

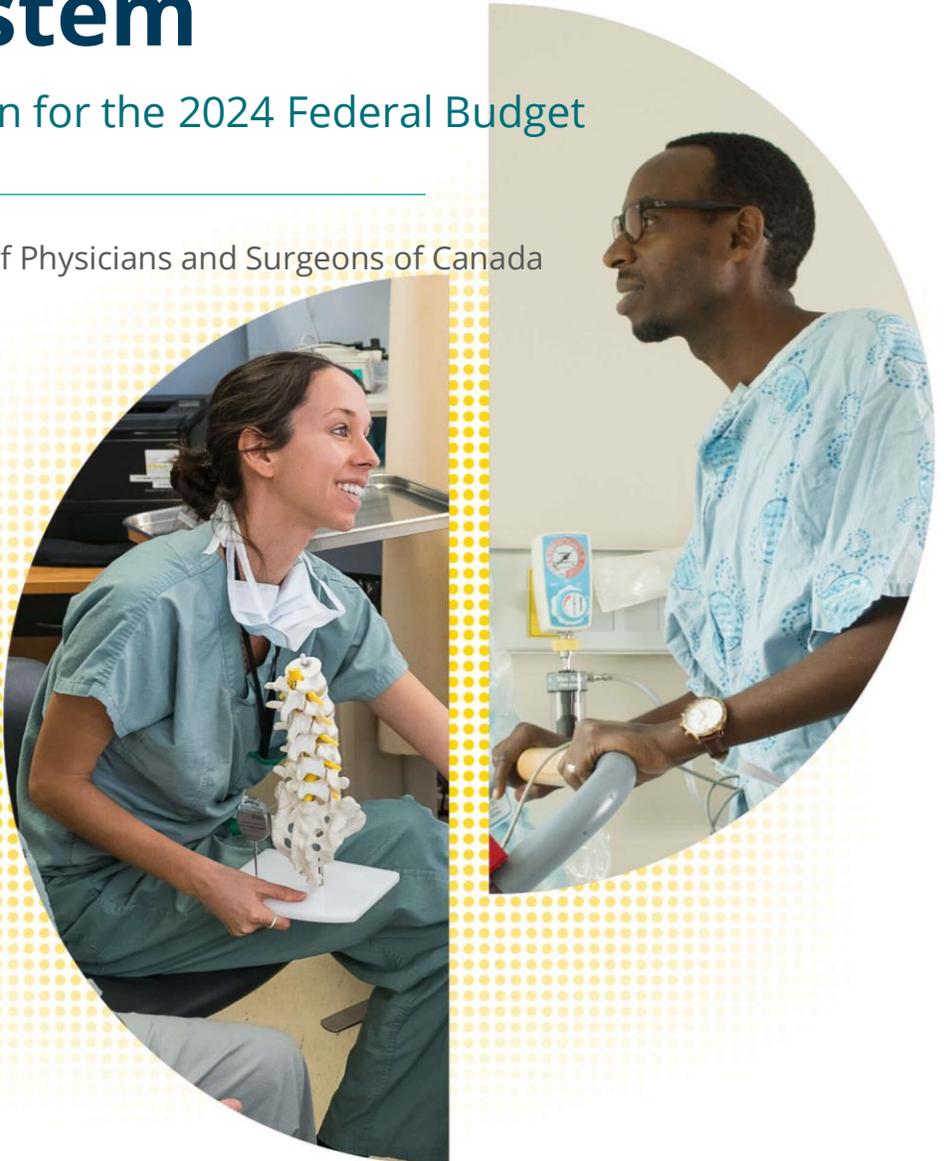


ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Building an equitable, resilient, and sustainable health system

Pre-Budget Submission for the 2024 Federal Budget

Submitted by: Royal College of Physicians and Surgeons of Canada
August 4, 2023



Recommendations

Recommendation 1: That the government invest in and promote inter- and intra-professional, person-centred team models in all healthcare settings, starting with primary care via the \$198.6 billion in healthcare funding to provinces and territories.

Recommendation 2: That the government collaborate with medical regulatory bodies to collect data around scope and practice patterns, including physicians and Nurse Practitioners, and apply a data equity framework on a national level to better understand workforce patterns and inform human health resources planning.

Recommendation 3: That the government facilitate more equitable access to health care through the continued development and evaluation of virtual care, high-speed internet access across all of Canada, and facilitation of pan-Canadian licensure.

Recommendation 4: That the government advance and continue to invest in programs that support the National Adaptation Strategy Health and Wellness objectives.

Recommendation 5: That the government invest in programs to provide affordable and equitable access to pharmaceuticals for all Canadians.

Recommendation 6: That the government provide sustained funding for improving Indigenous Health education and creating cultural safety in the health system.

Pre-Budget Submission

Who we are

The Royal College is national, non-profit organization representing over 50,000 specialist physicians and surgeons in Canada and around the world. Established by a special Act of Parliament in 1929, the Royal College is the voice of specialty medicine in Canada, setting the highest standards for specialty medical education, assessment and lifelong learning for specialist physicians and promoting sound health policy adapted to today's needs.

The Royal College is committed to supporting the entire healthcare system in which specialist physicians are engaged to meet the needs of patients, all while respecting the realities and challenges faced by decision-makers and valuing the people who make the system work. We recognize the impact of the COVID-19 pandemic on the wellness of the health workforce and will work collaboratively with our partners to provide solutions to prevent burnout and reduce the burden on individuals working in the healthcare system, while continuing to strengthen the foundation for a system that is equitable, resilient, and sustainable. This work requires a whole-system approach, including engagement of the provincial and territorial governments. We recognize the need for federal leadership and stand ready to collaborate with the federal government and other partners to build a health care system that meets the needs of patients, providers and all people living in Canada. We stand ready to work with the federal government and our partners to advance these important recommendations, and build a more equitable health care system.

Recommendation 1: That the government invest in and promote inter- and intra-professional, person-centred team models in all healthcare settings, starting with primary care via the \$198.6 billion in healthcare funding to provinces and territories.

The COVID-19 pandemic exacerbated existing health human resources (HHR) challenges across Canada, and we now find ourselves in an HHR crisis. Doctors are [reporting high-levels of burnout and an intent to reduce clinical hours](#), impacting physician supply and system accessibility. These impacts are both costly and affect patient care. The total cost of burnout for all physicians practicing in Canada is estimated to be [\\$213.1 million](#) and wait times for a referral to a specialist have increased from [an average of 25.6 weeks in 2021 to 27.4 in 2022](#). Addressing this crisis requires multipronged solutions.

Health Canada identified enabling “[innovative, team-based models of care](#)” as a priority in its May 2022 Health Human Resources Symposium Report, citing both improved retention of healthcare workers and better patient outcomes focused on equitable patient-centred care as potential outcomes. We applaud the [announcement](#) of \$198.6 billion over ten years for provinces and territories to improve health care services for Canadians. The government must ensure that a portion of this funding is directed towards the areas identified in the College of Family Physicians of Canada’s [Prescription for Primary Care](#), including the need to invest in and promote interprofessional team-based care models.

The Royal College encourages the government to first implement and evaluate interprofessional person-centred team models in primary care as a priority. If successful, the government should proceed where appropriate, to fund and support intra- and interprofessional team-based person-centred models of care in all healthcare settings.

Recommendation 2: That the government collaborate with medical regulatory bodies to collect data around scope and practice patterns, including physicians and Nurse Practitioners, and apply a data equity framework on a national level to better understand workforce needs and inform human health resources planning.

Addressing the health human resources crisis requires national-level data that provides insights into the workforce scope and practice patterns. We applaud the government for [announcing the creation of the Centre of Excellence](#) as a central database to support health human resources planning.

The Royal College encourages the government to collaborate with provincial and territorial regulatory bodies, via the Centre for Excellence, and collect additional data around physicians' scope and practice patterns and apply a data equity framework to more accurately understand the health workforce. This additional data is necessary to inform the mix of physicians necessary to meet supply needs, and to better identify inequities within the health workforce. This national-level data will improve the quality and availability of data for health human resources planning, and guide the development of an equitable, sustainable, and adaptable health workforce plan.

The Royal College has co-created a data equity framework with subject-matter experts to better understand its own membership and will support the government in advancing a national-level strategy.

Recommendation 3: That the government facilitate more equitable access to health care through the continued development and evaluation of virtual care, high-speed internet access across all of Canada, and facilitation of pan-Canadian licensure.

Virtual care continues to be an important feature of the new Canadian health delivery landscape following its proliferation during the COVID-19 pandemic. [According to the Canadian Medical Association](#), virtual care is beneficial in that it improves patient access to physicians, boosts physician satisfaction, and reduces the frequency and cost of fly-in visits. Virtual care can help create a sustainable and equitable health system, and it is imperative that the government continue the development and evaluation of virtual care.

A successful virtual healthcare program requires reliable high-speed internet access, particularly in rural, remote, and Indigenous communities. We applaud [the government's targets](#) to connect 98% of Canadians to high-speed Internet by 2026 and 100% of Canadians by 2030. However, connectivity in rural, remote, and Indigenous communities [remains low](#). The government must prioritize access in these areas.

Additionally, the government should, in collaboration with the provincial and territorial medical regulatory authorities, facilitate pan-Canadian licensure to support improved access to virtual care. A pan-Canadian licence would address access challenges across Canada, making it easier for physicians to provide virtual services to rural, remote, and Indigenous communities, and in other regions in need.

Recommendation 4: That the government advance and continue to invest in programs that support the National Adaptation Strategy Health and Wellness objectives.

The impacts of climate change on health are numerous, and Canada faces the dual challenges of protecting its population and developing an equitable, resilient, and sustainable health system. The challenges may include responding to the health impacts of more numerous natural disasters, declining air, water, and food qualities and extreme heat, but also to the spread of infectious diseases and pathogens, and the increased chance of spillover events (the transmission of pathogens from animals to people), amongst others.

The Royal College encourages the government to advance and continue to invest in programs that support the National Adaptation Strategy Health and Wellness objectives. Investing in an equitable, resilient, and sustainable health system now will prepare Canada for these challenges and reduce long-term costs to the system.

As a part of the National Adaptation Strategy, the government should also consider convening healthcare experts annually at the United Nations Conference of the Parties (COP) on Climate Change to learn from international experts in planetary health and identify opportunities for international collaboration.

Recommendation 5: That the government invest in programs to provide affordable and equitable access to pharmaceuticals for all Canadians.

The Royal College calls on the government to advance its commitment to national pharmacare. Pharmacare is important from both an Equity, Diversity, Inclusion, and Accessibility, and sustainable health system perspective.

According to a 2021 government survey, about one fifth (21%) of Canadians reported not having insurance to cover any of the cost of prescription medications. The rate was disproportionately higher amongst immigrants and racially marginalized groups. With the increased risk of climate-change-related spread of infectious diseases and pathogens, and chance of spillover events, equitable access to affordable pharmaceuticals is even more important.

Additionally, a 2019 McMaster study found that the global pharmaceutical industry is a significant contributor to global warming with a carbon footprint greater than that of the automotive production sector. Building on the recommendations of the 2019 report, A Prescription for Canada: Achieving Pharmacare for All, and in order to promote sustainable healthcare, the government should consider:

- Including an environmental assessment or carbon footprint in the licensing and regulation of pharmaceuticals.
- Including carbon impacts as a consideration in the Patented Medicine Prices Review Board recommendations.
- Supporting the local manufacturing of pharmaceuticals. This will reduce the economic and environmental costs of shipping.

Recommendation 6: That the government provide sustained funding for improving Indigenous Health education and creating cultural safety in the health system.

The National Consortium for Indigenous Medical Education (NCIME) provides invaluable leadership to implement Indigenous-led work streams that will transform Indigenous medical education and contribute to the delivery of culturally safe care. We encourage the government to sustain funding for the NCIME and prioritize cultural safety within the health system.

High-quality health care for Indigenous people requires a strong value base, guided by [sound principles](#) that health care providers believe in, share, contribute to and own in partnership. It is incumbent upon health care providers, educators and learners to be aware of the low health status of Indigenous people, understand the lingering causes (historical, social, political, economic) and take steps to eliminate their damaging effects by facilitating the progression from cultural competence to cultural safety and, ultimately, to cultural humility in education and practice.

Cultural safety is an important component in creating a safe environment for Indigenous Peoples, racially marginalized and other systemically marginalized peoples, such as immigrants and people with disabilities, accessing the health system. Cultural safety is focused on social justice and the proper use of power in the delivery of health care. It is based on [understanding power differentials](#) in the health care system and serves as a concept for guiding an [analysis of power](#) in every relationship of difference.

This patient-centered approach encourages self-reflection among health care practitioners, which is [a skill that is fundamental to the patient-physician relationship](#). The [continuum of cultural safety](#) begins with cultural awareness (the acknowledgement of difference), then cultural sensitivity (which focuses on respecting that difference), cultural competence (which focuses on a provider's skills and attitudes) and ends with cultural safety. .

The Royal College is committed to continuing [our own work in this area](#) and encourages the government to invest in building cultural safety in the health workforce to create a more equitable and sustainable system.