Summit North: Building a Flourishing Physician Workforce

January 24 2018 Victoria Inn, Thunder Bay

Participants include representatives and leaders from Northern communities (including Indigenous and francophone), NW and NE LHINS, the Northern Ontario School of Medicine, Health Force Ontario, Ministry of Health and Long Term Care, Health professionals, Hospitals and Family Health Teams, OMA.

The Rural Road Map for Action forms the framework for the day and will be included as part of the background reading.

1. Objectives for the Day

- a. Develop an accurate, shared understanding of the health human resource needs of the rural communities in Northern Ontario including the elements & dynamics which contribute to fragility of health services. The focus will be more on the Northwest and on family physician resources.
- b. Explore and discuss innovative models that take into account the elements of fragility with the purpose of designing and implementing strategies that will create and sustain a flourishing workforce and services tailored to community and population needs (including primary and secondary care)
- c. Commit to strategies (immediate, short, medium and long term) that are within the control of organizations and people attending the Summit and that will address the health human resource needs.

2. Objectives for the Panel

a. Understand and discuss key attributes of both fragility and success of health workforce models in other jurisdictions including lessons learned and key ingredients for success.

Time	Agenda Item
07:15	Breakfast
0800	1. Prayer and Drum
0815	2. Introduction of the Day
0830	3. Introduction of the Panel
0840	4. Panel Presentations (bios below)
	a. Roger Strasser/ Denis Lennox video
	b. David Gass
	c. Jude Kornelsen
	d. Indigenous Leader TBC
1015	BREAK
1045	5. Background data on current needs in Northern Ontario
1100	6. Key Findings of Summit to Improve Health Care Access and Equity for Rural
	Communities and Rural Road Map to Action
1115	7. Liberating structures Exercise 1 – Large Group Idea generation
1145	LUNCH/networking/review ideas
1245	8. Overview of afternoon
1300	9. Liberating structures Exercise 2- small groups at mixed sector tables

3. Program

	ideas/actions related to Rural Road Map to Action and ideas from the morning
1400	BREAK
1420	10. Liberating Structures Exercise 3 Round 1 - tables by sector - further
	development and refinement of ideas/actions related to Rural Road Map to
	Action and ideas from the morning
1450	11. Liberating Structures Exercise 3 Round 2 tables by sector - specific actions short,
	medium and long term
1520	12. Liberating Structures Exercise 4 – individual commitment to action
1545	13. Panel comments – what is hopeful
1615	14. Wrap up
1630	15. Next steps
1640	16. Thank yous
1645	17. Closing Prayer Drum

4. Panelist Biographies

DR. DENIS LENNOX

Denis counts himself privileged to have experienced the events and seasons through which Queensland's Rural Generalist Program emerged. Born and educated to matriculation in Bundaberg he first returned there to practice as a junior doctor. He anticipated a family medicine with obstetrics vocation until Bundaberg's Medical Superintendent 'engineered' a different vocational course towards medical leadership. He took appointments to the Royal Brisbane Hospital and Department of Health to train in health leadership.

Managing junior doctors' country relieving, attending Western Medical Superintendents conferences and rural related medical support and industrial work maintained his rural interests during this season of Brisbane based vocational training.

Appointment in 1985 to the Toowoomba Hospital to rebuild medical services provided new opportunity to invoke these rural interests. As the RDAQ was forming in 1989, Denis established the Cunningham Centre in Toowoomba to provide Australia's first rural medical training program.

A new opportunity to support rural medical service emerged 18 years ago, a role evolving to become Executive Director, Rural and Remote Medical Support (RRMS), a state wide service of the Darling Downs Hospital and Health Service. In this role Denis oversaw development (2003-05) and implementation (2005-08) of the Rural Generalist Program. Four state-funded specialist vocational training pathways were more added to this oversight from 2015 and managed by the business operation of RRMS (Queensland Country Practice). Queensland Country Practice also supplies rural relieving services (senior medical and health practitioner), a program of junior doctor placement into rural generalist terms (Qld Country jDocs), X-ray operator training and extensive rural and remote service and workforce design consultancies.

After clocking up 40 years of service in the Queensland Health System in December 2016, Denis 'retired' in June this year to enter a new season of life and service.

He is husband of a very lovely lady, father of three accomplished daughters, grandfather of 6 and pastor to a small community church.

DR. JUDE KORNELSEN

Dr. Jude Kornelsen is a health services researcher who is currently involved in two programs of research; one focusing on providing an evidence base to inform decisions on the planning of rural maternity services, the other on advancing our understanding of women's and care provider's attitudes and experiences of patient-initiated elective cesarean section.

As Co-Principal Investigator of the Rural Maternity Care New Emerging Team (RM-NET) and Co-Director of the Centre for Rural Health Research, Dr. Kornelson has completed projects on women's experiences of rural maternity care, policy implications of health care restructuring on rural maternity services, providers' experiences of care in low-resource environments, the training and practice experience of GP Surgeons, the response of referral hospitals to the closure of smaller community maternity services and using a logic model framework to plan sustainable maternity services. She has also completed a comprehensive study on women's experiences and decision making with patient-initiated elective cesarean section.

Current work includes the validation of a measure of rural parturient women's stress in pregnancy, and an economic costing and multi-criteria evaluation of rural services. Additional interests include contributing to the development of research capacity in primary care with an enthusiastic interest in grant-writing. Her research activities take place within the Centre for Rural Health Research, a multidisciplinary team of investigators including community-based clinicians and policy and decision-makers at the Health Authority, Provincial and National level.

Dr. Kornelsen is supported by a Canadian Institutes of Health Research New Investigator Award and a Michael Smith Foundation for Health Research Scholar Award. The Centre for Rural Health Research is supported by the Vancouver Coastal Health Research Institute and the Child and Family Research Institute of British Columbia, Canada.

DR. DAVID GASS

David Gass, MD, FCFP is currently Interim Chair, Department of Family Medicine, Dalhousie University. He recently completed a term as Physician Advisor, Health System Workforce Branch, Nova Scotia Department of Health and Wellness in which he led the development of a health human resource plan for physicians in Nova Scotia and was involved in the policy development for a province wide approach to primary health care and implementing collaborative primary health care teams. His previous experiences include a term as Vice President Medicine, Cumberland Health Authority with responsibility for physician recruitment in a rural health authority and participation in the introduction of nurse practitioners and family practice nurses into collaborative practices and primary health care networks. He had previously held the position of Director, Primary Health Care, Nova Scotia Department of Health and Wellness where he led policy development and implementation of the Primary Health Care Transition Fund in Nova Scotia.

David graduated with an M.D. from Dalhousie University in 1973 and began comprehensive community practice in Fredericton New Brunswick. In 1978 he was recruited to Dalhousie University where he was a full-time clinical teacher and provided leadership in continuing medical education/continuing professional development, in-hospital family medicine care and care of the elderly. He was the Professor and Chair, Department of Family Medicine at Dalhousie University from 1988 to 1995. His been active as a medical leader in the College of Family Physicians of Canada and Canadian Medical Association rate has been a member and chair of medical education and ethics committees.