

# Ontario's Health Human Resources Strategy

## The Health Human Resources Policy Branch Perspective

June 17, 2010

**Gilles Huot, Manager  
Physician Planning Unit**

# Health Human Resources Policy Branch

- HHR Policy Branch has 3 units:
  - Physician Planning Unit
  - Allied Health Unit
  - Forecasting and Modeling Unit
- For all of us, collaboration will ensure success

# Physician Planning - Key Words...

- Supply
  - Training
  - Integration of foreign-trained physicians
  - Recruitment
- Distribution and retention
- Evidence-based decisions
- Our main partners/stakeholders
  - Medical schools (through COFM)
  - MTCU
  - CPSO, OCFP, etc.
  - OMA, PAIRO, etc.
  - Various providers (hospitals, etc.)
  - Organizations such as HFO MRA, CEHPEA
  - Communities/municipalities/LHINs
  - Etc.

# Expanding Ontario's Medical Training Capacity

- ❑ As part of HealthForceOntario, the government of Ontario is working to increase the number of health care providers and is therefore expanding medical education opportunities.
- ❑ All 6 of Ontario's medical schools have undertaken aggressive expansions.

## Actual Growth

<b>ACTUAL GROWTH</b>	<b>2003/04</b>	<b>2009/10</b>	<b>Percentage Increase</b>
<b>First Year UG medical students</b>	<b>692</b>	<b>876</b>	<b>27%</b>
<b>First Year PG residents</b>	<b>639</b>	<b>1,087</b>	<b>70%</b>
Family Medicine	232	418	80%
Specialties	407	669	64%

## Expanding Ontario's Training Capacity Cont.

### This was achieved by

- ❑ Working collaboratively with medical schools
- ❑ Opening the Northern Ontario School of Medicine (NOSM). NOSM opened its doors to 56 undergraduate medical students in 2005/06. NOSM has the capacity to train 224 students per year in the north. It was the first new medical school to open in several decades
- ❑ 4 new Medical Education Campuses (MECs) were created to implement undergraduate expansion. MECs are a new form of distributed medical education, occurring outside of traditional settings such as Academic Health Science Centres (AHSCs)
- ❑ Distributed Medical Education (DME) programs provide rural and regional clinical education opportunities outside of AHSCs to undergraduate and postgraduate medical students. Physician recruitment and retention is expected to improve as more students and residents live and learn in these communities and will also likely practice there
- ❑ Increasing Postgraduate Training/Assessment Positions for International Medical Graduates

# Increasing Opportunities for IMGs

- ❑ An International Medical Graduate (IMG) is an individual who has completed their undergraduate medical degree in a country other than Canada or the United States (regardless of country of birth/citizenship).
- ❑ Ontario continues to offer more dedicated IMG postgraduate training positions and assessments each year than all the other provinces combined.
- ❑ In 2004/05, MOHLTC increased the number of funded positions available to IMGs to 200 positions each year (up from 90).
- ❑ For the last four years Ontario has exceeded the total annual target. In 2009/10 we offered 221 positions.
- ❑ As of October 2009, 287 IMGs are practicing in the province through ROS.
- ❑ Until 2012 it is expected that at least 175 new IMGs will enter into practice with ROS obligations each year, with the annual figure increasing to 185 after that.

# IMG (and other) Supports

- ❑ The HealthForceOntario Marketing and Recruitment Agency (HFO MRA) is designed to help increase the number of qualified health professionals practising in Ontario [www.healthforceontario.ca](http://www.healthforceontario.ca). It markets Ontario nationally and abroad.
- ❑ The HFO MRA Access Centre is a one-stop shop centre for Internationally Educated Health Professionals. It provides comprehensive information and counseling to assist health professionals to work in Ontario faster.
- ❑ The Centre for Evaluation of Health Professionals Educated Abroad, (CEHPEA) is an independent, objective, assessment centre for internationally educated health professionals created to help provide evaluation and orientation programs for IMGs.

## Expanding Further...

- Upcoming completion of Family Medicine expansion (128% when complete)
- 100 new undergraduate positions (platform commitment) started gradual implementation in 2009-10 (joint planning effort between MTCU, MOHLTC and medical schools)
- Royal College specialty expansion at planning stage with medical schools and other stakeholders

## Factors Contributing To Success

- ❑ **Collaborative/Holistic approach** - a strength based approach created a flexible and effective environment to address key challenges
- ❑ **Innovative approaches** – including community-based and distributed medical education and making Ontario a place of excellence to practice family medicine
- ❑ **Appropriate resources** – significant start up and capital investments as well as infrastructure and operating funding
- ❑ **Evidence-based decision making** – healthcare need data and medical school expertise-guided planning

***Ontario has increased the number of doctors per capita – since 2003, the increase in the number of doctors has outpaced population growth (increasing from 175 per 100,000 Ontarians in 2003 to 184 doctors per 100,000 Ontarians in 2008)***

# Looking Forward

- Continue building on collaboration with partners/stakeholders
- Solidify supply structure (training)
- Look more closely into issues of distribution and retention
- Already taken steps in that direction: recent redesign of physician components of Underserviced Area Program
  - New incentive program for northern/rural areas
  - Rethinking of return of service commitments
- More to come...

## Allied Health – The Providers

- ❑ Allied health includes many groups, for example:
  - ❑ audiologists, chiropracodists, chiropractors, dental hygenists, dental technologists, dentists, denturists, dieticians, massage therapists, medical laboratory technologists, medical radiation technologists, midwives, occupational therapists, opticians, pharmacists, physiotherapists, psychologists, respiratory therapists, speech-language pathologists
  - ❑ medical physicists, paramedics, pathology assistants, personal support workers and many more
- ❑ Increased number of education seats for allied health professions
  - ❑ midwifery – increased seats to meet demands for services
  - ❑ medical laboratory technology – increased seats to meet current and forecasted need
- ❑ Support ‘bridging’ programs for Internationally Education Health Professionals
  - ❑ provide assessment, education and training opportunities to help internationally educated health professionals meet Ontario standards for registration and practice in their profession
- ❑ Support increased use of simulation equipment
  - ❑ reduces pressure on clinical placements to complete educational and professional registration requirements

## Allied Health - Recruitment and Retention Initiatives

### **Allied Health Communication Strategy (collaboration with associations)**

- ❑ Improve understanding of public about allied health professions and contribution to health care in Ontario
- ❑ Increase numbers of entrants to diagnostic and rehabilitation allied health profession education programs

### **Allied Health Professional Development Fund (AHPDF – collaboration with colleges and associations)**

- ❑ Supports skill and knowledge development opportunities in allied health
- ❑ Reimbursement for professional development activities
- ❑ Almost 10,000 health professionals were supported over 2 years

## Increasing Health Human Resources: New Roles

### Example of a collaborative approach : the Physician Assistant (PA)

- ❑ Development, implementation, and evaluation of all PA projects collaboratively guided by a Physician Assistant Implementation Steering Committee (PAISC): employers, educators, regulators, and health professionals.

### Other new roles have been created collaboratively:

- ❑ Registered Nurse Surgical First Assist
- ❑ Registered Nurse Performed Flexible Sigmoidoscopy
- ❑ Clinical Specialist Radiation Therapist

### New roles are designed to:

- ❑ Join inter-professional health care teams to improve delivery of health care services
- ❑ Increase access to, and reduce wait times, in high demand areas such as emergency care, surgical services and cancer care

**FORCASTING AND MODELLING  
(TO COME LATER TODAY)**

**Thank You!**