ROAD MAP TO A

Stable Physician Workforce

Recommendations to stabilize the physician workforce in Nova Scotia

Doctors Nova Scotia | September 2018

Doctors Nova Scotia

Road Map to a Stable Physician Workforce

Many health-care services are not sustainable in Nova Scotia. They are being held together – in many cases, just barely – by the passion and commitment of health-care providers. Physicians are a critical component of that workforce. Unfortunately, there are not enough physicians to meet the health-care needs of Nova Scotians. The physicians we do have are carrying the burden of this shortage and are suffering from burnout, low morale and disengagement. The impact of this is being felt by physicians and patients, at all levels of the system and in all corners of the province, including primary and specialty care, rural and urban care. It's affecting physicians in all career stages and potential new physician recruits.

Once a province, speciality or community is experiencing a physician shortage, it can be challenging to reverse the trend. Improving the recruitment and retention environment requires significant system changes. Often, the state of affairs becomes self-perpetuating: It is almost impossible to recruit physicians to a work environment that promises excessive hours, inadequate pay, inadequate supports and an inability to meet patient needs within reasonable time frames. These are the conditions that many Nova Scotia communities face when trying to recruit.

Several key issues have contributed to the fragility of the physician workforce in Nova Scotia. These include Nova Scotia offering among the lowest compensation rates in the country[1] and the challenging work environment in the province. Acknowledging and understanding these issues is an important step toward improving the recruitment and retention environment in the province.

Immediate action is needed to stabilize Nova Scotia's physician workforce.

Over the past year, efforts have been made to improve the province's health-care system, for example investing $39.6 million into primary care, creating the Nova Scotia Health Authority (NHSA) Physician Recruitment and Retention Working Group and establishing the Health System Physician Coordination Council. These are important first steps, but much more work is needed if we are to make significant improvements toward stabilizing the physician workforce.

It has taken many years for Nova Scotia to reach this critical point and we cannot afford to delay our response any longer.

Doctors Nova Scotia (DNS), Maritime Resident Doctors (MarDocs) and the Dalhousie Medical Students' Society (DMSS) are three distinct organizations that together represent the interests of physicians across the continuum of their career in Nova Scotia. After surveying the state of the physician workforce in Nova Scotia and investigating the issues doctors are facing, these three groups put forward six recommendations to help stabilize the province's physician workforce.

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1 National Physician Database, Canadian Institute for Health Information. Retrieved Sept. 6, 2018, from https://secure.cihi.ca/estore/productSeries.htm?pc=PCC476

The state of the physician workforce in Nova Scotia

Nova Scotians rely on health-care services being available when and where they are needed. Unfortunately, both primary and specialty care services in Nova Scotia are on an unstable footing. The province is facing sustained physician shortages in both primary and specialty care. A shortage in one area necessarily impacts other areas.

For example:

- Specialists are confronted with patients who do not have family physicians to oversee their follow-up care.
- Emergency physicians, pathologists and other specialists are reporting a worrisome trend: patients presenting with advanced illness, whose care would have been addressed much sooner had they had access to a family physician.
- Surgical services are in jeopardy when the availability of anesthesia services is limited.

There are 100,000 Nova Scotians without a family doctor,[1] and more than 56,000 Nova Scotians are on the province's Need a Family Practice Registry.[2] When primary care is lacking, the impact is felt throughout the entire health-care system. When Nova Scotians do not have access to the basic supports and resources they need to manage their health, they become sicker and require more complex services, such as emergency care and specialty services.

Rural and regional specialty services in Nova Scotia are equally at risk. For example:

- A severe shortage of anesthetists exists across the province, and has resulted in the delay or cancellation of numerous surgeries in recent months. This is not sustainable.
- Diagnostic imaging is facing extreme challenges. For example, the chief of radiology in Yarmouth has described that area's situation as being near-crisis for almost two years. Several physicians have left the region because of poor conditions and frustrations with the system. Like other areas of the province, that zone has been unable to recruit replacement physicians.
- The province is struggling with a severe shortage of psychiatrists, especially in Cape Breton. That area should have 16 psychiatrists to meet the needs of patients, but there are only five full-time psychiatrists, and one who works part time. The area has lost seven psychiatrists since December 2014, four in the last year. Although psychiatrists in the region are doing their utmost to triage and ensure timely access for those in greatest need, the provincial wait-times website shows the wait for community-based adult mental health services at the Cape Breton Regional Hospital at a staggering 363 days.
- The closure of emergency departments and Collaborative Emergency Centres because of physician shortages is another common theme in Nova Scotia. The most recent accountability report on emergency room closures, released in December 2017, reported a fourth consecutive annual increase in temporary closures, accumulating to about 460 hours in the previous year, with the vast majority of closures taking place in small rural emergency departments. While the province hasn't released the 2017–18 report, it's expected to highlight a slight downward trend. In the last week of July 2018, as many as eight community emergency departments experienced temporary closures, including those in Sheet Harbour, Lunenburg, Shelburne, New Waterford and Pugwash.

Each element of the health-care system is dependent on the success of another. A sustainability issue in one area can quickly lead to the collapse of another service.

> When primary care is lacking, the impact is felt throughout the entire health-care system.

1 Statistics Canada. (Sept. 27, 2017.) Primary Health Care Providers, 2016. Retrieved Sept. 6, 2018, from https://www150.statcan.gc.ca/n1/pub/82-625-x/2017001/article/54863-eng.htm

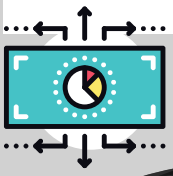
2 Nova Scotia Health Authority. (Sept. 1, 2018.) Need a Family Practice Registry Report. Retrieved Sept. 6, 2018, from http://www.nshealth.ca/sites/nshealth.ca/files/nsha_accountability-nfp_registry_data_summary_281sep201829.pdf

Understanding the issues

In order to reverse these trends and improve physician recruitment and retention in the province, it's important that all partners in the health-care system understand the issues affecting Nova Scotia's physician workforce.

Outdated payment models
Current payment models do not support all practice types, and in some cases are barriers to providing patient-centred care. The province's biggest recruitment competitors are New Brunswick and Prince Edward Island. Both provinces pay more competitive rates than Nova Scotia does, and New Brunswick offers a blended payment model. Offering similar compensation and a wider variety of funding models will better position Nova Scotia to recruit and retain physicians.

Inadequate compensation
Nova Scotia physicians are among the lowest paid in the country and are also often the lowest paid in Atlantic Canada.



Administrative burden
Physicians are negatively impacted by overly complex or burdensome billing rules; unnecessary and/or unnecessarily complex patient forms, required by a variety of government departments; sick note requests imposed by some Nova Scotian employers; requirements to track the time they spend collaborating with other health-care providers; and cumbersome physician recruiting, privileging and/or licensing processes. Increased administrative burden means less time is available to patients.

Inadequate physician engagement
Effective physician engagement is essential to making changes within any health-care system. Unfortunately, decisions continue to be made by the provincial government and health authority leaders without engaging the right mix of physicians or DNS, which represents the voice of the profession. For more information about physician engagement, see the association's position statement on physician engagement.

Audit and appeal process
The tone of and approach to physician audits in Nova Scotia is unnecessarily punitive, rather than educational. This is contributing to low physician morale and a national reputation as an unattractive province in which to practise medicine.

Lack of support for international medical graduates

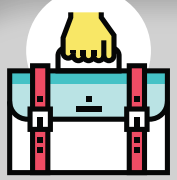
Many areas, particularly in rural Nova Scotia, rely on international medical graduates (IMGs) to provide crucial medical services. However, IMGs face many challenges, one of which is achieving full licensure to practise in Nova Scotia. There is work underway in this area under the leadership of the Health System Physicians Coordination Council, but more work is needed. It's time to develop a timely and comprehensive pathway to success for foreign-trained physicians.

Nova Scotia's practice environment

Without enough physicians to meet the needs of patients, practising physicians are bearing the burden, working long hours and taking on excessively heavy patient loads. This type of work environment does not lend itself to recruiting or retaining doctors. For more information about the practice environment in Nova Scotia, see *Healing Nova Scotia: Recommendations for a Thriving Physician Workforce.*

Medical school graduates are not choosing Nova Scotia as a place to train in family medicine

Dalhousie Medical School is the primary recruitment university for new family doctors looking to begin a practice in Nova Scotia. Where students train – both in medical school and during residency – has a significant influence on their choice of practice location. This year, however, a low number of Dalhousie graduates ranked and matched to family medicine in Nova Scotia in the first iteration of CaRMS (the Canadian Resident Matching Service). Only 14 students from Dalhousie (13%) matched to family medicine residency spots at Dalhousie, and of those matches, only seven were to spots in Nova Scotia (of 29 possible spots). In addition, only 20.4% of Dalhousie Medical School students chose to specialize in family medicine, down from 29.6% the year before, and far below the national average of 32.8%[1]. By comparison, in 2014, 41.7% of Dalhousie Medical School graduates chose to match to family medicine.[2]



1 Canadian Resident Matching Service, 2018 Main Residency Match-First Iteration Table 38: CMGs Who Ranked Family Medicine as First Choice by School of Graduation, https://www.carms.ca/wp-content/uploads/2018/06/r1_tbl38e_2018-1.pdf (accessed Sept. 6, 2018)

2 Canadian Resident Matching Service, 2014 First iteration Table 38: CMGs Who Ranked Family Medicine as 1st Choice by School of Graduation, https://www.carms.ca/wp-content/uploads/2018/05/table-38-cmgs-who-ranked-family-medicine-as-1st-choice-by-school-of-graduation_english_2014.pdf (accessed Sept. 6, 2018)

Recommendations to stabilize the physician workforce in Nova Scotia

Nova Scotia is struggling to attract physicians to practise in this province. The province lacks appropriate payment models, practice supports are poor and physicians have limited ability to earn a competitive income.

We cannot begin to make progress without a competitive advantage.

A stable physician workforce cannot exist without:

- Competitive pay for physicians
- Meaningful physician engagement and leadership opportunities
- Appropriate resources and practice supports
- Mutual trust and respect between physicians and government and health-system leaders

Doctors Nova Scotia, MarDocs and the DMSS recommend taking the following six actions to stabilize the physician workforce in Nova Scotia.

Financial investments

The foundation for recruiting and retaining doctors is built on competitive compensation. This will require the provincial government to further invest in physicians.

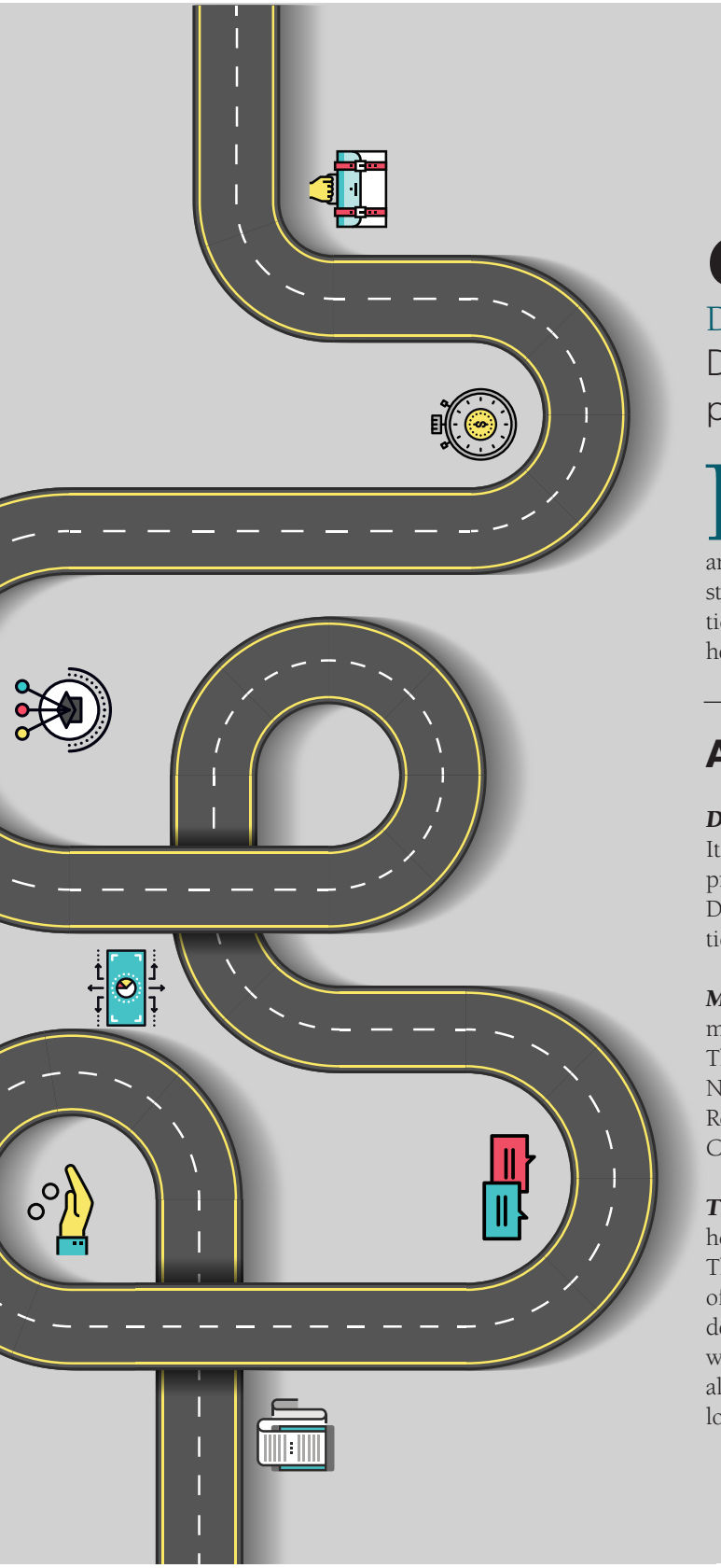
1. **Pay physicians competitively.** Nova Scotia must become a leader for physician compensation in Atlantic Canada, with an established path to becoming nationally competitive. This has to be a particular priority for family medicine and specialties experiencing extreme human resource shortages. This will not only support the recruitment of new physicians to the province but will also help retain the physicians currently practising here.

> The foundation for recruiting and retaining doctors is built on competitive compensation.

Improvements to work environment

Enacting the following recommendations would improve the morale, workload and practice culture of physicians in Nova Scotia. These recommendations, in combination with competitive compensation, will also bolster the province's recruitment efforts.

2. **Introduce a new blended payment model.** Adding a blended payment model for family physicians, similar to what's offered in New Brunswick, the province's major recruitment competitor, would make working in Nova Scotia more enticing to physicians.
3. **Invest in succession planning.** The province should implement a Transition into Practice/Transition out of Practice (TIP/TOP) model for all specialties. In this model, new-to-practice physicians are paired with retiring physicians; the physicians overlap in the same practice for a set period of time, as one prepares to retire and the other gradually assumes the duties of a full practice. This provides an improved work environment for both the new-to-practice physician and the retiring physician. The retiring physician mentors the new-to-practice physician, who gets to know the ins and outs of the practice before being on their own with a full roster of patients.
4. **Improve physician engagement.** The NSHA and the DHW must actively seek the input of the right mix of physicians when making decisions that impact the delivery of health services. This must involve the engagement of the organizations that represent physicians, including DNS, MarDocs and the DMSS, as appropriate. Improved physician engagement will enhance decision-making, increase physicians' trust in the health system and improve the practice environment.
5. **Change the focus of billing audits.** The primary focus of auditing and claims monitoring must be education. The first time a physician is audited on a particular fee code, the audit should be for education purposes only, with a commitment to discuss the appropriate use of that code and related documentation requirements with the physician. Only in the rare circumstance of fraud or intentional abuse, or if a physician is found to have repeated the error after attempts to educate, should punitive measures be taken.
6. **Create a "Red Tape Reduction Task Force" for physicians.** The mandate of this task force would be to identify opportunities to remove unnecessary administrative burden for physicians, and to ensure physicians are paid for the work they do, which in turn will increase the capacity of the physician workforce and increase trust between physicians and the government.



Conclusion

Doctors Nova Scotia, MarDocs and the DMSS are concerned about the state of the physician workforce in Nova Scotia.

Physicians are concerned about their ability to deliver high-quality patient care in a strained health-care system. Patients are concerned about their ability to access care, when and where they need it. Immediate action is needed. We invite all stakeholders to come together and implement these recommendations, to create a thriving physician workforce and the best possible health-care system for all Nova Scotians.

About the authors of this report

Doctors Nova Scotia is the oldest medical association in Canada. Its membership includes more than 3,500 physicians, including practising and retired physicians, medical students and residents. Doctors Nova Scotia is a division of the Canadian Medical Association.

Maritime Resident Doctors represents the interests of approximately 550 resident physicians training at Dalhousie University. These residents work in hospitals and health centres throughout Nova Scotia, New Brunswick and Prince Edward Island. Maritime Resident Doctors is a member organization of Resident Doctors of Canada.

The Dalhousie Medical Students' Society includes all current Dalhousie students enrolled in the Undergraduate Medicine Program. The society's objectives include promoting the interests and welfare of the local and global community, as well as the undergraduate students of the Faculty of Medicine at Dalhousie University. The DMSS works to ensure adequate and continuing student representation in all matters affecting undergraduate students with attention to both local and national issues.