

**Date: March 31, 2003**

**To: Department Heads, All Saskatoon Physician Groups**

**Re: PRIORITY ACTION PLANS FROM PHYSICIAN MEETINGS**

### **Background**

Shortly after the formation of the Saskatchewan Academic Health Sciences Network in January 2002, a commitment was made to meet with each physician group in Saskatoon. The purpose of these meetings was to explore how the goals of clinical service, education and research could be better integrated to achieve improved results in this region.

Over the past year, twenty-one meetings were held with various groups. Some additional meetings with certain subspecialty groups are still being pursued as it is felt they may have some unique issues not addressed in the meetings held to date. After each meeting, notes identifying the issues and possible follow up action were provided back to the group. The intent was to have an ongoing process so follow up is occurring on the many items identified by the individual groups.

During the past year, there have been several other key changes that impact the integration of service, education and research in this region. These include the formation of the new Saskatoon Health Region, the Integrated Plan of the College of Medicine developed as part of the University of Saskatchewan Integrated Planning Process and the recently released Accreditation Report that has given the College of Medicine a Probationary rating. These system changes have major impact on many of the issues raised in meetings with physicians.

While individual follow up is occurring with physician groups, there are some overarching issues that affect many if not all groups. Ten matters will be given priority attention over the next year by the Saskatchewan Academic Health Sciences Network (SAHSN) and these are summarized below.

### **Priority Action Plans**

The following is intended to provide an overview of the ten areas where Priority Action Plans are under development.

- 1. Physician Resource Plan:** The intent is to develop a physician resource plan for the Saskatoon Health Region and the College of Medicine. This Plan must be developed keeping in mind the requirements for service, education and research. It also has to be coordinated with the Provincial Resource Plan and be well articulated with the Physician Resource Plan in the Regina Qu'Appelle Health Region as these two regions serve the entire province in many service areas. The launch of this planning process occurred on February 24, 2003 with a planning session that included over 70 invitees, including all Departmental and Division leaders from the Region and the College of Medicine.
- 2. Physician Resources to Support the College:** The intent is to address the staffing related deficiencies that have been raised in the recent Accreditation Report on the College of Medicine. This matter is being given very high priority by the Network in that the College must address these deficiencies within two years in order to retain Accreditation. Significant progress is required within the next few months, as the review team will be coming back within the next year. Several options will be pursued to address the staffing needs including the addition of specialized full time faculty positions and enhanced utilization of part-time faculty.
- 3. Part-time Faculty:** While part-time faculty members are critical to the operation of any medical school, several issues have arisen over the years in Saskatoon that have often lead these faculty members to feel undervalued. The intent is to address these issues so that part-time faculty members are seen as fully participating in the decision-making processes in the College as it affects their academic role. This is seen to be a particularly critical area and it will substantially affect the resolution of issues identified in #2 above.
- 4. Single Headships:** In most well established academic health centers elsewhere, it is well recognized that it is virtually impossible to separate clinical, education and research issues. To advance, academic health centers must have a coordinated and integrated approach dealing with all three areas. However, in Saskatoon there is currently no provision for Single Headships as they are known elsewhere. Where individuals are currently responsible for both the clinical and academic matters, they are in effect appointed to two positions, each with its own separate set of expectations and accountabilities. Currently, efforts are being made within the current processes to recruit Heads in Surgery, Medicine and Psychiatry with the expectation that they will be able to assume a Single Headship position.
- 5. Research Opportunities for Part-time Faculty:** Related to the issues in #3 above, part-time faculty members express concern with the lack of ample opportunity or support to participate in Research. The new Associate Dean responsible for Research recognizes this as a significant issue. A new Task Group will be created to address this matter over the next few months.
- 6. Alternate Funding Plans (AFPs):** Many physician groups expressed interest in the development of an AFP. While many alternate payment arrangements are currently

in place, these were not developed with the integrated goals of clinical service, education and research in mind. Many of the existing arrangements were attempts to overcome shortcomings with a fee for service system. In view of the interest expressed and the rapid development of such plans elsewhere, SAHSN intends to work towards the development of an AFP model. A starting point for this work is with General Surgery and Pediatrics where groups have been created to develop such a model. The intent is to develop a model(s) that can be shared with other groups.

7. **Residency Training:** Numerous issues have been raised around residency training both with respect to programs we currently have and areas not offered in the province. A new Residency Task Group has been created to address these matters. This Group will consider the criteria for the development of new programs here and examine models for improved collaboration with other universities.
8. **Library Services:** In view of the many concerns raised in our meetings with physician groups as well as issues raised by the College of Medicine Accreditation Report and by health professionals elsewhere in the province, SAHSN is giving this matter high priority. The three specific goals for this activity in the coming year are: to address the deficiencies noted in the Accreditation Report; to effect policy and practice changes so that all health professionals in the Saskatoon Health Region have full access to library resources at the University of Saskatchewan; and to develop a Network of the Health Science Libraries in the province so that all health professionals have access to print and electronic resources.
9. **Primary Health Care:** Many of our discussions raised questions about the direction and meaning of primary health care reform. This coincides with the priority given to this matter in recent major reports within the Province and on a national level. Accordingly, this area has become a standing item for the SAHSN. The intent is to capitalize on any new opportunities and to develop a coordinated and integrated approach among service, education and research. It is recognized that much is already going on, but the pace of change in this area requires a higher level of awareness and coordination to ensure all groups are appropriately involved. In the past year, SASHN supported a major proposal that was submitted to the Federal Government. This would have secured funding to allow for multi-sector and multi-disciplinary planning in Saskatoon and Regina. While the proposal was not accepted, the intent is to work closely with Dr. Gill White in his Primary Health Care role with the province to move this concept forward in other ways.
10. **e Health Capacity:** Many of our discussions revealed new potential with respect to Telehealth, Internet Protocol (IP) solutions and other e health technologies. These are seen as potentially effective strategies to address numerous matters in patient care, education and research. However, there continue to be issues on many fronts. Accordingly, SAHSN has established an IT Committee to bring together all the relevant provincial partners to advance the potential in this area.

## **Further Information and Follow Up**

Further information on the Network can be obtained from the Website. It includes key documents and an updated Work Plan for the Network. If physician groups want to discuss new issues, please contact us.

Yours sincerely,

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Marcel de la Gorgendière, Co-Chair, Network Board

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Bob Bundon, Co-Chair, Network Board

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Dr. Bill Albritton, Co-Chair, Management Committee

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Dr. Barry Maber, Co-Chair, Management Committee

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Don Philippon, Special Advisor