



Pallium Canada

**Submission to the Standing Committee on Finance's
Pre-Budget Consultations in Advance of the 2026
Federal Budget**

By: Pallium Foundation of Canada

Pallium Canada and its partners recommend that the Government of Canada invest \$300 million over five years in a dedicated national funding envelope to support the development and implementation of a National Palliative Care Training Standard for Long-Term Care.

This investment would support the following two recommendations:

Recommendation 1: That the Government of Canada fund the development of a National Palliative Care Training Standard for Long-Term Care, led by Pallium Canada in partnership with long-term care, palliative care, resident/family, workforce, Indigenous, standards, accreditation, and provincial/territorial partners.

Recommendation 2: That the Government of Canada establish a dedicated implementation fund to help long-term care homes adopt and implement the standard through an integrated learning, implementation, and continuous improvement approach.

About Pallium

Pallium Canada is a national, registered charitable organization focused on building professional and community capacity to help improve the quality and accessibility of palliative care in Canada.

With over 25 years of experience and over 100,000 learners reached, Pallium Canada is the largest palliative care education provider for health systems and health care organizations across Canada, with experience implementing large-scale regional and provincial capacity-building initiatives.

Pallium Canada believes that improving palliative care in Canada is everyone's business, not just the responsibility of a small number of palliative care specialist physicians and nurses.

Mission

Transforming Health Care Practice

Pallium's accredited and interprofessional Learning Essential Approaches to Palliative Care (LEAP) courses are Canada's leading courseware on palliative care for health care organizations and professionals.

With over 20 interprofessional courses, LEAP equips frontline health care professionals with the knowledge, attitudes, and skills to provide patients and families facing life-limiting illnesses with more timely and effective palliative care,

Partnering to Build Palliative Care Capacity

Pallium works closely with over 200 partners, health systems, and supporters to advance the integration of palliative care into Canadian communities and health care systems, and foster a skilled, informed, and compassionate society.

Together, Pallium and its partners are transforming the landscape of palliative care in Canada.

Continuous Learning in Palliative Care

Pallium supports health care professionals on their palliative care learning journey. Through a variety of courses, resources, and tools, Pallium provides the necessary supports to enhance skills and knowledge for delivering compassionate and effective palliative care.

2026 Pre-Budget Recommendations

Pallium Canada and its partners recommend that the Government of Canada invest \$300 million over five years in a dedicated national funding envelope to support the development and implementation of a National Palliative Care Training Standard for Long-Term Care.

This funding should be separate from existing Aging with Dignity bilateral allocations. Aging with Dignity agreements support provincial and territorial priorities, including long-term care standards and workforce stability, but they are not designed to create the shared national infrastructure required for a pan-Canadian palliative care training standard. Health Canada states that Aging with Dignity includes \$3 billion over five years for long-term care to apply standards of care and support workforce stability.

Recommendation 1

That the Government of Canada create a dedicated national funding envelope to support the development of a National Palliative Care Training Standard for Long-Term Care, led by Pallium Canada in partnership with long-term care, palliative care, resident and family, workforce, Indigenous, standards, accreditation, and provincial and territorial partners.

This standard would establish a coordinated, pan-Canadian framework of role-based competencies and embed learning, decision supports, and performance feedback into daily care to ensure that every long-term care worker across clinical, support, and leadership roles has the foundational knowledge, skills, and confidence to provide a palliative approach to care. This includes accessible, role-specific learning, continuous reinforcement, and tools that support decision-making and performance improvement within daily care delivery.

By creating a shared national expectation for palliative care capability and embedding learning into care delivery, this initiative would improve resident and family experience, strengthen workforce resilience, and support more consistent, high-quality care across jurisdictions.

Recommendation 2

That the Government of Canada include, within the dedicated national funding envelope, an implementation fund to help long-term care homes meet the standard through a scalable approach that embeds learning into daily care delivery and supports continuous improvement across the long-term care system.

This implementation fund would support foundational palliative care training for all long-term care personnel, with role-specific education for personal support workers, nurses, physicians, allied health professionals, support staff, and organizational leadership, including executives and boards. It would also ensure multilingual and accessible learning to promote equitable participation among frontline workers whose first language is neither English nor French, while investing in leadership development to drive culture change, workforce support, and effective implementation.

Long-term care facilities across the country operate on tight budgets and face ongoing staffing constraints. Dedicated implementation funding to support training, competency development, workflow integration, and leadership capacity will be critical to ensuring widespread adoption of the standard.

Critically, the initiative would also provide practical supports to help integrate best practices into routine care, including quality improvement initiatives, mentorship and coaching, and the integration of training and supports into IT systems and daily workflows, including digital tools, decision supports, and performance reporting to support continuous improvement.

Finally, it would include performance reporting and analytics to generate actionable insight into patterns of decision-making and care delivery, enabling targeted, data-informed improvement across the long-term care system.

Why Invest in Palliative Care?

Long-term care homes (LTC) provide care for many of Canada's most medically complex and vulnerable residents who live with multiple life-limiting illnesses such as frailty, dementia, advanced lung, heart or kidney disease, and progressive decline.

With a rapidly aging population and overcrowded hospitals, LTC homes are key to a well-functioning health care system. Statistics Canada notes that, given a median survival of approximately 18 months after admission to an LTC home, planning for end-of-life care needs among LTC residents is vital, yet 81% of LTC residents don't have any documented evidence of receiving palliative care in their last year of life.

This lack of ability for LTC homes to provide palliative care to those who need it most is one of the central problems this proposal seeks to correct.

A palliative approach is not limited to end-of-life care. Canada's Framework on Palliative Care describes palliative care as a practice that seeks to relieve suffering and improve the quality of living and dying for people and their families. It is a person and family-centered approach that addresses physical, psychosocial, spiritual, cultural, practical, and family needs throughout the illness trajectory. In the LTC context, this means palliative care is not peripheral to the work of LTC homes. It is central to their mission.

When palliative care is not available, residents experience increased suffering, including at the end of life, while family caregivers and staff experience face greater distress and burnout. Residents are also more likely to experience avoidable emergency department and hospital transfers.

With acute care beds costing 3-5 times that of an LTC bed, the potential cost savings of reducing these transfers is also significant. These transfers are often distressing for residents and families, and place additional pressure on strained acute care systems. Strengthening

palliative care capability within long-term care helps more residents receive care in the place they call home — reducing reliance on hospital-based care and improving the use of limited health system resources.

A palliative approach to care would benefit not a small minority, but almost all LTC residents. It should therefore be understood as a foundational approach to high-quality long-term care, not as a specialized intervention reserved for the final stage of life.

The problem is that Canada has not consistently prepared the LTC workforce for this reality. Many staff continue to lack foundational palliative care competencies, including how to recognize and plan for decline early, communicate with families, support symptom management, clarify goals of care, respond to grief, and know when additional clinical support is needed. Ontario's Long-Term Care Staffing Study found that staff may not be appropriately prepared to provide palliative care or work in end-of-life environments, which can also take an emotional toll as staff grieve for residents they have cared for.

COVID-19 revealed the consequences of this gap. At the moment when palliative care skills were urgently needed, many frontline LTC staff were caring for seriously ill, dying, grieving, and isolated residents under extraordinary pressure. Canada's Chief Science Advisor's LTC task force identified effective palliative care, updated goals-of-care discussions, and maintaining essential care to limit transfers out of the home as necessary elements of pandemic response in LTC.

This is not a failure of compassion among LTC workers. It is a failure of system design. It is also a mismatch between how training is designed and how LTC work is delivered. The current training model is not aligned with the realities of LTC practice. Many LTC staff, particularly personal support workers, have limited or no protected time for education despite mandatory training requirements. Staffing pressures, shift-based work, and competing demands make it difficult to participate in traditional training formats. Even short e-learning modules can be difficult to complete with the time available, and learning is often disconnected from the point of care where it is needed most. As such, training is frequently experienced as a compliance requirement rather than meaningful support for practice. Addressing this gap requires both expanding access to training and redesigning how learning is delivered so that it is accessible, embedded in daily work, and supported by ongoing feedback and reinforcement. LTC staff are routinely caring for people who would benefit from a palliative approach, yet Canada has not created a clear national expectation that every person working in LTC should have the foundational competencies to provide that care.

The existing HSO Long-Term Care Services standard provides an important foundation for resident-centered, high-quality care and a healthy, competent workforce. What remains missing is a dedicated palliative care training standard that translates those broader expectations into role-based competencies, accessible learning, implementation supports, and measurable practice change across long-term care. To support adoption in a jurisdictionally complex sector, Pallium would work with standards and accreditation partners, such as HSO and CARF

Canada, to align the standard with existing accreditation and quality improvement pathways and avoid creating a separate compliance burden for homes.

A National Palliative Care Training Standard for Long-Term Care would address this gap by making palliative care a core competency of long-term care itself — not an optional add-on, not a crisis response, and not a service reserved for the final days of life. It would help ensure that residents receive care aligned with their goals, values, culture, comfort, dignity, and quality of life, while also supporting families, strengthening staff confidence, reducing moral distress, reducing avoidable transfers to emergency departments and hospitals, and generating measurable savings through more appropriate use of acute care resources.

Conclusion

Canada has already recognized the need for safer, more compassionate LTC. The missing piece is a nationally available, accreditation-aligned approach that equips every LTC worker to understand the palliative care approach and know their role in supporting residents and families.

A National Palliative Care Training Standard for Long-Term Care would move Canada from aspiration to accountability. It would help transform LTC culture, support frontline workers, reduce avoidable transfers to hospitals, strengthen resident and family confidence, and support better use of scarce acute care resources. By helping more residents receive appropriate care in place, the standard would generate measurable savings while improving quality of care. It would help ensure that people living in LTC can receive comfort, dignity, and compassionate care in the place they call home.

This investment represents a modest but high-impact opportunity to improve patient care, reduce system pressures, and deliver better value for public spending. Pallium Canada stands ready to partner with the federal government, provinces, and sector stakeholders to implement these solutions efficiently and at scale. Supporting these recommendations in Budget 2026 would demonstrate clear federal leadership in advancing high-quality palliative care and ensuring that Canada's LTC system is resilient, compassionate, and prepared to meet the needs of an aging population.