Physician Resource Planning Taskforce

Learner Panel
March 24, 2014

Dr. Geneviève Moineau
Recommendation 1

Ensure the Right Mix, Distribution, and Number of Physicians to Meet Societal Needs

In the context of an evolving healthcare system, the PGME system must continuously adjust its training programs to produce the right mix, distribution, and number of generalist and specialist physicians—including clinician scientists, educators, and leaders—to serve and be accountable to the Canadian population. Working in partnership with all healthcare providers and stakeholders, physicians must address the diverse health and wellness needs of individuals and communities throughout Canada.
Recommendation 1

ACTIONS

1. Create or gather evidence-based data to assess provincial and health human resource (HHR) needs.

2. Create a national approach, founded on robust data, to establish and adjust the number and type of specialty positions needed in Canadian residency programs in order to meet societal needs.

Leadership: Association of Canadian Academic Healthcare Organizations (ACAHO), AFMC (Committee on PGME, Canadian Post-M.D. Education Registry [CAPER]), CFPC, CMQ, federal/provincial/territorial (F/P/T) governments, RCPSC.

Continued…
Recommendation 1

ACTIONS

3. Establish a national plan to address the training and sustainability of clinician scientists.
   Leadership: AFMC, Canadian Academy of Health Sciences (CAHS), CFPC, CMQ, RCPSC.

4. Building on the experience of other countries and the province of Quebec, develop and implement a pan-Canadian HHR strategy that recognizes and respects jurisdictional issues and enables the F/P/T process to respond effectively to the health and wellness needs of society.
   Leadership: AFMC (Committee on PGME), CFPC, CMQ, F/P/T governments), RCPSC.

Continued…
Recommendation 1

ACTIONS

5. Continually adjust medical schools’ residency training programs and resources to anticipate and respond to local, provincial, and national HHR needs.
   
   *Leadership: CFPC, CMQ, F/P/T governments, medical schools, RCPSC.*

6. Effectively integrate international medical graduates (IMGs) as part of the Canadian HHR strategy.
   
   *Leadership: AFMC (Committee on PGME), CFPC, CMQ, F/P/T governments, RCPSC.*
7. Provide career- and workforce-planning information to medical students and residents to ensure better alignment with HHR needs.

*Leadership: AFMC (committees on UGME and PGME), F/P/T governments.*
Deputy Ministers/Deans Working Group - Timelines

- June 2011 – AFMC presentation to CDM on challenges faced by medical educators in responding to the need for physicians
  - Commitment to on-going dialogue; DM/Deans WG struck.
- October 2011 – First teleconference of DM/Deans working group:
  - Discussion of shared challenges; identification of CHW to undertake work on behalf of DM/Deans.
  - Development of Terms of Reference.
- April 2012 – Teleconference of DM/Deans Working Group:
  - Identification of recommendation #1 and physician resource planning as an area for future collaboration.
  - Discussion on Canadian medical students studying abroad
- May 2012 – Face to face in Toronto:
  - CHW directed to work with AFMC to develop an action plan on FMEC-PG Rec#1 for DM/Dean WG consideration
- December 2012 – Meeting of DM/Deans at CDM:
  - Update on CHW technical experts meeting
- January 2013 – Meeting of DM/Deans in Ottawa:
  - Update on CHW technical experts meeting and follow-up survey
  - CHW directed to develop an approach/process to address identified areas of greater and lesser specialist need;
  - CHW asked to provide a proposal and budget for the development a pan-Canadian physician planning tool;
- May 2013 – Meeting of CDM:
  - Approval of CHW Workplan and Budget and creation of Physician Resource Planning Task Force /Technical Steering Committee
Initial Approach

• Focus on improved alignment of physician resources through a pan-Canadian mechanism to:
  • establish the number and types of specialist positions required;
  • adjust residency training positions accordingly.

• Work was undertaken in several stages:
  • Identification of current planning tools across the country (August 2012).
  • Meeting to review promising HHR planning tools (December 2012).
  • Jurisdictional consultations to gauge interest in existing planning tools; identify current shortages and surpluses (January 2013).
In August 2012, the CHW undertook a survey of jurisdictions to create a national inventory of HHR evidence and planning tools to determine where there is alignment and to identify potential gaps.

All responding provinces reported using at least one type of modeling tool to support HHR planning for at least one regulated health profession. However, there was considerable variation across jurisdictions in:

- availability of data for key variables;
- methods to account for population need and utilization of HHR;
- availability of planning tools that focus on physicians.

Three jurisdictions (NS, ON, AB) are currently using planning tools that project physician resources required to meet population health need. These models were selected for further analysis and discussion to determine whether, or to what degree, they could be applied across jurisdictions.
On December 6, 2012, CHW convened a meeting of experts in the area of HHR data and modeling to:

- Better understand data sources and methods used in the NS, ON, AB models;
- Discuss the applicability/adaptability of existing models to other jurisdictions;
- Consider which data and planning tools could be used at the national level;
- Discuss options for moving forward with a national physician planning process.

Participants included F/P/T HHR planners and policy experts, and national stakeholders with expertise in HHR data and planning including:

- Association of Faculties of Medicine of Canada (AFMC)
- Canadian Institute for Health Information (CIHI)
- Royal College of Physician and Surgeons of Canada (RCPSC)
- Canadian Medical Association (CMA)
- College of Family Physicians of Canada (CFPC)
Following the Technical Experts meeting, the CHW/AFMC task team developed a ‘follow-up’ survey and report results to capture:

- Jurisdictional interest in adapting one of the planning tools presented at the technical experts meeting at a national level;
- Each jurisdiction’s top three and bottom physician specialties currently in need;
- The methods jurisdictions used to determine their specialties in need.

Over a dozen specialty areas were identified as being in high need; those most often identified as a priority included:

1. Psychiatry (reported by 5 jurisdictions)
2. General Internal Medicine (reported by 4 jurisdictions)
3. Geriatric Medicine (reported by 4 jurisdictions)
Direction from DM/Deans and CDM

• Findings from the technical experts meeting and the follow-up survey were presented to the DM/Deans WG for discussion at their January 2013 meeting. They directed the CHW to work with the AFMC to develop:
  • an approach/process to address identified areas of greater and lesser specialist need, with a particular focus on orthopedics, family medicine, psychiatry, and geriatrics;
  • a proposal and budget for the development of a pan-Canadian physician planning tool;
  • a communications package to provide accurate information to support decision-making by those considering and currently pursuing medical education.

• In May 2013, CHW received CDM approval of workplan to create a Task Force to:
  • Develop a process for collaboration and coordination to address physician imbalances across identified specialties (e.g. those in highest & lowest need);
  • Lead the development of a pan-Canadian physician planning tool to better inform physician supply and need/demand;
  • Develop products/fact-sheets that provide accurate information to support decision-making by those considering and currently pursuing medical education (including abroad).
Physician Resource Planning Task Force

Co-chairs:

**Suzanne McGurn**, ADM, MOHLTC

**Dr. Geneviève Moineau**, President and CEO, Association of Faculties of Medicine of Canada

Members:

**Bernard Anderson**, Executive Director, Workforce Policy and Planning, Alberta Health

**Beth Beaupré**, Assistant Deputy Minister, Manitoba Health

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**Dr. David A. Gass**, Physician Advisor, Health System Workforce, Nova Scotia Health

**Isabelle Savard**, Directrice de la main-d’œuvre, Ministère de la Santé et des Services sociaux, QC

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Dr. Joseph Dahine, Président, Fédération des médecins résidents du Québec (FMRQ)

Jesse Kancir, President, Canadian Federation of Medical Students (CFMS)

Valérie Martel, Présidente, Fédération médicale étudiante du Québec (FMEQ)

Dr. Jesse Pasternak, Standing Committee on HHR, Canadian Association of Internes and Residents (CAIR)

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Danielle Fréchette, Director, Royal College of Physicians and Surgeons of Canada

Dr. Ivy Oandasan, Associate Director, College of Family Physicians of Canada (CFPC)

Dr. Anne-Marie McLellan, Directrice, Collège des médecins du Québec (CMQ)

Dr. Serge Lenis, Directeur, Fédération des Médecins Spécialistes du Québec (FMSQ)

Dr. Serge Dulude, Directeur, Fédération des Médecins Omnipracticiens du Québec (FMOQ)
Technical Steering Committee

Steve Slade (Co-Chair, CAPER, AFMC)
Soma Mondal (Co-Chair, Ontario)
Merle Mahabir (AB)
Jide Babalola (MB)
Pam Jones (NS)
Isabelle Savard (QC)
James Ayles (NB)
Karen Kush (Health Canada)
Lynda Buske (CMA)
Danielle Frechette (RCPSC)
Geoff Ballinger (CIHI)
Srujan Ganta (CAIR)
Catherine Moffatt, Project Manager (AFMC)
Current Status

• Physician Resource Planning Task Force has met in September 2013 and February 2014
• Technical Steering Committee met in November 2013
• Accomplishments to date:
  • Hired a Project Manager and are completing a Request For Proposals (RFP) including the specifications for the development of a pan-Canadian HHR physician supply-side planning tool; and
  • Determining the components and data sources for a Career Counseling Data Set for those currently applying to a Canadian Medical School; medical students studying in Canada or abroad; residents in training in Canada; deans, administrators, and counselors.
  • Initial version of deliverables due by fall of 2014
Next Steps

• Explore common issues, challenges and opportunities with respect to achieving a balance in physician supply.

• Presentation of work to date to CHW in March 2014

• Work plan and budget presentation to CDM in May, 2014

• The next Task Force Meeting June 5, 2014.
Beyond Year 1

The Task force and Technical Steering Committee Objectives for Year 2 & 3

• Pending evaluation of Year 1 deliverables and impact including the gated approach to the physician planning tool (demand-side of pan-Canadian model), development objectives will be re-evaluated in 2014

• Continue to improve, refine, and sustain the collaborative process to address physician imbalances by staying responsive to the changing environment

• Recommend an approach for the ongoing sustainability of the tools developed

Workplan and budget requiring CDM approval

If you would like further information about the Task Force, please contact the Secretariat (CHW.CES@hc-sc.gc.ca)