Physician Resource Planning Student Consultation Summary

University of Alberta Medical Students’ Association

January 19th, 2017
Executive Summary

The University of Alberta Medical Students’ Association (UofA MSA) conducted a consultation of our members on priorities and principles that should guide physician resource planning from a student perspective. These consultations occurred over the time period of December 2016-January 2017 and comprised of a Town Hall, a discussion during the January MSA Council meeting, and in-person and over the phone conversations with key student leaders. As a result of these consultations, the following key points were identified as guiding priorities for medical students in the provincial physician resource planning process. Each point will be expanded upon in following sections of this report.

- **Clear communication and transparency** should be prioritized throughout the consultation process and upon implementation of the policy.
- Efforts should be made to develop a **long-term strategy** and **minimize uncertainty** amongst students at the outset of their career.
- The physician resource plan should be **evidence based**, with **data shared openly and transparently** with stakeholders.
- Efforts should be made to best achieve a **balance between social responsibility and physician autonomy**.
- The physician resource plan should aim for **equity among members of the profession**, including new graduates and experienced physicians.
- **Sustainable medical school education and recruitment strategies** addressing areas of greatest need should be included in the long-term physician resource plan.
Background

The University of Alberta Medical Students’ Association (UofA MSA) is the elected governing body representing all medical students at the University of Alberta. As a student group, the UofA MSA is committed to transparency and clear communication in representing the interests of our members.

Having the privilege of representing our members on the Physician Resource Planning Committee (PRPC), we embarked on a student consultation process in order to inform our members on the mandate of the committee and gather their views on physician resource planning in Alberta. The aim of this initial consultation was to formulate a set of key guiding principles and priorities from the medical student body as future healthcare providers in the province and therefore stakeholders in the physician resource planning process.

The results of this consultation are presented in this summary report.

Methods

Student consultation was conducted over the time period of December 2016 to January 2017 through various methods:
- MSA PRPC Consultation Town Hall on January 4th, 2017
- Discussion during the MSA Council Meeting on January 9th, 2017
- Numerous in-person, over the phone, and email discussions with student leaders across all years of the MD program, as well as MD/MBA students
- Distribution of the draft summary document for comments and further input

Over the course of the consultation, over 50 students from all years of the MD program were consulted. The comments and suggestions raised were then compiled into this report.

This report is not intended as a formal literature review or thorough search of available evidence. The references cited serve merely as examples of the wealth of available evidence that should ultimately be used to inform the PRPC’s work.
1. Clear communication and transparency

Throughout the consultation process, the importance of clear communication and transparency in the short-term and long-term physician resource planning process was emphasized by students.

**Short term - throughout the consultation process:**
- Communications from the PRPC should be cohesive and aligned between all parties to reduce the risk of confusion or misinterpretation.
- The UofA Medical Students’ Association is committed to relay and synthesise information in a way that is understandable. Students can most effectively provide input when they are given accurate, clear information on what is being proposed.
- Engagement of both schools’ Medical Students’ Associations will allow the PRPC to gain insight on how any policy proposals may impact the decisions of those planning to enter a career in medicine and those in medical school planning to apply to residency training.
- Once developed and if possible, it would be helpful to provide a summary timeline of PRPC meetings and projected policy changes.

**Long term - once policy has been set and as it evolves:**
- It is recommended that there be a single source of up-to-date information accessible to everyone online (current students and residents, as well as prospective students and residents).
- It is important to help foster understanding before, during, and after medical school of what society’s needs are and how physicians can meet those in our future work.
- Efforts should be made to ensure all students are fully informed as they make career plans and before applying to CaRMS. For instance, the UofA MSA could collaborate with other stakeholders (UofA Faculty of Medicine and Dentistry, Alberta Health, Alberta Health Services, Alberta Medical Association) to organize presentations to students before or during clerkship.

2. Long-term strategy and minimizing uncertainty

On the whole, the development of a long-term strategy with clear communication of logistics and details will minimize uncertainty in future policy and working conditions among medical students and allow for better engagement among stakeholders in evaluation of the policy.
- Uncertainty has a significant negative impact on students and young physicians. Medical students will adapt their career plans if they are well-informed on the number and type of jobs available to physicians in Alberta.

- Logistics of a long-term policy should be clearly defined and communicated to stakeholders.
  - For instance, the following questions were raised by UofA MSA members: What are the requirements for getting a position? What will the application and evaluation process be? What will be the availability of locums? What is the contract timeline?

- Stakeholders should be engaged and consulted early in the process to develop a cohesive pipeline approach.
  - For instance, government and faculties may collaborate to align rural residency program spots with anticipated population needs when those residents graduate.

- Monitoring and evaluation of the policies can be achieved through communicating with communities and physicians and collecting data to see if quality of care is maintained and population needs are met.
  - An upfront process set out for program redesign can allow for change or reversion in response to indicators of effectiveness. Having these parameters set in advance will allow for flexibility in response to impacts over time, while still allowing students entering medicine to make career plans within the overall long-term policy framework.

### 3. Evidence-based policy and transparency in sharing of data

Medical students consulted by the UofA MSA emphasized the importance of data and evidence in the work of the PRPC.

- Data and evidence should form the basis of the provincial physician resource plan, and concrete data shared openly would benefit all stakeholders.
  - Types of data that students have suggested may be useful:
    - Population distribution and projected changes
    - Number of physicians and available jobs in each region and specialty
    - Number of residents training in each region and specialty
    - Number of graduating residents that find jobs
    - Average number of fellowships before starting work in each specialty
  - Consider evidence from other jurisdictions for efficacy of various implementation methods in meeting population needs. What have been the impacts of what other provinces have tried? What is the data on effectiveness of rural recruitment, training or incentive programs?
- If not already done, Albertan communities could be surveyed to allow them to identify their own needs and which specific health services are lacking. Each community has different needs, so there may not be a ‘one size fits all’ policy.
- It is important to understand the rationale behind doctors’ decisions on where and how they practice, and the supports required for them to work in remote areas. There is existing evidence on this in published literature\(^1,^2\), and further Alberta-specific surveys could be conducted.
- Some physicians may already be practising in a way that meets certain population needs and learn how and why they do that. For instance, some urban doctors also rotate part time in rural communities to meet needs for certain services.

- **Pilot process to evaluate effectiveness**
  - An iterative process would allow for adaptation. For instance, if piloted in a few areas, then the impacts of a policy could be evaluated and reworked as needed based on available evidence.

- **Alternate models of care** can complement the physician resource plan in Alberta, and existing evidence should be used to compare quality of care in these settings compared to traditional models of care.
  - There could be a role for other healthcare providers in meeting societal needs. This may not just be a ‘physician’ resource plan - other health professionals, such as nurse practitioners, could play a crucial role. More doctors may not necessarily fix the access to care issues faced by underserved areas.
  - Telemedicine and e-health could play important roles in meeting societal needs. Consultation with experts in this area could be integrated in long-term policy strategy, as there is potential for new technologies to provide value in access to care.

### 3. Balance between social responsibility and physician autonomy

Medical students consulted on physician resource planning stressed an understanding of social responsibility in healthcare to meet societal needs, and suggested ways in which this could be balanced with the issue of physician autonomy.

- Students recognize that physicians are public servants, health care does not have unlimited resources, and our province needs to manage resources to serve existing community needs.
- Active choice is better than a mandated option, as people respond better to incentives rather than restrictions and limits. All Albertans benefit if physicians enthusiastically seek out their practices rather than working in frustration or leaving the province.
From a patient-centred perspective, physicians mandated to practice in a region may not provide optimal care compared to those who freely choose their practice based on positive factors (such as personal interests, incentives, or a conducive working environment).

A process of compromise and mutual give-and-take would be beneficial. Many students express they would be willing to work in an underserved area if they have an incentive (such as the option of working in their location of choice after fulfilling certain requirements).

In the short term, those who have already chosen medicine did so understanding they would have some degree of choice in shaping their careers.

In the long term, if the needs of Albertans are communicated up-front about the characteristics of physicians needed for meeting societal needs, then this would impact the cohort of individuals entering a career in medicine. There is a role for collaboration between stakeholders on targeting recruitment and admissions to medical school and residency programs to best serve societal needs.

4. Equity between members of the profession

Medical students are likely to make up a large proportion of future new physicians in the province. In our consultation, members expressed that they would like to see equity among new and existing members of the profession incorporated into the physician resource plan.

Strategies that target physicians newly entering the workforce will impact new graduates more than established physicians. Students advocate strongly for mechanisms designed in such a way that does not unfairly target young physicians.

When collecting data, it will be important to look at retirement numbers as well as numbers of graduates in order to have a fully informed perspective on physician workforce changes.

A physician resource plan should be created in a collaborative, equitable way, so as to avoid introducing divisions between younger and older members of the medical profession.

International medical graduates (IMGs) should be incorporated clearly in the plan, with transparency in how employment opportunities would be available both to Alberta and Canadian trained medical graduates and to IMGs.

Some physicians have a targeted family practice (i.e. focus on certain areas within family medicine) and as such it may be harder for them to transplant their work into other geographic areas and they may not be equipped to meet population needs in any location.
5. Medical school education and recruitment strategies

In the spirit of a true long-term plan, students expressed medical education and recruitment strategies as key to preparing and encouraging medical students to practice in areas of greatest need.

- Evidence-based approaches to attract, recruit, and retain physicians to areas of greatest need from the start of medical training may form a sustainable strategy in the long-term.
- Upstream pipeline approaches may be the most sustainable and effective strategies for recruitment and retention of physicians into underserved areas. Downstream strategies on regulating physician employment will not change the intrinsic motivation and interest in rural medicine among trainees or young physicians.
- Recruitment of rural-origin students into medical school should start in high school or earlier, as many youth in remote regions lack opportunities even go to university.
- Financial incentives can reduce the burden for students from low-income families to go into medicine. For instance, return of service scholarships and student loan forgiveness are attractive incentives.
- Increasing exposure to community medicine and/or rural practice throughout training by expanding existing programs such as integrated rural clerkships or increasing pre-clerkship experiences in community-based settings will promote interest in equip students with necessary skills for rural/community practice.
- Rural residency training may be part of the solution. It will be important to work with faculties to increase spots in rural family medicine residencies, as urban trained family physicians may not be as well equipped to work rurally.
- Increasing the number of students interested in pursuing careers in rural locations will require a holistic approach. Community support and appropriate working environments may serve as a barrier to working in areas of greatest need, and exposure to community supports and stable healthcare teams may encourage students to elect to practice in these areas.
- While the preceding recommendations are far from comprehensive and comprise primarily of suggestions brought up by students throughout the consultation process, many evidence and consensus-based strategies can be identified in published literature.
References

*NOTE: This report is not intended as a formal literature review or thorough search of available evidence. The references cited serve merely as examples of the wealth of available evidence on this topic that should be used to inform the PRPC’s work.

2. Chan, B. T. et al. (2005) Factors influencing family physicians to enter rural practice; does rural or urban background make a difference? Can Fam Physician 51:1246-47.