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Message from the Premier

Since June 7, 1999, our government has been providing the leadership and the resources needed to ensure that we have enough physicians, nurses and other health professionals to care for New Brunswickers now and in the future. We continue to improve workforce planning by enhancing our recruitment and retention initiatives to create enticing working conditions and to make sure that we can keep health care professionals in our province. New Brunswickers can continue to count on our government to sustain and renew our province's health system, as outlined in our Provincial Health Plan, *Healthy Futures*, so that we have the health services we need when we need them, and are able to pass on this legacy to our children. A record of our success – more doctors, more nurses, more nurse practitioners and more allied health professionals — is contained in this Progress Report, which fulfils a commitment made by First Ministers. As it shows, we have made tremendous progress and are well positioned to ensure New Brunswickers will continue to have access to the health care professionals they need, when they need them.

Hon. Bernard Lord
Premier of New Brunswick



Message from the Minister of Health and Wellness

The Provincial Health Plan, *Healthy Futures*, sets out a plan for meaningful, enduring change to build a sustainable health system that delivers the right services, in the right way, at the right time and at a cost taxpayers can afford. Ensuring an adequate and appropriate supply and mix of health human resources to support our health care system is a strategic priority of *Healthy Futures*. Measures outlined in *Healthy Futures* to meet the demand for health professionals are reflected in this report, which will provide New Brunswickers with a better insight into the strategic measures we have undertaken to increase the supply of health professionals in our province. As we continue our efforts to recruit more physicians, nurses and allied health professionals, we are also enhancing initiatives to retain those workers now employed in our province and to make the best use of all our valued health professionals. By further targeting our recruitment and retention initiatives, New Brunswickers will continue to have for tomorrow the high-quality, efficient and safe health care they expect and deserve.

Hon. Elvy Robichaud
Minister of Health and Wellness

Introduction

Building on the agenda for health care renewal set out by at the First Ministers' Meeting (FMM) held in February 2003 and related investment commitments that followed, the fall of 2004 marked a historical moment for health care renewal and health human resource planning. On Sept. 16, 2004, all First Ministers came together to reach an agreement, *A Ten-Year Plan to Strengthen Health Care*. This Plan has since become a national cornerstone for the renewal of health care, putting Canada and its citizens on the road to sustainable health care for years to come.

The Plan's overall goal is to ensure that Canadians have access to the care they need, when they need it. One of the keys to achieving this goal involves the comprehensive planning and management of health human resources, which ultimately leads to the identification of the optimal number, mix and distribution of health human resources, at a cost each provincial and territorial jurisdiction can afford.

Within this agreement it states:

"Federal, Provincial and Territorial governments agree to increase the supply of health professionals, based on their assessment of the gaps and to make their action plans public, including targets for the training, recruitment and retention of professionals by December 31, 2005. Federal, Provincial and Territorial governments will make these commitments public and regularly report on progress."

This report, *Health Human Resource Planning: Gaining Momentum, The New Brunswick Journey*, fulfils this commitment made by the Government of New Brunswick.

Phase 1: Laying the Foundation – Cornerstones in Health Human Resources Planning

Within Canada, it is recognized that each province and territory is responsible for designing its own health system in order to meet the health needs of its population. Once the health system has been designed, jurisdictions can then determine the health human resources they will need to ensure that the health system is able to deliver the services required. Ensuring that New Brunswick has the health professionals it needs, when it needs them has been and remains a high priority.

In New Brunswick, this strategic approach to health care design and health human resources must be undertaken with the diversity of its population in mind, and with the recognition that services must be provided in the official language of choice, through the province's network of health facilities and providers.

Demographics, socio-economics and the needs of rural and urban New Brunswickers are other factors that have guided and will continue to guide health care renewal and health human resources planning.

Milestones in Health Renewal

Health care renewal in New Brunswick, supported by a strategic approach to health human resources planning, has been marked by several milestones in recent years.

On Nov. 22, 1999, a comprehensive, long-term, physician recruitment and retention strategy was unveiled to make New Brunswick physician friendly.

This on-going initiative was later followed by a nursing resource strategy and a strategy to recruit and retain allied health professionals, such as pharmacists, therapists, technologists and others who are all an integral part of the "medical team."

Each of these strategies involved the hiring of a dedicated health human resource advisor.

Another milestone occurred in January 2000 with the creation of the Premier's Health Quality Council (PHQC). Its final report, delivered in January 2002, contained recommendations to renew health care for New Brunswickers, including the creation of Nurse Practitioners and other initiatives related to health human resources.

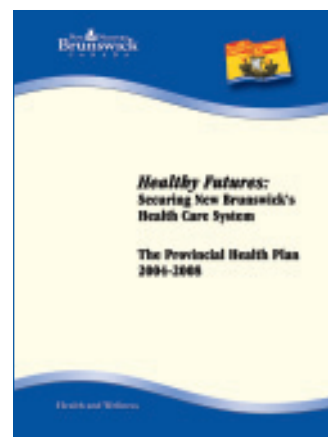
The report of the Premier's Health Quality Council was accepted by the government as the basis for the development of the Provincial Health Plan, *Healthy Futures*.

Shortly afterwards, in April 2002, the Regional Health Authorities Act came into effect. This Act provided the means for health services to be delivered and administered within specified geographic regions of New Brunswick. As such, the eight Regional Health Authorities became responsible for managing and delivering acute care hospital services, community and home-based services, including Public Health, Mental Health and the Extra-Mural Program, and addiction services.

Phase 2: Mapping the Journey

This section of the Report is intended to provide readers with an understanding of how the release of the Provincial Health Plan 2004-2008, *Healthy Futures: Securing New Brunswick's Health Care System*, is driving health human resources planning in New Brunswick.

Released in June 2004, the Provincial Health Plan, *Healthy Futures*, sets out the New Brunswick government's vision and goals for the province's health care system and a roadmap to get there.



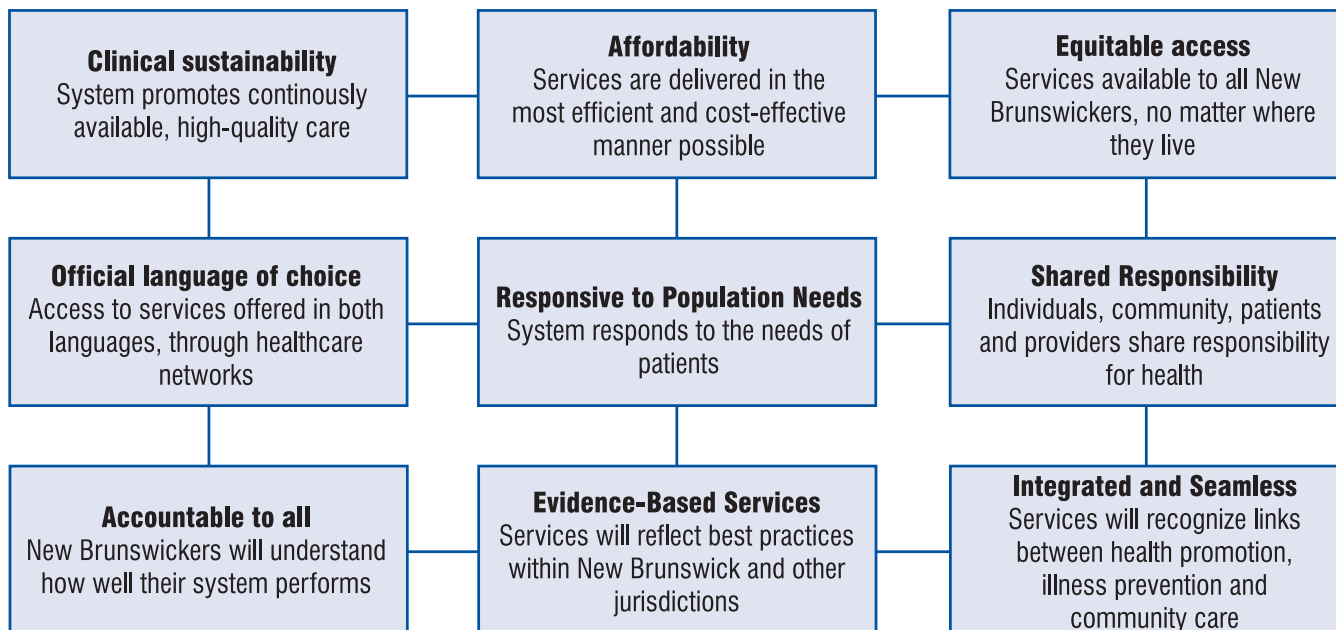
Vision:

A single integrated provincial health care system that is patient-focused and community-based, providing health services in the official language of choice at a cost New Brunswickers can afford.

Goals:

1. *Improved health for New Brunswickers*
2. *A sustainable health care system for taxpayers*

The Provincial Health Plan also sets out nine principles which will underpin health care decisions to ensure alignment with the above vision and goals of the Plan and the values of New Brunswickers.



Four strategic priority areas which will guide new investments, actions and service choices for New Brunswickers are identified in the Plan:

1. Improving Population Health – improve the health status of New Brunswickers
2. Better Access to Care and Services – safe care and efficient use of health care providers
3. Building Health Human Resources – an appropriate supply and mix of trained health professionals
4. Accountability and Evidence-based Decision Making – promote continuous quality improvement and ensure financial sustainability

In addition to meeting the priority health care needs of New Brunswickers, the strategic priority areas and related initiatives outlined in the Plan align with health care priorities identified nationally by First Ministers in the 2003 First Ministers Accord on Health Care and in the First Ministers September 2004 *Ten-Year Plan to Strengthen Health Care*.

Once the Province Health Plan is fully implemented, \$125 million of new investments in both new and enhanced services will be added to the base funding of the health system. This is above and beyond the additional funding that is required to maintain existing services. To date, almost \$46 million has been invested in new and enhanced services to New Brunswickers, including new recruitment and retention initiatives as will be outlined in the pages to follow.

Health Human Resources Supply and Demand Analysis Studies

Project Description

In 2002, the New Brunswick Government commissioned two studies to obtain a current profile of health occupations in New Brunswick. The first report, *Health Human Resources Supply and Demand Analysis*, focused on 27 health occupations in five areas — nursing, social science, and rehabilitation, technical diagnostic and therapeutic — and provided a five-year forecast. It can be found at: <http://www.gnb.ca/0051/pdf/HRStudy/SupplyandDemandAnalysis.pdf>

The second report, *Setting a New Direction for Planning the New Brunswick Physician Workforce*, provided a 10-year forecast for family physicians and medical specialties.

It can be found at: <http://www.gnb.ca/0051/pdf/HRStudy/DirectionPhysicianWorkforce.pdf>

These reports, often referred to as the Fujitsu reports, were the first such comprehensive studies undertaken within Canada to establish a jurisdiction's current profile of health professionals and future requirements.

This extensive environmental scanning exercise provided a comprehensive picture of the trends and issues impacting the health care sector as a whole, and individual occupational groups in particular, within the context of the health care delivery system in New Brunswick. This information has served as a base for policy direction and decisions on integrated health human resources planning.

Key Findings

The results of these studies provided an inventory of New Brunswick's current workforce, a comprehensive analysis of various health care providers and a forecasting tool. They also indicated

New Brunswick was facing a shortage in some of its health care professions and that measures were needed to ensure that the Province would have a sustainable workforce for the future.

The studies demonstrated that New Brunswick's health care workforce was exhibiting signs of labour shortage with increased numbers of vacancies across several health occupation groups, longer times to fill vacancies and increases in overtime hours. The forecasting models developed made it possible to predict supply shortfalls for specific occupations.

Targeted Health Occupations (in order of forecasted shortages)

- Health Record Management Professionals
- Pharmacists
- Speech Language Pathologists
- ECG/EEG Technicians
- Medical Radiological Technologists
- Medical Laboratory Technologists
- Occupational Therapists
- Radiation Therapists
- Respiratory Therapists
- Registered Nurses (RNs)
- Physiotherapists

New Brunswick Response to Recommendations

Both reports contained a series of recommendations grouped under various themes. All recommendations have and continue to be considered and various initiatives have been undertaken to best address the forecasted health workforce shortages.

These initiatives include, but are not limited to, the following:

Health Human Resources Planning

Health Workforce Unit

In 2002-2003, the Department of Health and Wellness established a Health Workforce Unit. The unit is responsible for the planning of an integrated human resources workforce that is responsive to the health system needs and designs. This includes monitoring the supply and demand of the health workforce and identifying trends; ensuring the utilization of full scope of practice and the right skill mix for all professions; the development and implementation of recruitment and retention strategies for health care professionals; and ensuring training requirements and needs are met, including continuing professional development.

Service Provider Database Enhancement Initiative

Key to good health human resources planning is solid information on the existing supply of health service providers.

In New Brunswick, the Department of Health and Wellness maintains a computer system known as the Service Provider Database system that is installed in the offices of eight health professional associations in the province and is used by association registrars to collect and maintain membership information. This information is accessed by the Department for use in health workforce planning.

In 2005, the Department, with funding assistance from Health Canada, launched an enhancement project that will modernize the existing system and provide information on all the health professionals identified in the Fujitsu studies. This new system will have the capability to collect data directly from the professional associations.

It is expected the first wave of professional associations will transfer to the new system by the fall of 2006, with the remaining associations following in early 2007. Finally, new health service providers will be ready for addition to the system by the fall of 2007.

It is anticipated that this system will become a model for other jurisdictions.

Linkages With Other Departments

Enhanced, ongoing cooperation between the Department of Health and Wellness, the Department of Education and the Department of Training and Employment Development ensures that education programs in universities and Community Colleges meet the health workforce future needs.

Interprovincial Collaboration

New Brunswick has not only been innovative at the provincial level since 1999, but has also provided leadership and been active in Pan-Canadian and Pan-Atlantic Provinces health human resources planning. The Advisory Committee on Health Delivery and Human Resources (ACHDHR) and the Atlantic Advisory Committee on Health Human Resources (AACHHR) are two key examples of such collaboration.

Supply and Demand Forecasting

Health Human Resources Supply and Demand Follow-up Studies

In the winter of 2004, the Department of Health and Wellness released the results of the two health workforce supply and demand studies. The Fujitsu reports established baseline forecasts of the supply of health professionals to the year 2007 (2013 for physicians) and the number of health professionals that will be required to provide health services during this time frame.

As a result of a key recommendation from the supply and demand studies, the Department of Health and Wellness has adopted the forecasting model developed under the study and intends to modify and adapt the model, when necessary, based on the identification of changing health human resources planning needs, the availability of newer data and the establishment of provincial and national data standards.

To build upon the investments and tools developed during the original studies, the availability of more recent data and changes as a result of recruitment and retention initiatives, the forecast model

will be re-run to the year 2016 to allow for a comprehensive analysis of the supply and demand for health professionals in New Brunswick well into the future.

Planning is currently under way for the follow-up analysis of physicians. It is anticipated that initial results will be available for this group by the summer of 2006 and final results in late 2006. Planning will begin for all other health professionals during the winter of 2006 and final results are anticipated in early 2007.

Regional Health and Business Plans – Workforce Requirements & Training

As part of a systematic approach to health human resources planning, Regional Health Authorities are required, through their Regional Health and Business Plans, to identify current and future workforce requirements. Any major year-over-year changes must be identified and an explanation provided as to the reason for the change. Reporting templates have been developed and are to be included in the Regional Health and Business Plans. The reporting templates focus on health workforce disciplines which have been identified as the highest priorities from a provincial perspective. Regional Health Authorities are also requested to identify and report on workforce priorities areas that may be unique to their region.

Another integral part of health human resources planning is the educational component.

Regional Health Authorities are required to describe in their Regional Health and Business Plans all training for health professionals currently provided by the Regional Health Authority or new training required to support provincial or regional priorities. The number of clinical placements available and preceptors for each training area, affiliations with universities and colleges, if any, the practice setting and health profession targeted are to be identified and reported.

Phase 3: Destination: “Healthy Futures”

The Provincial Health Plan set out four strategic priorities to guide new investments, actions and service choices. The third of these four strategic priorities is Building Health Human Resources. Inherent to this strategic priority are integrated health human resources strategies: The Allied Health Professionals Resource Strategy, the Nursing Resource Strategy and the Physician Resource Strategy.

The following highlights specific initiatives targeting Training, Recruitment and Retention of Health Professionals for each of these strategies.

Recruitment and Retention Strategies

Annual NB Career Days

In 2003, a new recruitment strategy, the Annual NB Career Days, was implemented as a partnership between the dedicated physician, nursing and allied health professionals’ advisors and recruiters employed by the eight Regional Health Authorities. Under this program, recruiters visit and meet with New Brunswick students enrolled in health education programs in New Brunswick and in other provinces.

Since this recruitment partnership began in 2003, an average of approximately 275 students have attended these events each year.

NB Career Days Statistics - Fall 2005

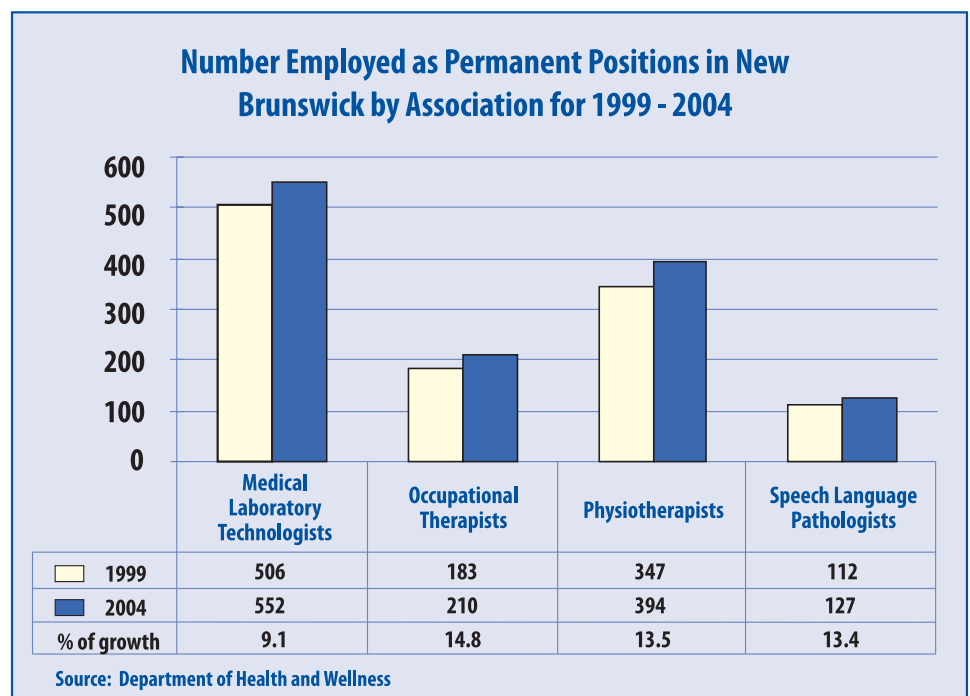
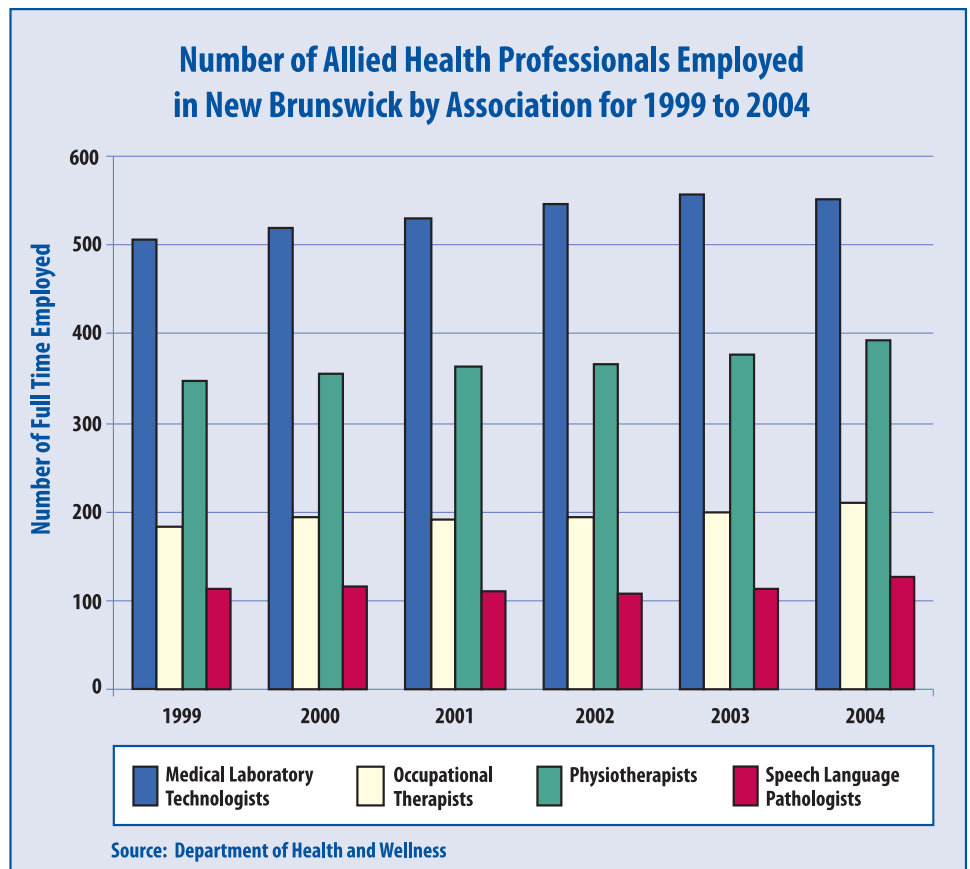
Health Profession	Sherbrooke	Ottawa	Montréal	Québec	Halifax	St. John's	Totals
Medical Students	58	17	4	6	16	34	135
Residents	5	1	1	1	23	15	46
Nursing	-	2	-	2	-	-	4
Audiology	-	1	1	-	-	-	2
Medical Laboratory Technology	-	1	-	-	-	7	8
Medical Radiation Technology	3	-	-	3	-	-	6
Medical Radiation Oncology Technology	-	-	2	-	-	-	2
Nursing	-	-	-	10	-	-	10
Occupational Therapy	-	13	16	10	5	-	44
Pharmacy	-	-	5	5	2	-	12
Physiotherapy	-	18	-	4	11	-	33
Respiratory Therapy	1	-	-	1	-	-	2
Speech Language Pathology	-	3	5	9	1	-	18
Gerontology	1	-	-	-	-	-	1
Biomedical Engineering	-	-	-	-	1	-	1
Totals :	68	56	34	51	59	56	324

Allied Health Professionals Resource Strategy

The Provincial Health Plan’s strategic priority Building Health Human Resources focuses on ensuring an adequate and appropriate supply and mix of health human resources to support the health care system. It states:“our health care workforce is about more than doctors and nurses. Government will also take steps to recruit and retain workers in allied health professions.”

Since the creation of the Allied Health Resource Advisor position in June 2002, stakeholder consultations, including professional groups and employers, has been a high priority, allowing for enhanced communication and collaboration. Topics of discussion have included recruitment and retention strategies, innovative programs, leadership skills, as well as quality of work life issues.

As shown in the two charts on this page, a constant increase in the number of full-time health care professionals working in New Brunswick is noted, when compared to 1999. As seen previously, the four professions featured in this chart are amongst the top ten health occupations for which the Health Human Resources Supply and Demand Analysis forecasted shortages. This represents an average growth of 12.7 per cent since 1999 and confirms the positive impact of the efforts deployed so far within the Allied Health Professional groups.



In March 2005, the Minister of Health and Wellness announced \$500,000 in new funding for the implementation of a new Allied Health Professionals Resource Strategy, targeting primarily, but not exclusively, health occupations with greater than 10 per cent forecasted shortages.

Provincial Student Registry

Targets:

- Develop a Provincial Student Registry to assist Regional Health Authorities in the recruitment of future graduates.
- Obtain consent from at least 100 students to be part of the Provincial Student Registry.

Outcome: A highly comprehensive data base pertaining to students enrolled in health studies was created in 2000. Since the development of the Registry, there have been over 600 participants. The number of participating students far exceeds the initial target set. The Registry currently identifies over 200 students who will be graduating between 2005-2006 and 2009-2010. Names are continuously added to the Registry on a regular basis. These participants include students in Audiology, Bio-Medical Engineering, Health Sciences, Medical Laboratory Technology, Nuclear Medicine Technology, Occupational Therapy, Optometry, Pharmacy, Physiotherapy, Radiation Therapy, Radiological Technology, Respiratory Therapy, Speech Language Pathology. The majority of these health occupations are amongst our “high priority” groups in addressing shortages.

A recent informal survey indicates that this tool has been a positive recruitment initiative, as Regional Health Authorities use the Registry when recruiting for vacant or newly created positions.

Provincial Health Bursary Program

Target for academic year 2005-2006:

- Recruit at least 30 new graduates from targeted health occupations into positions with the Regional Health Authorities.

Outcome: The success of this initiative will be measured by the number of bursary recipients who accept employment within the province’s RHAs. Since the 2005-2006 academic year marks the bursary program’s first year, the results will not be known before June 2006.

One of the key recruitment initiatives of this new resource strategy is the creation of a comprehensive, provincial bursary program. The Annual/Provincial Bursary Program was launched on Sept. 30, 2005. It consists of bursaries targeting health occupations with identified high vacancy rates and/or high forecasted vacancy rates. The bursaries will be reviewed annually, in terms of relevance, accessibility and educational costs. A return for service commitment is included in this bursary program. Hard to recruit sectors and regions have been given the highest priority ranking. Other selection factors include the number and duration of identified vacancies, the impact these vacancies are having on direct clinical services, as well as national trends.

In the fall of 2005, 92 bursary applications were received and 30 bursaries were offered.

Fifteen bursaries of \$5,000 each were offered. Of these, seven were offered to students enrolled in health information management professionals’ programs, three to students enrolled in speech

language pathology programs, three to students enrolled in physiotherapy and two to students enrolled in occupational therapy programs.

Fifteen bursaries of \$3,500 each were offered. Of these, four were offered to students enrolled in cardiology technology / electroneurophysiology technology programs, six to students in respiratory therapy programs, four to students in medical laboratory technology programs and one to a student enrolled in a medical radiation technologist (specialty in nuclear medicine) program.

NB Clinical Education Program

Target:

- Have a minimum of 225 students enrolled in health programs “outside of NB” complete clinical placements in NB health care settings;
- Increase exposure of students enrolled in “out-of-province” pharmacy programs to hospital pharmacy opportunities in New Brunswick.

Outcome: See Table below for detailed statistics.

Student Clinical Placements per Discipline

Discipline	2004-2005 Academic Year		2003-2004 Academic Year		2002-2003 Academic Year		2001-2002 Academic Year		2000-2001 Academic Year	
	Placements	Days	Placements	Days	Placements	Days	Placements	Days	Placements	Days
Audiology	8	415	8	346	11	390	5	95	10	350
Occupational Therapy	70	2,130	64	2,005	59	1,830	55	1,950	73	2,560
Pharmacy	58	1,170	Not applicable		Not applicable		Not applicable		Not applicable	
Physiotherapy	88	2,062	112	2,769	116	2,874	106	2,524	101	2,484
Speech Language Pathology	20	797	26	1,208	16	562	21	863	21	939
TOTAL	244	6,574	210	6,328	202	5,656	187	5,432	205	6,333

For the past several years, the NB Clinical Education Program has sponsored more than 200 rehabilitation students per year enrolled in “out-of-province programs” who return to New Brunswick to complete their clinical placements. As such, Regional Health Authorities recognize this unique program as a strong recruitment tool.

As well, allocated funding for “student stipends,” ranging from \$100 to \$125 per placement week to offset travel and accommodation costs incurred by students, remains a strong recruitment incentive for students choosing to come to New Brunswick.

In keeping with recommendations made by both the professional association and the university programs, the New Brunswick Clinical Education Program has now been expanded to include Pharmacy students / interns. This new partnership will promote an earlier return and exposure to New Brunswick hospital pharmacies, while fostering team building with the current New Brunswick workforce.

Continuing Education

Target:

- Prioritize Clinical Education Program funding to promote continuing education events for health professionals.

Outcome: Allocated funds will be expended towards continuing education events and/or teaching materials and supplies to enhance future clinical placements.

- Fund at least one provincial interprofessional continuing education conference annually through the New Brunswick Clinical Education Program.

Outcome: Achieving Excellence in Clinical Education Series annual provincial interprofessional workshops have been held for the past five years. Examples of recent topics include peer coaching, leadership and mentoring, conflict resolution and other health human resources related topics.

Included in the Allied Health Resource Strategy are activities aimed at supporting the current health workforce, such as access to quality continuing education opportunities and new technology helping to ensure the current workforce is adequately prepared. When health care providers feel adequately prepared and supported to deliver quality services to their clients, their job satisfaction increases. This, in turn, impacts positively on retention. Through extensive provincial clinical education networks, front line clinicians have the opportunity to train students while working closely with university programs, helping them to remain current in their clinical approaches.

The recognized, ongoing success of the NB Clinical Education Program depends on a highly effective and efficient coordination process. This process involves strong linkages and active networking with university partners and clinicians from the Regional Health Authorities.

Program partners report that access to continuing education opportunities and active networking with university partners is an important element in the retention of health care professionals.

Internship/Residency Programs

- **Target:** Expand internship/residency programs in identified priority allied health occupations.

Outcome: In fiscal year 2005-2006, new residency programs were added for francophone Pharmacy students (2) and a Psychology Internship (2) program. Both were based on needs and opportunities identified by professional groups and employers.

Internship/Residency programs are recognized as a strong recruitment tool. Already, New Brunswick has in place residency programs that have had a positive impact on the supply of health care professionals such as dietitians, pharmacists and physicians.

Annual Clinical Leaders Sponsorship Fund

► **Target:** Develop process for implementation of annual Clinical Leaders Sponsorship Fund. (fiscal 2005-2006).

Outcome: Discussions are currently under way with employers and health professional groups to determine specific guidelines and selection process for this new retention incentive.

As stated earlier, opportunities for continuing education and career development are effective ways to increase job satisfaction, and to develop knowledge and expertise, which ultimately leads to improved quality of care. As a result, such opportunities serve as a successful retention tool.

In keeping with this, a new annual, provincial Clinical Leaders Sponsorship Fund is being implemented beginning in fiscal 2005-2006. This fund will support networking amongst clinical leaders and their provincial and national peers. Individual support will range from \$500 to \$5,000 and will depend on the activity being sponsored.

New Brunswick is well known for pioneering many new approaches and service delivery models, including the Extra-Mural Program, the infant hearing screening program, the early language program, teleradiology and more.

As a result, our clinical leaders are very busy responding to their patients' needs, the demands of the system and implementing new ways of doing things. As such, they rarely have the opportunity to "shine" amongst their provincial and national peers/partners.

Provincial clinicians and their senior management will be encouraged to identify "clinical leaders" to foster networking and team building. As such, provincial activities aimed at promoting mentoring, team building and networking to enhance clinical services and/or promote new service delivery models and approaches at a provincial level will be considered for funding through this new program.

As well, identified regional "champions" are encouraged to submit "call for papers" to their annual national professional conferences to act as guest speakers and share their unique experiences and innovations with other jurisdictions. This will allow for both recognition of their contribution as clinical leaders and foster networking at a national level. As well, this will help raise New Brunswick's profile in terms of its significant contribution towards health care and/or wellness.

Education and Training

- ▶ **Target:** Where capacity allows, the number of training seats for “out-of-province” programs will be increased in high priority health occupations by 2007.

Outcomes: Fall 2004: two (2) additional training seats added in Pharmacy Masters’ Program (French training programs);

Fall 2003: one (1) additional training seat added in Speech Language Pathology (French training program);

- ▶ **Target:** Where capacity allows, the number of training seats for “in-province” programs will be increased in high priority health occupations by 2007.

Outcomes: Fall 2004: 10 seats created for Health Information Management Professionals through a bilingual training program implemented at NBCC Moncton;

Fall 2004: six seats created for a new Respiratory Technology French-language training program implemented at CCNB Campbellton and the Beauséjour Regional Health Authority;

Fall 2005: 15 new seats created for a new joint Cardiology Technology and Electroneurophysiology Technology French-language training program implemented at CCNB Campbellton.

In keeping with the recommendations found in the Health Human Resources Supply and Demand Analysis, new health training programs were implemented and/or are currently being developed to improve access to health human resources. Given New Brunswick’s bilingual linguistic profile and some of the “linguistic gaps” identified in our analysis of the study, several new training seats added in recent years were allotted to the francophone sector. Other programs, such as rehabilitation support personnel for audiology, occupational therapy, physiotherapy and speech language pathology, are also under review.

Nursing Resource Strategy

In April 2001, the province unveiled a three-year, \$8-million Nursing Resource Strategy for New Brunswick designed to ensure New Brunswickers have access to appropriate nursing resources in the future to meet their health care needs. Working with New Brunswick’s nursing groups, the Department of Health and Wellness created a strategy to stabilize nursing resources.

With the sustained cooperation of nursing stakeholders, particularly the Nursing Resource Advisory Committee, the Department has maintained those initiatives that were viewed as most beneficial to recruit and retain nursing professionals in New Brunswick.

Conversion of Casual Positions to Permanent

During the first two years of the Nursing Resource Strategy, the Department, in cooperation with Regional Health Authorities, targeted the creation of more full-time positions for registered nurses (RNs) and licensed practical nurses (LPNs) as a means of keeping these professionals working in New Brunswick. From 1999 to 2004, the number of permanent RNs increased to 6,726 from 6,014, or 11.8 per cent, while the number of permanent LPNs increased to 1,934 from 1,634, an increase of more than 18 per cent.

So successful was this program that, by 2004, only 6.7 per cent of nurses employed in New Brunswick

were working as casuals.

This initiative to provide nurses and licensed practical nurses with the benefits and security of permanent positions has helped create a stable nursing workforce in our province

Nursing Mentorship Program

Starting in 2002, a Nursing Mentorship Program was introduced in all Regional

Health Authorities to promote the successful integration of new nursing employees into the workplace. A full-time equivalent employee was allocated to each of the eight Regional Health Authorities and these have since been made permanent positions. Since research indicates that nurses tend to leave the profession within their early working years, the support provided to new employees is important to their retention within the profession and the province.

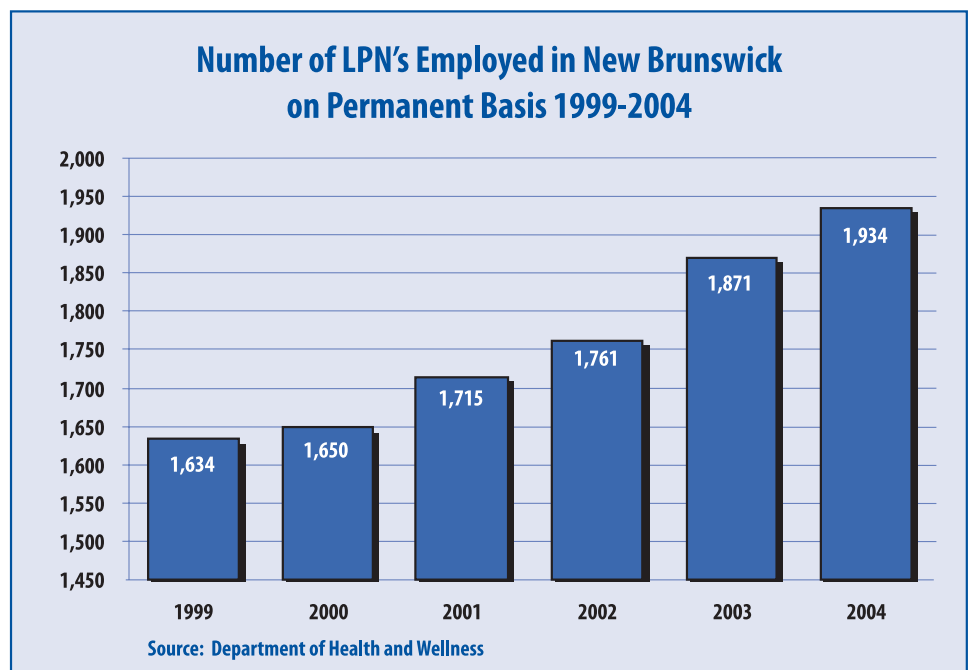
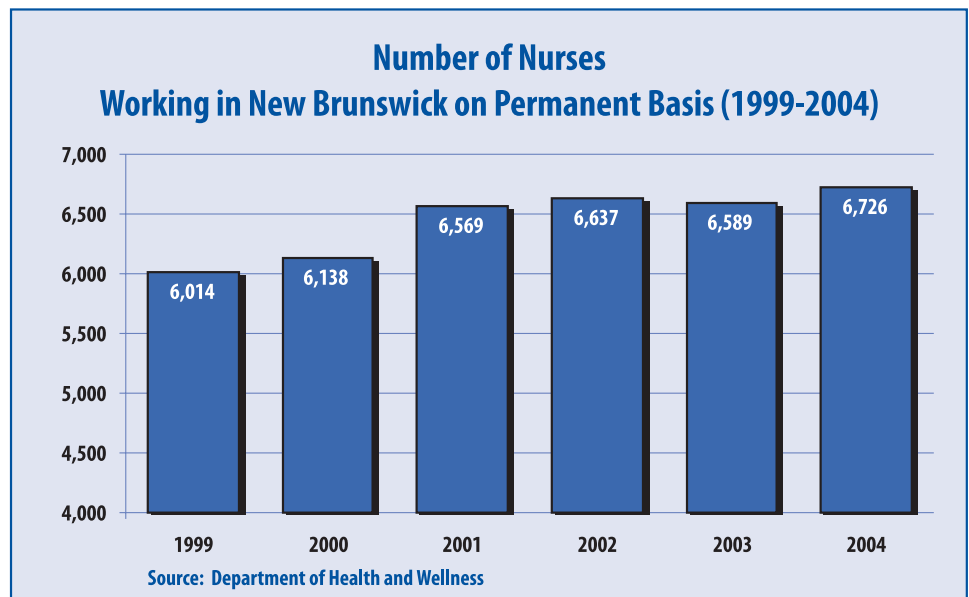
Nursing Leadership Conference

With the aim of developing strong nursing leadership among nurses, a Nursing Leadership Conference was organized in 2004 with the cooperation of the Nurses Association of New Brunswick, the Association of New Brunswick Licensed Practical Nurses, the New Brunswick Nurses Union, the Canadian Union of Public Employees and the Department of Health and Wellness. Five

hundred participants registered at this conference, which helped highlight the models of excellence and the development of a collaborative relationship between nurses, practical nurses and nurse practitioners.

Nursing Resource and Management Plan

Nursing resource planning has been an ongoing priority for the Department of Health and Wellness. A Nursing Resource and Management Plan was developed in 1993, steered by the Nursing Resource Advisory Committee. In 2004, as part of the Nursing Resource Strategy, the existing plan was updated.



This initiative provided a vision for continued development for the period from 2005 through 2010. Strategic directions were provided on: nursing role and leadership; nursing education; nursing skill-mix; and nursing human resources. As a follow-up to this update, the Nursing Resource Advisory Committee developed an action plan as advice to the Minister of Health and Wellness for future workforce planning initiatives.

Phased Retirement Program

Considering the aging of the health workforce, a phased retirement program was introduced in 2004 to offer nurses the opportunity to work part-time rather than leave their jobs completely. New Brunswick was the first jurisdiction in Canada to introduce this program for nurses.

Phased retirement allows nurses who are nearing retirement to reduce their schedule while maintaining a greater portion of their income, and permits the health system to continue to benefit from the participation of these experienced professionals as long as possible.

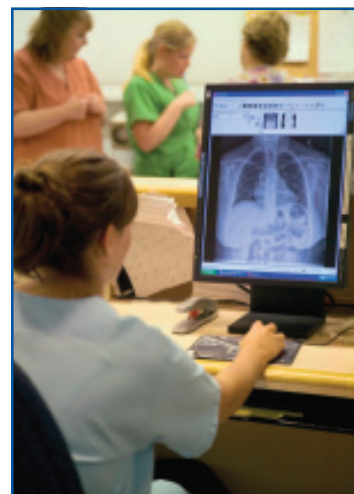
Staying Competitive

An important incentive to retain employees is remuneration and other benefits. In 2004, the Government of New Brunswick negotiated a new, four-year collective agreement for registered nurses, nurse managers and nurse supervisors offering salaries and working conditions that are competitive with the other Atlantic Provinces.

Enhanced Role for ER Nurses

Two projects aiming at the optimization of the nursing roles within Regional Health Authorities were initiated in 2002-2003. Following legislative amendments, nurses working in emergency departments received authority to assess, treat and discharge patients who do not need immediate services from a physician. The utilization of the right provider for the right service at the right time is promoted.

As a follow-up to a review of the role of the licensed practical nurses' utilization, a provincial network was created in 2004 to coordinate the standardization of the role of the LPN throughout the province and the proper utilization of LPNs within the health care system.



- ▶ **Target:** Ensure adequate nursing resources in the future by utilizing LPNs to full professional competence by 2008 and adopt a standardized ratio of RNs to LPNs.

Summer Employment Program

In cooperation with the Department of Training and Employment Development's SEED Program and the Department of Health and Wellness, a Summer Employment Program for student nurses has been in existence since 2001 to improve job readiness of new nurse graduates while also providing help to regular staff during vacation time. Positions are offered to RHAs and Nursing Homes each summer.

- ▶ **Target:** Offer part of the 150 positions of 12-week employment in hospitals and nursing homes to student practical nurses as well as student nurses.

Nursing Education and Training

Since 2001, registered nurses and licensed practical nurses who re-entered the nursing profession have received tuition reimbursements under the Reimbursement of Tuition for Refresher Program. This has permitted New Brunswick to take advantage of a pool of skilled health professions who have been out of the workforce.

- **Target:** Reimburse refresher tuition fees to all registered nurses and licensed practical nurses who request funding.

Critical Care Nursing Program

Since 2002, a 17-week certificate program, The New Brunswick Critical Care Nursing Program, has been offered to nurses who wish to work in critical care areas. In collaboration with the University of New Brunswick and the Université de Moncton, all Regional Health Authorities and the Department of Health and Wellness, up to 24 credit-hours acquired in this program may be recognized as part of the Bachelor of Nursing degree. Four programs are offered each year — two in English and two in French, for a total potential enrolment of 52 candidates.

- **Target:** Expand the New Brunswick Critical Care Nursing Program to include an e-learning component and modify the program to meet the needs of nurses working in emergency departments.

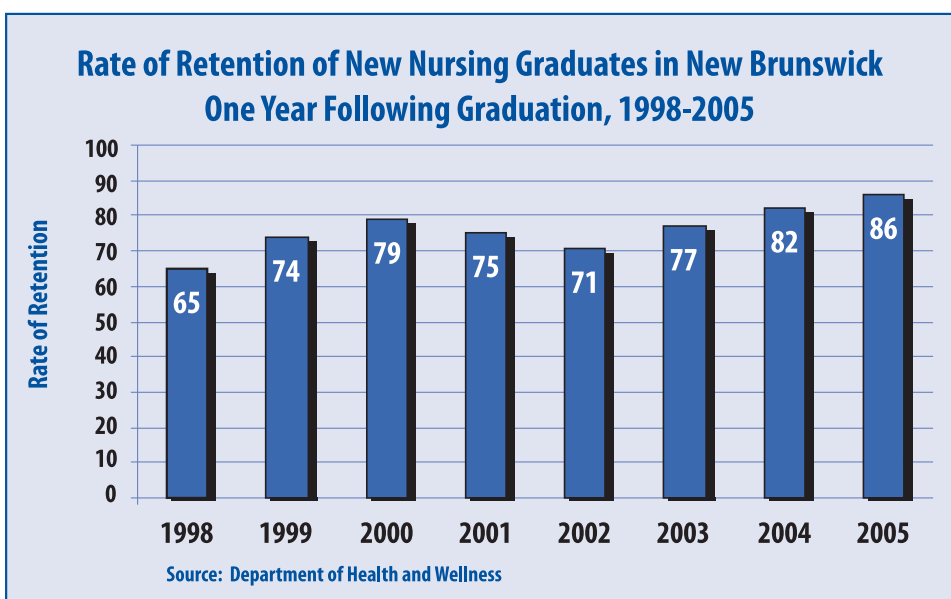
95 New University Seats for Student Nurses

Following the release of the Canadian Nursing Advisory Committee Report in 2002, New Brunswick undertook a supply and demand study for all health occupations which confirmed that an increase in the number of new admissions was required to meet the future needs of the New Brunswick health care system.

An increase of 95 additional nursing seats was approved by the Government of New Brunswick as of September 2005. This represents an investment of \$4.4 million annually.

These seats are being added at the University of New Brunswick and the Université de Moncton, and will include 85 seats at the Bachelor of Nursing level and 10 at the Masters Nurse Practitioner level.

Historically, New Brunswick has had a successful record of retaining its nursing graduates – 86 per cent of nurses employed in New Brunswick in 2004 were graduates from our province – so the addition of 95 additional nursing seats will be a key step in ensuring we have the nurses we need in future.



- ▶ **Target:** Apportion the 95 new seats between the University of New Brunswick and the Université de Moncton based on the following: 34 additional seats at U de M and 51 additional seats at UNB for bachelor programs and six nurse practitioner seats at UNB and four at U de M for Masters' programs to bring an increase of 20% more nurse graduates.

Education Subsidy for Nurse Practitioner Students

In 2003, nurse practitioners were introduced as part of the New Brunswick health care system. New Brunswick benefits from two programs within the province – an English-language program at UNB and one in French at U de M. An Education Subsidy Program for Student Nurse Practitioners has been created to help experienced nurses who are already part of the workforce to pursue their studies to become nurse practitioners and retain them within the province. This subsidy program reimburses the cost of tuition and books.

The Provincial Health Plan, *Healthy Futures*, identified the addition of 40 new nurse practitioner positions between 2004 and 2008 to work in various settings, including nursing homes, emergency departments, collaborative practices and Community Health Centres. The first nurse practitioner started practicing in New Brunswick in January 2003. As of Nov. 30, 2005, 22 registered nurse practitioners were working in the province.

- ▶ **Target:** Open nurse practitioner positions to cover all targeted areas where the primary health care nurse practitioner can provide services before end of 2008.

Physician Resource Strategy

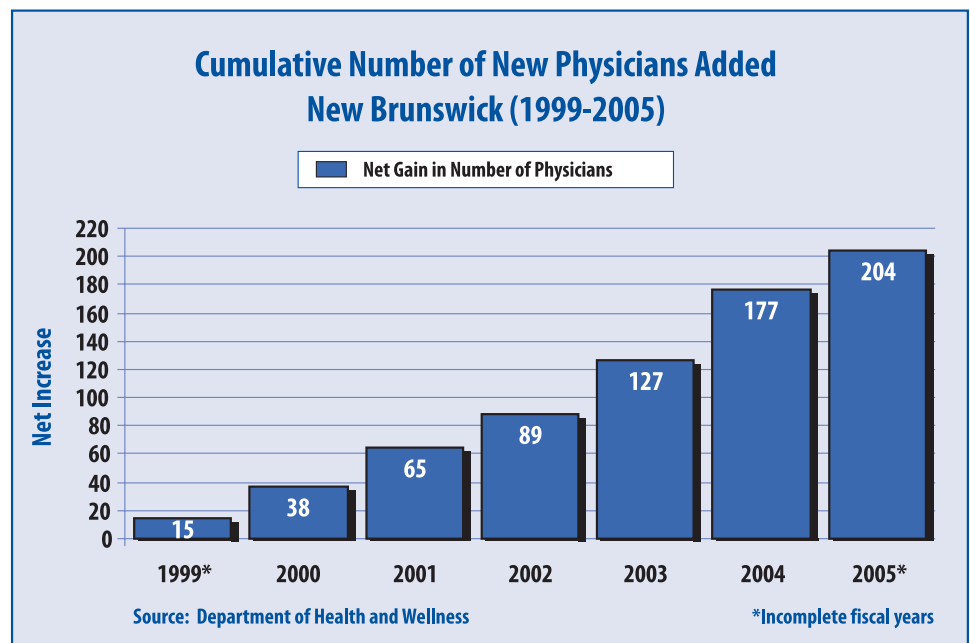
With the introduction of the Physician Friendly New Brunswick initiatives in 2000, and the creation of the Physician Resource Advisor position, the last five years have seen an aggressive physician recruitment effort that has resulted in New Brunswick having more physicians at work today than ever before.

The comprehensive approach to physician recruitment and retention has helped to address the issues associated with physician supply and the demand for physician services. The strategies have addressed concerns raised by stakeholders and include initiatives for retention as well as recruitment.

In 2004, new recruitment strategies were introduced to ensure that New Brunswick continues to be successful in recruiting physicians.

Medical Education and Training

New Brunswick has always played a key role in medical education both at the undergraduate and post graduate levels. Medical students and residents from various universities come to New Brunswick to do their clinical rotations. In the past year, more than 240 residents and over 150 medical students did rotations in various hospitals in each of the eight Regional Health Authorities.



In September 2000, New Brunswick returned to the province's pre-1993 medical school enrolment level by purchasing 10 seats at Memorial University. In 2003, through funding made available by Health Canada for the Santé en Français initiative, an additional five seats were purchased at Québec universities. The additional seats mean there are now 60 New Brunswick students who can access New Brunswick designated medical seats in three provinces: 20 at Dalhousie University, 10 at Memorial University, 24 at Université de Sherbrooke, three at Université de Laval and three at l'Université de Montreal.

Although the Province does not have a medical school, through its affiliation with Dalhousie University and Université de Sherbrooke, the Province has played a key role in medical education at the post graduate level. Currently, there are four sites that provide the full two-year family medicine residency. These are Saint John, Fredericton and Moncton, which has two sites, one for francophone residents and one for anglophone residents.

This represents a total investment of \$14.1 million in the 2005-06 fiscal year.

In July 2005, the Province formed a new partnership with the Université de Sherbrooke. The Université de Sherbrooke will now offer its distributed medical education program in New Brunswick. This means that 24 francophone students from New Brunswick will be able to do their entire four-year medical education program in Moncton rather than going to Sherbrooke.

The distributed program in Moncton will require new investments of \$3 million annually to cover the cost of 18 new physicians who will be hired to teach medical students and provide clinical services.

As well, the province will contribute \$2.7 million toward the launch of the project at the Université de Moncton and associated infrastructure costs at the Dr.-Georges-L-Dumont Regional Hospital.

In October 2005, the Premier announced that the Province would undertake a similar approach with an anglophone distributed program in Saint John by the year 2007. Discussions are now under way to meet this goal.

The Supernumerary Residency Program is an initiative that provides additional residency training opportunities for physicians in areas where there is an anticipated shortage. Practicing physicians who wish to return to specialize, foreign trained medical graduates who require residency training or residents who did not get the residents of their choice are eligible for this program. In return, participants must agree to practice in New Brunswick for a minimum of one year for each year they receive a subsidy. In 2005-2006, there were 35 residents being sponsored through this program and it is anticipated that 10 of these residents will complete their training in July 2006 and establish a practice in the province. The annual investment for this program is \$1.4 million.

Recruitment and Retention Initiatives

As of March 31, 2005, New Brunswick had a net increase of 177 physicians since June 1999, and as of Oct. 31, 2005, that number increased to 204. The following initiatives have contributed to this success:

Location Grant Program

This initiative provides a \$25,000 grant for newly-recruited family physicians who establish a practice at least 40 kilometres outside of Moncton, Fredericton or Saint John, and \$40,000 to designated specialties. Physicians sign a five-year return-of-service agreement

As of Nov. 30, 2005, a total of 295 location grants have been allocated since the program was introduced. The grant is also now available to residents who meet the eligibility criteria and who are in their last two years of residency.

Location Grants Program			
Region	Total	FP	SP
1B	29	5	24
1SE	29	6	23
2	44	8	36
3	46	12	34
4	38	14	24
5	25	11	14
6	56	24	32
7	23	9	14
DHW	5	0	5
Total	295	89	206

Since the Location Grant Program was introduced, a total investment of \$9.8 million has been made to 295 physicians who have met the eligibility criteria.

Business Grants

This initiative was introduced in 2005 as a result of the Provincial Health Plan and consists of a \$15,000 grants to family practitioners who establish a full time fee-for-service practice in a designated area and who are eligible for the location grant. As of Nov. 30, 2005, seven grants have been allocated.

Minimum Guaranteed Income

This initiative was also introduced in 2005 and guarantees that family practitioners who receive a location grant and who establish a fee-for-service practice will receive a minimum income of \$175,000 in their first year of practice. As of Nov. 30, 2005, four family practitioners have taken advantage of this initiative.

Student Loan Forgiveness Program

The Provincial Health Plan also introduced a student loan forgiveness program for physicians. The budget for 2005-06 is \$100,000 and eligibility criteria is being developed in co-operation with the Regional Health Authorities. It is anticipated that guidelines and criteria will be available in early 2006.

Summer Rural Preceptorship Program

This program was introduced in 2001 and offers first-year and second-year medical students paid work experience in rural practices. The program has been very successful, with participation increasing each and every year since its introduction. In the summer of 2005, 68 medical students took advantage of this program for a total of 372 weeks of work experience. This represents an increase of 26 students and 111 weeks since 2001.

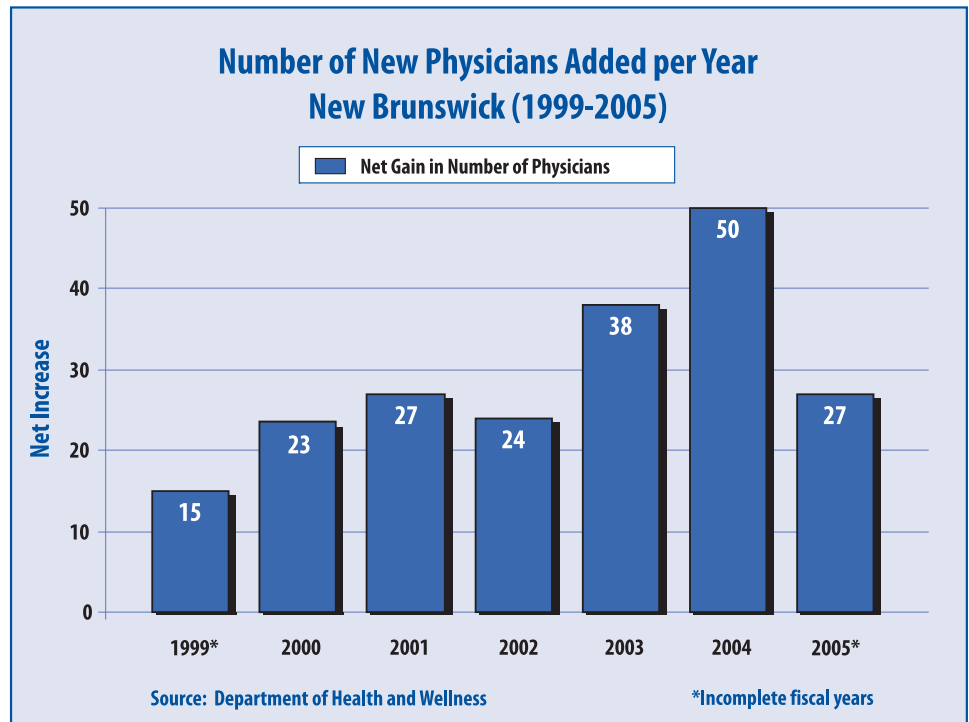
Student Bursaries Program

In 2005-2006, the Department of Health and Wellness will provide a \$6,000 bursary to 40 medical students who agree to sign a return of service agreement with the province. The bursaries will be allocated based on the financial needs of the students as assessed by Student Financial Services.

International Medical Graduates

New Brunswick has always provided foreign trained medical graduates with the opportunity to practice in the province. In 2005, 15 physicians were issued restricted licenses by the New Brunswick College of Physicians on the recommendation of the Minister of Health and Wellness.

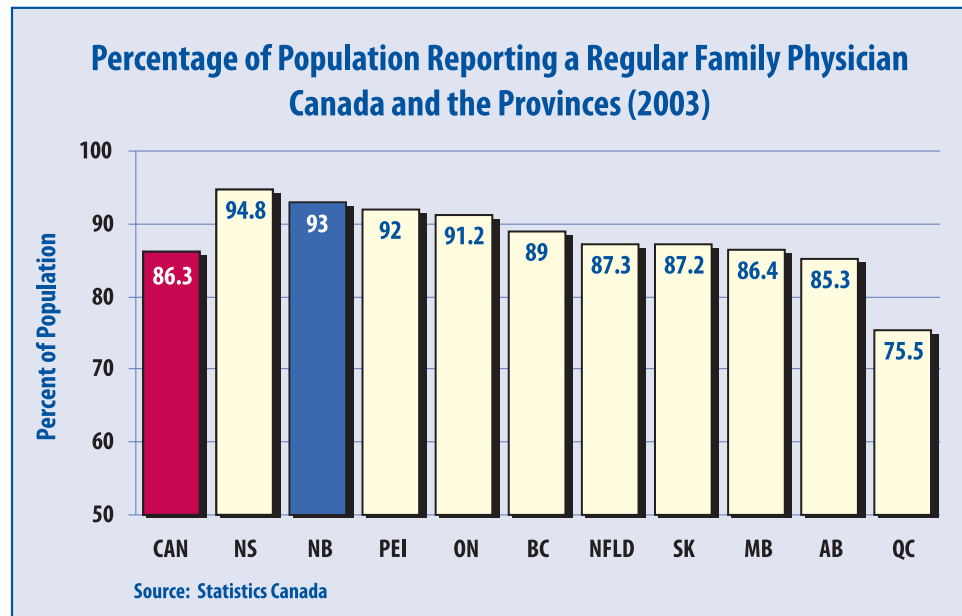
In 2005, a new initiative was introduced whereby foreign trained physicians who did not meet the criteria for licensure were provided with additional training that allows them to establish a practice in



difficult to recruit areas. Three physicians have now completed the training and have established their practice while a fourth will be entering the program by the end of 2005.

New Physician Positions

Under the Provincial Health Plan, 70 new physician positions will be created over the course of the four-year plan. These positions will provide new opportunities for Regional Health Authorities to recruit new physicians in their area to meet unmet needs. Since the introduction of the plan in 2004, 45 new positions have been allocated.



Retention Initiatives

As part of the Physician Friendly New Brunswick initiatives, the government stated that their goal was to improve long term competitiveness and remuneration of physicians in New Brunswick to ensure their wages and benefits would be comparable to the rest of Atlantic Canada. Through consultations and negotiations New Brunswick has been able to achieve this goal.

Looking Ahead....

The compilation of this Progress Report confirms to New Brunswickers that health human resources planning is well under way in New Brunswick. The annual New Brunswick Health Care Report Card, a yearly "Snapshot" of the progress being made in renewing New Brunswick's health care system, will in future years continue to inform New Brunswickers on the progress being made in our health human resources efforts. Understanding that there are still many challenges and opportunities that lay ahead, we are confident that the successes encountered along the journey will keep the momentum going for years to come.