

Shaping our Physician Workforce



Our Vision

Every Nova Scotian should have access to a family doctor and other primary care providers.

When Nova Scotians need to see a specialist, they should get the best possible care in a timely fashion.

Our Challenge

- Some people, particularly in rural communities, do not have timely access to family doctors and other primary care providers. This puts pressure on other health services, such as emergency departments and hospitals.
- There are long wait-times to see certain specialists.
- While there is planning at the district level, there has been little province-wide planning to determine what types of doctors are needed where. This has led to gaps in services and uneven access to physicians across the province.
- Some areas of the province are having trouble finding and keeping certain types of doctors.
- Doctors are highly trained; however, to maintain their specialized skills, physicians must perform enough procedures and have enough volume of complex cases, and they need opportunities to work and learn with others. Otherwise, quality and patient safety may be affected.
- In 2011–2012 Nova Scotia spent over \$720 million for physician services. This represents nearly 20 per cent of the province's health-care spending. We need to ensure this important investment meets the needs of communities.

Better Care Sooner

Doctors and other health-care workers in Nova Scotia are extremely committed, and care deeply about their patients. In turn, patients value and respect the people who work in health care, but many are frustrated by the system. Some people are waiting too long for primary and emergency health care and some specialty services. They expect and deserve better.

This government knows how important access to a family doctor or nurse practitioner is to Nova Scotians. We value the important role they play in providing quality care to citizens. Our government is committed to providing Better Care Sooner. This means reducing wait-times, improving access to doctors, nurses, and other health-care providers, and maintaining access to emergency services.

To improve access to primary care and provide Better Care Sooner, this government committed to learning how many and what type of doctors are needed, through the development of a physician resource plan.

Planning for Physician Resources

Developing a plan for managing physician resources requires good information. Planning must be based on the health needs of the population and built on principles of quality and sustainability. It must be informed by facts and evidence, not just opinion.

The province hired experienced consultants, Social Sector Metrics Inc. and Health Intelligence Inc., to develop a profile of the current workforce and a planning tool to forecast the number, types, and distribution of doctors needed in Nova Scotia for the next 10 years. The province brought together representatives from key stakeholder groups, including District Health Authorities, the IWK, Doctors Nova Scotia, the College of Physicians and Surgeons of Nova Scotia, and Dalhousie University's Faculty of Medicine, to provide leadership and guidance throughout the planning process. The consultants reviewed provincial, national, and international literature. They held more than 80 interviews with over 200 individuals across Nova Scotia to gather and validate information.

Based on this work, the consultants produced two comprehensive technical reports: an Environmental Scan, and a Final Report entitled *Physician Resource Planning: A Recommended Model and Implementation Framework*. The final report describes the current physician workforce, forecasts the doctors needed to meet the population's needs over the next 10 years, and presents an evidence-based planning model to help make better decisions on the recruitment of physicians. The planning model considers a range of factors that influence the demand and supply of doctors, including health needs of the population, projected retirements, practice patterns, and rates of chronic diseases. The report also suggests a series of recommendations to guide physician planning for the future. These recommendations focus on maintaining the planning model, improving collaborative primary care, organizing distribution of services based on detailed clinical planning, and defining core regional and provincial services.

Key Consultant Findings

The consultants' report highlights a number of key facts and provides recommendations for consideration, focusing on two main concepts:

- changing the mix and distribution of doctors over time by making strategic decisions when recruiting and replacing doctors;
- influencing and managing the future supply of doctors.

Add more family doctors and community-based specialists

Primary care is the foundation of a quality health-care system. Although Nova Scotia has one of the highest ratios of doctors to population in the country, the province does not have the right mix or distribution of doctors to meet the needs of citizens.

Across the country, there is a growing need for more family doctors and other doctors who provide more generalist services, rather than those who specialize in one area of medicine. Nova Scotia has fewer family doctors and more specialists than the national average—the current mix is 42 per cent family physicians to 58 per cent specialists, while the national mix is 50–55 per cent family physicians to 45–50 per cent specialists.

More doctors will be needed over the next 10 years, due mainly to high and growing rates of chronic disease. The province must make strategic decisions about the types of doctors it recruits.

Improve local access to core services provided by community-based specialists

The distribution of doctors across the province does not always align with population needs. Nearly 60 per cent of the province's doctors are located in Halifax, while many areas of the province don't have enough family doctors and other generalists, such as general surgeons, psychiatrists, and internists. The consultants recommend changing the distribution of physicians over time so that all Nova Scotians have timely access to a defined range of core services at the district or regional level.

Better coordinate and provincially plan services provided by certain specialists and sub-specialists

For many specialty services, province-wide planning, rather than district-based, could lead to more consistent and sustainable services. It can improve patient safety and quality outcomes by ensuring that there is enough volume of complex cases for

these doctors to maintain their skills, and enhance work satisfaction by offering more opportunities for professional development and interaction.

Expand access to collaborative primary care teams

Every Nova Scotian deserves access to a family doctor, but they don't necessarily need to see a doctor for every health concern. Nurse practitioners, family practice nurses, and other health providers working in collaborative primary care teams can improve access to quality care.

Reshape the physician workforce over time

Positive changes to improve access can be made in a planned way with little impact on practicing doctors. Over 900 doctors, or 31 per cent of the current doctors, are expected to retire by 2021. This turnover will provide opportunities to change the mix and distribution over time by making strategic decisions when recruiting and replacing doctors.

Manage the supply of doctors in the province

Nova Scotia relies on Dalhousie University's Medical School to produce a large number of the province's doctors. Almost half (47 per cent) of the province's current physician workforce graduated from Dalhousie. Nearly 60 per cent of Dalhousie's medical graduates stay in the province. The consultants recommend a review of medical education so that future graduates and residents meet the growing need for family doctors and generalists.

The province also relies on International Medical Graduates (IMGs) to meet health-care needs. Over the past 10 years, IMGs have filled about 40 per cent of vacancies and new positions. Nationally, 65 per cent of IMGs are still active five years later in their initial place of practice. Nova Scotia retains, on average, 36 per cent after five years. The province needs to take into account the growing national supply of IMGs, including Canadians studying abroad, in physician planning.

Take a national approach to physician planning

There is a growing supply of Canadian-trained doctors. Since 2000, medical school training positions across Canada have increased by 57 per cent. Medical education, however, is too specialized. If the number and types of doctors trained do not change, the country will have an ongoing shortage of generalists, including family doctors, as well as a growing oversupply of certain types of specialists and sub-specialists. National planning is needed so that we are training the right mix of doctors with the right skills to meet the future health-care needs of Canadians.

Response to the Consultants' Report

The report *Physician Resource Planning: A Recommended Model and Implementation Framework* provides a solid foundation for physician planning. The province supports the proposed model as a tool for planning and reshaping the physician workforce over time to better meet the needs of Nova Scotians. We accept the suggested forecasts, not as fixed targets but as planning ranges that need to be reviewed, updated, and validated with our key partners regularly. Government will use the implementation framework to guide our planning and action. Most importantly, we accept that Nova Scotia needs to change the mix and distribution of doctors to better meet the needs of citizens.

There is a lot of technical information in the report. Some of the information and recommendations require further analysis. For example, the recommendations related to changing the distribution of doctors based on core and provincial services have broad health-care system impacts that go beyond supply of physicians. Decisions about where doctors should be located are influenced by many clinical, technical, and human resource factors such as access to infrastructure and equipment, changing models of care, and supply of other health-care providers. These recommendations require further health-care system planning and discussion before decisions can be made.

Next Steps: From Planning to Action

Change is needed. Having good information and a coordinated province-wide approach to planning are critical. However, knowing what doctors are needed in which communities does not mean they will choose to practice there. Across the country, there are growing challenges in the recruitment of doctors for rural and remote communities. To manage the workforce, the province needs to align planning activities with strategic action and initiatives. This will better position Nova Scotia to recruit doctors where they are needed, help welcome and integrate them into our communities and health-care system, and retain their services. This requires both short-term and longer-term initiatives that link our physician workforce with the needs of the population.

An Action Plan for Physician Resources

Goals

- Within five years, every Nova Scotian will have timely access to a primary care team that includes a family doctor and other care providers, such as nurse practitioners and family practice nurses, based on the needs of the community.
- Nova Scotians will have access at the local or regional level to core specialty services such as internal medicine, general surgery, pediatrics, psychiatry, and obstetrics, as well as better access to provincially coordinated specialty services and complex medical care.

What has been done

- The province has worked with Dalhousie University to train additional doctors, investing \$80 million each year in medical education at Dalhousie. In 2011–2012 there were 416 medical students enrolled in Dalhousie University's undergraduate medical program, which includes both the Nova Scotia and New Brunswick campuses.
- The province has supported efforts to better integrate internationally educated professionals (International Medical Graduates, or IMGs) into the workforce. Initiatives include partnering with community groups to provide profession-specific language training and orientation to the health-care system, funding designated clerkship and residency positions for IMGs, and supporting the Clinician Assessment in Practice Program (CAPP), which is delivered by the College of Physicians and Surgeons to assess IMGs for entry to family practice. Legislation called the *Fair Registration Practices Act* also helps ensure that licensure pathways are fair, transparent, and timely.
- Nova Scotia has added new primary care providers, including nurse practitioners, paramedics, and family practice nurses, in collaborative primary care teams as well as in nursing homes and Collaborative Emergency Centres. Nova Scotia's Extended Care Paramedic program, which allows seniors in 17 nursing homes to receive care where they live instead of at an emergency department, recently won a national award for innovation.
- The province committed additional resources for doctors through the current (2008–2015) physicians' payment plan. This includes expanding the scope of the locum program, which provides a locum doctor to replace someone who is sick or on vacation so that patients can continue to receive care. The province has also worked with Doctors Nova Scotia to create incentives that support an increased focus on collaborative practice, chronic disease management, and comprehensive care.

- Government has made strategic investments in capital infrastructure to support the development of community health centres in a number of communities including L'Ardoise, Shelburne, and Digby. Investments like these help to enhance local access to care and contribute to the recruitment and retention of health-care providers.
- The province has worked with District Health Authorities to identify health-care requirements and has offered incentive and retention programs to attract doctors to communities of need.

What we will do

The province will work with District Health Authorities, the IWK, Doctors Nova Scotia, Dalhousie Medical School, physicians, and other partners to:

Increase access to primary care

- Government will invest in four new collaborative primary care practice teams in 2012–2013. The teams will include family doctors, nurse practitioners, and other health-care professionals. By creating these teams in areas of need, as many as 10,000 Nova Scotians will have more reliable access to better care, sooner, and closer to home. Evidence shows that working in collaborative care teams can improve quality of worklife, increase provider satisfaction, and attract more physicians to rural communities.
- The province will provide additional supports to as many as 16 existing collaborative primary care teams to strengthen services and ensure that they are able to continue to provide services in a safe and reliable manner.
- Government will continue to promote the use of the 811 service to provide Nova Scotians with the health-care advice they need, in the comfort of home.
- The province will work with District Health Authorities and the IWK to develop a strategy for adding new and strengthening existing primary health-care teams throughout the province over the next five years. This will benefit a broad range of communities facing challenges in accessing primary health care for their citizens, and will be tailored to meet community-specific needs. Priority areas will be identified and will focus recruitment resources on building primary care teams where they are needed most. The appropriate elements to support doctors working in teams will also be put in place, for example electronic health records, infrastructure, alternate payment plans for family doctors, and administrative staff.

Enhance primary, urgent, and emergency care

- The province will open four new Collaborative Emergency Centres by the end of 2012. Collaborative Emergency Centres are a key part of the province's commitment to ensuring that Nova Scotians receive better care sooner. Bringing

emergency departments and local family doctors together with nurses, nurse practitioners, and paramedics to work as a team is keeping emergency rooms open, reducing patient wait-times, and providing a team-based approach to care. Through CECs, patients have access to expanded hours for primary care with same-day or next-day appointments. Two CECs have opened to date, in Parrsboro and Springhill.

- The province will develop an emergency room physician program to help fill vacant shifts and maintain access to emergency services.

Enhance recruitment and retention

- The province will work in partnership with District Health Authorities, the IWK, and Doctors Nova Scotia to develop a physician recruitment plan and work on strategies to improve the recruitment, retention, and integration of doctors into our communities. This includes increasing opportunities for physicians to practice as part of a team. Physicians are increasingly attracted to practices that offer team-based care to their patients and allow them to consult with peers. The province will also review existing recruitment and retention programs, such as debt assistance and site visit assistance, to determine if any changes are needed to better meet the needs of the communities.
- The province will work with District Health Authorities, the IWK, to develop a priority listing of doctor vacancies and areas of need. Protocols will be put in place so there is a provincial approach to recruitment, resulting in reduced competition for doctors across districts and more strategic hiring decisions.
- Government will expand return-of-service agreements which provide funding for medical education in exchange for a doctor's commitment to work in a community of need.
- The province will work with Doctors Nova Scotia and other stakeholders to strengthen our locum programs, build primary care teams, and provide other practice supports that enhance the quality of worklife for physicians.
- The province will work with stakeholders to explore strategies to improve the recruitment, retention, and integration of International Medical Graduates (IMGs) within our communities. One of these is the new Nova Scotia Start / Vie Nouvelle-Écosse program, a key component of the province's Immigration Strategy. This service offers immigrants a single point of entry for access to free pre-employment, language, and settlement services, both before and after they arrive in Nova Scotia. Through Nova Scotia Start / Vie Nouvelle-Écosse, newcomers will have access to more consistent settlement services across the province, including delivery of a standard settlement orientation program called Introduction to Nova Scotia, which will also be provided in French.

- The province will work with community stakeholders to explore how best to integrate a focus on health-care professionals into the many existing welcoming-communities initiatives. Enhanced community supports to IMGs and their families will help the province retain this international talent.

Provide better information for patients looking for a family doctor and timely primary care

- Government will work to ensure that Nova Scotians have easy and up-to-date access to information they need to make good decisions about their health care. This includes working with physicians to update and maintain the directory of family doctors accepting new patients on the province's website.
- The province will promote 811 as a key resource for Nova Scotians seeking primary care. Health professionals will be able to identify teams or family doctors accepting new patients in callers' communities.

Strengthen our partnership with Dalhousie Medical School

- Government will work closely with Dalhousie University to develop a plan to adjust the number and mix of medical seats and specialty programs so that they better respond to Nova Scotia's needs, particularly the need to increase the supply of family doctors and specialists providing more general types of care.
- The province will expand the community-based Family Medicine Residency program beyond Halifax and Cape Breton, to the Annapolis Valley in 2012. The province will explore further expansions in future years for training family doctors in rural communities in the province, which can influence where they choose to practice in the future.
- The province will work with the medical school to provide medical students and residents with up-to-date information on the physician needs of Nova Scotia over the next 10 years and on the advantages and opportunities of community-based practice in family medicine and in other specialties. This enhanced workforce information will help them make informed decisions about their medical careers, employment opportunities, and the needs of the population.
- Government will build on work already underway with Dalhousie and other key stakeholders in attracting a more diverse medical student population that is more reflective of our Nova Scotia population.
- The province will continue to participate with Dalhousie Medical School in national discussions regarding medical education and residency training.

Develop better information and planning

- The province will develop a more robust physician database to ensure it has better data in the future for effective planning, working with the College and Physicians and Surgeons of Nova Scotia as required on data improvements.
- The province will update the planning model regularly to ensure that it reflects accurate data and appropriate planning variables.

Increase province-wide planning with partners

- The province will extend the mandate of the Provincial Physician Plan Advisory Committee, initially established to support the planning model and framework, to help with implementation strategies. This group, made up of representatives of the DHAs, IWK, College of Physicians and Surgeons, Doctors Nova Scotia, and Dalhousie Faculty of Medicine, will provide advice from a broad perspective on changing the mix and distribution of doctors. Its functions will include reviewing, updating, and validating the planning ranges in the consultants' report, and assisting Nova Scotia in initiating a national dialogue on better physician supply planning across the country. Recognizing that these decisions have broad health-care system impacts that go beyond physician resources, the Committee will also link to other clinical planning forums to advise on:
 - ways to better coordinate and strengthen access to high-quality core physician services at the district level, including emergency medicine, general specialty services in internal medicine, surgery and anaesthesia, psychiatry, pediatrics, obstetrics, and general laboratory and diagnostic imaging services;
 - the need to review and coordinate some specialty and sub-specialty services provincially to ensure that all Nova Scotians have access to high-quality complex medical care.

Summary

All Nova Scotians want and deserve timely access to safe care that meets their needs. Government now has a planning tool that will help reshape the physician workforce over time so the province will have the right number, mix, and distribution of doctors to meet the health-care needs of Nova Scotians. It is a dynamic tool that can be easily updated to reflect changes in the population, work force, or other variables. In the coming months, government will work closely with physicians and other stakeholders to develop strategies that will help ensure that Nova Scotia has the doctors it needs where it needs them. The province will work to improve access to family doctors, nurses, and other health-care providers and provide better care sooner.

Glossary of commonly used terms

Primary care is an individual's or family's first and continuing contact with the health-care system. Primary care services include health promotion and disease prevention, care of episodic illness, continuing care of chronic conditions, education, and advocacy.

Collaborative primary care is a team approach to organizing and working that effectively uses the separate and shared knowledge and skills of care providers and patients to deliver care that best meets the needs of the practice's clientele.

Family physicians are doctors with postgraduate training in family medicine to provide continuing primary medical care, for a wide range of health problems, to patients and families throughout their lifespan. They often provide care in community-based collaborative practice teams with other primary care providers as well as in other settings such as hospitals, emergency departments, and nursing homes.

Nurse practitioners are registered nurses with advanced knowledge, skills, and education. They can diagnose and treat illness and health concerns, order tests, prescribe medications, manage chronic illnesses, and refer patients to specialists. They work collaboratively with physicians and other health care providers to make sure that patients receive the best care possible.

Specialists are physicians who focus their practice in one area of medical practice, such as surgery, psychiatry, pediatrics, internal medicine, anesthesia, etc. They see patients for consultation at the request of primary care providers.

A **general (community-based) specialist** is a physician who provides services across a wide range of health problems in their particular area of practice. Sub-specialists are specialists in one area of practice who further focus their expertise to a particular procedure, body system, or limited range of clinical problems such as respiratory medicine, forensic psychiatry, neonatal pediatrics, pain management, or neurosurgery.

Clinical services refers to the combination of health-care programs, services, and resources that are provided to serve the health-care needs of Nova Scotians.