

Unifor Submission on proposed *Nova Scotia Health Professions and Occupations Act*

Submitted By
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Who We Are

Unifor is Canada's largest labour union in the private sector, with 315,000 members in every economic region of the country. Unifor represents roughly 30,000 members in the health care sector in Canada, including 4,000 members who work in health care in Nova Scotia.

Unifor members work in hospitals, long-term care homes, small option and group homes, and other community health services. Our members provide care in workplaces of varying sizes, which are geographically located from Lunenburg County to the northern reaches of Cape Breton.

As workers in the sector, Unifor members are proud of the work they do - our members are passionate about providing the best care possible for patients and residents and they understand how the health care system works. Thus, Unifor members are well-positioned to provide recommendations regarding proposed legislative measures to regulate certain health professions and occupations in the province.

General comments on a new governing body

In general, Unifor is not opposed to the idea of a new government body for regulated health professionals in the right context.

For example, a new body would only be effective if:

- it improves the efficiency of the system;
- the affected people from the regulated professions/occupations support the establishment of the regulatory body (either existing self-regulated professions or newly established professions);
- there is proper oversight within the structure of the governing body;
- there is an established care-based or public interest need for a new governing body.

The discussion paper asserted this new legislative initiative was inspired by the regulatory model operating in Newfoundland and Labrador. However, there has been limited analysis around the effectiveness of the Newfoundland and Labrador Council of Health Professionals (NLCHP) since it was established.

The establishment of a new regulatory body is a complicated endeavour and the need for and/or effectiveness of such a structure would depend on its scope and design.

In general, the government's proposal to establish occupation-based registries is of particular concern. Given the make-up of Unifor's health care membership in the province, we are focusing particular attention to any proposal to establish a registry for Continuing Care Assistants (CCA).

Unifor is opposed to a registry for Continuing Care Assistants (CCAs)

While not explicitly included in the December 2019 Discussion Paper outlining the proposed legislation, the government's presentation to unions at the January 3 consultation session included the topic of a CCA registry.

Although the 2018 Minister's Expert Panel on Long-Term Care recommended "mandatory registration of CCAs," this recommendation was made in the context of addressing the lack of data to appropriately forecast health human resources (HHR) needs and to address the recruitment and retention problem in the long-term care sector.

Unifor suggests there are more effective and comprehensive ways to address the systemic recruitment and retention problem, as well as alternative ways to collect staffing data for human resource planning in the sector without creating a mandatory registry for CCAs.

Moreover, the NLCHP – which has been paid particular attention by the government in this consultation – is the regulatory body for only seven professions in Newfoundland and Labrador: acupuncturists, audiologists, dental hygienists, medical laboratory technologists, midwives, respiratory therapists, and speech language pathologists.

Five of these seven professions have established self-regulated colleges in Nova Scotia (acupuncturists and midwives are the two with colleges), while CCAs (or equivalent) do not fall under the jurisdiction of the NLCHP nor are they covered by the 2010 Health Professions Act.

A CCA registry will not address the recruitment and retention issue in Nova Scotia

There is no evidence to suggest that a CCA registry would help relieve the recruitment and retention issue facing the province's health care system. In order to effectively address the systemic staffing issue, all stakeholders must focus on the root causes.

These factors include:

- The levels of compensation for CCAs, including wages and benefits.
- The working conditions for CCAs – which include issues related to workload, workplace violence, scheduling, long shifts and workplace culture.
- Heavier demands placed on CCAs as population demand and resident acuity increases.

Unifor asserts the recruitment and retention of CCAs is one of the most pressing issues facing the system and thus, the government should focus on the most effective solutions.

Addressing low compensation for CCAs – and ensuring these care providers are fairly compensated for the work they perform – is a key component of any plan. In the long-term care sector, for example, Unifor members working as CCAs work between \$17.47 (starting rate) per hour to \$18.87 (top rate).

Ensuring workplaces like hospitals, long-term care homes and small option and group homes are not understaffed – requiring CCAs to be "working short" on a consistent basis – is another key solution. As the

Minister's Expert Panel on Long-Term Care summarized in its recommendation to invest in human resource capacity:

Quality of care of residents in LTC facilities is affected by the quality of work life for staff. Sufficient and appropriate staffing is necessary to meet the increasing care needs of residents...

Shortages increase staff responsibilities, with more residents to provide care for, resulting in overstressed staff, high rates of injury and sickness, and many unfilled vacancies across the sector.

- Report from the Minister's Expert Advisory Panel on Long-Term Care

Long-term and meaningful solutions to the recruitment and retention issue require the proper level of government funding, standards for CCA compensation and standards of care for patients and residents.

A registry will create financial burden for CCAs

As mentioned in the previous section, working as a CCA has become a less attractive option for potential workers, partially due to the level of compensation provided to CCAs.

This standard wage rate across the province for CCAs is already too low in order to attract and retain these skilled workers. With a new provincial registry, CCAs will be burdened with registration fees and be forced to navigate through a regulatory system that may not be needed. Unifor urges the government to consider these potential barriers a registry would create for CCAs in the context of the staffing shortage.

A registry would be a potential regulatory burden

Other large jurisdictions where regulatory measures were introduced for CCAs (or similar health occupations) may provide useful insight. For example, Ontario introduced a Personal Support Worker (PSW) - the equivalent/comparable classification to CCAs in Nova Scotia - registry in 2012.

The registry was introduced in order to promote greater accountability and transparency, but neither of these goals was achieved. Instead, the registry was scrapped in 2016 after \$1 million was spent to create it. An internal report revealed that the registry was not adequately able to track information of more than 30,000 registered PSWs and was unable to assure any education and training standards were met.

The PSW registry was considered a failure, but the provincial government has attempted to re-establish another one. Meanwhile, the initial phase of the registry has been launched and little information about its progress has been released.

Unifor understands the government wants to ensure accountability within the health care system. However, there are existing accountability mechanisms that do exist for workers like CCAs. For example, employers – whether they are a hospital, long-term care home, home care provider, etc. – are responsible for providing proper care for patients and residents. This includes a role in ensuring that health care providers are performing the work to the standards that are set out by the employer. Collective agreements provide additional provisions that set out the roles and responsibilities of employers and employees in a workplace.

Within the education system, the Department of Health and Wellness (DHW) provides oversight for CCA certification. The department maintains a CCA Program Advisory Committee that makes recommendations on matters concerning curriculum standards, certification process and evolving roles of CCAs in the health system, among others.

A possible alternative

Unifor recommends that a new registry and regulatory mechanism for CCAs is not necessary and would bring minimal benefit to the CCAs who are already working or to the potential CCAs who would enter the health system.

While we have provided some constructive measures in this submission, we also recognize the importance that ongoing and current data collection could have for the government, in order to help address the CCA recruitment and retention issue. The potential for a basic database for this purpose – that does not place a financial and regulatory burden on CCAs – is a concept that Unifor would be willing to discuss further.

