



A Physician Human Resource Strategy for Canada

TASK FORCE TWO

Helping to ensure Canadians have access to physicians with the necessary skills and knowledge to respond to our healthcare needs in the future

A Question of Access

Timely access to qualified physicians is a cornerstone of Canada's healthcare system. That access is determined, in part, by the number of physicians practising particular disciplines in specific regions of the country. It is also determined by the effectiveness of the way in which these physicians deliver care.

The number of physicians and the manner in which they deliver care have changed a great deal in Canada, driven by: technological advancement; demographics (i.e. the aging of the Canadian population); changes within the medical community (i.e. a larger proportion of female graduates, the establishment of health delivery teams); and, of course, the restructuring of the healthcare system by governments faced with budget deficits.

Through these changes, there has been no coordinated, national effort to develop a human resource (HR) strategy that would ensure an adequate number of physicians working effectively and offering the right care, at the right time, in the right areas of the country.

The results are clear.

- Physician shortages are reported in urban as well as rural and remote areas
- Many Canadians have difficulty finding a family physician
- Many specialties are reporting shortages
- Physician morale is low
- Waiting lists have grown

Laying a Foundation

In 1998, a group of concerned national medical organizations known as the Canadian Medical Forum, created CMF Task Force One—a self-funded working group to examine the issue of physician shortages in certain disciplines and regions of the country. CMF Task Force One, which included health professionals and lay representatives, developed an immediate response to these specific shortages. In a report presented to the Ministers and Deputy Ministers of Health in November 1999, the Task Force made several recommendations, including:

- a 27 per cent increase in medical school enrolment, raising the number of positions available from 1,581 to 2,000 by the year 2000; and
- a 20 per cent increase in postgraduate positions to increase flexibility, enhance re-entry training and accommodate qualified international graduates.

These recommendations prompted a gratifying increase in medical school enrolment. Task Force One's report also created the momentum to continue this important work but on a longer term. As such, Task Force Two was launched in September of 2001. Its \$4.8 million budget is funded by the Government of Canada and the medical community.



Building a Physician Human Resource Strategy for Canada

This collaborative effort brings together an unprecedented partnership of the major health organizations in the country, the Government of Canada, provincial and territorial governments, lay representatives, and representatives from other health professions in Canada (i.e. nurses, pharmacists). Its goal: to gather information, assess its relative merit and make long-term recommendations on how to best ensure Canadians in all parts of the country have access to physicians with the necessary skills and knowledge to respond to the changing face of our healthcare system.

The objectives of Task Force Two include the following:

- Examining the range of existing and emerging models for the organization and delivery of medical care
- Assessing the long-term implications of these models on physician supply, educational approaches and training requirements to promote the optimal delivery of quality health care for Canadians
- Developing options for a long-term human resource strategy that is sensitive to Canada's provincial and territorial realities

THREE PHASES

Phase One

A situational analysis reviewing healthcare delivery models, factors influencing the physician workforce and profiling the physician workforce.

Phase Two

Consultations with provincial governments, medical associations, specialty societies and other healthcare stakeholders to 1) validate the inventory of healthcare models, 2) assess the models and occupational physician human resource data, and 3) identify the HR implications of different models of care.

Phase Three

The development of a draft physician human resource strategy compiling the results of consultations and the input from working groups and the Steering Committee. The Task Force will also work to validate the draft strategy, culminating in a national conference of stakeholders to conduct a final consultation and identify potential next steps.

To learn more about Task Force Two, the many organizations working together and the important progress they are making, please visit our Web site.

www.physicianhr.ca

The site also allows you to download reports published by Task Force Two and find out where members of the Steering Committee will be making presentations to our various stakeholders across the country.

You may also contact us by mail, phone, fax or e-mail.

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10 – 99 Fifth Avenue
Ottawa, ON K1S 5K4
Tel: (613) 233-4789 Fax: (613) 233-6158
E-mail: info@physicianhr.ca