



MEETING SD 58-20-25

STANDING COMMITTEE ON SOCIAL DEVELOPMENT

**FRIDAY, APRIL 25, 2025
DET'ANCHOGH KÙÉ - EAGLE ROOM / ZOOM
8:30 AM**

AGENDA

1. Call to Order
2. Prayer/reflection
3. Review and Adoption of Agenda
4. Declarations of Conflict of Interest
5. Public Matters
 - a) Public briefing on Healthcare Sustainability and Accountability with NWT Medical Association
6. In camera matters
 - a) Debrief
7. Public Matters
 - a) Ministerial public briefing with Premier Simpson on Healthcare System Sustainability Unit
8. In camera matters
 - a) Debrief
 - b) Workplan
9. New Business
 - a)
10. Date and Time of Next Meeting:
 - a) April 30, 2025 at 9am
11. Adjournment



Presentation to the Standing Committee on Social Development Northwest Territories Medical Association

April 25, 2025

Agenda

1. President's Message - Our asks to the
Standing Committee Dr. Courtney Howard
2. Key issues facing the NWT healthcare system
Drs. Cassandra Mooney and Danielle Stachiw
3. Discussion
4. Next step



Crisis in Care: Physician Engagement and Staffing in the Northwest Territories' Healthcare System

Dr. Courtney Howard MD CCFP (EM), President, Northwest Territories Medical Association

Dr. Danielle Stachiw MD FRCP, Treasurer, NWTMA

Dr. Cassandra Mooney MD CCFP, Secretary, NWTMA

William Gagnon, BEng, MSc, PMP, Executive Director, NWTMA

Speaking on behalf of the NWTMA membership and as part of our college responsibility to advocate for healthy public policy on behalf of our patient population.

Presentation to Standing Committee on Social Development
Yellowknife, April 25, 2025



Asks from the NWTMA

1. Support for Interest-Based Negotiation

Our Ask: PEI, Newfoundland/Labrador and New Brunswick medical associations have found moving to interest-based negotiations (IBN) to be transformative for their health systems and relationships with government. NWTMA members strongly support moving to IBN. We need to have a firm decision by mid-September. A public expression of support from the committee for the pursuit of IBN jointly between the NTHSSA, HSS and the NWTMA would be appreciated.

2. Fund Healthcare Frontline

Our Ask: NWT no longer pays as much as many places in Canada and we are having trouble attracting and retaining both permanent and locum physicians. Doubling of elderly population without expansion of resources is straining the system. Speedy implementation is critical to prevent service disruptions and burnout among core staff.

- A. Emergency measures - new locum contract to keep ER open over the summer ASAP
- B. Long term to focus on local contract physicians, nurses and other frontline healthcare providers.
- C. A halt to implementation of new initiatives with a focus of forced growth on the ones already in place.

3. Breakdown legislative barriers.

Our Ask: Various gains in efficiency could be made by getting rid of legislative or bureaucratic barriers— these issues have always been flagged by other provincial and territorial medical associations.

- A. Privacy barriers to implementing AI tools to reduce charting time and free up MD hours to see patients.
- B. Pan national licensing; need to be ready because we need it more than any other jurisdiction.

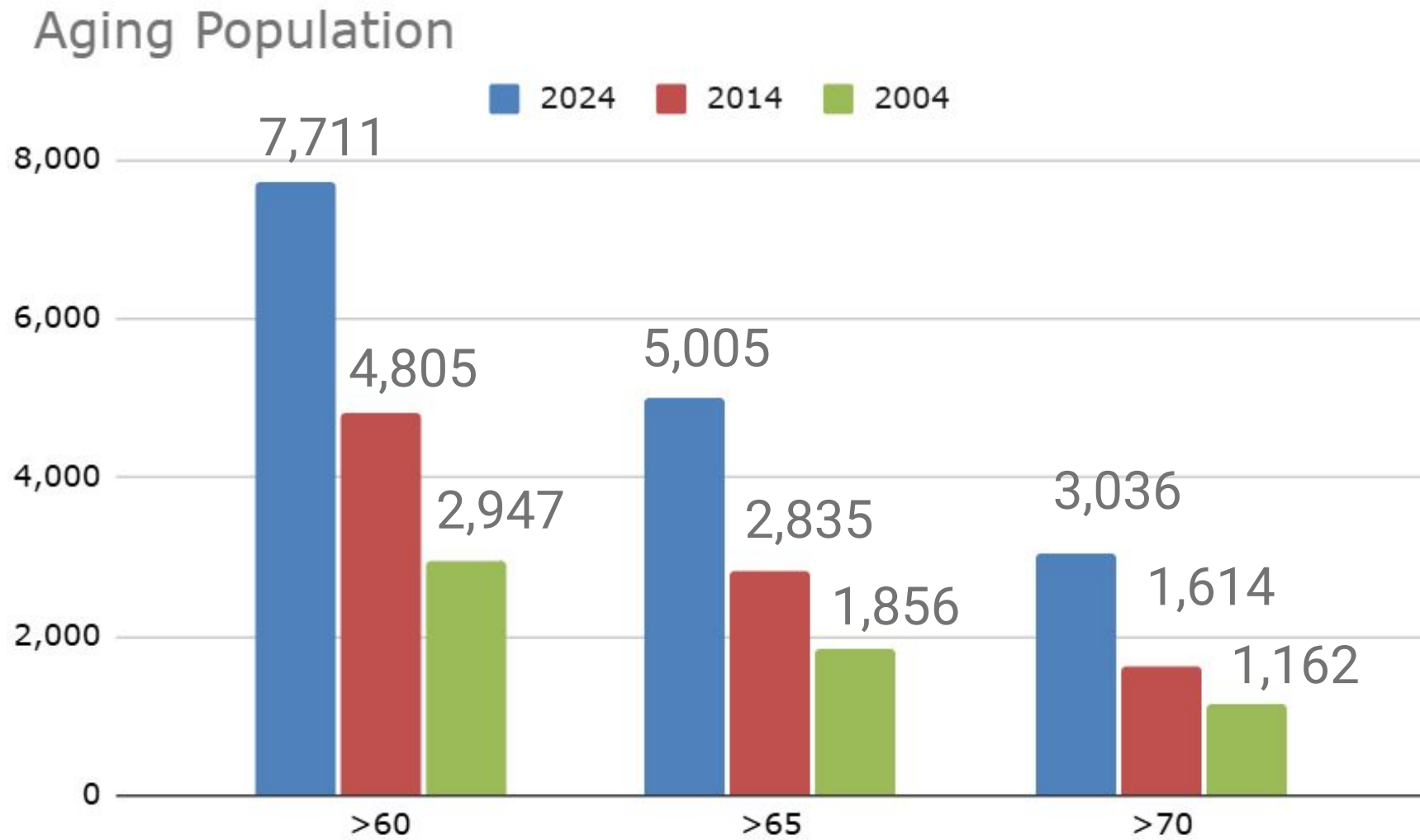




Who we are

- Leaders in their fields
- Award winners
- Committed to their patients
- Dedicated to improving patient care.
- Eager to collaborate
- Willing to embrace change with meaningful engagement and support
- Family Physician of the Year
- CCFP President-Elect
- Global leader in climate health
- Order of Canada Recipient
- Past President of the CMA
- Specialist of the Year
- Premier's Award for Excellence
- Rural Leadership Awards
- Rural Service Awards

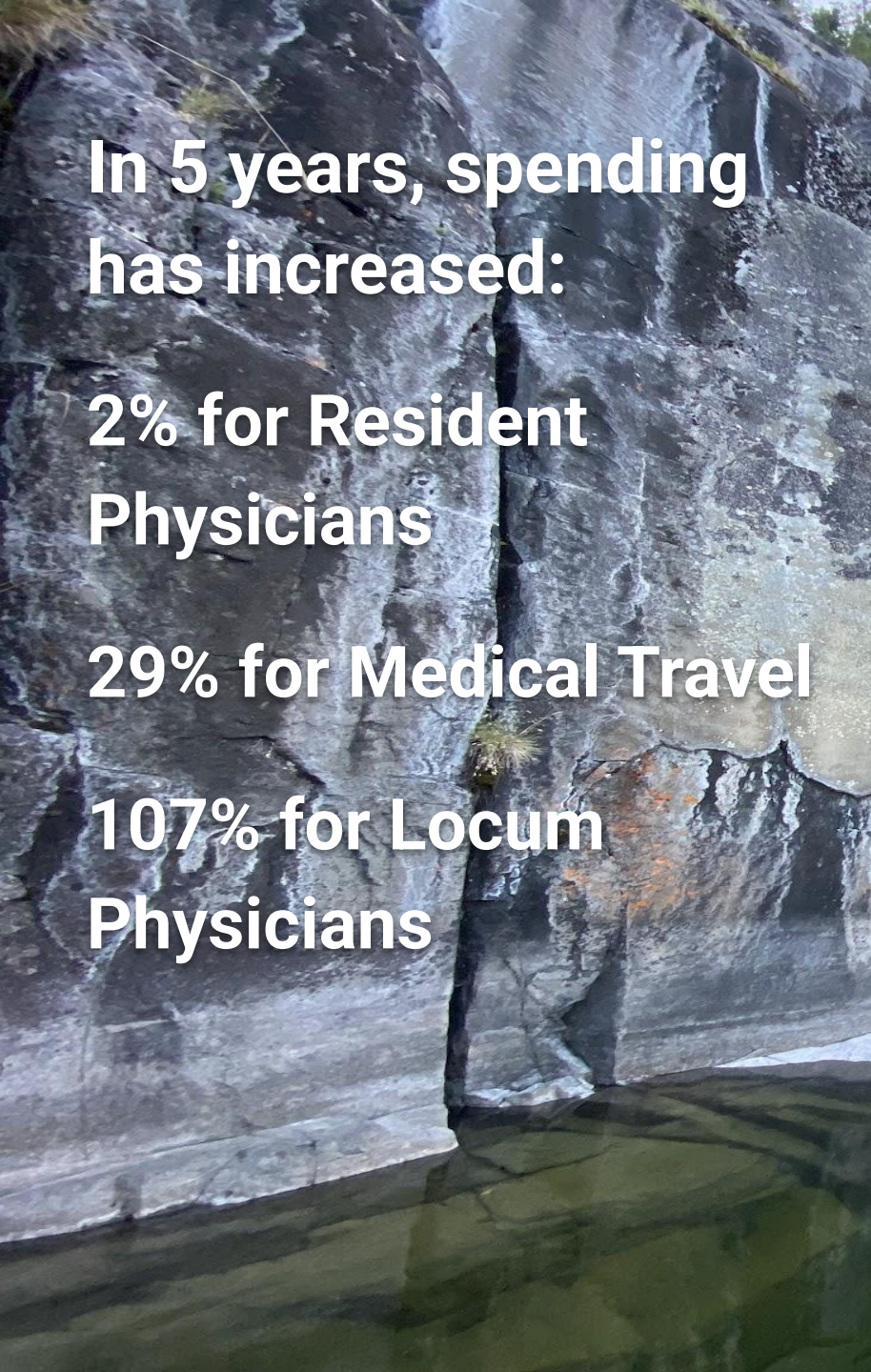
Who we care for





Objectives

Openly present the NWTMA's urgent concerns about the risks to patient care caused by critical staffing challenges and barriers to cost-effective high quality patient care



In 5 years, spending
has increased:

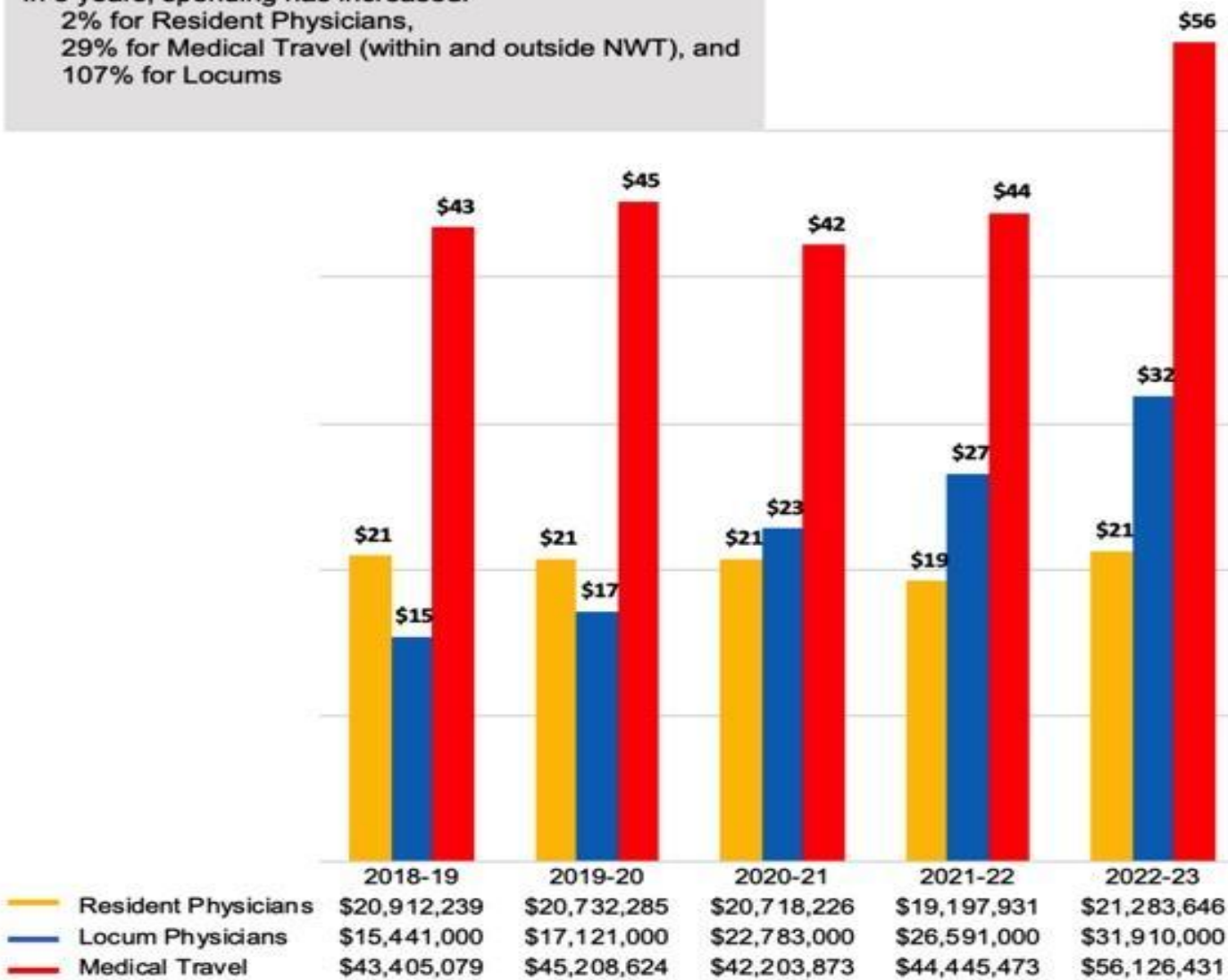
2% for Resident
Physicians

29% for Medical Travel

107% for Locum
Physicians

Figure 4: Expenditure on Resident Physicians, Locums and Medical Travel

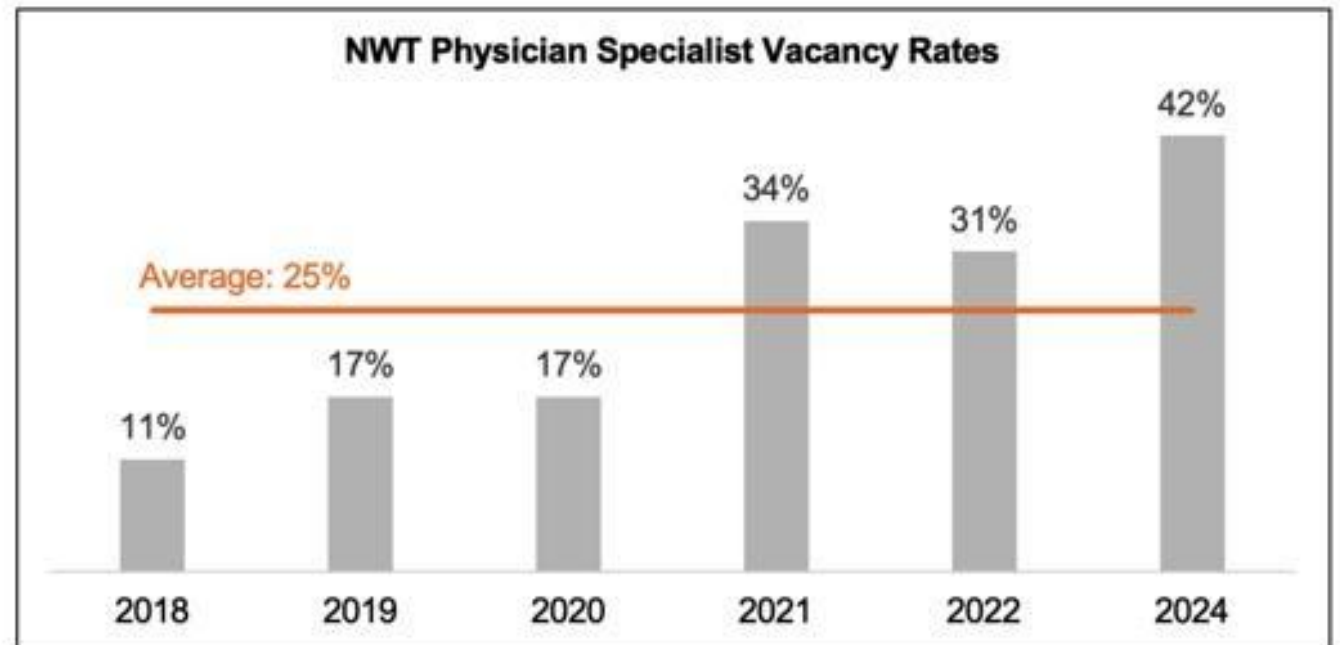
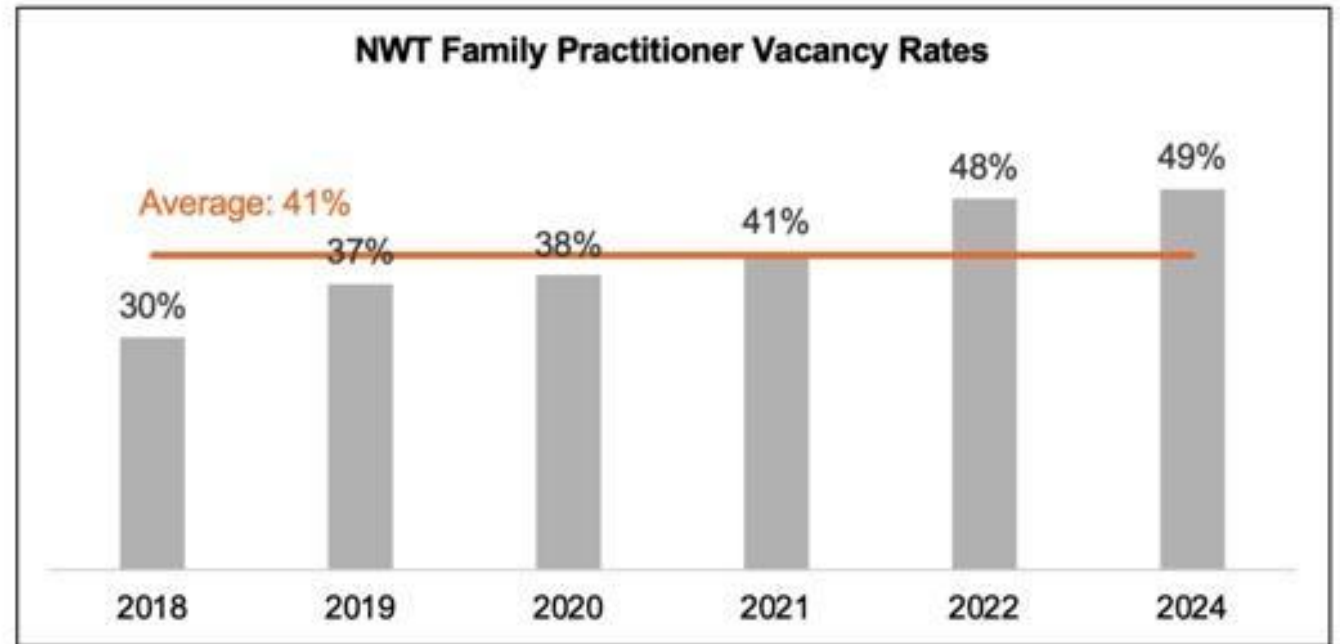
In 5 years, spending has increased:
2% for Resident Physicians,
29% for Medical Travel (within and outside NWT), and
107% for Locums



[1] Resident Physician spending sourced from GNWT Doctor Earnings 2019-23
[2] Locum Physician spending sourced from NTHSSA Annual Reports 2018-19 to 2022-23
[3] Medical Travel spending sourced from GNWT email dated February 12, 2024



Figure 1: NWT Vacancy Rates⁷



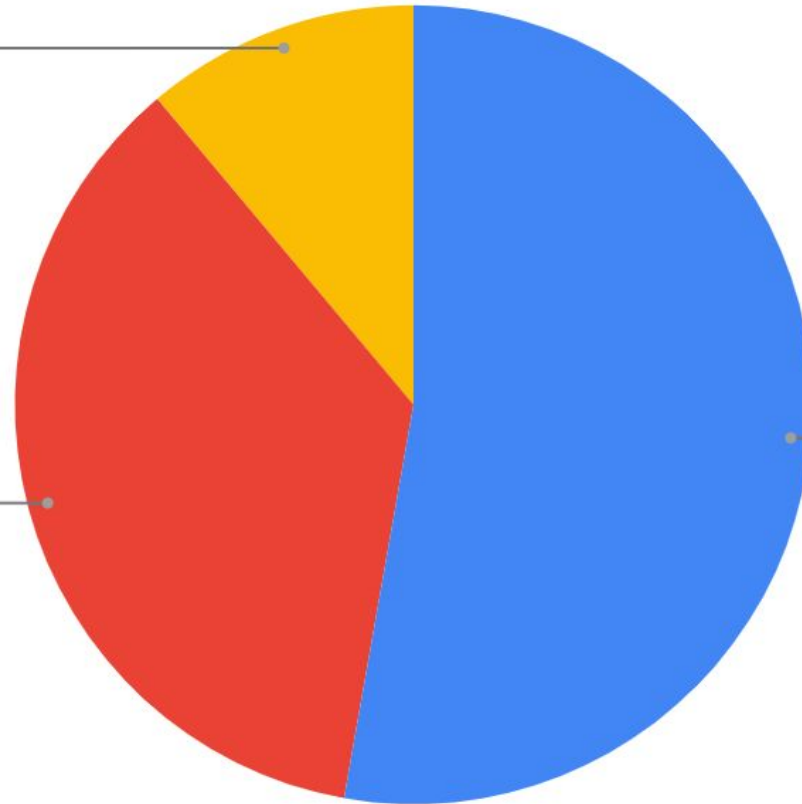
Key Survey Results

- 68% response rate from NWTMA members.
- **63.9%**
considered
leaving in the
past year.

Yes, decided
11.1%

No
36.1%

yes, considered
52.8%





Key Workplace Concerns

- **Staffing Issues:** Severe understaffing, turnover, and reliance on locums.
- **Leadership Challenges:** Lack of transparency, trust, and autonomy.
- **Systemic Issues:** Bureaucratic delays and lack of contingency planning.
- **Personal Strain:** Isolation, stress, and burnout.

Declining physician numbers lead to:

- Increased workload on remaining staff.
- Burnout and further resignations.
- Deterioration in patient care and outcomes

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Questions, Reflections, and Next Steps

Presentation to Standing Committee on Social Development
Yellowknife, April 25, 2025

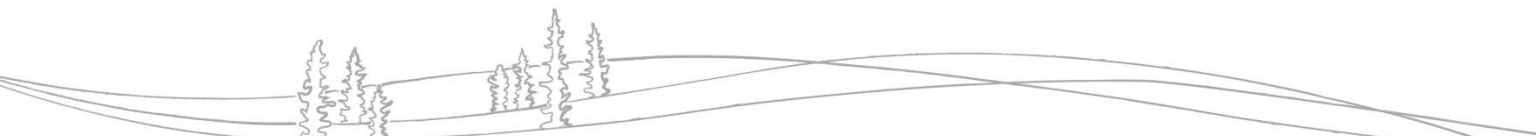




Health and Social Services System Sustainability

Social Development Standing Committee Presentation

April 25, 2025



Outline

- Background
 - Monitoring & Evaluation Framework
- Progress Update
 - Staffing
 - Inventory of HSS Programs/Services
 - Engagement
- Current Focus
 - Validation of Program/Service Inventory
 - Preliminary Analysis
- Next Steps
 - Evaluative work towards validation of Core Services
 - Transparency and Accountability
- HRHSSA Migration to GNWT

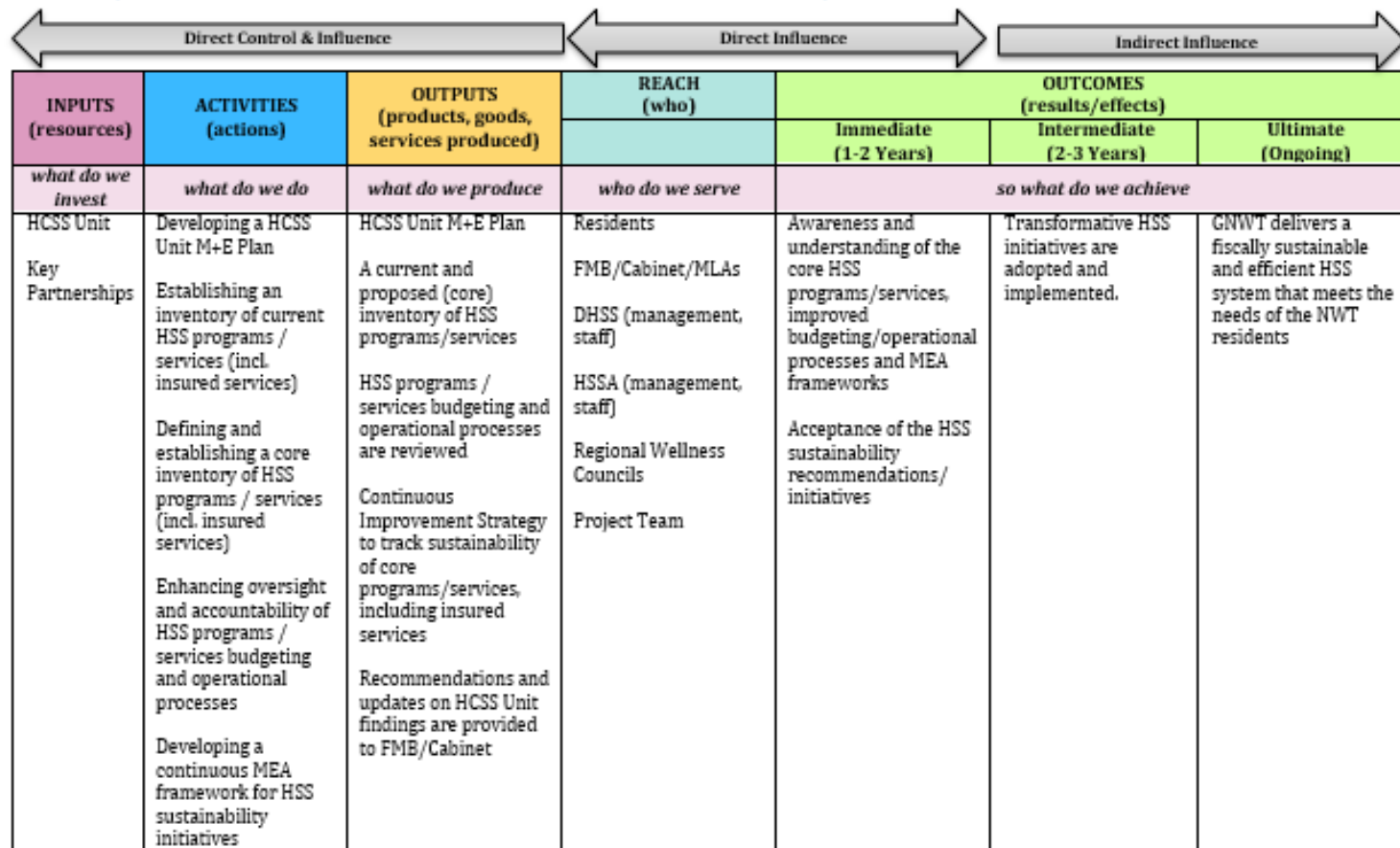


Background

- Monitoring and Evaluation (M&E) Framework
 - Phased evaluation plan
 - Preliminary Analysis: Inventory and prioritization of HSS services/programs.
 - Going Forward: Further evaluation of select services/programs.
 - Logic model and performance management plan



Background Cont'd – Logic Model



Progress Update

Staffing

- 7 of 9 positions filled

Inventory of HSS Programs/Services

- Inventory currently being finalized, validated, and prioritized

Engagement

- Over 40 engagement sessions conducted with HSS sector stakeholders and ongoing



Current Focus

- Phase 1: Preliminary Analysis
 - First level summary of current health and social services inventories.
 - Identification of priority programs/services for further evaluation



Next Steps



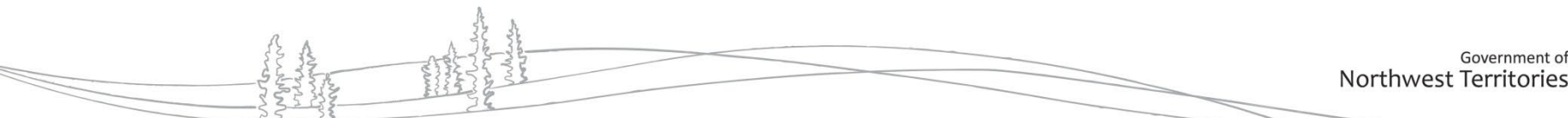
Detailed Dive into Programs



Identification and Validation of Core Services Suite

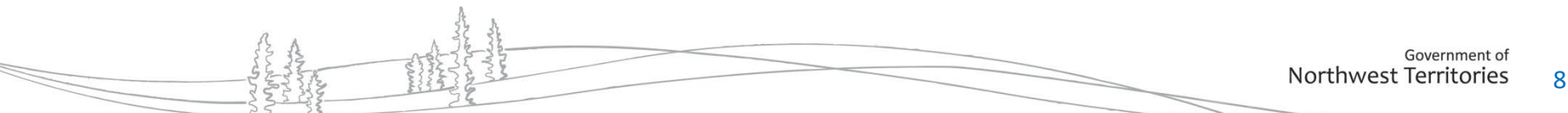


Ongoing Transparency and Accountability



HRHSSA – Future Considerations

- New initiative to investigate the merit of amalgamating HRHSSA into the GNWT.
- Work recently started to review the cost implications to the GNWT and the logistics involved.
- Gather information for a future decision



Questions?

