



Building a Flourishing Physician Workforce

The Northern Physician Resources Task Force

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Why this conversation and why now?

Physician Human Resources Challenges

- Physician human resource challenges in rural and Northern Ontario have been well-documented over many years.
- Currently no reliable/consistent data mechanism (provincially) to collect or report on physician health human resources (HHR) needs.
- The Ontario Government has created a *Health Workforce Planning Advisory Table* to provide guidance and advice.

Why this conversation and why now?

Physician Human Resources Challenges

- Rural Road Map for Action Launch – Feb 2017
- Current vacancy estimates (anecdotal) forecast a need for well over 100 family physicians across the North (July 2017– 76 in NW Ontario alone).
- Aging physician workforce (higher percentage in the North): poised to retire in the next five years (almost 50% in small/remote Northern communities).
- HFO reports that they arranged locums to cover almost 800 Emergency Department (ED) shifts last year across N. Ontario, which is an upward trend over preceding years.
 - 400 in NWLHIN - generally trending up
 - Without this support, ED's across the North would have had to close intermittently leaving communities without coverage.



Rural Road Map for Action

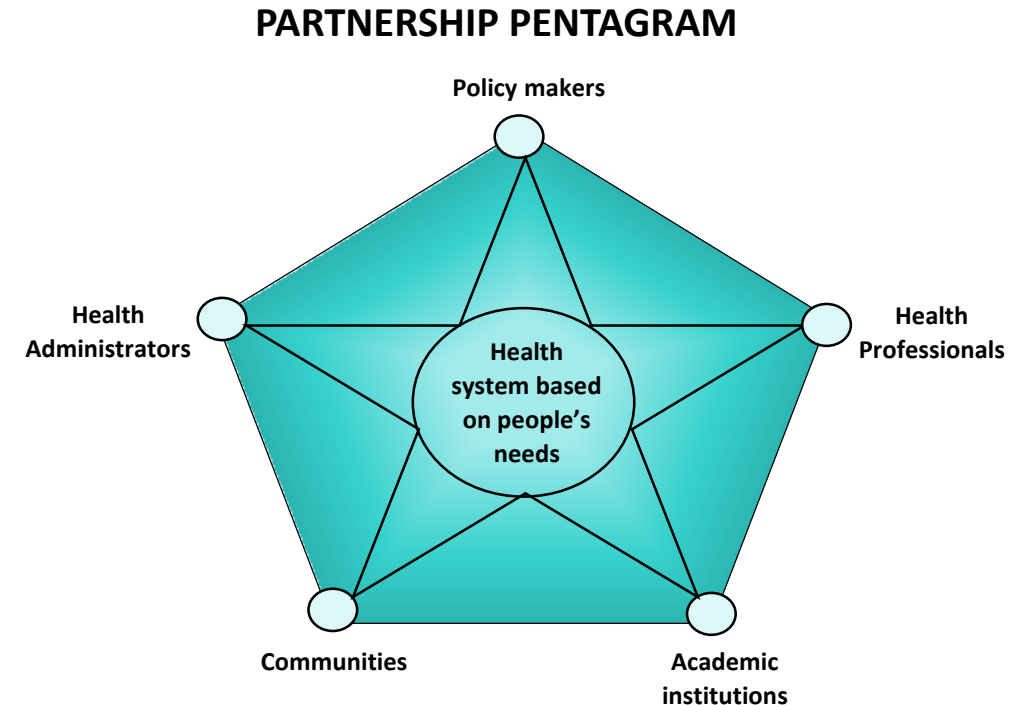
Two years in the making

National “launch”
February 2017



Summit North

- In response to an urgent need for action, NOSM, HealthForceOntario and both the North East and North West LHINs joined forces to host *Summit North: Building a Flourishing Physician Workforce* – In Thunder Bay, Ontario on January 24, 2018.
- Over 130 attendees including:
 - *Clinicians*
 - *Community members*
 - *Administrators*
 - *Policymakers*
 - *Educators*



Summit North

- Summit North focused on family physicians in rural and remote communities.
- Participants generated innovative ideas and recommended short and long-term actions to help build a flourishing physician workforce to meet the needs of Northern Ontario today, and into the future.

Summit North – Keynote Speakers

- Dr. Denis Lennox, Director, Rural & Remote Medical Support, (Queensland, Australia)
- Derek Fox, Deputy Grand Chief, Nishnawbe Aski Nation, (Bearskin Lake First Nation, Kenora District)
- Dr. David Gass, Physician Advisor, Department of Health and Wellness, (Nova Scotia)
- Dr. Jude Kornelsen, Associate Professor in the Department of Family Practice and Co-director of the Centre for Rural Health Research, University of British Columbia, (Vancouver)

Summary of Findings – Summit North

The following **5 themes for action** emerged

1. Healthy and resilient physicians and teams
2. Welcoming communities
3. Skilled, competent rural generalists
4. Local and regional networks of support
5. Supportive infrastructure

Northern Physician Resources Task Force

- Role of Task Force to ensure that:
 - ✓ a summary report is finalized;
 - ✓ actions from the Summit are realized;
 - ✓ momentum is sustained across the North.
- The Task Force is co-chaired by both NWLHIN (Dr. Sarah Newbery) and NELHIN (Dr. Paul Preston).

Northern Physician Resources Task Force - Membership

- HealthForceOntario Marketing and Recruitment Agency (HFO)
- North West Local Health Integration Network
- North East Local Health Integration Network
- Northern Ontario School of Medicine
- Ontario Hospital Association
- Ontario Medical Association
- Nishnawbe Aski Nation
- Ministry of Health and Long Term Care
- Northern Teaching Hospital Council
- Northwestern Ontario Municipal Association
- Federation of Northern Ontario Municipalities
- Réseau du mieux-être francophone du Nord de l'Ontario

Northern Physician Resources Task Force

- The Task Force has:
 - ✓ reviewed the ideas and recommendations of the Summit;
 - ✓ formulated an action plan that is achievable and impactful in helping transform physician recruitment and retention;

And is beginning to:

- ✓ identify resources needed (or reallocated) to ensure success.
- As part of their work, the Task Force will receive the Queensland Knowledge Transfer Project report focussed on the *Queensland Rural Generalist Program* which includes a *Service and Workforce Design Model*.

Northern Physician Resources Task Force

Goal:

To move away from reliance on an itinerant work force for core services.

- Tier 3 human resources should be only for vacation, CME and leave replacement.

Goals of the NRPTF Action Plan in evolving health policy context

- embrace primary care and rural generalist practice as the backbone of rural/northern health services;
- recognize family physicians as key members of the team;
- advance comprehensive rural generalist practice to meet the needs of the community;
- align with an evolving LHIN mandate regarding health human resource planning and sub-region focus on primary care and physician resource capacity;

Goals of the NRPTF Action Plan in evolving health policy context....Cont'd

- be developed collaboratively with Indigenous Peoples and communities in a manner that respects their culture and approach to health & well-being;
- be inclusive and supportive of the needs of Francophone learners, practitioners and the communities they serve;
- be grounded in a health equity approach that targets the most vulnerable Northern communities.

Building the Action Plan



The most important and urgent strategy in the Action Plan:

Provide necessary resources to ensure there are proper needs assessments for all northern communities and targeted strategies for communities most in need using an Equity lens.

Aligned to “Making it Work”

- *Plan*
- *Recruit*
- *Retain*

Plan

- *Provide necessary resources to ensure there are proper needs assessments for all northern communities and targeted strategies for communities most in need using an Equity lens.*
- *Develop best-practice care models for rural/remote communities and related medical workforce projections –(individualized for each community and connecting communities to each other and regional centres.)*

Recruit

- *Stream high school students interested in northern, rural and remote community health care careers and refine admission criteria that supports their admission to medical school.*
- *Create more education and training options for medical students, residents, and graduates (practicing physicians) interested in a rural generalist path.*

Recruit cont'd

- *Ensure that all postgrad Family Medicine residents have rural rotations with adequate infrastructure support.*
- *Increase elective opportunities in rural/remote communities and remove barriers to electives for all learners.*
- *Create education for communities regarding health human resources recruitment.*

Recruit cont'd

- *Engagement and orientation session for each new locum arriving in community.*
- *Create ways for communities to collaborate rather than compete, (e.g. “join up” recruiters) and ensure continuing professional development for recruiters.*

Retain

- *Supportive contracts for family physicians and their primary care teams.*
- *Development of regional locum pools for the North East and North West LHINs.*
- *Intentional Approach to Physician Wellness.*
- *Create formal and informal mentorships.*
- *Establish formalized LHIN-based Networks for referral and patient transfer.*

Retain cont'd

- *Establish Collaborative Clinical, Education and Research Networks across practices and communities.*
- *Create single electronic health record (EHR) for the entire region to hold all hospital and other health care data.*

Next Steps for the NPRTF:

- Oversee submission of the work of Dr. Denis Lennox;
- Develop an implementation/project plan to move forward the Action items within a set timeline;
- The *Action Plan* will be submitted to the Ontario Ministry of Health and Long-Term Care (also a member of the Task Force);
- Summit North 2.0;
- Anchor in Northern Health Equity Strategy.

Thank You, Merci, Miigwetch

Questions/Comments?

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