



STANDING COMMITTEE ON HUMAN SERVICES

Hansard Verbatim Report

No. 40 – November 28, 2006



Legislative Assembly of Saskatchewan

Twenty-fifth Legislature

**STANDING COMMITTEE ON HUMAN SERVICES
2006**

Ms. Judy Junor, Chair
Saskatoon Eastview

Mr. Wayne Elhard, Deputy Chair
Cypress Hills

Mr. Lon Borgerson
Saskatchewan Rivers

Ms. Joanne Crofford
Regina Rosemont

Mr. Don Morgan
Saskatoon Southeast

Mr. Peter Prebble
Saskatoon Greystone

Mr. Milton Wakefield
Lloydminster

[The committee met at 15:00.]

**General Revenue Fund
Supplementary Estimates — November
Advanced Education and Employment
Vote 37**

Subvotes (AE03), (AE02), (AE05), and (AE04)

The Chair: — Good afternoon. The Human Services Committee has several items up for consideration this afternoon, the first being supplementary estimates for the Department of Advanced Education and Employment. I'd ask the minister to introduce herself and her officials, and if you have an opening statement to the estimates, please proceed.

Hon. Ms. Atkinson: — My name's Pat Atkinson. I'm the Minister of Advanced Education and Employment, and joining me this afternoon, to my right, is Bonnie Durnford, deputy minister. As well behind us is sitting Rob Cunningham, assistant deputy minister; Raman Visvanathan, executive director, institutions; Rick Pawliw, executive director, programs; Karen Allen, executive director, corporate services; Margaret Ball, acting executive director, facilities; and Trina Fallows, director, corporate services. As well Heather George, the executive assistant to the deputy minister, and Reiko Nakatsuchi, an M.P.A. [Master of Public Administration] intern in the deputy minister's office are joining us this afternoon.

And I don't have an opening statement, Madam Chair, so we'll be quite prepared to take questions.

The Chair: — This is vote 37 on page 11 of the Supplementary Estimates book, and questions. Mr. Elhard.

Mr. Elhard: — Thank you, Madam Chair. Good afternoon, Madam Minister, and to your officials. I welcome their attendance here this afternoon, and I hope the next hour is productive and goes by rather quickly. I assume it will, just because of the topic we're going to be dealing with here today.

The area of interest as far as the official opposition is concerned — and I believe the people of Saskatchewan is concerned — is the announcement made recently for the additional expenditure of \$52.6 million. And I noticed with some interest the press release when it came out, the subsequent media coverage of this particular announcement. And I think it would be worthwhile expanding some of the details as they relate to the announcement.

The first item that is covered is the \$13.3 million dedicated to creating an additional 2,584 training opportunities. The press release outlines some specific areas — health education, trades and skill, and basic education. Madam Minister, I would appreciate it if I could have a more detailed breakdown as it relates to those three separate areas.

Let's start with health education. Can you give us an indication how many of the allotted training opportunities will be relegated to health education specifically?

Hon. Ms. Atkinson: — I can do that, and I will ask Ms.

Durnford to give you the specifics with regard to your question.

Ms. Durnford: — Certainly. I'll be pleased to provide you with more information, and maybe ask Raman Visvanathan to join us at the table, who can provide further detail on it.

The mid-year investment includes about \$2.1 million for the expansion of health programs at both SIAST [Saskatchewan Institute of Applied Science and Technology] and the regional colleges. The capacity is primarily in the licensed practical nurse program which is offered in both of those, or those groupings of institutions. We expect the licensed practical, the capacity as a result of the announcement to be increased by 63 seats, with a total of 98 students in those 63 seats, and I'll maybe let Raman explain some of the detail on that.

And as well a related investment that came in the mid-year expenditure plan was the development of what's called an interprofessional simulation learning centre at Wascana Campus at Regina, which is intended to provide an opportunity for students to do some of their clinical practical kind of experience on something that resembles the human body but yet is not an actual patient.

So with this particular investment, we are trying to expand the range of programmings offered to licensed practical nurses. And two of the locations that we will offer them in have not been able to offer licensed practical nurse programming before — one at Saskatoon Kelsey Campus and another one at Prairie West in Biggar.

Mr. Elhard: — I appreciate the information you've given me, but unfortunately I haven't heard much of it at all.

Ms. Durnford: — My apologies. I'll try again.

Mr. Elhard: — If you wouldn't mind. You did indicate that SIAST and the regional colleges will be sharing the spaces, a certain number going to each of those institutions, but could you give me the specific numbers again.

Ms. Durnford: — The capacity will be increased by 63 seats, with a total of 98 students. The other piece of the announcement that relates to nursing is funding for the development of an interprofessional simulation learning centre at Wascana Campus in Regina, and it provides an opportunity for students to replicate some of their clinical experience in a lab type of situation where they're practising but not on a live patient.

Mr. Elhard: — As it relates to the seats, can the department give me a specific dollar amount associated with the actual seats and the amount of money dedicated to the training centre?

Ms. Durnford: — Maybe I'll get Raman to give you that level of detail here.

Mr. Visvanathan: — Sure. Thanks, Bonnie. 963,800 relates to the practical nursing capacity expansion. Again that's 98 seats, and I'll just give you the breakdown.

At SIAST Kelsey Campus they are establishing a new program of 35 students in each of two years, so we're counting that as 70

seats. At Prairie West Regional College, they are establishing a new program that will start in March '07, 14 seats. Parkland Regional College in Yorkton are increasing their capacity by seven seats. They currently are planning to have a program of 14 seats. They'll now increase that by seven to have a total of 21. Just the seven is included in that number. As well, Carlton Trail have a program planned for Watrous, and they are similar to Parkland, expanding from 14 seats to 21 for a total increase of seven. So 28 at Prairie West, 7 at Parkland, 7 at Carlton Trail, for 28, and then 70 at SIAST for a total of 98 seats — so that's 963,800.

I'd also like to point out that Northlands College are starting a program in the fall of 2007. They currently have 20 students that are doing academic preparation courses, so ensuring that they have the maths and sciences that will allow them to take those programs online. So those students will be able to stay in their reserves at Southend, Pelican Narrows, and Deschambault Lake.

Mr. Elhard: — How is it that you can arrive at 98 students employing 63 seats? How does that work?

Mr. Visvanathan: — Okay. The SIAST program will have 35 students in each of two years. So to get to 63, we take 35 plus the 28 at the regional colleges.

Mr. Elhard: — Good. Thank you. The colleges, I assume, were consulted about this decision to place nursing programs in their facilities and/or the expansion of those programs?

Mr. Visvanathan: — That's correct. Leading up to the announcement, we solicited all of the regional colleges and SIAST to submit proposals to the department in terms of what they would like to do for increased capacity, and these are all submitted by the regional colleges.

Mr. Elhard: — Were there any other requests for programs that were not acknowledged or accepted?

Mr. Visvanathan: — Well SIAST suggested an array of other practical nursing programs, expanding in Prince Albert and Regina where they currently have programs. Based on our assessment of the total demand for practical nurses, we thought that this expansion — establishing a new program in Saskatoon, expanding the capacity through the regional colleges system — there is currently already about 70 seats out there, so we think that's about the right number.

Saskatchewan Indian Institute of Technologies offer 32 seats: 16 in Fort Qu'Appelle and 16 in Saskatoon. So we think that's about the right number of total seats across the system.

Mr. Elhard: — So in selecting these particular locations, was geographical location also a consideration, or was it based on existing programs and needs in that particular area?

Mr. Visvanathan: — Yes. The Watrous and Yorkton programs, again those were currently planned programs to be offered. They felt that they, based on student demand to those program areas, that they could increase by seven. So they work with the local regional health authority looking for what their demand would be. They have to establish clinical placements to

ensure that the students can get placements in a location fairly near to where the in-class portion of the program will be.

On an annual basis, we work with SIAST, all the regional colleges, and with the Department of Health — and with them through to the regional health authorities — to assess where the seats should be. SIAST have established a program whereby they will have programs starting in March and in October, and they have a series of programs that would start in a regular cycle. They currently have the program as a 18-month program. They're expanding that to be a two-year, and so SIAST will move to an intake every 18 months now to an annual intake which will help to allow graduates to come out of that program every two years as well, or every year, pardon me.

Mr. Elhard: — Okay. I assume that the LPN [licensed practical nurse] program is not straight classroom work. There must be a practicum associated with the certificate program. So are the regional health authorities obligated or expected to provide those practicum opportunities to all of the trainees in the academic program within their health region?

Mr. Visvanathan: — They do that, and I think they are quite willing to have the students come into their workplaces during the time that they're in school. Especially with practical nurses, there's a very high correlation of students taking clinical placements in local hospitals and then gaining employment there. So it's a win-win situation for both the regional health authority and for the students.

Mr. Elhard: — I guess the question that would also come to mind is related to the choice of the LPN program versus any other nursing program, whether it would be an RN [registered nurse] program or a registered psychiatric nursing program or some of the other health care professionals that have nursing designations. Can the minister tell me why the decision was made to focus on licensed practical nursing opportunities as opposed to some of the other ones?

Hon. Ms. Atkinson: — Well as you probably are aware, there are two committees that are working in the Department of Health . . . members of the nursing profession that are looking at what do we need to do in terms of increasing capacity in our province. We anticipate that there will be some recommendations that will shortly be coming to our department from Health and the work that's being done by those committees in terms of what we will need to look at from a budget request point of view.

So I anticipate that we may have something further to say about this during the next budget cycle. And there are requests coming no doubt in the area of nursing, medicine, residency positions, and so on and so forth.

We had a pretty good idea from the work that the regional colleges had done in their communities as to the needs in rural Saskatchewan and in the North. And so we had, as you know, we had some additional mid-year money, and these were programs that could be put in place very quickly relative to some of the other programs that could be coming forward.

You may know that at the moment we're in the middle of designing the academic health sciences centre at the University

of Saskatchewan. You may also know that there is some discussion that's going on regarding the nursing education program. There is some view at the College of Nursing that the program needs to be moved to the College of Nursing. And right now the first and second year take place at SIAST Kelsey Campus and SIAST Wascana Campus.

And so if we are to increase capacity — which I suspect will be a recommendation coming from the health human resource planning committees that the Department of Health has struck — particularly regarding registered nurses, we need to have some clarity regarding the nursing education program in the province. Does it take place at the College of Nursing? Does it take place first and second year at Kelsey Campus and Wascana?

And obviously if everything were to move to the University of Saskatchewan, that will have an impact on the capital construction of the new academic health sciences centre because you will have all of the first, second, third, and fourth year students at the University of Saskatchewan. And obviously that has implications for Regina.

So there's some work that needs to be done in terms of clarifying the situation, and I think we'll be in a better position to respond after the next budget.

Mr. Elhard: — Maybe this is unfair of me to ask. But does the minister or her government have a preference on whether or not nursing programs are offered both at and through SIAST campuses and/or the university degree program?

Hon. Ms. Atkinson: — Well the first and second year that are offered at SIAST, Kelsey Campus and Wascana Campus are in fact part of the degree program. But first and second year are offered at SIAST. And then for their third and fourth year . . . well I think the third and fourth year at Wascana as well. And then the third and fourth year in Saskatoon, students move over to the College of Nursing.

I think that there are a number of things that we need to take into consideration as we make our way to a decision on this matter, in that we believe that the nursing education program has certainly served the province well in the last decade. Obviously it has meant nurses in the southern part of the province certainly. And we have the Wascana Campus. There certainly was design put in place to accommodate the nursing education program when that facility was put together. And so there are some implications in terms of capital obviously.

On the other hand I recognize that, with the new academic health science centre, they're looking at a common first year for all health students in the province. And perhaps there are some ways that we can accommodate certainly the need to have, I think, people in the South taking nursing education and also be part of a team approach to health delivery.

Mr. Elhard: — When do you assume the decision will be made as to the direction the government will support?

Hon. Ms. Atkinson: — Well I think there are people who are working on that at the moment, and I think it's fair to say that we haven't arrived at any conclusion. We're obviously

encouraging the nursing education program, SIAST, to work closely with the College of Nursing, the College of Nursing to work closely with SIAST. We've had a good program. The nursing education program is a good program. And we just need to make sure that it meets all of our needs.

Mr. Elhard: — I want to return just momentarily to the question of LPN training and the number of seats that were allotted through the province at the various facilities. Would the minister characterize this number as the ideal number in terms of representation made to the department by the various colleges? Or did they in fact think they could offer more training capacity for LPNs?

Hon. Ms. Atkinson: — This plan that we announced last week was based upon what the institutions told us they could do and deliver. So it was based upon deliverables. And obviously we wanted the deliverables to come sooner rather than later.

Mr. Elhard: — Now in terms of health education, were there other areas of expenditure that are associated with this announcement that we have not covered? Is there any other specific endeavour that the department plans to undertake?

Mr. Visvanathan: — One additional program — the continuing care assistant program, formerly known as the home care, special care aid — there's a program with Parkland Regional College in Esterhazy for 10 students.

Mr. Elhard: — Okay. Thank you very much. So we have basically 10 seats there and 98 seats in the other area, so about 108 seats out of the 2,584 training opportunities. That means a considerable preponderance of opportunities are elsewhere. I'm taking it from the answer I was just given that there's no other health education specific to this announcement.

Hon. Ms. Atkinson: — As the member may know, a lot of the people who work in health care are baccalaureates or degree people or master's prepared people. That type of training or education takes place at our universities. So I think in terms of the work that's going on in our technical institutions and our regional colleges I would say that, given what they told us they could deliver quickly — get up and running quickly — we responded to what they told us they could do. And I think we responded in a positive way.

Mr. Elhard: — I guess the real issue over and above the specifics of this announcement then will revolve around the additional training opportunities the government will address in the spring in terms of RN and other nursing program specialties. And you know, I think that that's sort of the area that people are waiting with some concern and urgency to see the government move. And I guess I would encourage the minister and her government to make an appropriate decision in terms of added capacity.

We are desperately short of nurses. The Saskatchewan Union of Nurses have indicated a shortage of somewhere in the range of . . . well over 600, somewhere just short of 700 individuals. And that's not a number that's going to be easy to catch up to if our training capacity is incremental and marginal. So I guess I would urge the government to look at those numbers very carefully and then address them sooner as opposed to later. And

if you're telling me that there's some expectation that might happen in next spring's budget, I think people will be glad to hear that and anxious to see the details.

Hon. Ms. Atkinson: — Well we fully anticipate that the two committees that the minister announced regarding health human resource planning will report out, that there will be recommendations that'll be made to the province, and then obviously we will need to respond to the recommendations by taking a budget forward.

But I think the other thing that I understand is that, in order to deliver these additional programs or additional capacity, the institutions have to have the capacity to do that. And so I was the minister of Health, I think, when we began to increase the numbers of people in the nursing education program. And we did it over some years because you needed to have people who could teach the registered nurse. You needed to have more people who had masters, Ph.D.s and so on and so forth. So I think we certainly accept your point of view. And I can say with certainty that there are people that are busy working on this.

Mr. Elhard: — Thank you, Madam Minister. Let's move to some of the other areas then in terms of expenditure for training opportunities. You indicate specifically trades and skills is another area of considerable interest, and then the basic education component. Would you like to elaborate for us on the specifics of the trades and skills training opportunities?

Mr. Visvanathan: — Madam Chair, thank you. I can do that. We have sort of categorized things into three main sectors in that area — training programs in support of the oil, gas, and mining sector, in which case there is \$3.8 million covering 560 opportunities; in the construction, which would include electricians, carpenters, etc., \$4.3 million with 298 opportunities; and in the manufacturing, 795,000 covering 121 opportunities.

Mr. Elhard: — These opportunities will be provided where? Largely on-campus at either regional colleges or SIAST, or are you looking at mobile training? I notice we've got money in here for mobile training labs; I want to talk about that later. But is part of this expenditure related to those mobile facilities?

Mr. Visvanathan: — Part of the . . . Well no, actually the ones that I talked about, the mobile training lab will be in addition to that. We can come back to that. But in terms of the training activity, it will take place across the province. All regional colleges received incremental funding for programming as did SIAST, Saskatchewan Indian Institute of Technologies, and the Dumont Technical Institute. So there'll be an array of programs across the province.

Mr. Elhard: — Have you been given assurance by the various educational institutions that they can provide not just spaces from a physical plant perspective, but can provide the leadership, the teaching skills, the proper instructor/pupil ratios? Because as I understand it, you know, recruiting and having people on hand to provide the training necessary is as big a challenge these days as anything.

Ms. Durnford: — Well I can say again in terms of how the plan was developed, we asked regional colleges, SIAST, and

SIIT [Saskatchewan Indian Institute of Technologies] and DTI [Dumont Technical Institute] as to what it was precisely that they could accomplish in these areas because we were very cognizant of the ability to mount quick programming and to be able to find space for it and then to be able to support it with the infrastructure around instructors and whatnot.

So the plan was very much based on active conversations with the system so that they understood the need, I think, to launch programs quickly and to be able to deliver the programs. And that's certainly the work that we're undertaking with them now is to make sure that those programs are up and operating and that the expansion that's seen here is being felt on the ground floor for students who are interested in the programs but also employers who are interested in finding students from those programs. So it was a very active, I would say, planning process with the institutions.

Hon. Ms. Atkinson: — If I might . . . Certainly the message that I have been delivering to the regional colleges — SIAST, DTI, and SIIT — is that you have been given an opportunity to show that you can deliver, and you told us that you could deliver this number of training opportunities for our citizenry. And the expectation is that they will.

And the expectation is not that they will replenish reserves or do other things. The expectation is that we have a very hot economy. We have citizens who require the skills and training to take advantage of that hot economy. We have employers that are looking for skilled workers. And so deliver. And that's what we expect.

Mr. Elhard: — So if I understand you correctly, these number of training seats in these various areas, whether it's oil, gas, and mining, trades . . . And I couldn't write as fast as you were speaking, so I didn't get the third area written down. But what you're saying is that these are the number of seats these institutions said they could deliver without any impact on their physical space. They didn't require additional plant space. They weren't looking for renovations or expansions or new buildings or any additional physical capacity.

Mr. Visvanathan: — Yes, by and large that's the case. They may lease some spaces to mount the programs.

The one major area where there will be some requirement for capital is the practical nursing program in Saskatoon. They currently offer the NEPS [nursing education program of Saskatchewan] program through Kelsey Campus, so they will have to make some arrangements for capital. Part of the money was to allow them to acquire some capital and make some leasehold improvements. They're still determining what specific space they'll be delivering that program in though.

Mr. Elhard: — So if they've made the pledge that they can fill these particular obligations in terms of numbers, just sheer numbers, will the department be monitoring them on an ongoing basis as to accomplishment — whether they've met their targets — and are there, for lack of a better word, penalties associated with the plan if they fail to meet their targets?

Ms. Durnford: — I've had numbers of conversations with them on this particular topic, and it's an important topic because

the money was put out for the purposes of increased activity for — as the minister's indicated — for Saskatchewan citizenry. So we will be monitoring it. We meet monthly with the CEOs [chief executive officer] of the regional colleges, and we will be continuing to do that, to monitor progress.

The expectation that we've set up with the regional colleges . . . and you know, that SIAST LPN program is in a little bit different category here, but our expectation is that we will see programs commencing prior to the end of the fiscal year. They may continue past the end of the fiscal year, but we want to see the programs commenced before the end of the fiscal year.

So this will be an active and live conversation between the department and the CEOs of the regional colleges and SIAST who we also meet with on a monthly basis to make sure that the plans that have been made and the institutions have committed to are in fact delivered because . . . And I won't say that we've said that there's penalties, but we certainly have indicated to the system as a whole that the credibility of the system is very much important in this conversation. In the context that we're working within, we need to be able to say both from the department's perspective and from the institutional perspective that we're delivering what we committed to.

Mr. Elhard: — Well I guess the other element is the urgency associated with the whole initiative. There is some really important urgency associated with this expenditure, and I don't think the government would have been prepared to spend this amount of money if they didn't feel that that urgency existed.

So it's important to bring all the players onto the team and to have them all pulling together in the same direction. In some respects this usurps some of the work we expect to hear from the labour force commission, I think, but nevertheless we can't wait for that in this particular instance.

So tell us about basic education.

Ms. Durnford: — I'll just ask Mr. Rick Pawliw who is the executive director of our programs branch to join us. He is responsible for this program area.

Mr. Pawliw: — Within the adult basic education stream, we are targeting 586 new full-time opportunities in the regional colleges, Dumont Technical Institute, and Saskatchewan Indian Institute of Technologies, as well as 674 evening and part-time opportunities through SIAST through the four campuses in the urban centres, and another 20 seats at SIAST for some Aboriginal language training.

Now I can give you further . . . So again with respect to the colleges, of that 586, 491 of those will be in the regional colleges, 80 seats or opportunities through Saskatchewan Indian Institute of Technologies, and 15 through Dumont Technical Institute.

Mr. Elhard: — Thank you. Were these numbers brought to the mix by the colleges that are going to be providing the programs? Because even though this is a fairly significant expansion, in terms of the need, I'm wondering about how close we're getting to addressing that.

Ms. Durnford: — Perhaps I'll speak to the process and then maybe let Rick speak to some of the need issues, and the minister obviously.

The process was similar to what we used on the skills and the trades side. We asked colleges and SIAST and SIIT and DTI what exactly again that they could provide in this context. And they were able to provide us with this information, and this was the basis on which we did a plan forward. So again it was very much oriented to trying to understand what they could do and what they could do within the time frames that we were discussing.

So I'll maybe let Rick speak to some of the need issues because we know they're pretty significant.

Mr. Pawliw: — Yes. Each year we have a process in place where we ask our training institutions to provide us with a plan for their expenditures in adult basic education each year. Along with that, we ask them to identify wait lists for programming. And we've identified there — and each year will vary, but roughly 2,000 to 2,300 people annually that are waiting to get into programs.

Currently within our programs, we're serving about 60 per cent First Nations and Métis people. And we know there's a real demand in that particular sector for additional upgrading and academic training. So I think that's in part why we've decided to provide some additional funding to SIIT and to Dumont in this mid-term, mid-year investment.

Mr. Elhard: — Thank you for that information. You indicated, if I heard you right, that there was a waiting list of between 2,000 and 2,500 people at any given time for basic adult education, basic and/or adult education programs. Has that number remained static, or has it grown in the last few years? What is the trend for those particular requirements?

Mr. Pawliw: — I believe year over year it's decreased by about 200 since '05-06.

Mr. Elhard: — Two hundred?

Mr. Pawliw: — Yes.

Hon. Ms. Atkinson: — If I might, one of the things that became clear to me since taking over this portfolio and having discussions with First Nations chiefs who've come to see us about the possibility of putting adult basic education on-reserve is that for their purposes they receive money for post-secondary education from the federal government, but they receive no money for adult basic education if the person is over the age of 21. I believe students up to the age of 21 can continue their K to 12 [kindergarten to grade 12] education.

And so part of the strategy that we have, Mr. Elhard, is to begin to deliver some adult basic education on-reserve. And this is the first time that the province will have basically shot down the jurisdictional wall and said, our need for skilled workers is so great and the situation for First Nations people on-reserve so significant that we can't wait for the federal government to get adult basic education on-reserve.

So the regional colleges will be working with First Nations people and Aboriginal people. SIIT [Saskatchewan Indian Institute of Technologies] will be working with First Nations people. And as Mr. Pawliw said, about 60 per cent of our students are First Nations and Métis people. The biggest need is coming from our Aboriginal population.

Mr. Elhard: — This is quite precedent setting, I think, in terms of the relationship between the provincial government and First Nations communities as it relates to education. What activity has the provincial government undertaken in terms of going to the federal government and saying, look we're filling the breach here for you; what are you prepared to do to help us out here? Is there discussion happening around that topic?

Ms. Durnford: — Well there's numbers of discussions. I think that this has been a topic of conversation — around the needs of Aboriginal people — at the labour market ministers, the forum of labour market ministers and the forum of labour market deputies over the last numbers of years certainly.

I participated at the table of social services deputies for numbers of years and we raised it from that perspective with the federal government. Because the issue that we saw and we felt that the federal government needed to respond to differently was the fact that for most First Nations and Métis people — or for many, I don't want to say all — they did not have a track record or a history of employment. So they were not able to receive the benefit of programs offered by the federal government through EI [employment insurance] programs and support. So this has been an issue that has been raised many times at both of those tables with the federal government.

Progress we believe was made, you know, at the officials level — was made about this time last year — in that we were able to enter into an agreement with the previous federal government to provide funding under an agreement called the Labour Market Partnership Agreement, the LMPA, which actually for the first time really started to address the labour market needs of First Nations people who had been non-EI eligible, and provided for funding out of the federal GRF [General Revenue Fund], if you like or the CRF [Consolidated Revenue Fund] in their context for those purposes. So that agreement has not been honoured by the current government.

This is an issue that we will be continuing to raise and continue to raise as frequently as possible with the federal government and in the context of conversations either with Minister Findlay, who's responsible for HRSD [Human Resources and Skills Development] or Minister Prentice, who is also responsible for INAC [Indian and Northern Affairs Canada]. So this is a live discussion at all times for us.

Mr. Elhard: — I think when we talk about basic adult education, you know, people who don't know much about this have a certain, I don't know, preconceived notion about what it entails. But would you, Madam Minister, or your official care to describe for us what adult education is or what basic adult education is, and the skills that this programming will present and hopefully develop in the people participating in the program?

Mr. Pawliw: — Okay, sure. I can do that for you. Really, the

adult basic education program has a number of different components within it. And I'll start maybe with the adult 12 program which is essentially providing students with, essentially, the same subject areas that they would receive in the K to 12 system in an adult setting.

We also have an adult 10 program which is really five subject areas which, again, can help a student move on to further training if they wish to do that or they can access the labour market directly at that time if they like.

And then another piece of it is what we call pre-10 or basic skills, literacy, numeracy, and is part of this funding that we provide at mid-year. We've encouraged our training institutions to pursue more training in this area if at all possible. I mentioned the wait lists earlier on. We find that really the bulge there is in that pre-10 program where there are many individuals who need those basic prerequisite skills to be able to move on to either training or more employment.

Mr. Elhard: — Great. Thank you. We don't have a lot of time left and we've got a few topic areas to cover yet this afternoon. I want to just inquire quickly about capital costs. I noticed here that there's a fair amount of money set aside for capital cost. But in our discussion earlier about the facilities and the availability of existing space, there was an indication that not much money was going to be needed for expansion of the physical plant — with one exception, I think, where there was a lease anticipated.

But I know that there's some real serious concern about the limitations of plant square footage, particularly at SIAST in Saskatoon, although I think there's some similar concerns elsewhere. Has the department given any serious thought to addressing some of those physical plant requirements in the near term?

Ms. Durnford: — Well maybe I can start with that. I think we are very aware of the issues that SIAST has identified with the Kelsey Campus, and we're engaged in a planning process with our training partners — SIAST — with regard to sort of what their future looks like.

I think you touched on it previously in your comments with regard to the mobile training labs, and certainly there was an announcement here around \$2.8 million for mobile training labs. We're expecting and anticipating delivery of those labs in the summer of '07. And they will certainly expand the ability to respond to some of the trades and skills that will be able to be taught and used in those spaces.

So we're seeing those as an opportunity to try and create some flexibility around capital. I think we . . . Our experience has been that we have a couple of concerns with capital. Takes time to produce. We have an expansion ongoing at Kelsey right now and the costs are a little bit unpredictable in the context of the construction market at this point.

So we really, in the context of the urgency of this discussion, really try to stress with the training partners that we needed to see plans that they could deliver on quickly within the context of the existing capital. And I should also indicate that there are numbers of dollars in the plan and then maybe ask Raman to

help out with some of the detail.

There's numbers of dollars in the plan to try to deal with some of the more pressing equipment concerns and modernization of equipment at the facilities, and again regional colleges and training partners identified what some of their needs are. So capital remains a live discussion amongst the group, but we were really trying in this context to really focus on what was doable immediately, and to try and also address some of the modernization needs here.

Mr. Elhard: — We can pursue the capital cost issue a little later in this discussion. When you referred to upgrading training equipment, is that where the \$4.7 million is earmarked?

Ms. Durnford: — I'll let Raman speak to the detail of that.

Mr. Visvanathan: — Sure. The 4.7 referenced in the news release includes four major projects. The interprofessional health simulation lab that we spoke about earlier. Northlands College are going to purchase a heavy equipment simulator for \$1.3 million. There'll be an upgrade to the power engineering lab at Kelsey for about \$1.3 million, and the industrial mechanics lab at Kelsey for about 1.1 million. So those four items total that 4.7 million.

Mr. Elhard: — And these were items that were prioritized by the institutions themselves?

Mr. Visvanathan: — Absolutely, yes.

Mr. Elhard: — Okay. Now I understand that you've got \$2 million set aside to renovate and modernize training facilities. You probably touched on a few of those. Can we categorize those or can you identify those specifically now?

Ms. Durnford: — The \$2 million that's identified in the press releases is still subject to a plan and subject to receiving a plan from SIAST. This is intended to be used at SIAST and most likely at Kelsey but, you know, we still need to see the plan from SIAST as to where they would see their most pressing concerns.

Mr. Elhard: — I noticed the item \$2 million for northern development. What does that mean?

Ms. Durnford: — This funding was allocated for the Northern Development Agreement and to sort of complete government's commitment to the Northern Development Agreement which is a partnership, if you like, within the context of northern planning, economic planning, and labour market planning. And so Northlands College, the funding is present in the department's subvote because Northlands College will hold the funding on behalf of a consortium of partners in the North and will be subject to the plan that's developed in the North to respond to their needs.

Mr. Elhard: — Is any of the money in that northern development set aside for activities related to the University of the Arctic? Is that going to figure in this \$2 million at all?

Ms. Durnford: — I don't expect that it would be. The issue around the University of the Arctic has been identified

separately to the department.

Mr. Elhard: — There is progress on that file though, is there?

Ms. Durnford: — Well I had had the opportunity to meet with representatives from the University of Saskatchewan and Northlands College and most recently with a couple of representatives, actually I've forgotten . . . but from circumpolar nations on this front to hear from them about the plan that they would be presenting. And so they've given us at this point a plan that we're considering in the context of our future budget development.

Mr. Elhard: — Having heard some of the potential of that particular institution, I'm quite convinced that it could have a significant role to play in northern development. Not just of course in other countries, but since we have more north than almost any country, I think that what they can contribute to that development potential would be welcome and beneficial to the province of Saskatchewan.

Okay. Then let's move on to the large amount, the bulk of the \$52 million allotment for education and training, which amounts to \$30.3 million for post-secondary education capital. You referenced the two mobile training labs at \$2.8 million. I'm aware that SIAST already has two of those labs in the field . . . [inaudible interjection] . . . One in the field. So has that lab been paid for by previous funding? These are on top. Is your additional labs . . . What happened to the second one they were hoping to have in the field by now?

Ms. Durnford: — Well I'll maybe speak to that, and I think the minister can speak to other pieces of this.

SIAST has, within a partnership again through the northern labour market committee, has one lab. I'm not aware that they had a plan for a second one other than what's come through this particular, this particular process.

The one lab that's in place right now and was announced I think in partnership with SIAST in September, October, is now in the North and is being used in the North and was dedicated under the plan — because it came through the northern labour market committee — was dedicated to use in the North.

The two that we're describing now will be used through consortiums of regional college, SIIT, and SIAST for use in other parts of the province other than the North. That lab will remain in the North.

Mr. Elhard: — I may have misunderstood initially. I knew that there was one available. I think maybe the conversation led me to believe that there was a second one already operational, but the context of the conversation may have suggested that they were hoping to have a second one come on stream. So should I laud you for actually outperforming their expectations by presenting them with three as opposed to two?

And while I'm, you know, being generous with my comments, I think I need to tell you that this capacity, this mobile capacity has great potential and is long overdue frankly. We can benefit significantly from the capability that a mobile training lab will provide our workforce.

Hon. Ms. Atkinson: — I agree with you. And I think that the announcement is important because the lab has to be designed and built, and we wanted to make sure that we have the labs operational by next summer — it takes some time to build them — in order to meet our labour market needs.

And the beauty of the labs is that they're mobile and they can move around the province. They can move to communities where they need to update their workers or train new workers so . . . And the labs are flexible in that a number of different occupations can be trained depending upon the need in a community.

Mr. Elhard: — You indicated, if I heard you right, that basically the labs are going to be shared to some extent between SIAST and the regional colleges. Will ownership reside with SIAST?

Hon. Ms. Atkinson: — I think what we're doing is we've got two labs. We have to work out the consortium. SIAST obviously has the capacity with the first lab. They know what they're doing. But we want to make sure that DTI, SIIT, and the regional colleges have access to the lab. They may reside with SIAST in that they have the capacity. They know how to operate them. But we want to make sure that there's a consortium that's involved in this, in determining where the labs go to.

Mr. Elhard: — We only have about five minutes left, but we want to look at the \$30.3 million for post-secondary capital. Would the minister and/or her officials give us a delineation of that amount?

Hon. Ms. Atkinson: — That's something that will be announced in due course. We're just working through the process. And I can say that there are some obvious challenges in the province, but I haven't got it through all of our Treasury Board processes yet.

So the money has . . . We know that there's \$30.2 million. We know we've allocated \$2.8 million for the labs, and then obviously there are other challenges and the money will be allocated very shortly.

Mr. Elhard: — If I understand you correctly, Madam Minister, do you know the projects that you want to fund with this money and it's just a matter of getting Treasury Board approval, or is there still some competing ideas as to where the money should be spent?

Hon. Ms. Atkinson: — No, I know the projects that we need to fund. I just need to get it through the process.

Mr. Elhard: — Well, if the amount of money has been identified and you know the projects, what's the problem?

Hon. Ms. Atkinson: — I'm making my way through the process. I'm making my way through Treasury Board. And then obviously once it leaves Treasury Board it goes to cabinet and then the cabinet discussion and then there's an announcement. But I know the projects that need to be funded. I just need to work through the process.

Mr. Elhard: — I guess I'm not familiar with the process. So if Treasury Board has already given you the approval to spend \$30.3 million on capital projects, what else is in play?

Hon. Ms. Atkinson: — I need to describe the projects to Treasury Board and then I need to get cabinet approval.

Mr. Elhard: — Okay. Can I assume that one of the projects that is under serious consideration is the completion of the U of R [University of Regina] Laboratory Building?

Hon. Ms. Atkinson: — That certainly would be sensible.

Mr. Elhard: — Great. Well I think that pretty much concludes our estimates time and most of the questions I have have been touched on. Not all the answers are completely satisfactory, but they never are. So, Madam Minister, and to your officials, thank you for your time today and we wish you well with this training endeavour. I think the results are crucial and we hope that you're successful.

Hon. Ms. Atkinson: — Thank you. I want to thank my officials and I also want to thank the critic for the questions. I think the questions were important questions in terms of public accountability and I think they provide detail.

I should tell the critic though, we have issued press releases that try and describe the training seats that have been allocated all across the province. So hopefully that shows up in various newspapers and media across the province.

The Chair: — Thank you to the minister and her officials. And we'll have a five-minute break while we switch over to our next set of officials for our next item on the agenda.

[The committee recessed for a period of time.]

**General Revenue Fund
Supplementary Estimates — November
Learning
Vote 5**

Subvote (LR03)

The Chair: — Welcome to the minister and her officials. We're now on supplementary estimates for the Department of Learning which is on page 17, vote 5. And I'll have the minister introduce her officials and if you have any opening statement to the estimates, please proceed.

Hon. Ms. Higgins: — Thank you very much, Madam Chair. I'd like to start off by thanking the officials from the Department of Learning for being here today and I would like to introduce those that are here in attendance. To my left is Wynne Young, deputy minister. To my right is Margaret Ball, who is executive director of facilities. Sitting behind us is Larry Steeves, associate deputy minister; Gillian McCreary, assistant deputy minister; Dave Tulloch, director of corporate services; Karen Allen, executive director for corporate services; and Mana Chinichian. She is a master's of public policy student who is working in the department for a while.

Madam Chair, the encouragement and support to nurture

lifelong learner success must begin early in life. These ingredients are some of the essential building blocks for the province's social and economic well-being. Investments in education will continue to focus on meeting the needs of families and ensuring their children grow into healthy and well-educated adults. That's why the Government of Saskatchewan has allocated \$22.5 million in the 2006-07 mid-year report to improve the learning environment in pre-kindergarten to grade 12 schools and to cover construction inflation costs.

Support for capital projects demonstrates our government's commitment to provide modern, well-equipped learning facilities for Saskatchewan students. This funding will be used for the completion of three major capital commitments in three school divisions: approximately 3.9 million for completion of the construction of the Ile-a-la-Crosse school located in Ile-a-la-Crosse School Division, approximately \$2 million for an addition and renovations at La Loche Community School in the Northern Lights School Division, and approximately 3.1 million for the completion of Centennial Collegiate in the Saskatoon Public School Division.

This amounts to \$9 million for final payments on department commitments for these major capital projects.

This incremental funding also provides funding of 10.8 million for 66 block capital projects in schools right across the province. And these include 10 projects already under way that needed additional funding to meet department commitments, four projects providing additional space, two projects to renovate program space, five projects to renovate to building structure, two projects for relocatable classrooms, 29 projects for roof repair or replacement, two projects to improve ventilation, four projects to improve accessibility, six projects to improve health and safety, and two projects dealing with site issues.

These projects will improve the learning environment in 40 communities throughout the province. And funding for these projects will be cost shared with the school divisions. The Department of Learning is working with each of the divisions impacted by the approval of the new funding to define the scope of the work and cost for each project. Once this is done, approval documents for each project will be provided to the school divisions. The remaining funding, which is approximately 2.7 million, is being held in reserve to ensure that funding is available to cover any inflationary costs associated with the 66 approved projects. And it's important to meet these prior commitments before making any new ones.

Although many of these projects are not grand in scale, they will have a tremendous impact on the learning environment in the communities where they are located. As well, school divisions incur unnecessary costs to carry the department commitment until funding is made available. And the amount of work required for many of these projects increases the longer they're deferred. Block capital projects that are not addressed in a timely manner have the potential to worsen until they present health and safety problems or become a major capital request. The use of mid-year funding to address the block funding requests will enable the department to carry out these small projects in a reasonable time frame to ensure that costs are

contained, and possible health and safety risks to students and staff in schools are minimized.

And by completing payments on the three major capital projects that I mentioned earlier, the Department of Learning will have some funding come available for new approvals in the 2008-09, where before this would not have been possible until '09-2010. This is just good financial management to focus on managing prior commitments before extending new approvals.

The Department of Learning is committed to allocating capital funding in a responsible and equitable fashion. The future of our province will be defined by young people. We need to access every advantage our society and economy can provide to ensure that they achieve excellence in our education system.

Including these projects, the total commitment by the Government of Saskatchewan to pre-K to 12 capital projects this fiscal year is forty-four and a half million dollars. Investing in our schools will go a long way to ensuring Saskatchewan is the best place for young people to live, work, and build strong futures.

Thank you very much, Madam Chair, and we would be very pleased to answer questions.

The Chair: — Thank you. Mr. Gantefoer.

Mr. Gantefoer: — Thank you very much, Madam Chair. And welcome, Minister, and a special welcome to your officials on this blustery day. Certainly it's created challenges for many of us and I very much appreciate you turning out for these estimate considerations.

I would like to touch both on the capital project, specific projects that you've outlined. And I thank you very much for the very detailed and specific outline of the capital projects that the \$22.2 million is tended to address. But I'd also like to tie this a bit together with the process of capital improvement and planning for capital, and the topic that we started in question period today in terms of the reality that the province is facing after a three-year moratorium . . . is facing the challenge of going through a process of rationalizing or dealing with some of the schools that are in very difficult straits in terms of their viability.

Madam Minister, I have — and I thank the department for providing this some time ago — from the Saskatchewan Learning enrolment projections for kindergarten to grade 12, February 2004 update on enrolments, published by the capacity building and accountability branch in February 2004. That's the document that I'm looking at in terms of page 5 that looks at historical enrolments and future projections of students from . . . dating back as far back as 1971 and going forward to 2013.

And while there isn't figures for the total estimated enrolment for that period of time, there certainly are figures for provincially funded enrolments going back to '71 and certainly estimated total enrolment is only picked up at the '89-90 school year. But I think interesting in that in terms of if you stay on a consistent, provincially funded enrolment over that period of time, the figures would indicate that we've lost about 100,000 students in the provincial funded system, from 243,047 students

to, projected in 2013-14, 142,101. So roughly over that fairly long period of time about 100,000 students to the system.

And I would note in fairness that this isn't unique to Saskatchewan. It certainly is a trend that I believe that with a few notable exceptions is occurring across the country, largely across North America, and even in northern and central Europe that this is a pretty broadly based trend. But it obviously as well indicates that the same physical facilities in every community are not going to be appropriate now and in the future than they were going back to when these statistics were compiled in the early 1970s.

And what I'd like to ask you first of all in terms of . . . And I know the process is largely driven and focused by the boards of education in terms of dealing with their particular and unique situations. But what I'd like to ask you is, are there provincial guidelines in terms of the processes that the department would like boards to undertake and commitments that the department would like boards to undertake in terms of the process?

And I know there are some minimums defined in the educational Act. But I think that the wisdom and the direction of the boards and the school boards association in the last number of years has been to go beyond those minimums, that if there had been court cases indeed that have said if you only stick to the very tight minimums, that you might have some difficulty. And there is the expectation that more is done in terms of the whole process of time, timelines, and communication, and all of those sorts of things in this process of consideration of closure of a school.

And would the minister outline what that process is from the department standpoint. And are they guidelines, written or unwritten, that are provided to the department or to the school boards so that there is some consistency and uniformity in terms of the process across the province?

Hon. Ms. Higgins: — Madam Chair, actually what I would ask is a bit of clarification because I know we have talked recently over the more definite process of establishing a school division. And that isn't my understanding of what you're looking for.

You're looking more of a general policy guidelines, benchmarks for school divisions to look at what their options are when it comes to where and how they will provide services to the communities that fall within their divisions. Is that kind of more what you're looking for?

Mr. Gantefer: — Madam Minister, you're mostly there, but I think specifically that I'm looking for what is the process and what are the timelines, if there are some guidelines from the Department of Learning to school divisions, in terms of the suggestions of what process school divisions would follow and the timelines implied in that process for the consideration of the closing of the school and the discontinuance of programming in that community and the potential for the need to transport or move these students and children to another location.

Hon. Ms. Higgins: — It would probably start around now where you would have some type of an agreement to do a review to look at what services are provided. Once there is a decision made or you're coming to the point of making a

decision, the latest possible date would be around mid-February where there would be a notice of meeting of intent to close the school. And that's provided for in the Act. The latest possible date would be the end of February.

And it would be public notice of intention to close the school — there again this is all defined within the Act — and the final decision must be communicated to the school community council. And the last possible date for that is the end of May.

And there must be a wait of at least three months after public notice for a final decision. So the latest possible date would be the end of August at least three months after final decision, and effective date must be during the summer school holidays.

Mr. Gantefer: — Thank you, Minister. I was trying to quickly jot those critical timelines. The indication, from what you've just given me, is that the latest date is at the end of February where a school board must file a notice of intent. Is the notice of intent designed to serve notice that closure is going to happen or that closure is being considered and this is initiating the discussion process in that regard and that the final decision is not made? Or what from a legalistic standpoint is this, I believe you call it, a notice of intent?

Hon. Ms. Higgins: — How about I will turn this over to Wynne before I confuse the process more than I'm apt to.

Ms. Young: — The mid-February notice is a notice of intent. Certainly the school division, the school community council has been involved with discussing the issues up until that point, but it is a notice of intent. And what it is there to do is to allow consultation and public input into it, and that's why that time frame is as long as it is. So the notice of intent is mid-February, and the notice of a public meeting has to be up by the end of February. And then you can't make the decision until . . . the latest possible date is the end of May. So you must wait after the public notice and after any meetings that happen.

So the intent of the Act . . . All of these are in the Act. And actually if you would like, we could certainly get them down on a piece of paper so you can have the dates just available to you. And the intent is that there would be public consultation about the intent.

Mr. Gantefer: — The Act specifies the dates. But does the Act specify the consultative requirement in terms of the need or the absolute right almost of the citizens of the community affected and the parents of those students and perhaps the students themselves, as that is appropriate, certainly the teachers? Is that specified in the legislation that there is an expected or an implied right of those affected individuals to be able to comment and for the boards to initiate that discussion?

Hon. Ms. Higgins: — What we have given you is really the mandatory steps that have to be taken. But I think from any experiences in this area, you will find that the school boards are very receptive to the sensitivities of these issues and quite normally will go above and beyond the normal or the legislated requirements that are laid out in the consultations that they will do in the community. And you will also note that the amendments were just made a week ago to The Education Act, also lengthened some of the public notice period and, I mean,

that was all part of the piece that we put in place last week.

Mr. Gantefoer: — In fairness, Minister, the notice periods that were in the legislation that we dealt with last week were not specific to school closures.

Hon. Ms. Higgins: — All right, sorry.

Mr. Gantefoer: — It had more to do with the timelines for the creation of the new separate school board particularly.

Hon. Ms. Higgins: — I'm confusing the two.

Mr. Gantefoer: — Going back to the legal minimums, if you like, that are defined in the legislation, I believe that there have been some comments by the courts that have been asked to make, you know, express an opinion. And from my understanding, the school boards association have certainly have been challenged with defending their members in a number of issues over the years.

But I also understand that the courts have basically said that there is an implied responsibility by the boards of education to do more than the absolute minimum, that if the, you know, the absolute minimums are all that's done, that the courts may look pretty harshly at that kind of a situation.

So while I understand the minimums are there, what I'm asking: is there any guideline or expectation, or is the department thinking of preparing those kinds of guidelines given the fact we're coming out of a three-year moratorium and that logically there's going to be a number of school divisions that are faced with this process, willingly or unwillingly, on top of restructuring that they now have to undertake?

So this would seem to me, as the moratorium is being lifted on January 1, that it might be an appropriate time for the department to express an opinion in terms of guidelines or guidance to these boards and saying, while the Act is saying this, we believe that a process that is more appropriate in fairness is the following . . . which I would hope would, you know, specifically outline the requirements of consulting with the affected communities, with the affected teachers, with the affected students, with the affected parents of those students so that the process, as difficult as it always will be, as painful as it always will be, is open and transparent.

And so that at the end of the day that we mitigate as much as we can the hurt and the pain that a community is going to go through and the divisiveness, quite frankly, in this whole process. That it would seem to me that now might be an appropriate time for the department to express some leadership in terms of what is expected to happen above the legal minimums. Is the department considering something of this nature?

Hon. Ms. Higgins: — The department has made the decision not to add or enhance anything that's already there, the guidelines and the requirements that are laid out. You will find that . . . Well you will understand that the school board association is really the umbrella organization for the school boards, and that would be the organization that they would work through. And I mean, I think all of us believed that the

school board association fulfills that role quite well and provides services and advice and guidance to the school boards quite readily.

Mr. Gantefoer: — Certainly I have the utmost respect for the school boards association and for the incredible commitment and principled approach that school boards and school board trustees take to this very difficult topic in this issue.

But I also think that there is a role and a need for leadership. If the department was willing to take this hands-off approach all along, then I don't think they would have been . . . they would have been ill-advised to put a moratorium in place in the first instance. And certainly by placing a moratorium on the table, that sort of limited and sort of overtook school boards' decisions to operate or make these decisions on their own. And certainly from that standpoint, departments should and rightly need to provide leadership.

In terms of relationship to the capital kind of project and capital funding and things of that nature, the department simply has to be involved. If two communities or a community is being considered for closure and the result of that closure is going to be that the students are transported to the neighbouring obvious community, there could instantly or very quickly trigger a requirement for capital expenditure in the receiving community because it may not have indeed the surplus capacity to accept those students. And so the department instantly is going to be involved in that whole decision-making process.

It can't simply be something that is convenient for the department to say we're going to take a hands-off approach and let school boards do this. You can't operate in a vacuum. There has to be that leadership. And that coordination and that communication, that has to exist on all the levels including leadership and the expectation of leadership from the department.

So, Madam Minister, I would encourage you and the department to go beyond the legal minimum framework and assist school boards and the school boards association in this very difficult process, and to commit that the department will be involved in this whole discussion because capital expenditures could very much be triggered by the decisions that happen.

And as you outline this process that is only begun in February as the minimum legal requirement, that potentially could trigger a closure already by the following school year on the first of September. There could be very serious capital implications on some of these decisions. And the department simply has to be involved, and I would suspect not as a passive bystander but as an active participant who's providing some leadership and direction for this whole process.

Hon. Ms. Higgins: — Well I don't think the department has ever been a passive bystander in any of these issues. I guess we would get down to the debate as how prescriptive should the department be or shouldn't they be. And you really have to go back to the basics of education in the province of Saskatchewan where we have a shared responsibility and those responsibilities are fairly well defined.

But there are also many supports within the department that

work very closely with the school divisions on many, many levels.

First and foremost would be the regional offices and the regional directors, whether through Margaret's office in facilities, the list goes on and on. I think it was probably one of the biggest surprises for me when I first came into this position, was the amount of contact and the amount of interaction with the stakeholders — whether it be the SSBA [Saskatchewan School Boards Association] or the many others or the regional directors — with the department at many levels. There is an excellent communication at many levels. There is an excellent, I mean, just sharing of resources, sharing of information, working through issues, working towards consensus on problem areas. It just is continual.

So coming into this portfolio, it's a bit of a surprise the amount of meetings, the amount of communication, the amount of interaction that there is on a continual basis with stakeholders. But as you're here for a while, you begin to realize the value that it brings to this sector and the support that is offered both ways from the department to the divisions, from the divisions on various projects. So we aren't a passive partner in this relationship by any means, and we don't stand by and watch.

Now if you think there should be more stringent guidelines for school closures, I'm sure there would be some people that may agree with you. But I would also think there will be many within the school divisions themselves which will stand by the principle that the school divisions are more aware of what the opportunities are, what the needs are, what the requirements are within their divisions. And to put in place an arbitrary set of regulations that may be more detailed than this, I mean, obviously would be from your comments you feel that it should be to give more guidance.

School boards and school divisions have a great deal of responsibility. It's a huge responsibility to take on the work that goes with the school division. And there are many times when there are difficult decisions to be made by the boards. We know that. The department is there to support. The department is there to advise, to offer support and advice and resources, whether it's time to help do analysis on various issues. We are here to support and to help wherever possible when these difficult decisions are made.

But it really comes down to, the school divisions know the communities that they are providing the education. They know the students in their system. They know what their capital requirements are. And that's one of the other issues that we've had over the past while and why all the delay in the piece that we're dealing with — the 22 and a half million in supplementary estimates today — and why the capital funding list is slower than normal this year.

We have had the school boards amalgamated. They are going through a great deal of work. And while the boundaries are drawn and the new boards are in place, we all know that there is still a huge amount of work that needs to be done: the equity of education across the larger divisions, what programs are in place, what's being offered in divisions that are now all part of one and the same, all the while — and I have to say this — all the while providing what will seem to parents and students an

uninterrupted education for the students because for many parents and for many students, I would say quite clearly that they have not felt the amount of changes that on this side we know have taken place. But to those within the system . . . And the reason the system is there is to educate children and students, and they have received a very good education even though we are going through some of the largest changes in 60 years.

So we can debate whether the guidelines should be more prescriptive, whether the pieces that are laid out should be more prescriptive. You may find some that will agree with you, but I think you would find many. . . And I know within the department, we would agree with those that feel these guidelines are appropriate and that the divisions have access to resources for . . . I mean us as a resource to help if there's decisions on capital, if there's some more long-term planning that needs to take place. But divisions have the responsibility, and I believe that's the appropriate place for it.

Mr. Gantefoer: — Thank you, Minister, and I appreciate you're misunderstanding my suggestion. I'm not talking about prescriptive directions that are sort of fixed and very, very dictatorial. I'm talking about suggestive procedures that include, that say that there is an implied expectation that the parents and the teachers and the community is going to be part of this consultative process.

You know, the guidelines talk about minimum requirements of serving notice of a meeting and things of that nature. And in terms of your relationship that you describe quite rightly, that the department provides guidance and things of that nature, I think that would be a part of the guidance that the department should suggest, and that's why I think they're suggestive. At the end of the day — I think it's absolutely true — that at the end of the day the responsibility for the ultimate decision lies primarily with the board of education that is forced to make it. But at the end of the day as well, the interests of all of the students and all of the citizens of the province to be treated in a way that they would expect to be — similar at least — also should be there.

And while I recognize individuality of school boards, I mean there also is an expectation that there would be some similarity of process across the province. And from that point of view, I would think a suggestive guidance would be not something that impedes the decision-making process of boards, but they would find very helpful.

Minister, I wonder, prior to the moratorium coming into place, if the department has statistics about how many — going back — how many notices of consideration or notices of intent for the consideration of closures happened in the decade or so prior to the moratorium coming into effect on an annual basis. Was there 6 or 8 or 10 or 12 or 15 per year, or would the department have those statistics?

Hon. Ms. Higgins: — I have numbers of school closures back to 1970 up to 2005, but I do not have notice of intent. And I don't know whether they would be different or whether there would be some . . .

Mr. Gantefoer: — They probably are very similar.

Hon. Ms. Higgins: — I would think they would be too. From the year 1970 to 1980, there were 121 schools closed. From 1981 to 1991, there was 162 schools closed. From '92 to 2002, there were 115 schools closed. And from 2003 to 2005, we have 29 that have closed.

Now you will understand too the moratorium was voluntary, so that while there was some announced closures that were well into the process, they didn't stop and kind of keep the school running for that period of time. Where it was agreeable — the community, everyone realized this was happening — those processes continued, even though the moratorium was there. It was voluntary.

Mr. Gantefer: — I appreciate that. But just hearing those statistics, it would certainly seem then in the last three years that the number is down considerably from the historical average or the averages that were there prior. So I think it's pretty obvious that a good number of school divisions did heed the advice of the department and didn't do the closures.

Madam Minister, in some of your comments about what was expected in terms of the Act, you made reference to the role of the school community council in this whole process. As the minister is undoubtedly aware, part of The Education Act amendment that was proclaimed last week includes some final . . . maybe not final, but some clauses that had implications on the structure and formation of school community councils.

And while it's been reported to us and certainly by the school boards association that appeared before this committee in the discussion about that legislation, they indicated that there were a number of school divisions — and I think that the Regina Separate has pointed out — that had all of their school community councils in place. There are also other school divisions that have virtually no school community councils in place, and there is a wide array of partial completions and processes that are undertaken.

I also recall from that discussion that the expectation was, of the Saskatchewan School Boards Association, that all divisions would be having their school community councils in place. I think it was stated early in the new year.

Minister, if indeed the role of school community councils is pretty important in this whole process, in this transition, if indeed there are going to be a good number of school closures being discussed and considered, what's the department's position — if they have any — in terms of the need to have a formed school community council in place before this discussion proceeds so that, I guess, the school community council could act in some way as an advocacy role for the specific school?

Hon. Ms. Higgins: — By the legislation, the school community councils have to be in place, I believe it's . . . [inaudible interjection] . . . we're debating May or June '07. So it would be at the end of this school year the school community councils will need to be in place.

And you're right that there is varying degrees of establishing the school community councils. Some have moved ahead quite quickly. Others are waiting, but you will also know that the

local school boards will stay in place, or the former boards. Well that was the plan, I mean, was that they would be there until the new school community council was in place.

And I mean, this really gets to . . . Part of the amalgamation that was a concern is that communities would feel a disconnect in a larger division. So it was felt that school community councils needed to be in place, not only for that reason, for a number of other reasons. But that to have that community involvement was important, and to put it in a more formal process was also important.

Now whether . . . I mean, to kind of get back to your previous comments about the process that you go through, whether you're giving notice of a school closure or the process of closing a school itself, I would think that the local school community councils would have input into that, how consultations are done, and what process that the school board follows. Yes, I mean, they're at varying degrees, so . . .

Mr. Gantefer: — I think my concern, Minister, is May or June, you know, that you're saying that they have to be in place. Certainly schools could actually serve notice of intent to consider the closure of a school today. And quite possibly there is no school community council in that community representing that school, and certainly under the legislation this wouldn't be required until May or June of next year.

So it's entirely conceivable in some of these communities where their school had notice of intent to close or will have notice of intent to close, there is no school community council in place. And I think the other reality is basically that school boards have wound up the formal local boards so that that process kind of wound up at the end of when the transition happened from the old mandate, if you like, and the old boards to the new amalgamated school divisions, that the local board's mandate sort of expired at that same time. So I don't believe there's necessarily an active local board in place any longer in anticipation of the new school community councils.

My concern is, does that create any concerns for the department and the minister in terms of saying, we now potentially are having school divisions that are going to proceed with notice of intent to close the school and going through this closure process without representation of that school by a local community council or indeed even a former local board in place any longer?

Hon. Ms. Higgins: — One of the things that . . . I mean that's a concern because you also know that some divisions are moving ahead or some schools are moving ahead more quickly than others. But through the processes that we have, we have checked to make sure that the mandate that is there for the district or local boards stays in effect until there is a school community council established.

So they still maintain the authority that they had, the role that they had, until the school community council is established, so that there wasn't that gap or there wasn't that disconnect from the school. I guess I would see it as a disconnect. I mean you want to maintain the involvement until the new council is in place. And I think in many cases what you would see is people from the former district or local boards that would transition

into, or have an interest in transitioning into or being elected to the school community councils.

Mr. Gantefer: — Madam Minister, I indicated that I felt that the department should supply more supportive guidance in this whole process. And I think it's important.

One of the issues that is impacting on this whole decision process is the issue of distance, of physical distance, between schools in some locations, and that there may well be situations where that has a very great impact on the well-being and the future of the students in a school.

And it also is possible that it doesn't necessarily neatly fit into a single division's mandate — that you could have divisions that are adjacent to each other that need to consider the implications of distance for the students in a closure. And I know that doesn't happen so much in my part of the world because there may well be an alternative location for consideration 8 or 10 or 12 miles down the road that provides a reasonable transportation issue in how far we have to transport these students.

But has the department considered that there may indeed, in this whole process, be schools that would not easily fit into the viability criteria if you like, but that the issue of distance is simply overwhelming and of a special consideration, and that the department needs to take again some leadership in this process that you seem reluctant to do and say, here is a school of . . . I don't know what the right word is. A school of necessity that simply reflects the reality of geography, and that there needs to be a special consideration and indeed probably the department has to take the leadership role in saying, in this circumstance we can't just stand by. We have to provide the appropriate level of funding, educational support, technology, and whatever it is to provide for logical things. Simply put, kindergarten children can't be expected to sit on a school bus two hours or so each way each day.

And my colleague, the member from Cypress Hills, certainly is very intimate with this kind of a situation in his constituency and I would like to defer to him more specific indications of this issue because I think the southwest of the province is an area, in a large geographic area that is particularly affected by these challenges of geography. Thank you, Madam Chair.

Hon. Ms. Higgins: — . . . a couple of comments here. I think the department has always had provisions and the flexibility to recognize the special circumstance in many areas of Saskatchewan. I mean the isolation or the schools of necessity, the small school factor, I mean these are all things that are integrated into the foundation operating grant and have been there for many, many years . . . [inaudible interjection] . . . Well no, we're not moving away from that. I think for many people for many years it was kind of a bit of a joke, you know. We would talk about the foundation operating grant and call it FOG, and we'd all kind of say oh yes, we all know why they call it that because you can't understand what it does, why it does, or understand the rationale and reasoning behind many of the factors that are involved.

So what's been a process over the last couple years is to do a review of the foundation operating grant to make sure that there

was sound public policy behind the factors that were involved in distributing the funding out to provincial school divisions.

So phase 1 has been done and there was a great deal of consultation with stakeholders, with many groups and it went many times around. It wasn't a quick process by any means but being able to put in place sound policy as to why the factors are within the foundation operating grant, what they address, and why they address, and having a good rationale for it. And being able to explain it and being able to have others understand why it is there and why it does what it does.

So now we're in the midst of doing phase 2 which will contain the isolation factor or the small school factor and many others. And I mean it's an important part but I think we all recognize that there is and will remain a need for the small school factor or isolated school factor. Now may it be called something else? It may be. May we define it a little differently or more clearly or put different parameters around it? It may be. But I mean that's what's going through the process right now.

But I don't think there's anyone in this room that would say all of these schools are gone, because they're not. I mean there has to be a reasonable distance and a reasonable access to education for students in the province of Saskatchewan. And in saying that, we also recognize that we are a large province with our population spread over a pretty vast geographical area. And isolated schools and the small school factor, those are going to play a role in, I would say, the final outcome of where the foundation operating grant rests once it's done the phase 2 review.

The Chair: — Mr. Elhard.

Mr. Elhard: — Thank you, Madam Chair. Madam Minister, the comments you've just made might sound reassuring if they ever get to the ears of the people who are in the throes of absolute panic about the impact that the closure of their school will have, not just on their little community, but on their children served by the school in that community.

And as the, you know, as the representative of a large geographical area, what I've got are communities that are spread significant distance one from another, and to consolidate delivery of classes in any community, taking them away from another one, is cause for concern just because of the distance if nothing else. That is the primary concern.

I'm getting lots of representation from my constituents, either individually or as a community, about this whole process. Now I understand you talked a little about school community councils. And we heard Mr. Bean when he was here say that he hoped that those school councils would be able to provide solid advice to division boards when it came to this issue of school closure.

But what we're seeing right now is school boards, and in particular — I can only speak of my own — in particular in the Southwest, a school board that has had few public meetings and hasn't really allowed for the communities to represent fairly as yet their concerns. They've heard from the board about the, you know, challenges of finances and the challenges of operating these small schools and maybe the implications for adequate

education and so forth. But the communities just haven't felt like their voices have been heard. They've already seen basically an outline of the schools that are to be closed, but they just haven't had the opportunity to talk and an adequate level of involvement about this issue.

So I guess what I want to make clear to the minister today is that this issue is of huge concern to the parents of young people attending schools in many of these communities. Some are very isolated; some are 50 kilometres from the nearest community where alternative schooling might be. And they're wondering about how much time they might be given to develop some economic development initiatives that would countermand the declining enrolment in their schools. But it all just seems to be coming down on them so fast and so hard. It's like a freight train bearing down on them with no means of preventing the inevitable.

And if you can imagine the concern and the disenchantment that this whole process is creating in people, I think that the minister would want to give pause to this whole process and say, we've got to make sure that families and communities are clearly and deliberately and intentionally involved in these decisions as school boards are making their decisions about what schools will operate and which ones won't.

So I guess, you know, I'm just really trying to bring this point home to you, Madam Minister, and your government. Let's not rush into these school closures until full airing is given to the families and the communities that are going to be affected.

Hon. Ms. Higgins: — Well I do know from information that I've seen is that Chinook is maybe out a little ahead of other school divisions with the process. Now I understand that they have held a number of public meetings and are accepting kind of public presentation to the plan that they're putting forward. Oh. You have your letter ready? Good.

Mr. Elhard: — Well I have presentations . . .

Hon. Ms. Higgins: — Do you know what? Do you know through all this process . . . And previously I made the comments that I know there is a great deal of work that's going on, and there's a great deal of work that still needs to continue before we are really finished this kind of phase of the process of the amalgamation. And I've said often to the school boards and the school board association that it's a credit to the work that's gone into it and the planning that students and parents in many cases will feel that this whole process has been seamless for them. And that students, in most cases, probably haven't felt a change or a difference for them.

And that I think speaks well to the divisions and the teachers and the staff, and the amount of time and effort that's gone into planning all this. It's been huge. I mean, it's been some huge changes for the school divisions.

When we talk about the changes, you also have to look at not only the planning that's gone into it, but the . . . what's still to be done and the changes that are happening and what's going on. The part that bothers me is — and I think right from the very beginning, what I worry about and maybe this is what I bring to this whole process because much of it was in gear

before I got here — was the concern that I know that in many cases while we can sit here and we can say the planning's been done and we have this committee and we have that committee. And the school divisions can come and they can access the guidance from the regional directors and the various other people that are excellent in the field that they operate in and the things that they do.

But for me, right from the beginning, what my concern and what always kind of gave me a little bit of concern was teachers and the people that are on the ground level. They know the changes are coming, and they may have representation on to the various committees, but how well is the information coming back to them? And you still have that concern and the angst as to, what's going to happen to me? And it's the same for parents.

And I understand in an area as large as Chinook and in some of the other areas, what happens to the changes in your area. Wonderful planning may be going on, but we need to make sure the information is getting out there. Because that's where the problems can really be, in my view, is for parents. It's a concern for your child. We all want the best we can for our children and for the children in our community. But we have to make sure that they are the folks that are getting the information. We have to make sure that the teachers are getting the information. And it's a big job. Has it been perfect? Probably not. Has it worked very well when you look at the scale of the changes that have happened over the last while? I think it is.

Do you know and when we talk about the process with the foundation operating grant and phase 2 review that's going on right now, we are in a world where accountability is huge. I mean you folks are here lined up to ask questions — not for the fun of it. I mean you have questions for your constituents. You may take a little fun out of it but, you know, it's for the accountability. It's to be sure the taxpayers' dollars are being spent in the appropriate places and that taxpayers of Saskatchewan are receiving benefits back from that — whether it's education for their children or many other things.

So the accountability piece is big and that's all part of it. So you know, I mean it's all a balance to provide the best you can for the people where they live, but also to be accountable to the taxpayer for how we spend those dollars, get the information out to people, and have the appropriate decisions made. Sorry.

The Chair: — Thank you. Mr. Gantfoer.

Mr. Gantfoer: — Thank you, Madam Chairman. I would certainly like to thank you, Madam Minister, and all of your officials for coming this afternoon and engaging in a very important and good conversation about important issues in Learning. I think that we'll have many more of these going forward because it is a very important topic and that all of our citizens across this province would acknowledge that one of the most important fundamental values that we all share is a quality education for our children. That's gone on ever since this province was formed, and it was one first thing our pioneer forefathers did was to provide education for children. Probably the first employees were teachers. And it indicates how important this province . . . how much importance it places on education for our children. So thank you very much for being here today.

Hon. Ms. Higgins: — Thank you very much and thank you very much for your questions.

The Chair: — Before we recess till 7 o'clock, I have an item of correspondence and one of response to the committee that I'll table. All members have the correspondence. It was passed out to them. And we recess now till 7.

[The committee recessed for a period of time.]

**General Revenue Fund
Supplementary Estimates — November
Health
Vote 32**

Subvotes (HE01), (HE04), (HE03), (HE06), and (HE08)

The Chair: — Good evening. Welcome to the ministers and their officials. And the vote tonight on the agenda is Health, vote 32, on page 15 of your Supplementary Estimates book. The ministers could introduce their officials and if they have any opening statements to the estimates, please proceed.

Hon. Mr. Taylor: — All right. I see my little red light was blinking there. I didn't quite know what that meant at first. Now it's on and I guess we're live. So thank you very much, Madam Chair, I appreciate the opportunity to be here. Minister Addley and myself are here tonight to answer questions with regards to supplementary estimates. I want to welcome the committee members who are here. And I do have some opening remarks as well as introduction of the officials who are with me tonight.

I'll take a couple of minutes actually in my opening remarks quite simply because there is a considerable amount of information in front of us. And perhaps with a few moments of extra opening comments, I might actually be able to have answered some questions in doing so, and thereby perhaps saving us some time in the course of the evening.

The department officials who are here today include, directly to my left, Max Hendricks, assistant deputy minister; and to Minister Addley's right, Lauren Donnelly, also assistant deputy minister. Directly behind us here in no particular order: Louise Greenberg, associate deputy minister; Bonnie Blakley, executive director, workforce planning branch; Ted Warawa, executive director, finance and administration branch; Roger Carriere, executive director, community care branch; Rod Wiley, executive director, regional accountability branch and regional policy branch; and Donna Magnusson, executive director with primary health services branch.

We also have a number of other members of the department who are here with us. These officials of course will help to answer questions that might be raised this evening.

I look forward to the opportunity over the next couple of hours to discuss the '06-07 supplementary estimates which amount to \$30.4 million, which is 1 per cent over the department's '06-07 budget which we discussed in the spring estimates session following the delivery of the budget in the spring.

First I want to speak for a moment about '06-07, the year that we're in right now. I will argue the health system is working

well to meet the needs of our residents. We've had many successes this year as well as some significant challenges to deal with. We read and hear a lot about what our health system may not be doing, but how easy it is to forget about the remarkable things that are being done throughout this province and done very well every single day.

In fact each day in Saskatchewan more than 12,000 patients visit a doctor. That's more than five and a half million physician and specialist visits every year. Every day 257 surgeries are performed, and more than 80 people receive a mammogram. Each day 800 immunizations are given, and 2,100 people are in a Saskatchewan hospital bed.

The health system employs more than 37,000 people. It operates 269 health facilities and includes 25 self-regulated professions. It's a complex system designed to meet the needs of Saskatchewan residents. And each and every day people are being diagnosed, treated, and in many cases kept healthy thanks to the care provided by valuable health care providers. Our government dedicated \$3.22 billion to health care in '06-07. The additional dollars in this supplementary estimate, 30.4 million, will help to ensure that our health system is able to meet the continuing needs of our residents.

One of our number one priorities and direct challenges is health provider recruitment and retention. In the supplementary estimates, \$3.5 million is funding the workforce recruitment and retention fund announced this fall; \$400,000 is dedicated to a high-profile recruitment and retention advertising campaign; another \$15 million goes to the health regions to pay health workers' salaries under the joint job evaluation appeal process.

Additional funding in the supplementary estimates is also required to address increased costs to the Saskatchewan prescription drug plan and out-of-province medical coverage. These areas ensure that Saskatchewan people have the drug coverage they are entitled to and that their eligible costs for health care outside of Saskatchewan are covered.

Health provider recruitment and retention has been the key focus of our government in 2006. In October we announced four health initiatives aimed at attracting health professionals to Saskatchewan. These initiatives included a new recruitment agency for health workers; the Saskatchewan relocation program to encourage health workers currently outside Saskatchewan to relocate anywhere within this province; the Saskatchewan rural, northern, and hard-to-recruit program to encourage health workers from either within or outside the province to relocate to rural areas or hard to fill positions; and the expansion of clinical placement capacity in rural or Aboriginal communities and on interdisciplinary teams. In May, Saskatchewan hosted the first Aboriginal health human resources conference in Canada. We are committed to doing everything we can to retain and recruit health providers. We have done much so far this year and have more planned for the future.

We have also made progress in other priority areas, and I should outline a couple of those, particularly access and waiting times. Saskatoon's second cardiac catheterization laboratory opened in Royal University Hospital in March of this year. Eight new tele-health sites opened in Lloydminster, Regina,

Estevan, Melville, Melfort, Saskatoon, Humboldt, and Tisdale. Between '04-05 and '05-06, there were 42 per cent fewer patients waiting for an MRI [magnetic resonance imaging], and we saw an 18 per cent drop in patients waiting for CT [computerized tomography] services. In '05-06 the tertiary centres performed 2,000 more surgeries than in the year before and reduced the number of people waiting for surgery by 1,600. Work is progressing on a renal dialysis satellite station in Estevan that will be operational in '07-08.

Of course there were other successes this year. The June launch of HealthLine Online, a web-based research for easy access to health information. Progress was made on the implementation of midwifery services. Two Saskatchewan midwives are currently in Ontario undergoing assessment and training, and we expect to have a midwifery service in Saskatchewan in 2007. The Yorkton and District Nursing Home addition opened in January and replaces several older facilities. The Herbert integrated health centre opened in September '06. Upgrades to children's care in Saskatoon commenced with a \$700,000 transfer for upgrades to the neonatal intensive care unit at Royal University Hospital. New CT services opened in the Battlefords and in Lloydminster, and a fourth MRI machine began operations in Regina.

The Saskatchewan Cancer Agency launched operations of a new linear accelerator in Saskatoon, and we negotiated a three-year agreement with the province's physicians that was ratified by 90 per cent of its voting members.

Another way we are improving our health system and ensuring it is functioning in the most effective way possible to meet the needs of our residents is by increasing the use of information technology. E-health plays a key role in the future of health delivery in this province, and I would argue, across Canada.

We have made several significant announcements recently regarding the development of the electronic health record in this province. In 2005 Health announced the rollout of the first phase of the pharmacy information program to emergency rooms in Regina, Saskatoon, and pharmacies, physicians' offices, home care sites, and long-term care facilities. The pharmacy information program gives authorized health care professionals confidential access to the medication records of their patients.

During the year, progress continues on the e-prescribing phase that will allow authorized health providers to create an electronic prescription that pharmacists can access online. Implementation of e-prescribing is expected to begin in April 2007.

This spring we announced the partnership with the Saskatchewan Association of Health Organizations to implement a staff scheduling system over the next two years. The system will make more efficient use of staff resources, minimize paperwork, and administration, and better manage overtime.

This fall government announced the first release of its clinical viewer, a unified electronic health record in Sunrise Health Region. The viewer allows doctors, nurses, pharmacists, lab technicians, and others at the Yorkton Regional Health Centre

to share notes, test results, prescriptions, and a record of medical interventions.

In October we announced a new radiology information and digital image storage system. Implementation in Regina and Saskatoon is expected to be complete by the end of 2007 and rolled out to the regional hospitals in 2008.

And in September we announced a new electronic scheduling system project for six health regions. The system will improve operating room efficiencies by providing information and tools for integrated scheduling of surgical theatres, surgical teams, and surgical supplies. Eventually the system will link with the province's surgical registry.

So as you can see, in a very short period of time we've accomplished an awful lot so far this year. The challenges continue, and we'll probably discuss some of those tonight, but Sask Health and this government remain committed to working with our health sector partners to address all of those challenges.

Madam Chair, that would end my opening remarks, and I would welcome questions from the members.

The Chair: — Thank you. Mr. Hart's going to lead off.

Mr. Hart: — Thank you, Madam Chair. Minister, I was listening quite closely to your comments, and there was one area that you didn't cover in your comments, and that's in the area of long-term care and care for our seniors. And it's an issue that I have had raised with me on a number of occasions by seniors and families of seniors. And it deals with those seniors who do not require long-term care but yet can no longer live safely in their own homes. And so they have only one option, and that is to go into private personal care homes. And as you know those type of arrangements are fairly costly, particularly for seniors on low income.

And I think probably . . . An email from a Ms. Lukacs of Regina Beach who sent me an email, was very concerned about her parents who live in my constituency, probably sums up this situation very appropriately. And what I would like to do is just quote briefly from her email. She had contacted my office, and there was some issues with one of her parents being in one community in a care facility and her other parent being in another facility, and they were able to work through that, but now the RM [rural municipality], the Balcarres extended care home which is a private personal care home . . . But as she says in her email, her parents are on fixed incomes — low income — and it's of great concern to her. And I believe her concerns represent the concerns of a number of people in this province whose parents are senior and are faced with these situations.

So what I will do is I'll just quote some of her comments, and then perhaps we can discuss the issue. She says:

These People who . . . develop and build this country are finding themselves with only pension income and not being able to afford to enter into private care when they can no longer safely be on their own, and yet do not qualify to enter the Long Term subsidized care. My parents fall into this crevice along with many others, they

have very limited funds and can not stay long at this establishment even though the charges are very reasonable compared to other care homes. Families are not always in a position to make up the difference, and some I'm sure do not have family.

The point I'm trying to make . . .

She goes on and says:

The point I'm trying to make I imagine is fairly clear. I hope that you can see your way clear to bring this huge problem to the attention of our government and work towards getting subsidization for our seniors so that [their] final years are safe and more comfortable.

Minister, the issue she is raising is — as she said in her memo — is that there are quite a number of seniors who don't require long-term care in our care homes, but they can no longer live in their homes. And they are in private personal care homes, and they have limited incomes. And the cost of these homes are 1,500 to \$2,500 per month. And if seniors do not have many assets, they very quickly use up any savings that they would have.

And I would appreciate your comments on this issue. And do you and your government have any initiatives to help people like Ms. Lukacs's parents?

Hon. Mr. Taylor: — Thank you very much, Mr. Hart. I appreciate the question. Of course you're probably aware, as your colleagues are, there's nothing in the supplementary estimates dealing with long-term care. Supplementary estimates are dealt with in the main estimates, which we dealt with in the spring.

So I'm assuming that . . . Starting out with this line of questioning, we can simply assume that we'll ignore the terms of reference of the committee tonight, and we will just talk about anything that we want to under Health.

Mr. Hart: — Well, Minister, I mean, it's been the practice of some of these committees, and I participate in the Economy Committee where there really wasn't . . . you know, supplementary estimates didn't deal with this specific topic. But I mean, I'm not asking you questions about agriculture here. We're talking about Health, and I just felt it to be a valid point to raise at this point in time. But if you're not prepared to deal with it we can deal with it in another forum.

Hon. Mr. Taylor: — I can deal with it in some general terms, and I am quite prepared to do that.

Just for the benefit of those who are watching the proceedings tonight, I simply want it known that the terms of reference were the supplementary estimates. We have \$30 million worth of supplementary estimates coming forward, and the first question from the opposition tonight is something totally unrelated to the terms of reference.

Institutional supportive care is something that this government takes very seriously, and we support quite extensively. We manage a system that supports older people and others who

have special care needs in a number of ways. Some of these are related to Health, and some of them are related to other jurisdictions within government. Partly and to some extent the issue that you're raising is an income issue. It's not a health issue per se, and it could be a housing issue relating to seniors. We aren't talking specifically about the delivery of health care to individuals. If we are, our long-term care facilities, level 3 and level 4, are firmly committed to addressing the health care needs of the people who live in those homes as well as taking care of their housing needs.

Saskatchewan has 158 designated special care homes and 21 hospitals in the province supporting 8,663 long-term care patients. This year the main estimates show that Saskatchewan Health is contributing \$535.9 million — half a billion dollars — to support long-term care facilities and programs in this province.

In the long-term care envelope, if you divide the number of beds and people being supported by the total dollar value being provided, we are subsidizing each of those long-term care beds to the tune of \$52,000 per year. So once you've hit that level 3 and level 4 care area, this government has a significant number of resources put to supporting them.

The situation that you are describing indicates that we've got some people who in the continuum of care need something a little less than that. It could be a home-based, community-based housing support.

Those people who are managing those private care homes have got additional costs that get no subsidy from government currently. Those homes have mortgages. They have some staff component. They will have local property taxes to pay. They have costs, and they charge those costs out to their residents while providing them with some additional care.

We in Sask Health realize that there's a gap between the care that's provided from our home care services to people who are independent and still living in their own home and those who are completely dependent in level 3 and level 4 areas. But it's not specific to the Department of Health, and therefore we are discussing this issue with the Department of Community Resources who look after income and to a certain extent housing issues for seniors and others who require special care needs.

Mr. Hart: — Well thank you, Minister. Minister, you said that the issue that I raised isn't directly a Department of Health concern, and you may be right. But, however, when you look the cost to your department once people require level 3 and level 4, you mentioned in your comments that you subsidize at an average of \$52,000 per year.

And I think the point that Mrs. Lukacs is trying to raise and other people have raised is that if our seniors who don't require long-term care can be provided with some assistance to access the care that they do require, in this case private personal care homes, perhaps a number of these people may never need the long-term care which is very costly. We all realize that.

And it would seem to me that if you're looking at reducing some of the long-term care costs that perhaps it may be a good

idea to be somewhat proactive and make it possible for the seniors to — those people who cannot afford private long-term care — to help, give them a bit of a helping hand so that they can access that help. Because if they can't get into these private long-term care homes they stay in their own homes longer than they should. Certainly we do have home care and those sorts of things, but they don't look after all their needs and quite often these people then . . . their health deteriorates to the point where they need to go into long-term care.

And I think what Mrs. Lukacs is saying and what I've heard from constituents and citizens of this province, is there is that gap that has been identified. And as you indicated, there really isn't anything within government that is adequately addressing it, and that's why I thought I would raise this with you this evening to ask that you and your department, working in conjunction with other departments of government, be a bit more proactive in this area and look at helping those seniors who cannot afford to stay in the private personal care homes.

Perhaps we need to look at helping them to a certain level, whatever that may be, something that is reasonable and so that hopefully we can prevent some of those people in needing long-term care and thereby lowering the cost of long-term care in this province. And that is the purpose of my questions tonight.

Hon. Mr. Taylor: — I appreciate the questions. Certainly the issue has been raised with government in other forums. The Department of Health, as I indicated, is currently discussing matters with the Department of Community Resources in a partnership manner. Certainly we realize the longer that people can remain independent in a supportive way, the healthier and happier that they are going to be and they will be outside of the level 3 and level 4 care for longer. Others of course, for various reasons, will find themselves there and we are very specifically in Saskatchewan Health doing our best within the resources available to us to address the health care needs through level 3 and level 4.

The Chair: — Mr. Toth?

Mr. Toth: — Madam Chair, Mr. Minister, I'll just follow up with a couple of short questions regarding the long-term care issue in the province of Saskatchewan. Certainly in the Moosomin constituency, and I'm not sure if other communities are facing the same challenges, but I've got some centres or long-term care facilities where they've actually shut down a number of rooms, and people have then been forced to send elderly parents . . . In one case I had a 79-year-old daughter looking after a mother who was 100-and-some years old. Ended up having to put her in a private care home which was removed from the community, even though the community she's in has 10 rooms or beds that are now closed.

And the question keeps coming up. Not only are we have been getting questions about the fact that most of the facilities are full and so people are transferred out and they may be an hour away or whatever from family, but the fact that even in communities where there is a facility, we have beds closed and can't seem to get any answers from health districts other than the argument they keep giving is the lack of workers. Only you talk to the people working there, they keep raising the fact that

they have dealt with a lot of these issues in the past; they've worked and provided more than adequate care. And I guess it comes down to, is it the funding that is lacking in these regional health districts that's creating this problem? Or how do we address this concern, especially when we have facilities created and while the need is there, that we're shutting down beds?

Hon. Mr. Taylor: — Thank you very much for that question. You have correctly identified that the regional health authorities do have the responsibility for managing on a day-to-day basis the long-term care facilities, as they do the acute care facilities.

The regional health authorities always do an assessment of where the beds are and what the extended need is going to be for those facilities. Just to make you aware, the national average of beds per 1,000 population aged 75 and plus is 97.2 beds. Saskatchewan has above that average — we have 111.2 beds per 1,000 population aged 75-plus. So we have more beds than the national average for long-term care facilities.

The regional health authorities generally are managing where the beds are, based on the local need. There will be from time to time more need than has been specifically planned for. But province-wide on any given day in Saskatchewan there will be an empty bed or there will be a bed that will be transferring from one resident to another.

We have the correct number of beds. Some would argue we have more beds than we need in the province. There are occasions when they aren't in the right location.

Mr. Toth: — Madam Chair, Mr. Minister, I think sometimes the problems in health care, and no different than in education, is we get caught up in the numbers system — in the numbers game, I should say. And I know in Saskatchewan while we have below 1 million in population now, we still have a large percentage of our population in that seniors bracket. We have a number of people that need the care. And the fact that we would argue that we have 10 or 12 . . . well let's say about 15 beds more per 1,000 population — it is over the national average — I'm not necessarily sure it's totally reflective of the need.

And so when we get into that discussion, I think all of a sudden people become numbers rather than persons. And I think that's something that we need to keep in mind, that we're dealing with real people. As my colleague before me just mentioned, people . . . The letter he read from the constituent talking about his parents helping build the community they grew up in and that is a major issue and a major concern. So I hope we don't just always end up addressing issues based on the numbers and national averages, but also be aware of the needs we have.

And yes, you're correct; at times there are centres where the need may be greater than the actual beds. And in some cases I would have to say that we have had some very good co-operation in our district in regards to, well a patient maybe moved to an hour's away from home, having been brought back to the community, close to family and friends. And I think that's very important because that certainly addresses the need, the well-being, the health and well-being of patients or elderly parents and grandparents as well, to be close to family.

So I would ask, Mr. Minister, that we don't always look at

numbers but we really look at the need, based on individual persons.

I want to raise another issue, and that's regarding . . .

Hon. Mr. Taylor: — Before you do that, can I just answer to that? I think that your point is correct that we don't just look at numbers. And I don't think that anyone within Health or the health regions really does that, although when we're in estimates we have a tendency to focus on dollar values and on the numbers that support those dollar values.

The 111 beds that I talked about were on average. Sun Country, on your side of the province, currently has 131 long-term beds per 100,000 — well above the Saskatchewan average — because that regional health authority has determined that there's a greater need for additional beds within that region than would some of the other regions. So I think that the regional health authorities that have to make these decisions are certainly taking into account the local needs, some of the demographics, and some of the circumstances within the communities that we represent.

Absolutely when we find that there's a person in the community that wants a particular long-term care facility and it happens to be full at that moment in time, the staff does everything that they can to try to have that person admitted to that facility as soon as is possible. Sometimes it means staying home for a few days. Sometimes it means going to another facility and then coming back. These are decisions that the family has to make.

The one thing that the regional health authorities do take into account when we talk about numbers is the sustainability of the system overall. We can't be overbuilding long-term care beds so that we can have empty beds waiting for individuals who may come along at any one given time. The regional health authorities have tried in their planning to estimate what the needs are going to be, and occasionally a community exceeds those estimates and it causes some management challenges.

But I can tell you that the regional health authorities are very sincere about treating the local residents fairly and in keeping with their historical contributions to our province.

Mr. Toth: — Well thank you, Mr. Minister. And I appreciate your comments as well, Mr. Minister, where you did acknowledge that, yes, we need to look beyond the numbers and recognize the needs of individuals.

Coming back, the original part of my question was where you talked about Sun Country and their 131 per thousand. The Regina Qu'Appelle Health District has a community that actually . . . where 10 beds were taken out of one of the facilities and aren't being used, and people are being put in . . . actually people are being sent to private care, which my colleague was talking of the cost.

And we recognize the fact that there's cost factors and it's not . . . being in a care home is not cheap. It still comes out of the taxpayers' pocket as well. But I think we need to recognize, if there are beds available or were, why were the beds cut? Is it simply just to get back down to that average per thousand population? Whereas as you indicated one of the districts

realized they needed the beds and so they haven't been cutting back on the beds because of the need in their district. So I'm pleased to hear that that is taking place.

An issue came up yesterday regarding Broadview Hospital, and you made the comment, Mr. Minister, about the locum program. A note that I received indicated that in Broadview there was an awareness some six months ago of the two physicians requesting this time period off, and I believe it's some family-related matters and may also be related to . . . In the paper today I think I saw something about assisting physicians out of country in getting some support as they write their entrance exams to the country. And I know that for many physicians, when they go to a community, all of a sudden they find the workload is such that it's difficult for them to find the study time.

But in the Broadview circumstance one would have to ask, if there's a six-month period where there's an awareness of physician availability not being there for that time period and we've got a strong locum program, the question I think coming from the community is why then are we only, did we actually only . . . were we only able to fill three days of that month with a locum if we do have a strong locum program available? I don't know if you've got an answer for that, Mr. Minister, but I know that's certainly a question that's come forward.

Hon. Mr. Taylor: — Thank you very much for that question. And I think, given the amount of publicity and some of the things that have been said by the regional health authority, it gives me a little more flexibility tonight. You know, there's always in the health field when you're talking about individuals and its impact on policy and care delivery, privacy issues of individuals are always first and foremost in our minds, and particularly mine when I'm answering questions in a public way.

So the physicians in question, what can one say without impacting on their privacy? Again, the regional health authority has the responsibility for managing day-to-day operations at the Broadview Hospital and they have been doing so in this case. We understand from the public comments that they've made, one of the two doctors in Broadview indicated in June a desire to be away sort of mid-December to mid-January. And the regional health authority at that time began looking for support assuming that the other physician was going to be on hand. And in fact they were looking at additional nursing staff to support the individual doctor who was going to be there.

It wasn't until September — late September, actually — that the second physician indicated that he too, for personal reasons, was going to be away for roughly the same period of time.

At that point the health region began looking at the locum program. The locum program, by the way, is supported by the Saskatchewan Medical Association. It's actually a program that they manage. There are seven full-time locums in the province. There are also physician-to-physician agreements whereby one says, if you're away I'll cover for you; when I'm away, you cover for me. So in addition to the seven locums managed by the SMA [Saskatchewan Medical Association] there are other arrangements that help to fill some of these schedules when physicians need to be away for one reason or another.

By the time the regional health authority — Regina Qu'Appelle Regional Health Authority in this case for Broadview — had the desire or the need to fill a position there, it was the end of September. We're looking at the Christmas period. The locums are fully subscribed for the Christmas period. You can imagine many physicians throughout the province are looking to have family time, vacation time, down time, and as a result the locums are fully subscribed and fully subscribed early.

As a result of that the Regina Regional Health Authority has been pulling out all stops to find ways to cover for these two physicians in Broadview who have chosen to be away at this point in time.

They have succeeded in ensuring that the clinic will remain open throughout this period of time. A nurse practitioner and additional licensed practical nurses have been hired to ensure that immediate local care is going to be provided, and indeed a locum has been found to work for the four-day period that is often critical around New Year's in any community, around any health facility.

The regional health authority has not stopped looking for ways to fill the temporary vacancies in Broadview. They've made announcements because they feel, the regional health authority feels that we've come to a time when the community has to know what's taking place there. But if a physician were to come forward and offer their services in the Broadview area for this time period tomorrow, the next day, next week, they would be fully brought in and the regional health authority would ensure that the community was aware of a change, a positive change in the services at Broadview.

Mr. Toth: — Thank you, Mr. Minister. And I think the community of Broadview and the residents, and surrounding residents of the reserves certainly would really appreciate if a physician did show up on the door and prepared to fill in for that time period. And we can continue to hope that certainly does avail itself because the work, the load then gets transferred to other centres. We recognize that, and that may become a burden on other centres when the load gets transferred there.

In your interim supply, last spring we talked about dialysis in the Broadview area. I believe you'd just received a recent letter where Mr. Barnes, one of the committee members, the Chair of the committee actually, made application to Twin Lakes primary health care to meet with them when they were meeting in Broadview and for some reason was not allowed to . . . Well he was given the understanding originally was that when he had made application that he'd be able to make a presentation.

And I raised last spring the cost factor that many people face. And I just received a letter recently of an individual actually who was being funded . . . received funding through the Kinsmen Foundation to help with their dialysis costs, the travel back and forth. And Kinsmen certainly has been a program that's been welcomed by many. It surprised me though that they actually did help, but they only help for a maximum of two years. And so this letter is basically explaining, we no longer can continue to assist you.

And you mentioned earlier about moving forward at Estevan for dialysis service. Now that's an hour and a half away, at least an

hour and a half from the Broadview community. Basically Broadview is sitting pretty well an hour and a half from anywhere. And with the last count I had was 22 people that need dialysis. Have we any further movement in this overall discussion about a potential unit in Broadview if the opportunity presented itself, the staffing was available to provide a service in that community of that size?

Hon. Mr. Taylor: — A number of things have happened, but the outcome at this point has not changed. As you will recall my comments previously, this government is very excited about the expansion of the dialysis program. Four years ago every citizen of the province regardless of where they lived received dialysis in Saskatoon and Regina. Over the last four years, the dialysis program has expanded now to every regional hospital in the province and to one district hospital — Tisdale, I think.

So we are committed to expanding the dialysis program, demonstrated beyond a doubt. We have reached a point whereby, with all of the regional hospitals now providing dialysis services, we have reached a point whereby staffing is now certainly an issue for expanding or continuing to expand the program. Our planned expansion into Estevan has been slowed because of staffing issues, ensuring that we have the people who are adequately trained and wanting to work at that location. That issue is dealt with and we will be, as I indicated in my opening remarks, opening the Estevan satellite in 2007.

As far as Broadview is concerned, there are a couple of issues here. Broadview has identified a number of people — you say the number is 22. When we review that number and take a look of the statistics of those who are currently using Yorkton or Regina, we realize that some are indeed counted in that 22 who would in fact be closer to Regina or Yorkton, but their preference would be a new satellite in Broadview.

Numbers aside, as we take a look at the further expansion, we have a committee in place to take a look at where the next expansion will take place. And we realize there are a number of communities where there are considerable driving distances to the nearest satellite dialysis system. Broadview is not alone. Meadow Lake, La Ronge are certainly two sites, or two communities, that would make the same arguments about needing access to a dialysis satellite. And as we look at expansion of the system, we have to take the recommendations of the committee that we put into place. We have to take that into account.

That having been said, we are also trying to look at ways in the interim to relieve some of the pressure and some of the stress on individuals. We are taking a look at home dialysis systems that may be beneficial to eligible patients, reducing the number that are required to travel, opening spaces perhaps in Regina and Saskatoon or spaces in Yorkton. We are also looking at, by working with the staff mix at the existing satellites, extending some of the hours to again relieve some of the pressure within the system.

And the other thing is there are a number of areas nearby Broadview that could also satisfy some of the Broadview needs that could be put in place very quickly, one of which is, of course, the All Nations' Healing Hospital at Fort Qu'Appelle. In the construction of that building, there was a room

specifically constructed and built for a dialysis satellite unit. It's currently being used for storage. There are nurses being trained in the area that could staff that facility if we were able to move quickly and that would relieve some of the pressure in the Broadview area.

That having been said, we're examining all of our options. We want to expand the service, but we will do so in a way that is sustainable both in terms of dollars to the province and sustainable to the staffing levels that we're capable of providing.

Mr. Toth: — Well thank you, Mr. Minister, and I'll take your word. The fact that you talk about the long-term approach, I think that's important. I trust that you indicated that staffing for these facilities is important and I trust we've got the seats or whatever is necessary that allow people to take the training, so that as the doors open the . . . you do have the qualified staff that can move in, as you are able to provide more seats.

But I think there again, coming back to numbers, we need to be mindful of the fact that there is a number of people in this province that it is definitely fairly cost prohibitive to travel back and forth for their dialysis. And that's another one of the issues that we need to be mindful of in the costs and just not using numbers as well, but being mindful of the cost to the patients and the economic effect it has on their family.

One further question and I know a number of my colleagues have questions as well. First responders — there's been some significant change, and I've got a question here that has come from the community in my area in regards to first responders. And a number of years ago — from what I gather from the letter I received — that training was a lot of times was made available locally and local groups would get together for this training and a lot of that has been taken away. And now people are being asked to go, leave communities, travel further distances, which . . . and the problem it creates is having to ask time off from work and the fact it's getting more and more difficult to even get people to volunteer to become first responders. And in a number of centres in the province the closest emergency service is your first responder. Ambulance services aren't even in some of these communities.

And I'm not sure if your department is responsible. I know the Regina Qu'Appelle Health Region has made some decisions regarding first responders, and I'm wondering what your department has been doing to address some of these issues.

Hon. Mr. Taylor: — Maybe I'll call on Lauren Donnelly to answer that question.

Ms. Donnelly: — So our department is responsible for the first responder training program. I don't have the Regina Qu'Appelle issue with respect to any changes that they have made with me on hand immediately, although I can get that information this evening if it's necessary.

Mr. Toth: — I thank you. And what I'll do is . . . I was trying to raise this somewhat last spring. We got kind of tied up as well. I'll get a copy over in case you haven't received one — I thought I had got one to the minister — about the specific issue. And maybe you can get back to me as to how we can address a

number of the questions, if that's okay.

The Chair: — Mr. Bjornerud.

Mr. Bjornerud: — Thank you, Madam Chair. Mr. Minister, I need a few minutes of your time tonight and I'd like to see if you'd kind of explain to me how ambulance charges are . . . how they come about, especially in rural Saskatchewan. Is there a flat provincial formula that goes right across the province to set the rates when an ambulance goes out to rural Saskatchewan, per kilometre? Or could you explain how that works?

Hon. Mr. Taylor: — Sure I can, but I think I've got somebody from the department here that can be very specific for you. Indeed this year we just changed the guidelines to provide regional health authorities to negotiate additional contracts with the ambulance operators. Ambulance services are not an insured service under medicare, but we subsidize them to a considerable extent at this point in time. But the ambulance operators are allowed to charge up to certain levels. And for seniors, of course, that's capped at 250 bucks, period.

But someone here should be able to come up with the specifics. And I'm just taking a look at who's coming forward here . . . oh, some information. Lauren Donnelly will be more specific for you.

Ms. Donnelly: — So as the minister advised, ambulance services are subsidized; they're not a fully insured service. We do have guidelines. Our legislation actually allows the regional health authorities to set the ambulance fee to be charged to individuals. We did, a number of years ago, put in place some guidelines so that we had consistent standards and charges across similar types of services in the province so that our larger centres that run paramedic services have a higher charge and can charge a higher fee in our major urban centres than our rural centres.

So just if I can find these. So ambulance services based in Moose Jaw, Prince Albert, Regina, and Saskatoon may use a maximum basic pickup charge of \$300 per call and a maximum kilometre charge of two twenty per kilometre. All other areas of the province may pay a maximum basic call pickup charge of two twenty per call with a maximum kilometre charge of two twenty per kilometre. So there's a basic pickup and a kilometre charge in each case and it varies for the major urban centres and the rural centres.

Mr. Bjornerud: — Thank you. Can you explain to me then when the bill comes out to someone that's had the misfortune to need an ambulance out in rural Saskatchewan — whether it's a traffic accident, farm accident, heart attack, whatever it is — who sends that bill out? Does the ambulance operator send the bill out or is it the health district?

Hon. Mr. Taylor: — Yes, it's the ambulance operator who sends out the bill.

Mr. Bjornerud: — Well I'm going to give you an example of what happened in my constituency. We had a car accident in my constituency, and I can't remember the highway right off the bat which doesn't matter. There were six people involved, one

ambulance, and all got a ride to the hospital because there was only one ambulance available. All took the ambulance to the hospital. Each one of those people received a bill for \$764.

And I guess the problem being, one of the families is a young family with, I believe there was three adults and two kids from the one family. This was a tremendous bill. And they were just in the process of moving back to Saskatchewan. What muddies the water here a little bit is that they had Alberta plates. They were just moving home from Alberta, had been out there for a while and moving back. And the other plates were Ontario. And I guess the problem being is this is a young family we finally got to come back to Saskatchewan, and we've just handed them, that family, a bill for five times \$764.

And I guess my question is, is that the norm or was something wrong in this situation?

Ms. Donnelly: — I would advise that we do have staff in the department that work with families and patients, regions, and operators when there's queries with respect to individual ambulance charges that we could refer this individual to, to work on their individual case. It sounds to be an unusual case.

Mr. Bjornerud: — Thank you. We've contacted the health district because we thought that's where the, you know, the bill came from. I didn't realize it was through the ambulance service. But to start with the health district, Sunrise — in this case it was Yorkton — thought also there must be a mistake because this just didn't sound possible that this could happen. Then we received another call and said because both plates were from out of province that this was the actual bill.

I guess that creates a few more questions then. What happens if they were both Saskatchewan cars in this case? Would that same type of bill be sent out from the Sunrise Health Region? And I have a problem with this when it's especially young families, but any family out there. We know ambulance costs are very expensive for everybody in rural Saskatchewan, but it's a fact of life and we know we live with that. But in this situation where that number of bills were sent out for one ambulance and one ambulance call and one pickup seems extraordinary to me that that amount of the bill be . . . You know I can see the basic bill and then maybe pro-rated down for the rest of them, but something seems wrong in this situation.

Hon. Mr. Taylor: — Well I'll certainly take a look at this. It doesn't sound right to me. I'm not aware of any differential for out-of-province pickup. This doesn't sound right to me.

Mr. Bjornerud: — Thank you, Mr. Minister. What I'll do then tomorrow — I don't have it with me — I'll get you the details and the names involved. And they're quite willing to talk. If you would look at that, that would be I think greatly appreciated by me, but for certain greatly appreciated by the family. So thank you.

Hon. Mr. Taylor: — No problem. Consider it done.

The Chair: — Mr. Krawetz.

Mr. Krawetz: — Thank you very much, Madam Chair. Good evening, Mr. Minister. Mr. Minister, I've been raising a number

of issues regarding the Sunrise Regional Health Authority and the former Assiniboine Valley Health District — specifically the communities of Preeceville, Canora, and Kamsack which come from that former Assiniboine Health District. You have been I'm sure made very aware of, not only through questions in the legislature but also from contacts from individuals that are concerned about the number of times that those three facilities have been on bypass.

Would you be able to confirm or your staff members be able to confirm, Sunrise Regional Authority, the quality care coordinator has indicated that the component of doctors necessary for those three facilities — Preeceville, Canora, Kamsack — should be 11 to 12. But currently, and again depending on the time of day I guess or time of week, it could be anywhere from five to six. Are those realistic numbers that can be anticipated in terms of the number of physicians that would be in the communities of Preeceville, Canora, and Kamsack?

Hon. Mr. Taylor: — Well while I'm talking, maybe someone behind me can give me something a little bit more specific.

But just let me say that the day-to-day operations of health care in the province are governed by the regional health authorities. The regional health authorities will determine where physicians need to be and how many would be necessary. Although in some areas — and Saskatchewan does not yet have this problem — physicians can set up just about anywhere they want to. And they just have to hang out a shingle once they're licensed, and they can begin billing Sask Health for their services as patients come through the door.

We have some challenges in rural Saskatchewan in recruiting — rural and actually the entire province but primarily in rural Saskatchewan — in recruiting people, physicians to specific parts of the province. So for all intents and purposes I can't argue with the regional health authority's comments, simply because they are the ones responsible with setting their targets for what they should have in an area and what they would be looking for.

Mr. Krawetz: — Okay. Thank you, Mr. Minister. Let's assume that, you know, that the numbers are fairly accurate and that the projection, based on the population, is that there should be 11 or 12 physicians, and we currently have five or six. So there is a need for physicians. There has been for a number of years.

And I note that you mentioned to the questions raised by Mr. Toth about the locum program. And my question is then, as far as doctor recruitment for a community, who is responsible? Is it the community? Is it the regional health authority? Is it SMA who are responsible for the locum program? And you indicated that they only have seven current members of that program.

And I've heard from community members who have, I guess, tried to raise the concern and to assist to get doctors that they get stonewalled, that there isn't, there isn't someone in, you know, some office somewhere that says, you know, the buck stops here, and I will be able to tell you where you can look for a physician, how you can be able to, you know, achieve getting a physician. So my question is then, who is actually responsible for recruiting a physician in either of Preeceville, Canora, or

Kamsack because they're five doctors short?

Hon. Mr. Taylor: — Actually I think I can remember the exact answer that I gave you in the spring when you asked a very similar question. And so I . . . Oh that was Wayne. Okay. In any case, it's a very good question, and we do hear people at the local level asking it similarly.

But the human resource office is located within the regional health authority. The regional health authority does have the responsibility for recruitment and retention. However recruitment is a multi-layered activity.

Sask Health is part of the layers because of course we now have the recruitment agency. But even before we had the agency, we had a number of incentives that were available to regional health authorities to assist them in their recruitment efforts. Now we have the recruitment agency that the regional health authorities can utilize in their recruitment efforts. And of course the incentive programs are still there, and some of them are very substantial in rural Saskatchewan.

Secondly, the community is an active participant. It's another layer in the recruitment process. If a community has located a physician to work within their community, that's a real bonus. And in fact we've got some areas of the province where the community has been very helpful to the regional health authority in locating physicians.

The other layer of course are the physicians themselves. No one is a better recruiter to a community than a physician who's already there. And in many, many times and many occasions, the physician has actually made the contact that attracts a physician to work in partnership with that other physician in that community.

Where it becomes complicated is where a community wants a doctor, but it may not be sustainable to have a doctor in that community. The regional health authority is actively recruiting for a neighbouring community to fill a clinic or a hospital position. You name Preeceville, Kamsack, etc.; those are all communities currently in need of physicians. And those communities working with the physicians, working with the health regions, working with Sask Health, that teamwork will in fact be the very best solution.

But there are other communities who had a doctor ten years ago or 15 years ago, anxious to have another doctor there, but is unlikely sustainable. And the regional health authority may not be terribly supportive of trying to support a doctor there knowing that they'll only lose him or her in a year or two because it's not sustainable in that particular part of the region.

Mr. Krawetz: — Thank you, Mr. Minister. And I think, you know, I understand what you're saying regarding those situations where communities have declined, population has dropped, the area is no longer serving as wide a range of population. The examples, though, that are very current, of course Preeceville is looking at constructing a new health care facility. Obviously the Sunrise Authority is supportive and wants doctors. Canora is in the same position. Kamsack is in the same position.

A comment made by the quality care coordinator — in the summer — of Sunrise Authority, basically she said that they had been anticipating a physician to come through immigration. He was expected a year ago. This was in July, and he was expected the previous July. And he was tied up in immigration, and there seemed to be a problem.

Is there someone within Sask Health that monitors this on behalf of all of the regions? Because I'm sure every regional authority is working with immigration to try to get physicians from wherever. Is there someone in Sask Health that is helping to expedite all that red tape that seems to occur within immigration, whether it be, you know, at the country of origin or whether it's within Canada? Are there people that assist the regional authorities in cutting through that immigration red tape?

Hon. Mr. Taylor: — The simple answer to this question is yes; we are very anxious to ensure that we do have qualified, capable physicians working in the province regardless of where they come from. There are some challenges. The College of Physicians and Surgeons certainly wants to ensure that the qualifications are assessed, that the exams are passed. The College of Medicine has some interest, and of course we've just signed an agreement with the College of Medicine to assist internationally educated physicians can work through their exams.

So the simple answer is yes, but Bonnie Blakley who has responsibility for our health human workforce activities may be able to put more of a specific answer to your question.

Ms. Blakley: — Thank you. Currently the way the immigration process works, as you probably know, is that there can often be hang-ups both at the national level and the provincial level. And in fact what we're finding with most of our internationally educated health professionals is that it's in fact the national immigration process that's become the most cumbersome. And so you have probably heard a few months ago, it was the federal government that announced a major initiative to actually alleviate barriers for internationally trained because in fact the provinces have been pushing for that.

We work closely with Advanced Education, with our Immigration branch so that we are alleviating barriers within the province. About a year ago Saskatchewan was one of the only jurisdictions to leverage federal funding — approximately 2.2 million — and we're working on five initiatives which will help, I'd say, alleviate most of the barriers for internationally educated, help with some additional training, and help, I would say, to speed up the process once they get through the national process through immigration. But we continue to work with Health Canada to ensure that at their end they're alleviating the barriers they need to.

Mr. Krawetz: — Thank you, Ms. Blakley. As a result of the additional monies that Saskatchewan was able to receive from the federal government, have you seen — and of course the federal government's initiative to make that changes — are you seeing the benefits in Saskatchewan already?

Ms. Blakley: — No not yet. The initiative was just launched, and we're looking at ways at alleviating the barriers that

actually take a lot of players into account. And so we've got those people working now to see how we can refine the process and, I'd say, quicken it.

One thing I have to acknowledge, though, is that Saskatchewan, out of all jurisdictions, has done an admirable job. If you look at the number of physicians that we do have who are foreign trained . . . we have a large number, and that's because we've made a concerted effort to alleviate barriers for them so that they can actually practice in the province. And we, you know, plan on doing that with our other health professionals who are educated from abroad.

You know we're not the only jurisdiction who has these challenges. You know we are in a worldwide shortage, and we're constantly looking to ensure that we're as competitive as everybody else since we're trying to recruit from outside of the province.

And again, some of the initiatives we're working on also are about ensuring that we're doing ethical recruitment. The reality is that in a worldwide shortage we want to ensure that when we do recruit from other countries that we're doing in an ethical and respectful manner. And so we're working on initiatives related to that to ensure that that's what we're doing.

Mr. Krawetz: — Thank you very much, Ms. Blakley. Mr. Minister, I was wondering, does your department track the retention of the graduates from the College of Medicine in Saskatchewan at the University of Saskatchewan? Would you have numbers for — and I understand that there are 60 training seats now at the University of Saskatchewan — over the last five years? Would your officials have data that would show how many of the 60 doctors or less than 60 that graduated over the last five years, how many are actually practising medicine in the province of Saskatchewan.

Mr. Hendricks: — I think I can answer this. This is actually available in our annual report. Our retention has been increasing. Back in 2001 it was 48 per cent, and it is now increased to 61 per cent. Now of course in family medicine we have a much better chance of retaining medical graduates — 71 per cent compared to approximately 50 per cent in the specialties — and that's largely due to the fact that specialists go away to do fellowships these days. And often when they go to Vancouver, a large centre like that, they end up staying there.

Mr. Krawetz: — Thank you very much for that information. And so has there been nearly 60 graduates coming out of the program in each of the last five years, or has it been constantly growing?

Mr. Hendricks: — We increased the number of undergraduate medical students in 2001 from 55 back up to 60. So right now we're just beginning to see those residents move into their program. So we're beginning to see the first family medicine residents, I believe, this year, and within three or four years then the first group of specialists will start coming through the program.

Mr. Krawetz: — So if you are looking at this year's graduating class, you mentioned two numbers. You said 61 per cent and 72 per cent. What would you expect of the graduating class of 60?

What would you expect to be practising in Saskatchewan a year from now, or a year from the graduation date?

Mr. Hendricks: — I would expect 61 per cent of 60, so approximately 36, yes.

Mr. Krawetz: — Thank you for that. My next question then will switch more to a regional basis, Mr. Minister, and you talked about lack of professionals. I raised this question in the legislature, and it was regarding the regional authority. And I know that we have looked at changes to health care from, you know, closure of 52 hospitals a number of times a number of years ago, where the facilities of Canora, Kamsack, and Preeceville were going to take care of the loss of the facilities in Norquay and Invermay. But I was told many a time by former ministers that of course the regional authority would become enhanced and would be able to deliver the services.

Is the Sunrise Authority, specifically the regional hospital in Yorkton, does it have a pathologist yet? And if it doesn't have one today, does anyone in your department know when a pathologist will arrive to begin working in the regional facility in Yorkton?

Hon. Mr. Taylor: — Again I think Max has got specifics here. To my knowledge a pathologist was recruited. When he or she starts, that sort of thing, I can't answer unless Max has that information available.

Mr. Hendricks: — According to our records, as of September of this year there is a pathologist that is registered in Yorkton, so there should be one there.

Mr. Krawetz: — The person may be registered, but I can tell you very, very succinctly that the pathologist is not on duty, and in fact it has created great bottleneck in Yorkton because all biopsies must be sent to Regina. And especially in cancer diagnosis, a family member went through that and the biopsy result did not return back from Regina for eight days. And I was told that there is no pathologist by the doctor on duty in Yorkton, and that there was hope that there would be one, but I didn't get into the specifics. So that's why I raised the question with the minister back in the legislature, and you know there seems to be some conflicting reports. I've heard February 1 that a pathologist is coming on duty. You've indicated that your records show that this person is registered as of September 1. I know that in October there was no pathologist.

Hon. Mr. Taylor: — There could be a number of issues relating to someone having been recruited and their start date. Every circumstance is unique. So while we may have been informed that the pathologist has been recruited, in the day-to-day operations they may be still managing the start date for that. In the meantime, the regional health authority is responsible for managing all of those issues related to somebody not being present. And as a result, they'll be finding ways to get the tests read, the results back, etc.

Mr. Krawetz: — I know that, you know, there has been additional funding provided in this interim budget for recruitment and retention. And I just want to raise with you how important it is for someone like a regional facility in Yorkton — and I'm sure North Battleford is no different — that if a

pathologist isn't there, it just creates an extreme bottleneck then in Regina or Saskatoon no doubt, because all of those tests are sent into one facility. And you know when there are a number of tests that are conducted, the return then becomes eight days which is . . . You know the doctor himself, who was speaking to me on a daily basis, was really annoyed with the fact that he had to wait day after day after day without knowing what he was dealing with. And that's a significant problem. And I think we've pointed out to you.

You know when Preeceville and Kamsack went on bypass and all of those people ended up in the Yorkton facility — which I happened to be in on a Sunday afternoon — and there's 30, 40 people in the emerg, and the situation is that of course the Sunrise Authority has not added additional staff in the Yorkton facility in the ER [emergency room] to be able to deal with that. And you know you have people that sit there for hours and hours and hours with emergency situations because it's created a bottleneck.

And in the letters that I've received from patients and family members of people who are just saying you know we cannot rely on the system that we thought we had, and that's . . . You know my first questions were regarding recruitment of doctors because I think you know that's where it starts. If there's no doctor you know — and your comment I know was a facetious one in the legislature — of course you can't operate a hospital without a doctor, and that's what happens.

As soon as there's no doctor, it doesn't matter how many nurses or LPNs or technologists you have on duty, the hospital isn't running. And that's what creates a problem is you close Preeceville, you close Kamsack, you close Canora for a day, two, or seven, or in this case two weeks in Preeceville, and everything funnels into Yorkton. Doesn't work either because Yorkton then becomes a facility that can't manage the kind of pressure that's put on them.

Hon. Mr. Taylor: — Certainly what you're pointing out is indeed the case. The challenge that we face at this end of the table is ensuring that we have the capacity to manage those situations when the challenge is at its worst. You certainly do point out a situation which on that given day was very stressful for everyone who was there.

When the doctors . . . like Preeceville. The reason why that hospital closed was the doctor was away to write an exam for two weeks to ensure that he's able to stay in the system and stay here. We've now put in place circumstances whereby . . . Let's say he didn't pass his exam. Instead of changing the dynamic, we put in place remedial services to assist this physician through the next level of exams.

We've also now, just this week, announced a new program for the internationally trained doctors. We put a coordinator in place to assist them through this process of trying to deal with circumstances where they're faced with exams they're not quite certain about. They might be absolutely qualified; they just can't prove it to anybody because of the unfamiliarity with the exam process. So we're trying to take into account those sorts of things in the broad picture.

So on a particular day in the Yorkton hospital you encounter

challenges that are faced because of managing that circumstance. But on any given day in the province you will find a system that is generally working to the nth degree. Thirty thousand procedures of one kind or another are done by the health system in this province every single day. Two thousand one hundred people are in hospital beds across this province every single day. As I indicated earlier, 257 operations are done by surgeons in our facilities every single day. So occasionally we have challenges that the health regions have to manage. And occasionally they present significant individual challenges, or challenges to individuals. And we're doing our best to cope with it, given the complexity of the system.

You're absolutely right. The physicians are a key component to this. We have just signed an agreement with the Saskatchewan Medical Association. Ninety per cent of physicians voted in favour of that agreement. That agreement contains recruitment and retention initiatives and together the SMA and Saskatchewan Health have \$25 million available for physician and specialist recruitment initiatives over the course of this particular year. The SMA is working very closely with us on these initiatives, including bursaries and incentives for rural practice to help move people into communities like Preeceville instead of Yorkton, for example. And hopefully these endeavours will work.

Also I should say, we aren't in the budget process in this meeting for next year, but the SMA has asked us to again increase the number of seats for physicians at the College of Medicine. And that request is under consideration.

Mr. Krawetz: — Thank you very much for those comments. You know your staff has identified . . . Ms. Blakley has identified the initiatives that we hope will see some, you know, advancement in not too distant future. You've indicated some of the programs.

And I guess I just want to for some people in my constituency who may be watching this program or may read *Hansard* some other day, I want to clarify that indeed the exams are not two weeks in duration as is indicated. But of course this doctor wants to ensure that he passes his CAPE [clinicians' assessment and professional enhancement] exams. And he's spent some time preparing for it because a doctor who comes into that community and has had . . . The short time that he's been there he's been swamped with delivering medical care and as a result he wanted to make sure. And I think that shows, you know, some dedication to wanting to be a physician in Preeceville. And I hope — I don't know the results of the doctor taking his CAPE exam — but I hope that it was successful because he is certainly, you know, dedicated himself to trying to do the best he can at that exam and ensuring that he passes.

You mentioned a couple of answers to questions asked by Mr. Toth regarding dialysis. In the spring of 2005, I asked questions of the former minister regarding the dialysis machine at Yorkton. And I received a response that the Yorkton machine was averaging about 12 hours a day and it was working for about six days per week, six 12's. And it indicated . . . The letter indicated that there was a goal to enhance 12 to as much as 16 to 18 hours a day by adding another staffing component. Has that been successful? And what is the status of the actual operation of the dialysis machine in Yorkton?

Hon. Mr. Taylor: — If she's ready, I'll ask Lauren Donnelly to answer this question.

Ms. Donnelly: — Sunrise, Yorkton continues to pursue that third shift. Saskatoon, Regina, I believe PA [Prince Albert] all do three shifts a day over the course of a day, six days a week. Yorkton has not yet been able to mobilize the resources, though they're still working on it, to begin that next shift, the third shift of a day.

Mr. Krawetz: — Thank you, Ms. Donnelly. Is that . . . Those obstacles, are those obstacles professionals? Are they dollars? You know, are they money?

Ms. Donnelly: — They're generally staff mix and recruitment issues.

Hon. Mr. Taylor: — The money is there.

Ms. Donnelly: — The money is there.

Mr. Krawetz: — How many people are trained for whatever that person is called, that technologist that conducts the actual dialysis and operates the actual dialysis machine? How many people are being trained in the province currently?

Ms. Donnelly: — It's a specialty training program that comes post-nursing. So the regions, when they look at setting up a program, actually post the positions for RNs and LPNs. And the satellite regions like Yorkton will then have their nurses trained from the home site, which in this case is the Regina Qu'Appelle Health Region. So it's a matter of posting positions, advertising for RNs, and then training them before they begin the shift. So it's a train on an as-they-come basis, so you try to recruit the staff with the basic skills — RNs and LPNs — and then send them to the training programs.

Mr. Krawetz: — So this is late 2006. Are there RNs that are currently registered through the Sunrise Regional Health Authority with Regina base to take that training?

Ms. Donnelly: — I can't give you the specific details of how many they might be short tonight to get that moving. They're continuing to work on continuing to deliver their core services across their region. Regions are quite cautious about drawing from other areas within their organization and perhaps challenging them while they try to build a program. Perhaps some of the new recruitment and retention initiatives in place now will help bring more outside professionals in to assist with the expansion.

Hon. Mr. Taylor: — Let me just add to that. What Ms. Donnelly was indicating is not . . . The regions don't want to be short staffing another area of acute care by pulling a registered nurse or an LPN away from one of the other departments to go into the dialysis unit. So it is best to be recruiting additional staff to those that are already within the system to meet those needs.

And I think, as you're aware and others are aware from other issues that have been raised, the nursing shortage in the province certainly contributes to the lack of available bodies for these enhanced or additional services that are being requested

within the regions. But the uptake recently from the new incentive program that we've put in place, and the advertising being done through the recruitment agency I think is indicating there has been a good response and we should have additional human resources for the regions in place very, very shortly.

Mr. Krawetz: — Thank you. And that is an optimistic statement and we'll hope that that becomes true.

My final question, Mr. Minister, is regarding. . . Has the Department of Health been involved with the Department of Learning through education programs? The program in division 4, grade 10, is usually a wellness 10 program that involves . . . usually the students take CPR [cardiopulmonary resuscitation] training. And that has often been delivered by a health care person, funded of course by health care dollars. Has there been a directive from Sask Health that these people no longer can do that type of training within the school system if requested?

Hon. Mr. Taylor: — Well I'm going to hope somebody behind me moves up to the table and, if not, you're just going to have to listen to me.

The regional health authorities have a number of local mandates including supporting the SchoolPlus model. SchoolPlus has frequently seen public health people, others within the health system come into the schools and provide sort of broad education days. I don't know from one regional health authority to another what arrangements that they've made under SchoolPlus for assisting the delivery of any program within the school districts in the province. It is not something that we shy away from. It is something that we are glad to participate in, but I'm pretty sure that it's something that needs to be managed between the local school district and the local health authority.

Mr. Krawetz: — Thank you, Mr. Minister. By your comments I see that you believe that that is a regional health authority's responsibility to set up that type of interaction between the school division and in this case the schools involved. And that is not a directive then that is province-wide. I see some acknowledgement from your staff in the background that that is in fact correct. I know you can't see.

I know we've talked about, you know, the interaction between departments for too long, and I speak from my involvement in education 20 years ago. For too long we've operated in the silo system. And of course, you know, you can't cross because if you're delivering health services in a school, then of course the Department of Learning has to pay for it and not Health.

And I find . . . If this is a directive that has occurred in some of the regional health authorities that they are no longer going to fund the cost of that professional delivering a CPR program which is very, very important to young people in this province as we look at delivering health care, I think that that's a bad decision. And hopefully somebody will lobby on behalf . . . because my understanding now of course that this cost of taking this wellness course will now become the cost of the student. So if there is a charge for a professional to come in and deliver a course on CPR to a wellness 10 group of students, that now those students are going to have to pay the cost. And I think that that's not acceptable.

But I know that right at the moment, you don't have that information. And if one of your staff members can locate information that would help me to answer the questions as to why this has occurred in specific schools that now students must pick up the costs when before it seemed like — and I say, seemed like, Mr. Minister — that the regional health authority picked up that cost. Thank you.

Hon. Mr. Taylor: — Okay. Thank you very much. Bonnie Blakley has moved up beside me. I'm not quite sure what she can add. I'm going to call on her to respond, but before she does, I just want to say that the SchoolPlus model was developed to be an interjurisdictional, interdepartmental delivery of program or education to students. And I don't know under previous circumstances when costs were involved, whether the costs were at the school board level or they were in the delivering agencies level.

Obviously in some cases that you're raising here, it could be that the school board has made a decision that they can no longer finance a particular program and that since the regional health authorities may not have a budget for that, then it falls off the wayside. It's like one jurisdiction asking another jurisdiction to finance something that had previously been funded elsewhere. You agonize, you try and find the dollars if you can; at the end of the day you can't deliver it.

We at Sask Health are not shying away by any means from continuing to participate in the SchoolPlus model. And I would encourage our regional health authorities to engage themselves, even to the point where it might cost some dollars, to take some of these programs into the school. But I don't know what's involved in a CPR course. I don't know what costs are involved or whether or not there are even people available to do that.

In my community of North Battleford, CPR course I think is delivered through the ambulance service and the paramedics who are active there. And when we want to do community training we call the ambulance operators and they come and do it. The St. John Ambulance people have done some tremendous training within the community, and they do it on a donations basis, if I'm not mistaken.

So there are a number of resources within a community, but I'm sure that the regional health authority would be happy to work with the school divisions. We'll take a look at any further directives that we might want to make. Ms. Blakley.

Ms. Blakley: — Yes, I just wanted to comment, although I don't know directly about this situation. The regional health authorities have recognized not only need-to-do stuff like this, but the reality is, is if we're going to recruit and retain our own, getting into the high schools and talking to our young people before they're even in grades 6, 7, and 8 is important. And in fact a number of our regional health authorities are working closely with the schools, with the training institutions in their areas, to ensure that they in fact they do have health professionals. And some of them even have retired health professionals going in to do a number of different things in the schools.

And so I don't know about this particular case, but I actually know that regions have been doing a lot of planning and

actually expending a little bit of money to work with the school systems to ensure that it's not just to get CPR in the school, but it's so that young people can actually see what certain health professionals do in the workplace and hopefully therefore encourage them to enter the health professions. So I don't know about this case, but I do know the regional health authorities have done a lot of work with their high schools and elementary schools in this regard and they continue to do so.

The Chair: — Thank you. This seems like a logical place to take about a five-minute recess so everybody can do whatever they need to do.

[The committee recessed for a period of time.]

The Chair: — We're all back assembled, and I think the next questions will go to Mr. Duncan.

Mr. Duncan: — Thank you, Madam Chair. Good evening, Mr. Minister. I appreciate your time. And good evening to your officials, some of who are familiar faces to me from my short period of time at the policy and planning branch of your department.

I just have a few, just a couple of quick questions. And depending on your ability or your officials' abilities to answer them this evening, I may just pass more information onto you tonight or to your staff tomorrow to look further into it.

It involves palliative care. If you'd have somebody or perhaps yourself could answer a couple of questions. What would be the criteria for admitting a terminally ill patient into palliative care?

Hon. Mr. Taylor: — I'm going to ask Roger Carriere to answer this question. But by way of introduction while he's getting his paperwork sorted out here, the regional health authorities again have the responsibility for managing the day-to-day operations. And each facility that has a palliative care bed would have very specific guidelines with regards to that facility, and physicians would understand these things about placements. But I'll go to Roger for if there's anything more specific.

Mr. Carriere: — The palliative care process can go on an extended period of time or a short period of time, and so you can be looking at a couple years to a few weeks. And we actually designate it sort of end stage, middle stage, and early stage. And being designated as palliative, you can get service in various settings.

Some individuals are managed solely by their physician and perhaps need very little other support. Other individuals will be admitted like through the home care program and be managed through home care. Some individuals are managed in special care homes. And then there are people admitted to hospital. And then there are some specific palliative care units primarily in Saskatoon, Regina that where they specialize in that piece. So it's not a precise, absolute criteria that makes . . . A lot of different services can help service that individual.

Hon. Mr. Taylor: — If I might just add, I think that where there have been difficulties in the past is understanding the differences between end stage and the other two stages, because

it's end stage where the majority of the benefit is.

Mr. Duncan: — I think what I will . . . at the end of my questions, I'll probably just pass this specific . . . and I don't want to get into the specifics of this case. I'm not sure if your office received the same letter that I did, and it probably wouldn't be fair to ask specifics on this case.

But I guess the question that the family has is, if there is a choice . . . I suppose the question would be who has the final say or does the family have a say if the person is being treated primarily in Regina, but Regina's not their home region and in this case . . . and I guess I'll speak a little bit to it. If the home region was Sun Country, yet there is more family in Regina and family closer to Regina, wouldn't it be appropriate then to admit the patient in Regina? This person, from the time he was diagnosed with liver cancer, had only two months to live — he's passed on now — and understandably the family was pretty upset when room wasn't made for him Regina where a large number of the family . . . where it was convenient for the family at certainly a difficult time for them.

So what say does the family have in terms of where the person would be admitted?

Mr. Carriere: — The individual really does have the right to receive care where they want. So if the individual wanted to reside with family in Regina, normally that should be accommodated. I don't know the specifics of the situation. Perhaps a bed wasn't easily available and there was one and sometimes it would probably be better that they stay there. But people aren't restricted to stay at any particular part of the province. If they do want to be closer with family, they normally would have the right to move, and the region where they moved to would provide care.

Mr. Duncan: — Thank you for that. I think that answers what I had this evening. But, Mr. Minister, I think what I will do is get this information to your office in the morning, and I'd appreciate if you could maybe just clarify or answer some of the questions that the family did have, understandably that this is a very difficult time for them, and they're in the grieving process. They're left with a lot of questions in this regard. So that'll be the end of my questions. But I appreciate your answers. Thank you.

The Chair: — Thank you. Mr. McMorris.

Mr. McMorris: — Thank you. I have a number of questions. I can't believe how quickly two hours has gone by. It's been so enjoyable for everybody, I'm sure. My questions are going to be fairly close to the Estimates book. A little bit on prescription drugs to begin with, so I'm not sure who is the person. But I see there's an increase of about \$2 million in the supplementary here. Could you explain to me what that \$2 million will be going towards?

Hon. Mr. Taylor: — Yes I can. And I just need a couple of moments to find the right page here. And I think that Max Hendricks will also help out. Maybe, Max, if you find it before I do, you can answer Mr. McMorris.

Mr. Hendricks: — The drug plan increase of \$2 million is

largely related to what we call acquisition costs, which is inflation on pharmaceuticals. It's not a utilization figure. This year utilization is remaining fairly stable. It is inflation in drug costs.

Mr. McMorris: — Thank you. When we look at . . . And I know we've already voted this off through the previous budget of '06-07. But there was an increase of \$15 million. Could you give me just kind of a brief outline of what that increase from last year's budget to this year's budget, 15 million, and then you've just explained to me what the other 2 million is — it's an increase of 17 in total — but what that \$15 million is towards.

Mr. Hendricks: — Typically we see inflationary cost increases in pharmaceuticals in the 9 per cent range per year. We've seen utilization range between 1 to 2 per cent. Last year there wasn't a huge increase in utilization, and it was actually an unusually low year — 10.9 per cent, I believe, in terms of drug cost growth compared to past experiences around 14 to 15 per cent. Unfortunately this year we've seen some additional inflationary factor come into play, so thus the additional \$2 million.

Mr. McMorris: — Okay. You've talked about drug costs then, and that's obviously the lion's share of the . . . It's a little over \$200 million, I believe, that we're spending on drug costs now. There's also prescription fees and subsidies to low-income individuals. How have those fared over the last number of two or three years? I guess you were talking about increases of 10 per cent or greater for drug costs, but the other areas of, I guess, dispensing and subsidization for low-income individuals.

Mr. Hendricks: — We have several programs for low-income individuals. We have our supplementary health clients which are SAP [Saskatchewan Assistance Plan] clients who are nominated by the Department of Community Resources to receive special assistance. And it's not just drugs that they receive special assistance on; it's a range of extended health benefits. We also have the family health benefits program which has again an income cut-off and provides assistance to low- to middle-income families with high drug costs, large number of children, that sort of thing, as well as again some extended health benefits.

The biggest program by far is our special support program which basically caps drug expenditures at 3.4 per cent of your annual income, and that is where we are seeing the most dramatic growth. Incomes obviously aren't increasing as fast as drug costs are. It's a good program in that it price protects people against the cost of drug price gross. So that one is where we are seeing the largest growth. And it's mostly in terms of what government share of the drug costs are in these cases.

Mr. McMorris: — I think you know we've brought it up different times in the legislature, some of new drugs that are coming forward, some of the cancer care drugs, and the huge cost on those. Do you have any sort of estimation as to when you look forward in the next couple of years . . . I mean the drug plan has increased. I believe, just because I happened to look these numbers up, not very long ago in '95 it was 63 million. In 2006 it's over 200 million. What do you see going forward in the next couple of years as far as the total drug plan? But even broke down into, you know, the drug costs and the

dispensing fees, those type of issues, what are the increases that you're looking at going forward?

Mr. Hendricks: — On a go-forward basis, we budget for a certain amount of inflation, usually in the 7 to 9 per cent range which is pretty standard. In the past few years, we haven't included a contingency for new drugs within our health budget. In the past we'd included sort of \$2 million, that sort of thing, just based on new pharmaceuticals being added to the formulary. However, as you're well aware, when we have some of these new generation drugs which are very expensive, often times \$2 million isn't enough. So in those cases, if we had a new drug introduced to the formulary, we would have to come back and seek additional funds.

There are several drugs, genetic drugs, that sort of thing that are on the horizon. They have tremendous potential in terms of cost, that sort of thing. And even though they might be useful to only a small percentage of the population, they are nonetheless very, very expensive drugs.

So we continue to monitor trends and how those are moving through Health Canada and also how they are moving through our formulary committee.

Mr. McMorris: — So you wouldn't want to put, you know, a bit of a number or guesstimate on what you see going forward. Is it remaining at 10 per cent? Is it going to escalate to 15 per cent? And especially when you start looking at the demographics of our province . . . and, you know, the baby boomers are, you know, 60 in the year '07, and as those go forward, the bulge going through the system . . . I mean, I just think that increased cost at 10 per cent probably won't even come close to matching it.

Mr. Hendricks: — I think you're correct. I think that we can probably expect to see still in the 14 to 15 per cent range is more standard cost growth.

We've done a couple things in Saskatchewan. We have a maximum allowable cost where we will only pay up to the reference price drug within a certain class of drugs. And that's basically where you have an equally effective drug, we'll pay for the lowest cost within that class. And that's a cost mitigation program. And we've only done that for proton pump inhibitors, but there's the potential to expand that to additional classes of drugs to mitigate costs.

We've also as a province probably been one of the most successful in Canada at constraining drug costs because we have things called . . . or, for example, a special offer contract where we sign with the pharmaceutical company that agrees to supply only within Saskatchewan on the understanding that all drugs will be bought from that particular part of the pharmaceutical company. And that program, for example, saves us \$13 million. So when you compare us across Canada — and what we pay for similar drugs — to other provinces, I would say we have one of the best systems in Canada.

So we will continue to look at ways of mitigating costs, but I think you are correct that there has been and will continue to be tremendous pressure on this program.

Mr. McMorris: — Just one final question in this area, and I guess it's dealing with the federal government and, you know, the national drug plan strategy that has been mused about and talked about for quite a while and the impact that it would have on Saskatchewan. But also I guess as a bit of a concern, not that, you know, the pharmaceuticals because of mass purchasing will become so much less, but what is done to make sure that there isn't over prescription?

I've had a number of visits with a couple of physicians recently that are new to Canada. And you know, I mean this is anecdotal, so take it for what it's worth. But the one physician that I visited with was ready to take over a practice until he looked at some of the prescribing habits of this physician and said, there's no way I can take over that practice because, frankly, I think a lot of the prescribing practices of this doctor were excessive.

What is done to make . . . So it's really two separate questions completely — one on the national drug plan but also on policing of prescriptions within our own system to make sure that there isn't over-prescription. You know, not to say that physicians are taking it lightly but it's pretty easy to prescribe, and that isn't always maybe the best thing to do in certain situations.

Hon. Mr. Taylor: — I think first and foremost, I think we as a society want to trust our physicians. They've gone to medical school. They've passed exams. They should know what's best for us. We also trust our pharmacist who, when they're filling prescriptions, quite often are reviewing that prescription with the individual person who's having the prescription filled. I mean in my own case, the pharmacist gave me a considerable amount of information with regards to the latest prescription that I had.

We in Saskatchewan — and I'll come to the national picture in just a moment — but we in Saskatchewan are about to initiate electronic prescribing, or e-prescribing. And I'm looking forward to unveiling this to the public in Saskatchewan because it provides physicians, pharmacists, and individual patients a very good picture of what's being prescribed.

And what happens is, when the prescription is made, the program has the ability to red flag certain things. In other words if a particular drug has a negative interaction with another drug, it'll immediately be red flagged, and the physician and the pharmacist will have to address that ultimately in the prescription that's coming forward. It should provide individuals with a better understanding of what is being prescribed to them as well. They'll be able to monitor their own, what they're being prescribed, what the interactions are, what symptoms they should be reacting to. And so I'm very excited, as are quite a few physicians and many pharmacists in this province, about what we could actually do through electronic prescribing.

On the national level, the provinces are working on a national pharmaceutical strategy. It doesn't have much to do with prescribing, but it does have an awful lot to do with, for example, a national formulary. A national formulary doesn't necessarily require federal financial participation although other parts of the national pharmaceutical strategy would.

Saskatchewan is taking a lead to help with the development of a national formulary so that individual citizens in Atlantic Canada, in Saskatchewan, in British Columbia could expect the same coverage for the same drugs regardless of where they live. Currently the formularies differ dramatically from one province to another. Not every citizen in Canada has access to the same prescription drugs based on the formulary. National formulary will definitely help.

But there are other areas that we're taking a look at, including expensive drugs for rare diseases — which would require some federal financial assistance to ensure that all provinces have the ability to deliver the same prescription drug care as other provinces — and some of the new cancer drugs, a specific area that's being looked at under the national pharmaceutical strategy so that we can bring more consistency to prescription drugs across Canada.

Prescription drugs are not an insured service under medicare. And as a result, they aren't subject to the Canada Health Act guidelines. We would like to see more national standards, more national guidelines, more national financing under the national pharmaceutical strategy to ensure that, indeed regardless of where you live in Canada, you'll have equal access to prescription drugs.

Mr. Hendricks: — Just a couple more things on that specifically to your question about monitoring drug use and educating professionals, the department does fund an academic detailing program through the College of Medicine whose mission is to basically go out and educate physicians about proper prescribing practices.

As well with increased involvement of pharmacists and primary care and that sort of thing, we're trying to reduce the incidence of some of the polypharmacy and that sort of thing that you see with seniors where they're on a number of drugs, and trying to educate physicians and clients or patients about the need to sort of manage those effectively. And the minister was actually very accurate when he said the e-prescribing is a big part of this because now a practitioner will be able to pull up on a single screen and see all of the drugs that a patient is on and might see, you know, unnecessary ones, ones that they should be taken off of, given a new drug, that sort of thing. So that will be a very effective tool as well.

Hon. Mr. Taylor: — And I want to add one other thing. The dean of Pharmacy at the University of Saskatchewan would not be very happy if I didn't mention that through the College of Pharmacy they run a drug information program available to anyone in Saskatchewan. A simple phone call or letter to the program would provide a lot of information on prescription drugs.

Mr. McMorris: — And just one final comment, not necessarily a question. And I believe the pharmacies themselves are able to track and certainly, you know, can identify some issues of over-prescription in certain areas or a certain drug and certainly have tracked issues just through their programs to know, you know . . . I think the one example, when I was talking to the pharmacy association regarding North Battleford and when there was the outbreak, and they were able to spot that by the amount of use of drugs or over-the-counter drugs.

But anyway, another issue I wanted to talk on is the out of province. It says medical services and medical education programs, \$9 million. Could you give me a brief summary as to what that entails? I'm kind of going at this backwards because I started at the bottom, and I'm going up through the estimates.

Hon. Mr. Taylor: — Okay. I'll get Max Hendricks to answer this question again in detail.

Mr. Hendricks: — Of the \$9 million increase that we're seeing in the out-of-province area, \$5 million of it is related to the costs out of province. Now that's not utilization; that's the actual costs of an acute care a day or physician services provided out of province. When a Saskatchewan patient seeks services in another province, we pay at the host province's rates. And living next to Alberta which has settled some very favourable agreements in their physician agreement, their physician payment rates are high relative to ours. As well, Saskatchewan residents when they do go to Alberta often are going for what we would term high-cost procedures, because maybe a heart transplant, that sort of thing. So their acute-care days in the Capital Health authority in Edmonton are quite expensive.

The other factor related to this increase is stem cell transplants. We've seen dramatic growth in the number of indications for stem cell transplantation.

Unfortunately the capacity within Saskatchewan, even within Canada, it's a challenge to meet the growing need for this service, so we've been sending some of those down to Seattle. Unfortunately that is a tremendously expensive endeavour. So we're looking at options through our cancer agency review to address stem cell transplantation within the province to mitigate that cost.

Mr. McMorris: — Yes, I remember back meeting with a number of people from Saskatoon regarding the stem cell transplant program, and I think they were identifying the problem with having to send to Alberta or Seattle. And I happen to know people that have gone to both of those programs. And fortunately enough both were successful. But some of the issues that I think the program in Saskatoon, some of the problems they were facing, and the lobby group for those patients were saying how it really wasn't cost effective to be sending them out if we could do more of those procedures here in Saskatchewan.

So it's really not, when you look at this out-of-province increase in cost . . . So what you're telling me is it's not really more patients going out; it's just the cost of the number of patients that we're sending out is increasing. Would that be a fair statement? Or are we truly sending more people out of the province? I know again just from some of the calls that come into our office and some of the cases that we've raised over the last year or so, we've seen more people accessing health care outside the province I would think. But I would be interested to know if those numbers are proven out.

Mr. Hendricks: — Between 2001-2002 and 2005-2006, we saw a 4.4 per cent increase in the number of cases provided outside of the province, so that's less than 1 per cent a year. Now during that time there are some, I guess, highly specialized

programs. I refer to heart transplantation. But there are a number of programs that are provided in larger centres like Edmonton and Calgary where it's not cost effective to sustain a program in Saskatchewan.

So as more of our patients have been going into those forms of treatment, obviously our costs on the high-cost procedure side have been increasing. So it hasn't really been the major factor. For example on out-of-province hospital care, the actual cost of an acute-care day has increased by over 13.3 per cent over that same period. So that is the more significant driver of these costs. And outpatient procedures have increased by something of the order of 37 to 40 per cent just in one year. So as Alberta gets better at costing its health care costs, then they're passing those costs on to us.

Mr. McMorris: — Okay. My next, I guess, line of questioning, not that it's a line of questioning but . . . and it's been dealt with a little bit before with the other members, talking about hospital closures and the issues around physician recruitment and RNs and LPNs and nurse practitioners — all of those issues. And I want to talk a little bit about that.

I guess my first question would be . . . We rely very heavily on foreign-trained doctors, and South African doctors are very common in Saskatchewan. We have a number of South African doctors in Saskatchewan, but we also see that there's quite a high turnover. There's a number of South African doctors that come into Saskatchewan and practise for a couple of years, and then a lot of them go home, go back to South Africa.

I had a very interesting conversation with one a couple of days ago. And he was saying how a number of the physicians that have left some of the locations that the member from Canora-Pelly was talking about — whether it's Kamsack, Canora, or Preeceville — there had been physicians there that he knew came from South Africa, and they're going back. I guess they're not very happy with their experience.

Do you have any idea of why the turnover is so high? Because I think we see a number come into the province, practise for a couple of years, three years, four years, and then leave the province. Is there any idea? I've mentioned and asked before, do we do any sort of exit survey? And I know we don't. But do we have any idea why these physicians are leaving?

Hon. Mr. Taylor: — Well I know Max is looking for some numbers. I know that the numbers won't indicate why they are leaving, so I'll come back to Max here in just a minute. I'm not certain that the number would be as high as the member opposite here is suggesting.

Saskatchewan Health has — I hope I could say — a very collegial relationship with the Saskatchewan Medical Association. We have been meeting on a regular basis. We've been working together on recruitment and retention issues. The Saskatchewan Medical Association has confidence in the relationship from the other side. The president of the Saskatchewan Medical Association this year is from South Africa. He has a very good working relationship with his colleagues across the province, including those from his own home country.

We've talked a little bit about the changes in the education program in South Africa, which in fact is making it more challenging for new recruits to come to Saskatchewan. He's also talked about some changes that have been occurring in South Africa that have made it attractive for some of the physicians, who have practised in Saskatchewan, to go back to a country that they may have had some difficulties in the past in serving. Their families are still there.

That having been said, I think he would argue that Saskatchewan is still a great part of the world for South African doctors to immigrate to. And as a result he continues to see that this would be a place where South Africa would continue to be a place where we would see doctors coming from, and we should continue our recruiting efforts there. The College of Physicians and Surgeons has identified a number of schools within South Africa where the credentials need to be upgraded when those individuals come here because of changes in the system there.

So I think Max has got some numbers here. I'll let him throw them out, and maybe I might have some additional comments when he's done.

Mr. Hendricks: — In the medical services plan annual report, we tracked turnover of physicians on an annual basis. In 2000-2001 the turnover rate was 12.3 per cent. In 2005-06 it's down to 10.7 per cent, which still isn't great but at least it's on the right trajectory.

I think there are several challenges. You mentioned a lot of these rural communities rely heavily on foreign physicians. In fact Saskatchewan has more foreign-trained physicians than any province in Canada, with approximately 54 per cent. And it's not an ideal situation. They provide a valuable service, but ideally you would have Canadian-trained physicians who have ties to the community. You know when we were discussing the other issues about closures before in Broadview, and you know when these physicians go home to visit, it's for several weeks at a time because it's overseas. So ideally you would have Canadian-trained physicians. And I think as the minister mentioned earlier, that is one of our goals in next year's budget.

Mr. McMorris: — Could I just ask you, you mentioned a 10 per cent, down to 10 per cent, could you just explain that number? That's foreign trained doctors that have registered with the College of Physicians and Surgeons but have no long . . . you know, after a couple of years they decided to move away. Could you just explain that 10 per cent to me.

Mr. Hendricks: — That 10.7 per cent is all physicians. So it's all physicians registered with the Medical Care Insurance Branch of Saskatchewan Health, and it measures the turnover from year to year.

Mr. McMorris: — Would that take into consideration retirements as well then?

Mr. Hendricks: — Yes, it's attrition. It's a net number — physicians leaving the system, physicians coming into the system.

Mr. McMorris: — Okay. I just kind of want to put on the

record, and maybe just for comment, the discussion that I had with the one physician, I believe it was on Friday, for about two hours. And he was just, you know, he was just very frustrated.

He's been in Canada since I believe June 2004 . . . or in Saskatchewan and he loves the province. But he's really found, according to him, just an awful lot of roadblocks. He's found . . . You know I know the SMA represents doctors, physicians, but he's had challenges with them. He's had challenges with the College of Physicians and Surgeons, not necessarily on accreditation but more on disciplinary actions. You know, of complaints for doctors that don't seem to be followed-up if they have been doctor here in Canada for long time, but if they're a newly trained doctor moving to Canada they seem to be sent a letter immediately. He just had a whole lot of, I mean, just a number of concerns. For two hours he seemed to vent on how tough it was for him to get established here. And he couldn't understand why when we are so short of doctors.

And I'm just wondering, I mean I've talked to a few doctors, and most of them voice some frustration. I'd be surprised that the department hasn't heard frustration from individual doctors. I realize you can talk to the SMA, the governing body, but from individual doctors that you haven't heard frustrations from them in the process they have. And it's not necessarily the CAPE program, although there was some concern with that, but just the whole system — how they just didn't feel welcome; they felt like they ran in, they've run into roadblock after roadblock after roadblock. And what he said is that's why many of them, after three or four years, decide that they don't want to fight the system anymore and they go back to where they came from.

Hon. Mr. Taylor: — Actually I haven't heard many of those, the odd one. Max indicates that the department has not heard many of those complaints. It's unusual.

The governing body is the College of Physicians and Surgeons. I'd mentioned earlier we have 24 self-regulating bodies within Health. The college is certainly the self-regulating governing body for physicians and surgeons in the province. It's the college that we rely on to ensure that physicians and surgeons do indeed have the credentials to provide safe care in the province. SMA, representing physicians, certainly has issues that they take up with the college. The department and myself meet regularly with representatives of the college and the college board from time to time, and we do raise issues that are of common concern.

I firmly believe that the College of Physicians and Surgeons is sympathetic to the circumstances of the shortage of physicians in this province, but they will not compromise credentialing just to have somebody practicing in the province. And I support their professional efforts in that regard.

Mr. McMorris: — Yes I'm quite aware of the roles that the College of Physicians and Surgeons play, as well as the SMA, and I would agree to that. I mean we wouldn't want to see the college lower standards, if that's what it is, in order to have more physicians practice in the province. That's not the point.

The point is, is that there seems to be . . . I guess a question then would be, if the college of . . . And you know it's not regarding standards, but the College of Physicians and Surgeons is also

the disciplinary body for physicians, and if there are some questions as to their disciplinary action or lack of it, who does that go to? Who would, I mean, I realize the College of Physicians and Surgeons is, you know, under legislation through the legislature. But who, you know, governs the College of Physicians and Surgeons to make sure they're doing the job that they are set out to do, as far as discipline especially?

Hon. Mr. Taylor: — Well first and foremost all self-regulating bodies, they are licensing and disciplinary bodies at the same time. It's not unusual that the college would have that function. In fact if we look at all professional bodies, even the Saskatchewan Real Estate Commission licenses on one hand and disciplines on the other.

Secondly the College of Physicians and Surgeons has a board. The board is appointed. Amongst those appointed are public members. At least five members of that board would be members of the public. Those members of the public are there to protect the public interest in all matters relating to the operations of the college. And I would suggest that in addition to members of the public, the Saskatchewan Medical Association collectively would watch the results of disciplinary hearings and would raise flags with the department or the board of the college should they see some difficulties that were occurring or things that were not occurring.

I think there are enough checks and balances in the system that there would be red flags raised if there were indeed some. But I am not currently aware of any lack of activity on behalf of the college as far as disciplinary action are concerned.

Mr. Hendricks: — If I could just add one more thing. You mentioned that newly arrived physicians in Canada seem to be under a higher level of scrutiny than physicians that have been here. And I would just point out that the college's council, the non-public members, the practitioners, are representative of the Saskatchewan physician workforce in that there are a number of international medical graduates on that committee.

And I think that, you know, the minister is correct when he says that if it was felt that there was, you know, if disciplinary issues weren't being followed through or concerns of that nature, we might raise that with the college as well as the SMA as their advocacy body.

Mr. McMorris: — Okay. I think on any of these subjects we could probably go on for a long time, but the clock is right behind you, so I can kind of keep track of how much time I can spend on each subject. And it never seems to be quite enough.

The next area I wanted to touch on briefly was the steering committee or the nurse recruitment and retention committee that was set up in September. Could the minister report to me where that committee's at, what work it's done, and when you expect it to be reporting? I know they set some targets regarding the number of nurses to be recruited, if you could just maybe fill me in on where we're at with that.

Hon. Mr. Taylor: — Actually I'm very glad you asked that question. I have, just during the break actually, had a very good conversation with Bonnie Blakley who I'm going to ask to answer the question because her information is even more up to

date than mine, and it's very exciting. So let me just ask Bonnie to answer the question for you.

Ms. Blakley: — Thanks, Minister. As you'll recall, in September there was an announcement of additional \$25 million for recruitment and retention over three years. And the two committees you alluded to were created — a provincial nursing committee and a provincial health workforce steering committee made up of stakeholders in the system, from the training institutions to the unions to the regulatory bodies to the health employers.

Following that we had an announcement in October. The committees had a meeting, their first meeting in October, and shortly after that meeting we were able to announce a \$6.5 million initiative; \$500,000 of that initiative was for clinical placement capacity development. And that was almost exclusively to add capacity to ensure students were getting out to rural, remote, and northern locations and working with our Aboriginal communities to get placements in places like the All Nations Healing Hospital.

In addition to that, there was 3 million targeted at that time for recruiting 400 nurses and 200 other health workforce professionals through two new initiatives: the relocation program which was to encourage people from outside the province to either come back because we are a great place to be or make their home here in Saskatchewan; and another initiative which was the creation of a rural, northern, and hard-to-recruit initiative that looked to create what we consider to be a one-way valve supporting northern placements first, rural placements second, and then finally hard-to-recruit in our urban centres allowing for us to target vacancies that we've had in the northern and rural areas.

An announcement came out at the end of October. We had used some of the best practices across Canada to create our program and then enhanced it for our Saskatchewan making it our own, have made it available to students as well. Three days after the announcement, the recruitment agency went on a tour of Canada. They were able to go to Calgary, Red Deer, Vancouver, Winnipeg, and then they were also in Saskatoon.

And the recruitment agency talked to over 1,500 students at that time, incredibly excited about the programs, very receptive to the work that we had done and were looking to come back. In fact I think I may have mentioned that somebody in the Red Deer Hospital actually posted a bulletin saying, go back to Saskatchewan; they want you. And I hear from my Alberta colleagues that they're a little nervous.

Manitoba's experience in the program was that it took a while for people to actually start applying for the grants. That has not been our experience, I have to say, which is wonderful. And I think it's because we had a recruitment agency in tandem with the new program, so people are hearing about them.

We have already to date — actually I was just reviewing my notes — nine approved applications already, of which five are going to rural and remote locations and four of which are for the city centres. So we are quite excited about that. We have an additional about 16 applications which we're currently reviewing. And some of it is just that the applicants were

unaware of how to fully apply for the grant, and so we're going back to them just to ensure that they have all the right information and material.

We have an overwhelming response by the employers to get out every . . . it actually said create 20,000 pamphlets and brochures because they're being inundated with requests, and so were our students. And exciting for the recruiting agency is that one of the fairs that they were at in fact they were voted by the students as being one of the best exhibitors there and beating out people, you know, from across North America in terms of the exhibit.

So I think the plan to have an agency that can talk about the benefits of being in Saskatchewan, a central place to look at vacancies across the province, and then the recruitment programs that were announced by the committees, I think was timely. And certainly we're hearing from young people especially from Alberta and BC [British Columbia] that Saskatchewan is a great place to live, safe communities, and has something to offer.

We then met again in November, our committees. And we're very mindful of the need now that we're looking at the recruitment angle, to now look at the retention angle. And so in fact, the committee's approved a retention fund that we're in the process of developing. And the committee is working hard to be able to announce and to make a recommendation to the minister on how to use a retention fund to award employees who have done such an incredible job for us in the province and have done such a good service to the clients and our residents, so that we're moving quickly on a retention fund.

And in the midst of that, we're looking at a meeting in January where we'd now focus on what we consider to be bridging programs from our communities and from our training and education facilities — such as our high schools which we talked about earlier — into our training programs and then into our health workplaces. So we've done a lot, and we know there's a lot more to do so we're excited about that.

A Member: — Hear, hear. I'd support that.

Mr. McMorris: — I think you were ready for the question. I guess the other question then . . . And I mean, I believe that it's doing great work, and I'm glad that we're going to other provinces and recruiting some of the people that we've lost back to this province. But when you look at it in, you know, the year 2006 where we can . . . you know, the recruitment agency's saying 400 nurses short. SUN [Saskatchewan Union of Nurses] saying 600 nurses short. How did we get to this position?

Hon. Mr. Taylor: — Let me just say, those two numbers are not totally comparable. We don't have a full understanding of what SUN's 600 number is. Although whenever SUN brings forward the numbers, they talk about the vacancies, they talk about enhanced programs like dialysis, and they talk about closed beds. There's no doubt that the 600 number would include re-staffing of the Paradise Hill Hospital, for example, which had been closed by a regional health authority, and there were some nurses that were relocated as a result of that closure.

But whether it's 600 or 400, the committees have identified programs that they are confident could serve to attract 400 individuals. We are aware that if the program will bring us 400 additional nurses and 200 additional other health professionals, that we have jobs for those. And that's a great starting point. And we have no doubt that if we can fill those positions, we're prepared to move forward and beyond that into additional staffing needs.

This is a task that's going to be one vacancy at a time. Even though we're advertising it broadly, we've got programs in place to attract large numbers of people. Indeed we're dealing with the human side of this. People who want to work in a specific facility, within a specific community, doing a very specific job, and it's matching individuals towards those needs. The recruitment agency is going to be very helpful in doing that. And the committees are telling us that if we proceed along this way, we will be able to attract 400 — a very achievable target. And they've provided me with confidence that we'll be able to track our progress and measure our progress in this regard.

All of this, having been said, we're not done continuing to do more work on this. Now your question was more specifically, how did we get in this situation? And I think you and quite a number of people are aware that during the 1990s there wasn't much of an expansion of the health care system in Saskatchewan, and in the late 1990s, nor in any other province in Canada. First of all we had a lot of budget constraints at the beginning of the 1990s, and the members to my left and I can argue why we were in that situation. But the bottom line was that the budget of the province of Saskatchewan was not able to secure expansion. In fact we saw a reduction of the dollars that were spent on health care in this province.

In the mid-1990s, all provinces were affected by a change in the way the federal government provided education and health care funding. There were considerable cutbacks from Ottawa to all the provinces. And as a result there was another constriction of the health care system in this province and elsewhere. As a result, the number of education seats available for nursing and doctors in all of the provinces, including Saskatchewan, were not increased to the point where they would have kept up to subsequent demand that we're now experiencing.

But in the year 2000, 1999 and the year 2000, the economy of this province or, I will argue, the government of this province had created a circumstance whereby there were now additional dollars for the expansion of education and health care circumstances. In 2001 we released the overall action plan for Saskatchewan Health, anticipating the ability to fund additional programs. And since 2001 there have been expansions of training seats both within nursing and within physicians.

Now just less than a year ago, the workforce action plan came forward, again as a result of some understanding and knowledge that we'll be able to expand our programs further. And we are now in a position whereby we are seeing additional resources, fiscal resources, being able to be applied to the health care system and to help us out.

So in nursing we went from 1999 to 2005, 120 per cent increase in the number of seats in the nursing education program. And we saw an increase in the College of Medicine for physician

positions from 55 to 60. We are entertaining currently for our next round of budget discussions, additional increases in both the nursing education program for registered nurses. We've already instituted through the Advanced Education and Employment a number of new seats for the licensed practical nurses.

We are now looking at the nursing education program in our budget for additional registered nurses, and we are looking in our budget process for additional seats in the College of Medicine for physicians.

So we had constrictions. We had limitations on the fiscal capacity of this province to sustain additional resources for health care in the 1990s. Since we crossed the border in 2000, we've had additional resources, and we've applied them and we're having success.

Mr. McMorris: — It's just interesting that now we're coming up with recruitment and retention strategies when we really had the worst retention rate in Canada. You're talking about some of the financial constraints through the '90s, and the reduction in training seats, and all of those issues. But we were still training, in this example, registered nurses for other provinces because we had the worst retention rate.

You know I mean there is just . . . I mean it's fine to say that it was the federal's fault, federal government's fault, for cutting funds back, but there is also decisions made by the government. I mean we closed 52 hospitals. There is a whole great number of staff that had to go somewhere. We kept training, even though the seats were reduced. We had the worst retention rate.

There were decisions that were made through the '90s I would think, you know, that are decisions made by the current government. You'll take credit for the turnaround of the economy in 2000, but you have to also take credit for the situation that we're in, to a certain extent, when it comes to the number of nurses that we have right now.

And that's why we are needing to have a recruitment and retention agency because where we were going and where we've been . . . where we've come from and where we're going just wasn't going to fill the need within our province. And I think there are certainly some decisions made by this government that has put us in that position.

Hon. Mr. Taylor: — One of the things that we are very proud of is that we continue to manage our departments within the resources available to us. Our departments, including Saskatchewan Health, have managed the sustainability side of our efforts despite huge increases in fiscal pressures. We've managed the sustainability side of our equation very well, and it has caused us to make decisions that had we had additional resources we might not have made.

That having been said, the matter that the member raises about the worst retention record in Canada, there is no doubt that over the years our contracts with our health professionals have become much more competitive than they were in the past because we've had additional resources to work with. And in fact the very last nursing contract we signed just last year — Saskatchewan Union of Nurses — 94 per cent of nurses voted

in favour of the contract, which maintains us in a very competitive position.

In the spring we brought down our budget, a \$302 million increase — \$157 million of that was on the human resource side, just wages to maintain our competitive position. As a result of that, our retention rate for nurses has increased dramatically, so much so that the most recent graduating class of the nursing education program has seen 90 per cent of that nursing education class coming to work in the province of Saskatchewan.

Our retention rate is not based in the past anymore. It's based in the present, and our retention rate is getting better and better and better thanks to the results of work that's been done over the years on compensation, on retention programs, and in managing a system that's designed for sustainable growth.

Mr. McMorris: — Thank you. I'm going to turn it over to my colleague from Cypress Hills. But I will say that, the next time that we have estimates on health care, I'm not going to tell any of my colleagues so that I can have most of the time instead of sharing it with all my colleagues . . . so if you want to keep it real short.

The Chair: — Mr. Elhard.

Mr. Elhard: — Thank you, Madam Chair. I don't know if I caught exactly your reference to the increase in training capacity for LPNs. What role did the Department of Health play in that training announcement?

Hon. Mr. Taylor: — I'll answer part of the question, then I'll ask Bonnie to reply. Training is delivered through our institutions of higher learning. Those institutions are managed and primarily financed through Advanced Education and Employment.

When Advanced Education and Employment, working with SIAST or the University of Saskatchewan or our regional colleges, wants to pursue additional training opportunities or has resources to do so, they seek out what programs are going to be most needed and most effective. Obviously they are well aware of the needs within the health care sector. Our regional colleges are certainly aware of that. SIAST is aware of that.

And as a result, there's been quite a consultation that Advanced Education and Employment went through in order to develop the new 2,500 training seats that were announced last week — or two weeks? — yes it was last week. And so Sask Health played a role in that we were identifying areas that were of interest to us. The regional colleges identified areas where they could ramp up very quickly. That was licensed practical nursing programs that they were able to deliver quickly if they had some additional resources. And as a result of need, capacity, and ability, we've got some new training seats now in the nursing education program for licensed practical nurses.

We are currently dealing with capacity issues with the university — the College of Nursing. And we're looking at that in our overall budget process, again in consultation with Advanced Education and Employment, for registered nurses to come forward in the new year.

Mr. Elhard: — But if I heard you correct, your role or the department's role was consultative. There was no money that came out of the budget of the Department of Health to pay for these training spots that were announced by the Department of Advanced Education and Employment?

Hon. Mr. Taylor: — No. And to my knowledge, all 400 seats are financed by what used to be the Department of Learning or now the Advanced Education and Employment.

Mr. Elhard: — Mr. Minister, the LPN program, as I've learned today, is only 98 students — 63 seats accommodating 98 students. So where did the additional numbers of training seats come from that you just alluded to?

Hon. Mr. Taylor: — I don't understand those numbers. You'd have to share that breakdown with us, where you got them from. I don't understand your numbers. And it's delivered through Advanced Education and Employment so . . .

Mr. Elhard: — The Minister of Advanced Education this afternoon gave us a total of 63 seats which would accommodate 98 students for the LPN program at SIAST and regional colleges.

Hon. Mr. Taylor: — This is new. These are the new ones.

Mr. Elhard: — These are the new . . .

Hon. Mr. Taylor: — The new seats, okay.

Mr. Elhard: — New seats. Now the number you referred to, the 400. Is that the total . . .

Hon. Mr. Taylor: — The nursing education program as it existed prior to the new announcement, there were 400 seats in the nursing education program. What we've done is we've added 68 seats that will accommodate 94 LPNs.

Mr. Elhard: — All right. Thank you.

The Chair: — Mr. D'Autremont.

Mr. D'Autremont: — Thank you, Madam Chair. Mr. Minister and officials, I have some questions related to the first responders program. And I'm wondering . . .

Hon. Mr. Taylor: — You should have been here two hours ago when I acknowledged that we couldn't answer those today.

Mr. D'Autremont: — Well that makes it very easy then. If you can't answer those questions, I will turn it back over to the critic who isn't yet ready . . .

An Hon. Member: — Yes, he's ready.

Mr. McMorris: — I think you know, looking at the, seeing the clock, it's about 10 to 10. That's been almost three hours of questioning. That's been great. Thank you very much on behalf of the official opposition and especially thanks to all the officials for coming out on this stormy, cold, and getting colder night. Every hour it's getting colder. So thank you very much for being here for as long as you have, for giving us the three

hours out of your evening. Thank you very much.

The Chair: — Minister, did you want to say something before we conclude?

Hon. Mr. Taylor: — Yes. I also want to thank the members of the committee for their questions and their presence. I want to thank the officials as well. I tried to answer as many of the questions as I could to spare them too much of the stress of the committee work. But I'm very grateful for all of the assistance they've provided, not just tonight but all year-round. I think this is one of the finest teams of health administrators in Canada. And I'm delighted to have had the opportunity to have worked with them over the year, and I'm looking forward to the rest of my term in this position.

The Chair: — Thank you. Thank you to the minister and all the officials and the committee. And we'll now entertain a motion to adjourn. Mr. Elhard. All in favour?

Some Hon. Members: — Agreed.

The Chair: — The committee is now adjourned.

[The committee adjourned at 21:55.]