Ontario Medical Association

Physician human resources planning toolkit: Four moments in fit-for-purpose physician workforce planning

Ontario Medical Association, Physician Human Resources Committee
March 15, 2022

Contents

Context of physician human resources planning

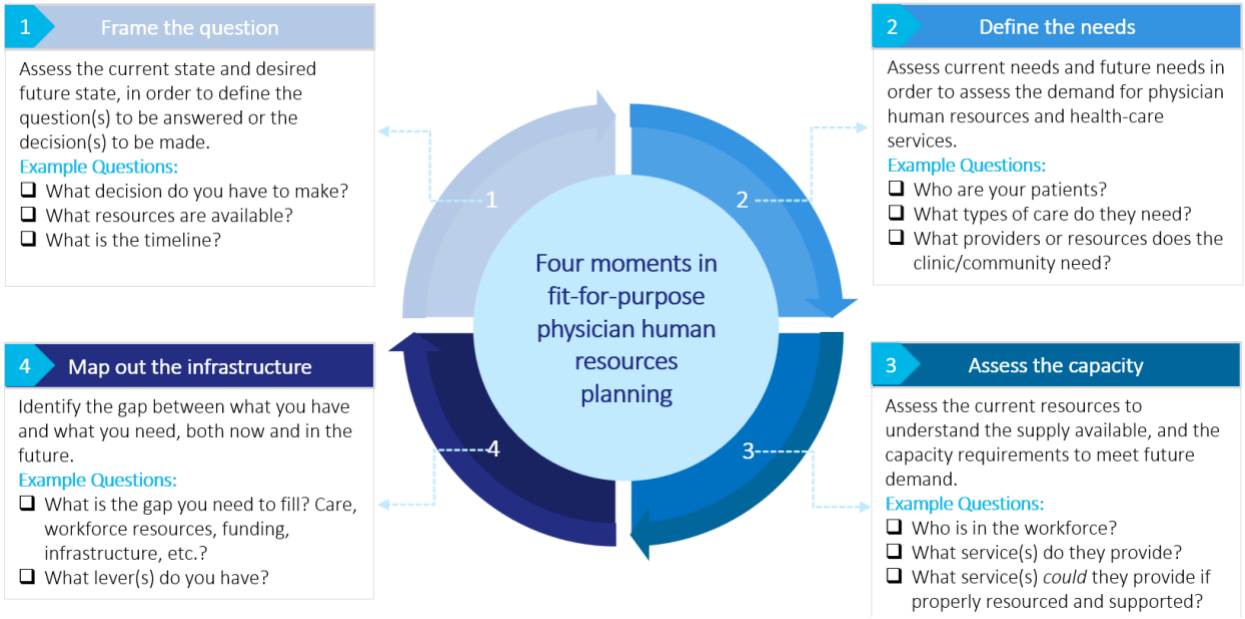
Good decision-making is informed by good planning. Health system stakeholders need solid physician human resources planning practices to ensure the right resources are in the right place at the right time to provide the right, high-quality care to patients close to home, and as efficiently and cost-effectively as possible. Good planning enables answers to questions about:

- the current supply pool and how it may be sustained into the future
- the characteristics of providers and patients, and whether existing supply can meet anticipated future demand
- the increasing and changing health needs of an aging population
- the emerging and unique health needs of immigrant populations
- the unique health needs of marginalized and underserved populations
- the sufficiency of the current training pathway to meet future population health needs
- succession planning at local and regional levels
- responding to unforeseen circumstances large and small: from replacing a retiring physician in a group practice to a systemic response to a natural disaster or a global pandemic

Position statement

Best practices in planning rely upon an iterative approach, and continuously seek high quality, standardized, integrated, comprehensive and reliable data. The goal of health human resources planning is to develop and ensure a fit-for-purpose and future-proofed workforce. Recognizing that different groups will have different needs, experience, and scales of planning requirements, the OMA's Physician Human Resources Committee created this toolkit to describe and facilitate fit-for-purpose planning across many scenarios.

Framework: Four moments in physician human resources planning



1. Frame the question

This step involves assessing the current state and desired future state, in order to define the question(s) to be answered or the decision(s) to be made. Examples could include the following "common sense" questions (the list is not exhaustive):

- What do you need or what do patients need?
- What is your purpose or goal (for example, are you planning for an upcoming retirement or parental leave, or do you need to recruit a physician to your community)?
- What decision do you have to make, or what is the problem to be solved? What information do you need to help you make the decision, or get the answer?
- What are you likely to need now or in the future?
- What resources (for example, data, people, funds, references, technologies) are available or not? Define the resources and list the ones currently available to you.
- What services and/or geography are impacted, in the short term and in the long term?
- What is the timeline and/or urgency of the need?
- When do you expect the need to arise?
- What people, resources and plans will influence the scope of your project and your accomplishment?
- Who owns the workplan, and what are the anticipated stakeholder contributions to it?
- What is your goal and desired future state?

2. Define the needs (i.e. demand)

This step involves assessing current needs and future needs in order to assess the demand for physician human resources and health care services. Examples could include the following "common sense" questions (the list is not exhaustive):

- What do patients need in terms of care and health services, now and in the future?
- What does the clinic/community need (for example, a nurse practitioner or two family physicians)?
- What are the characteristics of your roster (or patients in the community/region): how many patients need to be cared for; what is their disposition (for example, age-sex breakdown); and what types of care do they need? For example, 1,000 patients in a clinic need primary care; or the emergency department sees 5,000 visits in time period X; or, a population of patients in the community needs N scans or tests (for example, radiation oncology service).
- If a technology or treatment changes (for example, a new scanner or equipment is available), what will your patients need? Consider patient needs in the future under different scenarios.
- What analyses do you need to do to understand the patients'/community's/region's needs?

3. Assess the capacity (i.e. supply)

This step involves assessing the current resources to understand the supply available, and the capacity requirements to meet future demand. Examples could include the following "common sense" questions (the list is not exhaustive):

- What are the characteristics of the current workforce: how many physicians serve the clinic/hospital/community; what is their disposition (for example, age-sex-specialty breakdown; females of childbearing years; later career; semi-retired; part-time); what skills do they have; and where are they located?
- What clinical services do they provide; how much service do they provide; and what equipment do they need?
- What non-clinical services do they provide (for example, administration, academic, education, research, leadership roles) and what supports are required?
- What services could the workforce provide; and what training, supports, professional development or equipment would be needed to upskill, diversify or retrain?
- How much service could the workforce provide if properly resourced and supported? What would that entail from a physician, funding and equipment standpoint?
- If a technology or treatment changes, what services could the workforce provide?
- Identify "who" or "what" you need to replace (for example, retirements, leaves, succession planning). What tasks will need to be distributed, who could take them on, and how does the team function?

4. Map out the infrastructure

This step involves identifying the gap between what you have and what you need, both now, and in the future. Examples could include the following "common sense" questions (the list is not exhaustive):

- What do you need to fill the gap?
- What infrastructure resources do you need to fill the gap? Examples include: funding, equipment, space/building, operating room access, imaging/scanning, digital infrastructure and physical infrastructure.
- What care infrastructure do you need to fill the gap? Examples include: liaison with hospitals, emergency departments, or a referral network; virtual care infrastructure; liaison with LHINs/OHTs for interface between physicians, patients and services; access to primary, secondary, tertiary, and quaternary level care.
- What workforce resources do you need to fill the gap? Examples include: physicians; non-physicians; technologists; skills; training; mentoring; time off; educational infrastructure to keep the workforce current.
- What levers – funding, training, intensive training, offers and incentives (or disincentives), long term incentives, mentoring, fellowship -- do you have at your disposal?
- Who owns the workplan, and what are the anticipated stakeholder contributions to it? (No. 1 and No. 4)

Best practices

Using a best practice approach ensures all the pieces of the plan fit together and that the plan is dynamic and can evolve with changing environmental circumstances. That is, the plan has a view toward sustainability of the workforce in the long term, not just managing crisis circumstances in the short term. Best planning processes involve scanning the horizon, generating models, evaluation and policy development. Moreover, they embrace an iterative approach to compare scenarios, regularly review progress and revise the model(s) and plan(s) accordingly.

The quality of any model depends on the quality of its inputs. The best practices in developing high-quality models make use of the best available data sources, and ideally these datasets are standardized, integrated, comprehensive and reliable. Recognizing that the ideal circumstances do not often exist, descriptive data can be used as inputs to models and decision-making. Regularly monitoring and reviewing data quality, predictive capability and emerging data sources is essential to improve the process and its outputs in the longer term.

The promotion of workforce sustainability requires consideration of a variety of key issues, such as workforce optimization, management practices, and the approach to workforce wellness. Equity, autonomy and flexibility in scheduling are important to maintaining a sustainable workforce, as are issues related to protected time, back-up systems, work-life balance, and administration. Finally, formalized processes to support physicians through career transitions

and challenges are important components of a holistic workforce sustainability strategy. See the appended resources for further ideas and helpful suggestions.

Promoting a sustainable workforce: Issues and best practices

Workforce sustainability

Optimization	***Does the group/team/dept/service have a balance of early-, mid- and late-career physicians?***
Management	***Has transparent policy-making, decision-making and scheduling been made a priority?***
Wellness	***Is there a commitment to acknowledge, support and prioritize physician wellness?***

Scheduling

Equity	***Is scheduling equitable?***
Autonomy	***How much control over scheduling do physicians in my group/team/dept/service have?***
Flexibility	***Is there a process to change the schedule or exchange shifts?***

Protected time

- ***Do physicians have regularly scheduled protected non-clinical time?***
- ***Do physicians have protected time for leadership and administrative activities?***
- ***Do physicians have protected "creative professional" time?***

Back up systems

- ***Is a system in place (second/ back-up call) to manage workforce emergencies and unforeseen circumstances?***
- ***Is "twinning" with another community, group, service, or department to provide cross-coverage an option?***

Work life balance

- ***Is physician work-life balance prioritized?***
- ***Do physicians have formal, regularly scheduled vacation time?***
- ***Does my group/team/department/service have regular locums to cover leaves?***
- ***Is job-sharing an option?***

Formalized processes

Does my group/team/department/service formally engage in:

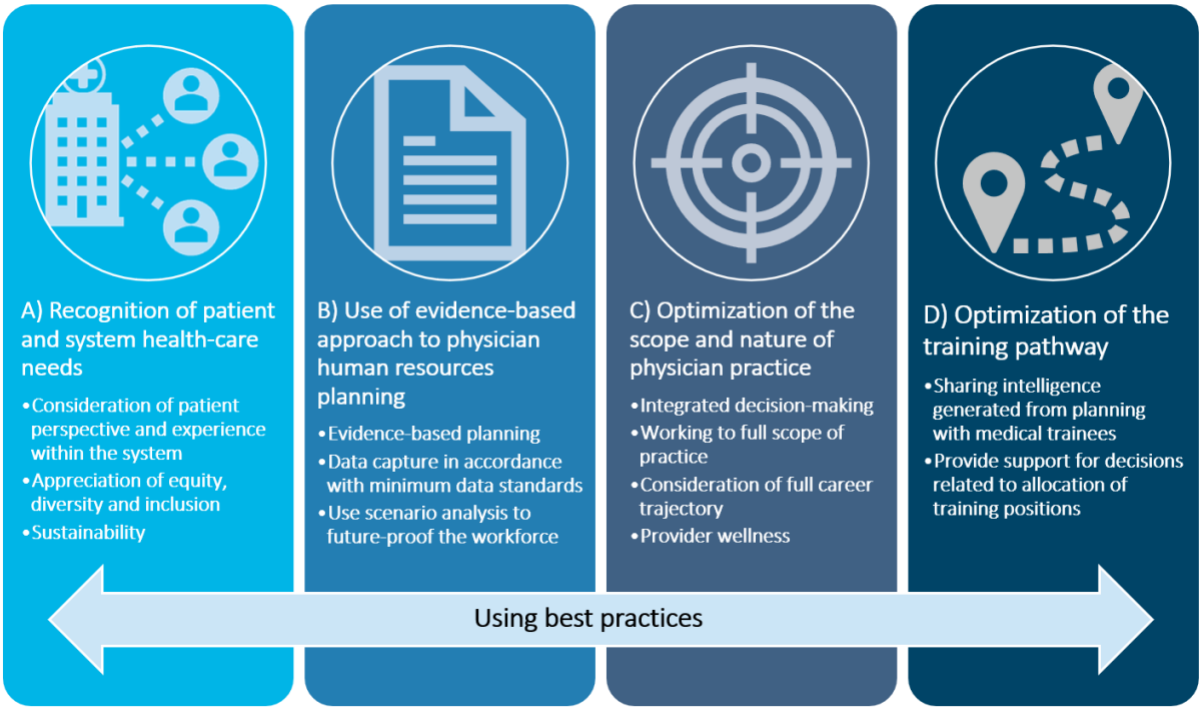
- ***Succession planning?***
- ***Mentoring?***
- ***Peer support?***
- ***Transition-to-practice support?***

Administration

- ***Is administrative support available to physicians?***
- ***Are leadership and administrative activities remunerated or compensated?***

Practical considerations to guide physician human resources and workforce planning

The OMA Physician Human Resources Committee's Guiding Principles for Physician Human Resources Policy and Planning in Ontario were approved by the OMA Board of Directors and are the basis for the development of the practical considerations for any physician human resources issue. The Practical Considerations for a Physician Resources Planning Toolkit are categorized under the primary guiding principle which applies, recognizing that several may fit under more than one guiding principle. A brief description of each practical consideration is provided.



A) Guiding principle: Recognition of patient and system health-care needs

Consideration of patient perspective and experience within the system
The patient experience is at the heart of all planning and this is a unifying theme of all the OMA Physician Human Resources Committee's guiding principles and the specific practical considerations. Patients deserve high quality, safe, timely, equitable access to health care, when and where they need it. Ensuring a high-quality experience for patients provides the focal lens through which to build the model and secure the appropriate supports and resources.

Appreciation of equity, diversity and inclusion
Equity, diversity and inclusion should be at the centre of any decision-making and should be linked to the context of the local system and local population served. EDI is an important principle in patient access to high quality appropriate health care. Further, EDI is an issue

important to all groups involved in planning: physicians; patients; communities; local, regional and national governments; and health-care institutions. Pursuing and achieving equity is not an issue for one particular group or another, one community over another, or a challenge for only rural areas. For example, rural primary health-care delivery is not independent of other services and planning—there are necessary connections between secondary and tertiary care that must be considered.

Sustainability
Planning models must be sustainable, in that there must be integration and connection of the components, and consideration of the future state. This requires a level of management and oversight, in identifying the problems, working toward solutions, handling the administrative aspects of recruitments, seeking out funding, developing proposals, and regular monitoring and evaluation. This process will ensure that not only short-term needs are covered, but that there is a view toward looking ahead to ensure sustainability of resources in the medium and longer terms. This requires planning for and responding to shifts in the system, accounting for potential leaves and practice transitions, and identifying the impact of new technologies (for example, artificial intelligence, or new technological resources or processes that may become available). Further, sustainability captures the social accountability of medicine: An ideal state would reflect a co-ordination of residency spots with projected needs and projected supports.

B) Guiding principle: Use of evidence-based approach to physician human resources planning

Evidence-based planning
Planning should be rooted in the foundation of a solid evidence base. All efforts must be applied to obtain and use the best data sources available. The nature of high-quality data includes the following characteristics: standardized, reliable, comprehensive, integrated, and national (where possible). Critical appraisal of the model, monitoring of shifts and trends both in the system and in the workforce, evaluation, and iteration to make adjustments are necessary components of physician human resource planning.

Data capture in accordance with minimum data standards
Integrated decision-making requires the use of shared, common and standardized data sets. This could involve capturing, creating or abstracting data from available sources (for example, electronic medical records, Canadian Institute for Health Information and the Discharge Abstract Database) to feed into the decision-making process. Data collection should be purposeful and adhere to minimum data standards, such that all providers are capturing and using data in the same way. Data quality is an important consideration to ensure the available data fit their intended use: planning; decision-making; and operations. All data should be assessed for quality, comprehensiveness and availability/accessibility.

Use scenario analysis to future-proof the workforce
Effective workforce planning requires anticipating future resource needs to ensure that physicians are in the right places when they are needed. This will involve conducting

anticipatory trending and the use of emerging evidence to guide planning. An evidence-based approach which examines available data and trends in both the health workforce community and the population must be used to anticipate physician human resources needs 10 years into the future, in order to effectively allot training positions in the present. Iterative planning ensures that small course corrections can be made in response to emerging needs.

C) Guiding principle: Optimization of the scope and nature of physician practice

Working to full scope of practice
An ideal model uses all health-care providers to their full scope of practice. Models should appreciate and optimize the skills of the people within them, as this supports high-quality care, improves the provider experience, and has the additional benefit of leading toward system efficiency. Models can consider primary care physicians, specialist resources, physician extenders, physician assistants, allied health professionals and administrative support. There are many important tasks in health care that are meaningful and necessary, but may not be the physicians' role, or the optimal use of their time and skills.

Consideration of full career trajectory
The "life course" of physician practice spans from recruitment into medical school, through to residency training, independent practice, and then transition into semi-retirement and retirement. There are valuable contributions made by physicians at each stage, and important considerations for planning, in order to support physician health, well-being, and professional satisfaction. The life course captures gender-related issues, childbearing and rearing, family responsibilities, illnesses and leaves, sabbaticals, academic and administrative work and retirement, and conducts planning for these career and life stages accordingly.

Provider wellness
Our health-care providers are our most valuable resource and consideration for their wellness and well-being should be built into any workforce model. This encompasses addressing a broad spectrum of issues, for example: barriers to practice opportunities for new graduates; developing networks or mentoring resources for new physicians; access to secure and confidential health and mental health supports; and assistance with transitions to semi-retirement or retirement. Moreover, a certain level of provider redundancy should be built into the model to account for the inevitable need for leaves, illnesses and vacation; and also to deal with life changes, practice changes, and provider burnout. Ensuring some redundancy in a sustainable way means that there will be appropriate, safe, qualified coverage available so that circumstances do not approach a crisis mode.

Integrated decision-making
Physician resource planning needs to integrate with planning for other health system resources, both workforce and infrastructure. Models should incorporate a minimum data standard such that all key stakeholders and partners are using the same terminology and definitions and have the same understanding and objectives. Decision-making should be collaborative, and not occur

in silos or vacuums. Consider the ideal state, and then work toward advocacy for system change if and when required.

D) Guiding principle: Optimization of the training pathway

Sharing intelligence generated from planning with medical trainees
With a minimum 10-year training pathway in front of them, medical students and residents have a real need for reliable information on what specialties and skills will be needed in the future and where, in order to inform their career decision-making in the present. Ideally the results of planning, modelling and forecasting would generate information on areas and specialties of expected growth and need, and thus which medical careers are likely to be more sustainable, rewarding and in demand by the time they complete their training.

Provide support for decisions related to allocation of training positions
The focus of good planning intends to optimize training for alignment with societal needs, to provide support for decisions about the allocation of training positions. The goal is to ensure there will be enough physician, specialist and allied health professionals in the workforce in the places where they will be needed in the future. Again, the use of standardized, integrated, comprehensive, national data will enable the understanding of trends in the current workforce (for example, retirements, moves, new graduates) that could be forecasted into future needs.

Resources

Many resources, guidelines and tools are already developed, and available to support planning. Some examples follow, sourced from Ontario and other jurisdictions:

1. Ontario Health (formerly HealthForceOntario):

Recruitment essentials[1]

Physician Recruitment and Retention (PDF)
This module guides you through the steps for physician recruitment and provides retention strategies.

Marketing (PDF)
This module guides you through the steps to develop a marketing plan to promote your community/organization and to attract health-care professionals.

Social Media (PDF)
This module explains how recruiters can incorporate social media tools into their outreach strategy.

Working with the Media (PDF)
This module will help you to understand how to promote your organization/service in the media.

Customer Relationship Management (PDF)
This module provides advice on how and when to communicate with your clients.

Locums: Making Them "Work" for You and Your Community! (PDF)
This module shares leading practices to assist you with finding locum physicians.

Licensing and Supervision (PDF)
This module will help you better understand the licensing process for physicians in Ontario.

Succession Planning for Health-Care Organizations and Recruiters (PDF)
This module will help you develop a picture of local physician human resources needs, and create and execute a plan to address those needs.

[1] HealthForceOntario. [Internet]. Toronto, ON: Queen's Printer for Ontario; 2021. Recruitment essentials; 2019 Apr 8; [about 2 screens]. Available from: https://www.healthforceontario.ca/en/Home/All_Programs/Physician_Recruitment_for_Communities/Recruitment_Essentials. Accessed: 2021 Dec 8

Physician Onboarding (PDF)
This module is comprised of practical advice and tools that your community/organization can use to welcome new recruits and develop a physician retention program.

2. **Canadian Institute for Health Information Rural Health Service Decision Guide**

3. **National Health Service Health Education England resources**

4. **Key Issues in Health Workforce Planning:** A chapter in the SAGE Research Handbook on Contemporary Human Resource Management for Health Care. In press as of March 15, 2022. Resource for health workforce planning on larger (regional) scales; to be updated when the chapter becomes available.