first time ever, they are at a full complement of CCAs for their Bedford and Halifax locations. In other words, they have zero vacant CCA positions. They attribute much of this to the work-and-learn programs, among some of the other initiatives.

We're on track and halfway to meeting our goal of 2,000 CCA students over two years. Adding 2,000 people to this workforce will help significantly. Something of this scale has never been done before. This, combined with much needed wage increases, has helped to stabilize the sector and make the role of a CCA much more appreciated and appealing - serving to attract more Nova Scotians into this rewarding line of work.

Training is a big part of our efforts to grow this workforce. I do want to recognize Don and his team at the NSCC for their continued partnership with us on this front. NSCC is an excellent partner and offers CCA programs across the province. This includes partnering with us for both the traditional program offerings, as well as work-and-learn models. We are looking forward to another full intake of CCA programs across the province at various sites this coming September. Don will certainly talk more about the unprecedented interest in CCA programs.

I'd also like to acknowledge and thank our partners at Health Association Nova Scotia. HANS oversees the CCA training curriculum standards, the process for colleges to be licensed as a CCA education provider, and monitors compliance. All of this helps to make sure that Nova Scotia has the highest trained and best CCAs. They also administer the mandatory Continuing Care Assistant Registry - a critical tool for our workforce planning. Their work also includes administering the Recognition of Prior Learning Program, which has been instrumental in helping those with prior knowledge or experience get the remaining learning they need to be a certified CCA. They partner with us in delivering recruitment and retention services for continuing care employees, focusing on local, national, and international recruitment.

Through these partnerships, investments, and our responsiveness to the issues raised by those on the front lines, we are stabilizing and growing our workforce, and ensuring that continuing care continues to have high-quality, well-trained staff. We know that our work isn't done, but we are excited about what we've accomplished. We remain committed to investing in and supporting the thousands of Nova Scotians who fulfill the various roles in continuing care across the province.

We look forward to answering your questions.

THE CHAIR: Thank you, Ms. Barbrick. Mr. Ells, opening statement?

GREGORY ELLS: Thank you, Mr. Chair. Good afternoon, everyone.

My name is Greg Ells, and I'm the Senior Executive Director for the Higher Education Branch at the Department of Advanced Education. I am pleased to be here as a representative for the department and on behalf of Deputy Minister Nancy MacLellan who could not be here today. I am joined by Cheryl To, Executive Director, Universities and Colleges with the department. It is our pleasure to represent the work of the department on training and educational partnerships. This is an area of focus for the Higher Education Branch.

As most of you do not know me, I'd like to take a second to introduce myself. I have worked in government as a public servant for 24 years under several different governments. Prior to joining government, I work in a biomedical research facility for 14 years in Kentville, Nova Scotia. Cheryl and I are part of a team of professionals who are invested in helping the department fulfill its mission, and facilitate a proactive and inclusive post-secondary education system so people can learn, grow, and thrive.

With more than 70 professionals, including student assistance and post-secondary accessibility services experts, the Advanced Education team is truly here to help. We play a critical role to help train the workforce that Nova Scotia needs today and tomorrow, and we don't do this work in isolation. We look to subject matter experts to help define what's needed and work closely with other government departments, including those joining this panel today.

We also work closely with the Nova Scotia Community College, which plays such a vital role in helping address Nova Scotia's critical labour needs. The department also oversees private career colleges and Nova Scotia's 10 universities to help train Nova Scotians in their fields of choice and the professions we most need, like physicians, nurses, and CCAs.

Since the department was formed in August 2021, we have helped introduce:

- a partnership between Cape Breton University and Dalhousie University to train five medical school students through a pilot program. This is helping to inform the province's second medical school campus at CBU announced by government earlier this year;
- a new NSCC practical nursing cohort, which will train 30 Mi'kmaw learners, in addition to the 120 new practical nursing seats introduced by the Province in 2022. This program is expected to launch in the coming academic year, and will offer a custom learning experience developed with a Mi'kmaw and Indigenous lens;

- a progressive education model for continuing care assistants where students can work and learn while training at private career colleges in the province. The students can study three days a week and work two days a week in paid positions.

We've also launched innovative partnerships with:

- the Michener Institute of Education at UHN to train more medical laboratory technologists for this in-demand health care profession;
- the Mitacs organization to offer more highly skilled internship opportunities for post-secondary students. These students are researching solutions for some of Nova Scotia's most important challenges, like health care;
- Medavie Blue Cross to train more Nova Scotians in rural parts of the province to be paramedics. Successful applicants can also take advantage of the \$11,500;
- A community-based advisory committee to introduce an Africentric Bachelor of Social Work Cohort at Dalhousie University. The cohort is open to Black/African Nova Scotian learners across the program, and has attracted such strong interest that we increased the number of seats from 25 to 35.

These are just some examples of the work we do. We know there is a lot to do, and we know some of you probably have ideas you're hoping to share with us today. I'm looking forward to hearing these ideas, and I will do my best to answer your questions on training and educational partnerships.

THE CHAIR: Last, but not least, we'll ask Ms. Suzanne Ley to provide some opening comments.

SUZANNE LEY: Good afternoon, everyone. Before we begin, if I could just thank the Chair and the committee for allowing me to join you virtually today, and, of course, the clerk of the committee and our friends at Legislative TV. I believe I'm the cause of some of Ms. Kavanagh's busy morning.

I'm Suzanne Ley, and I'm the senior executive director of the Office of Health Care Professionals Recruitment. Apologies that I'm not in the room with you today, but I'm really passionate about the work that we do, and I did not want to miss the opportunity to talk with you about it today.

I'm pleased to be joined by many witnesses, friends and colleagues around the table who work together on training and educational partnerships, and to speak with you about how our office is supporting that work.

There is pressure on our health care system right now. Health care providers are feeling it, and Nova Scotians are feeling it. Nova Scotians, of course, are concerned about how to get care when they need it. It's one of our top concerns too. It's one of the main reasons the Office of Health Care Professionals Recruitment was established in 2021 - to attract health care professionals to our province, and help them build roots in our communities.

We're making changes to improve health care for Nova Scotians and for the people who provide care, including the development of a health workforce plan. Nova Scotia's publicly funded health system is made up of approximately 52,000 employees and physicians, and is growing. Through efforts by government and health system partners - some of whom are at the table with you today - growth in the number of health care professionals has outpaced population growth. Despite this progress, staffing shortages continue to exist.

One of the key components of planning for today's health workforce and into the future is how we train right here at home. With our colleagues at the Department of Advanced Education, we are working closely with academic and health partners to ensure that our efforts are aligned to meet demand. We are making progress. Nova Scotia has added 10 residency seats recently at Dalhousie University for internationally trained medical graduates for residents with a Nova Scotia connection.

At a recent recruitment mission to Ireland, I spoke with many Nova Scotians and Canadians studying in Ireland who want to come home for residency. These 10 new seats will provide more options for that to happen.

The province has funded a medical school at Cape Breton University that will train 30 students a year, specializing in rural family medicine. We also recognize the importance of creating pathways for existing health care workers who are looking to advance their careers. Last June, the eligibility criteria were expanded to allow more LPNs to qualify for nursing programs at CBU and StFX University. Through the provincial nursing strategy, employers can provide funding for nurses interested in upgrading their training.

Like many at the table have said, we're also making progress on recruitment. Last year, we recruited a record number of new doctors to our province, and we've guaranteed a job to every nurse who graduates here. Last year, 231 internationally educated nurses moved and started working here.

We've also had an increase in LPNs and nurse practitioners starting to work in the province. We're working hard to build on these successes this year. With the College of

Physicians and Surgeons and the Nova Scotia College of Nursing recently making significant changes to streamline licensure, we expect to make good progress.

[1:30 p.m.]

The government has made it clear that improving health care is the top priority. It will take time and money, but we are doing what it takes and working at top speed. It will also take all partners leaning in on finding solutions to recruit and retain health professionals, and we are maximizing opportunities to increase access to care for Nova Scotians.

The Nova Scotia Community College and other partners continue to show great initiative and adaptability by making adjustments to their operations in order to create a provincial health workforce. This is important to meet the current and future health care needs of Nova Scotians.

There are many great initiatives under way, and I look forward to speaking with you further about them in our conversation today.

THE CHAIR: Thank you all for your opening statements.

We will move on to our question and answer period now. I will extend the question and answer period until 2:50 p.m. so we can get as many questions for our guests as possible. For those who are sitting in the first row behind you, if you are called to answer a question, there's an open microphone on the end of the table. We'll ask you to come to that microphone when you are recognized to answer your question there.

We will do a show of hands in this type of format of our questions. We'll begin with our question and answer period now for our members. We'll begin with MLA Leblanc.

SUSAN LEBLANC: I didn't think that I would get in so quickly. I'm not used to that. My first question is for Ms. Ley on the TV for the Office of Healthcare Professionals Recruitment. You've probably heard this, Ms. Ley - that many of our offices have been contacted by dozens of nurses and other health care workers on medical leave who have come forward to share their experience of being excluded from the \$10,000 thank you bonus from the government. These are nurses and other professionals who, through no fault of their own, are on leave. Many of them, in fact, have had cancer diagnoses and they have been excluded from this bonus. Is the department looking at ways to address the gaps in the bonus to ensure that everyone on leave who is otherwise eligible for the bonus gets the thank you bonus?

SUZANNE LEY: First and foremost, if I could just wish those nurses well who've come to see you and speak with others. I want them to feel better or get better, get well soon. I wish them a full and speedy recovery, I guess is what I would say. I thank them. I

know they, and many other health care providers, have been working in incredibly tough and challenging situations in the last number of years in particular. Being off on any kind of leave can add a layer of difficulty to circumstances.

As you would know, with any program, parameters need to be in place. The parameters that are in place for this program really recognize the intention of the program, which was to recognize the contributions made by permanent employees and to incent employees to attach permanently to the workforce. Again, I would just say that I wish those nurses well. Benefits for health care workers are important, and there are other benefits for workers when they fall ill.

THE CHAIR: As per the protocol of this committee, I will allow for a brief follow-up for all members - brief, MLA MacDonald - as long as it is related to the previous question. It is not a chance for a second question, but I will allow for a follow-up if it is related to the previous question.

MLA Leblanc, do you have a follow-up?

SUSAN LEBLANC: I'm just trying to formulate it. Yes, I do have a follow-up.

Hearing that - and to be honest, Ms. Ley, you are lucky you are not in this room because it is actually quite hard to hear because of the construction next door. Not you, you're good. It sounds like you're not looking at expanding the bonus. Can you just clarify yes or no? Are you taking it on a case-by-case basis? How is it working if someone at the surface is not eligible but then appeals, as it were?

SUZANNE LEY: I know that when the program was first announced there was some tinkering that happened in the early days, and government is communicating directly with employers those changes. I think those are finished now, but I would recommend that any employees get directly in contact with their employer. They are the ones who are sort of considering the case-by-case situations or determining how somebody fits within the program parameters.

THE CHAIR: MLA Taggart.

TOM TAGGART: My question is to Ms. Suzanne Ley. Can you tell us a little bit more about the \$37.4 million investment to create the Centre for Innovation in Health at StFX University, and how it will help to improve wellness in rural Nova Scotia? That's really why I've got this question. I'm very passionate about health care in rural Nova Scotia. Maybe you could give us a little bit of detail on how that's going to help us.

THE CHAIR: Ms. Ley.

SUZANNE LEY: Let me first just say recruiting and retaining health professionals to rural Nova Scotia is a key priority. It's something we think about all the time. I might actually request that my colleague, Greg Ells, who's at the table with you, talk a bit more about the investment. I believe he is a bit closer to the file than I've been.

THE CHAIR: Mr. Ells.

GREGORY ELLS: Planning for a new institution has been discussed over the past decade, so discussions have been ongoing for quite some time. StFX has been interested in an institute that will function and be recognized as Nova Scotia's key hub for rural collaborative health education and research.

Oriented toward rural communities, the institute's goal will be to support the evolving health needs throughout rural Nova Scotia, and enhance health outcomes for all Nova Scotians. The institute is strongly aligned with the Province's Action for Health strategy, fully supporting a path to a completely different kind of health care experience and health culture for Nova Scotians.

The new institute will serve as a site where researchers and students can work together. It will also be open to health care professionals who have ideas that could help the system more broadly.

StFX currently has 75 faculty researchers who focus on health at the institute, which will lead to the creation of new programs. This means more research positions at the university. Research at the institute will not just be based at StFX. Researchers will also be exploring mobile simulation.

The institute will be headquarters for the National Collaborating Centre for the Determinants of Health, Atlantic Canada's national knowledge translation centre for excellence for health care professionals. The institute will support the following:

- implementation of a treatment and research centre focused on wellness, and rural care that will expand access to primary and mental health care for StFX students and the broader community;
- learning and training opportunities for health care teams and professionals to specialize in the delivery of health care in rural communities;
- establishing innovative infrastructure and training environments like simulators and virtual reality to enhance rural care and training; and finally
- a rendering of the new health institute is expected to begin in 2023, and the site is scheduled to open in 2026.

THE CHAIR: Our clerks have given all the members and our guests, hopefully, some earphones to put in if you're having a hard time hearing here in the room.

Was there a follow-up, MLA Taggart?

TOM TAGGART: Just briefly - a bit of an opinion, of course. I believe that collaborative clinics are a huge part of that. You didn't really mention collaborative rural health care. I just wonder if that plays a part in this new education piece, or is it more about innovation and that sort of thing?

GREGORY ELLS: I think we all agree that collaborative health care is important. It's the way of the future, and everything that can possibly be done to have a collaborative environment in this institute, that's the way we want to go.

THE CHAIR: MLA Smith.

KENT SMITH: Thank you, everyone, for being here today in spite of the construction that's ongoing. Inevitably, what happens when we prepare for these meetings is we do our research, get our questions, and we get ready to ask them - then you folks come and give your opening remarks, and a lot of the things we're interested in learning about come out in the opening remarks. Most of my questions were touched upon in a variety of opening remarks, but I'd love to expand a little bit on some of them.

I'll start with Mr. Bureaux, if I could. Health care, obviously, is a top priority for us - historic investments last year, historic investments in this year's budget. You referenced the investment in the new nursing seats. I believe it's just for LPNs, but I'm curious to know if we can get an update on that initiative, and how many different schools got the new seats. Where are we at with the initiative, please and thank you?

THE CHAIR: Mr. Bureaux.

DON BUREAUX: Mr. Chair, I have to go through my notes and get the exact placement of those seats. I can tell you that any addition of new seats of nursing at the college are welcomed, because we basically have wait-lists in every one of our offerings. Right now, we would have 2,000 people enrolled in our School of Health and Human Services. Roughly half would be made up of licensed practical nursing or CCA.

Of the practical nursing seats, every one of our offerings would have a wait-list. It's very important that we continue to work with our partners in government - and they've been excellent to work with - to expand those seats. Hopefully we'll get more expansion in the future.

THE CHAIR: MLA Smith, any follow up?

KENT SMITH: I would like to know which schools in particular across the province did receive them.

DON BUREAUX: Can I get that back to the committee, Mr. Chair? If I can find it in my notes - the allocation of those 120 seats would have gone around the province to various locations. If I can get back to you on that, I will.

THE CHAIR: MLA Nicoll.

LORELEI NICOLL: Thank you for your presentation today. I understand that Health Association Nova Scotia is responsible for the compliance and the monitoring of CCAs. The registry that you mentioned - how many are on the registry? I know that as part of the minister's letter, the 4.1 hours of care was also to be the standard. I just wondered where that is currently.

THE CHAIR: Ms. Mary Lee.

MARY LEE: As of 2022, we had 8,928 CCAs registered. We have just finished the end-of-March for the registry for this year, and we haven't finalized those numbers yet. There are still some individuals we're tracking down, but we're hoping the numbers will at least be the same, if not improved.

THE CHAIR: MLA Nicoll. Could we ask you, MLA Nicoll, to just pull your microphone down a little bit more? There.

LORELEI NICOLL: I don't have a booming voice like you have, Mr. Chair.

I just wanted to also ask: How much has been spent in nursing homes for travel nurses?

THE CHAIR: Ms. Barbrick.

TRACEY BARBRICK: Thanks for the question. I will start out by answering the 4.1 question that you had asked a minute ago. I know it's hard to keep track of which of us might be involved in various pieces.

Right now, 35 per cent of our nursing homes are able to deliver the 4.1. They've recruited and hired their positions. We've got another 35 per cent that are advertising positions right now to fill their vacancies - so they had their pre-existing positions full, and they're recruiting to fill the others.

The remainder of the batch, about another 25 per cent, are in the process of ensuring that they have a full complement of staff previously. Then we will provide them with the

money for the 4.1 positions, and they'll add those in. We expect that through the remainder of this calendar year, we'll have all the positions full.

[1:45 p.m.]

There are 16,000 employees in continuing care, between home care and long-term care, so there is always some degree of movement - like there is in any workforce of that size - but things are certainly moving in the right direction.

The second question has left my mind. Can you remind me?

AN HON. MEMBER: Travel nurses.

THE CHAIR: Ms. Barbrick.

TRACEY BARBRICK: Thank you. As of 2022-23, at year end, we had spent about \$50 million in travel nurses. That is driven primarily by the significant vacancies we had in the sector in the year and a half previous to that, in combination with the impacts of COVID-19. We've had about 100 employees across the province in different travel positions. We're starting to taper those down as we're able to fill the permanent positions. News from places like Northwood, saying that they're filling their CCA positions in full for the first time ever, is very hopeful. Our hope is that those travel nurses will taper off in the upcoming year, as NSCC and our private career colleges keep graduating some new CCAs.

The other piece I wanted to offer in terms of impact on the workforce is that we continue to see a reduction in the amount of injuries in the workplace. We have had WCB reports of 15 per cent reduction in lost-time injuries in long-term care, and 8 per cent in home care. That's helpful because that's people we're keeping in the workforce.

THE CHAIR: Our next round of questions will be MLA MacDonald, MLA Sheehy-Richard, and then MLA Hansen.

MLA MacDonald.

JOHN A. MACDONALD: This would be for Mr. Ells. As we have heard, the programs for home care are filling up very quickly. What solutions are you able to come up with to train more health care workers, since these courses are filling up so quickly?

GREGORY ELLS: We work very closely with all of our institutions to identify capacity within the institution - so closely with the NSCC. We also have more than 40 private career colleges, which would be involved in CCA training. If we identify that we need more and more training capacity, we'll reach out to those institutions to identify opportunities for adding more seats within those institutions.

What we also do in cases where we have met our capacity at home - we have a partnership with the Michener Institute of Education at UHN in Toronto. We're partnering with that institution to help us deliver med lab technology training. We have an MLT program with the NSCC right now. They take in 40 students a year, and it's a three-year program - but we find that we are short in the workforce by about 70 FTEs. It's not really practical to ask the NSCC to add additional capacity for a short-term fix to the workforce, so we partnered with Michener Institute to deliver at least one cohort, possibly more than that, of MLTs for us.

The first intake will be in September of this year, and we're adding an additional 40-seat capacity through that partnership with Michener. This partnership avoids the necessity of the Province stepping up its training capacity for a short term, especially in something like MLT, which has a requirement for very expensive equipment and lab space, so it's not easy to expand and then to contract. We feel this partnership is a very cost-effective way of meeting a short-term need.

JOHN A. MACDONALD: Just to confirm - because of the banging - MLT is medical lab technician.

GREGORY ELLS: Medical lab technician.

THE CHAIR: Thank you. MLA Sheehy-Richard.

MELISSA SHEEHY-RICHARD: That pounding in my head sort of made me tune out for a second.

I want to go back. I was going to ask you, Ms. Lee, a question about your recent trip to Kenya. You piqued my interest with your recent trip to Europe and the 90 job offers. I was just wondering if maybe you could speak in a little more detail about perhaps both of those trips.

MARY LEE: I would love to speak about both of those, but I can probably speak more about the Kenyan trip. Our team of recruitment specialists just got back this weekend, so we're still tallying up our numbers.

The trip to Kenya was a wonderful partnership. We travelled in October. We had the opportunity to work through the EMPP, which is the Economic Mobility Pathways Pilot. It is a program specifically designed to recruit refugees to settle them into other countries. We had the opportunity to travel there with OHPR as well as with the Nova Scotia Office of Immigration and Population Growth here, with Talent Beyond Boundaries, and with The Shapiro Foundation. We worked together. We travelled there. We went to two different refugee camps - to Dadaab and to Kakuma. As well, we did urban refugees in Nairobi itself.

We interviewed 99 people on site in a very innovative way. We recorded their interviews. We were very fortunate that we had help before we got there in preparing the paperwork and all of the information that we needed in order to interview and select candidates.

Before we left Kenya, we made offers to 65 - conditional job offers because they have to be matched with the employers, and we have to ensure that we place them in an appropriate community where they will have the best success rate upon settlement.

We're really pleased. We're working through those files. It's a very long process, as you can appreciate. Refugees have different and unique challenges from another internationally educated employee, so those files are very complex. They take about twice as long to work through as a normal international immigrant who we would look at processing, so we're still working through that. We've matched many of those with current employers in Nova Scotia. Some have been at MacLeod Group, Northwood has recently accepted a number of our applicants, as well as a variety of other employers throughout Nova Scotia.

MELISSA SHEEHY-RICHARD: I hope that the Chair is going to consider this a follow-up, but were there any lessons or insights that you could share with the committee?

THE CHAIR: We'll allow that one. Ms. Mary Lee.

MARY LEE: How long do I have, Mr. Chair? It was a lot of lessons learned because this was our first time working with the Economic Mobility Pathways Pilot program. When we travelled, what we really learned was that when you're working with immigrants, with refugees in particular, they're very unique because they don't have all the paperwork. They don't have all of the proof of their education. They, obviously, are in refugee camps and have fled to those under conditions of strife and things that we could never probably even imagine. So communicating with them was difficult. Working with them since they've left - because you could be in a refugee camp, such as Dadaab, which would have over 200,000 refugees working there, and they would have four computers to access information with.

Communication, post-follow-up was very, very difficult, and continues to be a challenge. Working with our employers, as well, to be able to show them the videotape of the interview, to ask the questions that they would want us to ask - so help expedite the process, so they didn't have to reinterview yet again. We were trying to streamline the process for them.

Those are just some of the challenges. The biggest challenge will be settlement. We can recruit these individuals, but if we can't retain them and put them in a community where they have a like community of interest, that's been difficult. We've been partnering with various African Nova Scotian communities and groups within the province to help

develop settlement plans, and ensure that we start that process way before they even come here so they know what to expect.

We look for employment for their spouses, their families. We help them understand that a family, under the definition through the EMPP project, is their immediate spouse and their children and not their extended family, which is very different culturally than what we would be used to here. Housing is a huge issue - trying to find appropriate housing for them, and even access to the types of resources. Where would they go to get the local foods that they would want? Where do they go for an aesthetician, for products? All of those things - church - which are very important to support the settlement are key. I could talk for a very long time around the lessons to learn, but it certainly has been worthwhile, and we'll continue down this journey.

THE CHAIR: I believe, Ms. Suzanne Ley - the logistics are a little different here. I do see your hand. I believe you have a bit of insight on this question that you'd like to offer as well?

SUZANNE LEY: I would love to, Mr. Chair, if there's time and willingness from the committee. Thank you to Ms. Lee for her answers so far. I had the opportunity to join Ms. Lee and her colleague, Heather, and others on the mission to Kenya back in the Fall. I look forward to more work that we're doing in Kenya.

I thought I would just add a few additional points to what Ms. Lee has offered already. She had mentioned the Economic Mobility Pathways Pilot program, which is a partnership between the federal government and provinces. As Mary mentioned, some of the candidates coming through this opportunity may not have access to the same level of documentation as others do.

What the federal and provincial governments have done is work together to find - not that any criteria were lowered, or any requirements removed - but how to assist folks in being able to demonstrate their education, their competencies, their work experience. It's really kind of an innovative program, and I wanted to put a fine point on that.

There are a few other pieces that I would add. We at OHCPR, and with our partners, are committed to ensuring that our recruitment practices are fair and ethical. This work that we are doing in Kenya is one of those things where we are really thinking about our international flow of health care workers, and the role we play in the global workforce shortage.

We all had the opportunity to talk with the International Rescue Committee Clinic, in Kakuma in particular, where many of our candidates have work experience. On the CBC's *The Current* podcast, there is an interview with one of the clinic leaders, who talks about - similar to what we talked with him about when we were on the ground - that providing folks an opportunity and choice in their life is really big, and they have the skills

and they have the experience that we need. It also allows the clinic to train more people on the ground in Kakuma and give more people opportunities.

I think it is really important to us in thinking about how we are contributing - how we're providing a safe and welcoming place for folks to call home. Now we're thinking about educational partnerships - future work in Kenya and in other markets as well. Our colleagues recently travelled to Jordan with Talent Beyond Boundaries and others to talk about similar opportunities in that market, and partnerships with educational institutions there.

On settlement, I know Mary mentioned how we are all working together in terms of helping folks navigate the communities that they're settling in and, of course, housing. I know that's often a question. We have some really innovative employer work happening with our colleagues at the employers and settlement organizations, as well as folks in the Department of Municipal Affairs and Housing, for instance, and our office. We are all working together with community partners to make sure that folks have a place to live, and a community to welcome them when they come to Nova Scotia.

THE CHAIR: Thank you, Ms. Ley. We'll move on to MLA Hansen.

SUZY HANSEN: My question is to the Department of Health and Wellness, Ms. Ley. In preparing for today's meeting, we took a look back at some of the materials from the recent meetings on health recruitment. Not much has changed in the last year and a half, especially when it comes to family doctor recruitment. There are even more people on the family doctor wait-list, and even more family doctor vacancies - and this government won't make sensible investments into primary care access.

As we hear today, we don't have a problem training health care workers - we have a problem keeping them. When the government was elected, there were around 75 family doctor vacancies. Last Spring, there were 85. Now, according to the NSHA website, there are 96 family doctor vacancies. Why is this number increasing?

SUZANNE LEY: Physician shortages are across a number of specialties, including family medicine. It's a national and global challenge.

As you mentioned, we are working to train more of our own at home, and we're competing with every other jurisdiction for physicians. Many of them - most of them - offer incentives, do lots of recruitment work, and so do we. We encourage new doctors to take patients from the registry when they join but, of course, the registry is voluntary for physicians, as well as their patients.

When family physicians are starting, they often take over practises where the departing physician has a full patient roster - but we are focused on recruitment and retention across the province.

One of the things I would highlight, just in terms of the work that we're building on in retention, is the Office of Professional Health Care Recruitment's community fund. It was recently launched in December, and since then we've signed agreements to fund 28 organizations across the province. Their goal will be to work with us on recruitment and retention of physicians, nurses, CCAs, and others, building on some of the work that communities had been doing already in terms of physician recruitment, but really lifting that up and expanding it out.

[2:00 p.m.]

We know that what physicians are looking for when they come to practise now is different than it was 30 years ago, when physicians had panel sizes that were large, vast and broad. Physicians, as all workers now, are really looking for life balance, so there's lots of work happening in terms of access to care.

I think I would just end my answer to the question in talking about how there are many ways that Nova Scotians can access primary medical care in their communities, in addition to family doctors. Virtual care, of course; the work that's happening in pharmacies right now; urgent treatment centres; the mobile primary care clinics that are going through communities; and of course, the new community primary care pharmacy clinic program.

THE CHAIR: MLA Hansen for a follow-up.

SUZY HANSEN: Thank you so much for that information. Specifically, this was on family doctor vacancies. I would just like to know: Do we have a number for 2023 for recruitment numbers for any new family doctors?

SUZANNE LEY: We're recruiting to vacancies. I would love to fill all 96 family physician vacancies. We also know that folks will retire over the course of the year, and we are also working with physicians. There's a hotline that's been stood up to ensure that folks have the supports that they need in their practice. In terms of the goal that we're working toward, it's absolutely filling vacancies - as many as we can.

THE CHAIR: Our next round of questions will be MLA Ince, MLA Leblanc, and MLA MacDonald. MLA Ince.

HON. TONY INCE: My question is for Ms. Suzanne Ley. We've had incentives removed for new family doctors in the Central Zone. This has left us with 64,000 Nova Scotians without family doctors who are on the wait-list. Since the government took this incentive away - and we need more family doctors here in Nova Scotia - is the government planning on either reinstating this incentive or including increasing training incentives for family practitioners in the Central Zone?

THE CHAIR: Ms. Suzanne Ley.

SUZANNE LEY: Just to start, I forgot a piece of what I wanted to say in my answer to the previous question - if I could go back there really quickly for a second. In terms of recruitment, one of the things that we're really excited about this year is the Nova Scotia College of Physicians & Surgeons. I mentioned in my opening remarks that the college is making it easier for physicians trained, particularly in the United States, who want to come and work in Nova Scotia. We're really working hard in that market and hoping that changes like this will help us increase our numbers for this year. We're really grateful for the college and their partnership.

The question about incentives in Central Zone. I would say the physician incentives are currently focused on hard-to-recruit areas across the province. We know that recruitment to Central Zone has been steady over the last couple of years, so I think the incentives are doing what they're meant to be doing, which is incenting folks to go outside into the harder-to-recruit areas in Nova Scotia.

I would also say that we are always looking at our programs at the Department of Health and Wellness, and the Office of Healthcare Professionals Recruitment.

TONY INCE: With the College of Physicians & Surgeons attempting to make things easier for doctors coming from the U.S., is there any focus on any regions other than the U.S.?

SUZANNE LEY: Great question. This change recently has added to the markets that are important to us for recruitment of physicians. Prior to this change - and continuing despite this change - there are a number of other markets that we've been actively working in that have streamlined licensure opportunities with the Royal College of Physicians and Surgeons of Canada and with the College of Physicians and Surgeons of Nova Scotia.

That's why we've been active in the United Kingdom, for instance. Certainly, we've had some success there. We're looking this year to new markets and partnerships with the college in terms of other places where we know we have physicians in Nova Scotia who are practising or have become licensed successfully. I know the College of Physicians & Surgeons and the Nova Scotia College of Nursing are really interested in working with us to make sure that we're taking down barriers where we can, while maintaining quality and patient safety in ensuring that the folks who are coming here are eligible or able to practise to the standard that Nova Scotians expect.

If I can just pivot for a quick moment and generally talk about markets, the change with the Nova Scotia College of Nursing recently. They've opened up seven new countries to us from a nursing perspective where 87 per cent of their internationally educated nurses have come from. Those countries - many of them also cross over in terms of a physician licensure space: the U.K. of course, India, the Philippines, the United States, Australia, New Zealand. Really opening up opportunities for the Office of Healthcare Professionals Recruitment, and our partners to look for more physicians, nurses.

Of course, when we're in market, we also bring along our partners - like Health Association Nova Scotia and others - to make sure we're maximizing the opportunity and putting our best foot forward, and recruiting as many health professionals to our province as possible while we're there.

THE CHAIR: Thank you very much. MLA Leblanc, you're next.

SUSAN LEBLANC: I have so many questions, and I've been thinking about this from a lot of different angles. I want to talk about tuition. We know that with the program for the CCAs, lo and behold, they get a big pay bump, and then there's a cohort who are getting their tuition and books paid for. It's a win-win, right? Yes, it's great. But when I think about all the people who might even be considering - like, not even just new out of high school, going into university and choosing health care professions - the people like me who, when they're done their second career, might want a third career. I wouldn't be able to afford a university program at this point in my life to go train as a health care professional. I just couldn't do it. I have kids to support, mouths to feed, and all that.

If it's so great with the CCAs, why are we not looking at it for LPNs? Why are we not looking at it for physicians - even a cohort or a small group of folks? I'm wondering, has there been any analysis done - I'm saying this to everyone - on the cost of that versus the cost of not having those professionals working in the province? Anyone?

THE CHAIR: MLA Leblanc, if I could ask you to narrow that down, because we could be here for the next 50 minutes.

SUSAN LEBLANC: Let's do LPNs.

THE CHAIR: Who would you like to answer that question?

SUSAN LEBLANC: Mr. Bureaux.

THE CHAIR: Mr. Bureaux.

DON BUREAUX: We have talked about this before. Thank you for the question. Has there been research done on the connection between targeted free tuition, targeted long-term enrolment increases, and net value to community? There's been a ton of it done around the world. Certain jurisdictions have tried it and it, in fact, in the long run has not increased enrolment. So the jury is out, quite frankly, okay? The jury is out in terms of people coming and enrolling.

In terms of retention, again, what we find is that in the long term, based on the studies that I've read, I have not seen a direct correlation. For short term increases of enrolment and retention, like was done for the CCA program and perhaps, yes, it could be

done for the current need for an LPN program. We have seen an immediate uptake in that programming, and the retention seems to be holding right now.

I am not aware of any local, longitudinal research in Nova Scotia that I've seen to see if the circumstances are different here in Nova Scotia. I simply haven't seen that. In the short term, yes, the CCA numbers have reacted and responded to the free tuition.

THE CHAIR: Is there a follow-up, MLA Leblanc?

SUSAN LEBLANC: Yes, this is a follow-up to a follow-up - a precursor to a follow-up. I guess I should have been more clear when talking about retention because the thing is that lots of people enroll. We know that - we have wait-lists. We don't have any problem recruiting people to enroll in the programs. It is that once they graduate, to get them to stay in Nova Scotia and work.

People will go where the money is better - travel nursing - wherever, because they've got tons of student debt. Is there a way to alleviate that burden of the debt? That's what I'm talking about - so that people can start out in the province where they trained, and then just begin their lives, professionally and family, and all that.

My follow-up, Mr. Chair, is related to money again - to the fees. This is more for Suzanne Ley. One of the things we're hearing about is inadequate locum support. In other jurisdictions, other provinces, locums are paid differently. They are organized between the physician and the locum support person - whereas here we have the locum office that negotiates the fees, and they are often significantly less.

Again, when you've got \$200,000 of student loans to pay off, you're not going to take the cheaper locum position just for the fun times in downtown Halifax. It's just not going to happen - or Cole Harbour, sorry.

THE CHAIR: MLA Leblanc, could we ask the question? It is a follow-up, so if you don't mind.

SUSAN LEBLANC: This is all very important information.

THE CHAIR: Question, please. I've always wanted to say that. (Laughter)

SUSAN LEBLANC: Reiterating - a lot of it boils down to money. What is the government doing to look at the issue of locum support so that the physicians who are working in Nova Scotia can get a break every once in a while, and not be so ready to leave - and the people who might be doing locum support will come here for good money, and then be like, oh, downtown Halifax is great, I'm going to stay?

SUZANNE LEY: I will admit I am not entirely sure I am the right person to ask about locum rates. I am very happy to bring the question back to the department and get you an answer - and table the answer - after the meeting, if that's alright.

[2:15 p.m.]

I would say though, that I know the department, Doctors Nova Scotia, and others are having discussions at the bargaining table. I will admit that I am not entirely sure whether locum fees are part of that bargaining or not. Again, I'm happy to take that question back for you and get you an answer.

THE CHAIR: MLA MacDonald.

JOHN A. MACDONALD: Thank you, Mr. Chair. This is to Associate Deputy Minister Barbrick. I'd like to know about upskilling because we have a lot of people who have some skills, not all, and even people moving in who are, I'm going to say, close. Can you explain what is available for upskilling - it sounds weird when you say it - options for them?

TRACEY BARBRICK: If you are comfortable with it, I actually think Mary can provide a ton of insight on our province's PLAR program and the way that we've tried to open up some opportunity there.

THE CHAIR: Ms. Mary Lee.

MARY LEE: As Associate Deputy Minister Barbrick said, we do manage the Recognition of Prior Learning program. There are two ways in which individuals can come in to be assessed to upskill. One would be through our PLAR program, which is Prior Learning Assessment and Recognition. This would be focused on individuals who have worked within the health care system for at least one year. They could be dietary, housekeeping, any kind of industry. They would come in and they would be individually assessed.

After they were individually assessed, we would compare them to our CCA program and the modules to determine an individualized learning plan that would help them upskill to become a certified CCA. So that is one way.

There is another pathway through our Recognition of Prior Learning program, which is called our course recognition. If we have individuals who have done other courses or similar courses, we will assess them according to our standards of practice in the CCA program, and then develop an individualized learning plan for them to progress through in a period of time that will help them meet the needs to give them the ability to upskill.

This could apply to our long-term care assistants who are now working in the system, who might want to progress through. It could be a CCA who wants to work to become an LPN. We'll help progress them through that pathway, which Associate Deputy Minister Barbrick mentioned earlier, that there is a pathway planned for that. There are many, many ways of doing it.

We also manage - I mentioned during my opening speech - a professional development fund, which is supported through the Department of Seniors and Long-term Care, in which individual staff working within a facility or home care agency can apply for funding for ongoing education. It could be courses around dealing with difficult conversations. It could be doing a Dementia: Understanding the Journey course or first aid or WHMIS or difficult communications or challenging behaviours. There are many ways that staff can receive funding to participate in ongoing education and skills development.

THE CHAIR: I believe, Mr. Bureaux, you wanted to give some insight there?

DON BUREAUX: Thank you, Mr. Chair. Certainly, we're focused on that too. We recognize the notion of lifelong learning being a critical part of making sure our health care sector is able to meet the demands of tomorrow - and not only in the topics that we're talking about today. We're looking at programming to train technicians, to top up their existing level of competency to be able to go into a health care facility and fix the critical equipment that may not be working at the current moment - if it was just for a person who could work on that piece of equipment to get it working again.

The upskilling that you mention, I think, goes right across the board, so that the physicians, the nurses and the CCAs can do their work.

Mr. Chair, if I could take 15 seconds, I do have the answer to that earlier question, if I may?

THE CHAIR: Fifteen seconds is great.

DON BUREAUX: Additional practical nursing - we have three cohorts. We had one starting in January of this year, a new one starting in September, and one starting in January of next year. The ones that started this year were at our Pictou Campus and our Marconi Campus in Sydney. The ones that will be starting this Fall will be at the following campuses: the Annapolis Valley Campus at Middleton, Burr ridge Campus in Yarmouth, Kingstec Campus in Kentville, Lunenburg Campus in Bridgewater, Strait Area Campus in Port Hawkesbury, and Truro Campus.

The two that have begun are at Pictou and Marconi. Those six will be beginning either in September or next January.

My staff behind me are no longer angry at me because they put it in my notes, and I didn't see it.

THE CHAIR: Thank you very much. Is there a follow-up, MLA MacDonald?

JOHN A. MACDONALD: Yes - whether you like it or not, we'll see.

THE CHAIR: A brief follow-up, please.

JOHN A. MACDONALD: You don't want a preamble?

Since you spoke to it - and instead of picking at it, I'll leave it alone - could someone speak to the LPN to RN bridging program, what it is and how it works? I'll let somebody pick who it's going to be so that I don't pick the wrong person.

THE CHAIR: Mr. Ells, I see you raising your hand.

GREGORY ELLS: I'll volunteer to start. The LPN to RN program would have been initiated, I'm guessing, half a dozen years ago. There was a lot of demand for it. We worked very closely with the Nova Scotia Community College to recognize the training that was available or that was provided to the LPNs.

The program is very well recognized - lots of demand. It's being offered currently at St. Francis Xavier University and at Cape Breton University. I believe the StFX offering is available online, which again makes it very attractive, because the individuals are able to maintain their work while taking the program. So it's very successful.

I'm trying to remember off the top of my head the number of credits that these students are able to receive. I believe they receive - for the two years of the LPN program, they are able to enter into Semester 3 of the RN program. It basically saves them, I believe, one year of study.

THE CHAIR: Our next round of questions will be MLA Smith, MLA Sheehy-Richard, and then MLA Nicoll.

MLA Smith.

KENT SMITH: My question is for our television viewer, Ms. Suzanne Ley. Back in January, the Premier made an historic announcement of almost \$60 million to create a new med school at Cape Breton University. I remember being there that day and talking to the member for Cape Breton East, who was just amazed and said, can you believe we're here announcing a med school in Cape Breton? Obviously, that is going to be a generational transformation and going to make a huge impact. I'm curious to know if you

can share what the vision is for the new med school and why these initiatives are so important to rural Nova Scotians' access to health care.

SUZANNE LEY: If I can indulge again going back to MLA Leblanc. I consulted with a colleague since your question, and just wanted to confirm that the locum compensation, like all compensation, will be part of the discussions at the bargaining table. I just wanted to make sure you knew that.

Maybe, MLA Smith, I can start this question, and then share it with my colleague Greg Ells.

As you know, a pilot program was started with five students at CBU, testing out a med school in partnership with Dalhousie University. As you say, the med school announcement was 30 students per year. The most important piece of this is, I think, an intentional focus on students who are interested in practising rural family medicine. For instance, I can't speak enough about how important that is: the number of students who - you may have seen in the media recently - are interested in family medicine as a specialty is declining. Yet there are lots of folks out there who are really interested in studying family medicine.

When I was in Ireland - again, referencing back to the trip where we were talking about the 10 additional medical seats - there were a number of students from Canada, from Nova Scotia, who were really interested in a career focused on rural family medicine. That is almost a specialty of itself in terms of the caseload and the lifestyle that a family physician would have in a rural or remote community. Again, it's a really important step forward in helping us over the long term to transform health care, and provide Nova Scotians in rural communities with access to the care they need, a physician, and a health home.

Maybe with that, I'll turn it to my colleague Greg Ells in case he has other points to add.

THE CHAIR: Mr. Ells, did she put you on the spot?

GREGORY ELLS: The second time. (Laughter) There's not a whole lot left for me to add to what you've already said, Suzanne, other than we see the CBU opportunity as a new way of doing medical education. I think it's the trend. If you look across the country, I think there are three other med schools being set up right now across the country. Two of those are following a very rural kind of model like this.

We want to make sure that the students have an opportunity to get outside of Halifax, so we're putting them outside of Halifax. They're going to have an opportunity to be placed immediately into rural training family practice environments. This is certainly a focus on family practice. It's a focus on rural. It's a focus on addressing the health needs of

the aging population, i.e. Cape Breton, and also Indigenous populations as well. I think Cape Breton is a wonderful setting for this type of new opportunity.

In addition to the actual training of physicians, I would like to point out that \$6.2 million of the funding that we provided is going to create a new collaborative care clinic that will accommodate - we expect 10,000 patients a year to be able to see a doctor in the Sydney area. That's a major impact. Also, \$3.7 million is going to expand the health and counselling centre that is already in place to address the increased demand for health care among the student population and support clinical training.

With any medical school, there will also be a significant amount of research that will be going on. One area of research is going to be focused on aging populations.

KENT SMITH: I don't have a follow-up, but I'd like to be added to the list to ask a brand-new question.

THE CHAIR: Duly noted. MLA Sheehy-Richard.

MELISSA SHEEHY-RICHARD: I just want to talk a little bit - I've been hearing about these increased seats and all the different incentives that are happening. I've kind of lost track. I'm wondering if it's possible - and you may not have it with you - if we could talk about how many nurses we're training per year now compared to, for example, when the Department of Advanced Education was first formed. Ms. Ley - I'm not sure who that's ...

GREGORY ELLS: I will volunteer to take it before she gives it to me. (Laughter) I'll speak first about BScN-trained nurses. I think it's easier to answer the question by speaking exactly about the increases that we have provided since Advanced Education has been formed.

In 2022-23, we announced the addition of an additional 26 seats at Dalhousie University; 26 seats at St. Francis Xavier; and 28 additional seats at Cape Breton University. These are entry-year seats that I'm referring to. That totals 80 additional BScN seats that were added. In addition, Mr. Bureaux has referenced the additional 120 practical nursing seats that were announced at the same time for the NSCC. On top of those 120 PN seats, we're also adding another 30 PN seats at Pictou for the Mi'kmaw cohort.

That's with respect to nursing and LPNs. With respect to medicine, we can reference the five additional medical school seats added at CBU for September 2022. There will be another five medical school seats added to the CBU group in September 2023.

In addition to that, we would have had roughly 700 CCAs going through training, combined between the NSCC and private career colleges prior to COVID. As some of us

have mentioned in our opening remarks, we have achieved adding 1,000 CCA enrolments to the system in the 2022-23 year. That's a bump of at least 300. We're well on track to adding another 1,000, which would be another 300 over what would have been considered the baseline.

[2:30 p.m.]

In addition to that, we are developing the CCA to LPN pathway, which will be a very significant pathway for CCAs. We're working with Dalhousie University to develop a physician assistant program, which we're looking to have begin in January 2024. We are also working on delivering a community-based Afrocentric BScW, Bachelor of Science in Social Work program, with 35 seats. We're looking at that to be delivered in the 2023-24 academic year.

THE CHAIR: No follow-up, MLA Sheehy-Richard? I have you on the list for another couple of questions. In the interest of time, I think I'd like to keep moving on to our other panelists, if we could. MLA Nicoll.

LORELEI NICOLL: It's great hearing all the wonderful things that all of you are doing. We need a plan for the future, but my mind seems to come to where I'm at presently in trying to address the health care crisis. I'm in that sandwiched generation where my parents are in rural Nova Scotia, and a lot of the things that are being presented here today, I don't see it possibly helping their situation, with seniors looking after seniors aging in place. I will have a conversation with Ms. Barbrick after this meeting to discuss that.

To my point right now, I'm trying to focus on what is actually being discussed. How many nurses had to apply for the nursing incentive itself? We heard a lot of issues and concerns from nurses who didn't qualify for the incentive, such as casual, part-time, or nurses on sick leave. I just heard from a resident today who said they're freezing the employment insurance for those who were receiving it. What is the uptake for the nursing incentive currently?

SUZANNE LEY: I actually do not have data on the uptake for the incentive. We would have to table that question and come back to an answer, if that's okay.

LORELEI NICOLL: That's fine, but maybe my follow-up will also need to have a follow-up from you as well because it's related. How many nurses - either retired or travel nurses - have come back to the system because of the incentive?

SUZANNE LEY: Another great question that I unfortunately do not have the answer to, but again, I'm happy to follow up.

THE CHAIR: MLA Ince.

TONY INCE: I think my question might be for both Ms. Lee and Ley, but anyway, we'll find out in a second. We know that the scope of pharmacists has been broadened, and we know that we are giving Nova Scotians an ability to be able to get some of their services dealt with through pharmacists. However, we do know that there seems to be a void in pharmacy technicians. I'm trying to find out what's happening. What are we doing to address that void?

SUZANNE LEY: I can start that question off, and I won't even dare suggest that my colleague Greg jump in after me. Like much of the work that we're doing thinking about scope of practice and how we make sure that health care professionals are able to provide their maximum scope of practice to participate in the health care system, making sure that they're able to give their all. There's lots of work happening in terms of empowering pharmacists to work to that full scope of practice, and having them play greater roles in primary care and in access to health care for Nova Scotians.

We are having lots of ongoing conversations with the Pharmacy Association of Nova Scotia and the College of Pharmacy in terms of how we and our partners at Department of Labour, Skills and Immigration - and some of our other partners in the Department of Health and Wellness and elsewhere - in terms of how we help recruit for the sector. We know that the pharmacy tech sector is short of folks. We also know that the pharmacy sector - like pharmacists themselves - they forecast some vacancies in the future.

Again, as I mentioned earlier, when we're in market and we're looking for doctors, nurses, some of those high-priority professions, we're also making sure we're bringing our partners along and helping them to understand the opportunity for their sector in the market that we're in. If we're putting out a digital campaign, we're making sure that we're looking at the market for the full scope of its potential to be able to recruit folks into Nova Scotia.

THE CHAIR: MLA Hansen.

SUZY HANSEN: This may be to Ms. Mary Lee over there. As you may know, there are international students studying here to be doctors in Nova Scotia, but some of them can't complete their residencies because they do not have permanent residency.

Is there any attempt to change the requirements to make it easier for Canadian medical graduates without Canadian citizenship to do their medical residency here in Nova Scotia?

MARY LEE: Mr. Chair, I am probably not the right person to answer that. I would go to Suzanne.

THE CHAIR: We're going to go to Ms. Suzanne Ley.

SUZANNE LEY: I know there are a small number of medical grads who don't have permanent residency who aren't able to get residencies. As far as I understand, that's not something that will be changed in the short term. I'm not sure if it's a CaRMS rule or a Dal rule. I don't have it kind of at the top of my head whose rule it is.

I know we've asked the questions when we heard about some of the cases that had come up recently, and understand that it is not something changing in the near future - but I would be happy to follow up.

THE CHAIR: MLA Hansen for a follow-up.

SUZY HANSEN: I'm glad that you will be following up because I think this is an opportunity for us to recruit folks and keep people who want to be here in Nova Scotia in the field of work.

THE CHAIR: MLA Melissa Sheehy-Richard.

MELISSA SHEEHY-RICHARD: I think this is for Ms. Ley. I just want to talk a little bit about in February, when it was announced that Tajikeimik was going to receive funding from the Province to help recruit Indigenous health care workers. Could you share a little bit about how this is expected to promote health care opportunities for Mi'kmaw and Indigenous people?

SUZANNE LEY: Tajikeimik is a wonderful partner of ours. We work with them on a strategic health partnership table at the strategy level, and also at the ground level. The health authority was successful in obtaining some funding under the community fund - I mentioned earlier in the meeting - a \$2 million fund that we announced in December. They are one of 28 organizations that are able to access funding.

We're really excited to work with them even more, as you said, to help recruit and retain health care professionals into their communities. One of the reasons behind the community fund is that communities know their community best. Obviously, the folks who live, breathe and work in those communities - being able to leverage and empower groups to be able to do that work on their behalf and working in partnership with us, of course, and all of those types of things.

We are really excited to work with the folks at Tajikeimik. I think they are an incredibly valuable and knowledgeable group. They will be looking at a project under the community fund around showcasing to Mi'kmaw nurses, nursing career opportunities. They see that this is one of the actions required to address the social and cultural barriers faced by Mi'kmaw individuals as they pursue a career in nursing.

Certainly, what I would say more broadly around this is that we are absolutely hoping to work with folks like Tajikeimik and others. Everybody deserves to feel safe

when they are accessing health care. We know that African Nova Scotians, Indigenous people, 2SLGBTQ+ newcomers and refugees, and other equity groups are being equally served by the province's health system. Being able again to have folks really working with us at the front end of planning for the future is really important.

This type of work also is part of the health equity framework that is being developed by the Department of Health and Wellness and our partners to guide health system-wide efforts to greater equity diversity inclusion and accessibility. I understand it will be released later this year - in July, I believe.

THE CHAIR: MLA Smith.

KENT SMITH: This question is also going to Ms. Suzanne Ley - lots of questions for you today. It is going to focus mainly on the Eastern Shore Memorial Hospital in Sheet Harbour. I am really lucky to be an MLA who represents the town that I grew up in. I was born and raised in Sheet Harbour, and I'm really pleased that Mr. Bureaux referenced Sheet Harbour in his opening remarks. That's always good to hear. I'd like to get it on the record as much as possible while in committee.

My question is going to ultimately end up around an orientation program that I believe is called NSPRAP, the Nova Scotia Practice Ready Assessment Program. From my understanding and dealing with the folks at the health authority that I communicate regularly with, this incentive program was not necessarily always open to hospitals in the Central Zone. Through some advocacy - and unfortunately Sheet Harbour is considered part of the Central Zone, but really about an hour and a half from downtown - the Eastern Shore Memorial Hospital was included in it.

I understand that program is advancing, that Eastern Shore Memorial has a match, and that if all the boxes continue to be checked off, Eastern Shore Memorial could have a brand new family doctor with a three-year return of service coming in September. I'm wondering if you could explain to the folks around the table what exactly the Practice Ready Assessment Program is. I already know, because I've been involved in it for awhile, but I'm sure there are folks here who would like to learn more about it.

THE CHAIR: Just in case people didn't hear, it's from Sheet Harbour you're from, right? Ms. Suzanne Ley.

SUZANNE LEY: I got a little bit worried about how much I would need to know about the Sheet Harbour hospital when you started, but I think we landed in a place where I know something about something. I'm really excited that there's a family doctor coming your way through the Nova Scotia Practice Ready Assessment Program.

For the folks around the table who aren't aware of what the program is, again, recognizing internationally educated medical graduates who may not be eligible for

licensure right away are able to apply for the program to pursue a licence to practise in Nova Scotia. As part of that, as MLA Smith mentioned, they're required to fulfill a three-year return of service agreement. Essentially, two cohorts annually, and we're working to expand those cohorts. I think we can now accommodate 10.

It's a wonderful program where physicians are integrated into a community where they're matched with a preceptor or clinical field assessor, a practising physician who can work with them, mentor them, and work with the college in making sure that they have the skills and competencies that they need to practise and be licensed in Nova Scotia.

It's a really great program. We're able to expand on the education based on a skills assessment that folks have.

KENT SMITH: There are a couple other incentives that the member for Dartmouth North has noted that are not eligible in the Central Zone, but again, I believe that the Central Zone is beyond the scope of downtown Halifax and downtown Dartmouth. I'm wondering, Ms. Ley, if you can share about the recruitment incentive for family doctors. I believe it's a five-year return of service for family doctors coming to rural Central Zone. You might not be aware of the Canada Student Loan forgiveness program that is also available now for rural Central Zone, rural HRM, as it wasn't in the past. Can you share some of those additional details with the group?

SUZANNE LEY: I may go beyond physicians as well, if that's okay with the MLA and with the Chair. Certainly, as you mentioned, there are two incentives for physicians. Parts of Central Zone are covered in the family physician incentive, I believe, that are a bit more rural. As you said, \$125,000 over five years with a return of service for those folks who access those incentives.

I also wanted to highlight just a few other pieces that I think the Office of Healthcare Professionals Recruitment, and our partners at the Department of Health and Wellness, and the Department of Advanced Education are doing to incent folks in Central Zone, and in other zones in rural Nova Scotia, to provide supports for folks, for instance, who are looking to upgrade their education or come to Nova Scotia.

We know that Nova Scotia Health Authority for nurses, for instance, offers some relocation for nurses and physicians. On top of the \$125,000 physician incentive, there are some relocation site visit programs that are eligible in the Central Zone on the physician side.

There are a couple of other pieces that my colleagues I don't believe mentioned. We talked about the LPN to PSC education incentive for long-term care, which came out of Nova Scotia's nursing strategy. I'm not sure if everybody is aware of the strategy, but it's guided by the Provincial Nursing Network, which is wonderful. I think it's one-of-a-kind in Canada. It's a network of nurses and partners across Nova Scotia who come together and

think about the things that are needed for the nursing sector. Some of those laddering opportunities for nurses who want to go from an LPN to an RN or an RN to a nurse practitioner are able to access some funding. We are working now with PNN and our partners to refresh the nursing strategy, as the last version is sort of wrapping up soon.

[2:45 p.m.]

We haven't really talked very much about paramedics. My colleagues at EHS might be upset with me if I didn't mention just a little bit of the work that we're doing with Advanced Education, EHS, and other partners on initiatives that optimize training and education for those folks as well. We know, for instance, 165 primary care paramedic seats were added at the Medavie HealthEd College of Paramedicine in 2023-24. Additional paramedic training sites will be launched this year, starting in Yarmouth in April and Pictou in September. So again, increasing the number but with a particular focus on rural Nova Scotia. That's just one of a number of pieces for that sector, including a tuition rebate for paramedics that was announced in March 2023 with a return-of-service commitment for three years.

I have gone a little bit off of the MLA's question, so maybe I'll pause there.

THE CHAIR: We have about three minutes left. MLA Leblanc, would you like to take the three minutes?

SUSAN LEBLANC: I sure do.

THE CHAIR: Use it to the best of your ability.

SUSAN LEBLANC: For Ms. Suzanne Ley, how many doctors who have arrived in the province in the past three years through all of the recruitment initiatives have left Nova Scotia?

SUZANNE LEY: How many physicians who we recruited left? Just to clarify the question.

SUSAN LEBLANC: Yes. How many, in the last three years who are new doctors are still here or, conversely, have left?

SUZANNE LEY: Unfortunately, I don't have those numbers with me. I can tell you inflows and outflows generally but not the number of physicians we recruited who have left. But I'm happy to take that question back again.

SUSAN LEBLANC: It would be great if we could get those numbers to the committee whenever you can.

We have talked a lot about the clinics in Spryfield and South End Halifax, where we understand that physicians who are running those clinics reached out to the government for help and support in terms of replacement physicians or family practice nurses, but they were denied. I'm wondering, Ms. Ley, if you can talk about that situation. Can you explain what happened? Why were the clinics allowed to close?

SUZANNE LEY: I'll try to be quick. Those clinics that you mentioned - and any physician working in family practice - are self-employed, so they are able to choose when they close their practice. Government doesn't have an ability to say no to them. Certainly, there have been conversations with both of those practices and many others currently in terms of how we can provide supports. You mentioned family practice nurses. Some of what physicians are looking for is around red tape reduction - how we help streamline their work. Nova Scotia Health Authority, in partnership with DHW, and a number of other partners, stood up a physician hotline to try to get at some of the questions that physicians are asking or the resources they're asking for in an expedited way. The folks behind the hotline meet daily every morning to talk about the cases . . .

THE CHAIR: Order. I'm sorry, in the interests of the opportunity to give any closing statements at this point, and to address any committee business we may have, I have to end the question and answer period there. Thank you, Ms. Suzanne Ley.

I'll offer the people at the table any opportunity to offer any closing statements. We do have less than 10 minutes, so we would ask you to keep it brief, if you could. Ms. Mary Lee.

MARY LEE: I just want to thank the committee for having us here to talk about all the great work. I have to say, I have been in health care for over 30 years, I have never seen the investments that I have seen going into health care, which is certainly applauding government in their initiatives.

I would be remiss if I didn't point out - and there were many questions around the incentive bonus - there were a large number of people who were excluded, significant people, I believe, who were excluded from this bonus. Leaders in the system are essential to the system. We need to have managers and leaders who led through these very trying times. They slept in these buildings and these agencies during COVID. They continue to fill in. They are patient-facing. They are feeding clients. They are looking after them, and they have been excluded from this bonus.

They need to be valued and recognized. It's very important for retention that we keep our managers. We have some anecdotal evidence that over the next several years, over 50 per cent of our managers will have retired. How will we recruit people into there if they are not valued in the system? I just had to say that.

As I said, we are so pleased with the investments. We just need to recognize everyone who contributes to the health care of Nova Scotians.

THE CHAIR: Mr. Bureaux, do you have any closing comments?

DON BUREAUX: Just quickly, I want to thank you, Mr. Chair, and the members for your wonderful questions and your interest in this very important work. I have been involved in post-secondary education for over 25 years. I want to assure our elected officials today that I've never seen this level of collaboration occur between our government departments, our post-secondary institutions and our industry associations.

We are the envy of other jurisdictions in this country, who look to us in terms of how we get along and how we share. Just one quick example: the MLT program that was mentioned earlier. Greg said if we can't meet the demand at NSCC, we go to the Michener Institute. Just today, we've actually provided a letter to our wait-list to say that if you can't get into our institution, the Michener Institute is available. That's the kind of collaboration that we have, and that's going to continue.

THE CHAIR: Ms. Barbrick, any closing comments?

TRACEY BARBRICK: Thank you for having us today. My colleague, Ms. Ley, got lots of questions today, which I think we expected a little bit. The thing I didn't get a chance to offer, which I want to, is really about our vision. To Mary's point, I want people to be able to work in continuing care for an entire career and progress and transition, based on their personal needs, based on their professional needs.

We've got the recognition of prior learning pathways as an entry point. We've got progressions from LPNs to RNs. We're working on a progression from CCA to LPN. We want someone to live an entire career in continuing care. I want them all to want to stay with us and work with seniors in this province. In order to do that, we need to pay competitive wages, we need to have a safe and rewarding place to work with people who feel highly valued and important in this segment of the health system. That's our vision.

All these people here share that vision, and that's what we're working on. Thank you for having us today.

THE CHAIR: Mr. Ells.

GREGORY ELLS: I too would like to say thank you for having us here, and for us to be able to share information with you and respond to your questions. I do want to reiterate the comment that Don just made around the collaboration that's going on. I think it was evident when you listened to the amount of overlap that was in our opening remarks that we're working very close together. All entities that are here today are working very

closely together. It is certainly helping us move forward with the health recruitment and retention needs that we have in the province.

THE CHAIR: Ms. Suzanne Ley.

SUZANNE LEY: Thanks again for the opportunity to join you virtually today. I kept my germs at home, but appreciated having the opportunity to talk about our work.

I'll just end by saying that Action for Health gave us direction that we're working to make Nova Scotia be a magnet for health care workers. That means lots of things. It means a streamlined recruitment experience. It means training more people at home and helping them stay here. Over the long term, it means wrapping our arms around them as Nova Scotians and helping them be part of our community. We have had lots of success over the last year and a bit. We're really looking forward - with all of our partners at the table in that room and lots more not in that room - to building successes for this year.

THE CHAIR: Thank you all for coming. Thank you for the reminder of the collaboration and the insight you have given us today. It has been very informative for our committee.

I did ask our committee earlier if there was any other committee business. I don't think I see any committee business on the table. Our next meeting will be June 6, 2023, from 1:00 p.m. to 3:00 p.m. The topic will be the Review of School Breakfast Programs. The witnesses will be Nourish Nova Scotia; the Department of Education and Early Childhood Development; and Allison Power, breakfast program coordinator at Calvin Presbyterian Church.

With that, I will adjourn today's meeting. Thank you all for coming.

[The committee adjourned at 2:56 p.m.]