



Canadian Health Professionals Secretariat

Meeting Report

Ottawa

November, 2005

Participants

AAHP

Ken Bulger

APTS

Maria Piazza

HSA/NUPGE

Elizabeth Ballermann

Louise Yarrow

Kelly Garland

HSABC/NUPGE

Cindy Stewart

Kelly Finlayson

Hans Brown

HSAS

Chris Driol

James Jeffery

MAHCP

Wendy Despina

Lee Manning

Alan Saydak

MGEU/NUPGE

Lois Wales

Linda Butler

NAPE/NUPGE

Gilbert Butt

Austin Deir

NBUPPE/NUPGE

Debbie Lacelle

NSGEU/NUPGE

Michael Pronk

Lynette Johnson

NUPGE

Shelley Wilson

Louise Trepanier

OPSEU/NUPGE

Sue McSheffrey

Michèle Dawson Haber

Patty Rout

PEIUPSE/NUPGE

Carol McInnis

Guest Speakers:

Dr Brian Postl, Federal Advisor on Wait Times

James Clancy, National President, National Union of Public and General Employees

Welcome and Introductions

Meeting Date: November 3 - 4, 2005
Location: Ottawa, Ontario

Cindy Stewart and Shelley Wilson, co-chairs of the Canadian Health Professionals Secretariat, welcomed participants to Ottawa, and the sixth meeting of the Secretariat.

Following the round of introductions, the agenda was reviewed and approved.

Maria Piazza conveyed regrets on behalf of APTS co-president Dominique Verreault, who was unable to attend as a result of last-minute negotiations with the government of Quebec.

Participant Reports

Participants reported on the major issues in their province, including the political climate, collective bargaining and labour relations developments, advocacy campaigns, other major activities, and staff changes.

Copies of these reports were available in the participants' meeting binders, and additional copies are available by contacting co-chair Shelley Wilson at NUPGE.

Guest Speaker: Dr. Brian Postl, Federal Advisor on Wait Times

Dr Brian Postl was appointed Federal Advisor on Wait Times by Health Minister Ujjal Dosanjh in July, 2005. Postl is also the President and CEO of the Winnipeg Health Authority, and a member of the Health Council of Canada.

Dr Postl began by outlining his mandate in broad terms. He is charged with working with federal, provincial and territorial governments to achieve the commitments made by First Ministers in the September 2004 10 Year Plan to Strengthen Medicare, which includes improving the management of wait times and achieving measurable reduction of wait times in five priority areas: cancer, heart, diagnostic imaging, joint replacement and sight restoration.

Dr Postl's key objectives have been the development of comparable indicators and evidence based benchmarks (by December, 2005) and multi-year targets to achieve benchmarks, initially in the five key areas identified earlier.

Where evidence is not currently available to support establishing a standard benchmark, 'access targets' – based on literature reviews but more anecdotal in nature -- will fill the gap.

Dr Postl outlined the state of wait list management currently, the work he has undertaken to consult with a broad range of stakeholders and the many and complex challenges encountered along the way. Some of these include meaningful engagement with doctors in particular, and with governments, finding consensus on queue management best practises, centralized wait lists, and common definitions and standards, optimizing scope of practise, regional variations and enforcement and accountability. Dr Postl identified as a clear weakness the absence of accountability mechanisms to ensure provinces meet their targets.

CHPS members then had the opportunity to engage in an informal and comprehensive question and answer session with Dr Postl, wherein several themes emerged. First, they discussed the difficulty of meaningfully reducing wait lists in the absence of attention to health human resource shortages. Dr Postl agreed that HHR was a critical piece of the puzzle; indeed, one so fundamental that it warranted more focussed attention than his mandate permitted. A follow-up theme centred on diagnostics, in light of its designation as a priority. In discussing diagnostics it emerged that Dr Postl's work was hampered by a profound gap in available research: there is little formal research that directly ties access to diagnostics to health outcomes.

CHPS members also took the opportunity to underline to Dr Postl that it was absolutely critical that wait times are not perceived to end once a surgical intervention has been delivered. Postl heard meeting participants talk about post-surgical bottlenecks for rehabilitative services for instance, that have the potential to undermine all the progress made at the front end of wait times.

Dr Postl's work is scheduled to continue until April 1, 2006

Guest Speaker: James Clancy, National President, NUPGE

James Clancy, national president of the National Union of Public and General Employees (NUPGE), congratulated the member organizations of CHPS on its recent successes, particularly in advancing the "Making the Connections" campaign, and thanked everyone involved for their strong leadership in ensuring the group continues to work together and focus on common issues.

He then provided an overview of the turbulent political climate in Ottawa and the National Union's role in a recent meeting between the Canadian Labour Congress and Health Minister Ujjal Dosanjh. That meeting afforded the opportunity for President Clancy to express directly to the Minister that the health human resource shortages extended well beyond doctors and nurses, and that solving shortages of health science professionals was integral to solving wait times. President Clancy was also able to discuss with the minister the problems associated with the intransigence of the Canadian Medical Association with respect to health care reforms, and the apparent

desire on the part of the CMA to have it both ways: a privatized health care system with public administration guaranteeing payment.

President Clancy also discussed with the Minister the pressing need for a national pharmacare program.

Clancy then briefed the meeting participants on a conference call between NUPGE and the CMA, organized at the request of the CMA in response to NUPGE's public relations work in advance of the August annual meeting of the CMA. The conference call produced a surprising claim by the CMA that the organization stood firmly in support of public health care. As events unfolded, quite a different, and unfortunately less surprising, position emerged from doctors at the annual meeting, where they passed a resolution supporting an increased role for private care.

Update on CHPS Activities

Co-chair Wilson reported that the majority of the follow-ups from the last meeting had been completed and that work would continue on any outstanding items.

Specifically, she reported that:

- A website story providing a brief overview of the previous meeting had been produced and published
- A full report of the meeting was produced and distributed
- The CHPS website was updated regularly since the last meeting
- The Secretariat had canvassed CHPS members on issues to be brought forward to the Health Council of Canada's National Summit on Health Human Resources
- The Secretariat had gathered, reproduced and disseminated the HSABC political action program model
- The Secretariat continues to monitor and share information about the national primary care reform initiative, the work of the Health Council of Canada and other relevant organizations

Wilson reminded participants to review the follow-ups list at the back of each meeting report and send requested information to Secretariat staff as soon as possible.

Media, Communications and Advocacy

Co-chair Wilson also briefed participants on media, communications and advocacy initiatives undertaken by the Secretariat staff since the last meeting, including:

- A web story outlining a letter to Michael Decter, Chair of the Health Council of Canada, reiterating the serious shortage of health science

professionals, and encouraging the Council to continue to underline this point in their imminent report on health human resources

- A web story advancing the CHPS message on shortages of health science professionals published in the lead up to the Health Council of Canada's National Summit
- NUPGE web stories and leaflets developed in response to the Supreme Court of Canada decision on Chaoulli
- A web story promoting the Association of Allied Health Professionals of Newfoundland and Labrador (AAHP) Primary Health Care Conference
- The Secretariat Co-Chairs advanced the Making the Connections campaign nationally by initiating a meeting with Health Canada's Director of the Health Human Resource Strategies Division, et al.
- The co-chairs also met formally with the federal NDP health critic to discuss the need for a comprehensive pan-Canadian health human resources strategy
- Web stories and speech transcripts outlining CHPS members' work to highlight health science professionals at the 2005 Canadian Labour Congress Convention
- A series of NUPGE generated communications pieces including formal letters and Op-eds designed to put pressure on the Canadian Medical Association delegates to unequivocally support public health care
- A letter to all members of the government of Ontario's Standing Committee on Justice Policy in support of proposed legislation on safety engineered needles (SEDs)

Co-chair Wilson reviewed recent information requests facilitated by the Secretariat staff, including:

- workload management for social workers,
- early retirement and voluntary severance programs
- medical transcriptionists
- regulating technicians
- contract language with respect to 'sole in charge' provisions

Market Supplements

CHPS members had a wide ranging discussion on the advisability of negotiating market supplement adjustments. Some participants' experience with market supplements had been positive -- allowing a recruitment and retention tool important to meeting provincial needs. Others felt that while market supplements were sometimes necessary, they were too often imposed by employers and ultimately did little to solve shortages. Still others expressed the view that the supplements did little except to create profound divisions amongst the membership, and in effect solved the employers' problems at the expense of union solidarity. While no conclusions were reached, members felt this discussion provided important insights, and agreed the issue ought to be approached with a great deal of caution.

Safety Needles Regulations and Legislation

OPSEU participants provided the meeting with an overview and status report on their safety needles campaign. In conjunction with the Ontario Nurses' Association (ONA), the Service Employees International Union (SEIU), OPSEU healthcare workers were about to launch a public campaign to support legislation to make the use of safety needles mandatory in Ontario. The meeting then canvassed the situation in other provinces:

Manitoba: Legislation to take effect 2006

Saskatchewan: Legislation to take effect 2006

Alberta: Part 35 of the Alberta Health and Safety Code provides some protection, and is currently under review. No specific legislation

Newfoundland: regulation; no legislation

New Brunswick: regulation; no legislation

Nova Scotia: legislation currently before Legislative Assembly

British Columbia: Regulation; no legislation. Proposal by five unions currently under consideration

Ontario: Private Members Bill before Legislative Assembly

Co-Chair Wilson agreed to gather the various regulations and bills and send copies to all CHPS members.

The Health Council of Canada's National Summit on Health Human Resources *Modernizing the Management of Health Human Resources in Canada: Identifying Areas for Accelerated Change*

Elisabeth Ballermann, president of the Health Sciences Association of Alberta, attended this important national conference on behalf of the Canadian Health Professionals Secretariat and NUPGE. She provided CHPS meeting participants with a written report outlining the workshops she had attended and assessing the overall value of the conference. Additional copies of that report are available upon request from Shelley Wilson at the NUPGE office.

'Making the Connections' Campaign

Co-chair Stewart reviewed the goals, target audience, and central message of *Making the Connections* lobby campaign.

She went on to review national meetings conducted in support of the campaign. Specifically, co-chairs Stewart and Wilson had initiated and attended meetings with senior Health Canada staff specifically responsible for that agency's health human resources strategy, including: Robert Shearer, Director, Health Human Resource Strategies Division and Co-Chair, Human Resources Working Group, Advisory

Committee on Health Delivery and Human Resources (ACHDHR), David Jones, Senior Policy Analyst, Health Human Resource Strategies Division, and Helen McElroy, Manager, Health Care Professionals Unit - Physicians, Nurses & Other Health Professionals, Health Human Resource Strategies Division.

The co-chairs met as well with the federal New Democratic Party's health critic, Jean Crowder, MP. Both meetings took place in June and in both instances it was clear that underlining the importance of health science professionals in the health care team was valuable and effective.

Participants provided updates on progress with the campaign in their provinces. While most organizations have met with senior political and public service officials, others are still in the process of arranging meetings. Written reports of these meetings were included in the binders.

Co-chair Stewart emphasized the importance of maintaining frequent contact with Deputy Ministers in particular, who are key in provincial decision making, and who sit on the Advisory Committee on Health Delivery and Human Resources (ACHDHR).

Collective Bargaining Data Bank

Co-chair Wilson advised the group that the Data Bank project was now complete and copies of the CD containing CHPS members'* collective agreements were distributed at the meeting. As well a data bank user manual was given to each participant.

Wilson advised participants that the Data Bank is a work in progress, and one that is only as valuable as the information provided by CHPS members. The ongoing effectiveness of the Data Bank is directly dependent on CHPS members continuing to provide updates and information on new and expired agreements. Because monitoring and retrieving collective agreements posted on websites is technologically and organizationally awkward, we must rely on CHPS members to forward to us updated information.

New collective agreements should be e-mailed to the NUPGE office – in PDF – as they become available, indicating the workers covered and whether the agreement replaces, extends or subsumes an existing agreement.

A 'naming convention' has been established to make data searches more efficient and reliable; the particulars of the naming convention are outlined in the user manual.

As well, some CHPS member organizations had provided more than 20 different collective agreements while others had provided one collective agreement that was considered representative and largely comprehensive. Members were encouraged to make their own decisions about which approach would provide the most complete information about their collective agreements, without unnecessary duplication.

Users of the data base and manual were encouraged to provide feedback so it can be improved and refined in subsequent editions.

**only collective agreements from APTS are missing. Those agreements are not yet available in electronic form, but will be forwarded as soon as they are.*

Other items and handouts

Co-chair Wilson highlighted several other items and handouts Secretariat staff were providing for members, including:

- new NUPGE communications material on protecting public health care after the Chaoulli decision
- Ontario Government’s announcement of public consultations on the regulation of Health Professions
- New appointments to the Health Council of Canada
- New Health Professionals response to the Chaoulli decision
- Sue McSheffrey letter to the editor on home care privatization
- The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care
- HSABC Political Action binder

Follow-ups

Issue	National Union Responsibility	Participating Union Responsibility	Task Completed
Web story report from meeting	Create and circulate		✓
Contact sheet	Circulate updated version		✓
Report of meeting	Create and circulate draft meeting report	Provide feedback on draft	

Issue	National Union Responsibility	Participating Union Responsibility	Task Completed
<u>Making the Connections:</u> Advocacy campaign with the federal/provincial Advisory Committee on Health Delivery and Human Resources (ACHDHR)	(1) arrange meeting between CHPS co-chairs and federal officials; (2) support member organizations as requested; (3) evaluate campaign	(1) Arrange and conduct meetings with provincial officials to present CHPS message as outlined in campaign kit (2) Evaluate and report back to CHPS on campaign success (3) Maintain dialogue with Deputy Ministers' offices	✓
Dr Brian Postl, Federal Advisor on Wait Times	(1) Letter of thanks (2) Monitor for final report		✓
Health Council of Canada	Monitor final report on HHR and look for opportunities to reiterate message		✓
Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative (EICP)	Continue to monitor this Health Canada initiative		✓
Renew contact with health science professional associations (Group of 7)	Initiate meeting		
Collective agreement database		E-mail updated versions of Collective Agreement(s) in pdf format to NUPGE	✓

Issue	National Union Responsibility	Participating Union Responsibility	Task Completed
Safety Needles legislation	Gather information from provinces and distribute	Submit information on provincial status	✓
Workload management for social workers and other professions	Circulate documents from NSGEU, NAPE, MGEU		✓