

**Government of the Northwest Territories Response to****Motion 55-20(1): Staffing Solutions to Rebuild and Reform Healthcare Now****Motion**

*NOW THEREFORE I MOVE, seconded by the Member for Yellowknife Centre, that the Government of the Northwest Territories take immediate action to improve the recruitment and retention of all doctors, nurses and allied healthcare workers through higher wages, contract flexibility and enhanced benefits;*

*AND FURTHER, that the Government of the Northwest Territories work with the Public Service Alliance of Canada and Union of Northern Workers to develop an inclusive bargaining structure for all healthcare workers to give the frontline a real voice in negotiations;*

*AND FURTHERMORE, that the Government of the Northwest Territories undertake the following actions:*

- Establish a working group composed of members of the Executive Council and regular Members of the Legislative Assembly to oversee primary care reform and health system sustainability initiatives;*
- Move to interest-based negotiations with the Northwest Territories Medical Association before the fall of 2025;*
- Publicly release the details of the new locum contract for Emergency Department doctors;*
- Improve flexibility in locum contracts to assist doctor and nurse retention and recruitment;*

- *Phase out agency nurses with a three-year plan that improves working conditions for frontline staff with improved professional development and compensation;*
- *Enhance financial incentives for shift work for doctors, nurses and allied healthcare workers;*
- *Implement minimum staff-to-patient ratios at all Northwest Territories hospitals;*
- *Implement practitioner-led innovation to ensure continuous improvement on the frontline;*
- *Negotiate physician licence-sharing between Nunavut and Alberta to eliminate red tape preventing entry of new physicians into the Northwest Territories healthcare system;*
- *Prioritize pan-national physician licencing in the Government of the Northwest Territories Federal Engagement Strategy;*
- *Fast-track development of new policies on emerging medical technologies, such as AI, e-consults and virtual care;*
- *Expand the role of nurse practitioners in all regions of the Northwest Territories to improve access to healthcare and decrease costs; and*
- *Modernize auxiliary care at hospitals and establish a licensing body for paramedics;*

*AND FURTHERMORE, that the Government of the Northwest Territories release an action plan to implement the aforementioned actions that is time-bound and fully costed by the fall of 2025;*

*AND FURTHERMORE, that the Government of the Northwest Territories respond to this motion in 120 days.*

## **GNWT Response**

The GNWT acknowledges the very pressing issues highlighted in the motion as many residents face challenges to access care exacerbated by the ongoing shortage of doctors and nurses that strains every corner of the system. Frontline staff are telling us that they need support and that these challenges jeopardize both the quality and the continuity of care. For these reasons, a coordinated response is needed.

The GNWT is committed to collaborating with healthcare providers, unions and employee associations, Indigenous governments, and this Assembly to stabilize the workforce, enhance working conditions, and ensure every resident has access to timely, culturally safe care whether they live in a small community, a regional centre, or in the capital.

The GNWT recognizes the critical contributions of our frontline healthcare workers and the essential role they play in supporting residents and communities across the North. We remain committed to working with our partners, to strengthen our healthcare system, ensure fairness, and advance solutions that reflect the realities of working in the Northwest Territories.

The GNWT is committed to making the Northwest Territories' health system more responsive, sustainable, and centered around the needs of both patients and providers. This response is an opportunity for the GNWT to share proactive measures being implemented to address the actions outlined in the motion in addition to the upcoming release of the People Strategy that will further describe plans to meet these objectives.

Currently, the GNWT is focusing on improving recruitment and retention through new incentives for physicians, including increased daily rates, premium pay for night shifts, and a long-term locum pilot program that began on June 1st.

The GNWT has always limited our reliance on agency nurses as this action is only considered as a last resort measure to avoid service disruption. Since January of this year, 23 agency nurses have been used across the system.

The GNWT continues to raise the issue of agency nurses with provincial and territorial counterparts, and at federal tables. The phasing out of using agency nurses completely will require a national approach and commitment from all provinces and territories to shift the dynamics that are impacting the small labour pool from which all jurisdictions must draw.

While this conversation continues, the GNWT is investing in local nursing capacity. Two years ago, a Clinical Nurse Educator was added to Stanton's obstetrics unit, which has significantly improved staffing stability and reduced reliance on agency nurses. With this success, a Clinical Nurse Educator for the Medicine and Surgery units is currently being recruited and will be replicated to other areas where nurses have asked for more support. This approach to improving on-the-floor staff mentorship has many benefits, including increased competence, consistency, and patient safety while supporting retention efforts.

The GNWT's work with respect to collective bargaining is led by the Department of Finance. The GNWT is committed to making space for frontline voices to be heard and respected and is reflected by the recent agreements that already include improved financial incentives for health care workers.

The GNWT acknowledges the motion's noted concern about staff to patient ratios. Currently, there is work being done in other Canadian jurisdictions to understand the variables of health service delivery in rural and remote locations. The Joint Territorial Nursing Council has been reviewing the findings of other jurisdictions to compare similar operational environments with the NWT context. Part of the review will consider the ratios in the NWT compared to national benchmarks, understanding the importance of safe, sustainable staffing levels. This review will help to inform future action and will be shared with Members of the Legislative Assembly.

Beginning in spring 2025, the GNWT, led by the Department of Finance and the Northwest Territories Health and Social Services Authority, has been actively discussing interest-based negotiations with the NWT Medical Association and is in support of this approach. An Interest-Based Negotiation learning workshop took place June 12 and 13, 2025. Representatives from the Department of Health and Social Services, NTHSSA and the Department of Finance were in attendance.

The GNWT will not publicly release the full Locum Tenens contract as it is held confidential to protect contractual privacy and ensures fees remain competitive with other jurisdictions. The GNWT's nationally competitive rates are designed to support both recruitment and retention, particularly during peak staffing shortages.

The GNWT has also made changes to improve flexibility in Locum Tenens contracts, including a standard travel stipend, premium night shift rates, and long-term incentive options. These are based on feedback from providers about what motivates them to return to the North.

The GNWT is streamlining physician licensing. This includes maintaining the agreement with Nunavut, which waives licensing requirements for NWT-based virtual clinicians treating Nunavut patients, and negotiating similar arrangements with Alberta and other southern partners to enable broader licensing exemptions so more out-of-territory doctors can deliver virtual care to NWT residents. Feedback from recent hires is guiding the removal of remaining barriers. Also, the GNWT is active in national discussions on a pan-Canadian physician licensure, and how best to modernize physician regulation in the NWT.

The GNWT is committed to advancing practitioner-led innovation. Directed by the Minister and led by the Department of Health and Social Services and the Northwest Territories Health and Social Services Authority, new staff working groups and town halls are providing frontline staff with a direct channel to identify barriers and propose practical solutions. AI-enabled tools, e-consults, and expanded virtual care are being explored. These early steps demonstrate our commitment to solutions designed and driven by those who deliver care every day.

The GNWT is using a number of approaches to prevent service disruption. This includes using paramedics to ensure continued availability of emergency services in hospital emergency departments and in small community health centres. This is not about replacing nurses; nurses are

and will continue to be a critical component of the care team, however, the use of other professionals can have a meaningful impact on service continuity and mitigating disruption. We will continue to work on long-term recruitment and retention strategies through the forthcoming People Strategy. Pre-facility paramedical services are not contemplated to be integrated into the health and social services system at this time.

In addition, the GNWT is also taking steps to redesign the small community health centre model of care to strengthen continuity of care. This includes exploring innovative ways to integrate other health professionals into the team, so core services remain consistently available.

The GNWT is not alone in these challenges. Health systems across the country including B.C., Saskatchewan and Manitoba are all working to improve recruitment, reduce administrative costs and support decisions that are informed by front line realities. Transforming a system as complex and diverse as ours cannot happen overnight. We are not interested in quick, band-aid solutions that fail to address root problems.

The GNWT acknowledges the motion's call for a joint Cabinet-Regular Member working group to guide primary-care reform and health-system sustainability initiatives. While the goal of strong oversight is commendable, the Legislative Assembly already has robust mechanisms in place, particularly the Standing Committee on Social Development, existing statutory reporting requirements, and regular ministerial briefings, which are designed to perform this role. Rather than creating an additional body that would duplicate efforts and blur accountability, the existing mechanisms should suffice with a commitment to provide regular updates to the Standing Committee, offering technical briefings at key milestones, and to collaborate with Members to ensure they have the information and access needed to scrutinize and help shape our reforms.

The GNWT appreciates the request for a formal, time-bound action plan. Most of the priorities outlined in this motion are already underway, and there is a commitment to improve how we report progress on this work to Members and the public evidenced by the Minister of Health and Social Services commitment to provide regular updates to both staff and Standing Committee on the progress on the Public Administrator's workplan.

The GNWT welcomes continued collaboration with Members of this Assembly, Indigenous Governments, and the public. Comprehensive system change takes time and sustained effort, but the essential building blocks are in place and our direction is clear. To ensure every reform serves patients and the professionals who care for them, there is a commitment to continue to engage with staff and clients throughout this process by gathering their feedback and tracking how each change affects workflows and the care experience.

The GNWT remains open to dialogue on additional ways to further strengthen our healthcare system and it looks forward to seeing how collective efforts translate into measurable improvements for residents and staff.