

New Health Professionals Network: The Future Face of Medicine

Just over a year ago a group of students, interns and residents in nursing, medicine and pharmacy launched the New Health Professionals Network (NHPN) to advocate for the strengthening of medicare and to highlight the need for interdisciplinary, team-based healthcare. Since that time, NHPN has been active in the public policy debate over the future of our healthcare system.

NHPN now represents over 20,000 new health professionals from across Canada in seven different health professions: nursing, medicine, pharmacy, social work, occupational therapy, physiotherapy and chiropractic. Our members see themselves as an integral part of medicare.

We stand for a healthcare system in which access to essential care is based on need rather than ability to pay. We believe that the public system must be preserved and strengthened, and that we must engage in work with policy makers and others to protect that system. This statement highlights some of our key policy recommendations for strengthening medicare, in particular as they relate to the very real health human resources (HHR) challenges that Canada faces.

How many of us involved in the healthcare debate can agree wholeheartedly that we have the leadership, resources and commitment in place to meet the health human resources requirements needed to sustain our healthcare system over the next decade? Or that the next generation of healthcare providers is being appropriately trained for the kinds of reformed models of healthcare delivery critical to improving our healthcare system?

The answer, it seems, is not many. Recently, many stakeholders in the policy debate have hit a wall in terms of confidence in the public system. There are many issues facing us in the current climate: lack of supply of providers, inadequacies in our education and training, unclear scopes of practice, difficulties associated with working in interdisciplinary teams and other workplace practices and a constant struggle with HHR planning.

And yet, the evidence is clear that the most equitable, cost-effective healthcare system is one that preserves the basic principles of medicare. To address our challenges, we therefore need renewed commitment to addressing them within our single-tier, publicly funded system. We believe that this can be done – but it requires innovation and a commitment to change on the part of policy makers, providers and patients.

In HHR planning, medicare is critical to our success: we cannot spread our already sparse resources over two systems. If we wish to achieve a reduction in wait times, we must act to prevent the emergence of a parallel private system which, as

international experience shows, could drain needed resources and efficiencies from the public system and lengthen wait times for the majority of Canadians. We cannot afford to lose the efficiency and capacity for centralized coordination of waiting lists, which a public single-tier system makes possible.

The success of our healthcare system is in interdisciplinary healthcare teams. In order to make those teams work, our generation of healthcare providers is willing to practise differently. We are prepared to rethink our notions of words like “privacy,” “liability” and “scope of practice.” And we are open to being paid differently, especially if it means we can spend the time we need with our patients and still lead full lives ourselves.

The task of identifying areas for accelerated action in HHR management is complex, but can be achieved if we take a sensitive and evidence-based approach to our HHR strategies. These must be applied in the context of the following approaches:

1. Healthcare workers are also patients

We need to protect the wellness of our workforce or risk widespread burnout. Healthcare professionals need to be full people, and therefore HHR models must accurately predict how many professionals we will require in the future.

2. The diversity of the Canadian population must be reflected in the diversity of our healthcare providers

We will not be able to serve rural Canadians, new immigrants, inner-city populations, Aboriginal peoples and others if our ranks are composed entirely of middle-class, urban, white, privileged people. Healthcare education has to be made financially accessible to all, and candidates from underrepresented groups must be sought out.

3. The way to recruit new health professionals to an area of need is through incentives, not coercion

Policies that try to fit square pegs into round holes will never lead to a long-term and sustainable workforce in areas of need.

4. To increase interdisciplinary collaboration, reward it; if you want us to use information technology, provide it; if you want to focus on prevention, remunerate us for it

HHR challenges cannot and will not be solved by putting more money into the same old system; leverage the dollars available to support new and better ways of doing things.

5. The days of multiple paper charts for the same patient are gone

Health providers need to be on line, linked up and using needed technology. We are prepared to keep learning in order to ensure that patients get services that use the latest technology to maximize information flow and communication while minimizing duplication.

Opinions

6. The way to improve health and save the system in the long run is to keep people out of hospital and living healthier lives. There is a need to move away from more funding of “repair shop” healthcare and into prevention and chronic disease management. We are prepared to help our patients make that transition.

7. Most importantly, we must do these things in the context of steadfast principles that are consistent with the Canada Health Act and the vision that Tommy Douglas had for medicare. Policy makers, patients and providers in the healthcare system have work to do. We need to show Canadians that they can get the care they need within the public system so that they will not feel the need to turn elsewhere. We understand that the reforms we are suggesting will require us to reform also, and we are prepared to do this.

But there is one kind of transformation we aren't open to: the diminishment of our single-tier healthcare system, which has defined and united us as a nation. Let us work together instead to fix this system of which we are so proud to be a part.

– Jessica Diamond
Former Student Director of the Ontario Association of Social Workers

– Adam Somers
President of the Canadian Association of Pharmacy Students and Interns

– Michael Garreau
President of the Canadian Nursing Students' Association (CNSA)

– Danielle Martin
Past President of the Professional Association of Internes and Residents of Ontario (PAIRO)

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What's the Fuss About? Why Do We Need Healthy Work Environments for Nurses Anyway?

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Healthy work environments (HWEs) are essential for the retention and recruitment of nurses and for health system sustainability. HWEs are defined as practice settings that maximize the health and well-being of nurses, quality patient outcomes, and organizational and system performance. The Registered Nurses Association of Ontario (RNAO) (with funding from the Ontario Ministry of Health and Long Term Care) and the Office of Nursing Policy (ONP), Health Canada, entered into a partnership to develop HWE Best Practice Guidelines (BPGs) for nurses. These BPGs are intended to provide healthcare organizations with evidence-based implementation strategies designed to achieve healthy workplaces where nurses thrive in their practice. This project is a result of needs identified in a number of recent Canadian nursing reports. This paper discusses why we need healthy work environments for nurses. In a subsequent article, we will discuss how we have developed a comprehensive conceptual model for healthy work environments for nurses as the underpinnings of the HWE BPG project.

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