View in browser

ALBERTA MEDICAL ASSOCIATION
Section of General Practice

SGP BULLETIN

February 26, 2018

Physician Resource Planning

Dear Family Physician,

In the last Amending Agreement, AMA, AHS, and AH agreed to create a Physician Resource Planning Advisory Committee that will identify gaps in physician supply and advise the Minister on needs-based physician requirements in the province. At that time, there were no details regarding possible mechanisms to control physician supply (i.e. restricting billing numbers or privileging). However, the government made it clear that some form of control regarding physician supply and distribution in the province is required.

The Physician Resource Planning Advisory Committee has identified a number of issues that I wanted to discuss with you as they predominantly affect family physicians:

1. There is clear evidence that there is a physician distribution issue – geographic, demographic (vulnerable populations) and practice style (comprehensive primary care vs. episodic vs. GP specialty).
2. We lack accurate data on community physician supply and style of practice – both GP and specialist.
3. We lack adequate tools to assess community physician supply need – both present and future models of care i.e. integrated medical home models.

Alberta Health has significant concerns around physician resources since this is a significant cost driver in the system. Historically, governments have done a very poor job of managing physician resources and the pendulum has swung erratically and circuitously from ‘over-supply’ to ‘under-supply’ over the past three decades.

The Section of General Practice supports the AMA's approach to physician resource planning which a) focuses on quality and needs-based planning and b) ensures that any control mechanisms are handled in a fair and transparent manner.

We are not certain whether there will there be control mechanisms put in place to control physician resources in urban communities. Presently, there are none. There are control mechanisms in the acute care sector and semi-control in rural communities via AHS hospital privileging, and any such control mechanisms in the community will require significant input from physicians in the community. Any new mechanisms of control will

need to show value to the system and benefit to patients. Care gaps need to be filled and based on valid measurements, and the process will need to be fair and transparent.

Most importantly, physicians and clinics in the community need to play a prominent role in any process or model that is put in place to ensure the viability of our clinics. We need to retain the ability to manage physician resource within our own clinics.

The Section of General Practice and the Section of Rural Medicine will be working closely with the AMA to ensure our clinics will not be compromised.

As always, we appreciate any feedback you may have. Please e-mail us at gppres@albertadoctors.org.

Regards,

Dr. Darryl D. LaBuick
President - AMA Section of General Practice
