

IMWC Melbourne 2005 – Preamble: Physician Productivity

New physicians are anticipated to work fewer hours and deliver fewer medical services over the course of their careers than more senior physicians. This decrease in the medical services output of physicians has been attributed to increased medical complexity, increasing patient expectations, the changing lifestyle of professionals with renewed emphasis on participation in family life, greater participation of women in medicine, and work rules intended to protect patients from medical errors attributed to exhausted physicians. These secular trends are not new, but are a continuation of a general decline in the clinical activities of physicians over the past 40 years. In the recent era of perceived physician surplus, this trend evoked little policy concern. With many workforce observers now predicting a shortage of physicians to care for a growing and aging population, workforce productivity becomes increasingly important as countries seek strategies to provide future health care services.

Authors should focus on direct health care, ie *clinical* productivity, in this paper. The impact of the changing workforce on the multiple roles of clinicians will be addressed in the 'Who are the doctors of tomorrow and what will they do' session.

Authors should address the following topics in their papers:

1. A unit measure of clinical productivity could be defined in terms of "the improvement of patient health and well being". What measures of productivity do you use? Do we have the right measures, and what alternative measures or concepts might we consider?
2. What additional research in physician productivity would assist your country in developing workforce policies?

In addition, the following questions should be addressed in brief:

3. What policy and secular drivers are affecting physician productivity in your country? These might include:
 - legislation on work hours, trends towards part time employment, retirement age and other life style expectations, changes in the nature of clinical practice.
 - the nature of the variation in activity of physicians over time
 - reductions in per capita activity with improvements in patient outcomes or "the quality of care"
4. What are the effects or anticipated effects of these trends on medical services output per physician?
5. What strategies are being considered or implemented to increase clinician productivity? These might include:
 - increased physician training and importation
 - development of new professionals and professional roles
 - investment in technology
 - restructuring clinical systems
 - payment systems