COMPONENTS OF AN AHSC AFP

AHSC AFP GOALS

Retention
- Address income based disparities, by specialty, between AHSCs and between academic and non-academic physicians
- Ensure stable remuneration for the clinical, teaching, and research activities of academic physicians

Recruitment
- Allocate portion of investment to assist in new recruitment
- Support local management of new recruitment with criteria and impact analyses common to all AHSCs
- Facilitate better provincial HR monitoring and planning

Governance
- Develop robust governance structures for each AHSC AFP able to manage increased funding and corresponding accountabilities

Accountability
- Develop an appropriate accountability methodology for measuring agreement deliverables

Allocation Methodology
- Use a fair and transparent process to establish the allocation and distribution of the New Investment to all eligible physicians – both Phase I and current academic AFPS/APPs (except HSC)

How To Distribute New Investment
- Agreements that:
  - Stabilize the AHSCs ability to retain and recruit academic physicians;
  - Create a climate to enhance the education of future healthcare professionals; and
  - Create an environment that stimulates innovations in clinical care and knowledge advancement.

= AHSC AFP AGREEMENT
COMPONENTS OF AN AHSC AFP

**GOAL**

- **Retention**
  - Clinical: 70%
  - Academic: 30%

**Task Force Endorsed Recommendations**

- An academic physician full-time equivalent should be based on a 70% clinical and 30% academic workload concept.
- The estimation of clinical FTEs should be based on average income (all income used to support in-scope clinical activity) using the CIHI methodology.
- The estimation of academic activity (both teaching and research) is most reliably measured using medical training days (with refinements).

**Decisions Pending/Next Steps**

- Generate a list of specialties and sub-specialties to be used (and options to identify sub-specialty in OHIP database)
- Modify instructions to AHSCs for submission of medical training day data to better meet data needs of this initiative.
- Decide how/if to include fellows and possible weighting depending on student type.
- Explore pros and cons of log/linear or linear/linear approach for calculating clinical FTEs.

**Retention**

- Address income based disparities, by specialty, between AHSCs and between academic and non-academic physicians.
- Ensure stable remuneration for the clinical, teaching, and research activities of academic physicians.
COMPONENTS OF AN AHSC AFP

GOAL

Recruitment

• Allocate a portion of the new investment to assist in recruitment efforts locally.
• Support local management of new recruitment with criteria and impact analyses that are common to all AHSCs.
• Facilitate better provincial HR monitoring and planning.

Task Force Endorsed Recommendations
• Planning principles should include recognition of: (i) importance and need for centres of excellence; (ii) need for critical mass in core disciplines at AHSCs; (iii) need for collaboration with local, provincial and national HR planning processes.
• There should be a common and inclusive definition of academic physician as well as common provincial criteria for physician eligibility to participate in their local AFP.
• The Academic Physician Human Resources Expert Panel should develop common criteria and an impact analyses template to be used by all AHSC AFPS in their recruitment efforts.
• A provincial group should be formed to track recruitment progress at all sites, to assist in provincial HR planning exercises (e.g. linkage with PSC Physician Human Resource Committee) and to assist sites where requested.

Decisions Pending/Next Steps
• Develop criteria and impact analyses templates which account for service demand, academic obligations and hospital operating capacity and resources when estimating the need for new recruits.
• Refine process for local determination of funding available, year to year, for new complement as well as process for securing new complement (e.g. conversion).
COMPONENTS OF AN AHSC AFP

GOAL

Governance

- Develop robust governance structures for each AHSC AFP able to manage increased funding and corresponding accountabilities.

**Task Force Endorsed Recommendations**

- The Governance Working Group has drafted a series of recommendations that cover the following:
  - Policy, procedure and guideline development and documentation;
  - Creation of a Signatories Committee/Agreement;
  - The development of a Finance Management Committee;
  - Authority to act; and
  - Dispute resolution mechanisms.

**Decisions Pending/Next Steps**

- Consider governance role/function in rolling-in eligible non-Phase I APPs and AFPs.
- Awaiting input/feedback from Governance Organizations on draft report.
COMPONENTS OF AN AHSC AFP

GOAL

Accountability

• Develop an appropriate accountability methodology for measuring agreement deliverables

Task Force Endorsed Recommendations

• There should be a phased process for developing a new accountability framework in order to test and refine new indicators and ensure necessary supports are in place:
  • Stage A (October – December 2006): Develop AHSC-level indicators
  • Stage B (2007): Specialty-level performance measures/deliverables and data sources/systems to support them
  • Stage C: Develop physician-level measures, as needed and appropriate

• Individual physician level clinical encounters will continue to be measured using OHIP billings until the new accountability framework is fully implemented.

• A series of goals have been developed to support the accountability process including strong governance, coordination between physicians, hospital and university, better integration of physician and hospital planning, support for system transformation and sustainability, leadership in best practices and innovation etc.

Decisions Pending/Next Steps

• Move forward with first stage by developing an inventory of potential AHSC-level indicators across the domains of clinical, teaching, research and health system leadership/innovation and consulting with stakeholders to refine the list for inclusion in the AFP agreements.

• Construct process for developing specialty-level indicators for second stage.
COMPONENTS OF AN AHSC AFP

Task Force Endorsed Recommendations

• Use a fair and transparent process to establish the allocation and distribution of the New Investment to all eligible physicians – both Phase I and current academic AFPs/APPs (except HSC).

• Use OHIP list of specialties - with sub-specialty break-outs where: (a) required for appropriate recognition in allocation process; (b) there are comparable groups at other AHSCs and with the community; (c) there is service profile that is identifiable and verifiable to identify that group through the OHIP data.

• At the institutional level, Anaesthesia, Medicine and Surgery should be required as core specialties for a viable AFP.

• At the department level, 80% participation based on volume should be the minimum participation level.

• At the individual physician level, Phase I eligibility criteria will be adopted for Phase III. This would result in somewhere between 3000 and 4200 possible participants (not FTEs).

• Use 70% clinical 30% academic FTE definition for allocating.

• Include all current funding sources that support clinical services in the calculation of clinical FTEs (i.e. recommended list of Working Group).

• Leave some level of fee-for-service billing in AFP structure.

Decisions Pending/Next Steps

• Determine conversion level.

• List sub-specialties to be considered.

• Finalize funding distribution methodology – i.e. extent of possible changes to Section 7 of Appendix G.

• Establish provincial average income targets by specialty to be used.

• Determine amount of new investment to be directed at recruitment.

• Gather all sources of data to be considered in calculation of current funding (this step includes securing physician consent to secure data and share with OMA).

• Run allocation model to determine allocation between centres.
COMPONENTS OF AN AHSC AFP

AHSC AFP AGREEMENT

Implement AHSC AFP agreements that:
- Stabilize the AHSCs ability to retain and recruit academic physicians;
- Create a climate to enhance the education of future healthcare professionals; and
- Create an environment that stimulates innovation in clinical care and knowledge advancement.

Task Force Endorsed Recommendations
- Template Drafting Working Group to be established.

Decisions Pending/Next Steps
- Consult with governance organizations and physician groups on all components and finalize approach.
- Draft template agreement.
- Consider process for inclusion of current academic APPs.
- Draft locally-specific schedules to each agreement.