



Shaping our Physician Workforce

Nova Scotia Department of Health and Wellness

December 15, 2012

Our Communities' Challenge

- Timely access to family doctors
- Long waits for some specialty services
- Recruitment and retention issues
- High rates of chronic disease
- Ensuring quality and safety
- Lack of provincial planning/coordination
- Physician Services \$720 million

Government and Stakeholder Design Principles

1. Appropriate to population need
2. Affordable now and sustainable in the future
 - Does benchmark in the middle range of valid comparators
3. Equitable across the geographic distribution of the population
 - Does integrate 'core services' all population need access to
4. Preserve and enhance quality of care
 - Does incorporate quality/competency in benchmarks
5. Support appropriate access to needed services
 - Does reflect Maritime role based upon evidence

Government and Stakeholder Design Principles

6. Aligned with appropriate inter and intra-professional, innovative, delivery models
7. Designed in context of Government and Stakeholder strategic priorities and plans for the health system
8. Appropriate to academic clinical mandate (education, teaching, research, leadership/administrative services)
9. Inclusive of relevant determinants of current and future physician supply
10. Predicated upon productive, sustainable, quality, benchmarked workload

Our Plan

- Commitment to *Better Care Sooner*
- Social Sector Metrics/Health Intelligence
- Provincial Advisory Committee (DNS, CPSNS, DHAs/IWK, Dalhousie)
- Technical working group
- 80 interviews/200+ people, literature review, data collection and analysis

Results

- Environmental Scan
 - Literature review
 - National and Provincial Observations
- Final Report
 - Profile of current workforce
 - 10-year forecast - number, mix and distribution of physicians
 - Dynamic planning tool
 - Recommendations

March 2010 Profile - Highlights

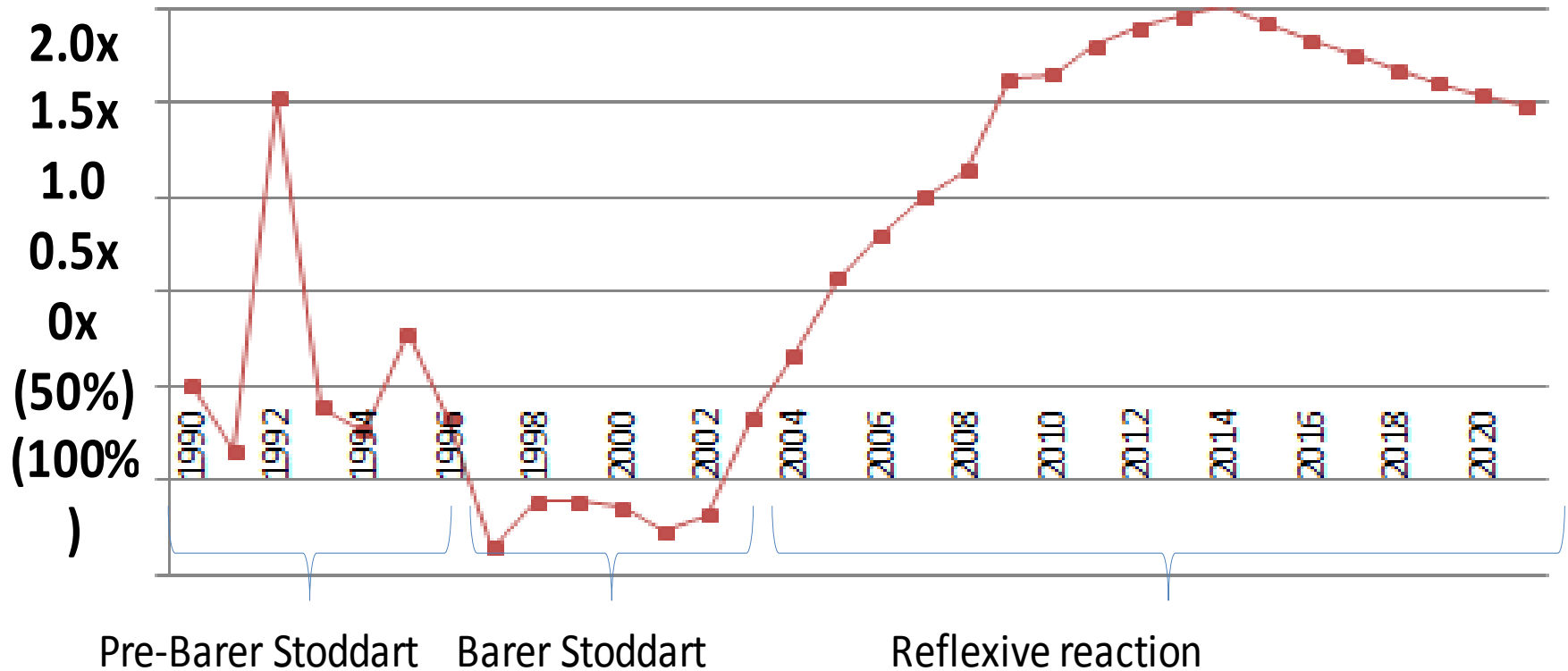
- 42% family physicians/58% specialists
- Nearly 60% located in Capital Health
- Average age = 50 / 31% to retire by 2021
- 47% are Dalhousie Graduates
- 29% are International Medical Graduates
- 37% are female

Environmental Scan

- Relatively more (~5-8%) physician FTEs in comparison to other provinces (adjusted for referral & outreach role(s))
- Significant differences in mix and distribution of physicians compared to population need
- Highest percentage of alternative payments
- Population constant over forecast period
- Maritime (Atlantic in specific cases) role important

Graduates from Canadian Medicine

National Ratio: cumulative growth of #M.D. Graduates compared to cumulative growth in Population - Actual 1990 to 2009, Estimate 2010-2021



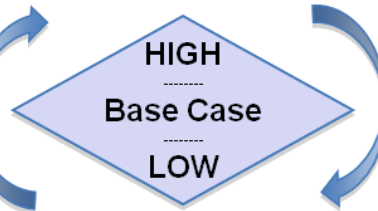
Forecasting Model Schematic

Population Need-Based

T_1 ----- T_{10}

FUTURE SUPPLY (FS)

- Full-time equivalency
- Net Interprovincial Migration, RFA
- Gender adjustment
- Work Hours adjustment
- Separation equivalency (retire, aging)
- Benchmarking
- Specialist & GP Profiles
- Health System Direction re: core services, Provincial services & collaborative care



FUTURE NEED (FN)

- Population Change (age, gender)
- Disease Incidence
- Disease prevalence
- Access
- Major Capital Projects

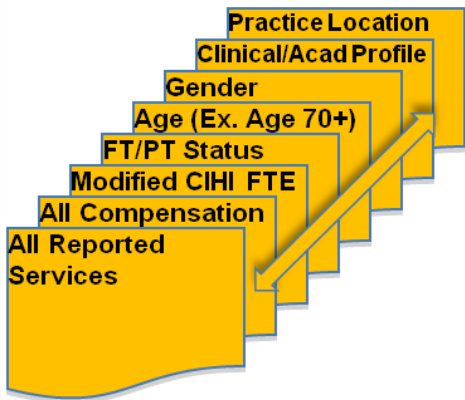
HEAD COUNT

T_0 @ 31/03/10

Active Count of 2,194

N of 63 specialties

By Licensed Functional Specialty



FTE COUNT

T_0 @ 31/03/10

1,988 FTE

840 GP
1,148 SP

7% Diagnostic & Therapeutic

42% GP

23% Medical

19% Surgical

9% Paediatric

FTE & HEAD COUNT

$T_0 - T_{10}$

FTE(-)FN+FS (H-B-L Cases) for 63 Specialties

DHA Profiles

FS Sensitivity

FN Sensitivity

Forecasting Model

- Robust
 - Key workforce variables
 - Key variables of health system planning
- Flexible
 - Responsive to changes in key variables
 - Describes a planning range (Low, Base, High)
- Relevant, practical planning tool
 - Requires regular updating

Impact of Variables on Forecast

- Migration, Gender, Aging
 - explains 70-80% of annual change
- Health System Policy/Planning
 - explains 10-15% (motivation is continuous improvement of quality of care)
- Population Need
 - explains 10-15% (e.g., chronic disease)
- Three Recruitment Forecast Scenarios
 - Low recruitment need (10-13% below Base Case)
 - Base (recommended direction based upon evidence)
 - High recruitment need (5-7% above Base Case)

Evidence Based

- Roles of Benchmarks
- Consultants describe range for discipline specific benchmarks
- Importance of service delivery planning
 - Planning for clinical services
 - Central role for District Health Authorities
 - Core generalist and provincial subspecialty planning

Key Consultant Recommendations

- Change mix and distribution over time
 - Expand collaborative team-based care
 - Strategic recruitment and retention
 - Change geographic distribution for population need
 - Planning and coordination of services
- Influence supply
 - Training and education
 - National dialogue
 - International Medical Graduates (IMGs)

Shaping our Physician Workforce Response

- Increase access to primary care
- Enhance primary, urgent and emergency care
- Enhance recruitment and retention
- Provide better information for patients looking for a family doctor
- Strengthen our Partnership with Dalhousie Medical School
- Develop better information and planning
- Increase province-wide planning with partners

Initial Implementation Steps

- Continue Provincial Advisory Committee
- Form Working Groups
 - Education Working Group jointly with Dalhousie Faculty of Medicine
 - Data Working Group
 - Recruitment Working Group
- Provide input to AFP planning and governance process
- Primary Health Care

Medical Education Working Group

- Membership
 - Dalhousie Faculty of Medicine
 - Doctors Nova Scotia
 - DHA VP's Medicine
 - Dept of Health and Wellness
 - Dept of Labour and Advanced Education
- Recommend:
 - Number and mix of NS funded PG positions
 - Number NS funded UG positions
 - Physician resource information to students and residents
 - Curriculum re collaborative team practice
 - Advocate for national discussions of MD supply

THE FUTURE OF
MEDICAL EDUCATION
IN CANADA

POSTGRADUATE PROJECT



L'AVENIR DE
L'ÉDUCATION
MÉDICALE AU CANADA

PROJET POSTDOCTORAL

A COLLECTIVE VISION FOR POSTGRADUATE MEDICAL EDUCATION IN CANADA



2012



THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

MD
COLLÈGE DES MÉDECINS
DU QUÉBEC

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA


NOVA SCOTIA

RECOMMENDATIONS

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

KEY TRANSFORMATIVE ACTIONS

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.

and

Establish a national plan to address the training and sustainability of clinician scientists.

#2

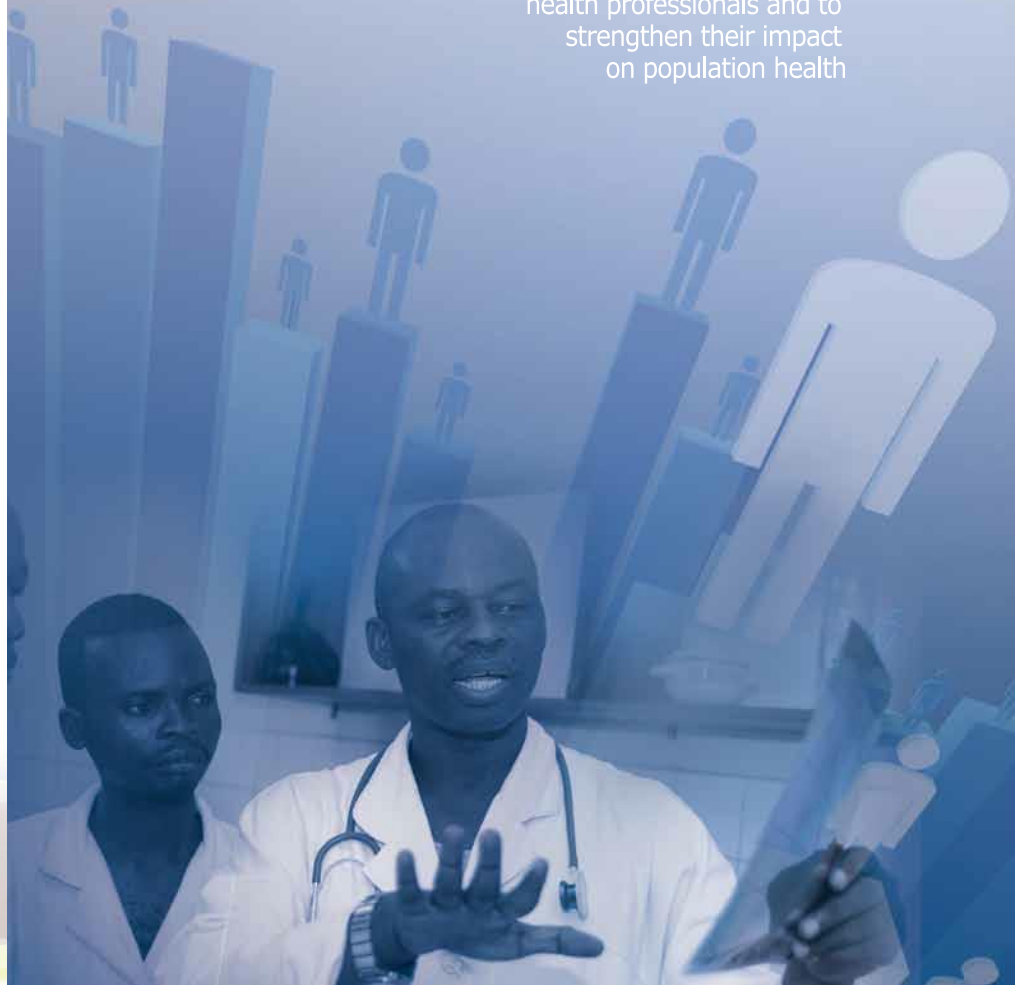
Cultivate Social Accountability through Experience in Diverse Learning and Work Environments

KEY TRANSFORMATIVE ACTION

- Provide all residents with diverse learning environments that include varied practice settings, and expose them to a range of service delivery models.

Transformative scale up of health professional education

An effort to increase
the numbers of
health professionals and to
strengthen their impact
on population health

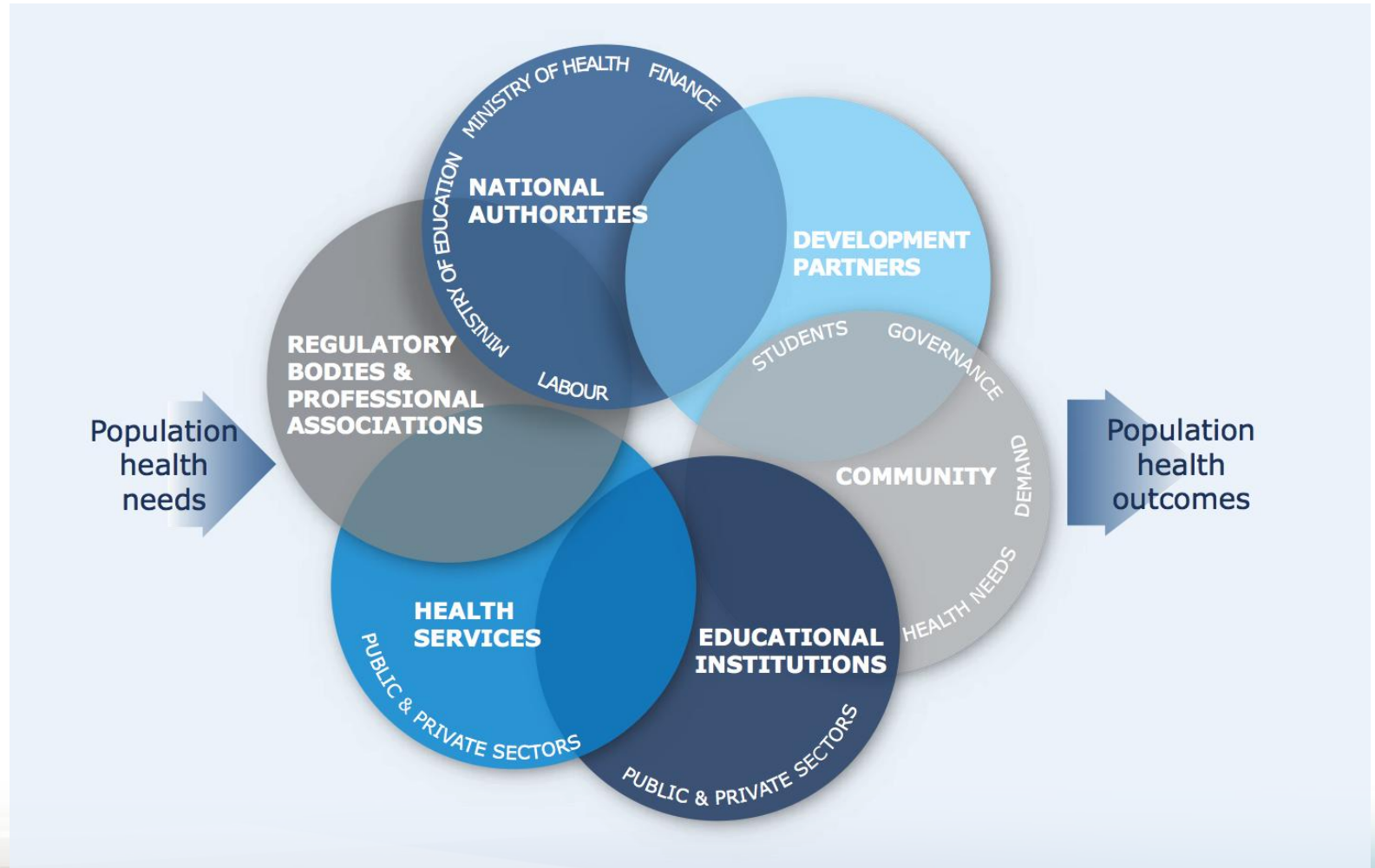


Transformative scale up of health professional education



WHO http://whqlibdoc.who.int/hq/2011/WHO_HSS_HRH_HEP2011.01_eng.pdf

Actors needed to reform and expand health professional education



Alignment and Transformation

- “Based on the work to date, it is clear that reforms will need to align health systems and workforce planning with educational production and population health needs, and to create stronger links between education, communities and health service delivery.”
- “What is needed is a radical transformation that puts population health needs at the centre of health professional education and positions health outcomes as a crucial component by which the educational process is assessed.”

http://whqlibdoc.who.int/hq/2011WHO_HSS_HRH_HEP2011.01_eng.pdf



THE LANCET

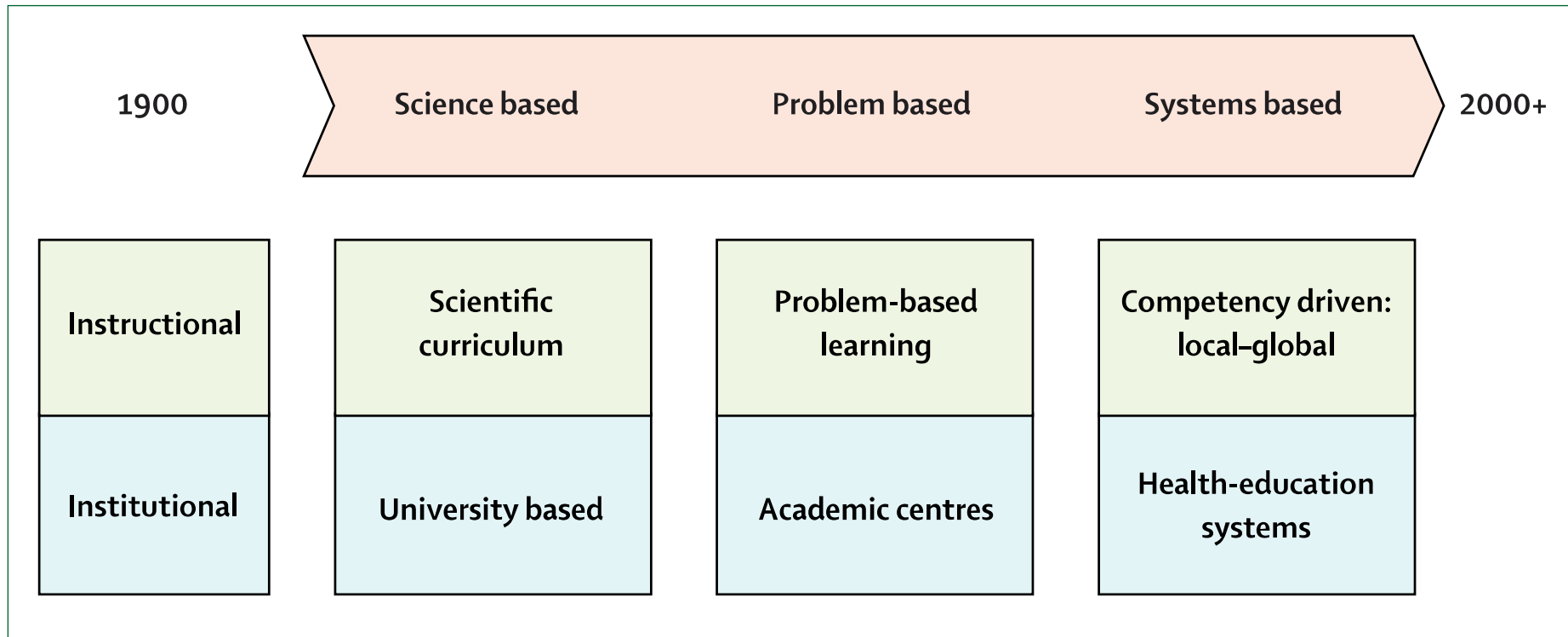
Health professionals for a new century: transforming education to strengthen health systems in an interdependent world



Julio Frenk, Lincoln Chen*, Zulfiqar A Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, Patricia Garcia, Yang Ke, Patrick Kelley, Barry Kistnasamy, Afaf Meleis, David Naylor, Ariel Pablos-Mendez, Srinath Reddy, Susan Scrimshaw, Jaime Sepulveda, David Serwadda, Huda Zurayk*

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)61854-5/fulltext?_eventId=login](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61854-5/fulltext?_eventId=login)

Three Generations of Reform



Proposed Reform #8

- ***"Expansion from academic centres to academic systems,*** extending the traditional discovery-care-education continuum in schools and hospitals into primary care settings and communities, strengthened through external collaboration as part of more responsive and dynamic professional education systems."

Summary

- Adjusted needs based workforce planning tool
- Strategic planning for core and provincial services
- Collaborative planning processes
- Work over a 10 year planning horizon
- Reflective of national and international medical education and health system change
- Transformation towards an academic health system

Questions and Discussion

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