CSMLS SCSLM

Canadian Society for Medical Laboratory Science
Société canadienne de science de laboratoire médical

November 12, 2014

Dr. David Naylor, Chair
Advisory Panel Healthcare Innovation
Sent by email to: innovation@hc-sc.gc.ca

Dear Dr. Naylor,

Enclosed you will find the Canadian Society for Medical Laboratory Science (CSMLS) stakeholder submission for the advisory panel on health care innovation.

We look forward to being a part of the discussion as the panel reviews submissions over the next few months.

Please do not hesitate to contact me should you require any further information or have any questions.

Sincerely,

C. Nielsen

Christine Nielsen
Chief Executive Officer

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Introduction

The Canadian Society for Medical Laboratory Science (CSMLS) appreciates the opportunity to provide our perspective on innovation and approaches that would contribute to improvements. We have chosen to focus on three key areas in our brief:

- Retention of older workers
- Addressing the clinical education bottleneck
- Sustainable bridging programs for the successful integration of internationally educated technologists

Retention of older workers

Canada is facing a serious shortage of medical laboratory technologists (MLTs). About half of all MLTs will be eligible to retire in the next ten years. These shortages are already being felt in our rural and remote communities.

An Older Worker Retention strategy will not only address the direct labour shortages but also help retain the knowledge and skills these workers will take with them when they retire.

A similar pilot program was launched in 2008 by Winnipeg's Seven Oaks General Hospital (SOGH). SOGH's Retention of Older Workers (ROW) project sought to identify optimum conditions for and barriers to retaining highly skilled health care professionals and then to pilot and evaluate strategies for keeping them on the job. The two-year pilot project was funded by the federal government's Workplace Skills Initiative Program.

Enablers to retaining older workers include: respect and recognition; flexible work options, hours and schedules; and passing on knowledge through mentoring of less experienced staff.

The project piloted an Older Worker Leave program as well as a compressed workweek program, a nurse mentorship program and a knowledge transfer toolkit.

The strategies implemented in Winnipeg are completely transportable and could be easily replicated in other parts of the country.

Through the various initiatives, SOGH found ways to extend the careers of older staff members and to impart their valuable knowledge to younger staff. The initiatives also increased employees' awareness and understanding of the issues and challenges of retaining older health care workers and changed organizational culture by altering employees' attitudes toward their older, more experienced colleagues.

Andrushko K, Dziadekwich R, Klassen K. A new approach to retaining older workers. Canadian Nurse [Internet]. 2012 June [cites 2014 Oct 20]: 108(6): 18 – 20 p**.** Available from http://www.canadian-nurse.com/en/articles/issues/2012/june-2012/a-new-approach-to-retaining-older-workers

Addressing the clinical education bottleneck

Given the anticipated shortages of qualified MLTs, we need to look at increasing the supply of the major source— graduates of domestic MLT education programs.

All lab students have a clinical placement (internship) as part of their educational program. Programs cannot increase spots without corresponding clinical placements, making this a bottleneck in the system. These spots are scarce due to staffing shortages, crushing workloads and lack of dedicated education personnel.

While education is provincially funded, the scarcity of clinical placements and its corresponding effect on health human resources is an issue being experienced across the country and could benefit from federal leadership. This is also an issue impacting many health professions, not just medical laboratory science.

The most straightforward solution to this issue is dedicated funding for clinical educators. This would alleviate the workload concerns of the hospitals and laboratories that host students for their clinical placement and increase the number of students in the system.

The clinical placement issue is not unique to Canada. Australia has put measures in place to address this exact issue. Their solution involved establishing a statewide approach for clinical placements in allied health professions (such as laboratory science), nursing and medicine, which sought to create an integrated approach to using resources wisely, stimulating innovation and facilitating more effective planning and funding of clinical placements.

Australia's centralized approach is in stark contrast to our current situation where each educational institution negotiates with each clinical site. Educational institutes compete with each other to obtain clinical sites – essentially fighting over the size of their slice of the proverbial pie while no one is accountable for looking at how big the pie needs to be to serve the needs of Canadians. Addressing this issue is a potential leadership role for the federal government.

Victoria's strategic plan for clinical placements 2012–2015. Available from http://docs.health.vic.gov.au/docs/doc/86CF77D48C0F33B9CA257956007C4E26/$FILE/LOW%20RES%20WEB%20VERSION%20Victoria%27s%20strategic%20plan%20for%20clinical%20placements%202012-2015.pdf

Sustainable bridging programs for the successful integration of internationally educated technologists

Another avenue for addressing the looming shortage of MLTs is to enhance the success of internationally educated MLTs (IEMLTs) seeking to work in Canada. Most internationally educated laboratory professionals require upgrading their education and experience to bring them up to Canadian standards.

Over 90 per cent of IEMLTs who apply to the CSMLS's Prior Learning Assessment process, a process of evaluating an individual's education and experience in order to assess their eligibility to write the Canadian certification exam, are not equivalent to the Canadian standard.

It is generally recognized that bridging programs are the best means to help professionals address gaps in education and experience and prepare those professionals for successfully entering the Canadian workforce.

Bridge training increases the likelihood that an internationally educated professional will find eventual employment in his/her intended occupation. Participants in bridging programs report reduced feelings of isolation, an enhanced sense of community, and increased opportunities for professional networking.

There have been several examples of successful models for professional bridging programs both in Canada and internationally. However, in Canada, most of these programs received start-up or pilot funding. This funding, in addition to covering the development and start-up costs of the program, subsidized the operating costs which allowed institutions to offer the programing at a price that was reasonable for the new Canadians that took advantage of them. In most cases, when the pilot phase ended, despite demonstrating positive outcomes, the programs ultimately failed and closed. The reality is that without subsidizing funding, these programs cannot operate with a reasonable pricing model. They simply end up pricing themselves out of the market due to the high costs.

That said, there are considerable benefits to the system to maintain bridging programs beyond the pilot phase. It increases the supply of certified lab professionals ready to contribute to the Canadian health care system. It also improves the earning potential of these new Canadians, which in turn increases the tax revenue they contribute to the economy.

The system would benefit from federal funding for bridging programs. Cost efficiencies could be found by hosting these programs in institutions which already have programs for Canadian students, where they can leverage existing teaching staff and laboratory space and equipment.

Grant, Moira (2009). Bridging Programs for Internationally Educated Medical Laboratory Technologists: A Business Case. Available from http://csmls.org/csmls/media/documents/publications/reports/BridgingPrograms_FinalReport_EN.pdf

Austin, Z. & Dean, M. R. (2006). Bridging education for foreign-trained professionals. The International Pharmacy Graduate (IPG) Program in Canada. *Teaching in Higher Education, 11*(1), 19-32.

Cargill, M. (1996). An integrated bridging program for international postgraduate students. *Higher Education Research & Development, 15*(2), 177-188.

A CSMLS Perspective on Health Care Innovation

Canada's health care system could benefit from greater inclusion. Many of the collaboration and stakeholder consultation initiatives we have seen over the past years are nursing and physician centric. More diversity of experience and perspective would enhance innovation opportunities. This should include greater representation of allied health professions as well as non-health roles such as housekeeping and purchasing.

Innovative initiatives are often funded as pilot projects. Many of these projects demonstrate great outcomes while in the pilot phase, often resulting in pilot extensions. However, many good projects die after the pilot phase is over and initial funding disappears. A greater emphasis on sustainability funding for projects that demonstrate strong outcomes would benefit the Canadian health care system.

One innovative initiative that has the potential for significant impact is electronic medical records. Integrated systems (provincially or nationally) stand to improve communication between health care providers and allow

for greater system efficiencies. For example, a patient seen in two institutions will often have the same tests ordered, creating an unnecessary burden on our system and delays in patient care.

Point of Care Testing (POCT) is a current initiative that has the potential to improve care, bringing therapeutic and diagnostic laboratory testing closer to the bed side. However, from a systems perspective, we need to ensure the professional performing the test has the appropriate competencies and the devices are subject to the same rigorous quality assurance protocols as equipment run inside the laboratory. Much of the discussion and debate surrounding POCT has been of the turf-defending nature. We need to shift the conversation to collaborative efforts that focus on patient outcomes.

As we continue to look for innovative approaches, it is important to ensure patient safety is always paramount. Change is inevitable and central to improving patient care. The CSMLS feels that the federal government has an important role to play in ensuring the right professions are involved in policy and decision making and appropriate systems are in place to protect the public.

About The Canadian Society for Medical Laboratory Science

The Canadian Society for Medical Laboratory Science (CSMLS) is the national certifying body for medical laboratory technologists and medical laboratory assistants, and the national professional society for Canada's medical laboratory professionals. We are a not-for-profit organization that is funded entirely by membership dues and revenues from goods and services. We do not receive operational funding from governments or other organizations.

Our members practice in hospital laboratories, private medical laboratories, public health laboratories, government laboratories, research and educational institutions. Incorporated in 1937 as the Canadian Society of Laboratory Technologists, the society has over 14,500 members in Canada and in countries around the world.

Our purpose is:

- To promote and maintain a nationally accepted standard of medical laboratory technology by which other health professionals and the public are assured of effective and economical laboratory services, and
- To promote, maintain and protect the professional identity and interests of the medical laboratory technologist and of the profession.

One of the major functions of CSMLS is to set qualification standards in medical laboratory science. We conduct exams across Canada and issue certificates to candidates who meet the prescribed standard. CSMLS provides prior learning assessment to internationally educated medical laboratory technologists who are seeking Canadian Certification. The PLA process evaluates an applicant's academic credentials, language proficiency, clinical training and work experience and their level of competency to write the Certification examination. Once members are certified, CSMLS provides professional development and continuing education programs to help members update their skills and knowledge, and achieve their professional goals. Our continuing education service provides distance education programs in technical and scientific subjects and laboratory management.