

BACKGROUND

Task Force Two: A Physician Human Resource Strategy for Canada

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 past decade has seen constant change in both the number of physicians and the manner in which they deliver care. That change has been driven by factors such as: technological advancement; demographics (i.e. the aging of the Canadian population); changes within the medical community itself (i.e. a larger proportion of female graduates, the establishment of health delivery teams); and, of course, the restructuring of the healthcare systems by governments faced with budget deficits.

Through all of this change, there has been no coordinated, national effort to develop a human resource strategy that would ensure an adequate number of physicians working effectively and offering the right care in the right areas of the country. The results of the change and lack of strategy are summed up in the *Canadian Medical Forum Task Force on Physician Supply in Canada*:

The stresses of physician shortages are apparent. In Canada, Physician shortages are reported in urban as well as rural and remote areas. Many specialties are reporting shortages (e.g. Anesthesia, Psychiatry, Radiology, Obstetrics, Radiation Oncology), and physician morale is low. Waiting lists have grown...¹

Task Force One – Laying a Foundation

In 1998, the Canadian Medical Forum², a group of concerned national medical organizations representing physicians in Canada, created a self-funded working group (CMF Task Force One) to examine the issue of the shortage of physicians in certain disciplines and regions of the country. CMF Task Force One, which included both health professionals and lay representatives, worked to develop an immediate response to these specific physician shortages. The members of the Task Force analyzed the effects of the shrinking number of family physicians and specialists graduating from medical schools and the resulting projected shortfall of Canadian-trained physicians able to care for Canadians.

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¹ *Task Force on Physician Supply in Canada*, Lorne Tyrell and Dale Dauphinee, Canadian Medical Forum, 1999, p. 2.

² Includes representatives from the Association of Canadian Medical Colleges, the Association of Canadian Academic Healthcare Organizations, Canadian Association of Internes and Residents, the Canadian Federation of Medical Students, the Canadian Medical Association, the College of Family Physicians of Canada, the Federation of Medical Licensing Authorities of Canada, the Medical Council of Canada and the Royal College of Physicians and Surgeons of Canada

CMF Task Force One presented its report to the ministers and deputy ministers of health in November 1999. The Task Force's recommendations included:

- 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
- an increase in residency positions such that there will be 120 residency positions for every 100 graduates from Canadian medical schools. This provides flexibility in the system, enhances re-entry training opportunities and accommodates qualified international medical school graduates (IMGs).

These recommendations prompted a gratifying increase in medical school undergraduate enrolment in almost all provinces across Canada. However, with respect to postgraduate positions, much remains to be done.

Task Force One's report also created the momentum on the part of the participants to continue this important work. As such, Task Force Two was launched in September of 2001. The three-year multi-phase initiative is one of the Government of Canada's sector studies in health. Its \$4.8 million budget is funded in part by Human Resources Development Canada, Health Canada and the medical community (\$1.6 million of cash and in-kind contributions).

Task Force Two – A Physician Human Resource Strategy for Canada

Building on the work begun by Task Force One, Task Force Two is now preparing to enter the second phase of a three-phase project to develop a long-term human resources strategy for physicians in Canada – one that takes into account the many factors influencing the supply of physicians, the demand for medical care and the way care is delivered in this country and around the world.

This collaborative effort brings together an unprecedented partnership of the major health organizations in the country, the Government of Canada, provincial and territorial governments and representatives from other health professions in Canada (i.e. nurses, pharmacists). Their goal: to gather information, assess relative merit and make 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.

Specifically, the objectives of Task Force Two include:

1. an examination of the range of existing and emerging models for the organization and delivery of medical care;
2. an assessment of 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;
3. the development of options for a long-term human resources strategy that is sensitive to Canada's provincial and territorial realities.

The work of Task Force Two is divided into three phases.

Phase	Time Required	Outcome
One	9 – 12 months Nearing Completion	A situational analysis reviewing health care delivery models, factors influencing the physician workforce and profiling the physician workforce.
Two	18-20 months (by Nov. 2004)	<ul style="list-style-type: none"> ▪ Validation of inventory of health care models through consultation with provincial governments, medical associations and specialty societies ▪ Completion of Evaluation Framework to assess models of health care ▪ Completion of the occupational physician human resource data assessment ▪ Completion of health care model assessment ▪ Completion of detailed HR assessment on the implications of models of care
Three	30 months (by Sept. 2005)	<ul style="list-style-type: none"> ▪ Completion of strategy documents resulting from consultations and input from working groups and steering committee ▪ Distillation of working group reports into draft physician HR strategy document ▪ Validation of multi-stakeholder physician HR strategy ▪ Release of strategy at national conference for final consultation and identification of potential next steps

Ultimately, a physician human resource strategy will benefit Canadian patients by enhancing the timely access to qualified physicians they can expect. The goal is to have enough of the right types of physicians and allied health care professionals working together in the right places to effectively deliver quality health care. Task Force Two is examining how that goal can become a reality.

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