

“Physician Workforce Planning: What Have We Learned?

Lessons for Planning Medical School Capacity and IMG Policies”

Research Questions

What lessons have been learned regarding physician workforce planning in terms of:

1. Methodologies/tools for forecasting supply, demand and/or need for physicians;
2. The factors that will influence future supply, demand and/or needs for physicians;
3. The policy options and the process for implementing findings and recommendations of physician workforce studies; and
4. The role IMGs in meeting a nation’s need for physicians?

Background on topic

Within the past several years, Australia, Canada, England and the U.S. have all independently concluded that there was a need to reassess their physician workforce policies related to the number of physicians being produced in their country and the inflow of IMGs. In all four countries, there have been growing concerns that the current and/or future supply was (or would be) insufficient to meet future needs (and/or demands) for physician services.

Most of the countries are now in the process of reconsidering their physician workforce policies or instituting new policies, some of which are very different than the policies in the past.

There are two main sources of new physicians: medical schools within the country; and physicians educated in another country (IMGs). A nation can introduce policies related to medical school capacity and/or policies related to IMGs in order to increase (or decrease) the supply of physicians. In the past, IMGs have often been used to fill gaps rather than as part of an explicit strategy for addressing long term physician needs.

This session will address what we have learned from the past and current efforts in terms of: the factors that led to the re-assessment and the process used to do the re-assessment; the methods used to forecast physician workforce supply and demand and/or need; factors that are seen as influencing future supply and demand/need for physicians; and the design of policies to respond to the forecasts. The session will also consider the role of in-country physician workforce production and the use of IMGs in each of the countries.

Authors are asked to address the following issues, focusing on evidence and outcomes:

- A. Review recent developments within the country regarding physician workforce planning.
 - a. Has there been a recent reassessment of the adequacy of the supply and levels of production?
 - b. What led to the reassessment?
 - c. What organizational/political process was used for the reassessment?
- B. In general, what methodologies and tools were used to forecast future supply, demand and/or need? Who conducted the technical assessments? Were there any new advances in methodology or tools for forecasting future supply and demand and/or need? Was a process established to reassess the adequacy of the forecasts on a periodic basis? (Will there be an effort to systematically track supply and demand?)
- C. What were the key findings of the re-assessment? How do the findings compare with prior assessments? If the results were different, why were they? What factors were viewed as having a major potential impact on future supply and demand and/or need?
- D. What new programs or policies, if any, have been proposed and which ones have been put into place as a result of the reassessment?
- E. What role is envisioned for IMGs in meeting the nation's physician workforce needs? Is this role different than in the past? What criteria/factors are being considered when deciding to increase medical school capacity versus increasing the inflow of IMGs?
- F. What are the cost implications of increasing medical school capacity compared to increasing the inflow of IMGs? Was the cost and/or the time needed for medical education a factor that was considered in the policy discussion?
- G. Were there any recommendations or new policies designed to increase productivity, increase the use of non-physician clinicians or reduce demand for physician services to help meet future need?