Physician HR Progress Report

A Physician Human Resource Strategy for Canada
TASK FORCE TWO

March 2005

Growing Concerns for an Exhausted Supply

Changes in the workplace, worklife balance and growing patient demand are changing the face of the health profession. As a result, Canadian physicians are under a lot of pressure to answer a number of growing concerns. Who will take over their practice when they retire? Who can they refer new patients to if they have a heavy caseload? When will they have time for a personal life beyond working long hours? In an effort to put all this into perspective, Task Force Two is looking at the compounding issues that are contributing to physician burnout and shortage.

In a recent study prepared for Task Force Two, researchers from the Canadian Labour and Business Centre (CLBC) and the Canadian Policy Research Networks indicated that the workload expected of Canadian physicians may well be adding to the challenge of recruiting and retaining qualified physicians. The report clearly indicates that financial incentives alone are no longer effective. Indeed, improved retention strategies will need to address better working environments, quality of life and professional roles and responsibilities in order to encourage physicians to stay where they are needed the most.

In light of the aging of Canada's workforce, the report urgently reminds planners that anticipated shortages will affect not only physicians but also the faculty in teaching hospitals, medical schools and research centres upon whom we will rely to train the next generation of physicians.

"We need to consider the European and American physician HR environments on this issue", explained Dr. Hugh Scully, Communications Co-Chair of Task Force Two. "We can learn a lot from these countries in terms of how they handle the number of total hours physicians can work or are mandated to work per week and compensation models. What we do know is that

(Continued on page 2)

New Tool to Help Fix Health Care

Task Force Two has set out to build a tool that will allow health planners to evaluate new models of care and ensure the end result of innovation is truly an improvement to the outcomes for patients. R.A. Malatest, the firm retained to develop this evaluation tool, is developing key performance groupings and corresponding performance dimensions – the broad criteria that will be used to assess new models of care.

Though the framework has yet to be validated, the Malatest team is working on performance dimensions such as access to care, co-ordination of care, productivity, continuity of care and comprehensiveness that can be applied to the 181 innovative models of care identified in an earlier Task Force Two study (*Validating the Range and Scope of New Models for the Delivery of Medical Services, October, 2004*). The draft evaluation framework will be validated through a national consultation process involving interviews with 30 to 40 external experts, followed by five roundtable sessions with select stakeholders from across Canada and, finally, interviews with 100-150 experts involved with health care delivery projects/models.

The result of all this work will be a powerful new tool for health care planners in all regions of the country. They will have access to a proven evaluation tool, a detailed user manual for the tool and important new insights into the relationships between new models of care, their performance and their implications for physician human resource planning.

(Continued from page 1)

fatigue and burnout are serious factors influencing physician performance and the demand is increasingly pushing physicians far beyond reasonable working circumstances given the future health care needs of our population."

Among its many important findings, the report confirms the generational and gender shift between new medical students and practising physicians. With 60% of new medical students being women, this factor will certainly determine different practise patterns. The findings point to a majority of younger doctors wanting a better work life balance and their belief that new models of care are the way of the future in this regard. They are receptive to working in inter-professional collaborative teams over the traditional style of the sole practitioner.

The report also cautions that the conventional "silo" approach to health human resource planning cannot offer any long-term solutions. In an era of unprecedented mobility for physicians and a significant move to more integrated and inter-professional delivery models, planners need to work together in an integrated approach that looks beyond borders and existing specializations and disciplines.

The final report, entitled *Occupational HR Data Assessment and Trend Analysis*, is expected to be released by Task Force Two in the spring of 2005. It will be a core part of the information to be considered by the Steering Committee as it works to develop long-term human resource strategies and tools for physician planning in Canada.

National Physician HR Conference

Though the conference is still in the early development stage, the aim is to host a working conference in the month of November 2005 during which Task Force Two would invite key stakeholders to validate the long-term human resource strategies and planning tools developed over the course of its three-year mandate. Look for updates on the conference in upcoming issues of *Physician HR Progress Report* or by visiting **www.physicianhr.ca**.

The Risks of Practising New Models

While physicians are practising new models of health care delivery such as health care networks, out-of-hospital surgical facilities and telemedicine, the liability risks go beyond their professional involvement to include the extended team of professionals and their health practice.

In a recent presentation delivered to the Task Force Two Steering Committee, the Canadian Medical Protective Association (CMPA) affirmed that liability concerns are influencing physicians' career choices, the availability of certain high-risk services, how medical students enter specialty medicine and the overall cost to the health care system. The practical and legal issues pointed out by CMPA were appreciated by the Steering Committee and members will continue to welcome input from other organizations as they enter the crucial strategic planning phase of their work.

In its effort to determine the impact of new models of care delivery on physician human resources, Task Force Two will need to consider what impact these more collaborative models will have on liability and what impact this liability, in turn, may have on physicians' career choices and the adoption of innovative health care delivery models.

Physician HR Progress Report is published by Task Force Two – A Physician Human Resource Strategy for Canada. The project is funded by the Government of Canada and the medical community. We invite all stakeholder groups to make use of the text in this newsletter as they communicate with their own members. Enquiries and feedback can be directed to Task Force Two via mail, telephone, facsimile or email:

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