Government of
Northwest Territories

March 20, 2024

ROBERT HAWKINS
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Oral Question 78-20(1): Access to Family Doctors

This letter is in follow up to the Oral Question you raised on February 22, 2024, regarding Access to Family Doctors.

The model of health service delivery in the NWT has undergone a significant evolution for several reasons. First and foremost, there has been a national shortage of health care providers for many years particularly among the nursing professions. This has now extended to include physicians – both among family practitioners and specialists alike. The national shortage of health care providers is exacerbated in the northern context in that the national pool of providers from which we can draw is also the same small, limited labour force available to larger southern centres.

To adapt to this changing operating environment with the health human resources available, the Health and Social Services system has made efforts to ensure residents have access to health care by ensuring we are using the full scope of each provider. This means that, depending on the medical issue, a resident may access health services through any number or combination of health care providers including from Community Health Nurse, Dietitian, Community Health Representative, Registered Nurse, Nurse Practitioner, or a physician. This model is intended to provide the right care, at the right time, by the right provider within that provider's full scope of practice.

The Department continues to adapt to the national health profession shortage, which has resulted in a reduction of services across the country as well as in the NWT Health and Social Services system. Key initiatives have been implemented to support the recruitment and retention of all health care professions including physicians, nurses, specialists, and other allied health care professionals. These initiatives include expanding paramedic use in hospital/health centre settings, the Friends and Family Travel Program, the Referral Program, and reimbursing licensing fees for locum physicians. Further, the HSS System Employee Engagement Strategy encourages staff to provide meaningful feedback and identify areas for improvement in day-to-day activities.

For residents living in small communities, Community Health Nurses provide essential care to patients on a 24/7 basis including access to a Nurse-on-call for our communities without resident health care providers.

Further, some communities are staffed with Nurse Practitioner services to provide comprehensive Primary Care and chronic disease management. Lastly, locum physician services are provided to communities on a regularly scheduled visiting basis.

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Finally, Primary Health Care Reform (PHCR) is an ongoing initiative to create a system that provides residents with the right care, from the right provider, at the right time and place through the delivery of culturally safe and relationship-based health and social services. PHCR is a long-term commitment that will take time to achieve a system-wide cultural change.

As you can see, there is no single approach to addressing the health care needs of NWT residents. Likewise, relying on a single metric is not a solid foundation from which to navigate the complex resourcing issues faced by our Health and Social Services system. PCHR and many of the initiatives described here are ultimately working to ensure health services are available to residents. The circle of care model in place, which includes a wide scope of practice to meet the health needs of residents and includes physician services in the care team, is not a simple ratio of doctors to residents when not every community has continuous access to physician services.

The NT model of care is not based on patient attachment to a single family physician. In jurisdictions where attachment to a family physician is the model, it is typical for a single physician to have 1,000 plus patients, but this can vary based on patient's needs complexity and available supports. Territorially, our model of care emphasizes access to primary care but does not attempt to ensure access to a particular provider because primary health care can be delivered by many types of providers. We recognize that some residents have not been assigned a physician, as is the practice in most southern jurisdiction however, this does not mean that residents do not have access to primary care services. Our current commitment is that residents access care. Current health human resources and funding do not permit us to commit that all residents are assigned to a physician or Nurse Practitioner, nor that they will have access to the same provider each time.

Thank you.

Lesa Semmler
Minister of Health and Social Services

c. Principal Secretary
Deputy Secretary, Premier's Office
Clerk of the Legislative Assembly
Director, Legislative Affairs and House Planning, Executive and Indigenous Affairs