



Physician HR Progress Report

A Physician Human Resource Strategy for Canada
TASK FORCE TWO

Spring 2006

Health Care Organizations Agree on Directions to Improve Physician HR Planning

The National Conference on Physician Human Resources served as the culmination of five years of work by Task Force Two — researching and analyzing results and developing long-term human resource strategies for physicians in Canada. More than 130 delegates from 60 government and health organizations gathered in Ottawa for the Conference from January 22 to 24, 2006. They agreed on three strategic directions that require immediate action to address physician shortages in Canada.

Delegates agreed on three key measures to improve physician HR planning in Canada:

- 1) Creating a new national body or mechanism to coordinate and improve physician human resource planning in Canada;
- 2) Taking steps to ensure Canadians reap the full benefits of new ways to deliver health care using teams of various professionals working together; and
- 3) Improving ongoing research to monitor the needs of the population, patients, providers and the health care system.

“When more than 60 government and health organizations from across this country agree on solutions, it sends a clear signal to all players in the health care system that the time to act on shortages of health professionals is now,” says Dr. Hugh Scully, Communications Co-Chair of Task Force Two, the body responsible for the Conference and for five years of research and consultation that



Task Force Two Steering Committee members (from left to right): Dr. Peter Vaughan, Dr. Jan Christilaw, Mr. John Peddle and Dr. Pamela Walsh reporting concurrent session points to Conference delegates

preceded it. “All delegates agreed that the strategic directions we’ve developed are sound and the momentum we’ve built over the last five years simply cannot be lost.”

In addition to the long-term directions listed above, delegates to the National Conference agreed that there are urgent physician human resource issues that need to be addressed immediately.

Canada faces a shortage of physicians in certain regions of the country, such as northern Canada, rural areas and even some large urban centres. Certain fields of medicine also face shortages, such as family medicine and obstetrics. Canada’s First Nations, Inuit and Métis can also bring innovative solutions and culturally appropriate approaches to resolve severe shortages. Rapid and sustained action will be required by all players in the health care system to address these immediate shortages.



Dr. Marcia Anderson, Indigenous Physicians Association of Canada

The National Conference was the largest ever of its kind in Canada and brought together a historic coalition of organizations from all levels of government, various health professions and other key players in Canada’s health care system. In workshops and plenary sessions, delegates assessed and openly discussed strategic directions in five theme areas: 1) Educating and training physicians; 2) Working in

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Final Report Proposes Important Strategies for Moving Forward

As the work of Task Force Two began some five years ago, the shortage of physicians in Canada was already putting severe strains on the delivery of health care in this country. Members of the Task Force Two Steering Committee knew that solving a problem that had evolved over decades would not be accomplished in weeks or even months. The work had to be thorough, informed, consultative and carefully considered. Notwithstanding the urgent needs in certain sectors and regions, Task Force Two embarked on a process of finding solutions for the future.

The final result of all of this work and consultation comes in the form of Task Force Two's *A Physician Human Resource Strategy for Canada – Final Report*. In this report, members of the Steering Committee of Task Force Two have refined and approved long-term strategies for five key aspects of physician human resources: education and training; interprofessionalism; recruitment and retention; licensure,

regulatory issues and liability; and, infrastructure and technology. The recommendations made in the report are considered as an integrated package. Selective action on certain strategies at the exclusion of others simply will not generate the results so needed by patients, health care professionals and institutions in this country with particular attention to the following:

1. **Preparing for the Future – Education and Training**
Education and training of physicians and other health care providers throughout their professional life cycle must meet the needs of Canada's diverse populations.
2. **Making Teamwork Work – Interprofessional Practice and Education**
Interprofessional collaborative practice where physicians and other health care providers have clearly identified and valued roles.
3. **Attracting Physicians and Keeping Them Here – Recruitment and Retention**
A pan-Canadian approach is required for ongoing human resources planning for physicians and other health care providers. This approach must include needs-based factors and must incorporate a coherent and comprehensive recruitment and retention strategy.
4. **Clearing the Legal Hurdles – Improving Licensure, Regulatory Issues and Liability**
Complementary regulatory decisions that support both patient-centered practice and provider mobility.
5. **Making the Most of the Physicians We Have – Infrastructure and Technology**
Ensure that critical components that support effective and efficient system delivery and interoperability are expanded to assist physicians and other providers to deliver quality health care at all practice sites and points of care in a timely manner.

The strategic directions and the coalition of health care stakeholders that contributed to their formation represent a valuable resource and Canada's health care system must now make the very most of them. As this report represents the final installment of Task Force Two's mandate, the recommended strategies will help to ensure an adequate number of physicians are working effectively and offering the right care, at the right time, in the right areas of the country. *A Physician Human Resource Strategy – Final Report* will be available online at www.physicianhr.ca and www.rcpsc.edu.



An Effective Framework and Tool to Analyze Models of Care

Physician resource planning is becoming increasingly sophisticated with multiple models of care undergoing continual development and refinement. Health human resource (HHR) planners recognize these new models as possible solutions to the current and future supply of physicians in Canada.

With hundreds of new and emerging models to choose from, many of them documented in Task Force Two's *Validating the Range and Scope of New Models for the Delivery of Medical Services*, HHR planners need a way to analyze different models of care to determine which one is ideal for their particular organization.

As a consequence, Task Force Two commissioned R.A. Malatest & Associates to research and develop a tool to help planners identify the implications of various models of health care delivery. After reviewing over 180 different health care models as identified by Task Force Two, conducting 10 site visits, surveying 165 physicians, completing over 20 interviews with experts and facilitating several round table discussions with stakeholders, R.A. Malatest & Associates has prepared a framework for analyzing and assessing different models of care and an accompanying user manual.

Of particular interest to health care administrators and researchers, the user manual outlines the steps involved in data collection and analysis, and highlights key considerations for surveying and interviewing. The framework allows planners to examine the implications of various models of organizing health care delivery for physician human resources. The framework's



emphasis is on key factors affecting physician attraction/recruitment and satisfaction/retention for two types of models:

1. **Clinical Practice Models** – these health care models largely focus on clinical practice and include a variety of small primary care practice sites as well as models with both specialists and family physicians/general practitioners.
2. **Combined Teaching, Research and Clinical (TRC) Models** – these are university-based models that combine teaching, research and clinical work.

Given the diversity of health care delivery models in Canada and the urgent need to develop physician human resource strategies, this analytical tool offers an informed and integrated approach to making a complex decision. If you are interested in obtaining a copy of the *Assessment of Health Care Delivery Models: Implications for Physician Human Resources and the Utilization Manual: Physician Human Resource Framework*, please visit www.physicianhr.ca or www.rcpsc.edu. The final documents are expected to be available for download by late Spring 2006.



Task Force Two Research and Reports

Task Force Two commissioned a number of important studies into the delivery of health care and the medical labour force in Canada. Their work has resulted in a series of comprehensive studies into physician HR trends and challenges in Canada to include:

- Physician Workforce in Canada: Literature Review and Gap Analysis, January 2003
- Assessing New Models for the Delivery of Medical Services: Inventory and Synthesis, August 2003
- Validating the Range and Scope of New Models for the Delivery of Medical Services, October 2004
- Canada's Physician Workforce: Occupational Human Resources Data Assessment and Trends Analysis, February 2005
- Health Care Delivery Models: Implications for Physician Human Resources (February 2006)
- Utilization Manual: Physician Human Resource Framework (March 2006)
- Task Force Two: A Physician Human Resource Strategy for Canada – Final Strategy Report, March 2006

To read Task Force Two reports go to www.physicianhr.ca or www.rcpsc.edu.

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teams with other health professionals; 3) Licensure, regulatory issues and liability; 4) Recruiting and retaining physicians; and 5) Improving medical infrastructure and technology. At the close of the Conference, all agreed that addressing the shortage of physicians in Canada and improving physician human resource planning will require action in three major areas.

1. Creating a New National Body or Mechanism

Delegates supported the creation of a non-governmental body or mechanism that would help improve the way we undertake physician human resource planning in this country. This national body or mechanism would coordinate the efforts of planners across the country, would conduct much needed research on an ongoing basis, and

would provide leadership and policy direction related to health human resource planning in Canada.

2. Making Teamwork Work

Delegates also agreed that bringing together physicians and other health professionals to work in teams can be an important part of the solution to challenges such as access to care, wait times for patients, shortages and burn out for professionals. They also agreed that we need to build on initiatives already begun by federal, provincial and territorial governments and universities and address important issues (i.e. professional culture, ongoing support, liability, education) if we are to reap the full benefits of this team approach to health care.

3. Preparing Today for Tomorrow's Challenges

Finally, delegates to the Conference agreed that Canada needs to improve its ability to define and monitor the health needs of patients, the needs of providers (physicians and other health professionals) as well as the governments who fund the system. The health care system is dynamic and the answer to the question "How many doctors does Canada need?" will change over time, with organizational models, and be driven by economic, demographic, social, professional (i.e. scopes of practice) and technological forces. Delegates called for ongoing research and analysis to monitor these forces and forecast the resulting demand for, and supply of physicians in Canada. Today's research and preparation will ensure we have the health human resources we need in the future.



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Task Force Two Co-Chairs seated from left to right: Dr. Hugh Scully, Dr. Michel Brazeau, Dr. Nicholas Busing*

Task Force Two has brought together, in an unprecedented fashion, Canada's leading health professional organizations, in partnership with all levels of government, to investigate and propose innovative long-term human resources strategies. These strategies will help ensure that Canadians have access to physicians with the necessary skills and knowledge to respond to their health care needs. The three-year multi-phase initiative was one of the Government of Canada's sector studies in health. Task Force Two's \$4.8 million budget was funded by the Government of Canada's Sector Council Program, Health Canada and the medical community (\$1.6 million of cash and in-kind contributions).

Task Force Two's work is now complete. Enquiries can be directed by mail, telephone, facsimile or email via the Royal College of Physicians and Surgeons of Canada:

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