

Physician Recruitment and Retention Stakeholder Summit

SUMMARY REPORT

March 26, 2015

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Introduction

Two and a half years ago, leaders from across many BC Divisions of Family Practice established a physician recruitment and retention committee. They were collectively motivated to improve patient access to primary care, balance practice pressures for physicians and make it easier for physicians to access practice coverage. The committee understood that there are many provincial organizations with influence over the way family physicians are trained, recruited and credentialed and therefore actively began to strengthen these relationships in efforts to make primary care available to all residents of BC.

The General Practice Services Committee (GPSC) consisting of representatives from the Ministry of Health (MOH), Doctors of BC and all regional health authorities, agreed to support the Divisions of Family Practice Physician Recruitment and Retention Committee to host a summit focused on building an inclusive future process that can collaboratively coordinate collective efforts to train, license, recruit, and retain family physicians across the province. This report documents the results from the summit held on March 5th, 2015. The summit was the first time that all organizations in BC who focus on physician supply issues came together to discuss recruitment and retention and plot a more coordinated way forward.

Event Planning and Structure

The summit planning committee consisted of representatives from most organizations that have a role in making it possible for a family physician to practice in BC. For a complete list of committee members, see Appendix "A". Meetings were co-chaired by representatives from the General Practice Services Committee (GPSC) and individual physicians who are members of the provincial physician recruitment and retention committee -- consisting of a good representation of Divisions of Family Practice from across the province.

The agenda was designed to achieve the following:

- Provide a baseline level of knowledge of key organizations supporting physician recruitment, retention, training and credentialing, and monitoring. This was an opportunity to dispel myths and strengthen participant understanding of current provincial-level activity;
- Share the MOHs draft vision of the future of primary and community care and to posit questions about how this might affect future workforce planning strategies;
- Engage participants through small group discussions on known recruitment and retention issues and concerns as a way to expose deeper

understanding about what ought to be included in future physician supply work plans; and,

- Shed light on a model for supporting coordinated planning and outcome monitoring moving forward.

Specifically the agenda event goals were defined as follows:

1. Provide insight that will help shape the development of a provincial physician recruitment and retention action plan.
2. Disseminate tools for best practices to help local and regional groups streamline and improve their recruitment approach.
3. Shape the process/vehicle we use to monitor our collective progress.

Please refer to Appendix "B" to review the event agenda, Appendix "C" for a list of organizations that were represented at the event, and Appendix "D" for a summary of participant event survey results.

Themes:

Event themes were generated through a two-step process: reviewing event report out notes and small group session documentation followed by a summit planning committee discussion. The results are organized into two areas of focus: "recruiting into what?" -- a higher level response to MOH cross sector discussion papers on the future of primary and community care and human resource planning; and themes related to the overall coordination of recruitment and retention planning, including a spot light on where improvement are possible.

Area One

Recruiting Into What?

Following a presentation from the Deputy Minister of Health on the government's draft vision for primary and community care which includes among other things, new enhanced team-based care models, and funding models, participants identified a need to explore what these issues might mean to their organizations as well as to practicing family physicians. They also considered issues that the government may need to consider during any transition period between the current practice (generally characterized as solo or small physician practices with minimal to no team-based care compensated through a fee-for-service payment model) and the proposed implementation of team-based group practices supported with alternate funding models.

On the topic of enhanced team-based care models, issues of coordinating care, support technologies such as sharing electronic medical records, current space and lease restraints and relationships to care facilities were raised. Currently there are a number of constraints on making it possible for physicians to move freely into this new model. Of note, participants highlighted the importance of the following:

- Providing easy access to, and an appropriate amount of change management support at a practice and system level;
- Opportunities for exploring a variety of team configurations based on local opportunities and community needs; and,
- Exploring how to more flexibly use existing partitioned budgets.

Participants also discussed approaches during a transition period that may still be appealing to new physicians. Positioning with potential recruits that there are opportunities to help build a new system characterized as wellness focused, supportive team-based care accentuated by improved work/life balance, may entice individuals interested in this future vision to seriously commit to practicing in BC. Participants also stated a belief that new office/practice funding and management arrangements may improve the likelihood of broad adoption of the proposed MOH vision.

In addition, the group discussed a variety of issues that align with area two listed below. As such, they have been integrated in the appropriate sub themes.

Area Two

Sector-Wide Coordinated/Integrated Planning

Physician supply planning occurs in various ways at different levels of the province. In some areas there are direct and coordinated efforts, while in other areas, planning relies on loosely linked activities. While there are pockets of recruitment and retention-focused excellence in BC, summit participants indicated that there were opportunities to improve the system as a whole as it relates to how the province makes it possible for doctors to practice in BC. Often organizations are limited by legislation and/or mandate and as a result find it difficult to respond to requests to alter the way they approach their work. Coordinating efforts across the province no doubt adds complexity to the process, however participants indicated a need to do just that. They called for a deeper understanding of the constellation of activities across organizations that make it possible for family physicians to be trained, licensed, and supported, along with a knowable way to describe how the system works and is monitored. These vertical and horizontal integration calls to action seamlessly

align with the provincial Division of Family Practice Recruitment and Retention Committee efforts to date, lending greater confirmation that they are on the right path.

Summit participants described three sector-wide coordinated/integrated planning-coordination areas that ought to be part of any future plan: recruitment and practice coverage; communication and marketing; and, delivery through a provincial planning and outcome monitoring model.

Recruitment and Practice Coverage Coordination

Planning and actual family physician recruitment efforts currently occur at the provincial, regional and local levels. Coordination of these efforts is loose at best. Participants described opportunities to improve both vertical and horizontal coordination as a way to increase collective success and reduce wasted effort and cost.

Summit participants highlighted the importance of expanding provincial understanding of what coordinated physician supply plans ought to consider. Beyond developing algorithms that offer estimates of physicians needed to care for all BC residents, participants raised the importance of supporting doctors who want to practice longer in different arrangements that make the system and their own needs possible, and organizing coordinated ways to offer practice coverage. Practice coverage has historically been relegated to the realm of the private practitioner and not a system responsibility. However, retaining healthy doctors is an integral requirement of moving forward any health strategy that relies on primary care as the backbone.

At the community level, efforts are well underway through health authorities, municipalities and local Divisions of Family Practice, to recruit the number of doctors they need to service their unique populations. Struggles occur where communities in serious need -- often rural and remote areas, find themselves in competition with adjacent towns and cities. Echoing presentations by the Joint Standing Committee on Rural Issues presenters, participants raised the importance of preserving the rural "advantage" -- a suite of initiatives and incentives to increase the likelihood that doctors will move to these areas and stay. Nevertheless, competition for a limited supply of physicians will exist for the foreseeable future, requiring efforts to ensure that recruitment, retention and practice coverage strategies remain respectful and avoid unintended negative impact.

Participants also discussed the ways of strengthening the recruitment and retention of International Medical Graduates (IMG), including the subset of Canadians Studying Abroad (CSA), including criteria for successful application to the CaRMs match for IMGs in BC, reviewing the return of service

requirements, improving knowable pathways for navigating the application process, and improving support tools such as websites.

Communication and Marketing Coordination

Communication and marketing relate to overall planning efforts and targeted local recruitment and practice coverage. Event participants described the importance of coordinating these efforts. Practical ideas included pooling resources for advertising and promotion at conferences, and developing easy to use and knowable platforms for sharing and evolving existing tools and associated resources.

Provincial Planning and Success Monitoring Models

In the pursuit of building a transparent and sustainable physician supply plan that explicitly coordinates efforts at local, regional and provincial levels, participants were quick to emphasize the importance of being mindful of developing additional committees or structures and to ensure that the flexibility at the local level remains so that what is currently working can continue. Walking the line between benefiting from economies of scale while still allowing for variation depending on the local situation is not new to health care, nor is it easy. As a guiding principle, participants highlighted throughout the small group discussions the need to hold true to this balancing act.

The Ministry of Health is developing an overall Health Human Resources Plan. Within the Ministry's framework there needs to be a structure that addresses the physician manpower plan in a proactive and ongoing manner, which includes relevant stakeholders, including the Doctors of BC.

Participants were provided with an opportunity to consider three models of coordinating and monitoring collective effort. While a centralized approach may be the easiest to implement, participants described the importance of continuing to keep local and regional groups actively engaged in the decision making and delivery processes. As such, there appeared to be greater emphasis placed on a hub and spoke model with the following attributes:

- A clear mandate;
- A hub that can appropriately pursue any necessary legislative, regulatory or provincial organization mandate changes that would lead to improved recruitment, practice coverage and retention outcomes;
- Ability to gather and share standardized information and templates;
- Two-way communication between the provincial-focused hub and the local and regional level spokes for improved information sharing and accountability;

- Two-way horizontal communication between local initiatives and also regional level organizations;
- A clear method of monitoring success with embedded quality improvement cycles; and,
- Clarity on how to ensure that provincial and local needs are both achieved.

Conclusion and Recommendations

The calibre and senior level representatives and breadth of organizations who attended the Physician Recruitment and Retention Stakeholder Summit strongly point to a collective will to pursue an improved approach to coordinated planning, and ensuring these efforts align with the future of primary care in BC. The next step of the Summit Planning Committee will be to review event feedback and examine which provincial groups are best positioned to move the event findings forward.

Appendix "A" – Summit Planning Committee

Dr. Shelley Ross	GPSC, Summit Co-Chair
Dr. Aaron Childs	Victoria Division of Family Practice, Summit Co-Chair
Dr. Bruce Hobson	Powell River Division of Family Practice, Summit Co-Chair
Dr. Sandra Lee	Vancouver Division of Family Practice, Summit Co-Chair
Mr. Doug Blackie	BC Ministry of Health
Dr. Jack Burak	College of Physicians and Surgeons of BC
Dr. Bill Cavers	President, Doctors of BC
Dr. John Hamilton	Fraser Health and GPSC
Mr. John Mabbott	Health Match BC
Mr. Jeff Malmgren	Doctors of BC
Dr. Tracy Monk	Society of General Practitioners
Dr. Alan Ruddiman	Joint Standing Committee on Rural Issues
Dr. Sian Spacey	UBC Faculty of Medicine, Transition Into Practice Program

Appendix "B" – Agenda

TIME	AGENDA ITEM	FORMAT
7:30am– 8:15am	Registration Sign in and receive event package	Entrance
8:30am– 8:40am	Welcome and Opening Remarks: Summit Co-Chairs Dr. Shelley Ross, Co-Chair, GPSC Dr. Aaron Childs, Dr. Bruce Hobson and Dr. Sandra Lee, Divisions of Family Practice	Ballroom
8:40am– 9:40am	Planning For the Future Today: Insights to Improve BC’s Primary Care System Dr. Bill Cavers, President, Doctors of BC Stephen Brown, Deputy Minister, Ministry of Health	Presentation Q & A
9:40am– 10:00am	Practicing in BC: How We Support Physicians Dr. Willa Henry, Director, Family Medicine, Postgraduate, UBC Faculty of Medicine Dr. Sian Spacey, Faculty Lead, Transitions Into Practice, UBC Faculty of Medicine Dr. Jack Burak, Deputy Registrar, College of Physicians and Surgeons of BC	Ballroom
10:00am– 10:20am	Recruitment and Retention in Areas of Greatest Need: Differences / Disparities Dr. Alan Ruddiman, Co-Chair, Joint Standing Committee on Rural Issues John Mabbott, Executive Director, Health Match BC	Ballroom
10:20am– 10:30am	Open Space: Topics of Interest to Delegates Brian Evoy, Facilitator Delegates to propose discussion topics for small group discussion	Ballroom
10:30am– 10:45am	AM BREAK	
10:45am– 11:45am	Small Group Discussions: Define roles at the local, regional and provincial levels a) What can we do more of to attract physicians to BC? b) How can we better fill physician spaces in areas of need? c) How can we retain physicians across BC – especially in areas of need? d) How can we improve the way we share best practices? 1) Open topic 2) Open topic	Group Discussion
11:45am– 12:00pm	Rapid Report Back	Ballroom
12:00pm– 1:00pm	LUNCH	

TIME	AGENDA ITEM	FORMAT
1:00pm – 1:45pm	Physician Recruitment: Current State and Planned Directions John Mabbott, Executive Director, Health Match BC Margaret Kennedy, Senior Consultant, Health Match BC a) Overview b) Recruiting rates c) Expanded role d) Practice Readiness Program	Presentation Q & A
1:45pm – 1:55pm	Story-Driven Small Group Discussion: Introduction and Activity Overview Brian Evoy, Facilitator	Ballroom
1:55pm – 3:00pm	Story-Driven Small Group Discussion a) IMG/CSA experience b) Physician needs at different stages of career lifecycle c) Practice coverage needs d) Community approach to recruitment 1) Open topic 2) Open topic	Group Discussion
3:00pm – 3:20pm	Rapid Report Back	Ballroom
3:20pm – 3:40pm	PM BREAK	
3:40pm – 4:00pm	Going Forward: Coordinating and Monitoring Our Collective Work a) Centralized model b) Hub & Spoke model c) Peer Managed Cluster model d) Other	Group Discussion
4:00pm – 4:30pm	Report Back Flip chart station monitors present summary	Ballroom
4:30pm – 5:15pm	What Have We Learned Today and What Can We Address Immediately? Brian Evoy, Facilitator	Ballroom
5:15pm – 5:30pm	Thank You and Next Steps: Summit Co-Chairs Dr. Shelley Ross, Co-Chair, GPSC	Ballroom
5:30pm – 7:30pm	RECEPTION	

Appendix "C" – List of Organizations

BC Ministry of Health
BC Chapter of Family Physicians
College of Physicians and Surgeons of BC
Doctors of BC
Divisions of Family Practice
First Nations Health Authority
General Practice Services Committee
Health Authorities

- Fraser
- Interior
- Island
- Northern
- Vancouver Coastal

Joint Standing Committee on Rural Issues
Health Employers Association of BC
Health Match BC
Medical Services Commission
Resident Doctors of BC
Rural Coordination Centre of BC
Society of General Practitioners of BC
UBC Faculty of Medicine
Union of BC Municipalities

Appendix "D" - Participant Survey Results

An event survey was sent to all event participants electronically immediately after the summit.

Please share your experience:

	Not at all	Not really	Undecided	Somewhat	Very much
The summit was valuable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The summit met my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The learnings from the summit were informative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm interested in participating in the work for recruitment and retention going forward.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My organization would be interested to collaborate with other stakeholders in the future work for recruitment and retention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Twenty-eight participants completed event surveys. In the comments section, respondents stated that they felt the right people and organizations were in the event to make positive change related to physician recruitment, practice coverage and retention happen. They strongly voiced a desire to see a provincial strategy and action plan implemented as soon as possible. Twenty-four respondents indicated that they were somewhat to very much certain that the event was valuable. Twenty respondents indicated the event was very much informative while 7 respondents indicated that it was somewhat informative. As individuals, 15 indicated that they were very much interested in working on recruitment and retention issues going forward, while 10 indicated that they were somewhat interested. Lastly, an overwhelming 25 respondents out of 28 indicated that their organization would be interested in collaborating with others to address recruitment and retention issues across the province.