Health PEI

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To all Island Physicians,

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This letter provides a summary of the proposed Provincial Physician Resource Plan.

In October 2009, a working group under the jurisdiction of the Provincial Medical Leadership Steering Committee, was established to oversee the development of a Physician Human Resource Plan for the province. The plan is to reflect the anticipated future physician needs of the population served in Prince Edward Island for the next five to ten years and will:

- (a) be based on an evidence based/best practice model of care with emphasis on primary and preventive care;
- (b) ensure that the consumption of resources, and the utilization of non-physician as well as primary care and consulting services, reflects currently available literature on best practice;
- (c) identify the physician resources from the sister jurisdictions for areas where PEI population cannot justify cost of resourcing at home;
- (d) address and anticipate future changes in the delivery of clinical services including the utilization of nurse practitioners;
- (e) focus on a human resource approach that is based on population health, as opposed to a ratio-based approach for human resource planning;
- (f) reflect the anticipated future needs of the population served by the province (and the Family Medicine Residency Program) for the next five and ten years;
- (g) provide an impact analysis model for accessing new requests for physicians; and
- (h) provide an evaluation tool accessing physician complement.

In November, a consultant firm was selected to develop, collaboratively with Department of Health staff and the Medical Society of Prince Edward Island, a provincial physician resource plan. The Hay Group Health Care Consulting Inc. was contracted to develop the plan with Dr. Isser Dubinsky, Associate Director of Hay, serving as the Lead Consultant for the project assisted by Mr. Chris Heylar, Ms. Kelly Jennings and Ms. Irene Peterson Gray of the Hay Group.

Methodology

In compiling the plan, a variety of processes were used including data and literature reviews. Data reviewed included fee-for-service and shadow billing data, CIHI data, in-patient and out-patient surgery volumes, and records of PEI residents hospitalized in other provinces. Literature reviewed included documents pertaining to health planning for the province, medical staff bylaws and rules and regulations, previously conducted health planning exercises (including the Corpus Sanchez study and the surgical services review), pertinent medical literature, and agreements between the province and Dalhousie medical school, other Canadian provinces, and physician practicing in PEI. In addition, more than 50 key stakeholder meetings were conducted in February with administrative leaders, physicians and allied health professionals from across the province to obtain perspective on anticipated needs for physician human resources and opportunities in organizing such resources.

Themes

A number of consistently repeated themes emerged in the course of the development of the plan. These include: consolidation of surgical services; previous health human resource plans; primary care reform; locum service; payment plans; impact analysis; viable and non-viable services; Family Medicine Residency; International Medical Graduates; non-physician professionals; visiting specialists; retirement planning. Recommendations for each theme area were provided with a "preferred alternative" stated if the consultants believe that a choice had significant benefits for the province and its health consumers.

Service Delivery Model

The plan presents a variety of opportunities to reconfigure existing service delivery models in order to maximize the efficiency and effectiveness of clinical service delivery, and also manage physician recruitment. Service delivery areas highlighted include: critical care; obstetrical analgesia; pre-anaesthetic clinic; the family physician "Specialist"; specialist provision of primary care; specialist versus subspecialist; group versus solo practice; care maps/clinical protocols; most responsible physician (MRP) models; multispeciality group practice; ambulatory care; Telehealth/Telemedicine; operating room access; access to diagnostic resources; clinical diagnostic (Decision) units; new therapeutic modalities.

Specialty Specific Recommendations

The plan provides a summary of the count of PEI physicians by specialty by physician type as of April 2010. Each specialty is discussed including the complement recommended for current service and the projected complement required for 2014 and 2019 (Exhibit 1).

Other Considerations

Other key areas discussed in the plan include physician leadership, clinical efficiency, information technology, and physician recruitment and retention. A number of recommendations for the Physician Resource Planning Committee (PRPC) were presented: the need for PRPC members' mandate to reflect the province's interests, not those of their legacy organizations; Health PEI should consider restructuring the structures and processes for physician recruitment and retention; Health PEI should be given responsibility for granting permission to replace departing physicians or adding new physicians, and the Department of Health and Wellness should be responsible for granting permission to establish a new program; Health PEI should ensure the PRPC reconciles the actual impact of physician appointments with the anticipated; Health PEI should ensure a six month review of every new appointee, and an annual performance appraisal of every physician.

A draft of the Provincial Physician Human Resource Plan is posted at each hospital for your review. If you have any comments or questions, please do not hesitate to contact my office at (902)368-4637 or rhwedge@gov.pe.ca or your respective Medical Director by August 1. All input from medical staff will be reviewed by the Physician Human Resource Plan working group prior to the presentation of a final draft to the Provincial Medical Leadership Steering Committee and the Executive Leadership Team of Health PEI. Once the Provincial Physician Human Resource Plan has been approved by Health PEI, an implementation plan will be developed in consultant with all medical staff.

Sincerely,

Richard H. Wedge, M.D.

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Executive Director of Medical Affairs

Exhibit 1: Projected Complement and FTE Requirements for Each Specialty

Specialty		mplement	Calculated/ Projected Complement		
	Data as of	April 2010	_	Required	
	Approved	Filled	2008/09	2014	2019
	Positions	Positions			
Family Practice	94.6	91.9	74.8	65 to 90	65 to 90
Emergency	17.0	17.0	23.0		
Psychiatry	15.0	13.9	12.7	12.8	12.6
Internal Medicine	14.0	15.0	15.8	17.5	18.8
Anaesthesia	10.0	10.0	10.0	11.0	11.0
Radiology	8.6	6.0	8.6		
Paediatrics	8.0	7.6	2.4	2.4	2.3
Obs/Gyn	8.0	8.0	9.3	9.5	9.4
General Surgery	7.0	7.0	6.6	7.2	7.7
Laboratory Medicine	7.0	6.3	7.0		
Oncology	6.0	6.9	7.7 (4.7)	7.7 (4.7)	7.7 (4.7)
Ophthalmology	5.0	5.3	5.0	5.0	
Orthopaedics	4.0	4.0	5.3	6.0	6.0
ENT	3.0	3.0	2.6	2.5	2.5
Neurology	2.0	2.0	2.0	2.0	2.0
Physical Medicine	2.0	1.0	2.0	2.0	2.0
Urology	2.0	2.0	1.5	1.7	2.0
Plastic Surgery	2.0	2.0	1.8	2.0	2.0
Geriatrics	1.5	1.5	3.0	3.0	
Palliative Care	1.2	1.2	3.0	3.0	3.0
Nephrology	-	-	3.0	3.0	3.0
Grand Total	217.9	211.5	207.1		
			(204.1)		

Notes: Hospitalists included in Family Practice

Nephrology included in Internal Medicine currently

Vascular Surgery included in General Surgery currently

Blank projections for 2014 and 2019 reflect uncertainty regarding success of primary care reform and changes in technologies