



**BRITISH
COLUMBIA**

Provincial Health Workforce Planning 2017 - 2018

**GPSC Spring Summit
June 19, 2017**





Objectives

1. Overview of Provincial Health Workforce Planning Process / Policy Directive.
2. Focus on community based physician planning
3. Input and discussion



Vision/End State – Workforce Planning

- **Single annual provincial planning process** that is linked at local, regional and provincial levels which is rooted in a solid understanding of **population and patient health needs** in every part of the province.
- Planning is **integrated** (based on inter-professional teams) and includes a scenario-based approach to model the implications for the workforce of different service delivery models.
- The end result is annual **rolling three-year health workforce plans**, inclusive of physician and other third-party contract service providers.



2017/18 - Policy Directive

1

Complete annual provincial-level strategic **planning cycle**

2

Utilize **standardized data sets** for physicians, nurses and allied health professionals

3

Utilize a **standardized forecasting/projection methodology**



2018/19 and beyond – Policy Directive

1

**Improved
community-based
physicians
planning and for
other
contracted/third-
party providers**

2

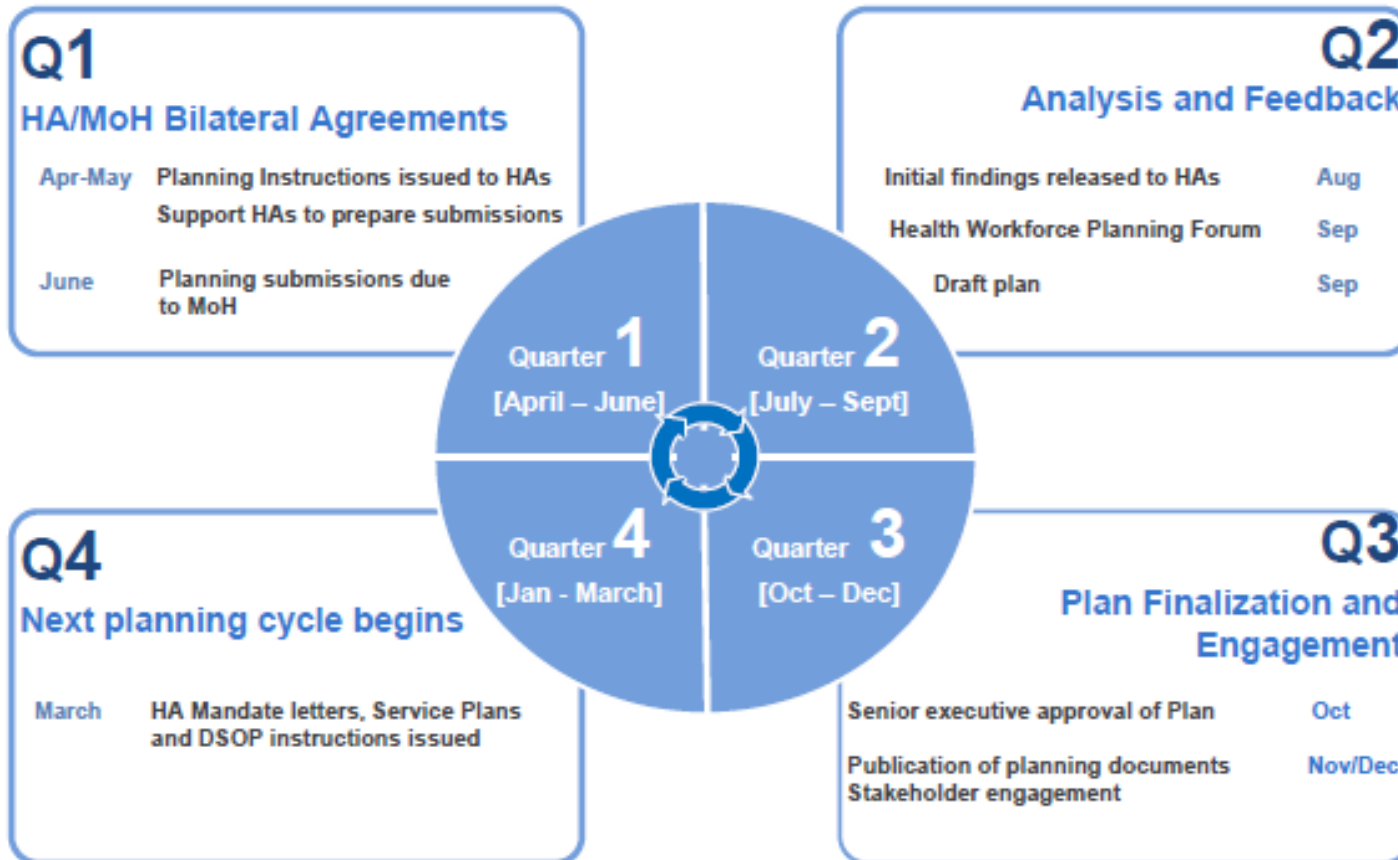
**Build on strategic
priorities' clinical
service delivery
planning**

3

**Produce a strategic
integrated health
workforce plan
(GSA level)**



Provincial Health Workforce Planning Annual Cycle



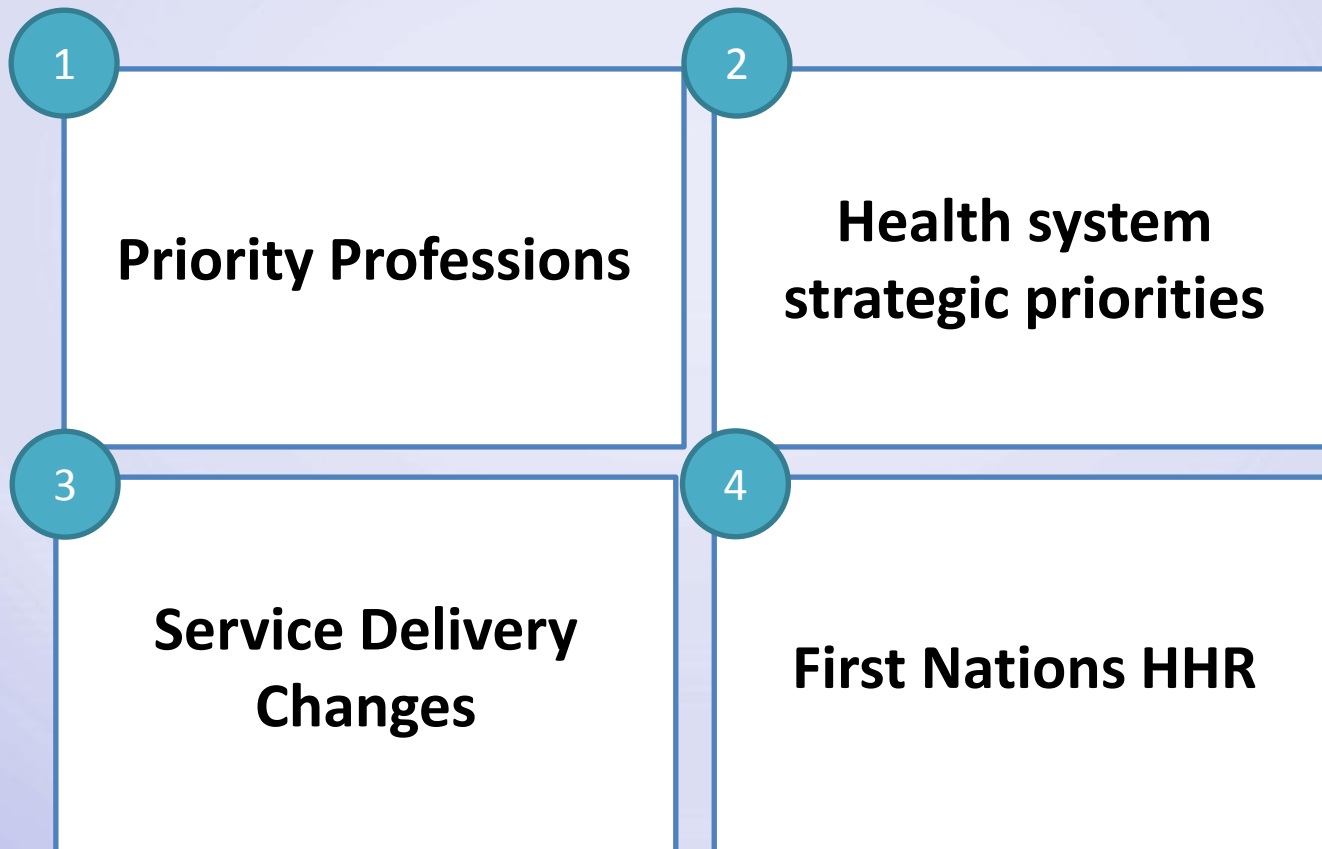


2017-18 HA Planning Instructions -

1. The Health Authority Board approved **Annual Medical Staff Human Resource Plan**.
2. **Nursing and Allied Health current state workforce data** and a **3-year projection** (demand and supply) (Template A)
3. Qualitative information (Template B)
4. MoH and HEABC analysis of community-based physicians current state and projections



Qualitative Submission – Template B





Priority Professions

**Identify 10
priority
professions**

**Provide
evidence**

**Discuss nature
of challenges**

**Outline
workforce
strategies**



Health System Strategic Priorities

1

Primary and Community Care Strategy

Specialized Community Services Programs

A

Mental Health and
Substance Use

B

Complex Medical and/or
Frail Older Adults

C

Cancer Care

2

Surgical Services Strategy

**with Rural health as a lens that is applied across both cross sector priorities*



Service Delivery Changes

- Account for any service delivery changes that will have an ***impact on the health workforce*** (net increase or decrease of health care providers)

Linked to Detailed
Operational Action
Plans

Examples:

- Infrastructure
- Care Models
- Technology



First Nations HHR

1

Workforce strategies to *meet the health needs* of First Nations and Indigenous populations and communities

2

Actions over the next three fiscal years to encourage recruitment of indigenous health professionals



Quantitative Submission – Template A

Nursing and Allied Health

1

Current State

Productive hours/FTEs
Vacancies

2

Projected Demand (3 years GSA level)

3

Projected Supply (3 years GSA level)
Net supply increase/decrease

4

Gap/Surplus

Physicians and Midwives

1

Current State

Billings/FTEs
Vacancies

2

Projected Demand (3 years GSA level)

3

Projected Supply (3 years GSA level)
Net supply increase/decrease

4

Gap/Surplus



Community-based Physicians

- Issues:
 - No single administrative/governance body/entity
 - Small business environment
 - Administrative billing data is retrospective; Doesn't predict physician practice patterns in the future
 - Changing workforce demographics and priorities
 - Divisions do not represent all family physicians / province
 - Individuals careful of disclosing their plans.
 - Multiple methodologies/approaches.
 - How to measure on met demand.



Community-based Physicians

- Approach for 2017/18
 - Analysis Works Forecasting Model
 - MSP and APP 2016 Billing data
 - 67th Percentile – 1 FTE
 - Control for Population Growth
 - Demand Influencers
 - Strategic Priorities
 - Service Delivery Changes
 - Supply
 - Technology
 - Community-based Physician Working Group
 - MOH, DOBC, NHA

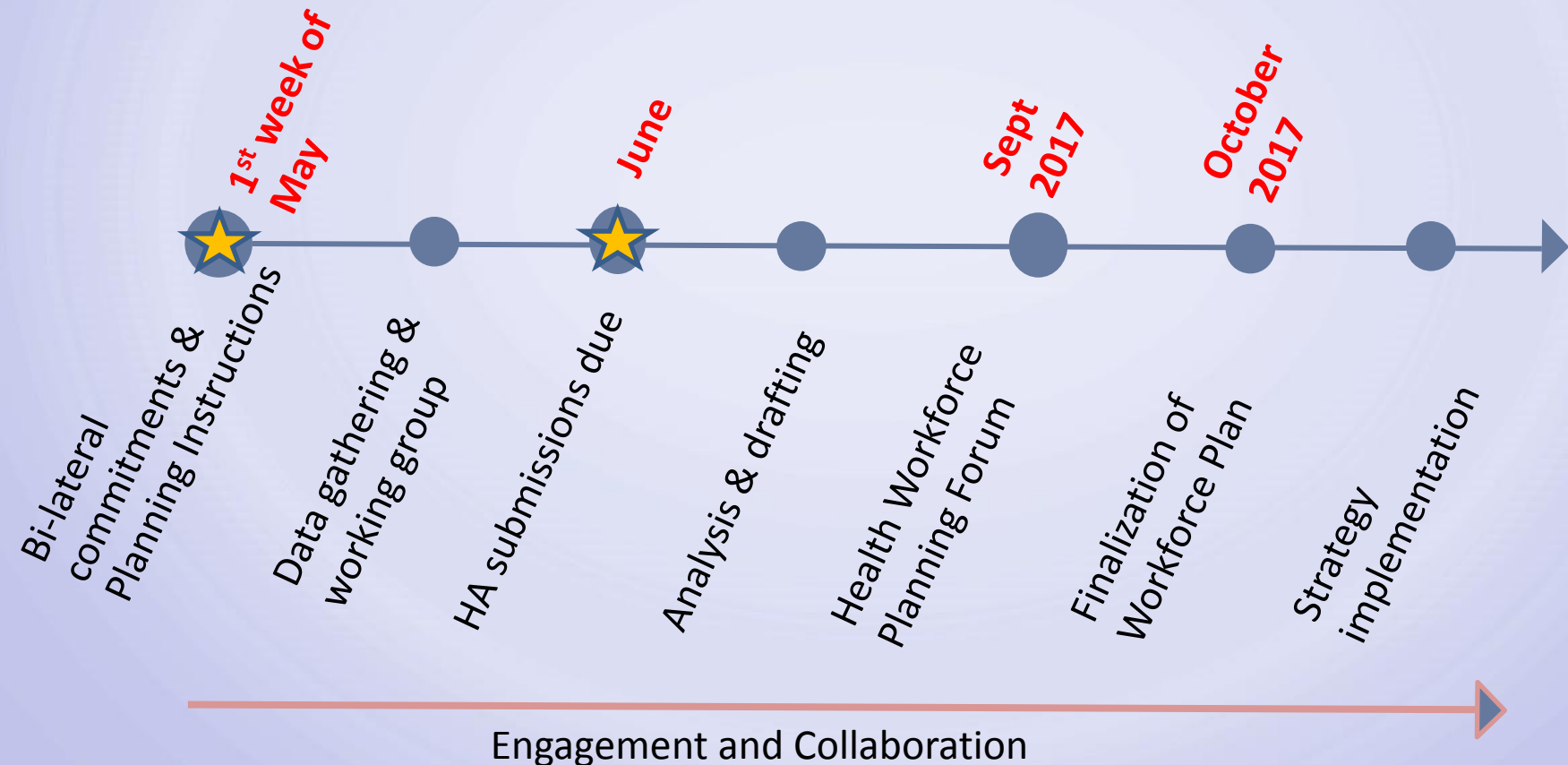


Community-based Physicians

- 2018/19 Potential Strategies:
 - Current Approach
 - Divisions of Family Practice
 - MAAP – PHC
 - College of Physician and Surgeons of British Columbia
 - Health Authority Role - ISCs
 - GPSC R & R Committee
 - Health Match BC



Timeline and Next Steps





BRITISH
COLUMBIA



Questions / Enquires

Executive Director: Mark Armitage

Mark.Armitage@gov.bc.ca